Calendar Year 2023

Independent Evaluation

SoonerCare Health Management Program – *Third Generation*

March 2025

Prepared for:

State of Oklahoma
Oklahoma Health Care Authority

THE PACIFIC HEALTH POLICY GROUP

OKLAHOMA
Health Care Authority

READER NOTES

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

This report contains evaluation findings for the SoonerCare HMP through Calendar Year 2023; CCM evaluation findings are being issued in a companion report.

Related Evaluation

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

PHPG has adopted the Section 1115 evaluation methodology, where applicable, for the SoonerCare HMP and CCM evaluations. A portion of the SoonerCare HMP findings presented in this report also have been included in an interim Section 1115 demonstration evaluation report covering calendar years 2019 – 2021.

Impact of COVID-19 Public Health Emergency

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

Some report exhibits include trendline data for 2019 – 2023. Readers should exercise caution when reviewing 2020 results and the 2020 – 2021 portion of trendlines, as some findings may prove anomalous.

Acknowledgments

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

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EXECUTIVE SUMMARY

Introduction

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

The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. Over 1,500 Oklahomans die each year due to complications from diabetes. This equates to a diabetes-related mortality rate of nearly 33 persons per 100,000 residents, versus the national rate of approximately 25 per 100,000. The mortality rate for other chronic conditions, such as lower respiratory illnesses and heart diseases, is similarly higher in Oklahoma than in the nation overall.

SOONERCARE HMP EVALUATION KEY TAKEAWAYS

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

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

In response, the OHCA developed the SoonerCare Health Management Program (HMP), which offers care management to qualifying members with or at risk for one or more chronic conditions. The program also offers practice facilitation and education to primary care providers treating individuals with chronic illnesses.

The OHCA implemented the "First Generation" SoonerCare HMP in February 2008 in partnership with a contracted vendor. The vendor, Telligen, was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided field-based and telephonic nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated patient centered medical home (PCMH) providers interested in strengthening their care management processes for patients with chronic conditions.

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

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

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

"(My health coach) does so much for me…I was so stressed out about my health problems and everything I needed to get done, she calms me down a lot. Just knowing that she will be calling keeps me from stressing out." – HMP Participant

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

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

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

Independent Evaluation of the SoonerCare HMP

As part of its continuous quality improvement activities, the OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the Third Generation SoonerCare HMP. This report contains findings for Calendar Years 2019 - 2023.

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

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

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

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

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.

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

PHPG completed 3,103 initial surveys with SoonerCare HMP participants over the study period, as well as 1,602 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.

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

Nearly all of the initial survey respondents (99 percent) indicated that their health coach asked questions about health problems or concerns, and the great majority stated their coach also provided answers and instructions for taking care of their health problems or concerns (93 percent); answered questions about their health (89 percent); and helped with management of medications (85 percent).

Smaller numbers of respondents said their coach helped to identify changes in health that might be an early sign of a problem (29 percent); helped to make physical health appointments (18 percent); helped them to talk to and work with their regular provider and his/her staff (16 percent); and helped to make mental health appointments (four percent).

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

Respondents next were asked to rate their satisfaction with each activity that occurred. Between 91 and 96 percent reported being very satisfied with the help they received, depending on the item. This attitude carried over to the members' overall satisfaction with their health coaches; 94 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

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

Eighty-two percent of initial survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Seventy-six percent of this subset (or 62 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/or exercise. This was followed by management of a chronic physical health condition (e.g., asthma, diabetes or hypertension) and tobacco use cessation.

A large majority of the respondents (90 percent) who selected an area for improvement stated that they went on to develop an action plan with goals. Among those with an action plan, 76 percent reported achieving one or more goals. Among the members who reported having a goal but not yet achieving it, 61 percent of initial survey respondents stated they were "very confident" they would ultimately accomplish it. Results for the follow-up survey were even more encouraging, with 84 percent of respondents reporting achievement of one or more goals and 61 percent of the remainder stating they were "very confident" of achieving their goal.

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

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 53 percent for alcohol/substance consumption to 75 percent for changing diet.) 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.

Telligen employs a staff of resource navigators to assist participants with health-related social needs (HRSN), also known as social determinants of health (SDOH). Eighty-one percent of follow-up survey respondents in 2023 stated they were aware that Telligen provides help with SDOH. (This percentage increased from 67 percent in 2022 due to concerted educational efforts by Telligen.) Among those seeking assistance, the nature of the help has included housing/rental assistance, utility payment assistance, food/clothing needs and arranging transportation. Ninety-five percent of respondents who were helped reported being very satisfied.

""I want my nurse to get the recognition she deserves. She has given me hope that there is a resolution for my RA (Rheumatoid Arthritis). She has been very helpful." "- HMP Participant

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as their point of contact with the program. Ninety-four percent of both initial and follow-up survey respondents stated they were very satisfied. Nearly all respondents (97 percent of both respondent groups) 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 (53 percent) said "fair", while 32 percent said "good", 14 percent said "poor" and less than one percent said "excellent".

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

When next asked if their health status had changed since enrolling in the SoonerCare HMP, 35 percent said it was "better" and 58 percent said it was "about the same"; only seven percent said it was "worse". Among those members who reported a positive change, nearly all (97 percent) credited the SoonerCare HMP with contributing to their improved health.

The results were even more encouraging among follow-up survey respondents. Forty-three percent of respondents reported that their health had improved, with 96 percent crediting this improvement to the program.

Impact of Health Coaching on Quality-of-care

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

"I am tearing up talking about this because (my health coach) and the program (have) helped me so much. I almost died from a blood infection that no one knew I had even though I knew something had been wrong for years… (she) helped me be heard and it saved my life. She also has helped me walk again." – HMP Participant

PHPG evaluated the impact of SoonerCare HMP health coaching on quality-of-care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included 15 diagnosis-specific measures and two population-wide preventive measures (17 in total). For example, the quality-of-care for participants with diabetes was analyzed with respect to their LDL-C (cholesterol), retinal eye and HbA1c (blood sugar) monitoring, as well as medical attention for nephropathy (kidney damage).

PHPG determined the total number of participants in each measurement category, the number meeting the clinical standard and the resultant "percent compliant". The findings were evaluated against two comparison data sets. The first data set contained compliance rates for a comparison group selected from the general SoonerCare Choice population and matched to the SoonerCare HMP population on the basis of age, gender, place of residence (urban/rural) and aid category (aged/blind/disabled and other). The second data set contained national compliance rates for Medicaid MCOs. The national benchmark was defined as the 50th percentile (median) of all MCOs.

The health coaching participant compliance rate exceeded the comparison group rate on 14 of 17 measures by a statistically significant amount; the comparison group exceeded the health coaching rate by a statistically significant amount on only one measure. (There was no statistically significant difference on the other two measures.)

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

HMP health coaching participant medical costs were lower than the comparison group by $194 per member per month.

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

Health Coaching Cost Effectiveness

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

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

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

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

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

SoonerCare HMP participant medical expenditures across the five-year study period averaged $781 PMPM, versus $975 PMPM for the comparison group, for a difference of $194 PMPM.

Practice Facilitation Evaluation

PHPG's evaluation scope for practice facilitation includes the same components as for health coaching: participant (provider) satisfaction, quality-of-care and cost effectiveness. However,

the first component (provider survey) was suspended following the onset of the pandemic, while providers responded to the public health emergency. Survey data collection resumed in 2021 and PHPG completed surveys with 19 providers. Findings should be treated as qualitative, given the small sample size.

Fourteen of the 19 survey respondents reported making changes in patient care as the result of participating in practice facilitation. The most frequently cited changes were better patient education and improved documentation. Fourteen of the 19 also reported 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: 68 percent reported being "very satisfied" and 32 percent reported being "somewhat satisfied".

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

The quality-of-care evaluation was conducted using the same HEDIS measures and matching methodology as for health coaching, although the treatment and comparison groups were defined differently. Health coaching participants were excluded from the analysis, to avoid double-counting the impact of the program. The treatment group instead was defined to include other patients being treated at practice facilitation sites; the comparison group universe was defined to include patients of non-participating providers.

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

The practice facilitation quality-of-care results were favorable, although not to the extent observed for health coaching participants. The practice facilitation patient compliance rate exceeded the comparison group rate on nine of 17 measures by a statistically significant amount; the comparison group exceeded the health coaching rate by a statistically significant amount on four measures. (There was no statistically significant difference on the other four measures.)
The practice facilitation patient population compliance rate also exceeded the national benchmark rate on all three measures for which a benchmark was available.

Findings with respect to practice facilitation cost effectiveness were mixed. The comparison group population registered lower ER visit and hospital admission rates, while the SoonerCare

HMP practice facilitation population incurred a small but statistically significant lower PMPM cost than the comparison group (presumably driven by non-hospital categories-of-service).

SoonerCare HMP Return-on-Investment

The value of the SoonerCare HMP is measurable on multiple axes, including participant satisfaction and change in behavior, quality-of-care, improvement in service utilization and overall impact on medical expenditures. The program is meeting its mission with respect to improving member quality-of-life and care. The last criterion, cost effectiveness, can be measured in terms of a financial return-on-investment.

The SoonerCare HMP health coaching component achieved medical savings of $72.3 million across the five-year study period and net savings (inclusive of health coaching administrative costs) of $31.6 million.

PHPG examined the program's return-on-investment (ROI) for the 2019 – 2023 period, by comparing administrative expenditures to medical savings. This includes both Telligen and OHCA administrative expenditures.

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

SoonerCare HMP health coaching participants, as a group, incurred average medical costs of $781. With the addition of $109 in average health coaching-related PMPM administrative expenses, total actual costs were $890. The comparison group incurred average medical costs of $975.

The SoonerCare HMP health coaching component achieved medical savings of $72.3 million across the five-year study period and net savings $31.6 million. This equated to a return-on-investment of 77.5 percent.

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

Gross and net medical savings increased from the prior evaluation period, driven in part by significant PMPM medical cost inflation within the comparison group population. The upward trend documented by PHPG is consistent with trends for the broader SoonerCare program, as documented through other agency analyses.

PHPG also documented practice facilitation medical savings and administrative expenses, which totaled approximately $2.5 million and $15.1 million respectively during the same 2019 – 2023 period. If health coaching and practice facilitation results are combined, the net savings equal approximately $18.9 million, for a return-of-investment of 33.8 percent.

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

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

CHAPTER 1 – INTRODUCTION

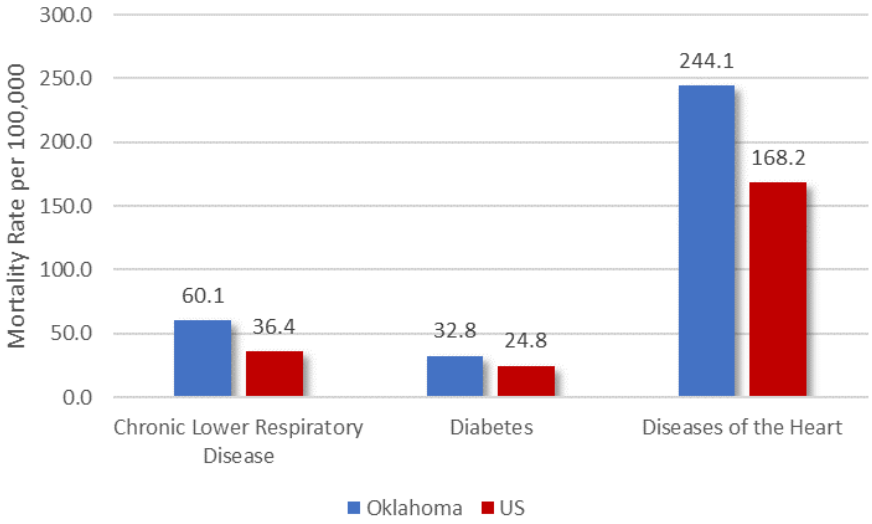
Chronic Disease Management

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

Ninety percent of the nation's $4.3 trillion in annual health expenditures are for persons with chronic physical and mental health conditions[2]. The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. Over 1,500 Oklahomans die due to complications from diabetes. This equates to a diabetes-related mortality rate of 32.8 persons per 100,000 residents, versus the national rate of 24.8[3].

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

Exhibit 1-1 **– Chronic Disease Mortality Rates, 2020 – OK and US (Selected Conditions)[5]**



[1] Chronic Diseases in America | CDC. Total expenditure figure is for 2021 (most recent year available).
[2] https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref1 Expenditures in 2019.
[3] National Vital Statistics Reports Volume 72, Number 10 (September 22, 2023) Deaths: Final Data for 2020 (cdc.gov) Age adjusted rates. 2020 is the most recent year available for state-level data.
[4] Oklahoma has a more favorable rate for one major chronic condition: essential hypertension and hypertensive renal disease. Oklahoma's rate is 8.4 per 100,000 versus the national rate of 10.1 per 100,000.
[5] Ibid. Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema.

Chronic diseases also are among the costliest of all health problems. Persons with multiple chronic conditions account for over 70 percent of health spending nationally[6]. 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 exceeded $10 billion in 2020 and will approach $13 billion in 2025[7]. The SoonerCare program is responsible for ensuring delivery of care to a large segment of Oklahomans with chronic conditions.

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

***Exhibit 1-2* – SoonerCare Members – Prevalent Chronic Conditions[8]**

Chronic Condition	Members		Annual Expenditures	
	Number	Percent of Members[9]	Per Member	Total (millions)
Chronic lower respiratory disease	72,906	7.1%	$13,923	$1,015
Diabetes	90,523	6.2%	$18,096	$1,638
Heart Disease (adults only)	43,718	10.8%	$18,042	$789
Hypertension	90,508	8.8%	$16,962	$1,535
All SoonerCare	*1,323,301*	*100.%*	*$5,118*	*$6,773*

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

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

[7] Expenditure estimates developed using CDC Chronic Disease Cost Calculator.

[8] Source for "all SoonerCare" is OHCA SFY 2022 Annual Report Appendix, exhibits 6 (enrollment) and 19 (expenditures). Source for chronic condition data is the OHCA Office of Data Governance and Analytics. Hypertension statistics are for SFY 2020; Heart Disease statistics are for SFY 2021; CLRD statistics are for SFY 2022; diabetes statistics are for SFY 2023. Complete abstracts by chronic condition (these and others) are available at: Chronic Condition Executive Summaries (oklahoma.gov)

[9] Percent of all members in the state fiscal year in which the data for a particular condition was collected.

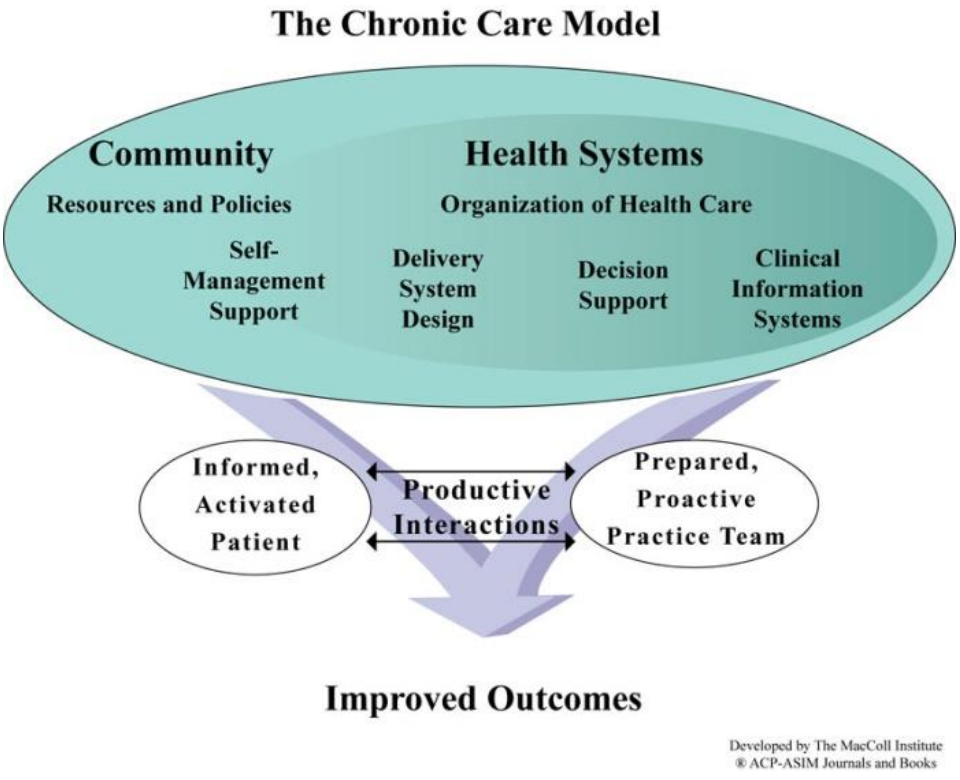
The costs associated with chronic conditions typically are calculated by individual disease, as shown in the above exhibit. Traditional case and disease management programs similarly target single episodes of care or disease systems, but do not take into account the entire social, educational, behavioral 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 proactively seek to address the individual needs of patients through planned, ongoing follow-up, assessment and education.[10] Under the Chronic Care Model, as first developed by Dr. Edward H. Wagner, community providers collaborate to effect positive changes for health care recipients with chronic diseases.

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

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

Exhibit 1-3



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

Development of a Strategy for Holistic Chronic Care

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

In response, the OHCA developed the SoonerCare Health Management Program. The program's stated goals include:

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

"First Generation" SoonerCare HMP

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

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen[11] 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.

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

Medical Artificial Intelligence (MEDai), already was serving as a subcontractor to DXC Technology (now Gainwell), the OHCA's Medicaid fiscal agent, at the time of the SoonerCare HMP's development. The OHCA capitalized on this existing relationship by utilizing MEDai's predictive modeling software to generate member-specific risk profiles based on historical utilization/diagnostic data, to assist in identifying candidates for enrollment in the SoonerCare HMP.

Nurse Care Management

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

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

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

Practice Facilitation and Provider Education

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

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

"Second Generation" SoonerCare HMP

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

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

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

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

Health coaches only would be embedded at practices that had first undergone practice facilitation[13]. 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 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.

[12] The descriptions of health coaching and Second Generation practice facilitation are taken from the OHCA's October 2012 RFP for a Second Generation Health Management Program contractor.

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

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

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

Health coaches apply motivational interviewing and other components of the coaching model throughout their workday. The narrative below in italics is excerpted from Telligen's training manual for health coaches[14] and summarizes its health coaching model, as well as its approach to integration of health coaching and practice facilitation activities[15].

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)[16], there are four major principles that form the 'spirit' of MI: Partnership, Acceptance, Compassion and Evocation.

- *Partnership: Unlike the traditional medical model, where the practitioner is the expert, in the MI approach, the HC and the member will form a partnership. Together, they will identify the member's priorities, readiness to change and health goals. The practitioner will guide the member and help him/her to work through ambivalence to change by selectively reinforcing and evoking the member's motivation to change.*
- *Acceptance: In the MI model, the HC looks at the member through a SoonerCare Choice Member-centered and empathetic lens. Acceptance includes believing in the absolute worth of the member, affirming the member's strengths and efforts, supporting the member's autonomy or choice, and providing reflections that show accurate empathy.*
- *Compassion: Without a deep underlying compassion for members, their circumstances, and their challenges, it is nearly impossible to employ the important skill of empathic listening. And without empathic listening, it is difficult to establish rapport and engage the SoonerCare Choice Member in a discussion about behavior change.*
- *Evocation: Evocation is perhaps the most important principle because it sets the MI-based health coaching approach apart from all others and is linked to clinical outcomes. By*

[14] As drafted at the time of the model's introduction during the Second Generation HMP.
[15] Telligen Health Coach Training Manual – OK HMP, June 2013. The manual was developed and training was conducted in partnership with Health Sciences Institute.
[16] Motivational Interviewing, Third Edition, W Miller & S Rollnick, 2012

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

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

1) *Engaging the SoonerCare Choice Member sets the foundation for the health coaching encounter. The ability to consistently build and maintain rapport is a significant skill for a HC. This is especially important when working with SoonerCare Choice Members who are less motivated and less ready to make changes in their health. The HC should strive to explore with the member their motivations, priorities, self-management efforts and challenges they have faced with their health.*

2) *Focusing sets the agenda for the HC and member encounter. As there is limited time with these appointments, it is important to utilize your time effectively and efficiently with the member. By eliciting what is important to the SoonerCare Choice Member and using clinical judgment, the HC can selectively guide the SoonerCare Choice Member into a productive discussion about how he or she can improve their health or change an unhealthy habit. The treatment plan suggested by the PCP may be a starting place; however, the agenda should be SoonerCare Choice Member-centered.*

3) *Evoking draws out what is important to the SoonerCare Choice Member. The goal here is to evoke change talk from the SoonerCare Choice Member. This is the most important phase as it is linked to clinical outcomes, but is often skipped due to our need to want to diagnose and provide answers. After member is engaged, the HC should look for opportunities to evoke change talk throughout and during each session.*

4) *Planning helps develop next steps and/or health goals. If the other three phases have been done well, the member's goals most likely have already been shared with the HC. As the session closes, the HC can summarize these goals and then ask the member for a realistic plan or next step.*

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

1) *Assess the practice and SoonerCare Choice Member population. Conduct an assessment of current staff, practice flow and data collection systems. Assess population, culture and chronic disease of members (SoonerCare Choice Members). The Health Management Program Practice Facilitators will be instrumental in implementing a registry during the HC preparation phase but the use of the registry would likely be a shared responsibility between practice staff and the HC.*

2) *Analyze assessment findings. Work in collaboration with the practice in the management and maintenance of a registry. Organize direction, gather coaching tools and use*

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

3) *Implement positive activities towards managing chronic illness. Partner with members to set short term and long term goals for self-management of chronic disease. Engage with member and family using the evidence-based health coaching approach of Motivational Interviewing (MI). Address barriers to following through on treatment plan and health goals. In addition to using the MI approach, as needed, use educational materials regarding specific health care conditions and assist with referrals.*

4) *Evaluate progress and improvements with ongoing collaboration with member and family with follow up appointments. Collaborate with PCP for continuation of care. Support members with getting their needs met. Coordinate with PCMH staff to identify members overdue for visit, labs or referral and arrange follow-up services. Determine the ability of PCMH staff and clinicians to access reports, implement satisfaction evaluations and analyze the effectiveness of the data system in place. (Care Measures®).*

Telligen also introduced resource navigators[17] under the Second Generation model, to help members with non-clinical needs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

Evolution of the Second Generation HMP

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015[18]. 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

[17] Initially referred to as community resource specialists.
[18] Amendment Four to the Contract between Oklahoma Health Care Authority and Telligen.

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

"Third Generation" SoonerCare HMP

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

The agency defined its goal for the Third Generation HMP as follows[19]:

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

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

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

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

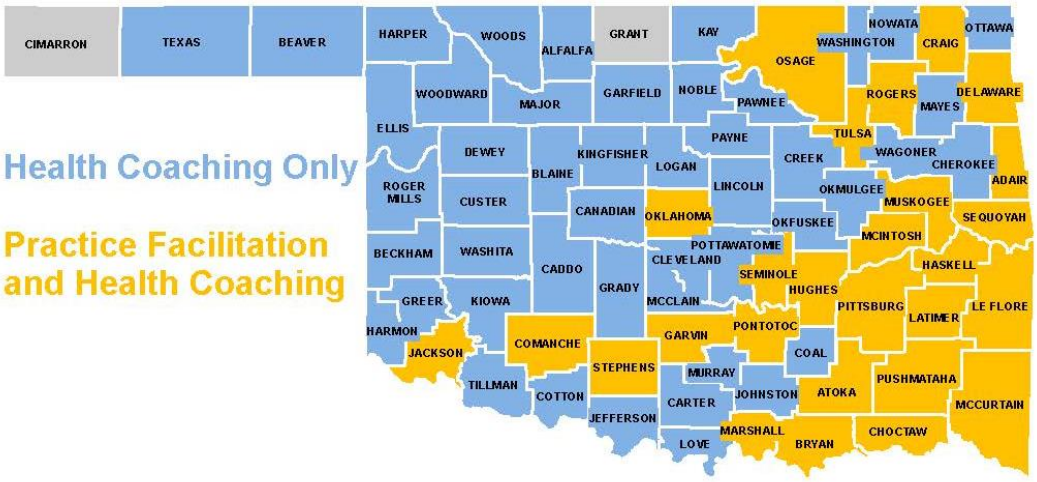
In calendar year 2023, Telligen provided health coaching (office-based, in-person or telephonic) to participants in 75 of 77 counties, the only exceptions being Cimarron and Grant. Telligen has deployed practice facilitators throughout most portions of the State, aside from the panhandle/northwestern counties.

[19] SoonerCare Third Generation HMP RFP – Section A, Scope-of-Work, page 2.

The practice facilitators focus on a variety of "suites", depending on the particular interest of a practice, including asthma, COPD, BMI/obesity, pain management and disease management, among others. Telligen also responds to requests from providers for additional assistance, including education on complex disease management (e.g., Hepatitis-B), information on new clinical guidelines (e.g., for pneumonia immunizations), facilitating connections to outside public and private non-profit resources and assisting with billing issues. During the COVID-19 public health emergency (PHE), Telligen assisted providers with education and tracking patient immunization status.

Exhibit 1-4 below identifies the counties in which members received health coaching in 2023, as well as the counties in which practice facilitation is occurring. Note that many counties have multiple practice facilitation sites. (Practice facilitation also has occurred in the past in additional counties, including Cleveland and Washington.)

Exhibit 1-4 – SoonerCare HMP Activity



Telligen also assists the OHCA, upon request, with special initiatives. For example, Telligen provided outreach to members in advance of the expiration of the PHE, to make them aware that procedural disenrollments would be restarting, and to assist with recertifications.

SoonerCare Chronic Care Management

The SoonerCare HMP is one of several care management programs for SoonerCare Choice members with, or at risk for, complex/chronic conditions. The SoonerCare Chronic Care Management Program (CCM) is an OHCA-administered program that serves a similar function to the SoonerCare HMP. SoonerCare Choice and SoonerCare Traditional members both are eligible for participation in the SoonerCare CCM. The SoonerCare CCM works with members who self-refer or are referred by a provider or another area within the OHCA, such as care management, member services, or provider services.

The CCM also is responsible for[20]:

- 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 room.
- Members undergoing bariatric surgery.
- Women with peripartum cardiomyopathy.
- 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 CCM.
- Members with hepatitis-C not yet in treatment (new initiative as of late 2023).
- 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 CCM.
- Members referred by providers and contracted entities in need of care management and assistance navigating SoonerCare health care system; and
- Legislative inquiries and referrals.

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

Characteristics of Health Coaching Participants

The evaluation included participants enrolled in the SoonerCare HMP in Calendar Years 2019, 2020, 2021, 2022 and/or 2023. PHPG removed a portion of the participant population from the evaluation to improve the integrity of the results. Specifically:

- Members who were enrolled for fewer than three months in a calendar year were excluded from that calendar year's analysis, to ensure that the participation tenure was sufficient for the program to have had an impact.

- Members who were enrolled for three months or longer in a calendar year, but who also were enrolled in the SoonerCare CCM for a portion of that year were excluded, if their CCM tenure exceeded their HMP tenure. (The members were included in the SoonerCare CCM evaluation.)

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

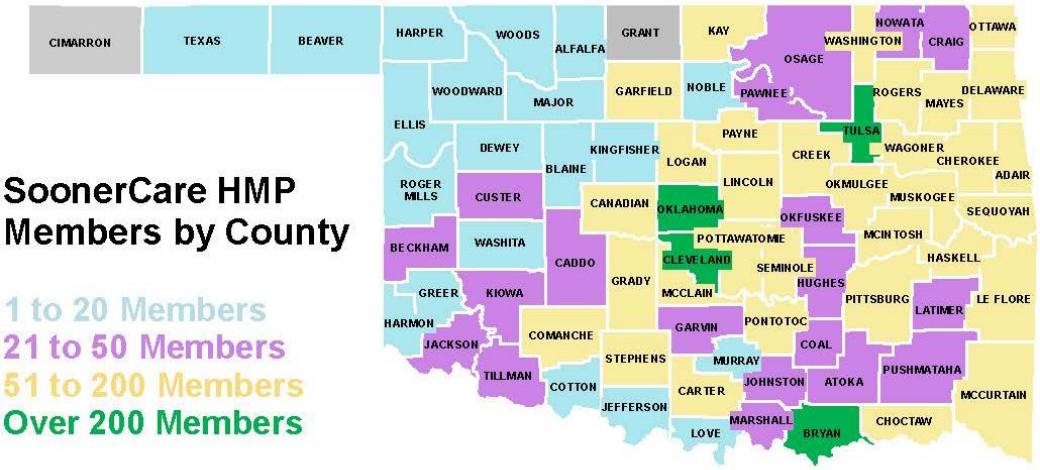
The calendar year 2019 dataset (after removals) included 4,864 health coaching participants[21]. The calendar year 2020 dataset included 7,152 participants. The calendar year 2021 dataset included 6,292 participants. The calendar year 2022 dataset included 6,165 members. The calendar year 2023 dataset included 6,598 members. A portion of the members each year still were enrolled the following year, with the percentage declining in recent years (Exhibit 1-5 on the following page).

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

2019	2020	2021	2022	2023
4,864	7,152	6,292	6,165	6,598
Participated in prior year[22]	2,289 (32.0%)	2,977 (47.3%)	1,825 (29.6%)	1,317 (20.0%)

As noted, SoonerCare HMP health coaching participants in Calendar Year 2023 resided in all but two of the 77 Oklahoma counties (Exhibit 1-6). The largest concentrations of members were in Bryan, Cleveland, Oklahoma and Tulsa counties.

Exhibit 1-6 – Health Coaching Participants by County



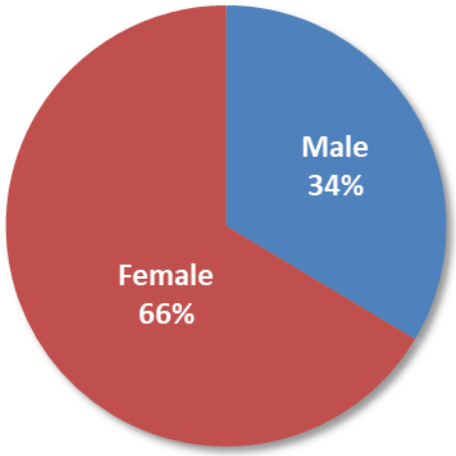
Demographic and health data for SoonerCare HMP members is presented starting on the following page. The data is for Calendar Year 2023 participants. Although not shown, PHPG also examined demographics for the 2019 – 2022 participant populations and found them to be comparable to the 2023 group.

[21] The lower enrollment in 2019 was due at least in part to the transition in July 2019 to the Third Generation model, as Telligen reviewed existing participant cases and re-enrolled participants over a several month period.
[22] Imputed by counting the number of participants with 12 months of enrollment in HMP in the measurement year.

Participants by Gender and Age

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

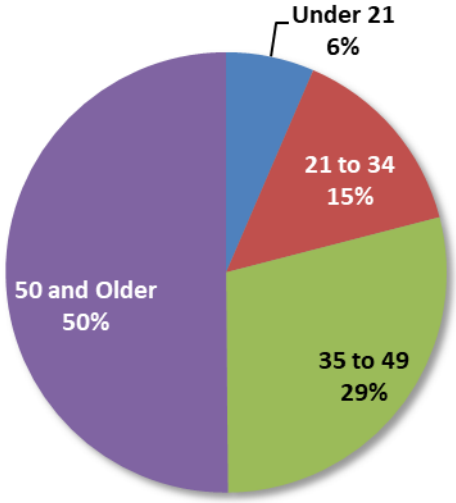
Exhibit 1-7 – Gender Mix for SoonerCare HMP Participants



Not surprisingly, SoonerCare HMP participants are older than the general Medicaid population. Fewer than 10 percent of SoonerCare HMP participants are under the age of 21, while approximately 50 percent are age 50 or older (Exhibit 1-8 on the following page). In contrast, 53 percent of the total SoonerCare population in December 2023 was under the age of 18.[23]

[23] Source for total SoonerCare percentage: OHCA December 2023 Enrollment Report.

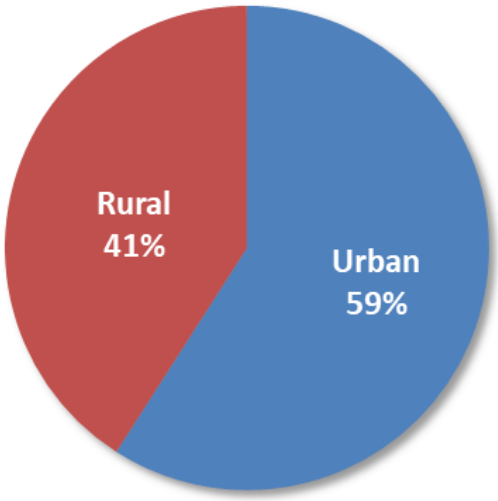
Exhibit 1-8 – Age Distribution for SoonerCare HMP Participants



Participants by Place of Residence

The majority of SoonerCare HMP participants in 2023 resided in urban areas of the State (Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-9), similar to the overall SoonerCare program. In 2022, the enrolled population was split evenly between urban and rural counties.

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

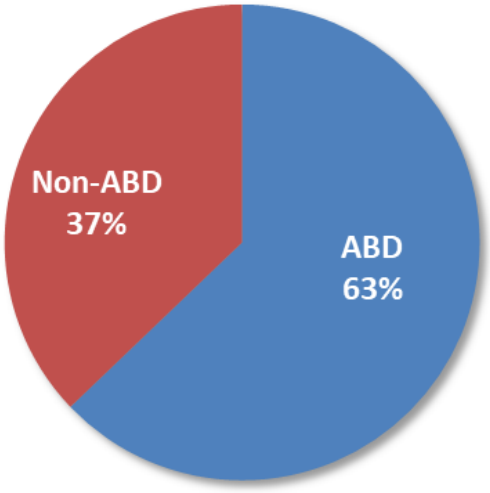


Participants by Aid Category

Sixty-three percent of SoonerCare HMP participants in 2023 were enrolled under the Aged, Blind and Disabled (ABD) aid category (Exhibit 1-10). In contrast, ABD beneficiaries comprise only about 15 percent of the general SoonerCare population[24].

The high percentage is at least partly attributable to a decision by the OHCA to target ABD members for enrollment into one of the agency's care management programs, in recognition of this population's generally greater than average health care needs.

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



Participants by Major Chronic Conditions[25]

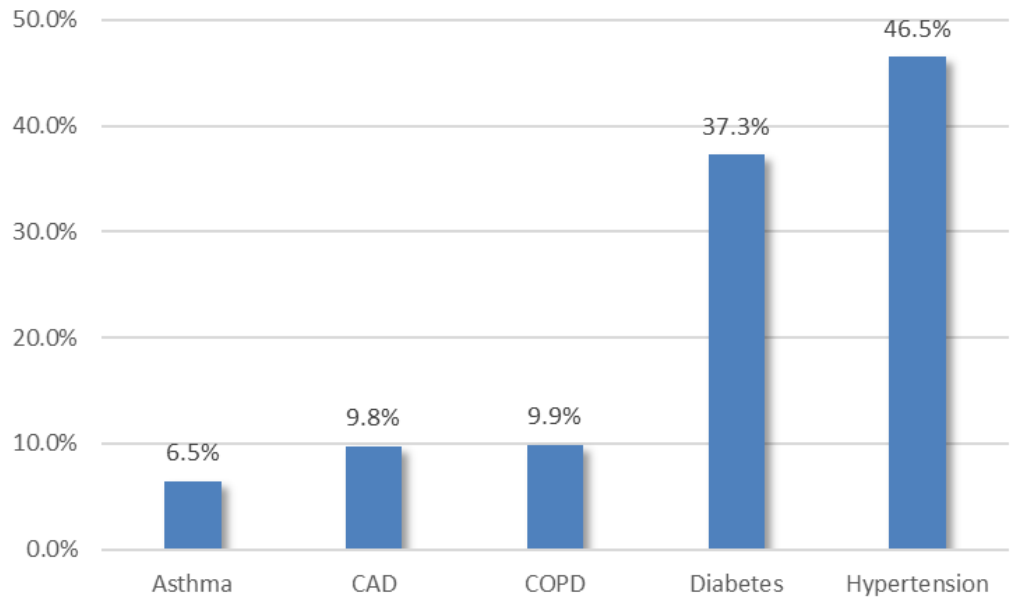
SoonerCare HMP participants typically have multiple physical health conditions, often accompanied by behavioral health needs. The HMP evaluation examines the program's overall impact on member health but also analyzes its impact with respect to five major chronic conditions: asthma, coronary artery disease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

Hypertension was the most prevalent of the five conditions, occurring in approximately 47 percent of SoonerCare HMP participants. Diabetes was the second most prevalent, with the other

[24] Source for total SoonerCare ABD percentage: OHCA December 2023 Enrollment Report. SoonerCare HMP ABD enrollment is limited to the Medicaid-only portion of the ABD population; Medicare/Medicaid dual eligibles are not part of the program.
[25] Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.

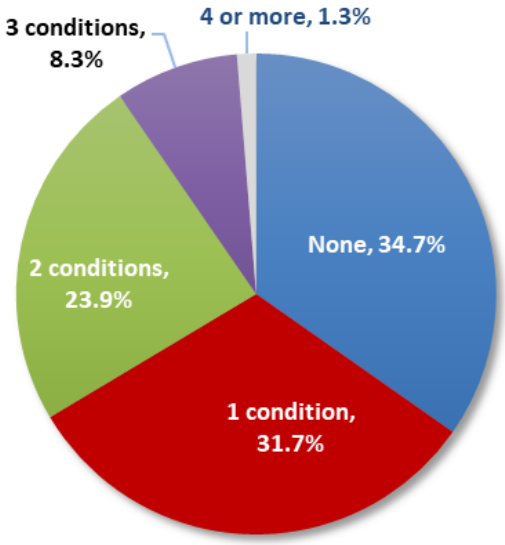
conditions occurring in smaller, but still significant portions of the SoonerCare HMP population (Exhibit 1-11).

Exhibit 1-11 – Prevalence of Major Chronic Conditions (Multiple Responses Allowed)[26]



Sixty-five percent of SoonerCare HMP participants had at least one of the five conditions. Over 30 percent had two or more (Exhibit 1-12).

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

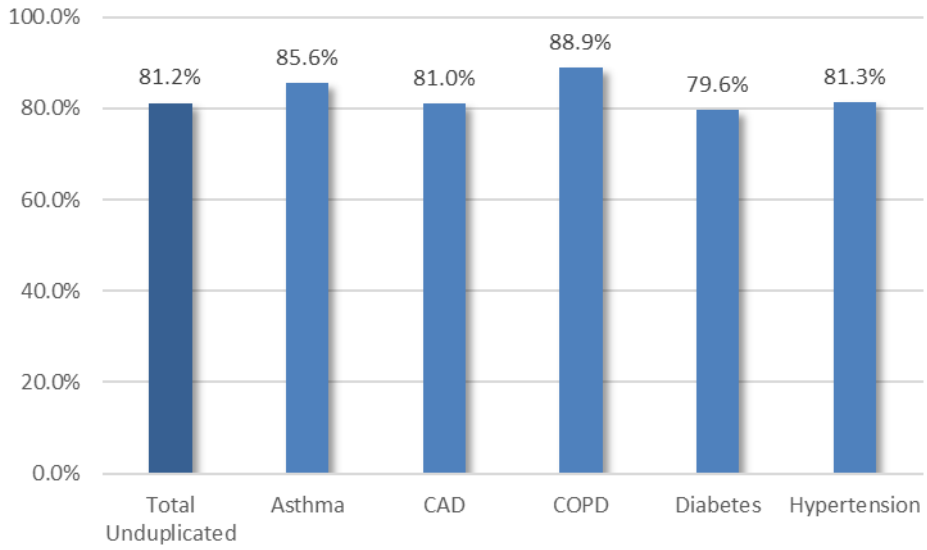


[26] Total across responses exceeds 100 percent.

Behavioral Health

Eighty-one percent of the participant population had both a physical and behavioral health condition. Among the five priority physical health conditions, the co-morbidity prevalence ranged from nearly 90 percent in the case of persons with COPD to 80 percent among persons with diabetes (Exhibit 1-13).[27]

Exhibit 1-13 – Behavioral Health Co-Morbidity Rate[28]



Conclusion

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

[27] Behavioral health conditions defined to include (from ICD-10): dementia, depression (major and other), mental and behavioral disorders, other bipolar disorder, personality disorder, psychosis and psychotic disorders and substance use disorders.

[28] Total unduplicated also includes members without one of the five conditions.

SoonerCare HMP Independent Evaluation

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare HMP. PHPG is evaluating the program's impact on participants and the health care system 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 (emergency room visits, hospital admissions and re-admissions) and associated expenditures, while taking into account program administrative costs;
5. Practice facilitation participant (provider) satisfaction;
6. Impact of practice facilitation on quality-of-care, as measured by provider adherence to national, evidence-based disease management practice guidelines; and
7. Overall SoonerCare HMP return-on-investment.

PHPG is presenting evaluation findings in a series of annual reports. This is the fourth report for the Third Generation HMP and includes calendar years – 2019 to 2023 – in order to allow for trending of results and to improve the analytical power of the analysis through pooling of data across the five years. The use of calendar years, rather than state fiscal (and Telligen contract) years, was chosen in order to align with the evaluation and reporting periods mandated by CMS for the Section 1115 Demonstration, of which the SoonerCare HMP is a component.

The Calendar Year 2019 results include the final six months of the Second Generation and first six months of the Third Generation HMP contracts. The OHCA and PHPG jointly determined that it would be acceptable to combine contract periods for the evaluation, given the incremental nature of the changes between the Second and Third Generation models.

The specific methodologies employed for the evaluation are described within each chapter of the report. Caution should be exercised when comparing results for this evaluation to prior cycles, due to changes in methodology made last year to conform to CMS guidelines for evaluation of Section 1115 demonstrations.

Caution also should be exercised when reviewing findings, in light of the COVID-19 public health emergency. The Calendar Year 2020 portion of the evaluation included nine months (March to December) when patterns of care changed in response to the pandemic.

CHAPTER 2 – HEALTH COACHING – PARTICIPANT SATISFACTION

Introduction

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

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

Initial Survey

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

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

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

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

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

Six-month Follow-up Survey

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

Survey Population Size, Margin of Error and Confidence Levels

The evaluation includes data from 687 initial surveys conducted in Calendar Year 2019, 585 initial surveys conducted in Calendar Year 2020, 664 initial surveys conducted in Calendar Year 2021, 599 initial surveys conducted in Calendar Year 2022 and 568 initial surveys conducted in Calendar Year 2023 (3,103 total). The evaluation also includes data from 357 follow-up surveys conducted in Calendar Year 2019, 270 follow-up surveys conducted in Calendar Year 2020, 296 follow-up surveys conducted in Calendar Year 2021, 339 follow-up surveys conducted in Calendar Year 2022 and 340 follow-up surveys conducted in Calendar Year 2023 (1,602 total).

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

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

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

Exhibit 2-1 on the following page presents the sample size and margin of error for each of the surveys. The margin of error is for the total survey population, based on the average distribution of responses to individual questions. The margin can vary by question to some degree, upward or downward, depending on the number of respondents and distribution of responses.

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

Survey	Sample Size	Confidence Level	Margin of Error
Initial	3,103	95%	+/- 1.8%
Six-month Follow-up	1,602	95%	+/- 2.4%

SoonerCare HMP Participant Survey Findings

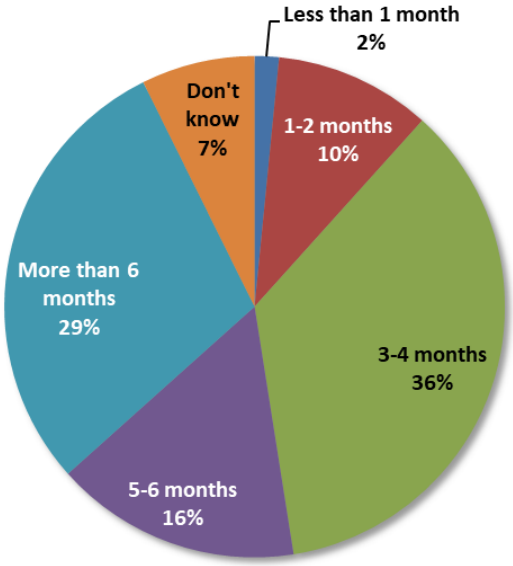
Respondent Demographics

Initial Survey Respondents

The gender split among SoonerCare HMP initial survey respondents in aggregate was 63 percent female and 37 percent male. The great majority of surveys (88 percent) were conducted with the actual SoonerCare HMP participant. The remaining surveys were conducted with a relative of the participant, primarily parents/guardians of minors, but also a small number of spouses, siblings and adult children of members.

The initial survey targeted members who were still active participants in the SoonerCare HMP. After screening out persons no longer participating in the program, the initial survey respondent sample included 3,065 persons (across all five years). Respondent tenure in the program among active participants ranged from less than one month to more than six months (Exhibit 2-2).

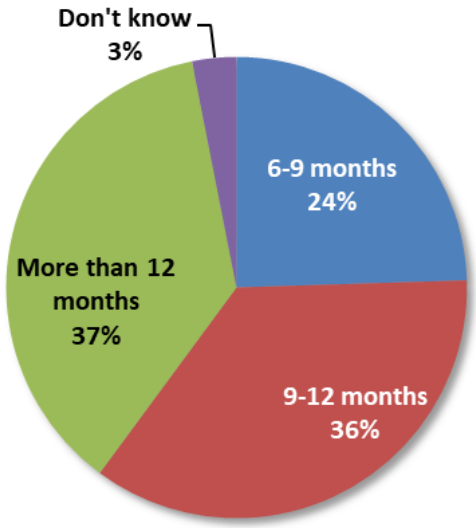
Exhibit 2-2 – Respondent Tenure in SoonerCare HMP – Initial Survey



Follow-up Survey Respondents

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

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



Key findings for the initial and follow-up surveys are presented starting on the following page. Findings are presented in aggregate for all initial survey respondents interviewed in 2019, 2020, 2021, 2022 and 2023. The aggregate initial survey results also are broken-out into Calendar Year subgroups. This segmentation allows for identification of any emerging trends with respect to new participant perceptions.

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

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

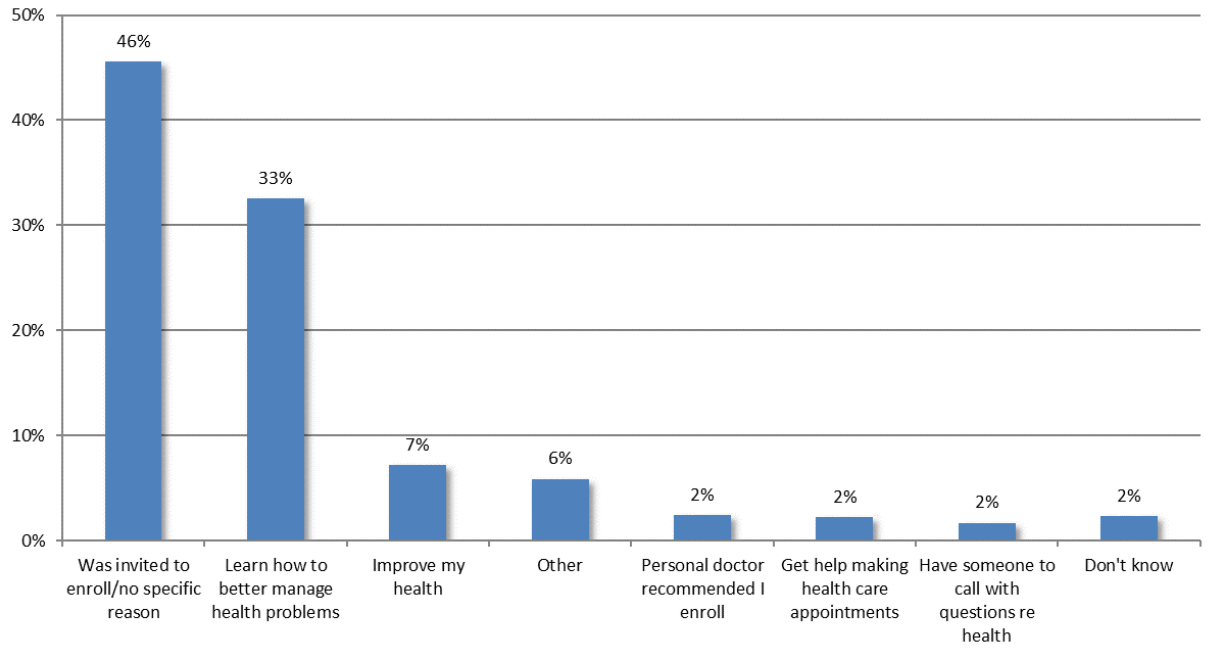
Copies of the survey instruments are included in Appendix A. The full set of responses is presented in Appendix B[29].

[29]For narrative clarity, survey data in the remainder of the chapter is presented in slightly different order than the order in which questions were asked. The original question order is shown in the instrument and appendix table.

Primary Reason for Enrolling

The SoonerCare HMP seeks to teach participants how to manage better their chronic conditions and improve their health. These were the primary reasons cited by participants who had a goal in mind when enrolling. However, the largest segment, at 46 percent, enrolled simply because they were asked (Exhibit 2-4).

Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (All Years)[30]



Although the percentages varied somewhat, the top three reasons given for enrolling were consistent across time periods and accounted for 86 percent of the responses (Exhibit 2-5 on the following page).

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

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

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

Reason	Primary Reason for Enrolling (Percent Naming)					
	2019	2020	2021	2022	2023	All Years
1. Was invited to enroll/no specific reason	49.5%	44.6%	46.1%	44.8%	42.2%	***45.6%***
2. Learn how to better manage health problems	29.4%	35.4%	36.0%	32.2%	29.8%	***32.6%***
3. Improve my health	7.9%	7.9%	5.1%	8.3%	6.8%	***7.2%***
4. Other	5.1%	3.1%	4.7%	5.3%	11.7%	***5.9%***
5. Personal doctor recommended I enroll	1.8%	2.6%	2.0%	3.9%	2.0%	***2.4%***
6. Get help making personal health care appointments	1.9%	2.4%	2.3%	2.0%	2.5%	***2.2%***
7. Have someone to call with questions regarding health	2.3%	2.4%	0.9%	1.2%	1.6%	***1.7%***
8. Don't know/not sure	2.0%	1.4%	2.8%	2.2%	3.2%	***2.3%***

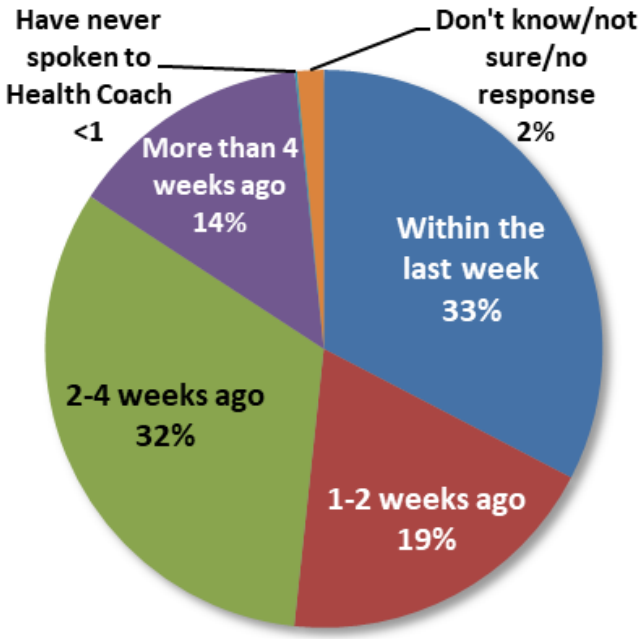
Notes: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Coach Contact

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

Fifty-two percent of initial survey respondents reported speaking to their health coach within the previous two weeks and 84 percent reported speaking to the health coach within the past four weeks (Exhibit 2-6).

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



The percentage reporting contact within the past two weeks was consistent across time periods for the initial survey. However, follow-up survey respondents were more than twice as likely to report that their most recent contact occurred over four weeks ago.

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

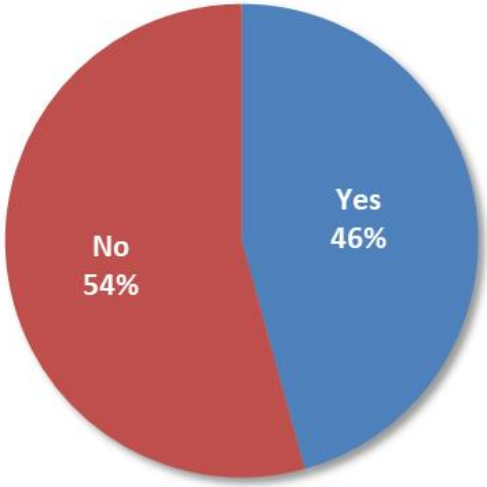
Exhibit 2-7 – Most Recent Contact with Health Coach – Initial Survey (Longitudinal) & Follow-up

	Last Time Spoke with Health Coach											
	Initial Survey						Follow-up Survey					
Time Elapsed	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Within last week	28.0%	33.0%	36.8%	33.3%	32.5%	*32.7%*	21.1%	30.5%	24.6%	28.7%	23.2%	*26.0%*
1 to 2 weeks ago	17.9%	17.4%	20.5%	20.6%	18.9%	*19.1%*	15.1%	15.2%	17.5%	13.0%	15.1%	*15.1%*
2 to 4 weeks ago	34.6%	34.0%	29.9%	32.1%	32.0%	*32.6%*	30.3%	24.5%	24.6%	26.5%	28.0%	*26.7%*
More than 4 weeks ago	18.2%	13.5%	11.3%	12.8%	14.5%	*14.0%*	32.6%	29.0%	33.0%	29.6%	31.3%	*31.1%*
Have never spoken to health coach	0.1%	0.2%	0.2%	0.0%	0.2%	*0.1%*	0.0%	0.0%	0.0%	0.0%	0.0%	*0.0%*
Don't know/not sure/no response	1.3%	1.9%	1.4%	1.2%	2.0%	*1.4%*	0.9%	0.7%	0.4%	2.2%	2.4%	*1.1%*

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, slightly fewer than half were able to provide the name of their health coach[31] (Exhibit 2-8).

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



The portion able to name their health coach fluctuated over the past four years but exceeded 50 percent only once: in 2020 among initial survey respondents (Exhibit 2-9).

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

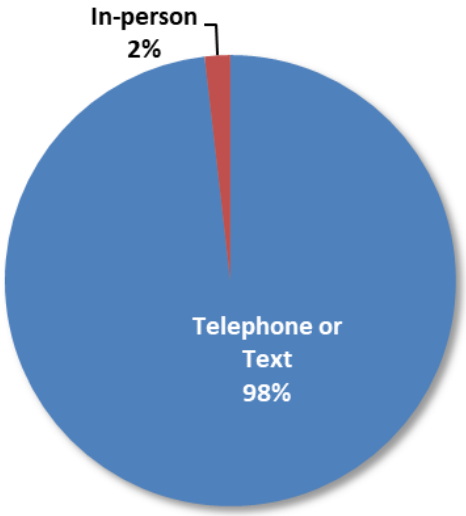
	Able to Name Health Coach											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Yes	46.3%	52.6%	44.3%	43.6%	41.7%	*45.7%*	41.7%	47.2%	43.5%	48.8%	48.8%	*46.0%*
No	53.7%	47.4%	55.7%	56.4%	58.3%	*54.3%*	58.3%	52.8%	56.5%	51.2%	51.2%	*54.0%*

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

[31] Respondents who answered yes were asked for a name but PHPG did not verify the accuracy of the information.

Nearly all survey respondents reported that their most recent contact occurred by telephone. This was the case both before and subsequent to the COVID-19 public health emergency, although telephone contacts rose to almost 100 percent in 2020 and remained at that level through 2023 (Exhibit 2-10).

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



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

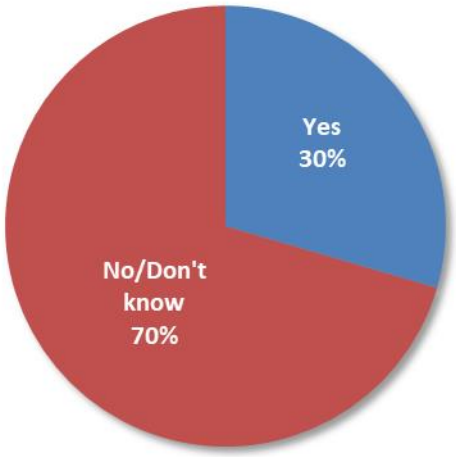
Exhibit 2-11 – Health Coach Contact Method –
Initial Survey (Longitudinal) & Follow-up

	Health Coach Contact Method											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Telephone or text	94.8%	99.3%	99.1%	99.3%	98.7%	*98.1%*	95.7%	99.7%	99.6%	99.3%	99.4%	*98.7%*
In-person (home or doctor's office)	5.2%	0.7%	0.7%	0.7%	1.3%	*1.8%*	4.3%	0.4%	0.4%	0.6%	0.6%	*1.4%*
Don't know/No response	0.0%	0.0%	0.2%	0.0%	0.0%	*0.1%*	0.0%	0.0%	0.0%	0.0%	0.0%	*0.0%*

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

Health coaches are required to provide a contact telephone number to their members. Ninety-one percent of initial respondents and 93 percent of follow-up respondents confirmed that they were given a number. Thirty percent of the initial survey respondents who remembered being given a number stated they had tried to call or text their health coach at least once (Exhibit 2-12).

Exhibit 2-12 – Tried to Call or Text Health Coach – Initial Survey (All Years)



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

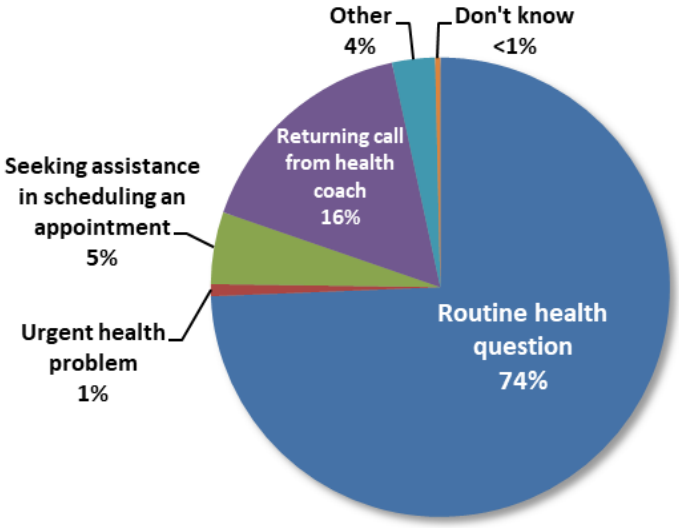
Exhibit 2-13 – Tried to Call or Text Health Coach – Initial Survey (Longitudinal) & Follow-up

	Tried to Call or Text Health Coach											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Yes	30.6%	32.8%	29.5%	27.3%	28.0%	*29.7%*	33.8%	40.4%	37.2%	38.4%	38.4%	*37.5%*
No	68.9%	66.6%	69.9%	72.0%	71.1%	*69.6%*	65.2%	55.8%	56.4%	55.8%	56.6%	*58.2%*
Don't know/Not sure	0.5%	0.6%	0.7%	0.7%	1.0%	*0.7%*	0.9%	3.8%	6.4%	5.8%	5.0%	*4.3%*

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

Among those who had tried calling or texting, a large majority (74 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 or Text – Initial Survey (All Years)



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

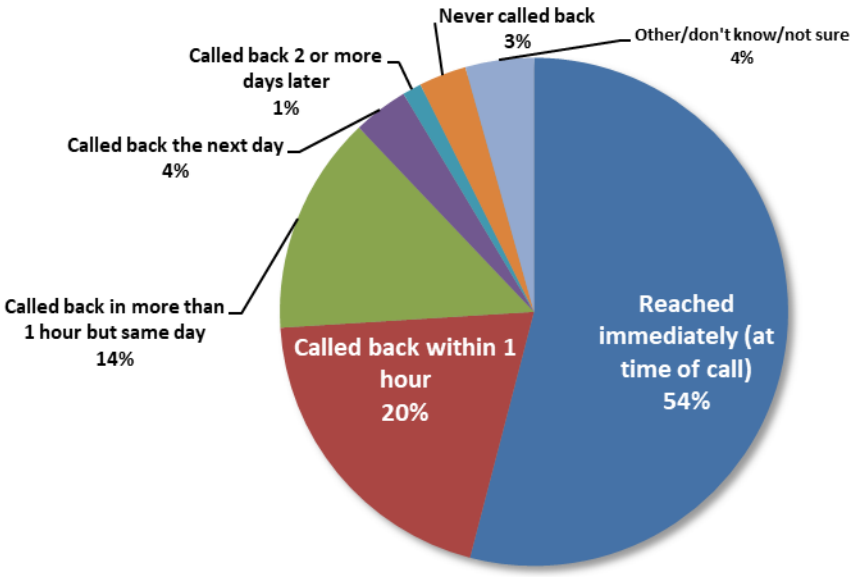
Exhibit 2-15 – Reason for Most Recent Call or Text – Initial Survey (Longitudinal) & Follow-up

	Reason for Most Recent Call/Text											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Routine health question	70.1%	78.1%	76.0%	71.6%	76.1%	*74.4%*	71.2%	77.1%	62.6%	70.8%	68.9%	*70.2%*
Urgent health problem	0.0%	0.6%	1.7%	0.0%	2.1%	*0.8%*	1.8%	0.0%	1.0%	0.9%	0.0%	*0.7%*
Seeking assistance in scheduling appointment	4.9%	5.1%	4.6%	8.8%	2.1%	*5.1%*	0.0%	2.9%	8.1%	6.2%	3.3%	*4.0%*
Returning call from Health Coach	23.4%	14.6%	16.0%	12.8%	13.4%	*16.3%*	26.1%	15.2%	24.2%	13.3%	23.0%	*20.4%*
Other	1.6%	1.7%	1.1%	6.8%	4.9%	*3.0%*	0.9%	3.8%	2.0%	6.2%	4.1%	*3.5%*
Don't know/No response	0.0%	0.0%	0.6%	0.0%	1.4%	*0.4%*	0.0%	1.0%	2.0%	2.7%	0.8%	*1.3%*

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

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

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



Eighty-four 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

	Health Coach Call-Back Time											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Reached immediately (time of call)	47.3%	63.5%	54.3%	54.7%	50.0%	*54.1%*	55.9%	57.1%	52.5%	59.3%	43.4%	*53.5%*
Called back within 1 hour	26.6%	15.2%	20.0%	20.9%	16.2%	*20.0%*	15.3%	11.4%	23.2%	14.2%	14.8%	*15.6%*
Called back > 1 hour	15.2%	14.6%	11.4%	14.9%	13.4%	*13.9%*	13.5%	18.1%	6.1%	11.5%	21.3%	*14.4%*
Called back the next day	1.6%	2.8%	3.4%	3.4%	7.0%	*3.5%*	1.8%	4.8%	7.1%	4.4%	3.3%	*4.2%*
Called back 2+ days later	0.0%	0.6%	1.7%	1.4%	2.8%	*1.2%*	1.8%	1.9%	2.0%	1.8%	3.3%	*2.2%*
Never called back	3.8%	1.7%	3.4%	3.4%	2.8%	*3.0%*	8.1%	1.9%	3.0%	3.5%	6.6%	*4.7%*
Other/Don't know/Not sure	5.4%	1.7%	0.0%	1.4%	7.7%	*4.4%*	3.6%	4.8%	6.1%	5.3%	7.4%	*5.4%*

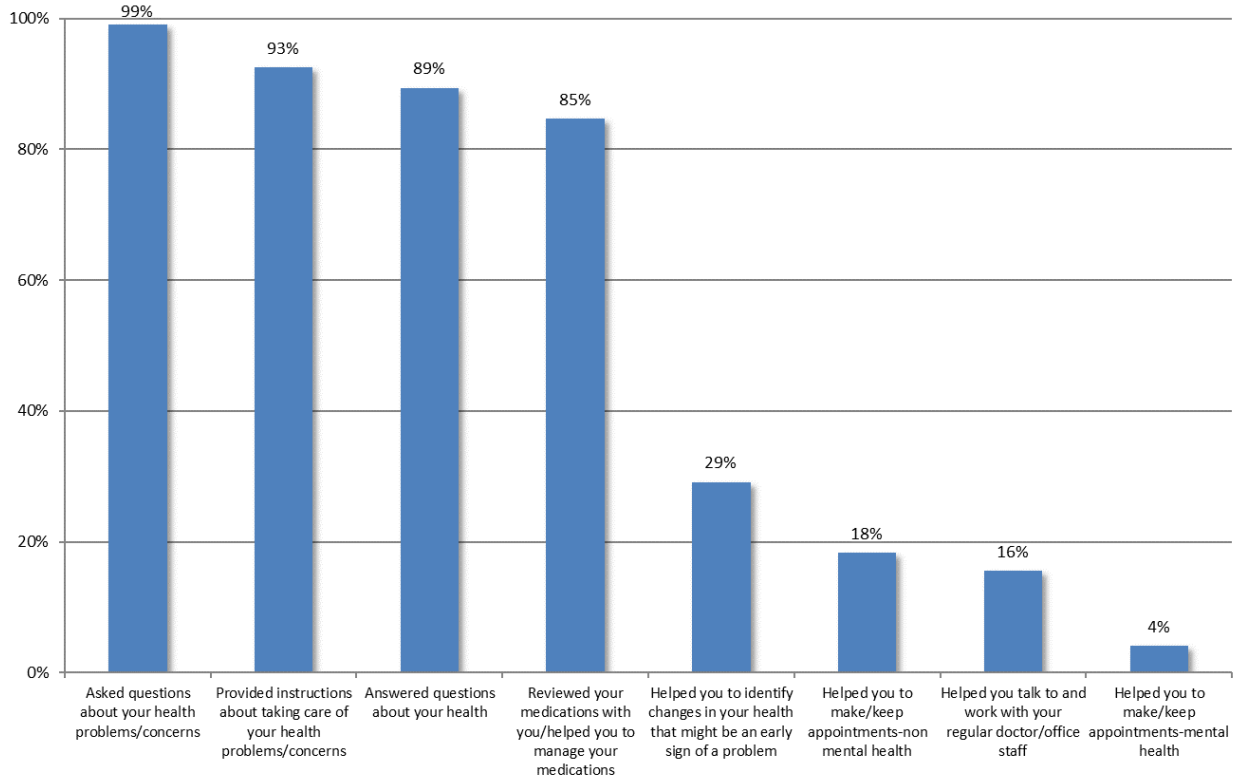
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

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 (over 99 percent) stated that their health coach asked questions about health problems or concerns. The great majority also stated their health coach provided answers and instructions for taking care of their health problems or concerns (93 percent), answered questions about their health (89 percent) and assisted with medications (85 percent) (Exhibit 2-18). Respondents reported that other activities occurred with less frequency.

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



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

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

	Health Coach Activity											
	Initial Survey (% "yes")						Follow-up Survey (% "yes")					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
1. Asked questions about your health problems/ concerns	99.4%	99.8%	99.4%	99.5%	99.5%	*99.5%*	99.7%	100.0%	99.3%	99.1%	99.7%	*99.6%*
2. Provided instructions about taking care of your health problems/ concerns	92.2%	93.7%	92.3%	93.4%	91.0%	*92.5%*	94.3%	97.4%	96.8%	93.2%	94.3%	*95.1%*
3. Helped you to identify changes in health that might be an early sign of a problem	24.3%	34.4%	28.8%	30.8%	28.2%	*29.1%*	37.2%	37.8%	30.9%	33.8%	34.7%	*34.9%*
4. Answered questions about your health	87.4%	92.8%	90.0%	88.4%	88.5%	*89.4%*	93.1%	95.1%	94.0%	92.0%	89.7%	*92.7%*
5. Helped you talk to and work with your regular doctor/staff	12.0%	18.3%	15.9%	18.2%	13.8%	*15.6%*	13.8%	19.9%	15.4%	20.9%	15.4%	*17.0%*
6. Helped you make/ keep appointments with other doctors, such as specialists	16.0%	18.5%	18.8%	22.1%	16.2%	*18.3%*	18.3%	16.9%	18.6%	20.9%	20.8%	*19.2%*
7. Helped you to make/ keep appointments for MH/SA problems	1.9%	2.6%	3.8%	6.3%	6.1%	*4.1%*	2.0%	0.7%	1.8%	5.8%	4.8%	*3.1%*
8. Reviewed your medications and helped you manage	82.7%	87.5%	80.9%	85.9%	87.1%	*84.6%*	86.8%	88.4%	87.0%	83.1%	86.4%	*86.3%*

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

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

Exhibit 2-20 – Satisfaction with Health Coach Activity ("Very Satisfied")[32] – Initial Survey (Longitudinal) & Follow-up

	Health Coach Activity											
	Initial Survey (% "very satisfied")						Follow-up Survey (% "very satisfied")					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
1. Asked questions about your health problems/ concerns	93.4%	95.9%	94.3%	95.0%	93.3%	*94.4%*	93.7%	96.3%	93.0%	91.3%	93.0%	*93.4%*
2. Provided instructions about taking care of your health problems/ concerns	95.5%	96.6%	95.0%	95.6%	94.9%	*95.5%*	95.5%	97.3%	93.9%	91.5%	95.2%	*94.6%*
3. Helped you to identify changes in health that might be an early sign of a problem	93.5%	96.0%	96.9%	99.4%	92.5%	*95.8%*	96.2%	97.1%	96.7%	89.3%	95.0%	*94.7%*
4. Answered questions about your health	95.5%	97.4%	96.0%	95.8%	95.5%	*96.0%*	94.2%	97.2%	95.2%	92.1%	94.4%	*94.5%*
5. Helped you talk to and work with your regular doctor/staff	94.0%	93.6%	91.5%	97.2%	96.3%	*94.5%*	91.8%	100.0%	95.5%	89.9%	98.0%	*94.7%*
6. Helped you make/ keep appointments with other doctors, such as specialists	93.0%	94.6%	91.7%	96.9%	93.3%	*94.0%*	94.0%	97.9%	94.4%	88.2%	91.5%	*92.8%*
7. Helped you to make/ keep appointments for MH/SA problems	89.5%	81.3%	96.2%	94.6%	90.0%	*91.3%*	55.6%	100.0%	85.7%	83.3%	94.7%	*83.6%*
8. Reviewed your medications and helped you manage	89.3%	91.8%	86.4%	96.4%	89.7%	*90.5%*	90.5%	94.7%	88.2%	85.4%	88.5%	*89.3%*

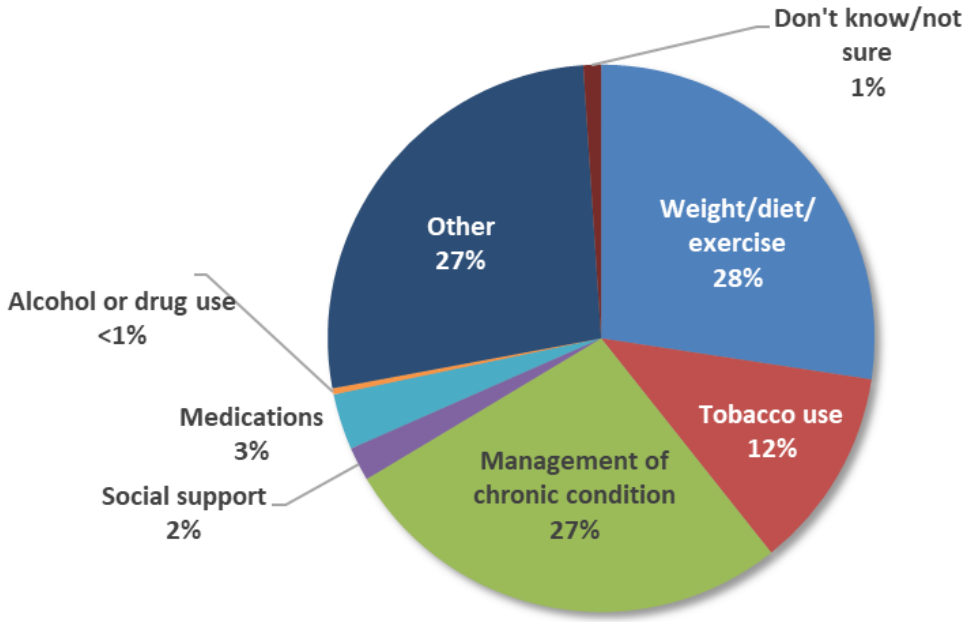
[32] Satisfaction percentages shown in Appendix B for this and later tables are for all survey respondents, rather than the subset answering "yes" to an activity. The two data sets therefore do not match for these questions.

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

Eighty-two percent of initial survey respondents and 87 percent of follow-up survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Seventy-six percent of the initial survey group subset that answered "yes" (or 62 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 65 percent of total) reported selecting an area to make a change.

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

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



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

in the initial survey was reversed in the follow-up survey. Tobacco use declined across survey periods as a selected area among both initial and follow-up survey respondents, possibly reflecting the long-term downward trend in tobacco use in the general population as well as OHCA initiatives to reduce tobacco use within the SoonerCare population.

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

	Action Plan Area											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Management of chronic condition	29.1%	29.5%	26.2%	26.1%	24.3%	*27.1%*	29.9%	28.2%	27.8%	26.4%	27.5%	*28.0%*
Weight/ diet/ exercise	23.9%	29.0%	27.8%	30.4%	26.2%	*27.5%*	28.9%	32.6%	37.8%	28.5%	34.5%	*32.4%*
Tobacco use	17.3%	12.2%	12.3%	6.7%	10.6%	*11.9%*	18.7%	15.5%	8.9%	9.3%	5.7%	*11.3%*
Medications	3.0%	3.8%	3.1%	2.9%	3.8%	*3.3%*	4.2%	2.8%	3.1%	3.6%	2.2%	*3.2%*
Alcohol or drug use	0.7%	0.0%	0.3%	0.3%	0.5%	*0.4%*	0.0%	0.0%	0.0%	0.0%	0.0%	*0.0%*
Social support	2.5%	1.6%	2.3%	1.9%	1.6%	*2.0%*	1.9%	0.6%	1.0%	0.5%	1.3%	*1.1%*
Other	23.0%	22.2%	26.7%	30.7%	32.2%	*26.9%*	16.4%	17.1%	20.4%	29.5%	27.9%	*22.4%*
Don't know/Not sure	0.5%	1.9%	1.3%	1.1%	0.8%	*1.0%*	0.0%	3.3%	1.0%	3.1%	0.9%	*1.6%*

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 (90 percent of initial survey respondents and 94 percent of follow-up survey respondents).

Among those with an action plan, 76 percent of initial survey respondents and 84 percent of follow-up survey respondents reported achieving one or more goals. Exhibit 2-23 on the following page provides examples of the types of goals members reported achieving.

Exhibit 2-23 – Examples of Achieved Goals

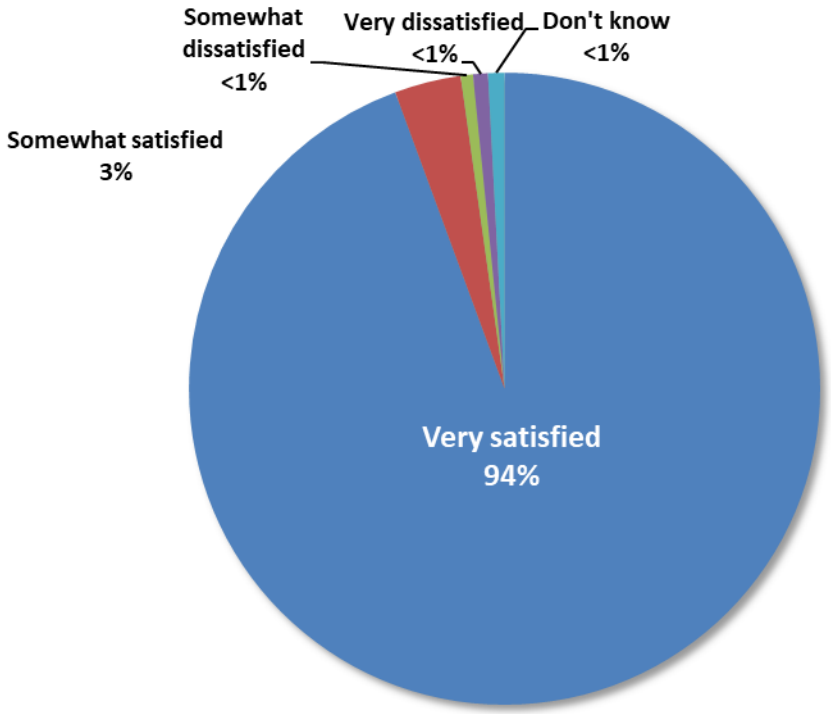
Action Plan Area	Goals Achieved
Weight/Diet/Exercise	• Losing weight • Eating better, including more fruits/vegetables and less sugar and fast food • Exercising more; going to a gym • Walking more; getting out of house more; improving mobility • Learning portion control • Addressing eating disorder
Management of chronic physical health condition	• Better control of asthma with medications; using inhaler properly; being more aware of asthma triggers • Starting oxygen therapy • Enrolling in diabetes education program; lowering A1c • Eating better to control blood sugar • Seeing doctor more often to monitor condition; keeping medical appointments • Better pain management; seeing pain specialist • Taking appropriate or fewer medications • Monitoring blood pressure at home • Starting physical therapy • Becoming more independent – making own doctor appointments and managing medications
Management of mental health condition/substance use disorder	• Starting counseling/seeing a mental help therapist • Learning techniques to better manage OCD • Socializing at church and with friends • Learning about services for adults with autism • Treating depression • Learning how to manage anxiety; learning relaxation techniques • Drinking less
Tobacco use	• Cutting back on number of packs smoked per day • Vaping less • Using nicotine gum/patch • Calling SoonerQuit line
Other medical/social service needs	• Treating back pain (exercises, surgery) • Scheduling specialty care; scheduling/recovering from surgery • Getting dental care/dentures • Getting hearing aids/medical devices/prosthetics • Seeing chiropractor • Seeing physical therapist • Gaining employment • Applying for housing

Among the members who reported having a goal but not yet achieving it, 61 percent of initial survey respondents and 61 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-four percent of initial survey respondents stated they were "very satisfied" with their coach (Exhibit 2-24).

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



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

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

	Satisfaction with Health Coach											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Very satisfied	92.8%	94.7%	94.5%	95.6%	93.2%	*94.1%*	93.9%	96.5%	93.3%	92.0%	93.1%	*93.6%*
Somewhat satisfied	4.3%	3.6%	2.8%	3.1%	4.8%	*3.7%*	4.5%	2.7%	6.0%	5.2%	4.5%	*4.6%*
Somewhat dissatisfied	0.7%	0.6%	0.8%	0.5%	0.7%	*0.6%*	0.3%	0.0%	0.7%	1.5%	1.8%	*0.9%*
Very dissatisfied	1.2%	0.4%	1.2%	0.2%	0.5%	*0.7%*	1.0%	0.8%	0.0%	0.6%	0.6%	*0.6%*
Don't know/not sure/no response	1.2%	0.8%	0.8%	0.7%	0.7%	*0.8%*	0.3%	0.0%	0.0%	0.6%	0.0%	*0.2%*

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

Health-Related Social Needs

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

PHPG has asked a short series of questions about awareness, and use of, resource navigators since the introduction of these staff members during Telligen's original contract cycle. PHPG is continuing to ask these questions during initial surveys; results for calendar year 2023 are presented in Appendix B and are consistent with prior years.

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

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

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

Survey results are presented below in the aggregate for September 2022 – December 2023. The calendar years are combined due to the small number of responses recorded in 2022[33].

Follow-up survey respondents first were asked about their living situation. Eighty-nine percent reported having a steady place to live. The remainder reported either being worried about losing their current living place (nine percent) or not having a steady place to live (one percent[34]).

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

Respondents next were asked about how often in the past 12 months they were at risk of running out of food and/or not having enough money to buy food when running out. Over 35 percent "often" or "sometimes" worried about running out of food and 33 percent worried about not being able to get more to eat when food was running out (Exhibit 2-26).

Exhibit 2-26– Frequency of Food Insecurity – Follow-up Survey (September 2022 – December 2023)

	How Often True			
Food Insecurity	**Often**	**Sometimes**	**Never**	**Don't know**
Within the past 12 months, I worried that my food would run out before I got money to buy food	**8.3%**	**27.3%**	**64.0%**	**0.5%**
Within the past 12 months, the food I bought just didn't last, and I didn't have money to get more	**7.9%**	**25.2%**	**66.3%**	**0.7%**

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

Respondents also were asked whether lack of reliable transportation kept them from medical appointments, meetings, work or from getting to things needed for daily living; twelve percent answered "yes". Finally, respondents were asked whether the electric, gas, oil or water company had threatened to shutoff services in their home; 11 percent answered "yes".

[33] Appendix B shows the individual year totals.

[34] The reported one percent rate may be an undercount, as members without a permanent residence can be more difficult to survey.

The next section of the survey asked respondents whether they were aware that the SoonerCare HMP can help members deal with non-medical problems like the ones discussed. Seventy-eight percent answered "yes"[35].

Respondents who reported one or more HSRNs were asked whether anyone at the SoonerCare HMP had tried to help solve a non-medical problem and, if so, what problem(s). Fifty-two members reported receiving help with food problems, 27 with living situation problems, 13 with utility-related problems 17 with transportation issues and 25 with "other" issues. (Respondents could report multiple areas of assistance.)

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

Exhibit 2-27– Status of HRSN – Follow-up Survey (September 2022 – December 2023)

HRSN Type	Resolution Status – Was the Problem Solved?				
	Yes – Solved	No – HMP still helping	No – Still trying on my own	No – No longer trying	Don't know
Living Situation	**36.1%**	**8.4%**	**53.0%**	**1.2%**	**1.2%**
Food Insecurity	**53.2%**	**3.5%**	**42.6%**	**0.7%**	**0.0%**
Transportation	**51.9%**	**7.4%**	**35.2%**	**5.6%**	**0.0%**
Utilities	**68.2%**	**2.3%**	**29.5%**	**0.0%**	**0.0%**
Other	**59.3%**	**14.8%**	**22.2%**	**3.7%**	**0.0%**

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

Finally, respondents who reported receiving help from Telligen were asked to rate their satisfaction. Nearly all reported either being "very satisfied" (95 percent) or "somewhat satisfied" (three percent)[36]. Two respondents (two percent of total) reported being "very dissatisfied".

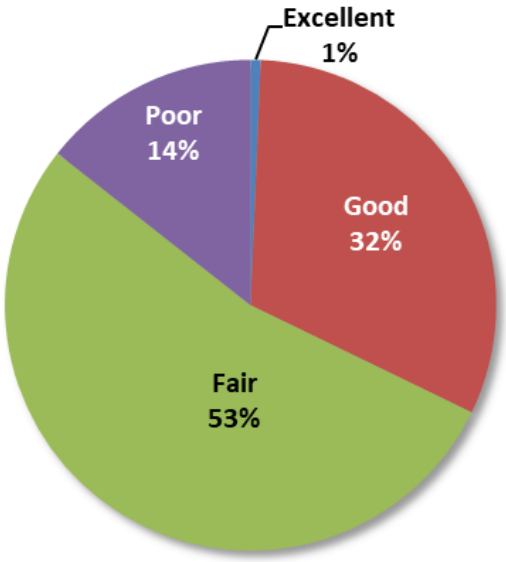
[35] The actual survey question inquired as to whether anyone at Telligen had asked the respondent whether s/he had a health-related social need (which would trigger an offer of assistance). The "yes" response rate to this question is a component of Telligen's value-based performance payment calculation. The minimum threshold for payment is 80 percent (subject to application of a confidence interval). In early 2023, PHPG analyzed the results for this question in greater depth and documented that awareness appeared to decline as members moved further from their initial enrollment date (when Telligen covers the topic as part of orientation) and rose again after the member's first anniversary (when Telligen covers the topic again as part of continuing education). Based on this finding, Telligen instituted a new practice of having health coaches ask about HRSN as part of all routine contacts. Subsequent to this change, the "yes" rate steadily increased.

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

Health Status and Lifestyle

The ultimate objectives of health coaching are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, a majority of initial survey respondents (53 percent) said "fair" (Exhibit 2-28).

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



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

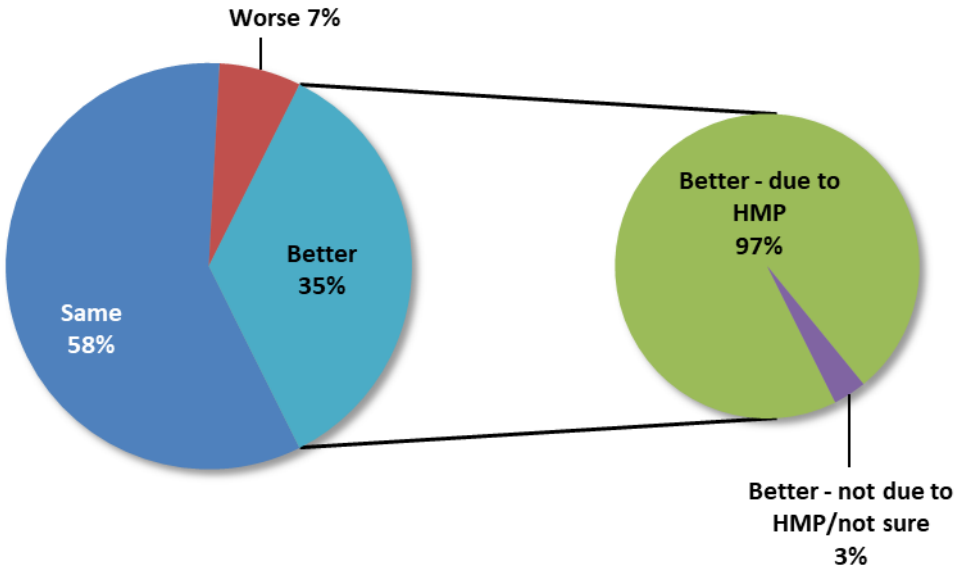
Exhibit 2-29 – Current Health Status –
Initial Survey (Longitudinal) & Follow-up

	Current Health Status											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Excellent	0.3%	0.7%	0.6%	1.2%	0.5%	*0.7%*	0.0%	0.4%	1.1%	0.3%	1.8%	*0.7%*
Good	24.0%	35.3%	31.7%	35.1%	31.8%	*31.3%*	24.3%	29.2%	39.6%	37.2%	37.7%	*33.5%*
Fair	61.1%	51.8%	51.1%	49.6%	50.6%	*53.1%*	64.7%	54.5%	46.6%	50.2%	47.3%	*52.9%*
Poor	14.4%	12.0%	15.9%	13.1%	15.8%	*14.3%*	11.0%	15.9%	12.4%	11.1%	13.0%	*12.5%*
DK/not sure/no response	0.1%	0.2%	0.6%	1.0%	1.3%	*0.6%*	0.0%	0.0%	0.4%	1.2%	0.3%	*0.4%*

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

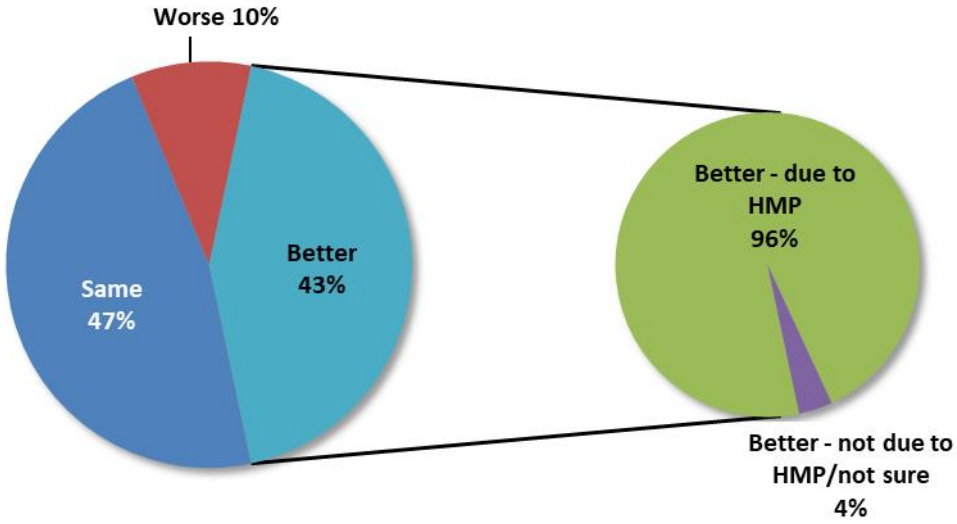
When next asked if their health status had changed since enrolling in the SoonerCare HMP, the largest segment of initial survey respondents (58 percent) said it was "about the same". However, 35 percent said their health was "better" and only seven percent said it was "worse". Among those respondents who reported a positive change, nearly all (97 percent) credited the SoonerCare HMP with contributing to their improved health (Exhibit 2-30).

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



The results were even more encouraging among follow-up survey respondents. A larger segment (43 percent) reported improved health, with nearly all (96 percent) again crediting this improvement to the program (Exhibit 2-31).

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



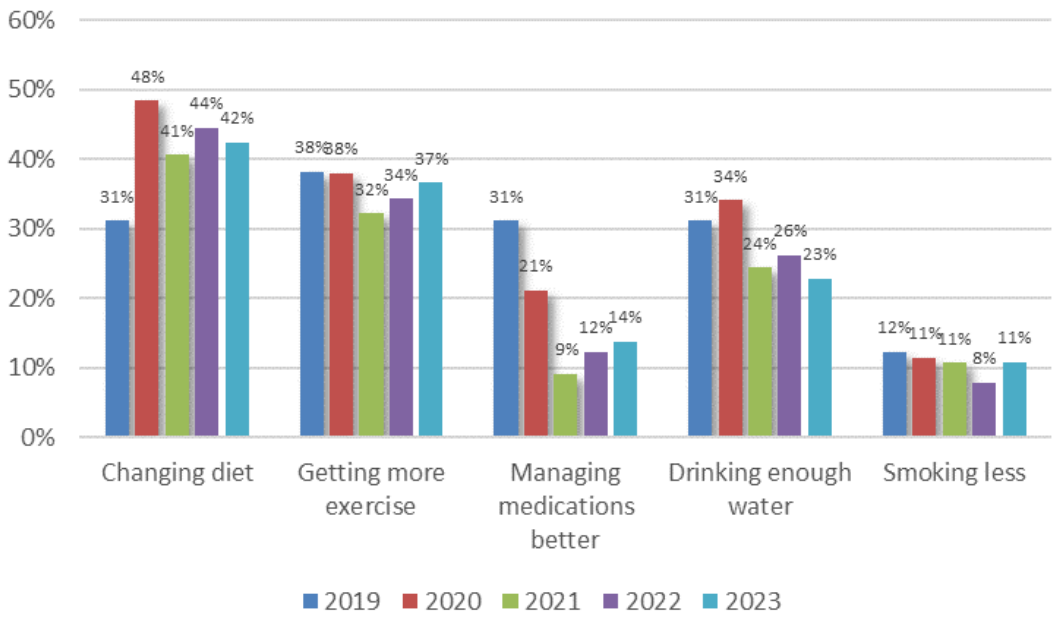
Respondents in the follow-up survey who stated that the SoonerCare HMP contributed to their improvement in health were asked to provide examples of the program's impact. The answers generally mirrored the achieved goals shown in Exhibit 2-23.

Respondents in both survey groups also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change[37]. Respondents were asked whether their health coach discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake and alcohol/substance consumption. If yes, respondents were asked about the impact of the health coach's intervention on their behavior (no change, temporary change or continuing change).

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

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

Exhibit 2-32 – Changes in Behavior – "Continuing Change" – Initial Survey[38]



[37] 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.

[38] The sixth behavior, drinking or using other substances less, was identified as an area of continuing change by 1.5 percent of the initial survey group and 1.0 percent of the follow-up survey group. It is omitted from the exhibit due to the difference in scale versus the other behavior items.

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

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

Behavior	Survey	Discussion and Change in Behavior					
		N/A – Not Discussed[39]	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	19.0%	5.5%	1.3%	10.6%	54.8%	8.7%
	Follow-up	12.7%	5.7%	3.4%	30.3%	41.9%	5.9%
2. Moving around more or getting more exercise	Initial	19.5%	7.6%	1.8%	35.8%	28.7%	6.5%
	Follow-up	13.2%	7.2%	4.1%	40.6%	28.9%	6.1%
3. Changing your diet	Initial	17.2%	6.5%	2.7%	41.0%	24.8%	7.8%
	Follow-up	9.2%	5.9%	4.0%	51.4%	23.2%	6.2%
4. Managing and taking your medications better	Initial	18.8%	1.8%	0.4%	17.7%	49.5%	11.8%
	Follow-up	10.9%	0.3%	0.2%	16.9%	61.0%	10.7%
5. Making sure to drink enough water throughout the day	Initial	18.8%	4.4%	1.5%	27.8%	34.4%	13.1%
	Follow-up	10.8%	4.2%	2.2%	31.5%	36.5%	14.8%
6. Drinking or using other substances less	Initial	32.6%	0.2%	0.2%	1.2%	51.5%	14.3%
	Follow-up	25.9%	0.0%	0.0%	1.0%	57.4%	15.7%

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

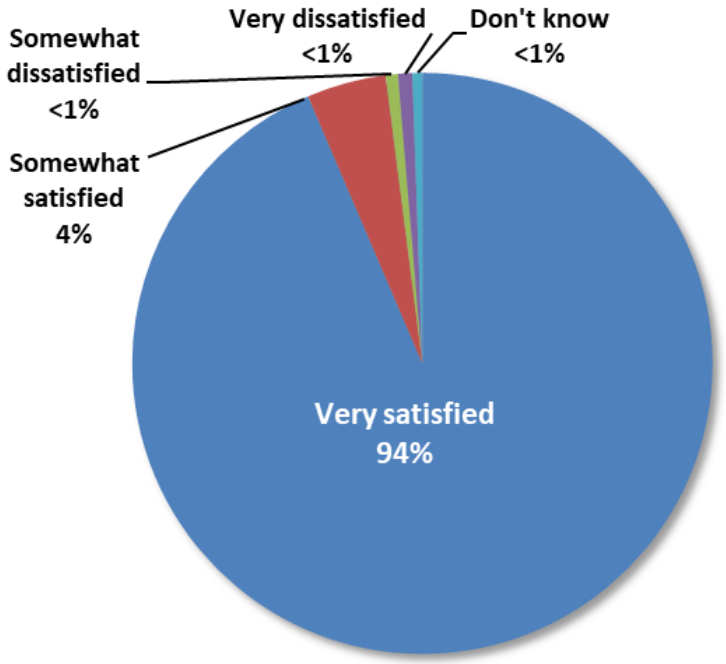
[39] "N/A – not discussed" includes members for whom no inquiry was made. "Discussed but not applicable" column refers to members for whom an inquiry was made but the category did not apply (e.g., non-tobacco users).

Overall Satisfaction

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

An even higher percentage (97 percent of both survey groups) said they would recommend the program to a friend with health care needs like theirs.

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



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

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

	Satisfaction with SoonerCare HMP											
	Initial Survey						Follow-up Survey					
Response	2019	2020	2021	2022	2023	All Years	2019	2020	2021	2022	2023	All Years
Very satisfied	91.6%	95.0%	93.7%	94.0%	93.7%	*93.6%*	94.2%	96.5%	92.9%	91.4%	94.0%	*93.7%*
Somewhat satisfied	5.4%	3.8%	3.8%	4.8%	4.1%	*4.4%*	4.1%	2.7%	6.0%	5.5%	3.6%	*4.4%*
Somewhat dissatisfied	0.7%	0.7%	0.9%	0.5%	0.5%	*0.7%*	0.3%	0.0%	0.7%	1.5%	2.1%	*1.0%*
Very dissatisfied	1.2%	0.2%	1.1%	0.2%	1.3%	*0.8%*	1.2%	0.8%	0.4%	0.9%	0.3%	*0.7%*
Don't know/not sure/no response	1.0%	0.3%	0.5%	0.5%	0.4%	*0.6%*	0.3%	0.0%	0.0%	0.6%	0.0%	*0.2%*

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

Participant appreciation of the health coach and SoonerCare HMP overall is further reflected in the types of comments made during the survey. While not all of the comments were positive, the great majority were, including a number in 2021 specific to COVID-related assistance:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

------- (2019 – 2021 Survey Periods) -------

"(My health coach) is sometimes the only person I talk to during the week. She calls me every week, or more, and I look forward to it. She also helped me get an appointment for a COVID vaccine and get my pills for 90 days instead of 30 so I can get all my medicine."

"My nurse gave me the confidence to leave the house with my oxygen. I had been staying at home all the time because I was uncomfortable being in public with my portable oxygen. She talked to me about it and made me feel comfortable enough to go to the store again. I am very glad about that."

"I am so thankful for her (my health coach). She literally saved me after I had my stroke. I was so upset and depressed and she stayed on the phone with me for over an hour to calm me down. And, I could tell she didn't do it because she had to, but because she really cared. She also helped me feel better about getting my COVID shot when the hospital wouldn't do my surgery without the shot. I was nervous about getting it but she made me feel lots better about it. She is so good for my mental health. I would not have had my eye surgery without her support either. I put it off for years but she helped me get over the fear and do it."

"My lady keeps me going. I don't even think I'd be here without her. When my heart failure started, I was so depressed, I didn't care about nothing. She calls and genuinely cares about me. She talks me out of being depressed."

"I have been trying to see a joint specialist for my ankle for three years, with no luck. As soon as I got my health coach, I had a referral to the specialist. I am so thrilled to finally be on the way to getting the help I need."

"SoonerCare only gives six punches of prescriptions a month and I have more than that. I was doing without some of my meds until my health coach set me up on 90-day supplies, now I get all of them! She also helped me write up a budget to help me keep track of my money."

"I have two kinds of cancer and was in tears trying to find a thyroid doctor. My nurse found me a great doctor that I love. I am very grateful to her and SoonerCare for all the help I get. When my nurse calls, I am not always in a very good head space but she doesn't rush me off the phone or make me feel like I am a bother to her. I wouldn't want to talk to me but she seems to really want to!"

"I wouldn't have been able to come off taking so many opioids for my pain if it wasn't for (my health coach). She helped me to talk to my doctor and is always there when I need her when I'm struggling with it."

"(My health coach) filled out and sent in my HUD application for me. I am computer illiterate so she just did it herself and I am so thankful."

"The lady who calls has literally saved my life. If I didn't have her to talk to, I probably would have killed myself by now. She is helping me get section 8 housing and transportation. She also had my medication delivered to me when I could not get to the pharmacy and was panicking. She is an angel."

"I really wanted to get off my pain meds. (My health coach) helped me with that by helping me to finally get in with a specialist. She did what I tried and could not do myself. I am now off my pain meds and feel better."

"I live 225 miles from my pain management doctor. I had a very hard time getting to my appointments. My coach…contacted (SoonerRide) and worked and worked until they got all my rides approved. They said I don't have to worry about it anymore. I can't tell you what a relief that is.

"(My health coach) helped me with my muscle cramps. My doctor was going to prescribe me potassium for them but never did. (She) suggested that I drink Gatorade, or something like it, for the electrolytes. It helped so much; I don't get cramps anymore. Having her there whenever I need to call with a problem is wonderful."

"I am computer illiterate. My nurse prints out helpful things for my health and sends them to me. She also helped get me dentures and glasses."

"(My health coach) helped me at my lowest point in life. She never rushes me and I can tell she truly cares. She has helped me track down my medical records for a specialist. I have memory issues and she has been such a help. I told the other health coach that called that I am putting (my regular health coach) in my will!"

"(My health coach) has helped me so much, especially during COVID. I'm a single mom of three and can't always afford food; she sent me information on food pantries and helped me get my medications approved. I would always have trouble with getting them approved before she got involved. She also suggested that I see a rheumatologist for my anemia problem and helped me get an appointment."

"(My health coaches) have been amazing especially during this quarantine. I was unable to get my mental health help and I was in a real bad place mentally. (They) would call me and let me get it all out and helped me get my head straight. (They) also helped me work with my doctor to finally get my arm pain checked out. They have been wonderful."

"She is very pleasant to talk to. She doesn't just help me with my medical problems but listens to me for as long as I need about everything. I really enjoy having her call and look forward to it."

"My son's nurse got me into the program after talking to me. I have extreme anxiety about leaving the house. (She) and my own nurse have helped me by encouraging me, very patiently, to leave the house to go to my doctor appointments. She helped me find a therapist for my problem too. She also told me who to contact to get a scooter. I would not have left the house to go to any appointments if it wasn't for (them). I owe them so much."

"(My health coach) not only helped me get glasses and stop smoking but she is so easy to talk to. She is always upbeat and happy. I can text her, call her or email her and she always answers quickly."

"I have wanted gastric bypass surgery for years. The SoonerCare nurse helped me get approved for it and to lose the weight I had to lose before surgery. I am so thankful!"

"I look forward to my coach's call every week. She helps me so much emotionally, especially during COVID. She also helped me get a shower seat."

"She is so sincere and caring. My health has gotten better because I know she is going to call and ask if I have been doing what I am supposed to be doing. I don't want to have to tell her no, so I make sure that I am!"

"(My health coach) has been awesome with my son. She has sent really good information on how to change his eating habits to control his diabetes and it is working. Please tell (her) boss that she does a great job and is very well trained knowing all the resources available. Sometimes I just need to talk and vent because it can be hard having a teenager with diabetes. She listens to me and I always feel so much better after we talk."

"The first time she called me was at a time where I didn't care about myself at all. It has been nice having someone who I can tell truly cares about me. She also caught some drug interactions that my pharmacy missed."

"Helped me to get a COVID test for me and my granddaughter. She also helped me straighten out my medication problem. She is very encouraging in helping me to quit smoking too. She helps keep my anxiety down. My health has definitely improved since she started helping me. She's been outstanding!"

"My new coach has been fantastic. She's helped me to smoke less and lower my A1c levels and cholesterol. But, maybe the most important thing she has done for me is be there for me. I have depression and anxiety and she really helps me by listening to me."

"The lady I talk to is super, super, super nice. She has sent me a lot of stuff in the mail to help me with diabetes. She also listens to me when no one else really does. That may be the most important of all."

"I love (my health coach) so much. She has been wonderful but I just found out that I have a new one and I am very upset about that. I don't want to start over with someone new."

"My worker keeps my spirits up. When I was diagnosed with a heart condition in April, she called me and keeps me from being depressed. She also managed to get me into physical therapy when I was turned down for it myself. I don't know how she did it but she did! This has helped me walk much further than I could before which has helped with my depression too. I wish I could remember her name because she is the best."

"The lady has helped me with my short- term memory loss. She has experience with that and has taught me to use colored notebooks to write things down in. She also helped me set up transportation to my doctor appointments."

"I like the coach because she does not push me to do things. She asks me about my diet and exercise but does not lecture me or push me if I'm not doing it. If she did, I would quit talking to her."

"(My health coach) is so nice to talk to. She doesn't judge or lecture me, she just listens. She helped me get an appointment with a pain management doctor too."

"(My health coach) helped me get appointments with two specialists that I desperately needed to see. Before her, I could not get an appointment with them but once she got involved, I got right in with both doctors. Now my health is finally improving and it is all due to her."

"I wouldn't have been able to come off taking so many opioids for my pain if it wasn't for (my health coach). She helped me to talk to my doctor about it and is always there when I need her when I'm struggling with it."

"The lady who calls has literally saved my life. If I didn't have her to talk to, I probably would have killed myself by now. She is helping me get section 8 housing and transportation. She also had my medication delivered to me when I could not get to the pharmacy and was panicking. She is an angel."

CAHPS Access to Care Questions

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

The CMS-approved evaluation design for the SoonerCare 1115 Demonstration (2019 – 2023 period) requires the independent evaluator (PHPG) to compare CAHPS access to care results for the general SoonerCare population to CAHPS results for SoonerCare HMP beneficiaries. The purpose is to explore whether participation in the SoonerCare HMP improves a beneficiary's satisfaction with his or her access to primary and specialty care services[40].

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

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

Results are for initial survey respondents only, consistent with SoonerCare 1115 Demonstration evaluation specifications. Data for the follow-up survey group is included in Appendix B[41].

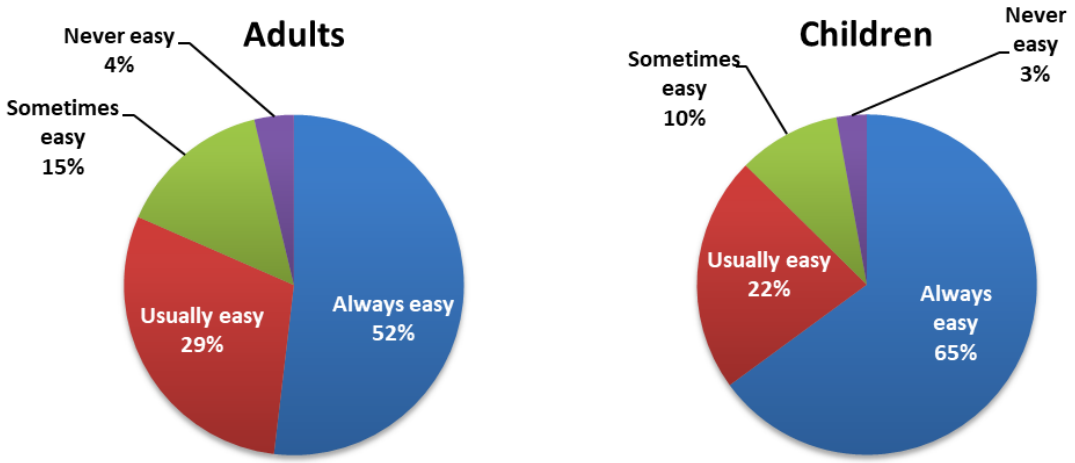
Access to Care (General)

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

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

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

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

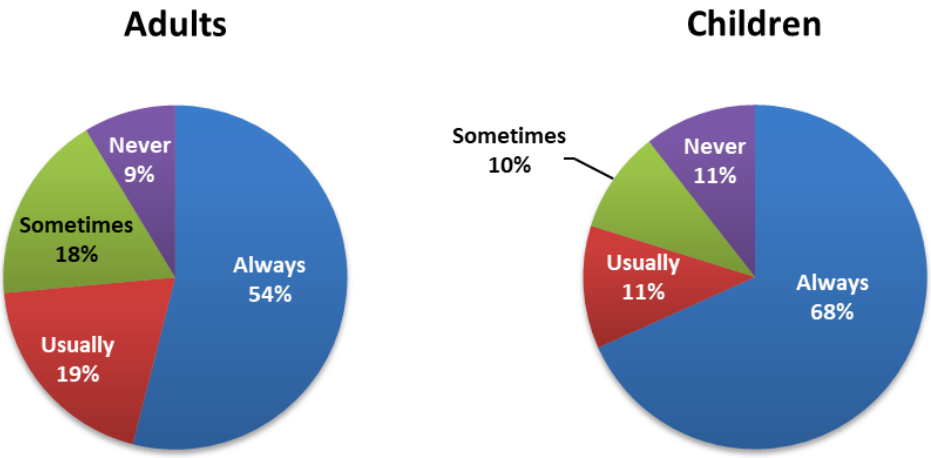


Access to Care (Specialists)

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

Sixty-five percent of adults and 59 percent of parents of children said they had made one or more specialist appointments. A majority of both groups again stated it was "always" easy (Exhibit 2-37).

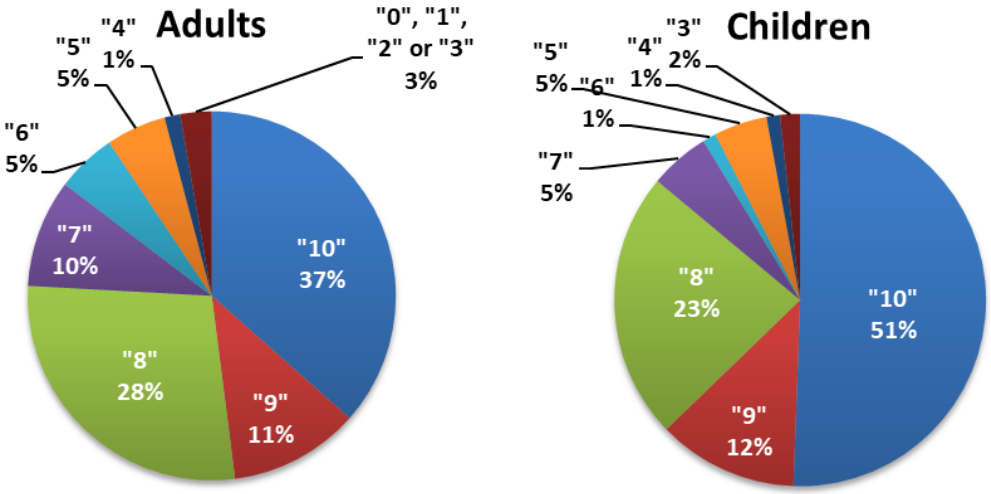
Exhibit 2-37 – Access to Specialty Care in Last Six Months – Initial Survey (Adults and Children)



Overall Rating of Health Care

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

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



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

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

Summary Findings

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

The high satisfaction level is consistent with findings from earlier SoonerCare HMP evaluation cycles. It is particularly noteworthy for Calendar Years 2020 and 2021, given the vulnerability of the SoonerCare HMP population to COVID-19 in terms of risk factors (e.g., age and co-morbidities), and the impact of the public health emergency on the health care delivery system.

CHAPTER 3 – HEALTH COACHING QUALITY-OF-CARE ANALYSIS

Introduction

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

PHPG evaluated the impact of SoonerCare HMP health coaching on quality-of-care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included 15 condition-specific measures and two population-wide preventive measures:

- Asthma measures
  - Asthma medication ratio – 5 to 18 years
  - Asthma medication ratio – 19 to 64 years
- Cardiovascular (CAD and heart failure) measures
  - Persistence of beta-blocker treatment after a heart attack
  - Cholesterol management for patients with cardiovascular conditions – LDL-C screening
- COPD measures
  - Use of spirometry testing in the assessment and diagnosis of COPD
  - Pharmacotherapy management of COPD exacerbation – 14 days
  - Pharmacotherapy management of COPD exacerbation – 30 days
- Diabetes measures
  - Percentage of members who had LDL-C screening
  - Percentage of members who had retinal eye exam performed
  - Percentage of members who had Hemoglobin A1c (HbA1c) testing
  - Percentage of members who received medical attention for nephropathy
- Hypertension measures
  - Percentage of members who had LDL-C screening
  - Percentage of members prescribed ACE/ARB therapy
- Opioid use measures
  - Use of opioids at high dosage in persons without cancer
  - Concurrent use of opioids and benzodiazepines
- Preventive health measures
  - Adult access to preventive/ambulatory health services
  - Children and adolescents' access to PCPs

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

Methodology

The quality-of-care analysis targeted SoonerCare HMP health coaching participants meeting the criteria outlined in chapter 1. The analysis was performed in accordance with HEDIS specifications, using administrative (claims) data.

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

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

CEM attempts to estimate the effect of a treatment, policy, or other intervention by accounting for the covariates that predict receiving the treatment. CEM seeks to reduce the bias due to confounding variables that could be found in an estimate of the treatment effect obtained from simply comparing outcomes among units that received the "treatment" (i.e., care management) versus those that did not[42].

Consistent with prior years, the CEM analysis controlled for age, gender, aid category[43] and place of residence[44] across all measures. The 2022 and 2023 analyses also controlled for Medicaid expansion status among adults. This was done to account for potential health differences between traditional Medicaid beneficiaries and persons newly-eligible, starting in 2021, due to the expansion of Medicaid among qualifying adults to 138 percent of the federal poverty level.

Appendix C contains covariate balance data for CEM variables. The objective was to identify a comparison population whose covariates were "balanced" with (close to) the treatment population[45].

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

[42] *For a description of the matching process in general, and CEM specifically, see: Sizemore, Samantha; Alkurdi, Raiber (2019). "Matching Methods for Causal Inference: A Machine Learning Update."* Matching Methods for Causal Inference: A Machine Learning Update (humboldt-wi.github.io)

[43] Aged, Blind and Disabled (ABD) and other. The ABD designation serves as a proxy for health status.

[44] Urban or rural county of residence. Urban counties consisted of those comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas. Rural counties consisted of the rest of the state.

[45] The appendix presents the "standardized difference" of variable values for the treatment and comparison groups both pre- and post-balancing. A standardized difference of 0.00 indicates perfect balance.

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

Results in the body of the report are presented for Calendar Years 2019 – 2023, as well as in aggregate for the five-year period. Caution should be exercised when reviewing individual year results and year-over-year changes, where substantial variance may in part be an artifact of small treatment group population sizes.

The aggregate data was used to calculate T-test results in order to maximize the statistical power of the analysis[46]. Appendix D contains year-specific compliance/use rates, five-year pooled rates and p-values.

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

PHPG included the 50th percentile rate for measure year 2023, where available, as a point of comparison to the Oklahoma data. (Caution: the benchmark population characteristics were not matched to the OHCA groups to minimize differences in the populations. The data is presented for informational purposes only.)

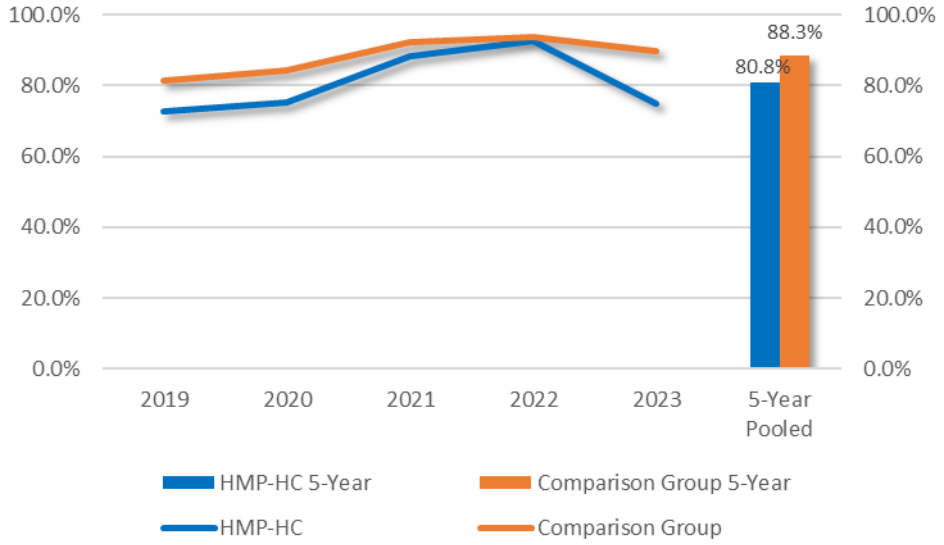
[46] Statistical significance (P-value) calculated through application of Fisher's Combined Probability Test.

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

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

Findings versus Comparison Group: Approximately 81 percent of health coaching members and 88 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-1). The compliance rate for both populations rose from 2019 to 2022 before declining in 2023.

Exhibit 3-1 – Asthma Medication Ratio – 5 – 18 Years of Age
Calendar Years 2019 – 2023

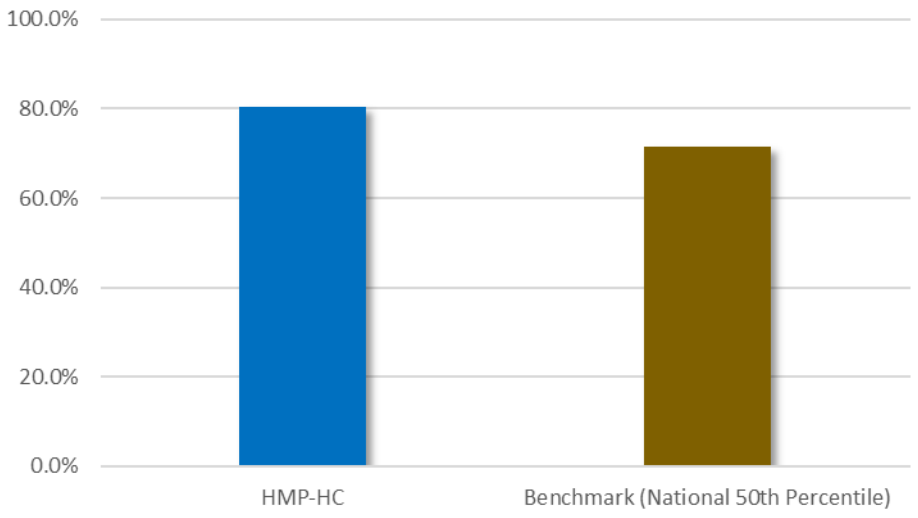


The difference between the health coaching and comparison group compliance rates was statistically significant in 2020 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 3-2). Caution should be exercised when interpreting the results, due to the small number of children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

Exhibit 3-2 – Health Coaching – Asthma – Medication Ratio – 5 to 18 Years of Age						
	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	72.7%	75.3%	88.4%	92.7%	75.2%	80.8%
Comparison Group	81.5%	84.3%	92.4%	93.7%	89.8%	88.3%
Difference	(8.8%)	**(9.0%)**‡	(4.0%)	(1.0%)	**(14.6%)**‡	**(7.5%)**‡
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

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

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



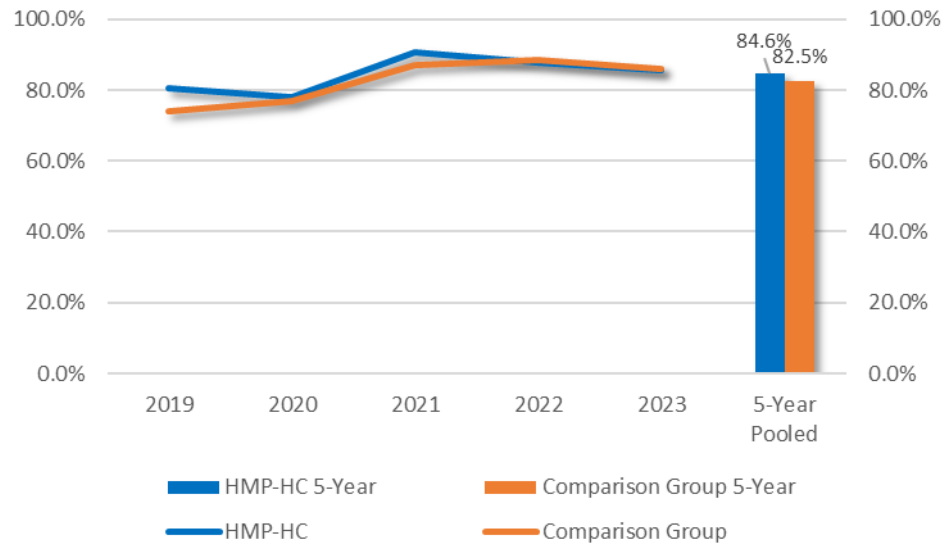
	Health Coaching	Benchmark
Compliance Rate	80.3%	71.6%

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

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

Findings versus Comparison Group: Approximately 85 percent of health coaching members and 83 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-4). The compliance rate for the health coaching population declined slightly from 2019 to 2020 before rising from 2020 to 2021 and declining again in 2022 and 2023. The compliance rate for the comparison group population rose from 2019 to 2022 before declining in 2023.

Exhibit 3-4 – Asthma Medication Ratio – 19 – 64 Years of Age
Calendar Years 2019 – 2023



The difference between the health coaching and comparison group compliance rates was statistically significant in 2019. It also was statistically significant for the five-year pooled data (Exhibit 3-5).

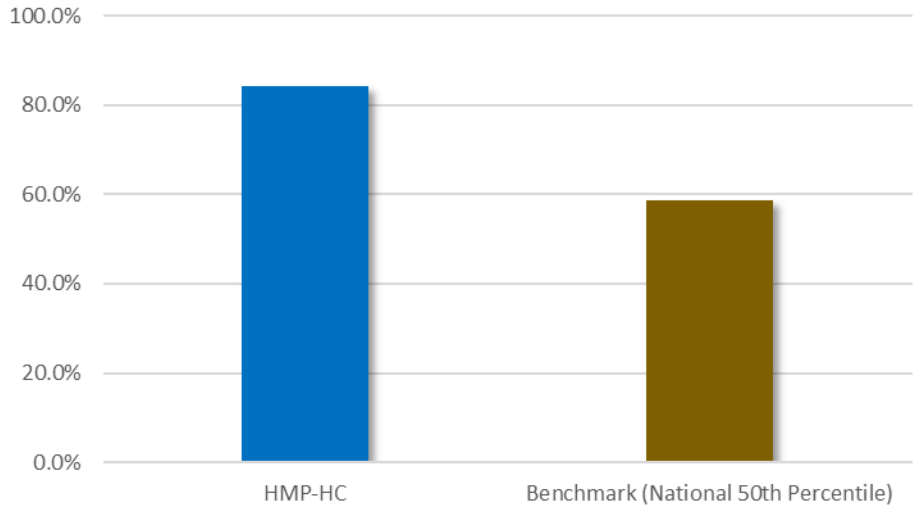
Exhibit 3-5 – Health Coaching – Asthma – Medication Ratio – 19 to 64 Years of Age

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	80.6%	78.0%	90.8%	87.8%	85.6%	84.6%
Comparison Group	74.1%	77.0%	87.2%	88.5%	85.8%	82.5%
Difference	**6.5%**‡	1.0%	3.6%	(0.7%)	(0.2%)	**2.1%**‡

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

Findings versus National Benchmark: The five-year pooled rate for the SoonerCare health coaching population exceeded the national benchmark rate by approximately 26 percentage points (Exhibit 3-6).

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



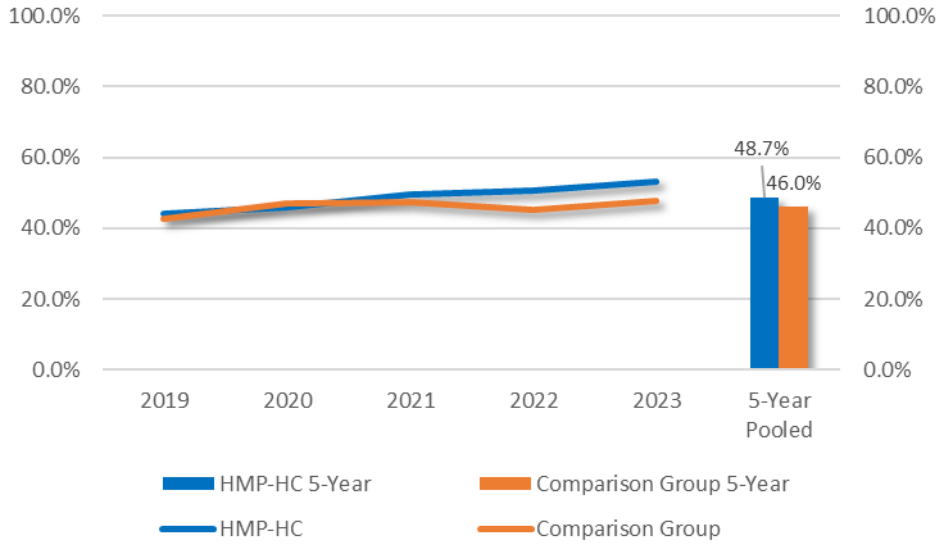
	Health Coaching	Benchmark
Compliance Rate	84.6%	58.5%

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

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

Findings versus Comparison Group: Approximately 49 percent of health coaching members and 46 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-7). The compliance rate for the health coaching population rose from 2019 to 2023. The compliance rate for the comparison group population rose from 2019 to 2021 before declining in 2022 and rising again in 2023.

Exhibit 3-7 – Persistence of Beta Blocker Treatment after a Heart Attack
Calendar Years 2019 – 2023



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

Exhibit 3-8 – Health Coaching – CAD – Beta Blocker after Heart Attack

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	44.1%	46.0%	49.6%	50.7%	53.3%	48.7%
Comparison Group	42.6%	47.1%	47.4%	45.0%	47.7%	46.0%
Difference	1.5%	(1.1%)	2.2%	**5.7%‡**	**5.6%‡**	**2.7%‡**

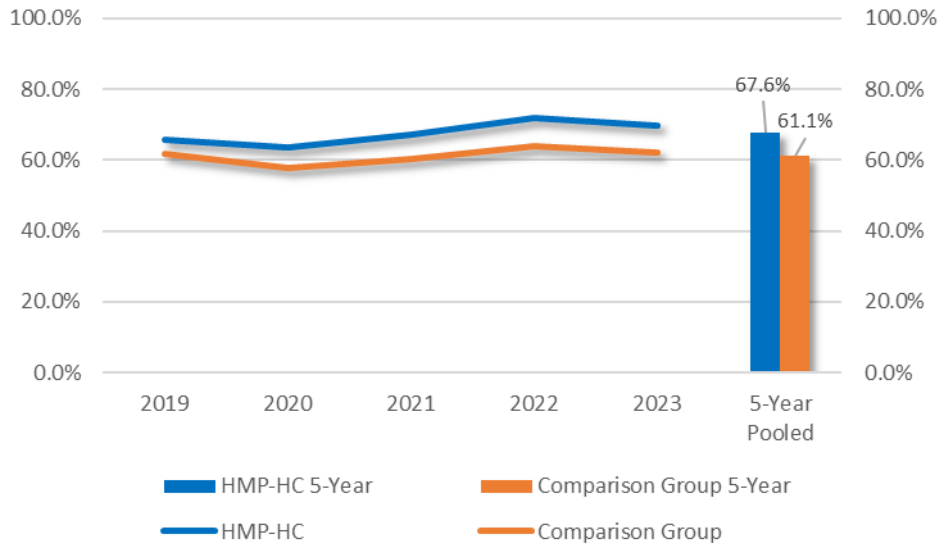
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 68 percent of health coaching members and 61 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-9). The compliance rate for both populations declined from 2019 to 2020 before rising from 2020 to 2022 and declining again in 2023.

Exhibit 3-9– Cholesterol Management for Patients with Cardiovascular Conditions – LDL-C Screening Calendar Years 2019 – 2023



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

Exhibit 3-10 – Health Coaching – CAD – Cholesterol Management – LDL-C Test

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	65.8%	63.6%	67.3%	71.8%	69.6%	67.6%
Comparison Group	61.7%	57.7%	60.3%	63.9%	62.0%	61.1%
Difference	4.1%	**5.9%‡**	**7.0%‡**	**7.9%‡**	**7.6%‡**	**6.5%‡**

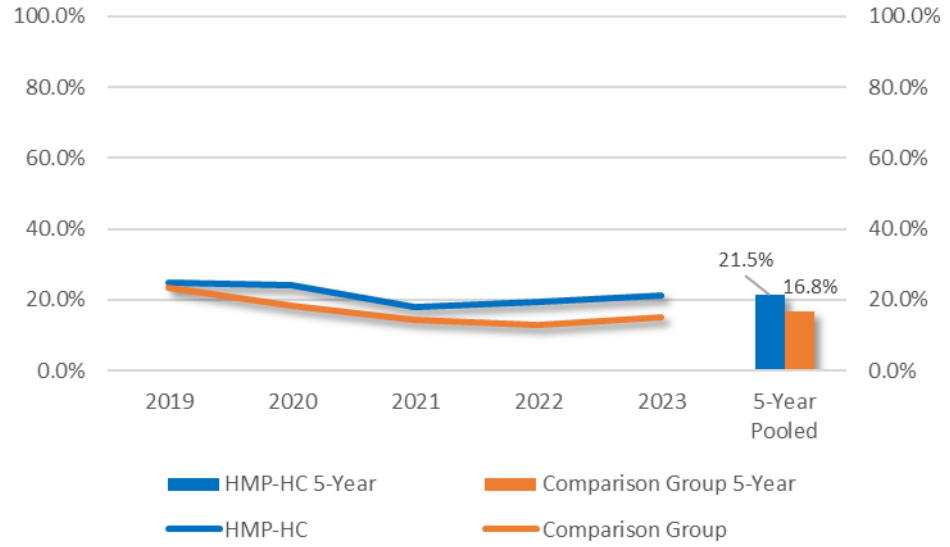
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 22 percent of health coaching members and 17 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-11). The compliance rate for the health coaching population declined from 2019 to 2021 before rising in 2022 and 2023. The compliance rate for the comparison group population declined from 2019 to 2022 before also rising in 2023.

Exhibit 3-11 – Use of Spirometry Testing in the Assessment and Diagnosis of COPD Calendar Years 2019 – 2023



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

Exhibit 3-12 – Health Coaching – COPD – Use of Spirometry Testing

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	24.9%	24.2%	18.1%	19.2%	21.2%	21.5%
Comparison Group	23.3%	18.2%	14.3%	13.0%	15.1%	16.8%
Difference	1.6%	**6.0%**‡	3.8%	**6.2%**‡	**6.1%**‡	**4.8%**‡

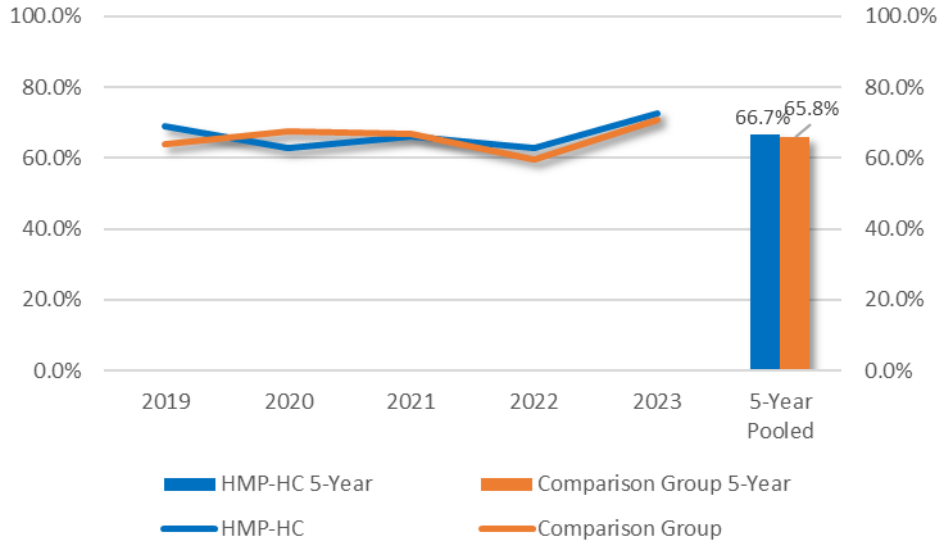
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

COPD Measure – Pharmacotherapy Management of COPD Exacerbation – 14 Days

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

Findings versus Comparison Group: Approximately 67 percent of health coaching members and 66 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-13). The compliance rate for the health coaching population declined from 2019 to 2020 before rising from 2020 to 2021, declining in 2022 and rising again in 2023. The compliance rate for the comparison group rose from 2019 to 2020 before declining from 2020 to 2022 and also rising again 2023.

Exhibit 3-13 – Pharmacotherapy Management of COPD Exacerbation – 14 Days
Calendar Years 2019 – 2023



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

Exhibit 3-14 – Health Coaching – COPD – Pharmacotherapy – 14 Days

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	68.9%	62.7%	66.2%	62.9%	72.7%	66.7%
Comparison Group	64.0%	67.6%	66.9%	59.4%	70.9%	65.8%
Difference	4.9%	(4.9%)	(0.3%)	3.5%	1.8%	0.9%

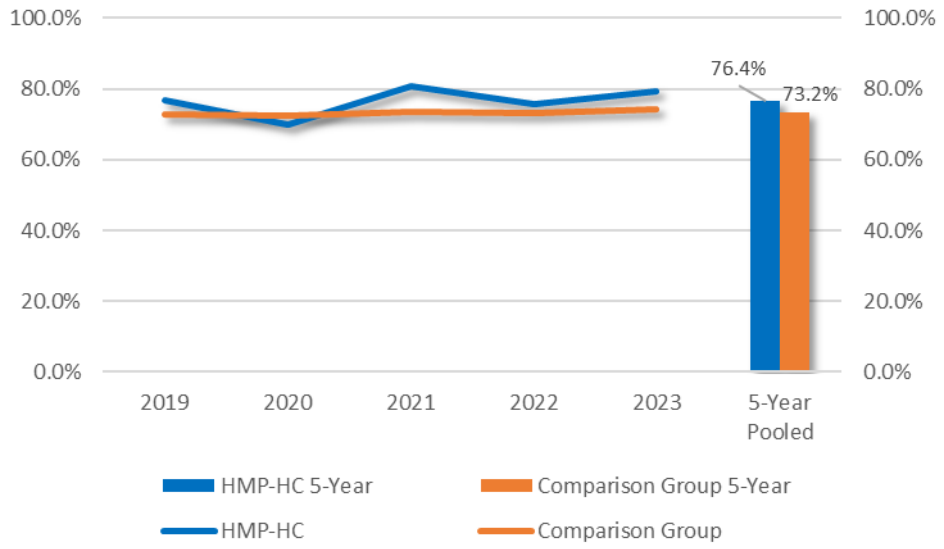
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

COPD Measure – Pharmacotherapy Management of COPD Exacerbation – 30 Days

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

Findings versus Comparison Group: Approximately 76 percent of health coaching members and 73 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-15). The compliance rate for both populations declined from 2019 to 2020 before rising from 2020 to 2021, declining in 2022 and rising again in 2023.

Exhibit 3-15 – Pharmacotherapy Management of COPD Exacerbation – 30 Days
Calendar Years 2019 – 2023



The difference between the health coaching and comparison group compliance rates was not statistically significant in any of the individual years. However, it was statistically significant for the five-year pooled data (Exhibit 3-16). (Statistical significance was achieved due to the larger denominator in the five-year analysis.)

Exhibit 3-16 – Health Coaching – COPD – Pharmacotherapy – 30 Days

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	76.8%	69.9%	80.6%	75.5%	79.4%	76.4%
Comparison Group	72.7%	72.3%	73.6%	73.2%	74.2%	73.2%
Difference	4.9%	(2.4%)	7.0%	2.3%	5.2%	**3.2%**‡

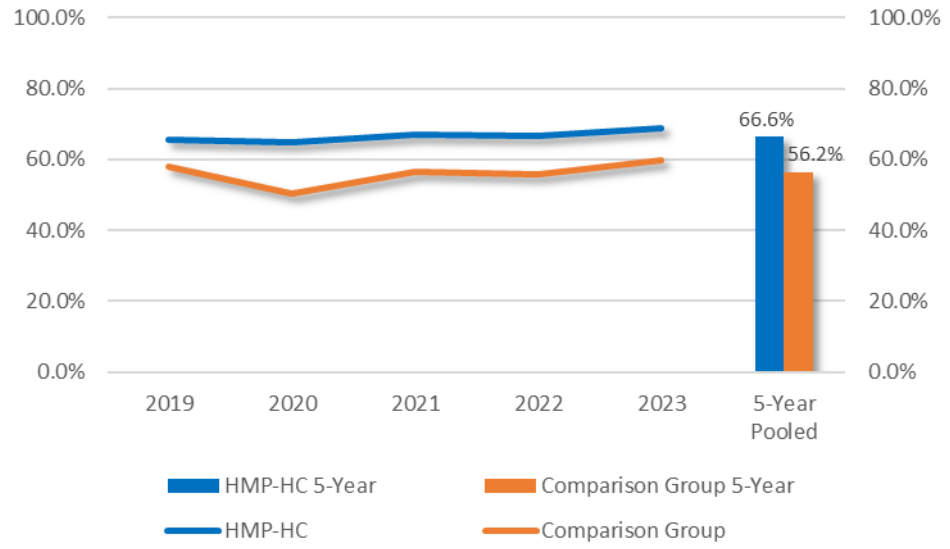
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 67 percent of health coaching members and 56 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-17). The compliance rate for both populations declined from 2019 to 2020 before rising from 2020 to 2021, declining in 2022 and rising again in 2023.

Exhibit 3-17 – Percentage of Members who had LDL-C Screening
Calendar Years 2019 – 2023



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

Exhibit 3-18 – Health Coaching – Diabetes – LDL-C Test

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	65.5%	64.8%	67.2%	66.7%	68.9%	66.6%
Comparison Group	58.1%	50.5%	56.7%	55.8%	59.9%	56.2%
Difference	**7.4%‡**	**14.3%‡**	**10.5%‡**	**10.9%‡**	**9.0%‡**	**10.4%‡**

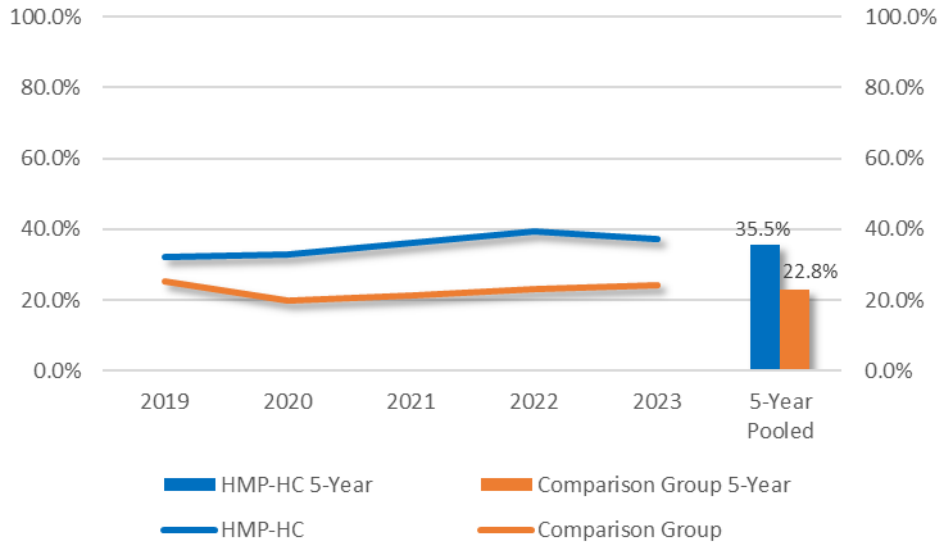
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 36 percent of health coaching members and 23 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-19). The compliance rate for the health coaching population rose from 2019 to 2022 before declining in 2023. The compliance rate for the comparison group declined from 2019 to 2020 before rising from 2020 to 2023.

Exhibit 3-19 – Percentage of Members who had Retinal Eye Exam Performed Calendar Years 2019 – 2023



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

Exhibit 3-20 – Health Coaching – Diabetes – Retinal Eye Exam

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	32.2%	32.8%	36.0%	39.5%	37.2%	35.5%
Comparison Group	25.3%	19.8%	21.5%	23.1%	24.3%	22.8%
Difference	**6.9%‡**	**13.0%‡**	**14.5%‡**	**15.8%‡**	**12.9%‡**	**12.7%‡**

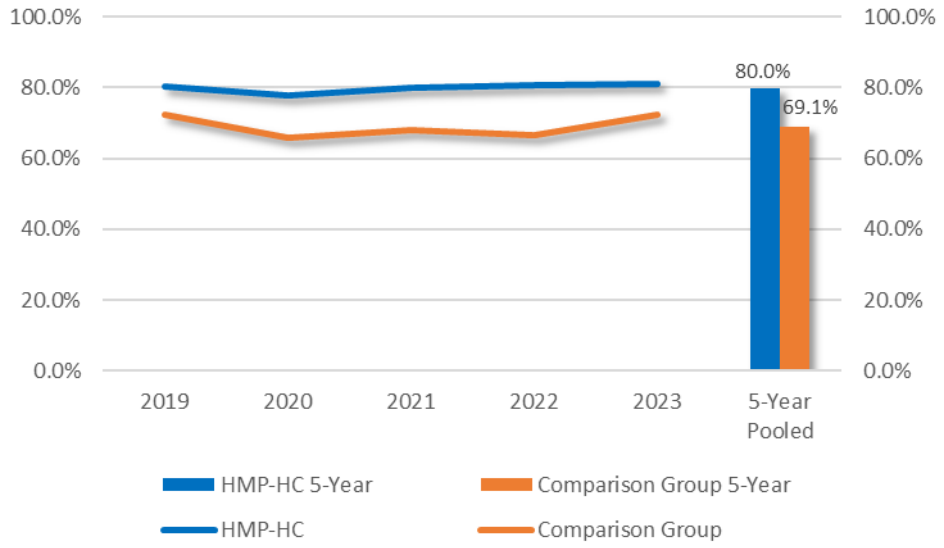
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

Diabetes Measure – Percentage of Members who had HbA1c Testing

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

Findings versus Comparison Group: Eighty percent of health coaching members and approximately 69 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-21). The compliance rate for the health coaching population declined from 2019 to 2020 before rising from 2021 to 2023. The compliance rate for the comparison group declined from 2019 to 2020 before rising from 2020 to 2021, declining in 2022 and rising again in 2023.

Exhibit 3-21 – Percentage of Members who had HbA1c Testing
Calendar Years 2019 – 2023



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

Exhibit 3-22 – Health Coaching – Diabetes – HbA1c Testing

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	80.2%	77.9%	80.0%	80.6%	81.2%	80.0%
Comparison Group	72.5%	65.8%	68.2%	66.5%	72.3%	69.1%
Difference	**7.7%‡**	**12.1%‡**	**11.8%‡**	**14.1%‡**	**8.9%‡**	**10.9%‡**

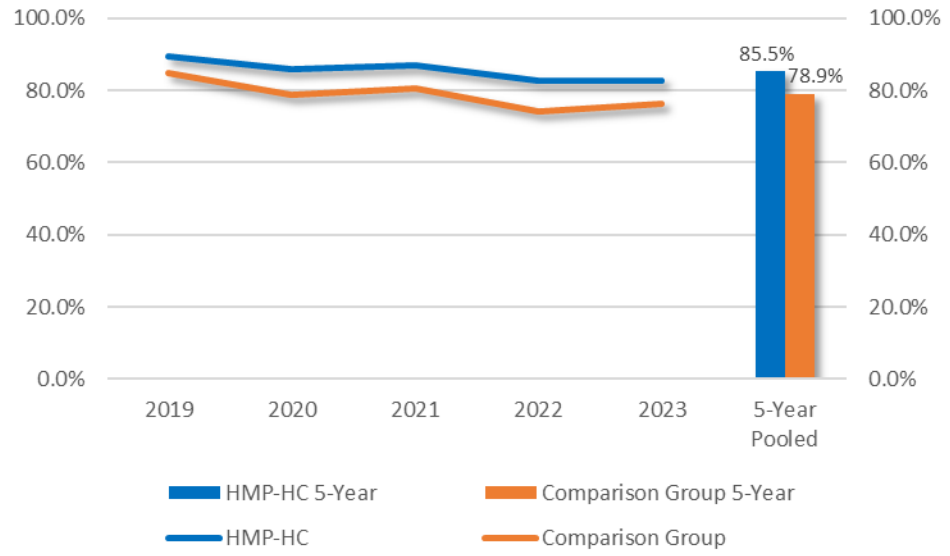
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 86 percent of health coaching members and 80 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-23). The compliance rate for both populations declined from 2019 to 2020 before rising from 2020 to 2021, declining in 2022 and rising again in 2023.

Exhibit 3-23 – Percentage of Members who Received Medical Attention for Nephropathy Calendar Years 2019 – 2023



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

Exhibit 3-24 – Health Coaching – Diabetes – Medical Attention for Nephropathy

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	89.3%	85.8%	86.9%	82.5%	82.8%	85.5%
Comparison Group	84.7%	78.6%	80.7%	74.1%	76.2%	78.9%
Difference	**4.6%‡**	**7.2%‡**	**6.2%‡**	**8.4%‡**	**6.6%‡**	**6.6%‡**

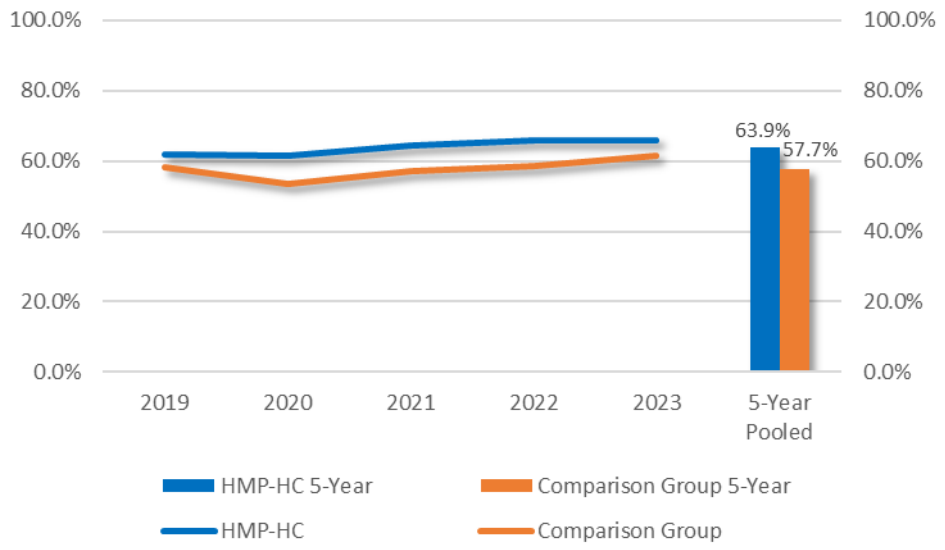
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 64 percent of health coaching members and 58 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-25). The compliance rate for both populations declined from 2019 to 2020 before rising from 2020 to 2023.

Exhibit 3-25 – Percentage of Members who had LDL-C Screening
Calendar Years 2019 – 2023



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

Exhibit 3-26 – Health Coaching – Hypertension – LDL-C Test

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	62.0%	61.5%	64.4%	65.7%	66.0%	63.9%
Comparison Group	58.1%	53.4%	57.2%	58.6%	61.4%	57.7%
Difference	**3.9%‡**	**8.1%‡**	**7.2%‡**	**7.1%‡**	**4.6%‡**	**6.2%‡**

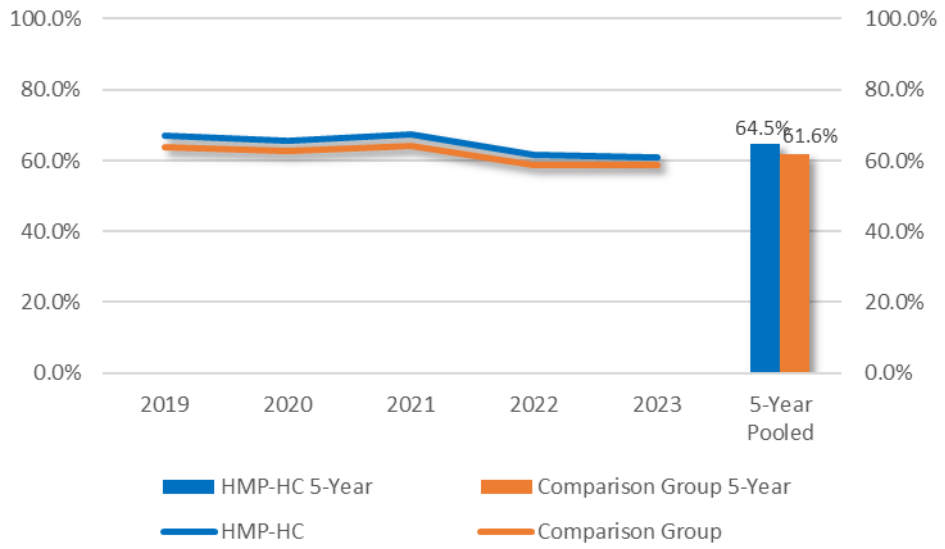
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

Hypertension Measure – Percentage of Members Prescribed ACE/ARB Therapy

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

Findings versus Comparison Group: Approximately 65 percent of health coaching members and 62 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-27). The compliance rate for both populations declined from 2019 to 2020 before rising from 2020 to 2021 and declining again in 2022 and 2023.

Exhibit 3-27 – Percentage of Members Prescribed ACE/ARB Therapy
Calendar Years 2019 – 2023



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-28).

Exhibit 3-28 – Health Coaching – Hypertension – ACE/ARB Therapy

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	67.1%	65.5%	67.5%	61.6%	61.0%	64.5%
Comparison Group	63.8%	62.8%	64.1%	58.8%	58.7%	61.6%
Difference	**3.3%‡**	**2.7%‡**	**3.4%‡**	**2.8%‡**	**2.3%‡**	**2.9%‡**

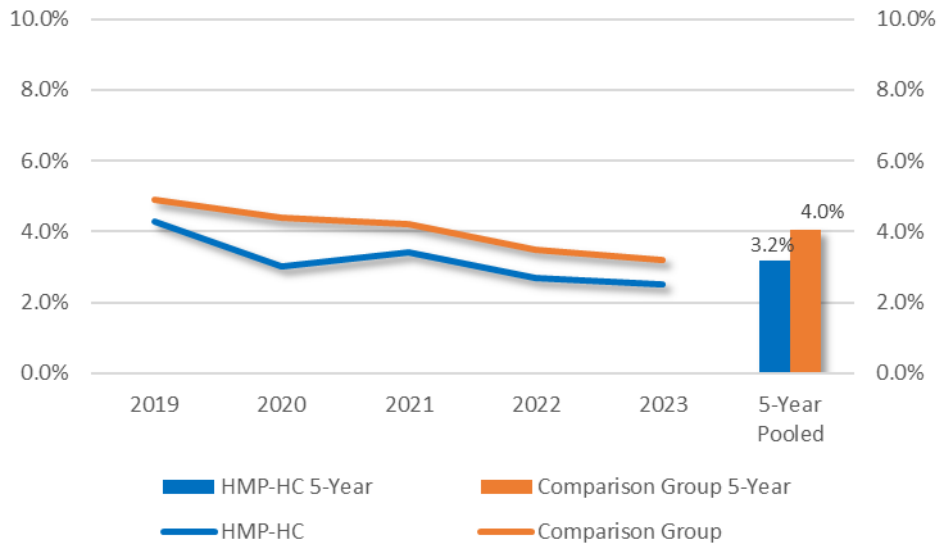
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately three percent of health coaching members and four percent of comparison group members were positive for this measure (users of prescription opioids at high dosage) across the five years (Exhibit 3-29). The health coaching population use rate declined from 2019 to 2020 before rising from 2020 to 2021 and declining again in 2022 and 2023. The comparison group use rate declined from 2019 to 2023.

Exhibit 3-29 – Use of Opioids at High Dosage in Persons without Cancer
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the health coaching and comparison group compliance rates was statistically significant in 2020. It was not statistically significant for the five-year pooled data (Exhibit 3-30).

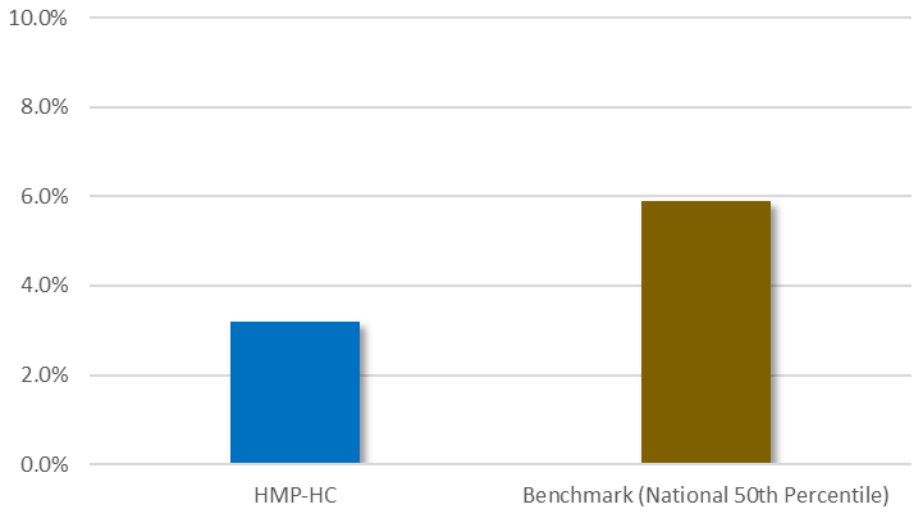
Exhibit 3-30 – Health Coaching – Opioid – Use of Opioids at High Dosage

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	4.3%	3.0%	3.4%	2.7%	2.5%	3.2%
Comparison Group	4.9%	4.4%	4.2%	3.5%	3.2%	4.0%
Difference	(0.6%)	**(1.4%)**‡	(0.8%)	(0.8%)	(0.7%)	(0.8%)

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

Findings versus National Benchmark: The five-year pooled rate for the SoonerCare health coaching population was approximately three percentage points lower than the national benchmark rate (Exhibit 3-31).

Exhibit 3-31 – Use of Opioids at High Dosage in Persons without Cancer
SoonerCare HMP Health Coaching versus Benchmark



Note: Lower rate is better

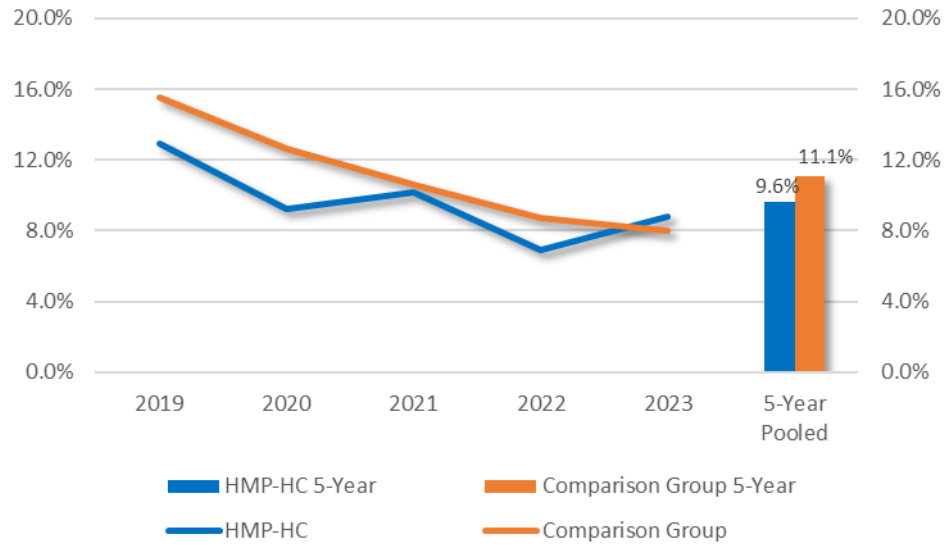
	Health Coaching	Benchmark
Use Rate	3.2%	5.9%

Opioid Use Measure – Concurrent use of Opioids and Benzodiazepines

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

Findings versus Comparison Group: Approximately 10 percent of health coaching members and 11 percent of comparison group members were positive for this measure (concurrent users of prescription opioids and benzodiazepines) across the five years (Exhibit 3-32). The health coaching population use rate declined from 2019 to 2020 before rising from 2020 to 2021, declining in 2022 and rising again in 2023. The comparison group use rate declined from 2019 to 2023.

Exhibit 3-32 – Concurrent use of Opioids and Benzodiazepines
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the health coaching and comparison group compliance rates was statistically significant in 2019, 2020 and 2022. It also was statistically significant for the five-year pooled data (Exhibit 3-33).

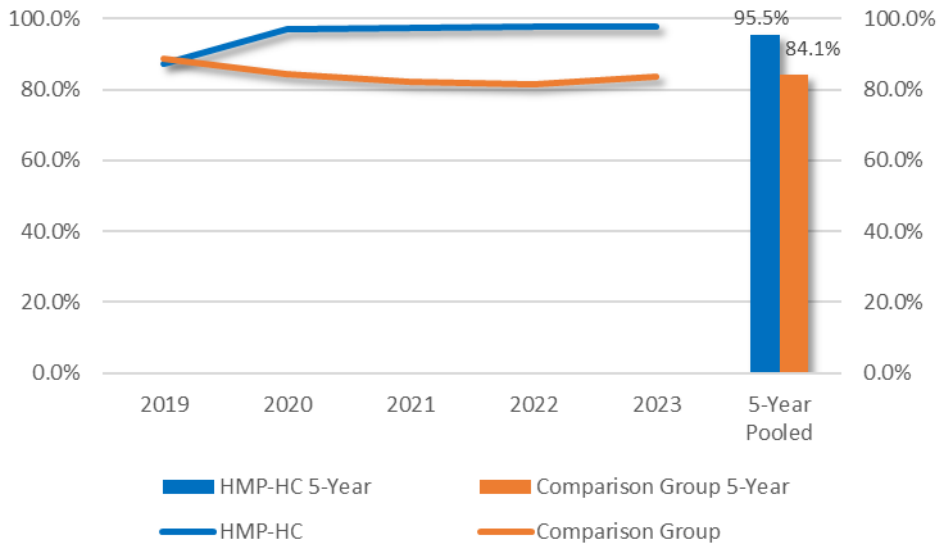
Exhibit 3-33 – Health Coaching – Opioid – Concurrent Use of Opioids and Benzodiazepines						
	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	12.9%	9.2%	10.2%	6.9%	8.8%	9.6%
Comparison Group	15.5%	12.6%	10.6%	8.7%	8.0%	11.1%
Difference	**(2.6%)‡**	**(3.4%)‡**	(0.4%)	**(1.8%)‡**	0.8%	**(1.5%)‡**
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

Preventive Health Measure – Adults' Access to Preventive/Ambulatory Health Services

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

Findings versus Comparison Group: Approximately 96 percent of health coaching members and 84 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-34). The compliance rate for the health coaching population rose from 2019 to 2022 and was unchanged in 2023. The compliance rate for the comparison group declined from 2019 to 2022 before rising in 2023.

Exhibit 3-34 – Adults' Access to Preventive/Ambulatory Health Services
Calendar Years 2019 – 2023



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

Exhibit 3-35 – Health Coaching – Adults' Access to Preventive/Ambulatory Health Services

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	87.4%	97.2%	97.5%	97.7%	97.7%	95.5%
Comparison Group	88.7%	84.5%	82.1%	81.4%	83.7%	84.1%
Difference	**(1.3%)‡**	**12.7%‡**	**15.4%‡**	**16.3%‡**	**14.0%‡**	**11.4%‡**

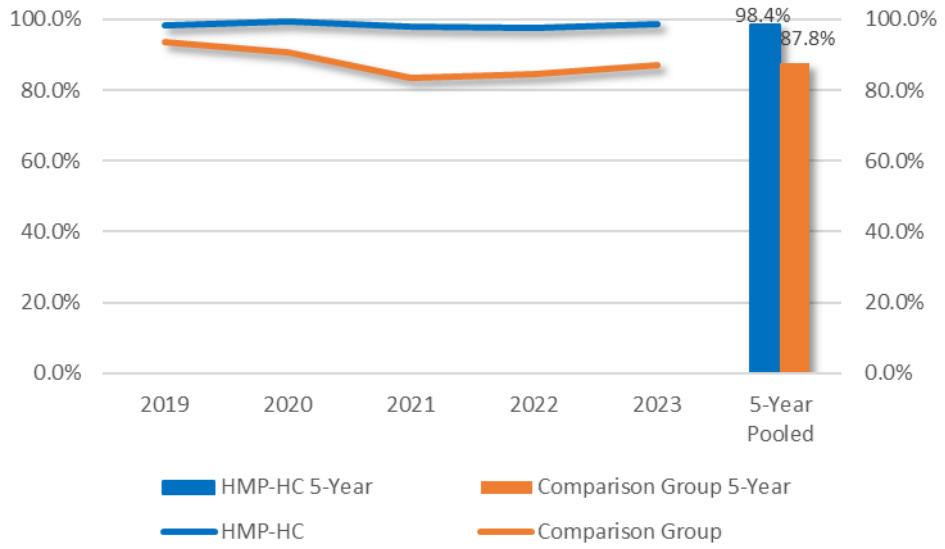
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

Preventive Health Measure – Children and Adolescents' Access to PCPs

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

Findings versus Comparison Group: Approximately 98 percent of health coaching members and 88 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-36). The compliance rate for the health coaching population was stable from 2019 to 2023 while the comparison group rate declined from 2019 to 2021 before rising in 2022 and 2023.

Exhibit 3-36 – Children and Adolescents' Access to PCPs
Calendar Years 2019 – 2023



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

Exhibit 3-37– Health Coaching – Children's & Adolescents' Access to PCP – 12 Months to 19 Years

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	98.3%	99.2%	98.0%	97.7%	98.6%	98.4%
Comparison Group	93.5%	90.5%	83.4%	84.5%	86.9%	87.8%
Difference	**4.8%‡**	**8.7%‡**	**14.6%‡**	**13.2%‡**	**12.0%‡**	**10.6%‡**

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

Value-Based Purchasing

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

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

The evaluation occurs on a state fiscal year cycle, to align with Telligen contract years. In SFY 2024 (July 2023 to June 2024), Telligen earned all eligible payments. It did so by meeting or exceeding the thresholds in each of the measurement areas.

These included:

1. *Member awareness that Telligen offers assistance with Health-Related Social Needs.* Measured through HMP member survey question: "The SoonerCare Health Management Program can help members deal with non-medical problems like the ones we just discussed[47]. Has your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program ever asked you whether you have non-medical problems such as these?"
2. *Satisfaction with resolution of health-related social needs, among the subset of members receiving assistance*. Measured through SoonerCare HMP member survey questions: "Did your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program try to help you solve a non-medical problem?" (If yes): "Was your problem solved?" **+** "Whether your problem was (problems were) solved or not, how satisfied are you with the help you received?"
3. *CAD-LDL-C Rate*. Percentage of SoonerCare HMP and comparison group members 18 to 75 years of age with cardiovascular disease who had an LDL-C (cholesterol) test during the measurement year. (Same measure as shown earlier, but for state fiscal year period.)
4. *Transition of Care – Post-discharge visits*. Percentage of members 18 years of age or older who had a visit with a provider within 31 days of discharge from an acute or non-acute care setting to an outpatient self-care setting. Visit is defined to include an outpatient visit in the provider's office or member's home or a synchronous telehealth visit. The intent of the measure is to improve care coordination during the care transitions for an at-risk population including older adults and other individuals with complex health care needs.

[47] Preceding questions on survey instrument inquire about the following HRSN: housing, food, transportation, utilities and "other non-medical" (member-defined).

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

Results for SFY 2024 are summarized below in Exhibit 3 – 38.

Exhibit 3-38 – Telligen VBP Performance
State Fiscal Year 2024

Measure	Threshold for Payment	SoonerCare HMP Rate	Comparison Group Rate	Absolute threshold met?	If threshold met, statistically significant?
HRSN Survey Question – Awareness of Support	"Yes" response rate of 80%	88.3%	N/A	✔	N/A
HRSN Survey – Satisfied with assistance and/or problem resolved	"Yes" response rate of 80% (where applicable)	83.2%	N/A	✔	N/A
Coronary Artery Disease – LDL-C Testing[48]	SoonerCare HMP rate is above comparison group rate (absolute difference and statistical significance)	72.9%	64.1%	✔	✔
Transitions of Care (outreach following hospitalization)	SoonerCare HMP rate is above comparison group rate (absolute difference and statistical significance)	81.9%	78.5%	✔	✔
Plan All-Cause Readmission Rate (Among members receiving TOC)	SoonerCare HMP rate is below comparison group rate (absolute difference)	9.7%	13.2%	✔	N/A
Plan All-Cause Readmission – O/E Rate (observed-to-expected)	SoonerCare HMP O/E rate is below 1.0	0.8192	N/A	✔	N/A

The outcome in SFY 2024 was an improvement over the prior year, when Telligen narrowly failed to meet the threshold for one of the payments. The OHCA will be refreshing the measure set for SFY 2025.

[48] Rate differs slightly from rate shown in quality-of-care evaluation due to differing time periods.

Summary of Key Findings

The SoonerCare HMP health coaching beneficiary population outperformed the comparison group by a statistically significant amount on 14 of 17 HEDIS quality-of-care measures, while the comparison group outperformed the health coaching beneficiary on one measure; there was no statistically significant difference on the remaining two measures (Exhibit 3-39).

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

During SFY 2024, which overlapped with six months of calendar year 2023, Telligen also met or exceeded all VBP performance thresholds. The results suggest that the program is having a broad-based, positive effect on quality-of-care.

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

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

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

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

* Results based on pooled five-year average

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

_____

✓ – *Health coaching population outperforms comparison group by statistically significant amount / Health coaching population outperforms national benchmark*

✗ – *Comparison group outperforms health coaching population by statistically significant amount / National benchmark outperforms health coaching population*

--- *No statistically significant difference between health coaching population and comparison group / No difference between health coaching population and national benchmark*

CHAPTER 4 – HEALTH COACHING – UTILIZATION & EXPENDITURE ANALYSIS

Introduction

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

PHPG evaluated the impact of SoonerCare health coaching on utilization and costs through calculation of four measures:

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

Methodology

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

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

PHPG tested multiple variables, including historical utilization/cost data, diagnostic data and components of the MEDai forecast data set. The best matching results were achieved using PMPM beneficiary costs in the year prior to the year being evaluated (i.e., calendar year 2018 costs for the 2019 evaluation, 2019 costs for the 2020 evaluation, 2020 costs for the 2021 evaluation; 2021 costs for the 2022 evaluation; and 2022 costs for the 2023 evaluation).

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

[49] A health status variable was not necessary for the HEDIS evaluation because the individual HEDIS measure specifications serve to define a universe of "like" persons, who then can be separated based on health coaching status.

(approximately the top five percent in PMPM cost). Care managed participants were automatically assigned a "care management candidate" flag for matching purposes.

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

Prior to conducting the analysis, PHPG also removed a small number of outlier cases, specifically the top 0.005 percent of SoonerCare Choice beneficiaries, in terms of PMPM expenditures in 2023. This was done to eliminate any skewing of results due to conditions (e.g., hemophilia) and related expenditures not susceptible to care management. The outlier exclusion was applied to the total universe of beneficiaries, both treatment and comparison group.

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

Results in the body of the report are presented for Calendar Years 2019 – 2023, as well as in aggregate for the five-year period. Caution should be exercised when reviewing individual year results and year-over-year changes, where substantial variance may in part be an artifact of small treatment group population sizes.

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

PHPG also evaluated the overall financial impact of the health coaching component of the SoonerCare HMP by converting PMPM results for the total SoonerCare HMP population into an aggregate value based on participant member months[50]. PHPG factored-in SoonerCare HMP administrative expenses in order to quantify the program's net impact, inclusive of both administrative and medical expenses. The administrative cost analysis is described in chapter 8.

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

[50] The savings analysis was not performed individually for the five chronic conditions because the populations were not mutually exclusive.

Caution when Interpreting Findings

Impact of External Events

The utilization and expenditure evaluations were affected by two external events, both of which likely had an impact on findings. PHPG cannot quantify the extent of the impact but readers should interpret chapter 4 findings with caution.

First, as part of Telligen's new contract cycle starting in July 2019, health coaching participants were re-evaluated and re-enrolled over a period of several months. The enrollment file provided to PHPG included a smaller than expected universe of participants who met the minimum three-months of continuous enrollment standard required for inclusion in the analysis (approximately 4,800 out of 9,000 total records in the file).

Second, the COVID-19 public health emergency disrupted utilization and expenditure patterns across the entire SoonerCare population in 2020 and 2021. It also interfered with the ability of practice-embedded health coaches to provide in-person care management to SoonerCare HMP participants.

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

Broader SoonerCare Program

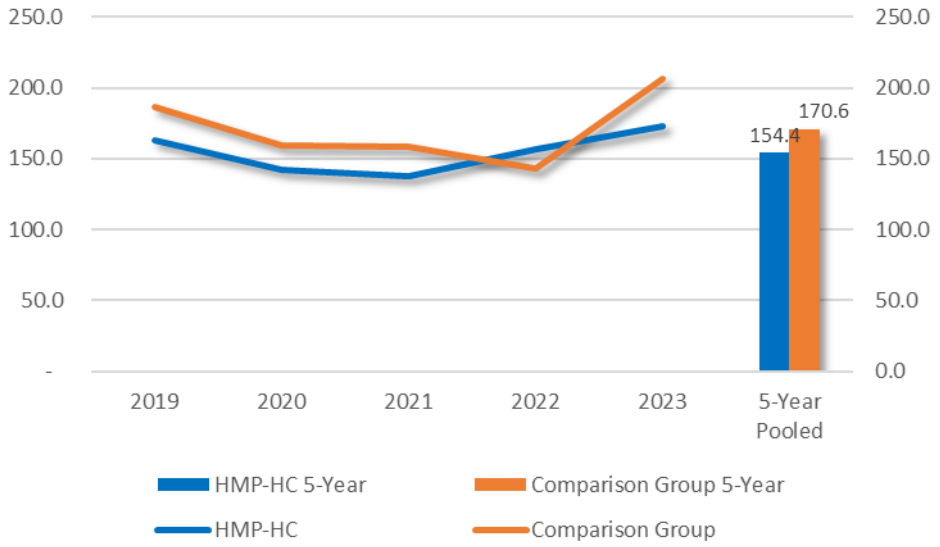
The OHCA routinely publishes data on health care utilization and expenditures for the broader SoonerCare program. The health coaching population and comparison group are comprised of members with health care needs in excess of the average SoonerCare beneficiary. Results therefore should not be compared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

All Participants – Emergency Room Utilization (Visit) Rate

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

Findings versus Comparison Group: Health coaching members averaged approximately 154 emergency room visits per 1,000 member months and comparison group members averaged 171 visits per 1,000 member months across the five years (Exhibit 4-1). The visit rate for the health coaching population declined from 2019 to 2021 before rising in 2022 and 2023. The visit rate for the comparison group population declined from 2019 to 2022 before rising in 2023. (The uptick in 2023 utilization and expenditures presented here and else in chapter four is consistent directionally with the broader trend for all of SoonerCare in 2023.)

Exhibit 4-1 – Emergency Room Utilization (Visit) Rate
Calendar Years 2019 – 2023



Note: Lower rate is better

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

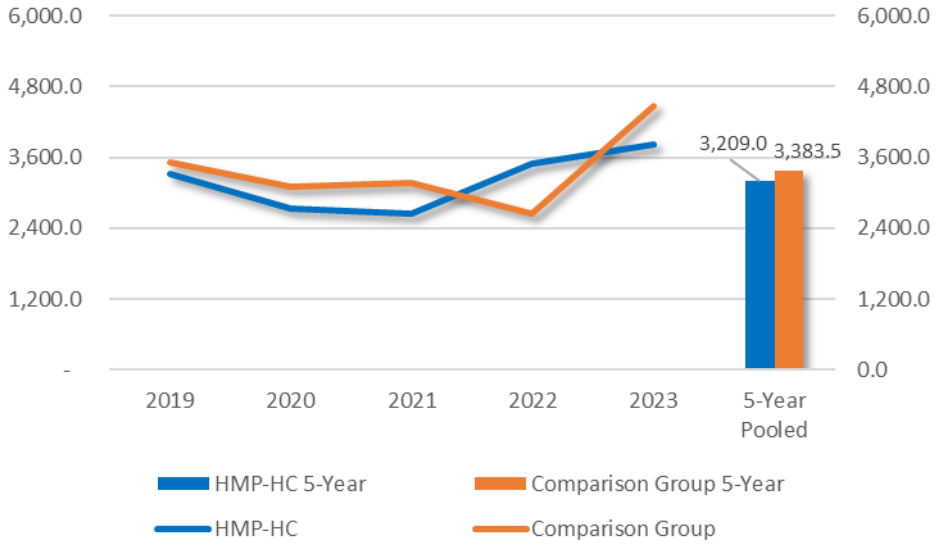
Exhibit 4-2 – Health Coaching – Emergency Room Visits per 1,000 Member Months						
	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	162.7	142.4	137.5	157.0	172.5	154.4
Comparison Group	186.8	158.9	158.0	142.8	206.3	170.6
Difference	**(24.1)‡**	**(16.5)‡**	**(20.5)‡**	**7.2‡**	**(32.8)‡**	**(16.2)‡**
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

All Participants – Inpatient Hospital Utilization (Admission) Rate

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

Findings versus Comparison Group: Health coaching members averaged approximately 3,209 hospital admissions per 100,000 member months and comparison group members averaged 3,384 admissions per 100,000 member months across the five years (Exhibit 4-3). The admission rate for the health coaching population declined from 2019 to 2021 before rising in 2022 and 2023. The admission rate for the comparison group population declined from 2019 to 2022 before rising in 2023.

Exhibit 4-3 – Inpatient Hospital Utilization (Admission) Rate
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the health coaching and comparison group compliance rates was statistically significant in 2020, 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 4-4).

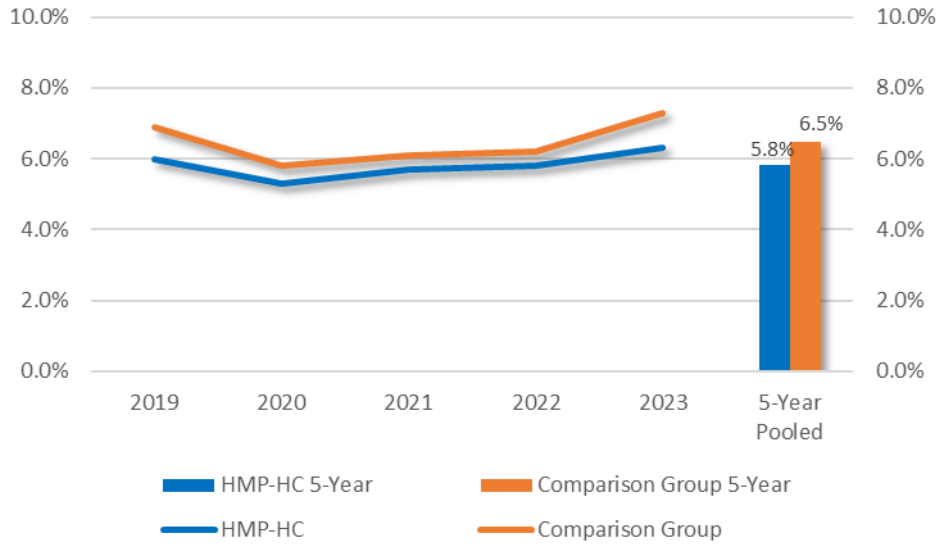
Exhibit 4-4 – Health Coaching – Hospital Admissions per 100,000 Member Months						
	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	3,324.3	2,736.2	2,654.5	3,504.8	3,825.3	3,209.0
Comparison Group	3,518.2	3,112.8	3,161.5	2,644.6	4,480.6	3,383.5
Difference	(193.9)	**(376.6)‡**	**(507.0)‡**	**860.2‡**	**(655.3)‡**	**(174.5)‡**
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

All Participants – Inpatient Hospital Readmission Rate

Measure Description*:** Thirty-day hospital readmission rate. ***Note: *A lower rate indicates better performance*.

Findings versus Comparison Group: Health coaching members had an average 30-day readmission rate of approximately six percent and comparison group members had an average 30-day readmission rate of approximately seven percent across the five years (Exhibit 4-5). The readmission rate for both populations declined from 2019 to 2020 before rising from 2020 to 2023.

Exhibit 4-5 – Inpatient Hospital Readmission Rate
Calendar Years 2019 – 2023



Note: Lower rate is better

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

Exhibit 4-6 – Health Coaching – Hospital 30-Day Readmission Rate

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	6.0%	5.3%	5.7%	6.1%	6.3%	5.9%
Comparison Group	6.9%	5.8%	6.1%	6.1%	7.3%	6.5%
Difference	(0.9%)	(0.5%)	(0.4%)	---	**(1.0%)‡**	**(0.6%)‡**

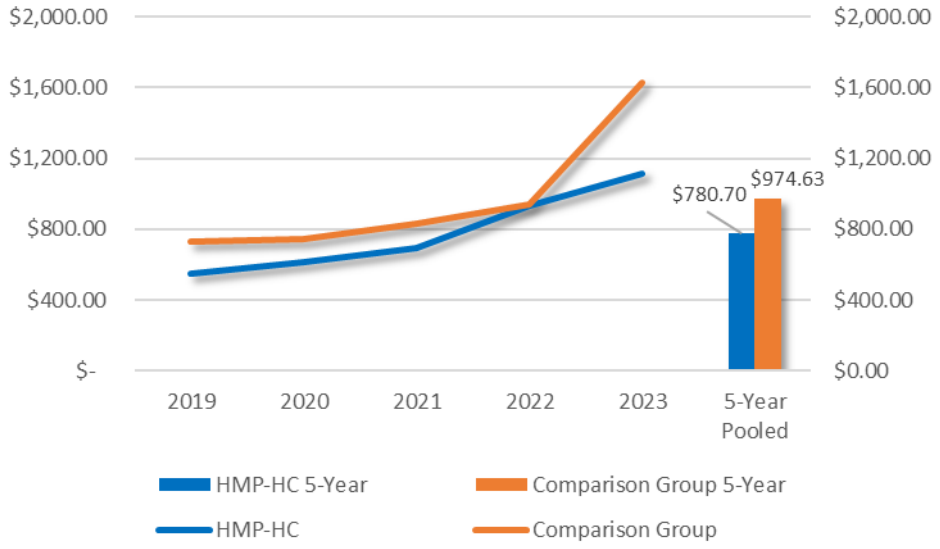
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

All Participants – Healthcare Expenditures (PMPM)

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

Findings versus Comparison Group: Health coaching member expenditures averaged approximately $781 PMPM and comparison group member expenditures averaged $975 PMPM across the five years (Exhibit 4-7). Average expenditures for both populations rose from 2019 to 2023.

Exhibit 4-7 – Healthcare Expenditures (PMPM)
Calendar Years 2019 – 2023



Note: Lower value is better

The difference between the health coaching and comparison group compliance rates was statistically significant in 2019, 2020, 2021 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 4-8).

Exhibit 4-8 – Health Coaching – PMPM Expenditures

	2019	2020	2021	2022	2023	5-Year Pooled
Health Coaching	$550.09	$616.09	$690.77	$930.39	$1,116.22	$780.70
Comparison Group	$728.57	$743.48	$829.46	$939.76	$1,631.90	$974.63
Difference	**($178.48)**‡	**($127.39)**‡	**($138.69)**‡	($9.37)	**($515.68)**‡	**($193.93)**‡

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

Summary of Key Findings

Findings with respect to health coaching cost effectiveness were uniformly positive. The SoonerCare HMP health coaching population outperformed the comparison group across all four utilization and expenditure measures (Exhibit 4-9).

Exhibit 4-9 – Health Coaching Utilization/Expenditure Measures – Summary

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

* Results based on pooled five-year average

_____

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

X – *Comparison group outperforms health coaching population by statistically significant amount*

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

CHAPTER 5 – PRACTICE FACILITATION – PROVIDER SATISFACTION

Introduction

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

PHPG attempts to survey all provider offices that participate in practice facilitation to gather information on provider perceptions and satisfaction with the experience. 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 questions in four areas:

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

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

Survey Population Size

PHPG conducted surveys with providers participating in the Third Generation HMP in January and February of 2020, before suspending the exercise during the COVID-19 public health emergency. The surveys were resumed in September 2021. In total, PHPG has conducted surveys with 19 providers[51]. Findings across all time periods are presented together, due to the small sample size.

[51] Five surveys were conducted in 2020, eight surveys were conducted in 2021 and six surveys were conducted in 2023. Provider attitudes were consistent across time periods.

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.

Practice Facilitation Survey Findings

Decision to Participate in the SoonerCare HMP

Ten of the 19 surveys were completed by the individual in the practice who actually made the decision to participate. Nine of the 10 gave as their primary reason "improving care management of patients with chronic conditions/improving outcomes". The tenth gave as the primary reason "receiving assistance in redesigning practice workflows".

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

Practice Facilitation Activities

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

Each of the activities was rated "very important" by a majority of the respondents (Exhibit 5-1 on the following page). The highest rated items were "receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases" (84 percent "very important") and "Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases" (79 percent "very important").

Exhibit 5-1 – Importance of Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving information on the prevalence of chronic diseases among your patients	73.7%	21.12%	5.2%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	84.2%	15.8%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	73.7%	26.3%	0.0%	0.0%
4. Receiving focused training on management of patients with chronic pain	57.9%	36.8%	5.3%	0.0%
5. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	73.7%	26.3%	0.0%	0.0%
6. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	78.9%	15.8%	0.0%	5.3%
7. Having a Practice Facilitator on-site to work with you and your staff	63.2%	31.6%	0.0%	5.3%
8. Receiving quarterly reports on your progress with respect to identified performance measures	63.2%	36.8%	0.0%	0.0%
9. Receiving ongoing education and assistance after conclusion of the initial practice facilitation activities	70.6%	23.5%	5.9%	0.0%

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

Helpfulness of Program Components

Respondents next were asked to rate the helpfulness of the same practice facilitation components in terms of improving their management of patients with chronic conditions. The overall level of satisfaction was high, with all eight activities rated as "very helpful" by a majority of respondents and either "very helpful" or "somewhat helpful" by over 75 percent of the respondents (Exhibit 5-2).

Exhibit 5-2 – Helpfulness of Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	Don't know
1. Receiving information on the prevalence of chronic diseases among your patients	57.9%	36.8%	0.0%	5.3%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	68.4%	26.3%	5.3%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	68.4%	21.1%	10.5%	0.0%	0.0%
4. Receiving focused training on management of patients with chronic pain	57.8%	21.1%	21.1%	0.0%	0.0%
5. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	68.4%	21.1%	10.5%	0.0%	0.0%
6. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	73.7%	26.3%	0.0%	0.0%	0.0%
7. Having a Practice Facilitator on-site to work with you and your staff	68.4%	21.1%	5.3%	5.3%	0.0%
8. Receiving quarterly reports on your progress with respect to identified performance measures	73.7%	21.1%	5.3%	0.0%	0.0%
9. Receiving ongoing education and assistance after conclusion of the initial practice facilitation activities	80.0%	13.3%	6.7%	0.0%	0.0%

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

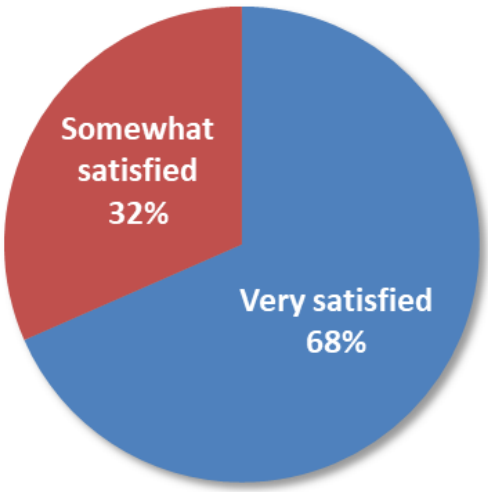
Practice Facilitation Outcomes

Fourteen of the 19 respondents (74 percent) reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. The types of changes made included:

- Better education of patients with chronic conditions, including provision of educational materials (12 respondents)
- Improved documentation (11 respondents)
- Identification of tests/exams to manage chronic conditions (eight respondents)
- Increased attention/diligence in use of charts (eight respondents)
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (eight respondents)
- Better management of patients with chronic pain (six respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (five respondents)
- Increased staff involvement in chronic care workups (five respondents)

Fourteen of the respondents (74 percent) reported 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; 13 respondents (68 percent) reported being "very satisfied" and the remaining six (32 percent) reported being "somewhat satisfied" (Exhibit 5-3).

Exhibit 5-3 – Overall Satisfaction with Practice Facilitation Experience



Consistent with this result, 17 of the 19 respondents (89 percent) said they would recommend the practice facilitation program to other physicians caring for patients with chronic conditions. (One provider would not recommend and one was not sure.)

Health Coach Activities

Thirteen of the 19 respondents stated they had a health coach currently assigned to their practice. The 13 respondents were asked to rate the importance of the activities performed by the health coach. At least 11-out-of-13 rated each of the activities as "very important" (Exhibit 5-4).

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

Health Coaching Activity	Level of Importance				
	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not sure
1. Learning about your patients and their health care needs	92.3%	7.7%	0.0%	0.0%	0.0%
2. Giving easy to understand instructions about taking care of health problems or concerns	84.6%	15.4%	0.0%	0.0%	0.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	100.0%	0.0%	0.0%	0.0%	0.0%
4. Answering patient questions about their health	92.3%	7.7%	0.0%	0.0%	0.0%
5. Helping patients to talk to and work with you and practice staff	84.6%	15.4%	0.0%	0.0%	0.0%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	92.3%	7.7%	0.0%	0.0%	0.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	92.3%	7.7%	0.0%	0.0%	0.0%
8. Reviewing patient medications and helping patients to manage their medications	100.0%	0.0%	0.0%	0.0%	0.0%

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

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was high, with at least 60 percent reporting being "very satisfied" or "somewhat satisfied" with each of the activities (Exhibit 5-5).

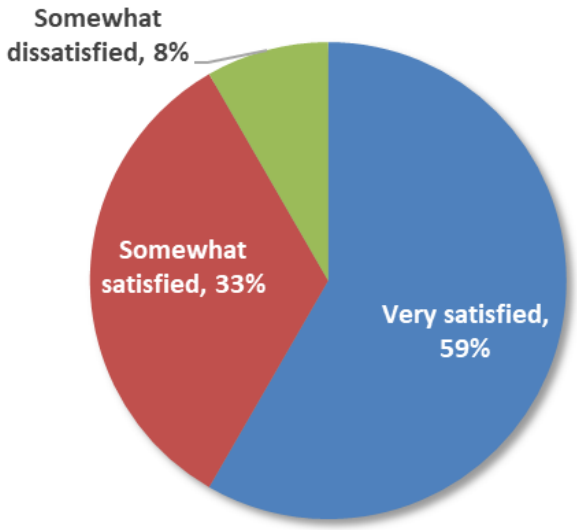
***Exhibit 5-5* – Satisfaction with Health Coaching Activities**

Health Coaching Activity	Level of Satisfaction				
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure
1. Learning about your patients and their health care needs	61.5%	23.1%	7.7%	0.0%	7.7%
2. Giving easy to understand instructions about taking care of health problems or concerns	61.5%	30.8%	0.0%	0.0%	7.7%
3. Helping patients to identify changes in their health that might be an early sign of a problem	61.5%	23.1%	0.0%	0.0%	15.4%
4. Answering patient questions about their health	61.5%	23.1%	0.0%	0.0%	15.4%
5. Helping patients to talk to and work with you and practice staff	61.5%	23.1%	0.0%	0.0%	15.4%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	46.2%	30.8%	0.0%	0.0%	23.1%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	38.5%	30.8%	7.7%	0.0%	23.1%
8. Reviewing patient medications and helping patients to manage their medications	46.2%	30.8%	0.0%	0.0%	23.1%

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

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

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



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

In terms of suggestions, several providers recommended more communication, both at the executive level (for larger provider organizations) and in the form of periodic updates from the health coach.

Summary of Key Findings

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP very favorably. The most common reasons cited for participating were to receive a baseline assessment of the practice's chronic care management processes and assistance in improving care management/patient outcomes. Over 90 percent credited the program with helping them to achieve both objectives.

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

CHAPTER 6 – PRACTICE FACILITATION – QUALITY-OF-CARE ANALYSIS

Introduction

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

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

Methodology

The practice facilitation quality-of-care analysis was performed using the same methodology as employed for the health coaching quality-of-care analysis. Members whose PCMH provider underwent practice facilitation represented the "treatment group", while other members were candidates for inclusion in the "comparison group".

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.

The actual comparison group for each measure was selected using the Coarsened Exact Matching technique described in chapter 3. Appendix F contains covariate balance data for Coarsened Exact Matching variables.

T-tests were used to evaluate results for the treatment group (members aligned with a coronary artery disease PCMH who underwent practice facilitation) against the comparison group populations, with statistically significant results reported based on $p \leq 0.05$. Statistically significant differences between the two populations are noted in the exhibits.

Results in the body of the report are presented for Calendar Years 2019 – 2023, as well as in aggregate for the five-year period. Caution should be exercised when reviewing individual year results and year-over-year changes, where substantial variance may in part be an artifact of small treatment group population sizes[52].

[52] The removal of the health coaching population from the analysis reduced the size of the "treatment group" universe and the potential for finding statistically significant differences between the treatment and comparison groups.

The aggregate data was used to calculate T-test results in order to maximize the statistical power of the analysis[53]. Appendix G contains year-specific compliance rates, five-year pooled rates and p-values.

As noted in chapter 3, a portion of the HEDIS measures included in the evaluation also are part of CMS' schedule of Core Set Measures for children and adults. CMS publishes an annual report of Core Set Measure data for reporting states and identifies the median (50th percentile) rate across reporting states for each measure.

PHPG included the 50th percentile rate for measure year 2023, where available, as a point of comparison to the Oklahoma data. (Caution: the benchmark population characteristics were not matched to the OHCA groups to minimize differences in the populations. The data is presented for informational purposes only.)

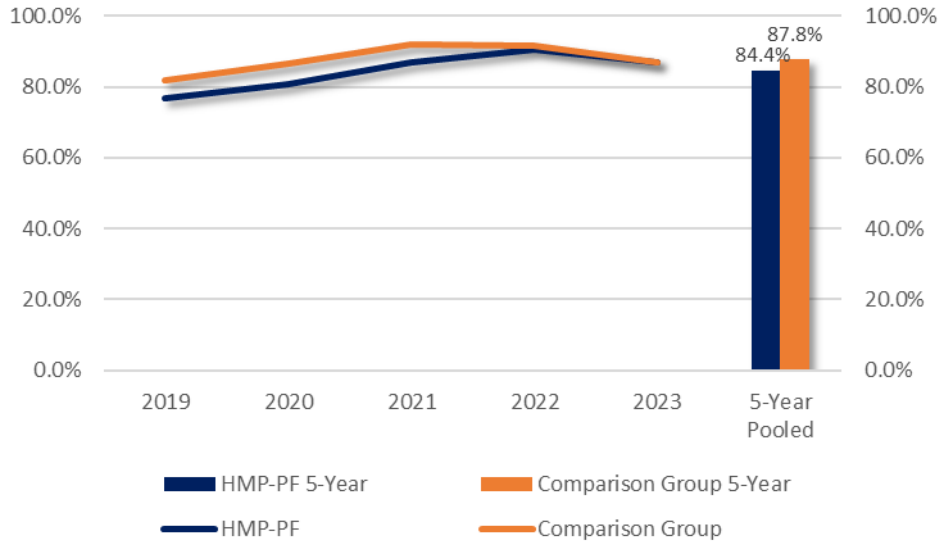
[53] Statistical significance (P-value) calculated through application of Fisher's Combined Probability Test to results.

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

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

Findings versus Comparison Group: Approximately 84 percent of practice facilitation members and 88 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-1). The compliance rate for both populations rose from 2019 to 2022 before declining in 2023.

Exhibit 6-1 – Asthma Medication Ratio – 5 – 18 Years of Age
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2019, 2020 and 2021. It also was statistically significant for the five-year pooled data (Exhibit 6-2).

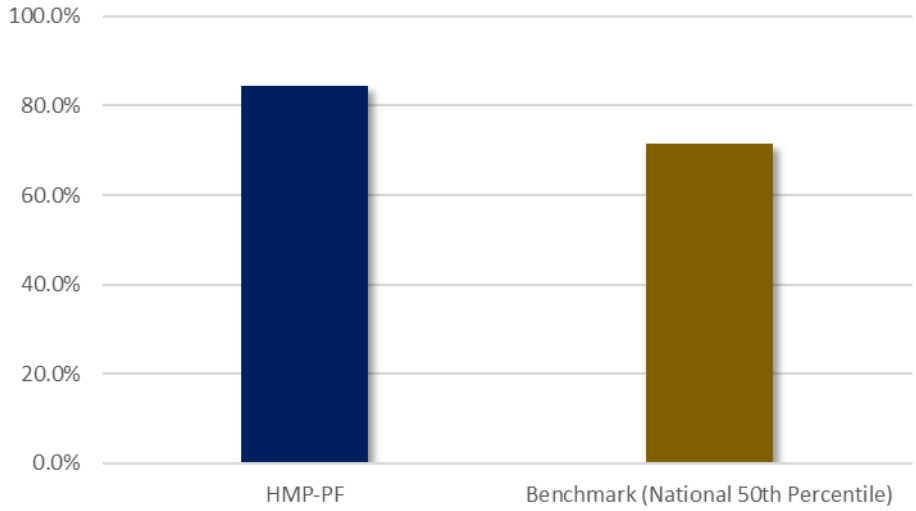
Exhibit 6-2 – Practice Facilitation – Asthma – Medication Ratio – 5 to 18 Years of Age

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	76.9%	80.7%	87.0%	90.5%	86.9%	84.4%
Comparison Group	82.0%	86.6%	92.0%	91.8%	86.8%	87.8%
Difference	**(5.1%)**‡	**(5.9%)**‡	**(5.0%)**‡	(1.3%)	0.1%	**(3.4%)**‡

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

Findings versus National Benchmark: The five-year pooled rate for the SoonerCare practice facilitation population exceeded the national benchmark rate by approximately 13 percentage points (Exhibit 6-3).

Exhibit 6-3 – Asthma Medication Ratio – 5 – 18 Years of Age
SoonerCare HMP Practice Facilitation versus Benchmark



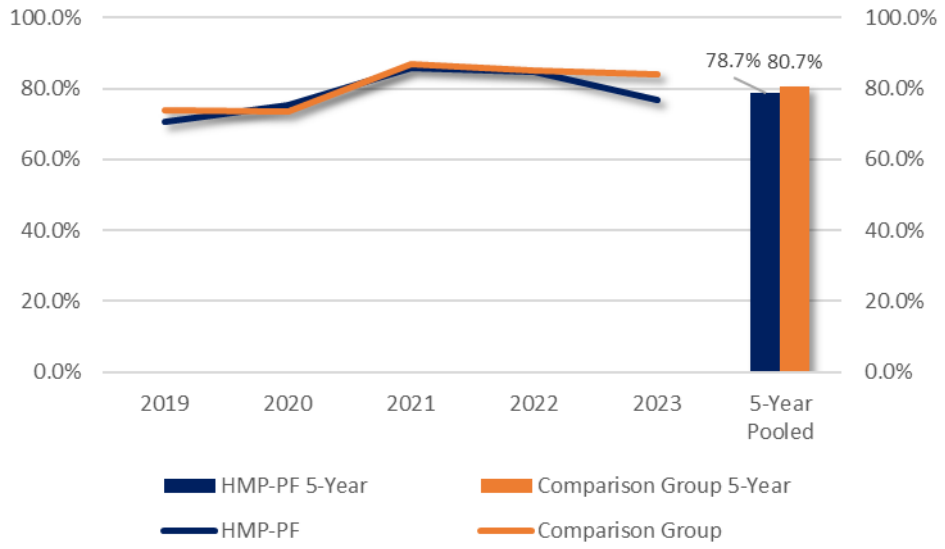
	Practice Facilitation	Benchmark
Compliance Rate	84.4%	71.6%

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

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

Findings versus Comparison Group: Approximately 79 percent of practice facilitation members and 81 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-4). The compliance rate for both populations rose from 2019 to 2021 before declining in 2022 and 2023.

Exhibit 6-4 – Asthma Medication Ratio – 19 – 64 Years of Age
Calendar Years 2019 – 2023

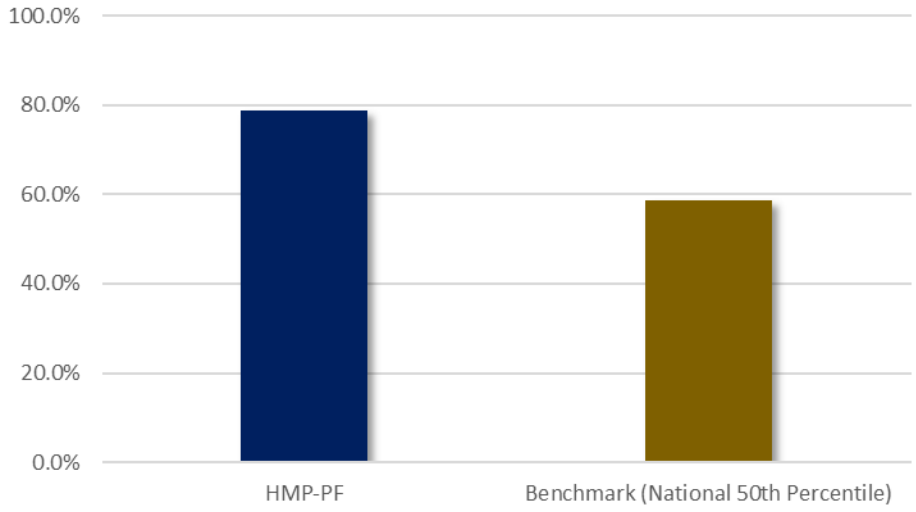


The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2019, 2020, 2021 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 6-5).

Exhibit 6-5 – Practice Facilitation – Asthma – Medication Ratio – 19 to 64 Years of Age						
	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	70.7%	75.4%	86.0%	84.8%	76.7%	78.7%
Comparison Group	73.9%	73.5%	87.0%	85.1%	83.9%	80.7%
Difference	**(3.2%)**‡	**1.9%**‡	**(1.0%)**‡	(0.3%)	**(7.2%)**‡	**(2.0%)**‡
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

Findings versus National Benchmark: The five-year pooled rate for the SoonerCare practice facilitation population exceeded the national benchmark rate by approximately 20 percentage points (Exhibit 6-6).

Exhibit 6-6 – Asthma Medication Ratio – 19 – 64 Years of Age
SoonerCare HMP Practice Facilitation versus Benchmark



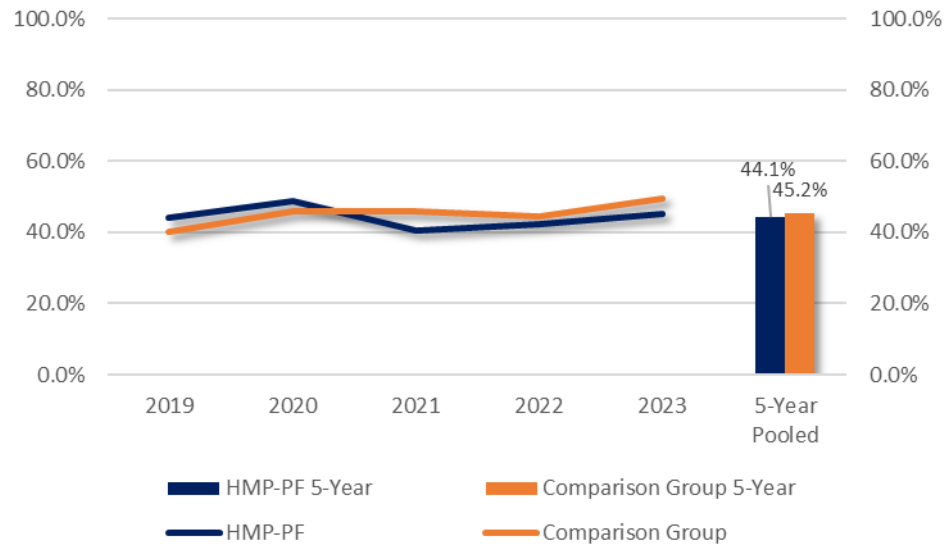
	Practice Facilitation	Benchmark
Compliance Rate	78.7%	58.5%

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

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

Findings versus Comparison Group: Approximately 44 percent of facilitation members and 45 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-7). The compliance rate for the practice facilitation population rose from 2019 to 2020 before declining from 2020 to 2021 and rising again in 2022 and 2023. The compliance rate for the comparison group rose from 2019 to 2021 before declining in 2022 and rising again in 2023.

Exhibit 6-7 – Persistence of Beta Blocker Treatment after a Heart Attack
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2023. It was not statistically significant for the five-year pooled data (Exhibit 6-8).

Exhibit 6-8 – Practice Facilitation – CAD – Beta Blocker after Heart Attack

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	44.0%	48.9%	40.5%	42.1%	45.1%	44.1%
Comparison Group	40.1%	46.0%	46.0%	44.4%	49.6%	45.2%
Difference	1.5%	(1.1%)	2.2%	(2.3%)	**(4.5%)**‡	(2.1%)

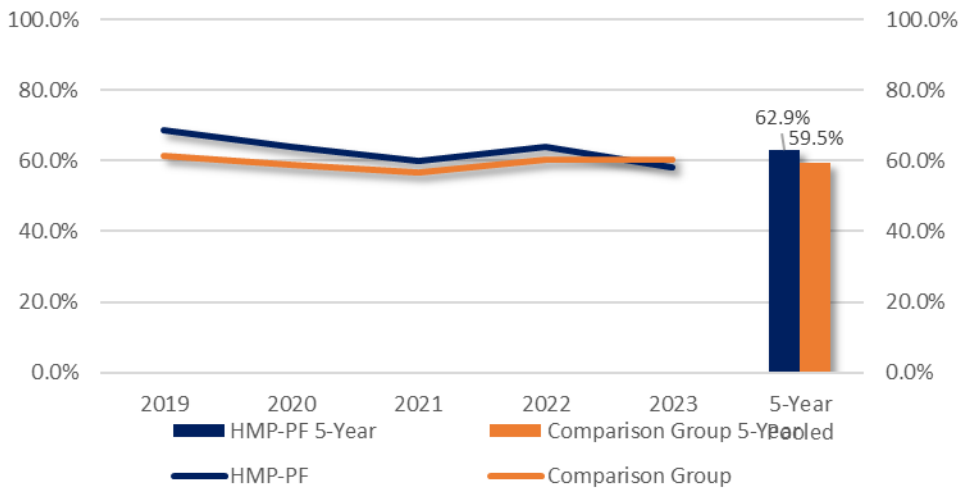
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 63 percent of practice facilitation members and 60 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-9). The compliance rate for both populations declined from 2019 to 2021 before rising in 2022 and declining again in 2023.

Exhibit 6-9– Cholesterol Management for Patients with Cardiovascular Conditions – LDL-C Screening Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was not statistically significant in any of the individual years. However, it was statistically significant for the five-year pooled data, due to the larger sample size (Exhibit 6-10).

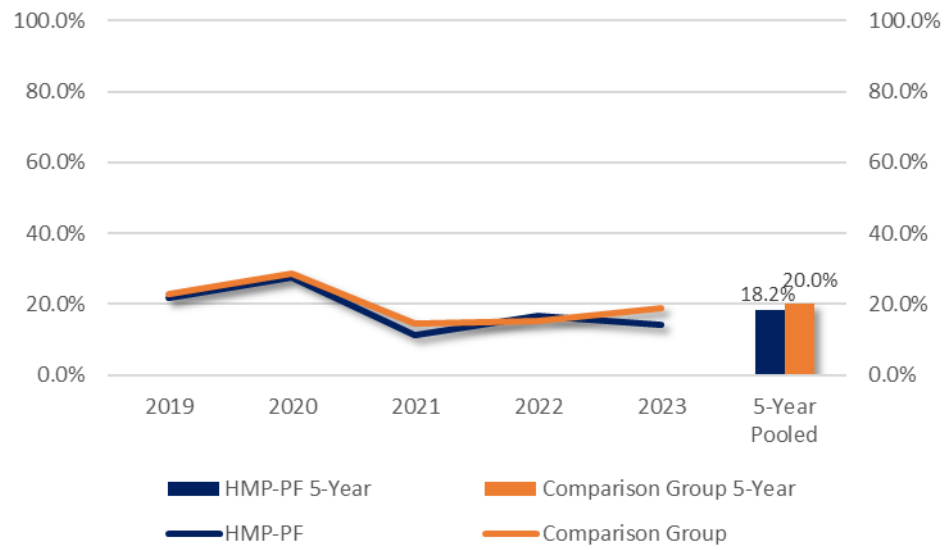
Exhibit 6-10 – Practice Facilitation – CAD – Cholesterol Management – LDL-C Test						
	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	68.6%	63.8%	59.9%	63.9%	58.2%	62.9%
Comparison Group	61.5%	58.7%	56.8%	60.3%	60.2%	59.5%
Difference	7.1%	5.1%	3.1%	3.6%	(2.0%)	**3.4%**‡
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

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

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

Findings versus Comparison Group: Approximately 18 percent of practice facilitation members and 20 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-11). The compliance rate for the practice facilitation population rose from 2019 to 2020 before declining from 2020 to 2021, rising in 2022 and declining again in 2023. The compliance rate for the comparison group rose from 2019 to 2020 before declining from 2020 to 2021 and rising again in 2022 and 2023.

Exhibit 6-11 – Use of Spirometry Testing in the Assessment and Diagnosis of COPD
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2023. It was not statistically significant for the five-year pooled data (Exhibit 6-12).

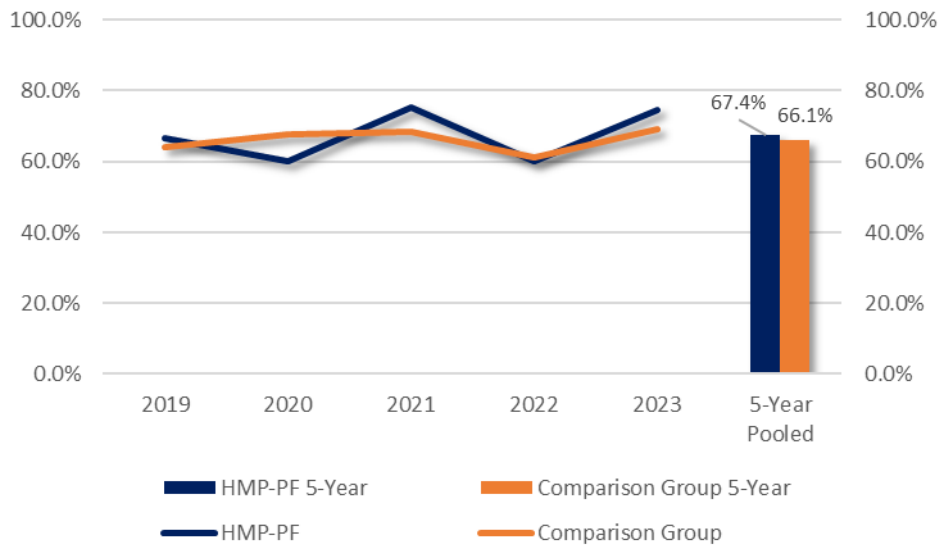
Exhibit 6-12 – Practice Facilitation – COPD – Use of Spirometry Testing						
	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	21.6%	27.6%	11.1%	16.7%	14.1%	18.2%
Comparison Group	22.7%	28.8%	14.7%	15.1%	18.9%	20.0%
Difference	(1.1%)	(1.2%)	(3.6%)	1.6%	**(4.8%)**‡	(1.8%)
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

COPD Measure – Pharmacotherapy Management of COPD Exacerbation – 14 Days

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

Findings versus Comparison Group: Approximately 67 percent of practice facilitation members and 66 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-13). The compliance rate for the practice facilitation population declined from 2019 to 2020 before rising from 2020 to 2021, declining in 2022 and rising again in 2023. The compliance rate for the comparison group rose from 2019 to 2021 before declining in 2022 and rising again in 2023.

Exhibit 6-13 – Pharmacotherapy Management of COPD Exacerbation – 14 Days
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was not statistically significant in any of the individual years. It also was not statistically significant for the five-year pooled data (Exhibit 6-14).

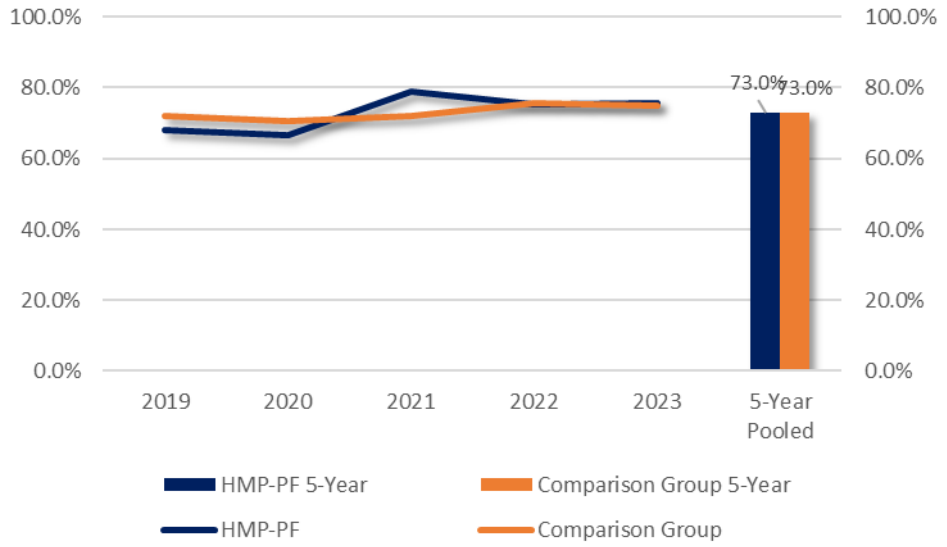
Exhibit 6-14 – Practice Facilitation – COPD – Pharmacotherapy – 14 Days						
	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	66.7%	60.1%	75.4%	60.2%	74.6%	67.4%
Comparison Group	64.1%	67.6%	68.4%	61.2%	69.2%	66.1%
Difference	2.6%	(7.5%)	7.0%	(1.0%)	5.4%	1.3%
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

COPD Measure – Pharmacotherapy Management of COPD Exacerbation – 30 Days

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

Findings versus Comparison Group: Seventy-three percent of both practice facilitation members and comparison group members were compliant on this measure across the five years (Exhibit 6-15). The compliance rate for the practice facilitation population rose from 2019 to 2021 before declining in 2022 and rising again in 2023. The compliance rate for the comparison group population declined from 2019 to 2020 before rising from 2020 to 2022 and declining again in 2023.

Exhibit 6-15 – Pharmacotherapy Management of COPD Exacerbation – 30 Days
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was not statistically significant in any of the individual years. The five-year pooled data rates were identical (Exhibit 6-16).

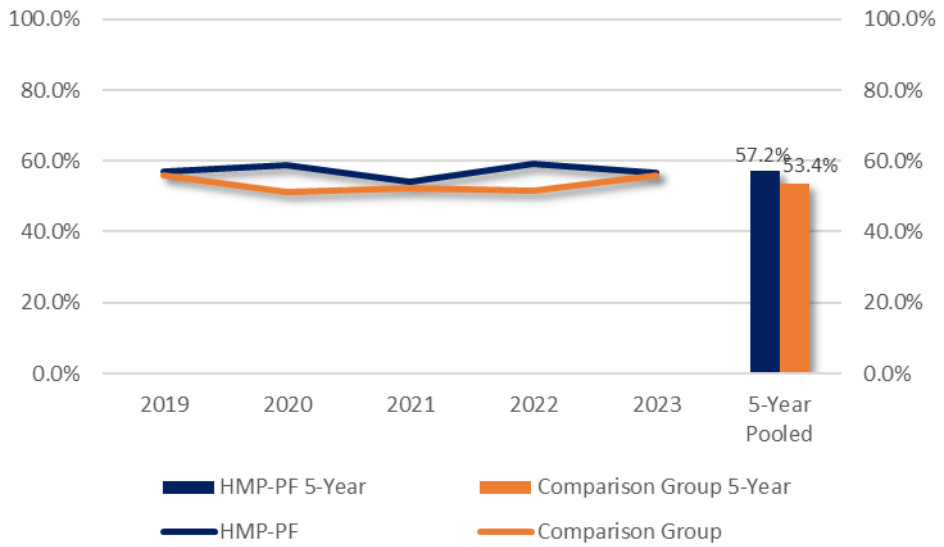
Exhibit 6-14 – Practice Facilitation – COPD – Pharmacotherapy – 30 Days						
	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	68.2%	66.7%	78.9%	75.4%	75.6%	73.0%
Comparison Group	72.0%	70.4%	71.9%	75.8%	75.0%	73.0%
Difference	(3.8%)	(3.7%)	7.0%	(0.4%)	0.6%	---
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

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

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

Findings versus Comparison Group: Approximately 57 percent of practice facilitation members and 53 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-17). The compliance rate for the practice facilitation population rose from 2019 to 2020 before declining from 2020 to 2021, rising in 2022 and declining again in 2023. The compliance rate for the comparison group moved in an inverse direction.

Exhibit 6-17 – Percentage of Members who had LDL-C Screening
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2020 and 2022. It also was statistically significant for the five-year pooled data (Exhibit 6-18).

Exhibit 6-18 – Practice Facilitation – Diabetes – LDL-C Test

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	57.1%	58.8%	54.2%	59.3%	56.5%	57.2%
Comparison Group	56.1%	51.1%	52.3%	51.4%	56.1%	53.4%
Difference	1.0%	**7.7%**‡	0.9%	**7.9%**‡	0.4%	**3.8%**‡

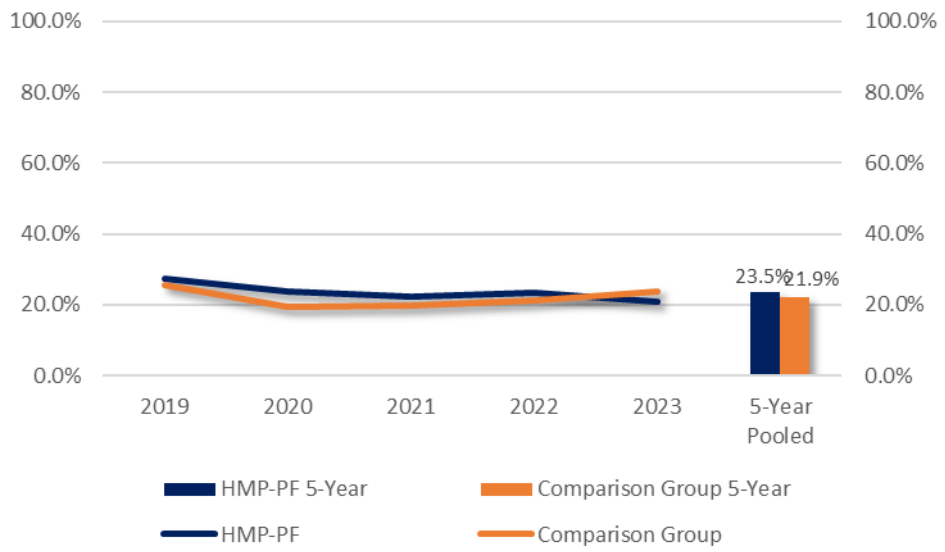
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 24 percent of practice facilitation members and 22 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-19). The compliance rate for the practice facilitation population declined from 2019 to 2021 before rising in 2022 and declining again in 2023. The compliance rate for the comparison group declined from 2019 to 2020 before rising from 2021 to 2023.

Exhibit 6-19 – Percentage of Members who had Retinal Eye Exam Performed Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2020, 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 6-20).

Exhibit 6-20 – Practice Facilitation – Diabetes – Retinal Eye Exam

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	27.3%	23.8%	22.1%	23.3%	20.8%	23.5%
Comparison Group	25.5%	19.4%	19.7%	21.2%	23.9%	21.9%
Difference	1.8%	**4.4%‡**	**2.4%‡**	**2.1%‡**	**(3.1%)‡**	**1.6%‡**

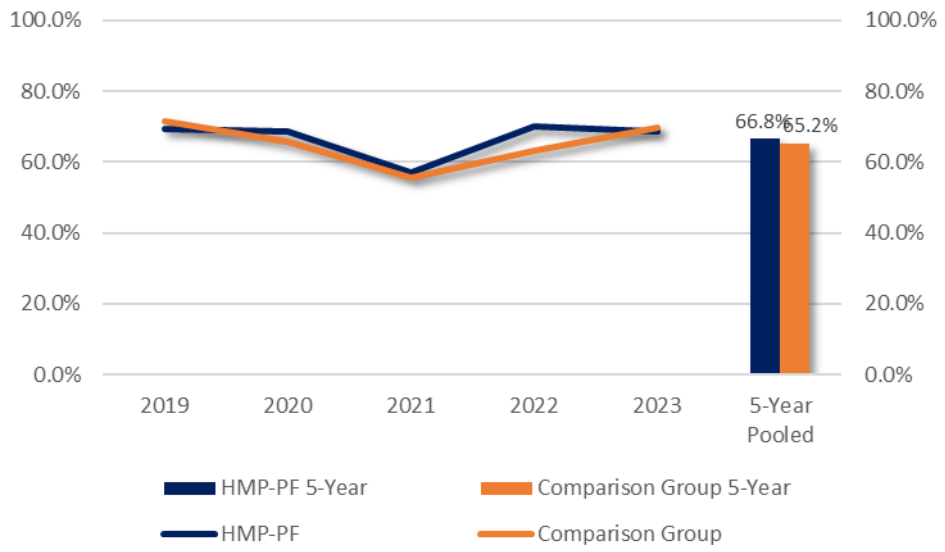
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

Diabetes Measure – Percentage of Members who had HbA1c Testing

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

Findings versus Comparison Group: Approximately 67 percent of practice facilitation members and 65 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-21). The compliance rate for both populations declined from 2019 to 2021 before rising in 2022. The compliance rate for the practice facilitation population declined again in 2023 while the rate for the comparison group population continued to rise.

Exhibit 6-21 – Percentage of Members who had HbA1c Testing
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2022. It also was statistically significant for the five-year pooled data (Exhibit 6-22).

Exhibit 6-22 – Practice Facilitation – Diabetes – HbA1c Testing

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	69.3%	68.7%	57.1%	70.2%	68.8%	66.8%
Comparison Group	71.5%	65.8%	55.6%	63.1%	69.9%	65.2%
Difference	(2.2%)	2.9%	1.5%	**7.1%**‡	(1.1%)	**1.6%**‡

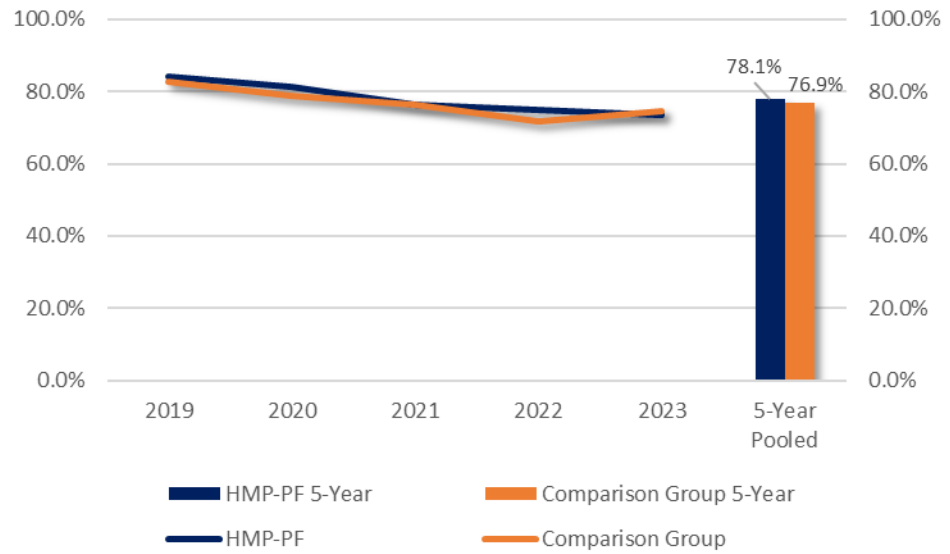
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 78 percent of practice facilitation members and 77 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-23). The compliance rate for both populations declined from 2019 to 2022. The compliance rate for the practice facilitation population continued to decline in 2023 while the rate for the comparison group population rose.

Exhibit 6-23 – Percentage of Members who Received Medical Attention for Nephropathy Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2022. It also was statistically significant for the five-year pooled data (Exhibit 6-24).

Exhibit 6-24 – Practice Facilitation – Diabetes – Medical Attention for Nephropathy

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	84.0%	81.4%	76.4%	75.1%	73.5%	78.1%
Comparison Group	82.9%	78.8%	76.2%	71.7%	74.7%	76.9%
Difference	1.1%	2.6%	0.2%	**3.4%‡**	(1.2%)	**1.2%‡**

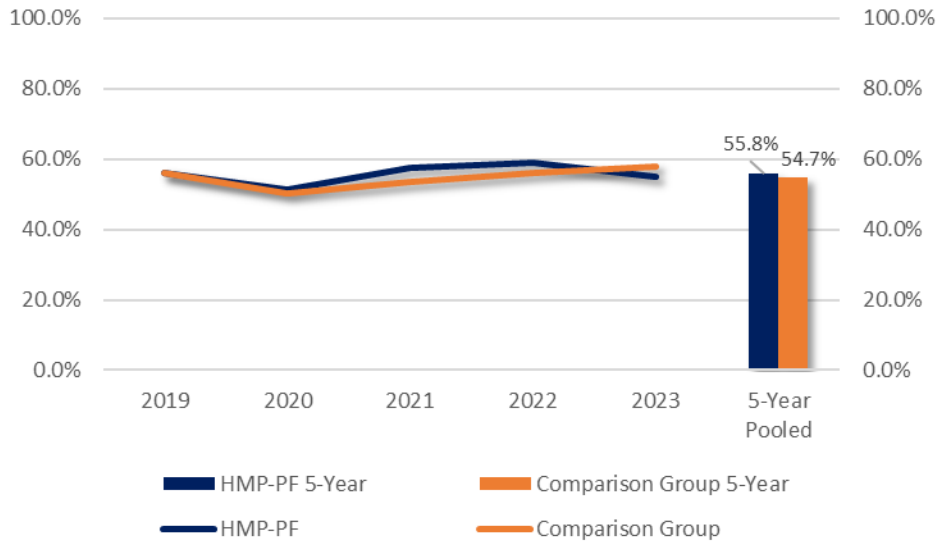
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately 56 percent of practice facilitation members and 55 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-25). The compliance rate for both populations declined from 2019 to 2020 before rising again from 2020 to 2022. The compliance rate for the practice facilitation population declined again in 2023 while the rate for the comparison group population continued to rise.

Exhibit 6-25 – Percentage of Members who had LDL-C Screening
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 6-26).

Exhibit 6-26 – Practice Facilitation – Hypertension – LDL-C Test

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	56.2%	51.4%	57.5%	59.1%	54.8%	55.8%
Comparison Group	55.9%	50.3%	53.5%	55.9%	57.8%	54.7%
Difference	0.3%	1.1%	**4.0%‡**	**3.2%‡**	**(3.0%)‡**	**1.1%‡**

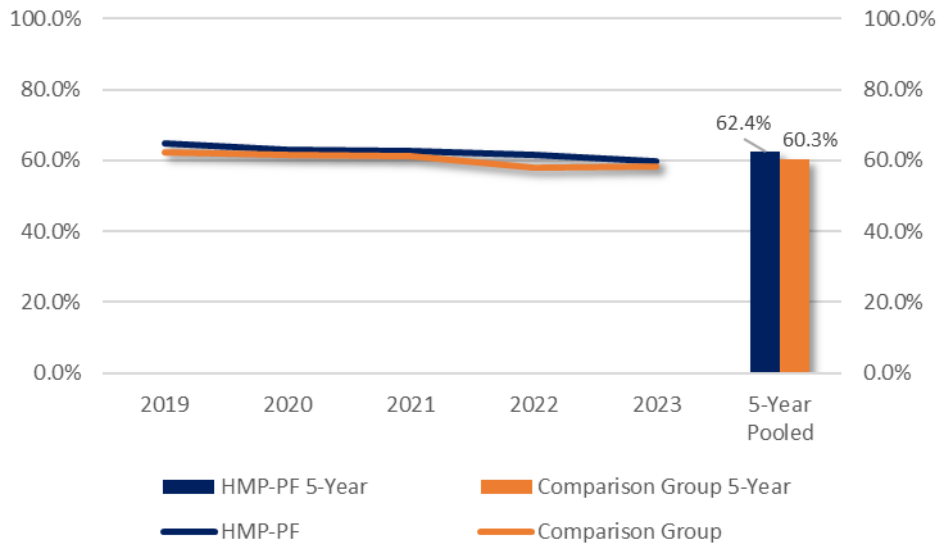
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

Hypertension Measure – Percentage of Members Prescribed ACE/ARB Therapy

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

Findings versus Comparison Group: Approximately 62 percent of practice facilitation members and 60 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-27). The compliance rate for both populations declined from 2019 to 2022. The compliance rate for the practice facilitation population continued to decline in 2023 while the rate for the comparison group population rose slightly.

Exhibit 6-27 – Percentage of Members Prescribed ACE/ARB Therapy
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2022. It also was statistically significant for the five-year pooled data (Exhibit 6-28).

Exhibit 6-28 – Practice Facilitation – Hypertension – ACE/ARB Therapy

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	64.9%	62.9%	62.6%	61.7%	59.7%	62.4%
Comparison Group	62.4%	61.5%	61.2%	58.1%	58.4%	60.3%
Difference	2.5%	1.4%	0.4%	**3.6%‡**	1.3%	**2.1%‡**

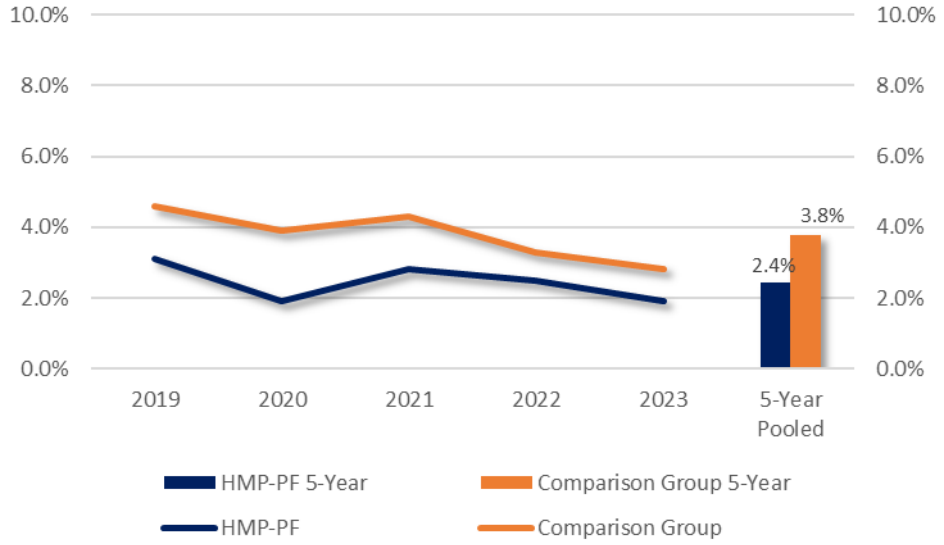
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

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

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

Findings versus Comparison Group: Approximately two percent of practice facilitation members and four percent of comparison group members were positive for this measure (users of prescription opioids at high dosage) across the five years (Exhibit 6-29). The use rate for both populations declined from 2019 to 2020 before rising from 2020 to 2021 and declining again in 2022 and 2023.

Exhibit 6-29 – Use of Opioids at High Dosage in Persons without Cancer
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2020, 2021 and 2022. It also was statistically significant for the five-year pooled data (Exhibit 6-30).

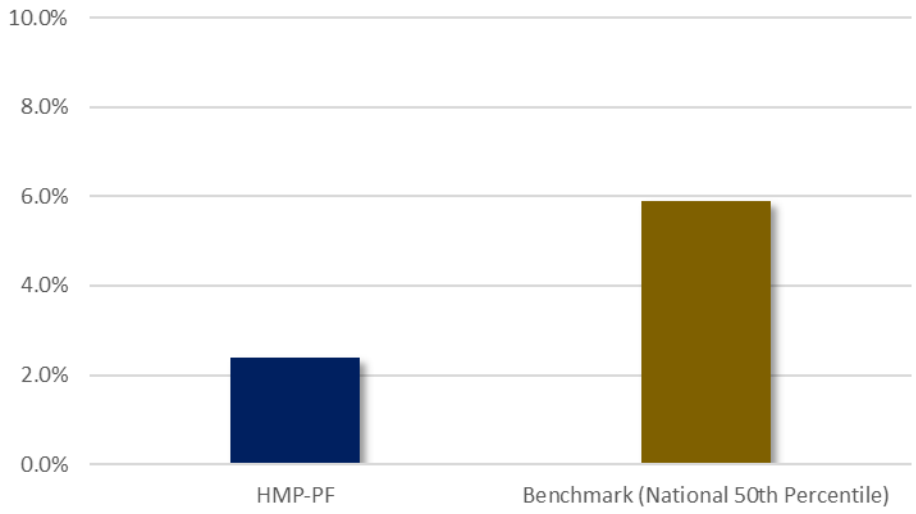
Exhibit 6-30 – Practice Facilitation – Opioid – Use of Opioids at High Dosage

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	3.1%	1.9%	2.8%	2.2%	1.9%	2.4%
Comparison Group	4.6%	3.9%	4.3%	3.3%	2.8%	3.8%
Difference	(1.5%)	**(2.0%)**‡	**(1.5%)**‡	**(1.1%)**‡	(0.9%)	**(1.4%)**‡

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

Findings versus National Benchmark: The five-year pooled rate for the SoonerCare practice facilitation population was approximately four percentage points lower than the national benchmark rate (Exhibit 6-31).

Exhibit 6-31 – Use of Opioids at High Dosage in Persons without Cancer
SoonerCare HMP Practice Facilitation versus Benchmark



Note: Lower rate is better

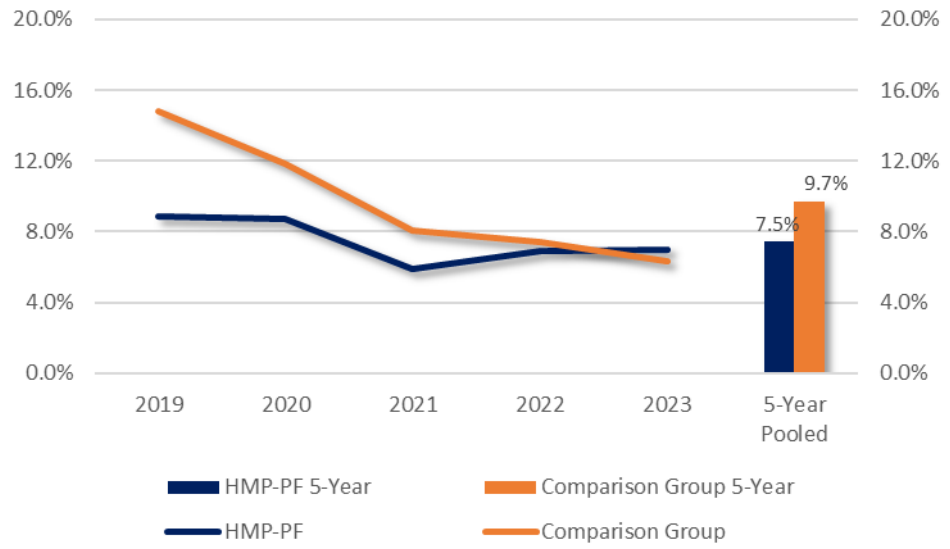
	Practice Facilitation	Benchmark
Use Rate	2.4%	5.9%

Opioid Use Measure – Concurrent use of Opioids and Benzodiazepines

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

Findings versus Comparison Group: Approximately eight percent of practice facilitation members and 10 percent of comparison group members were positive for this measure (concurrent users of prescription opioids and benzodiazepines) across the five years (Exhibit 6-32). The use rate for the practice facilitation population declined from 2019 to 2021 before rising in 2022 and 2023. The use rate the comparison group population declined from 2019 to 2023.

Exhibit 6-32 – Concurrent use of Opioids and Benzodiazepines
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2019, 2020 and 2021. It also was statistically significant for the five-year pooled data (Exhibit 6-33).

Exhibit 6-33 – Practice Facilitation – Opioid – Concurrent Use of Opioids and Benzodiazepines

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	8.9%	8.7%	5.9%	6.9%	7.0%	7.5%
Comparison Group	14.8%	11.8%	8.1%	7.4%	6.3%	9.7%
Difference	**(5.9%)**‡	**(3.1%)**‡	**(2.2%)**‡	(0.5%)	0.7%	**(2.2%)**‡

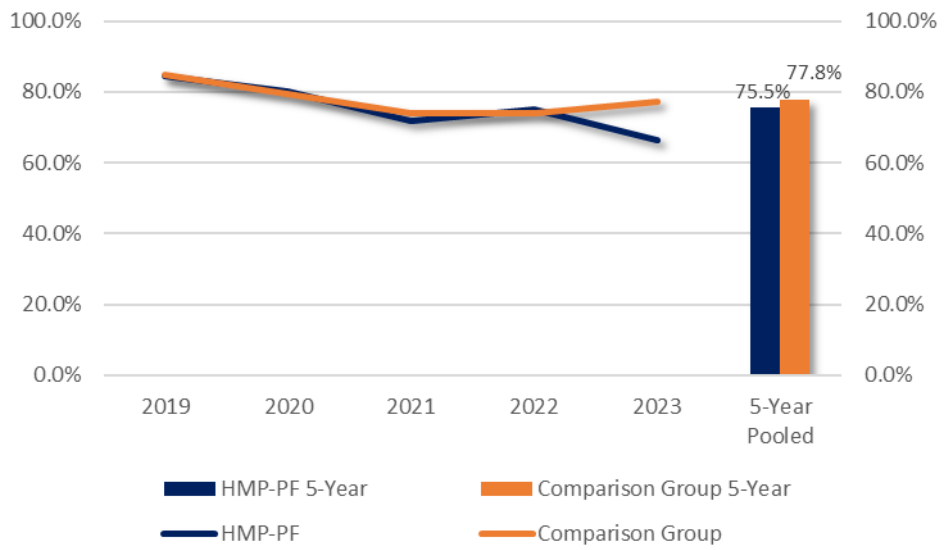
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

Preventive Health Measure – Adult Access to Preventive/Ambulatory Health Services

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

Findings versus Comparison Group: Approximately 76 percent of practice facilitation members and 78 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-34). The compliance rate for the practice facilitation population declined from 2019 to 2021 before rising in 2022 and declining again in 2023. The compliance rate for the comparison group population declined from 2019 to 2022 before rising in 2023.

Exhibit 6-34 – Adult Access to Preventive/Ambulatory Health Services
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 6-35).

Exhibit 6-35 – Practice Facilitation – Adults' Access to Preventive/Ambulatory Health Services

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	84.3%	80.0%	71.7%	75.2%	66.4%	75.5%
Comparison Group	84.7%	79.4%	73.9%	73.8%	77.3%	77.8%
Difference	(0.4%)	0.6%	**(2.2%)‡**	**1.4%‡**	**(10.9%)‡**	**(2.3%)‡**

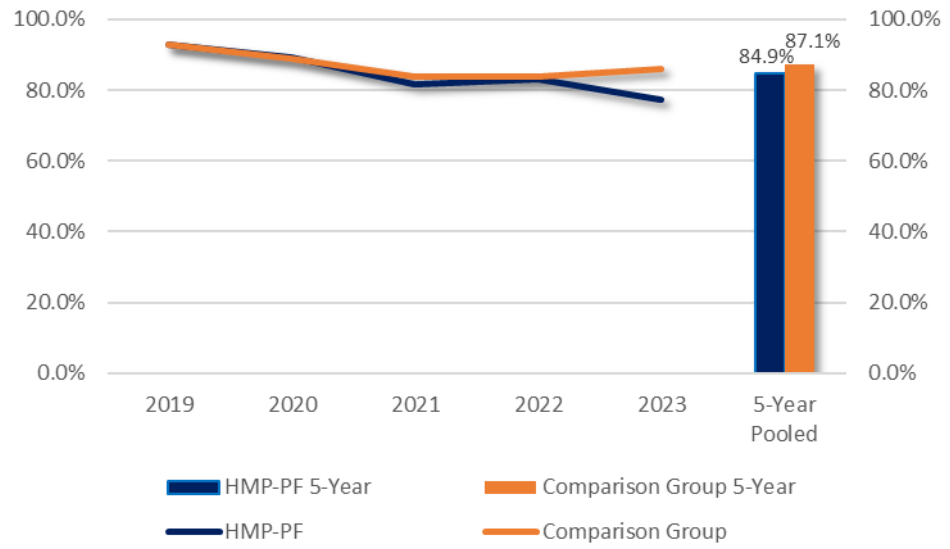
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

Preventive Health Measure – Children and Adolescents' Access to PCPs

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

Findings versus Comparison Group: Approximately 85 percent of practice facilitation members and 87 percent of comparison group members were compliant on this measure across the five years (Exhibit 6-36). The compliance rate for the practice facilitation population declined from 2019 to 2021, rose in 2022 and declined again in 2023. The compliance rate for the comparison group population declined from 2019 to 2022 before rising in 2023.

Exhibit 6-36 – Children and Adolescents' Access to PCPs
Calendar Years 2019 – 2023



The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 6-37).

Exhibit 6-37– Practice Facilitation – Children's & Adolescents' Access to PCP – 12 Months to 19 Years

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	93.0%	89.2%	81.8%	83.2%	77.2%	84.9%
Comparison Group	92.7%	89.0%	83.9%	83.8%	85.9%	87.1%
Difference	0.3%	0.2%	**(1.1%)‡**	**(0.5%)‡**	**(8.7%)‡**	**(2.2%)‡**

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

Summary of Key Findings

The SoonerCare HMP practice facilitation beneficiary population outperformed the comparison group by a statistically significant amount on nine of 17 HEDIS quality-of-care measures, while the comparison group outperformed the practice facilitation beneficiary on four measures; there was no statistically significant difference on the remaining four measures. The results suggest that the program is having a positive effect on non-health coaching patients, although there is room for continued improvement (Exhibit 6-38).

The most impressive results, relative to the comparison group, were observed for participants with diabetes, hypertension and opioid use disorder.

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

Exhibit 6-38 – Practice Facilitation Quality-of-care Measures – Summary
(See next page for table legend)

Measure	PF versus Comparison Group*	PF versus National Benchmark†
Asthma – Medication Ratio – 5 – 18 Years	✗	✓
Asthma – Medication Ratio – 19 – 64 Years	✗	✓
CAD – Persistence of Beta-Blocker Treatment after a Heart Attack	---	N/A
CAD – Cholesterol Management – LDL-C Test	✓	N/A
COPD – Use of Spirometry Testing	---	N/A
COPD – Pharmacotherapy Management – 14 Days	---	N/A
COPD – Pharmacotherapy Management – 30 Days	---	N/A
Diabetes – LDL-C Test	✓	N/A
Diabetes – Retinal Eye Exam	✓	N/A
Diabetes – HbA1c Testing	✓	N/A
Diabetes – Medical Attention for Nephropathy	✓	N/A

Measure	PF versus Comparison Group*	PF versus National Benchmark†
Hypertension – LDL-C Test	✓	N/A
Hypertension – ACE/ARB Therapy	✓	N/A
Opioid – Use of Opioids at High Dosage	✓	✓
Opioid – Concurrent Use of Opioids and Benzodiazepines	✓	N/A
Preventive Health – Adult Access to Preventive/Ambulatory Health Services	X	N/A
Preventive Health – Children and Adolescents' Access to PCPs	X	N/A

* Results based on pooled five-year average

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

_____

✓ – *Practice facilitation population outperforms comparison group by statistically significant amount / Practice facilitation population outperforms national benchmark*

X – *Comparison group outperforms practice facilitation population by statistically significant amount / National benchmark outperforms practice facilitation population*

--- *No statistically significant difference between practice facilitation population and comparison group / No difference between practice facilitation population and national benchmark*

CHAPTER 7 – PRACTICE FACILITATION – UTILIZATION & EXPENDITURE ANALYSIS

Introduction

This section presents information for members treated at practice facilitation sites. As with the health coaching evaluation, it provides data with respect to:

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

Methodology

The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA. Chapter 4 includes a description of the steps followed in constructing the dataset.

To be included in the treatment group portion of the analysis, members must have been aligned with a PCMH provider who underwent 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.

The utilization and expenditure analyses were performed using the same Coarsened Exact Matching comparison group methodology as described in chapter 4 for the health coaching utilization and expenditure evaluation. Appendix F contains covariate balance data for all CEM variables.

T-tests were used to evaluate results for treatment group members (members aligned with a coronary artery disease PCMH who underwent practice facilitation) against the comparison group populations, with statistically significant results reported based on $p \leq 0.05$. Statistically significant differences between health coaching participants and the comparison group are noted in the exhibits. Appendix G contains year-specific and five-year pooled results.

Caution when Interpreting Findings

Impact of External Events

As discussed in chapter 4, the COVID-19 public health emergency disrupted utilization and expenditure patterns across the entire SoonerCare population. This may have affected the results

for 2020, depending on whether the impact differed for practice facilitation participants versus other providers.

Health Coaching – Practice Facilitation Interrelationship

It is important to recognize the interrelationship between practice facilitation and health coaching when interpreting practice facilitation utilization and expenditure findings. In the early years of the SoonerCare HMP, practice facilitation occurred independent of member care management, which used a combination of field-based and telephonic modes.

The two program components were integrated when the SoonerCare HMP transitioned to use of practice-embedded health coaching. Practice sites with embedded health coaches must undergo practice facilitation as a prerequisite for placement of the coach. The impact of practice facilitation on utilization and expenditures therefore is partly captured in the findings for the health coaching portion of the evaluation.

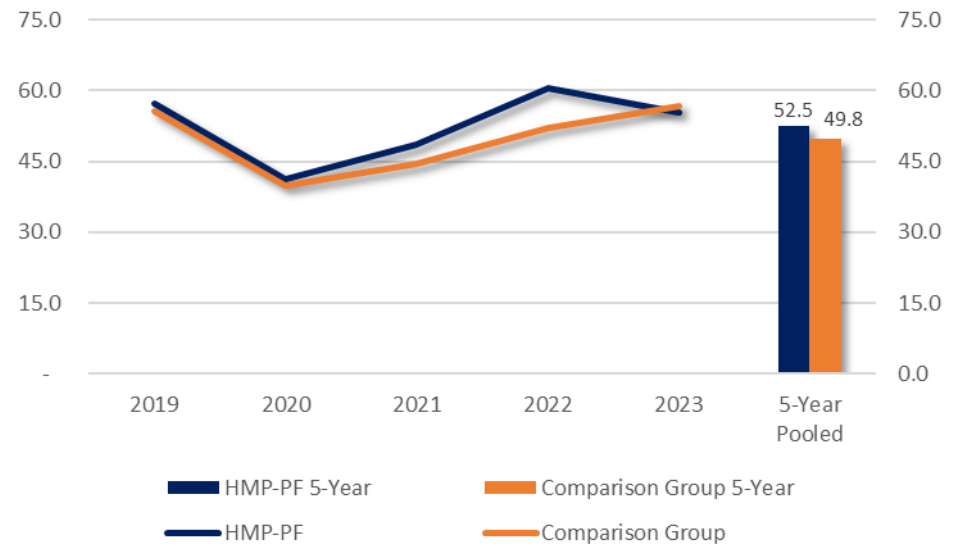
This chapter evaluates the potential impact on other members assigned to providers who have undergone practice facilitation. Since the providers and Telligen select for coaching those patients considered most at-risk, and most likely to benefit from coaching, the impact of practice facilitation on other patients with chronic conditions (and patients in general) would not be expected to match what is observed for health coaching participants.

All Participants – Emergency Room Utilization (Visit) Rate

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

Findings versus Comparison Group: Practice facilitation members averaged approximately 53 emergency room visits per 1,000 member months and comparison group members averaged 50 visits per 1,000 member months across the five years (Exhibit 7-1). The visit rate for both populations declined from 2019 to 2020 before rising from 2020 to 2022. The practice facilitation member rate declined again in 2023 while the comparison group rate continued to rise.

Exhibit 7-1 – Emergency Room Utilization (Visit) Rate
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2021, 2022 and 2023 It also was statistically significant for the five-year pooled data (Exhibit 7-2).

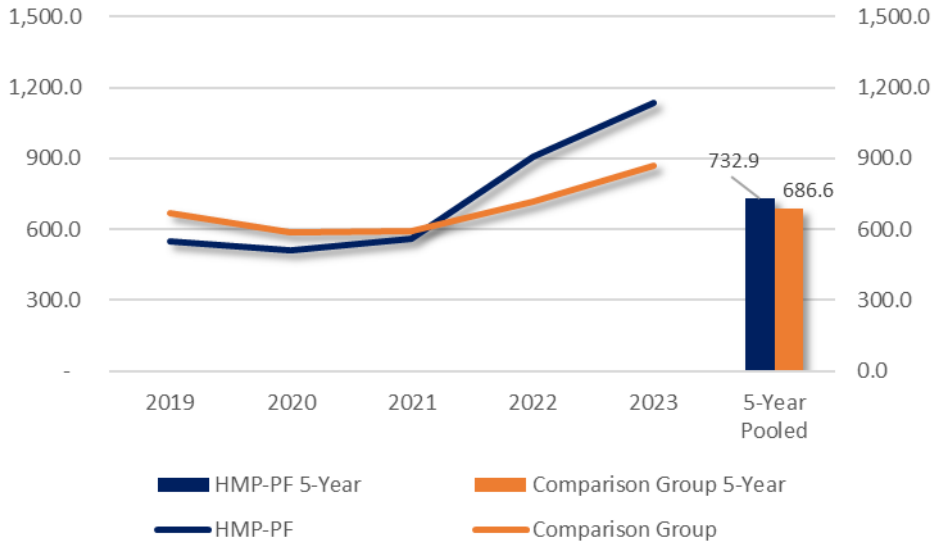
Exhibit 7-2 – Practice Facilitation – Emergency Room Visits per 1,000 Member Months						
	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	57.1	41.1	48.5	60.4	55.2	52.5
Comparison Group	55.6	39.9	44.4	52.2	56.8	49.8
Difference	1.5	1.2	**4.1‡**	**8.2‡**	**(1.6)‡**	**2.7‡**
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

All Participants – Inpatient Hospital Utilization (Admission) Rate

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

Findings versus Comparison Group: Practice facilitation members averaged approximately 733 hospital admissions per 100,000 member months and comparison group members averaged 687 admissions per 100,000 member months across the five years (Exhibit 7-3). The admission rate for both populations declined from 2019 to 2020 before rising from 2020 to 2022.

Exhibit 7-3 – Inpatient Hospital Utilization (Admission) Rate
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2019, 2020, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 7-4).

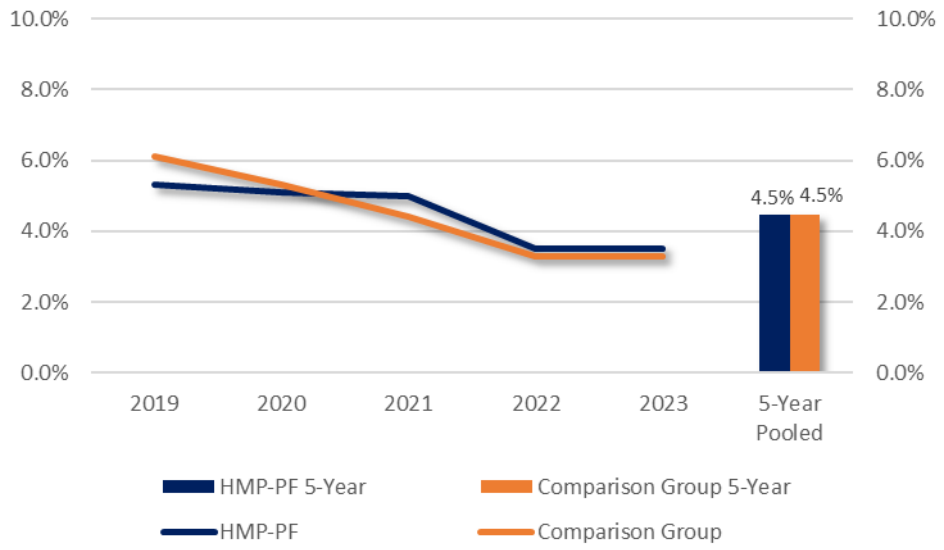
Exhibit 7-4 – Practice Facilitation – Hospital Admissions per 100,000 Member Months						
	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	550.7	512.5	558.8	905.0	1,137.6	732.9
Comparison Group	666.9	586.2	592.2	719.5	868.4	686.6
Difference	**(116.2)**‡	**(73.7)**‡	(33.4)	**185.5**‡	**269.2**‡	**46.3**‡
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

All Participants – Inpatient Hospital Readmission Rate

Measure Description*:** Thirty-day hospital readmission rate. ***Note: *A lower rate indicates better performance*.

Findings versus Comparison Group: Practice facilitation and comparison group members both had an average 30-day hospital readmission rate of approximately five percent across the five years (Exhibit 7-5). The readmission rate for both populations declined from 2019 to 2023.

Exhibit 7-5 – Inpatient Hospital Readmission Rate
Calendar Years 2019 – 2023



Note: Lower rate is better

The difference between the practice facilitation and comparison group compliance rates was not statistically significant in any of the individual years. The five-year pooled rates were identical (Exhibit 7-6).

Exhibit 7-6 – Practice Facilitation – Hospital 30-Day Readmission Rate

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	5.3%	5.1%	5.0%	3.5%	3.5	4.5%
Comparison Group	6.1%	5.3%	4.4%	3.5%	3.3	4.5%
Difference	(0.8%)	(0.2%)	0.6%	---	0.2	---

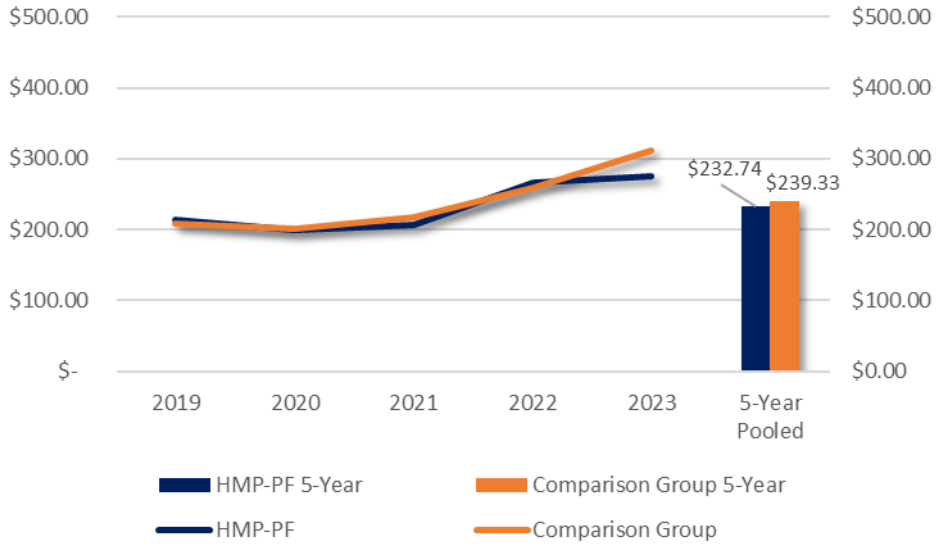
‡ Practice facilitation rate differs from comparison group rate by a statistically significant amount (95% confidence level)

All Participants – Healthcare Expenditures (PMPM)

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

Findings versus Comparison Group: Practice facilitation member expenditures averaged approximately $233 PMPM and comparison group member expenditures averaged approximately $239 PMPM across the five years (Exhibit 7-7). Average expenditures for both populations declined from 2019 to 2020 before rising again from 2020 to 2023.

Exhibit 7-7 – Healthcare Expenditures (PMPM)
Calendar Years 2019 – 2023



Note: Lower value is better

The difference between the practice facilitation and comparison group compliance rates was statistically significant in 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 7-8).

Exhibit 7-8 – Practice Facilitation – PMPM Expenditures

	2019	2020	2021	2022	2023	5-Year Pooled
Practice Facilitation	$214.67	$199.88	$207.13	$266.67	$275.37	$232.74
Comparison Group	$208.98	$201.04	$217.58	$258.32	$310.72	$239.33
Difference	$5.69	($1.16)	**($10.45)‡**	**$8.35‡**	**($35.35)‡**	**($6.59)‡**

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

Summary of Key Findings

Findings with respect to practice facilitation cost effectiveness were mixed. The SoonerCare HMP practice facilitation population registered a statistically significant lower hospital admission rate than the comparison group. The comparison group registered statistically significant lower ER visit and hospital admission rates. The SoonerCare HMP practice facilitation population registered a small, but statistically significant lower PMPM. There was no difference in hospital readmission rates (Exhibit 7-9).

Exhibit 7-9 – Practice Facilitation Utilization/Expenditure Measures – Summary

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

* Results based on pooled five-year average

✓ – *Practice facilitation population outperforms comparison group by statistically significant amount*

✗ – *Comparison group outperforms practice facilitation population by statistically significant amount*

--- *No statistically significant difference between practice facilitation population and comparison group*

CHAPTER 8 – SOONERCARE HMP RETURN-ON-INVESTMENT

Introduction

The value of the SoonerCare HMP is measurable on multiple axes, including participant satisfaction and change in behavior, quality-of-care, improvement in service utilization and overall impact on medical expenditures. The last criterion can be quantified financially, in terms of the program's return-on-investment to the OHCA.

Program Administration

PHPG examined the program's return-on-investment (ROI) for the 2019 – 2023 period, by comparing administrative expenditures to medical savings. This includes both Telligen and OHCA administrative expenditures.

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

Program administrative expenses are documented below and include Telligen health coaching-related invoice amounts and OHCA direct and indirect expenses (Exhibit 8-1 on the following page). Telligen expenses, as derived from invoices submitted to the OHCA, cover both direct staffing and central office expenditures[54]. OHCA expenses include SoonerCare HMP unit salary/benefit costs and an estimate of allocated OHCA overhead[55,56]. PMPM amounts are calculated using health coaching participant member months[57].

[54] Health coaching is defined to include both health coaches and resource navigators. Central office expenses are allocated based on the percentage of total direct staff salary costs (health coaching + practice facilitation) attributable to health coaching.
[55] Calculated based on SoonerCare HMP unit's percentage of total agency staffing costs. Percentage was applied to agency non-staffing costs to determine SoonerCare HMP unit's allocated portion.
[56] One-half of OHCA expenses were applied to the health coaching ROI analysis; the other half were applied to the total calculations described later.
[57] Unduplicated enrollment each year annualized using 12 member months. (All participants included in each year's analysis were enrolled in SoonerCare Choice for the entire 12-month period; actual SoonerCare HMP enrollment was in some instances less than 12 months.)

Exhibit 8-1 – SoonerCare HMP Administrative Expense (Health Coaching)

Cost Component	2019 - 2023 Aggregate Dollars[58]	PMPM[59]
OHCA SoonerCare HMP unit salaries and benefits[60]	$749,201	$2.01
OHCA SoonerCare HMP allocated overhead	$62,404	$0.17
Telligen - health coaches	$16,639,752	$44.63
Telligen – other staff and central operations allocated to health coaching	$23,292,524	$64.27
Total Administrative Expense (Four Years)	**$40,743,881**	**$109.28**

Note: Average annual administrative expense was approximately $8.1 million

[58] Telligen invoice amounts are net of value-based payment (VBP) withholds. These revenues are contingent on Telligen meeting pre-established performance criteria related to cost effectiveness. The VBP reduction was applied against the health coaching line item.
[59] PMPM calculated by dividing member months into aggregate dollars. Five-year member month count was 293,676.
[60] OHCA 2022 salary and benefit information also used as estimate for 2023. Expenses historically have been stable year-over-year.

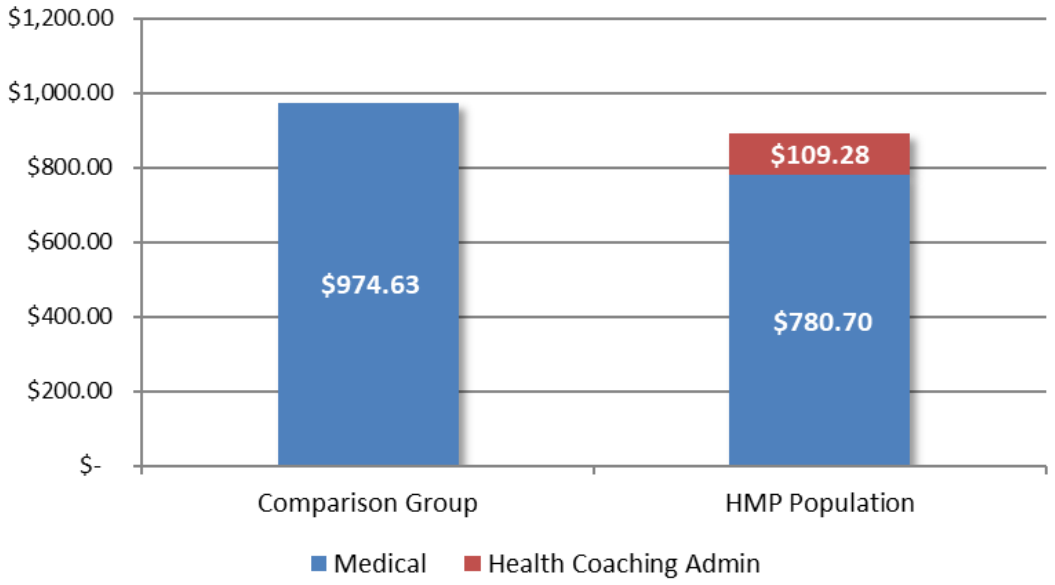
Health Coaching Cost Effectiveness[61]

PHPG performed a cost effectiveness test for the health coaching component by comparing SoonerCare HMP participant costs to comparison group costs in 2019 – 2023, inclusive of applicable SoonerCare HMP administrative expenses (Telligen and OHCA). (Telligen practice facilitation administrative expenses were excluded from this analysis but their impact is discussed in the return-on-investment analysis presented on the following page.)

As documented in chapter 4, SoonerCare HMP health coaching participants, as a group, incurred average medical costs of $780.70. The addition of $109.28 in average PMPM administrative expenses result in total PMPM costs of $889.98. Medical expenses accounted for approximately 88 percent of the total and administrative expenses for the other 12 percent.

The comparison group incurred average medical costs of $974.63, as also depicted in chapter 4. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of health coaching and practice facilitation administrative costs, were 91.3 percent of the comparison group (Exhibit 8-2). This was an improvement over the prior (2022) evaluation results, which found SoonerCare HMP health coaching expenses to be closer to parity with the comparison group, although still lower.

Exhibit 8-2 – SoonerCare HMP Health Coaching PMPM Savings



[61] PMPM and aggregate values may differ slightly due to rounding.

Return-on-Investment

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

The SoonerCare HMP health coaching component achieved net savings across the five-year period of approximately $31.6 million. This equated to a return-on-investment of 77.5 percent (Exhibit 8-3). The results were an improvement over the prior year and due primarily to an accelerated inflation rate for the comparison group population. This upward trend for the broader population also has observed in other (non-PHPG) analyses of the SoonerCare program[62].

Exhibit 8-3 – SoonerCare HMP Health Coaching ROI (State and Federal Dollars)

Test	Medical Savings	Administrative Costs	Net Savings	Return-on-Investment
ROI – Health Coaching	$72,307,188	($40,743,881)	$31,563,307	77.5%

PHPG also examined the practice facilitation component of the program. PHPG applied the same methodology, while recognizing that the findings may be incomplete, as the calculation likely understates the positive impact of practice facilitation on the SoonerCare HMP and overall delivery system.

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

With this caveat in mind, practice facilitation expenses during the same five-year period were approximately $15.1 million. The costs were partially offset by estimated medical savings of $2.5 million[63]. If health coaching and practice facilitation results are combined, the net savings equal approximately $18.9 million, for a return-of-investment of 33.8 percent.

[62] As discussed earlier in the report, the results for 2022 may have been affected by the continued enrollment under the PHE of members no longer seeking services, either due to a lack of service needs or the availability of other health coverage. This would have lowered comparison group costs without affecting SoonerCare HMP costs, as the SoonerCare HMP would "disenroll" from participation any members no longer associated with SoonerCare, even if technically still eligible for Medicaid. Some of the "inflationary" pressure observed for the comparison group (and all of SoonerCare) may have been an artifact of the resumption of procedural disenrollments from Medicaid.

[63] Average five-year PMPM savings of $6.59, as shown in Chapter 7, multiplied by practice facilitation site member months of approximately 377,000.

APPENDIX A – HEALTH COACHING PARTICIPANT SURVEY INSTRUMENT

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

Kevin S. Corbett
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

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

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

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

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

If you have any questions about the survey, you can reach PHPG toll-free at 1-888-941-9358. 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.

We look forward to speaking with you soon.

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

SOONERCARE HMP MEMBER SURVEY - INITIAL

INTRODUCTION & CONSENT

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

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

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

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

1. The SoonerCare program is a health insurance program offered by the state. Are you currently participating in SoonerCare?[64]
    a. Yes
    b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
    c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

2. Some SoonerCare members with health needs receive help through a special program known as the SoonerCare Health Management Program. Have you heard of it? [IF RESPONDENT SAYS 'NO' OR 'NOT SURE'] The program includes Health Coaches in doctors' offices who help members with their care. Does that sound familiar?
    a. Yes
    b. No
    c. Don't Know/Not Sure

3. Were you contacted and offered a chance to participate in the SoonerCare Health Management Program?
    a. Yes
    b. No → [END CALL]
    c. Don't Know/Not Sure → [END CALL]

4. Did you decide to participate?
    a. Yes
    b. No → [GO TO Q48]

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

c. Not yet, but still considering → [INFORM THAT WE MAY CALL BACK AT A LATER DATE AND END CALL]

d. Don't Know/Not Sure → [END CALL]

5. Are you still participating today in the SoonerCare Health Management Program?

a. Yes

b. No → [GO TO Q46]

c. Don't Know/Not Sure → [END CALL]

6. How long have you been participating in the SoonerCare Health Management Program?

a. Less than 1 month

b. One to two months

c. Three to four months

d. Four to six months

e. More than six months

f. Don't Know/Not Sure

Now I want to ask about your decision to enroll in the SoonerCare Health Management Program.

7. How did you learn about the SoonerCare Health Management Program?

a. Received information in the mail

b. Received a call from my Health Coach

c. Received a call from someone else SPECIFY _____

d. Doctor referred me while I was in his/her office

e. Other. SPECIFY: _____

f. Don't Know/Not Sure

8. What were your reasons for deciding to participate in the SoonerCare Health Management Program? [CHECK ALL THAT APPLY]

a. Learn how to better manage health problems

b. Learn how to identify changes in health

c. Have someone to call with questions about health

d. Get help making health care appointments

e. Personal doctor recommended I enroll

f. Improve my health

g. Was invited to enroll/no specific reason

h. Other. SPECIFY: _____

i. Don't Know/Not Sure

9. Among the reasons you gave, what was your most important reason for deciding to participate?
    a. Learn how to better manage health problems
    b. Learn how to identify changes in health
    c. Have someone to call with questions about health
    d. Get help making health care appointments
    e. Personal doctor recommended I enroll
    f. Improve my health
    g. Was invited to enroll/no specific reason
    h. Other. SPECIFY: _____
    i. Don't Know/Not Sure

Now I'm going to ask you a few questions about your experience in the SoonerCare Health Management Program, starting with your Health Coach.

HEALTH COACH

10. How soon after you started participating in the SoonerCare Health Management Program were you contacted by your Health Coach?
    a. Contacted at time of enrollment in the doctor's office
    b. Less than one week
    c. One to two weeks
    d. More than two weeks
    e. Have not been contacted – enrolled two weeks ago or less → [GO TO Q19]
    f. Have not been contacted – enrolled two to four weeks ago → [GO TO Q19]
    g. Have not been contacted – enrolled more than four weeks ago → [GO TO Q19]
    h. Don't Know/Not Sure

11. Can you tell me the name of your Health Coach?
    a. Yes. RECORD: _____
    b. No

12. What is the usual way you have contact with your Health Coach? [READ OPTIONS; IF MULTIPLE METHODS, ASK FOR MOST COMMON]
    a. In person at the doctor's office
    b. In person at home or another location [IF ANOTHER LOCATION, DOCUMENT IN "e"]
    c. Telephone call
    d. Text messaging
    e. Other [SPECIFY] _____
    f. Don't Know/Not Sure

13. About when was the last time you had contact with your Health Coach?
    a. Within the last week
    b. One to two weeks ago
    c. Two to four weeks ago
    d. More than four weeks ago
    e. Have never spoken to Health Coach → [GO TO Q15]
    f. Don't know/Not Sure → [GO TO Q15]

14. Was your contact with your Health Coach in person, through a phone call or through a text message?
    a. Telephone call
    b. Text message
    c. In-person
    d. Don't Know/Not Sure

15. Did your Health Coach give you a telephone number to call or text if you needed help with your care?
    a. Yes
    b. No → [GO TO Q19]
    c. Don't Know/Not Sure → [GO TO Q19]

16. Have you tried to call or text your Health Coach at the number you were given?
    a. Yes – called
    b. Yes - texted
    c. No → [GO TO Q19]
    d. Don't Know/Not Sure → [GO TO Q19]

17. Thinking about the last time you called or texted your Health Coach, what was the reason?
    a. Routine health question
    b. Urgent health problem
    c. Seeking assistance in scheduling appointment
    d. Returning call from Health Coach
    e. Other. SPECIFY: _____
    f. Don't Know/Not Sure

18. Did you reach your Health Coach immediately? [IF NO] How quickly did you hear back?
    a. Reached immediately (at time of call or text)
    b. Heard back within one hour
    c. Heard back in more than one hour but same day
    d. Heard back the next day
    e. Heard back two or more days later
    f. Never heard back
    g. Other. SPECIFY: _____
    h. Don't Know/Not Sure

19. [ASK QUESTION EVEN IF RESPONDENT STATES S/HE HAS NOT SPOKEN TO THE HEALTH COACH. IF RESPONDENT REPEATS S/HE IS UNABLE TO ANSWER DUE TO LACK OF CONTACT, GO TO Q34 (COMMUNITY RESOURCE SPECIALIST)] I am going to mention some things your Health Coach may have done for you. Has your Health Coach:

	Yes	No	DK
a. Asked questions about your health problems or concerns			
b. Provided instructions about taking care of your health problems or concerns			
c. Helped you to identify changes in your health that might be an early sign of a problem			
d. Answered questions about your health			
e. Helped you talk to and work with your regular doctor and your regular doctor's office staff			
f. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems			
g. Helped you to make and keep health care appointments for mental health or substance abuse problems			
h. Reviewed your medications with you and helped you to manage your medications			

20. [ASK FOR EACH "YES" ACTIVITY IN Q19] Thinking about what your Health Coach has done for you, please tell me how satisfied you are with the help you received. Tell me if you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	DK	N/A
a. Learning about you and your health care needs						
b. Getting easy to understand instructions about taking care of health problems or concerns						
c. Getting help identifying changes in your health that might be an early sign of a problem						
d. Answering questions about your health						
e. Helping you to talk to and work with your regular doctor and your regular doctor's staff						
f. Helping you make and keep health care appointments with other doctors, such as specialists, or medical problems						
g. Helping you make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing your medications and helping you to manage your medications						

[IF ANSWERED YES TO Q19a, ASK QUESTION 21. IF ANSWERED 'NO' OR 'DK', GO TO Q32.]

21. You said a moment ago that your Health Coach asked questions about your health problems and concerns. Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?
    a. Yes
    b. No → [GO TO Q32]
    c. Don't Know/Not Sure → [GO TO Q32]

22. Did you select an area where you would like to make a change?
    a. Yes
    b. No → [GO TO Q32]
    c. Don't Know/Not Sure → [GO TO Q32]

23. What did you select?
    a. Management of chronic condition. SPECIFY: _____
    b. Weight
    c. Diet
    d. Tobacco use
    e. Medications
    f. Alcohol or drug use
    g. Social support
    h. Other. SPECIFY: _____
    i. Don't Know/Not Sure

24. Did you and your Health Coach develop an Action Plan with Goals?
    a. Yes
    b. No → [GO TO Q32]
    c. Don't Know/Not Sure → [GO TO Q32]

25. Have you achieved one or more Goals in your Action Plan?
    a. Yes
    b. No → [GO TO Q28]
    c. Don't Know/Not Sure → [GO TO Q32]

26. What was the Goal you achieved?
    a. RECORD RESPONSE. _____
    b. Don't Know/Not Sure

27. Do you have a Goal you are currently trying to achieve?
    a. Yes
    b. No → [GO TO Q30]
    c. Don't Know/Not Sure → [GO TO Q30]

28. What is the Goal you're trying to achieve?
    a. RECORD RESPONSE _____
    b. Don't Know/Not Sure → [GO TO Q30]

29. How confident are you that you will be able to achieve this Goal? Would you say you are very confident, somewhat confident, not very confident or not at all confident?
    a. Very confident
    b. Somewhat confident
    c. Not very confident
    d. Not at all confident
    e. Don't Know/Not Sure

30. How helpful has your Health Coach been in helping you to achieve your Goals? Would you say your Health Coach has been very helpful, somewhat helpful, not very helpful or not at all helpful?
    a. Very helpful
    b. Somewhat helpful
    c. Not very helpful
    d. Not at all helpful
    e. Don't Know/Not Sure

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

    _____

    _____

    _____

32. I am going to mention a few areas where Health Coaches sometimes try to help members to improve their health by changing behaviors. You may already have mentioned one or more of these. For each, please tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result. [IF BEHAVIOR WAS CHANGED, ASK IF CHANGE WAS TEMPORARY OR IS CONTINUING]

	N/A – Not Discussed	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	DK	Not Applicable
a. Smoking less or using other tobacco products less						
b. Moving around more or getting more exercise						
c. Changing your diet						
d. Managing and taking your medications better						

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

33. Overall, how satisfied are you with your Health Coach? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

COMMUNITY RESOURCE SPECIALIST/RESOURCE NAVIGATOR ASSISTANCE

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

34. The SoonerCare Health Management Program can help members deal with non-medical problems. For example, the program can help with eligibility issues or getting equipment like a wheelchair or getting help with food, electricity, heating and other needs. Did you know the Health Management Program can provide this kind of help?
    a. Yes
    b. No
    c. Don't Know/Not Sure

35. Some of this help is provided by Community Resource Specialists/Resource Navigators. Have you heard of the Community Resource Specialists/Resource Navigators?
    a. Yes
    b. No
    c. Don't Know/Not Sure

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

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

37. Thinking about the last time you received help, what problem did get help in resolving?
    a. Housing/rent
    b. Food
    c. Child care
    d. Transportation. SPECIFY DESTINATION: _____
    e. Don't Know/Not Sure
    f. Other. SPECIFY: _____

38. How helpful was the Community Resource Specialist/Resource Navigator or Health Coach in solving the problem? Would you say s/he was very helpful, somewhat helpful, not very helpful or not at all helpful?
    a. Very helpful
    b. Somewhat helpful
    c. Not very helpful
    d. Not at all helpful
    e. Don't Know/Not Sure

39. What did the Community Resource Specialist or Health Coach do?
    a. RECORD: _____
    b. Don't Know/Not Sure

HEALTH STATUS & LIFESTYLE

40. Overall, how would you rate your health today? Would you say it is excellent, good, fair or poor?
    a. Excellent
    b. Good
    c. Fair
    d. Poor
    e. Don't Know/Not Sure

41. Compared to before you participated in the SoonerCare Health Management Program, how has your health changed? Would you say your health is better, worse or about the same?
    a. Better
    b. Worse → [GO TO Q43]
    c. About the same → [GO TO Q43]

42. Do you think the SoonerCare Health Management Program has contributed to your improvement in health?
    a. Yes
    b. No
    c. Don't Know/Not Sure

OVERALL SATISFACTION

43. Overall, how satisfied are you with your whole experience in the Health Management Program?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

44. Would you recommend the SoonerCare Health Management Program to a friend who has health care needs like yours?
    a. Yes
    b. No
    c. Don't Know/Not Sure

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

    _____

    _____

    _____

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

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

46. [IF RESPONDENT ANSWERED "NO" TO Q5] About when did you decide to no longer participate?
    a. Month/Year [SPECIFY] _____
    b. Don't Know/Not Sure

47. Why did you decide to no longer participate in the program?
    a. Not aware of program/did not know was enrolled
    b. Did not understand purpose of the program
    c. Satisfied with doctor/current health care access without program
    d. Doctor recommended I not participate
    e. Do not wish to self-manage care/receive health education/receive health coaching
    f. Do not want to be evaluated by Nurse Care Manager/Health Coach
    g. Dislike Nurse Care Manager/Health Coach
    h. Have no health needs at this time
    i. Nurse Care Manager/Health Coach stopped calling or visiting
    j. Did not like change from Nurse Care Management to Health Coaching
    k. Other. SPECIFY: _____
    l. Don't Know/Not Sure

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

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

48. [IF RESPONDENT ANSWERED "NO" TO Q4] About when did you decide to not participate?
    a. Month/Year [SPECIFY] _____
    b. Don't Know/Not Sure

49. Why did you decide not to participate in the program?
    a. Not aware of program/did not know was enrolled
    b. Did not understand purpose of the program
    c. Satisfied with doctor/current health care access without program
    d. Doctor recommended I not participate
    e. Do not wish to self-manage care/receive health education/receive health coaching
    f. Do not want to be evaluated by Nurse Care Manager/Health Coach
    g. Dislike Nurse Care Manager/Health Coach
    h. Have no health needs at this time
    i. Nurse Care Manager/Health Coach stopped calling or visiting
    j. Did not like change from Nurse Care Management to Health Coaching
    k. Other. SPECIFY: _____
    l. Don't Know/Not Sure

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

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

CAHPS ADULT QUESTIONS

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

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

50. In the last six months, how often was it easy to get the care, tests or treatment you needed?
    a. Never
    b. Sometimes
    c. Usually
    d. Always

51. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of health care. In the last six months, did you make any appointments to see a specialist?
    a. Yes
    b. No → [GO TO Q53]

52. In the last six months, how often did you get an appointment to see a specialist as soon as you needed?
    a. Never
    b. Sometimes
    c. Usually
    d. Always

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

    RECORD NUMBER _____

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

    RECORD NUMBER _____

CAHPS CHILD QUESTIONS

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

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

55. In the last six months, how often was it easy to get the care, tests or treatment your child needed?
    a. Never
    b. Sometimes
    c. Usually
    d. Always

56. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of health care. In the last six months, did you make any appointments for your child to see a specialist?
    a. Yes
    b. No → [GO TO Q75]

57. In the last six months, how often did you get appointments for your child to see a specialist as soon as he or she needed?
    a. Never
    b. Sometimes
    c. Usually
    d. Always

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

    RECORD NUMBER _____

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

    RECORD NUMBER _____

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

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

60. What is your living situation today? Please tell me which of the following statements best describes your situation. [READ ALL OPTIONS]
    a. I have a steady place to live.
    b. I have a place to live today but I am worried about losing it in the future. *HRSN*
    c. I do not have a steady place to live. [NOTE: APPLIES IF RESPONDENT IS TEMPORARILY STAYING WITH OTHERS, IN A HOTEL, IN A SHELTER, IN A VEHICLE, IN A PUBLIC BUILDING SUCH AS A TRAIN STATION OR OUTDOORS] *HRSN*

61. Thinking about the place you live. Do you have problems with any of the following? [READ AND RECORD ALL YES RESPONSES] *HRSN (any item a – g)*
    a. Pests, such as bugs, ant or mice
    b. Mold
    c. Lead paint or pipes
    d. Lack of heat
    e. Oven or stove not working
    f. Smoke detectors missing or not working
    g. Water leaks
    h. None of the above

62. Thinking about the following statement: "Within the past 12 months, I worried that my food would run out before I got money to buy more." Would you say that statement was Often True, Sometimes True or Never True?
    a. Often true *HRSN*
    b. Sometimes true *HRSN*
    c. Never true
    d. Don't Know/Not Sure

63. Thinking about the following statement: "Within the past 12 months, the food I bought just didn't last, and I didn't have money to get more." Would you say that statement was Often True, Sometimes True or Never True?
    a. Often true *HRSN*
    b. Sometimes true *HRSN*

c. Never true

d. Don't Know/Not Sure

64. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?

a. Yes *HRSN*

b. No

c. Don't Know/Not Sure

65. In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?

a. Yes *HRSN*

b. No

c. Already shut off *HRSN*

d. Don't Know/Not Sure

66. In the past 12 months, have you had any other non-medical problems that affected your well-being or your ability to get medical care? [IF YES] What were they? [RECORD ALL]

a. Yes [RECORD] *HRSN**

b. No

c. Don't Know/Not Sure

**Note: PHPG will determine whether items in Q7 are HRSN in nature. Inclusion/exclusion decisions will be shared with the OHCA and Telligen.*

67. The SoonerCare Health Management Program can help members deal with non-medical problems like the ones we just discussed. Has your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program ever asked you whether you have non-medical problems such as these?

a. Yes

b. No

c. Don't Know/Not Sure

[IF ANY PROBLEMS WERE IDENTIFIED IN Q1 – Q7, ASK Q9. IF NO PROBLEMS IDENTIFIED, SKIP TO NEXT SECTION OF SURVEY (Q12)]

68. Did your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program try to help you solve a non-medical problem? [IF YES] What problem(s)? [RECORD ALL]

a. Living situation

b. Food insecurity

c. Transportation
d. Utilities
e. Other1 [SPECIFY]
f. Other2 [SPECIFY]
g. Other3 [SPECIFY]
h. Did not receive any help
i. Don't Know/Not Sure

69. [ASK SEPARATELY FOR EACH PROBLEM/ASSISTANCE AREA IDENTIFIED IN Q9] Was your problem solved? [IF NO, READ STATUS OPTIONS AND ASK RESPONDENT WHICH BEST DESCRIBES]
    a. Yes
    b. No – still trying to solve with SoonerCare HMP help
    c. No – still trying to solve on my own
    d. No – no longer trying to solve
    e. Don't Know/Not Sure
70. Whether your problem was (problems were) solved or not, how satisfied are you with the help you received? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied? [IF DID NOT RECEIVE ANY ASSISTANCE, SKIP QUESTION]
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

Those are all the questions I have today. We may contact you again in the future to follow-up and learn if anything about your health care has changed. Thank you for your help.

APPENDIX B – DETAILED HEALTH COACHING PARTICIPANT SURVEY RESULTS

Appendix B includes active participant responses to all survey questions. Data is presented for both the initial and follow-up surveys. (Response percentages may not total 100 percent due to rounding.)

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
1) Are you currently enrolled in SoonerCare?												
A. Yes	**687** *100.0%*	**585** *100.0%*	**664** *99.4%*	**599** *99.5%*	**568** *99.3%*	**3,103** *99.6%*	**357** *100.0%*	**270** *100.0%*	**296** *99.3%*	**339** *99.1%*	**340** *98.0%*	**1,602** *99.3%*
B. No	**0** *0.0%*	**0** *0.0%*	**4** *0.6%*	**3** *0.5%*	**4** *0.7%*	**11** *0.4%*	**0** *0.0%*	**0** *0.0%*	**2** *0.7%*	**3** *0.9%*	**7** *2.0%*	**12** *0.7%*
2) Have you heard of the SoonerCare Health Management Program (HMP)?												
A. Yes	**686** *99.9%*	**585** *100.0%*	**656** *98.7%*	**592** *98.8%*	**562** *98.95*	**3,081** *99.3%*	*N/A – not asked*					
B. No	**1** *0.1%*	**0** *0.0%*	**7** *1.1%*	**6** *1.0%*	**5** *0.9%*	**19** *0.6%*						
C. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**1** *0.2%*	**1** *0.2%*	**3** *0.1%*						
3) Were you contacted and offered a chance to participate in the HMP?												
A. Yes	**686** *99.9%*	**585** *100.0%*	**656** *98.7%*	**592** *98.8%*	**560** *98.6*	**3,079** *99.2%*	*N/A – not asked*					
B. No	**1** *0.1%*	**0** *0.0%*	**7** *1.1%*	**7** *1.2%*	**3** *0.5*	**18** *0.6%*						
C. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**0** *0.0%*	**5** *0.9*	**6** *0.2%*						
4) Did you decide to participate?												
A. Yes	**685** *100.0%*	**585** *100.0%*	**655** *99.8%*	**591** *99.8%*	**560** *0.0%*	**3,076** *99.9%*	*N/A – not asked*					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
B. No	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**1** *0.2%*	**0** *0.0%*	**2** *0.1%*						
C. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*						
5) Are you still participating today in the HMP?												
A. Yes	**683** *99.7%*	**585** *100.0 %*	**653** *99.7%*	**587** *99.3%*	**557** *99.5%*	**3,065** *99.6%*	**350** *98.0%*	**268** *99.3%*	**285** *96.3%*	**324** *95.6%*	**332** *97.6%*	**1,559** *97.3%*
B. No	**2** *0.3%*	**0** *0.0%*	**2** *0.3%*	**4** *0.7%*	**2** *0.4%*	**10** *0.3%*	**3** *0.8%*	**2** *0.7%*	**11** *3.7%*	**11** *3.2%*	**3** *0.9%*	**30** *1.9%*
C. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**1** *0.1%*	**4** *1.1%*	**0** *0.0%*	**0** *0.0%*	**4** *1.2%*	**5** *1.5%*	**13** *0.8%*
6) How long have you been participating in the HMP?												
A. Less than 1 month	**9** *1.3%*	**7** *1.2%*	**14** *2.1%*	**10** *1.7%*	**8** *1.4%*	**48** *1.6%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
B. 1 to 2 months	**53** *7.8%*	**61** *10.4%*	**81** *12.4%*	**58** *9.9%*	**57** *10.2%*	**310** *10.1%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
C. 3 to 4 months	**212** *31.0%*	**198** *33.8%*	**251** *38.4%*	**213** *36.3%*	**224** *40.2%*	**1,098** *35.8%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
D. 5 to 6 months	**110** *16.1%*	**102** *17.4%*	**65** *10.0%*	**115** *19.6%*	**95** *17.1%*	**487** *15.9%*	**2** *0.6%*	**4** *1.5 %*	**9** *3.2%*	**11** *3.4%*	**22** *6.6%*	**48** *3.1%*
E. More than 6 months	**248** *36.3%*	**179** *30.6%*	**182** *27.9%*	**153** *26.1%*	**135** *24.2%*	**897** *29.3%*	*See below*	*See below*	*See below*	*See below*	*See below*	*See below*
F. 6 to 9 months	*For initial survey*						**92** *26.3%*	**70** *26.0%*	**63** *22.1%*	**67** *20.7%*	**75** *22.6%*	**367** *23.5%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	, tenures greater than six months are not further stratified											
G. 9 to 12 months							**140** *40.0%*	**92** *34.2%*	**111** *38.9%*	**134** *41.4%*	**114** *34.3%*	**591** *37.9%*
H. More than 12 months							**94** *26.9%*	**95** *35.3%*	**82** *28.8%*	**69** *21.3%*	**99** *29.8%*	**439** *28.1%*
I. Don't know/not sure	**51** *7.5%*	**38** *6.5%*	**60** *9.2%*	**38** *6.5%*	**38** *6.8%*	**225** *7.3%*	**22** *6.3%*	**8** *3.0%*	**20** *7.0%*	**43** *13.3%*	**22** *6.6%*	**115** *7.4%*
7) How did you learn about the HMP?												
A. Received information in the mail	**73** *10.7%*	**46** *7.9%*	**20** *3.1%*	**23** *3.9%*	**27** *4.8%*	**189** *6.2%*	*N/A – not asked*					
B. Received a call from my Health Coach	**488** *71.4%*	**444** *75.9%*	**525** *80.4%*	**434** *73.9%*	**386** *69.3%*	**2,277** *74.3%*						
C. Received a call from someone else	**0** *0.0%*	**0** *0.0%*	**5** *0.8%*	**8** *1.4%*	**2** *0.4%*	**15** *0.5%*						
D. Doctor referred me while I was in his/her office	**47** *6.9%*	**38** *6.5%*	**31** *4.7%*	**52** *8.9%*	**47** *8.4%*	**215** *7.0%*						
E. Other	**22**	**17**	**22**	**29**	**27**	**117**						

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	3.2%	*2.9%*	*3.4%*	*4.7%*	*4.8%*	*3.8%*						
F. Don't know/not sure	**53** *7.8%*	**40** *6.8%*	**50** *7.7%*	**41** *7.0%*	**68** *12.2%*	**252** *8.2%*						
8) What were your reasons for deciding to participate in the HMP? (Multiple answers allowed.)												
A. Learn how to better manage health problems	**201** *29.4%*	**207** *35.4%*	**235** *36.0%*	**189** *32.2%*	**166** *29.8%*	**998** *32.6%*	*N/A – not asked*					
B. Learn how to identify changes in health	**0** *0.0%*	**2** *0.3%*	**1** *0.2%*	**0** *0.0%*	**1** *0.2%*	**4** *0.1%*						
C. Have someone to call with questions re health	**16** *2.3%*	**14** *2.4%*	**6** *0.9%*	**7** *1.2%*	**9** *1.6%*	**52** *1.7%*						
D. Get help making health care appointments	**13** *1.9%*	**14** *2.4%*	**15** *2.3%*	**12** *2.0%*	**14** *2.5%*	**68** *2.2%*						
E. Personal doctor recommended I enroll	**12** *1.8%*	**15** *2.6%*	**13** *2.0%*	**23** *3.9%*	**11** *2.0%*	**74** *2.4%*						
F. Improve my health	**54** *7.9%*	**46** *7.9%*	**33** *5.1%*	**49** *8.3%*	**38** *6.8%*	**220** *7.2%*						
G. Was invited to enroll/no specific reason	**338** *49.5%*	**261** *44.6%*	**301** *46.1%*	**263** *44.8%*	**235** *42.2%*	**1,398** *45.6%*						
H. Other	**35** *5.1%*	**18** *3.1%*	**31** *4.7%*	**31** *5.3%*	**65** *11.7%*	**180** *5.9%*						
I. Don't know/not sure	**14** *2.0%*	**8** *1.4%*	**18** *2.8%*	**13** *2.2%*	**18** *3.2%*	**71** *2.3%*						

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
9) Among the reasons you gave, what was your most important reason for deciding to participate?												
A. Learn how to better manage health problems	**201** *29.4%*	**207** *35.4%*	**235** *36.0%*	**189** *32.2%*	**166** *29.8%*	**998** *32.6%*	*N/A – not asked*					
B. Learn how to identify changes in health	**0** *0.0%*	**2** *0.3%*	**1** *0.2%*	**0** *00%*	**1** *0.2%*	**4** *0.1%*						
C. Have someone to call with questions about health	**16** *2.3%*	**14** *2.4%*	**6** *0.9%*	**7** *1.2%*	**9** *1.6%*	**52** *1.7%*						
D. Get help making health care appointments	**13** *1.9%*	**14** *2.4%*	**15** *2.3%*	**12** *2.0%*	**14** *2.5%*	**68** *2.2%*						
E. Personal doctor recommended I enroll	**12** *1.8%*	**15** *2.6%*	**13** *2.0%*	**23** *3.9%*	**11** *2.0%*	**74** *2.4%*						
F. Improve my health	**54** *7.9%*	**46** *7.9%*	**33** *5.1%*	**49** *8.3%*	**38** *6.8%*	**220** *7.2%*						
G. Was invited to enroll/no specific reason	**338** *49.5%*	**261** *44.6%*	**301** *46.1%*	**263** *44.8%*	**235** *42.2%*	**1,398** *45.6%*						
H. Other	**35** *5.1%*	**18** *3.1%*	**31** *4.7%*	**31** *5.3%*	**65** *11.7%*	**180** *5.9%*						
I. Don't know/not sure	**14** *2.0%*	**8** *1.4%*	**18** *2.8%*	**13** *2.2%*	**18** *3.2%*	**71** *2.3%*						
10) How soon after you started participating in the HMP were you contacted by your Health Coach?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
A. Contacted at time of enrollment in the doctor's office	**563** *82.4%*	**490** *83.8%*	**570** *87.3%*	**513** *87.4%*	**466** *83.7%*	**2,602** *84.9%*	*N/A – not asked*					
B. Less than 1 week	**24** *3.5%*	**28** *4.8%*	**17** *2.6%*	**22** *3.7%*	**16** *2.9%*	**107** *3.5%*						
C. 1 to 2 weeks	**18** *2.6%*	**11** *1.9%*	**1** *0.2%*	**4** *0.7%*	**5** *0.9%*	**39** *1.3%*						
D. More than 2 weeks	**2** *0.3%*	**1** *0.2%*	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**4** *0.1%*						
E. Have not been contacted - enrolled 2 weeks ago or less	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**0** *0.0%*	**1** *0.2%*	**2** *0.1%*						
F. Have not been contacted - enrolled 2 to 4 weeks ago	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*						
G. Have not been contacted - enrolled more than 4 weeks ago	**1** *0.1%*	**0** *0.0%*	**1** *0.2%*	**1** *0.2%*	**0** *0.0%*	**3** *0.1%*						
H. Don't know/not sure/other	**75** *11.0%*	**55** *9.4%*	**63** *9.6%*	**47** *8.0%*	**68** *12.2%*	**308** *10.0%*						
11) Can you tell me the name of your Health Coach?												
A. Yes	**316** *46.3%*	**308** *52.6%*	**289** *44.3%*	**256** *43.6%*	**232** *41.7%*	**1,401** *45.7%*	**146** *41.7%*	**127** *47.2%*	**124** *43.5%*	**158** *48.8%*	**162** *48.8%*	**717** *46.0%*
B. No	**367** *53.7%*	**277** *47.4%*	**364** *55.7%*	**331** *56.4%*	**325** *58.3%*	**1,664** *54.3%*	**204** *58.3%*	**142** *52.8%*	**161** *56.5%*	**166** *51.2%*	**170** *51.2%*	**843** *54.0%*
12) What is the usual way you have contact with your Health Coach?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
A. In person at doctor's office	*N/A – not asked*	**15** *2.9%*	**7** *1.1%*	**9** *1.5%*	**5** *0.9%*	**36** *1.5%*	*N/A – not asked*	**1** *1.2%*	**2** *0.7%*	**1** *0.3%*	**4** *1.2%*	**8** *0.8%*
B. In person at home or other location		**2** *0.4%*	**1** *0.2%*	**0** *0.0%*	**0** *0.0%*	**3** *0.1%*		**0** *0.0%*	**0** *0.0%*	**1** *0.3%*	**0** *0.0%*	**1** *0.1%*
C. Telephone call		**492** *96.5%*	**644** *98.6%*	**577** *98.5%*	**551** *98.9%*	**2,264** *98.2%*		**84** *98.8%*	**283** *99.3%*	**318** *98.1%*	**328** *98.8%*	**1,013** *98.7%*
D. Text messaging		**1** *0.2%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**1** *0.1%*		**0** *0.0%*	**0** *0.0%*	**4** *1.2%*	**0** *0.0%*	**4** *0.4%*
E. Other (specify)		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
F. Don't know/not sure		**0** *0.0%*	**1** *0.2%*	**0** *0.0%*	**1** *0.2%*	**2** *0.1%*		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
13) About when was the last time you spoke to your Health Coach?												
A. Within last week	**191** *28.0%*	**193** *33.0%*	**240** *36.8%*	**195** *33.3%*	**181** *32.5%*	**1,000** *32.6%*	**74** *21.1%*	**82** *30.5%*	**70** *24.6%*	**93** *28.7%*	**77** *23.2%*	**396** *25.4%*
B. 1 to 2 weeks ago	**122** *17.9%*	**102** *17.4%*	**134** *20.5%*	**121** *20.6%*	**105** *18.9%*	**584** *19.1%*	**53** *15.1%*	**41** *15.2%*	**50** *17.5%*	**42** *13.0%*	**50** *15.1%*	**236** *15.1%*
C. 2 to 4 weeks ago	**236** *34.6%*	**199** *34.0%*	**195** *29.9%*	**188** *32.1%*	**178** *32.0%*	**996** *32.5%*	**106** *30.3%*	**66** *24.5%*	**70** *24.6%*	**86** *26.5%*	**93** *28.0%*	**421** *27.0%*
D. More than 4 weeks ago	**124** *18.2%*	**79** *13.5%*	**74** *11.3%*	**75** *12.8%*	**81** *14.5%*	**433** *14.1%*	**114** *32.6%*	**78** *29.0%*	**94** *33.0%*	**96** *29.6%*	**104** *31.3%*	**486** *31.2%*
E. Have never spoken to Health Coach	**1** *0.1%*	**1** *0.2%*	**1** *0.2%*	**0** *0.0%*	**1** *0.2%*	**4** *0.1%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
F. Don't know/not sure	**9** *1.3%*	**11** *1.9%*	**9** *1.4%*	**7** *1.2%*	**11** *2.0%*	**47** *1.5%*	**3** *0.9%*	**2** *0.7%*	**1** *0.4%*	**7** *2.2%*	**8** *2.4%*	**21** *1.3%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
14) Was your contact with your Health Coach in person, through a phone call or through a text message?												
A. Telephone call	**638** *94.8%*	**567** *99.0%*	**636** *98.9%*	**571** *98.6%*	**543** *98.0%*	**2,956** *97.7%*	**332** *95.7%*	**265** *99.3%*	**277** *97.5%*	**318** *98.1%*	**329** *99.1%*	**1,521** *97.9%*
B. Text message	**0** *0.0%*	**2** *0.3%*	**1** *0.2%*	**4** *0.7%*	**4** *0.7%*	**11** *0.4%*	**0** *0.0%*	**1** *0.4%*	**6** *2.1%*	**4** *1.2%*	**1** *0.3%*	**12** *0.8%*
C. In-person	**35** *5.2%*	**4** *0.7%*	**5** *0.7%*	**4** *0.7%*	**7** *1.3%*	**55** *1.8%*	**15** *4.3%*	**1** *0.4%*	**1** *0.4%*	**2** *0.6%*	**2** *0.6%*	**21** *1.4%*
D. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**0** *0.0%*	**0** *0.0%*	**1** *0.1%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
15) Did your Health Coach give you a telephone number/text to call?												
A. Yes	**601** *88.0%*	**542** *92.6%*	**593** *90.9%*	**542** *92.5%*	**508** *91.2%*	**2,786** *90.9%*	**328** *93.7%*	**260** *96.7%*	**266** *93.3%*	**294** *90.5%*	**318** *95.8%*	**1,466** *93.9%*
B. No	**29** *4.2%*	**15** *2.6%*	**14** *2.1%*	**11** *1.9%*	**18** *3.2%*	**87** *2.8%*	**10** *2.9%*	**1** *0.4%*	**4** *1.4%*	**6** *1.8%*	**3** *0.9%*	**24** *1.5%*
C. Don’t know/not sure	**53** *7.8%*	**28** *4.8%*	**46** *7.0%*	**33** *5.6%*	**31** *5.6%*	**191** *6.3%*	**12** *3.4%*	**8** *3.0%*	**15** *5.3%*	**25** *7.7%*	**11** *3.3%*	**71** *4.5%*
16) Have you tried to call/text your Health Coach?												
A. Yes	**184** *30.6%*	**178** *32.8%*	**175** *29.5%*	**148** *27.3%*	**142** *28.0%*	**827** *29.7%*	**111** *33.8%*	**105** *40.4%*	**99** *37.2%*	**113** *38.4%*	**122** *38.4%*	**550** *37.5%*
B. No	**414** *68.9%*	**361** *66.6%*	**415** *69.9%*	**390** *72.0%*	**361** *71.1%*	**1,941** *69.6%*	**214** *65.2%*	**145** *55.8%*	**150** *56.4%*	**164** *55.8%*	**180** *56.6%*	**853** *58.2%*
C. Don’t know/not sure	**3**	**3**	**4**	**4**	**5**	**19**	**3**	**10**	**17**	**17**	**16**	**63**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	0.5%	*0.6%*	*0.7%*	*0.7%*	*1.0%*	*0.7%*	*0.9%*	*3.8%*	*6.4%*	*5.8%*	*5.0%*	*4.3%*
17) Thinking about the last time you called your Health Coach, what was the reason for your call?												
A. Routine health question	**129** *70.1%*	**139** *78.1%*	**133** *76.0%*	**106** *71.6%*	**108** *76.1%*	**615** *74.4%*	**79** *71.2%*	**81** *77.1%*	**62** *62.6%*	**80** *70.8%*	**84** *68.9%*	**386** *70.2%*
B. Urgent health problem	**0** *0.0%*	**1** *0.6%*	**3** *1.7%*	**0** *0.0%*	**3** *2.1%*	**7** *0.8%*	**2** *1.8%*	**0** *0.0%*	**1** *1.0%*	**1** *0.9%*	**0** *0.0%*	**4** *0.7%*
C. Seeking assistance in scheduling an appt.	**9** *4.9%*	**9** *5.1%*	**8** *4.6%*	**13** *8.8%*	**3** *2.1%*	**42** *5.1%*	**0** *0.0%*	**3** *2.9%*	**8** *8.1%*	**7** *6.2%*	**4** *3.3%*	**22** *4.0%*
D. Returning call from Health Coach	**43** *23.4%*	**26** *14.6%*	**28** *16.0%*	**19** *12.8%*	**19** *13.4%*	**135** *16.3%*	**29** *26.1%*	**16** *15.2%*	**24** *24.2%*	**15** *13.3%*	**28** *23.0%*	**112** *20.4%*
E. Other	**3** *1.6%*	**3** *1.7%*	**2** *1.1%*	**10** *6.8%*	**7** *4.9%*	**25** *3.0%*	**1** *0.9%*	**4** *3.8%*	**2** *2.0%*	**7** *6.2%*	**5** *4.1%*	**19** *3.5%*
F. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**1** *0.6%*	**0** *0.0%*	**2** *1.4%*	**3** *0.4%*	**0** *0.0%*	**1** *1.0%*	**2** *2.0%*	**3** *2.7%*	**1** *0.8%*	**7** *1.3%*
18) Did you reach your Health Coach immediately? If no, how quickly did you get a call back?												
A. Reached immediately (at time of call)	**87** *47.3%*	**113** *63.5%*	**95** *54.3%*	**81** *54.7%*	**71** *50.0%*	**447** *54.1%*	**62** *55.9%*	**60** *57.1%*	**52** *52.5%*	**67** *59.3%*	**53** *43.4%*	**294** *53.5%*
B. Called back within 1 hour	**49** *26.6%*	**27** *15.2%*	**35** *20.0%*	**31** *20.9%*	**23** *16.2%*	**165** *20.0%*	**17** *15.3%*	**12** *11.4%*	**23** *23.2%*	**16** *14.2%*	**18** *14.8%*	**86** *15.6%*
C. Called back in more than 1 hour but same day	**28** *15.2%*	**26** *14.6%*	**20** *11.4%*	**22** *14.9%*	**19** *13.4%*	**115** *13.9%*	**15** *13.5%*	**19** *18.1%*	**6** *6.1%*	**13** *11.5%*	**26** *21.3%*	**79** *14.4%*
D. Called back the next day	**3** *1.6%*	**5** *2.8%*	**6** *3.4%*	**5** *3.4%*	**10** *7.0%*	**29** *3.5%*	**2** *1.8%*	**5** *4.8%*	**7** *7.1%*	**5** *4.4%*	**4** *3.3%*	**23** *4.2%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
E. Called back 2 or more days later	**0**	**1**	**3**	**2**	**4**	**10**	**2**	**2**	**2**	**2**	**4**	**12**
	0.0%	*0.6%*	*1.7%*	*1.4%*	*2.8%*	*1.2%*	*1.8%*	*1.9%*	*2.0%*	*1.8%*	*3.3%*	*2.2%*
F. Never called back	**7**	**3**	**6**	**5**	**4**	**25**	**9**	**2**	**3**	**4**	**8**	**26**
	3.8%	*1.7%*	*3.4%*	*3.4%*	*2.8%*	*3.0%*	*8.1%*	*1.9%*	*3.0%*	*3.5%*	*6.6%*	*4.7%*
G. Other	**0**	**0**	**0**	**1**	**3**	**4**	**0**	**2**	**0**	**0**	**3**	**5**
	0.0%	*0.0%*	*0.0%*	*0.7%*	*2.1%*	*0.5%*	*0.0%*	*1.9%*	*0.0%*	*0.0%*	*2.5%*	*0.9%*
H. Don't know/not sure	**10**	**3**	**10**	**1**	**8**	**32**	**4**	**3**	**6**	**6**	**6**	**25**
	5.4%	*1.7%*	*5.7%*	*0.7%*	*5.6%*	*3.9%*	*3.6%*	*2.9%*	*6.1%*	*5.3%*	*4.9%*	*4.5%*
19) I'm going to mention some things your Health Coach may have done for you. Has your Health Coach:												
(a) Asked questions about your health problems or concerns												
A. Yes	**678**	**584**	**649**	**584**	**554**	**3,049**	**348**	**267**	**283**	**322**	**330**	**1,550**
	99.4%	*99.8%*	*99.4%*	*99.5%*	*99.5%*	*99.5%*	*99.7%*	*100.0%*	*99.3%*	*99.1%*	*99.7%*	*99.6%*
B. No	**3**	**1**	**4**	**2**	**2**	**12**	**1**	**0**	**2**	**3**	**1**	**7**
	0.4%	*0.2%*	*0.6%*	*0.3%*	*0.4%*	*0.4%*	*0.3%*	*0.0%*	*0.7%*	*0.9%*	*0.3%*	*0.4%*
C. Don't know/not sure	**1**	**0**	**0**	**1**	**1**	**3**	**0**	**0**	**0**	**0**	**0**	**0**
	0.1%	*0.0%*	*0.0%*	*0.2%*	*0.2%*	*0.1%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
(b) Provided instructions about taking care of your health problems or concerns												
A. Yes	**629**	**548**	**603**	**548**	**507**	**2,835**	**329**	**260**	**276**	**303**	**312**	**1,480**
	92.2%	*93.7%*	*92.3%*	*93.4%*	*91.0%*	*92.5%*	*94.3%*	*97.4%*	*96.8%*	*93.2%*	*94.3%*	*95.1%*
B. No	**48**	**33**	**47**	**34**	**46**	**208**	**17**	**7**	**8**	**19**	**18**	**69**
	7.0%	*5.6%*	*7.2%*	*5.8%*	*8.3%*	*6.8%*	*4.9%*	*2.6%*	*2.8%*	*5.8%*	*5.4%*	*4.4%*
C. Don't know/not sure	**5**	**4**	**3**	**5**	**4**	**21**	**3**	**0**	**1**	**3**	**1**	**8**
	0.7%	*0.7%*	*0.5%*	*0.9%*	*0.7%*	*0.7%*	*0.9%*	*0.0%*	*0.4%*	*0.9%*	*0.3%*	*0.5%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
(c) Helped you to identify changes in your health that might be an early sign of a problem												
A. Yes	**166**	**201**	**188**	**181**	**157**	**893**	**130**	**101**	**88**	**110**	**115**	**544**
	24.3%	*34.4%*	*28.8%*	*30.8%*	*28.2%*	*29.1%*	*37.2%*	*37.8%*	*30.9%*	*33.8%*	*34.7%*	*34.9%*
B. No	**508**	**382**	**462**	**398**	**393**	**2,143**	**215**	**164**	**196**	**201**	**211**	**987**
	74.5%	*65.3%*	*70.8%*	*67.8%*	*70.6%*	*69.9%*	*61.6%*	*61.4%*	*68.8%*	*61.8%*	*63.7%*	*63.4%*
C. Don't know/not sure	**8**	**2**	**3**	**8**	**7**	**28**	**4**	**2**	**1**	**14**	**5**	**26**
	1.2%	*0.3%*	*0.5%*	*1.4%*	*1.3%*	*0.9%*	*1.1%*	*0.7%*	*0.3%*	*4.3%*	*1.5%*	*1.7%*
(d) Answered questions about your health												
A. Yes	**596**	**543**	**588**	**519**	**493**	**2,739**	**325**	**254**	**268**	**299**	**297**	**1,443**
	87.4%	*92.8%*	*90.0%*	*88.4%*	*88.5%*	*89.4%*	*93.1%*	*95.1%*	*94.0%*	*92.0%*	*89.7%*	*92.7%*
B. No	**78**	**40**	**59**	**64**	**60**	**301**	**22**	**12**	**15**	**18**	**31**	**98**
	11.4%	*6.8%*	*9.1%*	*10.9%*	*10.8%*	*9.8%*	*6.3%*	*4.5%*	*5.3%*	*5.5%*	*9.4%*	*6.3%*
C. Don't know/not sure	**8**	**2**	**6**	**4**	**4**	**24**	**2**	**1**	**2**	**8**	**3**	**16**
	1.2%	*0.3%*	*0.9%*	*0.7%*	*0.7%*	*0.8%*	*0.6%*	*0.4%*	*0.7%*	*2.5%*	*0.9%*	*1.0%*
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff												
A. Yes	**82**	**107**	**104**	**107**	**77**	**477**	**48**	**53**	**44**	**68**	**51**	**264**
	12.0%	*18.3%*	*15.9%*	*18.2%*	*13.8%*	*15.6%*	*13.8%*	*19.9%*	*15.4%*	*20.9%*	*15.4%*	*17.0%*
B. No	**597**	**478**	**548**	**477**	**477**	**2,577**	**299**	**214**	**241**	**255**	**280**	**1,289**
	87.5%	*81.7%*	*83.9%*	*81.3%*	*85.6%*	*84.1%*	*85.7%*	*80.1%*	*84.6%*	*78.5%*	*84.6%*	*82.8%*
C. Don't know/not sure	**3**	**0**	**1**	**3**	**3**	**10**	**2**	**0**	**0**	**2**	**0**	**4**
	0.4%	*0.0%*	*0.2%*	*0.5%*	*0.5%*	*0.3%*	*0.6%*	*0.0%*	*0.0%*	*0.6%*	*0.0%*	*0.3%*
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
A. Yes	**109**	**108**	**123**	**130**	**90**	**560**	**64**	**45**	**53**	**68**	**69**	**299**
	16.0%	*18.5%*	*18.8%*	*22.1%*	*16.2%*	*18.3%*	*18.3%*	*16.9%*	*18.6%*	*20.9%*	*20.8%*	*19.2%*
B. No	**570**	**475**	**529**	**456**	**465**	**2,495**	**284**	**221**	**231**	**254**	**258**	**1,248**
	83.6%	*81.2%*	*81.0%*	*77.7%*	*83.5%*	*81.4%*	*81.4%*	*82.8%*	*81.1%*	*78.2%*	*77.9%*	*80.2%*
C. Don't know/not sure	**3**	**2**	**1**	**1**	**2**	**9**	**1**	**1**	**1**	**3**	**4**	**10**
	0.4%	*0.3%*	*0.2%*	*0.2%*	*0.4%*	*0.3%*	*0.3%*	*0.4%*	*0.3%*	*0.9%*	*1.2%*	*0.6%*
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems												
A. Yes	**13**	**15**	**25**	**37**	**34**	**124**	**7**	**2**	**5**	**19**	**16**	**49**
	1.9%	*2.6%*	*3.8%*	*6.3%*	*6.1%*	*4.1%*	*2.0%*	*0.7%*	*1.8%*	*5.8%*	*4.8%*	*3.1%*
B. No	**667**	**570**	**628**	**549**	**522**	**2,936**	**341**	**265**	**280**	**304**	**315**	**1,505**
	97.8%	*97.4%*	*96.2%*	*93.5%*	*93.7%*	*95.8%*	*97.7%*	*99.3%*	*98.2%*	*93.5%*	*95.2%*	*96.7%*
C. Don't know/not sure	**2**	**0**	**0**	**1**	**1**	**4**	**1**	**0**	**0**	**2**	**0**	**3**
	0.3%	*0.0%*	*0.0%*	*0.2%*	*0.2%*	*0.1%*	*0.3%*	*0.0%*	*0.0%*	*0.6%*	*0.0%*	*0.2%*
(h) Reviewed your medications with you and helped you to manage your medications												
A. Yes	**564**	**512**	**528**	**504**	**485**	**2,593**	**303**	**236**	**248**	**270**	**286**	**1,343**
	82.7%	*87.5%*	*80.9%*	*85.9%*	*87.1%*	*84.6%*	*86.8%*	*88.4%*	*87.0%*	*83.1%*	*86.4%*	*86.3%*
B. No	**67**	**40**	**58**	**45**	**32**	**242**	**21**	**22**	**13**	**24**	**15**	**95**
	9.8%	*6.8%*	*8.9%*	*7.7%*	*5.7%*	*7.9%*	*6.0%*	*8.2%*	*4.6%*	*7.4%*	*4.5%*	*6.1%*
C. Don't know/not sure	**51**	**33**	**67**	**38**	**40**	**229**	**25**	**9**	**24**	**31**	**30**	**119**
	7.5%	*5.6%*	*10.2%*	*6.5%*	*7.2%*	*7.5%*	*7.2%*	*3.4%*	*8.4%*	*9.5%*	*9.1%*	*7.6%*
20) (For each activity performed) How satisfied are you with the help you received?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
(a) Asked questions about your health problems or concerns												
A. Very satisfied	**634**	**560**	**612**	**555**	**517**	**2,878**	**326**	**257**	**264**	**294**	**307**	**1,448**
	93.0%	*95.7%*	*93.7%*	*94.5%*	*92.8%*	*93.9%*	*93.4%*	*96.3%*	*92.6%*	*90.5%*	*92.7%*	*93.0%*
B. Somewhat satisfied	**30**	**20**	**24**	**25**	**31**	**130**	**17**	**8**	**18**	**21**	**16**	**80**
	4.4%	*3.4%*	*3.7%*	*4.3%*	*5.6%*	*4.2%*	*4.9%*	*3.0%*	*6.2%*	*6.5%*	*4.8%*	*5.1%*
C. Somewhat dissatisfied	**2**	**3**	**4**	**2**	**1**	**12**	**1**	**0**	**1**	**3**	**6**	**11**
	0.3%	*0.5%*	*0.6%*	*0.3%*	*0.2%*	*0.4%*	*0.3%*	*0.0%*	*0.4%*	*0.9%*	*1.8%*	*0.7%*
D. Very dissatisfied	**7**	**1**	**8**	**0**	**4**	**20**	**3**	**2**	**1**	**3**	**1**	**10**
	1.0%	*0.2%*	*1.2%*	*0.0%*	*0.7%*	*0.7%*	*0.9%*	*0.7%*	*0.4%*	*0.9%*	*0.3%*	*0.6%*
E. Don't know/Not Applicable	**9**	**1**	**5**	**5**	**4**	**24**	**2**	**0**	**1**	**4**	**1**	**8**
	1.3%	*0.2%*	*0.8%*	*0.8%*	*0.7%*	*0.8%*	*0.6%*	*0.0%*	*0.4%*	*1.2%*	*0.3%*	*0.5%*
(b) Provided instructions about taking care of your health problems or concerns												
A. Very satisfied	**600**	**534**	**576**	**524**	**484**	**2,718**	**317**	**253**	**261**	**279**	**298**	**1,408**
	88.0%	*91.3%*	*88.2%*	*89.3%*	*86.9%*	*88.7%*	*90.8%*	*94.8%*	*91.6%*	*85.8%*	*90.0%*	*90.4%*
B. Somewhat satisfied	**22**	**14**	**20**	**20**	**19**	**95**	**11**	**5**	**14**	**19**	**11**	**60**
	3.2%	*2.4%*	*3.1%*	*3.4%*	*3.4%*	*3.1%*	*3.2%*	*1.9%*	*4.9%*	*5.8%*	*3.3%*	*3.9%*
C. Somewhat dissatisfied	**1**	**0**	**2**	**1**	**1**	**5**	**0**	**0**	**1**	**1**	**3**	**5**
	0.1%	*0.0%*	*0.3%*	*0.2%*	*0.2%*	*0.2%*	*0.0%*	*0.0%*	*0.4%*	*0.3%*	*0.9%*	*0.3%*
D. Very dissatisfied	**1**	**1**	**5**	**0**	**2**	**9**	**2**	**2**	**1**	**3**	**0**	**8**
	0.1%	*0.2%*	*0.8%*	*0.0%*	*0.4%*	*0.3%*	*0.6%*	*0.7%*	*0.4%*	*0.9%*	*0.0%*	*0.5%*
E. Don't know/Not Applicable	**58**	**36**	**50**	**42**	**51**	**237**	**19**	**7**	**8**	**23**	**19**	**76**
	8.5%	*6.2%*	*7.7%*	*7.1%*	*9.1%*	*7.7%*	*5.5%*	*2.6%*	*2.7%*	*7.1%*	*5.7%*	*4.4%*
(c) Helped you to identify changes in your health that might be an early sign of a problem												
A. Very satisfied	**159**	**193**	**187**	**180**	**149**	**868**	**126**	**100**	**87**	**109**	**113**	**535**
	23.3%	*33.0%*	*28.1%*	*30.7%*	*26.8%*	*28.3%*	*36.1%*	*37.5%*	*30.5%*	*33.5%*	*34.1%*	*34.4%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
B. Somewhat satisfied	**3**	**6**	**2**	**1**	**5**	**17**	**2**	**2**	**1**	**1**	**1**	**7**
	0.4%	*1.0%*	*0.3%*	*0.2%*	*0.9%*	*0.6%*	*0.6%*	*0.7%*	*0.4%*	*0.3%*	*0.3%*	*0.4%*
C. Somewhat dissatisfied	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
	0.0%	*0.0%*	*0.2%*	*0.0%*	*0.0%*	*0.1%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
D. Very dissatisfied	**1**	**1**	**0**	**0**	**0**	**2**	**1**	**0**	**1**	**0**	**0**	**2**
	0.1%	*0.2%*	*0.0%*	*0.0%*	*0.0%*	*0.1%*	*0.3%*	*0.0%*	*0.4%*	*0.0%*	*0.0%*	*0.1%*
E. Don't know/Not Applicable	**519**	**385**	**463**	**406**	**403**	**2,176**	**220**	**165**	**196**	**215**	**27**	**823**
	76.1%	*65.8%*	*70.4%*	*69.2%*	*72.4%*	*71.0%*	*63.1%*	*61.4%*	*68.7%*	*66.2%*	*65.5%*	*65.0%*
(d) Answered questions about your health												
A. Very satisfied	**574**	**530**	**569**	**497**	**468**	**2,638**	**307**	**247**	**258**	**278**	**286**	**1,376**
	84.2%	*90.6%*	*87.1%*	*84.7%*	*84.0%*	*86.1%*	*88.0%*	*92.5%*	*90.5%*	*85.5%*	*86.4%*	*88.4%*
B. Somewhat satisfied	**18**	**9**	**13**	**17**	**15**	**72**	**13**	**5**	**8**	**12**	**12**	**50**
	2.6%	*1.5%*	*2.0%*	*2.9%*	*2.7%*	*2.3%*	*3.7%*	*1.9%*	*2.8%*	*3.7%*	*3.6%*	*3.2%*
C. Somewhat dissatisfied	**1**	**1**	**3**	**1**	**2**	**8**	**0**	**0**	**2**	**1**	**2**	**5**
	0.1%	*0.2%*	*0.5%*	*0.2%*	*0.4%*	*0.3%*	*0.0%*	*0.0%*	*0.7%*	*0.3%*	*0.6%*	*0.3%*
D. Very dissatisfied	**1**	**1**	**2**	**0**	**2**	**6**	**3**	**1**	**1**	**3**	**0**	**8**
	0.1%	*0.2%*	*0.3%*	*0.0%*	*0.4%*	*0.2%*	*0.9%*	*0.4%*	*0.4%*	*0.9%*	*0.0%*	*0.5%*
E. Don't know/Not Applicable	**88**	**44**	**66**	**72**	**70**	**340**	**26**	**14**	**16**	**31**	**31**	**118**
	12.9%	*7.5%*	*9.9%*	*12.3%*	*12.5%*	*11.1%*	*7.5%*	*5.3%*	*5.6%*	*9.6%*	*9.4%*	*7.6%*
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff												
A. Very satisfied	**79**	**103**	**97**	**104**	**77**	**460**	**45**	**53**	**42**	**62**	**48**	**250**
	11.6%	*17.6%*	*14.9%*	*17.7%*	*13.8%*	*15.0%*	*12.9%*	*19.9%*	*14.7%*	*19.1%*	*14.5%*	*16.1%*
B. Somewhat satisfied	**1**	**6**	**2**	**0**	**1**	**10**	**0**	**0**	**1**	**3**	**1**	**5**
	0.1%	*1.0%*	*0.3%*	*0.0%*	*0.2%*	*0.3%*	*0.0%*	*0.0%*	*0.4%*	*0.9%*	*0.3%*	*0.3%*
C. Somewhat dissatisfied	**0**	**0**	**2**	**1**	**0**	**3**	**1**	**0**	**0**	**0**	**0**	**1**
	0.0%	*0.0%*	*0.3%*	*0.2%*	*0.0%*	*0.1%*	*0.3%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.1%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
D. Very dissatisfied	**1**	**1**	**4**	**0**	**0**	**6**	**1**	**0**	**1**	**1**	**0**	**3**
	0.1%	*0.2%*	*0.6%*	*0.0%*	*0.0%*	*0.2%*	*0.3%*	*0.0%*	*0.4%*	*0.3%*	*0.0%*	*0.2%*
E. Don't know/Not Applicable	**601**	**475**	**548**	**482**	**479**	**2,585**	**302**	**214**	**241**	**259**	**282**	**1298**
	88.1%	*81.2%*	*83.9%*	*82.1%*	*86.0%*	*84.4%*	*86.6%*	*80.1%*	*84.5%*	*79.7%*	*85.2%*	*83.3%*
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?												
A. Very satisfied	**106**	**105**	**111**	**126**	**84**	**532**	**63**	**46**	**51**	**60**	**65**	**285**
	15.5%	*17.9%*	*17.0%*	*21.5%*	*15.1%*	*17.4%*	*18.1%*	*17.2%*	*17.9%*	*18.5%*	*19.6%*	*18.3%*
B. Somewhat satisfied	**0**	**1**	**5**	**3**	**5**	**14**	**2**	**0**	**1**	**1**	**3**	**7**
	0.0%	*0.2%*	*0.8%*	*0.5%*	*0.9%*	*0.5%*	*0.6%*	*0.0%*	*0.4%*	*0.3%*	*0.9%*	*0.4%*
C. Somewhat dissatisfied	**0**	**1**	**2**	**0**	**0**	**3**	**0**	**0**	**0**	**1**	**0**	**1**
	0.0%	*0.2%*	*0.3%*	*0.0%*	*0.0%*	*0.1%*	*0.0%*	*0.0%*	*0.0%*	*0.3%*	*0.0%*	*0.1%*
D. Very dissatisfied	**4**	**1**	**2**	**0**	**1**	**8**	**1**	**0**	**1**	**2**	**0**	**4**
	0.6%	*0.2%*	*0.3%*	*0.0%*	*0.2%*	*0.3%*	*0.3%*	*0.0%*	*0.4%*	*0.6%*	*0.0%*	*0.3%*
E. Don't know/Not Applicable	**572**	**477**	**533**	**458**	**467**	**2,507**	**283**	**221**	**232**	**261**	**263**	**1,260**
	83.9%	*81.5%*	*81.7%*	*78.1%*	*83.8%*	*81.8%*	*81.1%*	*82.8%*	*81.5%*	*80.3%*	*79.4%*	*80.9%*
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems												
A. Very satisfied	**17**	**13**	**25**	**35**	**36**	**126**	**5**	**2**	**6**	**15**	**18**	**46**
	2.5%	*2.2%*	*3.8%*	*6.0%*	*6.5%*	*4.1%*	*1.4%*	*0.7%*	*2.1%*	*4.6%*	*5.4*	*3.0%*
B. Somewhat satisfied	**0**	**1**	**1**	**2**	**1**	**5**	**1**	**0**	**0**	**1**	**0**	**2**
	0.0%	*0.2%*	*0.2%*	*0.3%*	*0.2%*	*0.2%*	*0.3%*	*0.0%*	*0.0%*	*0.3%*	*0.0*	*0.1%*
C. Somewhat dissatisfied	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	0.0%	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0*	*0.0%*
D. Very dissatisfied	**1**	**1**	**0**	**0**	**2**	**4**	**2**	**0**	**1**	**0**	**1**	**4**
	0.1%	*0.2%*	*0.0%*	*0.0%*	*0.4%*	*0.1%*	*0.6%*	*0.0%*	*0.4%*	*0.0%*	*0.3*	*0.3%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
E. Don't know/Not Applicable	**664**	**570**	**627**	**549**	**518**	**2,928**	**341**	**265**	**278**	**309**	**312**	**1,505**
	97.3%	*97.5%*	*96.0%*	*93.7%*	*93.0%*	*95.6%*	*97.7%*	*99.3%*	*97.5%*	*95.1%*	*94.3*	*96.7%*
(h) Reviewed your medications with you and helped you to manage your medications												
A. Very satisfied	**552**	**506**	**521**	**486**	**468**	**2,533**	**296**	**232**	**240**	**258**	**278**	**1,304**
	80.9%	*86.5%*	*79.8%*	*82.8%*	*84.0%*	*82.7%*	*84.8%*	*86.9%*	*84.2%*	*79.4%*	*84.0*	*83.8%*
B. Somewhat satisfied	**15**	**9**	**9**	**13**	**14**	**60**	**8**	**3**	**7**	**11**	**6**	**35**
	2.2%	*1.5%*	*1.4%*	*2.2%*	*2.5%*	*2.0%*	*2.3%*	*1.1%*	*2.5%*	*3.4%*	*1.8*	*2.2%*
C. Somewhat dissatisfied	**0**	**1**	**2**	**1**	**1**	**5**	**0**	**0**	**1**	**0**	**3**	**4**
	0.0%	*0.2%*	*0.3%*	*0.2%*	*0.2%*	*0.2%*	*0.0%*	*0.0%*	*0.4%*	*0.0%*	*0.9*	*0.3%*
D. Very dissatisfied	**3**	**1**	**3**	**1**	**0**	**8**	**1**	**1**	**1**	**1**	**0**	**4**
	0.4%	*0.2%*	*0.5%*	*0.2%*	*0.0%*	*0.3%*	*0.3%*	*0.4%*	*0.4%*	*0.3%*	*0.0*	*0.3%*
E. Don't know/Not Applicable	**112**	**68**	**118**	**86**	**74**	**458**	**44**	**31**	**36**	**55**	**44**	**210**
	16.4%	*11.6%*	*18.1%*	*14.6%*	*13.3%*	*15.0%*	*12.6%*	*11.6%*	*12.5%*	*16.9%*	*13.3*	*13.5%*
21) Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?												
A. Yes	**556**	**488**	**519**	**477**	**456**	**2,496**	**303**	**244**	**250**	**267**	**287**	**1,351**
	81.5%	*83.4%*	*79.5%*	*81.3%*	*81.9%*	*81.5%*	*86.8%*	*91.4%*	*87.7%*	*82.2%*	*86.7%*	*86.8%*
B. No	**87**	**48**	**78**	**65**	**54**	**332**	**25**	**10**	**15**	**28**	**19**	**97**
	12.8%	*8.2%*	*11.9%*	*11.1%*	*9.7%*	*10.8%*	*7.2%*	*3.7%*	*5.3%*	*8.6%*	*5.7%*	*6.2%*
C. Don’t know/not sure	**39**	**49**	**56**	**45**	**47**	**236**	**21**	**13**	**20**	**30**	**25**	**109**
	5.7%	*8.4%*	*8.6%*	*7.7%*	*8.4%*	*7.7%*	*6.0%*	*4.9%*	*7.0%*	*9.2%*	*7.6%*	*7.0%*
22) Did you select an area where you would like to make a change?												
A. Yes	**405**	**369**	**389**	**375**	**367**	**1,905**	**214**	**181**	**191**	**193**	**229**	**1,008**
	72.8%	*75.6%*	*74.8%*	*78.6%*	*80.5%*	*76.3%*	*70.9%*	*74.2%*	*76.4%*	*72.3%*	*79.8%*	*74.7%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
B. No	**142**	**112**	**120**	**87**	**75**	**536**	**83**	**57**	**54**	**64**	**52**	**310**
	25.5%	*23.0%*	*23.1%*	*18.2%*	*16.4%*	*21.5%*	*27.5%*	*23.4%*	*21.6%*	*24.0%*	*18.1%*	*23.0%*
C. Don't know/not sure	**9**	**7**	**11**	**15**	**14**	**56**	**5**	**6**	**5**	**10**	**6**	**32**
	1.6%	*1.4%*	*2.1%*	*3.1%*	*3.1%*	*2.2%*	*1.7%*	*2.5%*	*2.0%*	*3.7%*	*2.1%*	*2.4%*
23) What did you select?												
A. Management of chronic condition	**118**	**109**	**102**	**98**	**89**	**516**	**64**	**51**	**53**	**51**	**63**	**282**
	29.1%	*29.5%*	*26.2%*	*26.1%*	*24.3%*	*27.1%*	*29.9%*	*28.2%*	*27.8%*	*26.4%*	*27.5%*	*28.0%*
B. Weight	**75**	**82**	**85**	**79**	**78**	**399**	**48**	**46**	**55**	**37**	**67**	**253**
	18.5%	*22.2%*	*21.9%*	*21.1%*	*21.3%*	*20.9%*	*22.4%*	*25.4%*	*28.9%*	*19.2%*	*29.3%*	*25.1%*
C. Diet	**22**	**25**	**23**	**35**	**18**	**123**	**14**	**13**	**17**	**18**	**12**	**74**
	5.4%	*6.8%*	*5.9%*	*9.3%*	*4.9%*	*6.5%*	*6.5%*	*7.2%*	*8.9%*	*9.3%*	*5.2%*	*7.3%*
D. Tobacco use	**70**	**45**	**48**	**25**	**39**	**227**	**40**	**28**	**17**	**16**	**13**	**114**
	17.3%	*12.2%*	*12.3%*	*6.7%*	*10.6%*	*11.9%*	*18.7%*	*15.5%*	*8.9%*	*8.3%*	*5.7%*	*11.3%*
E. Medications	**12**	**14**	**12**	**11**	**14**	**63**	**9**	**5**	**6**	**7**	**5**	**32**
	3.0%	*3.8%*	*3.1%*	*2.9%*	*3.8%*	*3.3%*	*4.2%*	*2.8%*	*3.1%*	*3.6%*	*2.2%*	*3.2%*
F. Alcohol or drug use	**3**	**0**	**1**	**1**	**2**	**7**	**0**	**0**	**0**	**0**	**0**	**0**
	0.7%	*0.0%*	*0.3%*	*0.3%*	*0.5%*	*0.4%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
G. Social support	**10**	**6**	**9**	**7**	**6**	**38**	**4**	**1**	**2**	**1**	**3**	**11**
	2.5%	*1.6%*	*2.3%*	*1.9%*	*1.6%*	*2.0%*	*1.9%*	*0.6%*	*1.0%*	*0.5%*	*1.3%*	*1.1%*
H. Other	**93**	**82**	**104**	**115**	**118**	**512**	**35**	**31**	**39**	**57**	**64**	**226**
	23.0%	*22.2%*	*26.7%*	*30.7%*	*32.2%*	*26.9%*	*16.4%*	*17.1%*	*20.4%*	*29.5%*	*27.9%*	*22.4%*
I. Don't know/not sure	**2**	**6**	**5**	**4**	**3**	**20**	**0**	**6**	**2**	**6**	**2**	**16**
	0.5%	*1.6%*	*1.3%*	*1.1%*	*0.8%*	*1.0%*	*0.0%*	*3.3%*	*1.0%*	*3.1%*	*0.9%*	*1.6%*
24) Did you and your Health Coach develop an action plan with goals?												
A. Yes	**363**	**333**	**352**	**336**	**332**	**1,716**	**204**	**173**	**178**	**182**	**210**	**947**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	89.6%	*90.2%*	*90.5%*	*89.6%*	*90.5%*	*90.1%*	*95.3%*	*96.1%*	*92.7%*	*94.3%*	*91.7%*	*93.9%*
B. No	**41**	**33**	**30**	**25**	**30**	**159**	**9**	**3**	**13**	**10**	**14**	**49**
	10.1%	*8.9%*	*7.7%*	*6.7%*	*8.2%*	*8.3%*	*4.2%*	*1.7%*	*6.8%*	*5.2%*	*6.1%*	*4.9%*
C. Don't know/not sure	**1**	**3**	**7**	**14**	**5**	**30**	**1**	**4**	**1**	**1**	**5**	**12**
	0.2%	*0.8%*	*1.8%*	*3.7%*	*1.4%*	*1.6%*	*0.5%*	*2.2%*	*0.5%*	*0.5%*	*2.2%*	*1.2%*
25) Have you achieved one or more goals in your action plan?												
A. Yes	**290**	**259**	**265**	**256**	**240**	**1,310**	**169**	**149**	**146**	**153**	**178**	**795**
	79.9%	*77.8%*	*75.3%*	*76.2%*	*72.3%*	*76.3%*	*82.8%*	*86.1%*	*82.0%*	*84.1%*	*84.8%*	*83.9%*
B. No	**72**	**73**	**87**	**79**	**92**	**403**	**35**	**24**	**31**	**28**	**31**	**149**
	19.8%	*21.9%*	*24.7%*	*23.5%*	*27.7%*	*23.5%*	*17.2%*	*13.9%*	*17.4%*	*15.4%*	*14.8%*	*15.7%*
C. Don't know/not sure	**1**	**1**	**0**	**1**	**0**	**3**	**0**	**0**	**1**	**1**	**1**	**3**
	0.3%	*0.3%*	*0.0%*	*0.3%*	*0.0%*	*0.2%*	*0.0%*	*0.0%*	*0.6%*	*0.5%*	*0.5%*	*0.3%*
26) What was the goal you achieved?												
27) Do you have a goal that you are currently trying to achieve?												
A. Yes	**58**	**52**	**42**	**51**	**49**	**252**	**36**	**28**	**18**	**21**	**33**	**136**
	20.0%	*20.1%*	*15.8%*	*19.9%*	*20.4%*	*19.2%*	*21.3%*	*18.8%*	*12.3%*	*13.7%*	*18.5%*	*17.1%*
B. No	**232**	**207**	**223**	**205**	**191**	**1,058**	**133**	**121**	**128**	**132**	**145**	**659**
	80.0%	*79.9%*	*84.2%*	*80.1%*	*79.6%*	*80.8%*	*78.7%*	*81.2%*	*87.7%*	*86.3%*	*81.5%*	*82.9%*
C. Don't know/not sure	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	0.0%	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
28) What is the goal that you're trying to achieve?												
29) How confident are you that you will be able to achieve this goal?												
A. Very confident	**34**	**34**	**23**	**27**	**35**	**153**	**23**	**21**	**9**	**12**	**18**	**83**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	58.6%	*65.4%*	*54.8%*	*52.9%*	*71.4%*	*60.7%*	*63.9%*	*75.0%*	*50.0%*	*57.1%*	*54.5%*	*61.0%*
B. Somewhat confident	**20** *34.5%*	**17** *32.7%*	**17** *40.5%*	**22** *43.1%*	**14** *28.6%*	**90** *35.7%*	**12** *33.3%*	**5** *17.9%*	**6** *33.3%*	**8** *38.1%*	**12** *36.4%*	**43** *31.6%*
C. Not very confident	**3** *5.2%*	**1** *1.9%*	**1** *2.4%*	**2** *3.9%*	**0** *0.0%*	**7** *2.8%*	**1** *2.8%*	**2** *7.1%*	**3** *16.7%*	**1** *4.8%*	**3** *9.1%*	**10** *7.4%*
D. Not at all confident	**1** *1.7%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**1** *0.4%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
E. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**1** *2.4%*	**0** *0.0%*	**0** *0.0%*	**1** *0.4%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
30) How helpful has your Health Coach been in helping you to achieve your goals?												
A. Very helpful	**261** *98.9%*	**245** *98.4%*	**232** *98.3%*	**251** *98.0%*	**232** *96.7%*	**1,221** *98.1%*	**158** *98.8%*	**139** *98.6%*	**140** *95.9%*	**150** *98.0%*	**173** *97.2%*	**760** *97.7%*
B. Somewhat helpful	**3** *1.1%*	**3** *1.2%*	**2** *0.8%*	**4** *1.6%*	**7** *2.9%*	**19** *1.5%*	**2** *1.2%*	**2** *1.4%*	**6** *4.1%*	**3** *2.0%*	**4** *2.2%*	**17** *2.2%*
C. Not very helpful	**0** *0.0%*	**0** *0.0%*	**1** *0.4%*	**0** *0.0%*	**1** *0.4%*	**2** *0.2%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**1** *0.6%*	**1** *0.1%*
D. Not at all helpful	**0** *0.0%*	**1** *0.4%*	**1** *0.4%*	**1** *0.4%*	**0** *0.0%*	**3** *0.2%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
E. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
31) Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your goals?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
32) 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	**176**	**86**	**110**	**114**	**95**	**581**	**64**	**30**	**21**	**45**	**37**	**197**
	26.0%	*14.9%*	*16.8%*	*19.4%*	*17.1%*	*19.0%*	*18.6%*	*11.3%*	*7.3%*	*13.8%*	*11.2%*	*12.7%*
B. Discussed - no change	**27**	**31**	**43**	**26**	**40**	**167**	**8**	**15**	**31**	**17**	**18**	**89**
	4.0%	*5.4%*	*6.6%*	*4.4%*	*7.2%*	*5.5%*	*2.3%*	*5.6%*	*11.0%*	*5.2%*	*5.4%*	*5.7%*
C. Discussed - temporary change	**9**	**12**	**12**	**4**	**4**	**41**	**3**	**7**	**9**	**15**	**19**	**53**
	1.3%	*2.1%*	*1.8%*	*0.7%*	*0.7%*	*1.3%*	*0.9%*	*2.6%*	*3.2%*	*4.6%*	*5.7%*	*3.4%*
D. Discussed - continuing change	**83**	**66**	**70**	**46**	**60**	**325**	**42**	**60**	**106**	**115**	**147**	**470**
	12.2%	*11.4%*	*10.7%*	*7.8%*	*10.8%*	*10.6%*	*12.2%*	*22.6%*	*37.5%*	*35.4%*	*44.4%*	*30.3%*
E. Don't know/not sure/no response	**20**	**46**	**69**	**65**	**66**	**266**	**10**	**10**	**21**	**30**	**21**	**92**
	2.9%	*7.9%*	*10.6%*	*11.1%*	*11.8%*	*8.7%*	*2.9%*	*3.8%*	*7.4%*	*9.2%*	*6.3%*	*5.9%*
F. Discussed but not applicable	**363**	**338**	**349**	**332**	**292**	**1,674**	**218**	**144**	**95**	**103**	**89**	**649**
	53.5%	*58.4%*	*53.4%*	*56.6%*	*52.4%*	*54.8%*	*63.2%*	*54.1%*	*33.6%*	*31.7%*	*26.9%*	*41.9%*
(b) Moving around more or getting more exercise												
A. N/A - not discussed	**166**	**88**	**133**	**112**	**98**	**597**	**72**	**29**	**21**	**45**	**37**	**204**
	24.5%	*15.2%*	*20.4%*	*19.1%*	*17.6%*	*19.5%*	*20.9%*	*10.9%*	*7.4%*	*13.8%*	*11.2%*	*13.2%*
B. Discussed - no change	**49**	**40**	**49**	**51**	**43**	**232**	**26**	**19**	**31**	**17**	**18**	**111**
	7.2%	*6.9%*	*7.5%*	*8.7%*	*7.7%*	*7.6%*	*7.5%*	*7.1%*	*11.0%*	*5.2%*	*5.4%*	*7.2%*
C. Discussed - temporary change	**8**	**11**	**8**	**15**	**14**	**56**	**7**	**13**	**9**	**15**	**19**	**63**
	1.2%	*1.9%*	*1.2%*	*2.6%*	*2.5%*	*1.8%*	*2.0%*	*4.9%*	*3.2%*	*4.6%*	*5.7%*	*4.1%*
D. Discussed - continuing change	**259**	**220**	**210**	**201**	**204**	**1,094**	**141**	**120**	**106**	**115**	**147**	**629**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	38.2%	*38.0%*	*32.2%*	*34.2%*	*36.6%*	*35.8%*	*40.9%*	*45.1%*	*37.5%*	*35.4%*	*44.4%*	*40.6%*
E. Don't know/not sure/no response	**17**	**33**	**57**	**44**	**47**	**198**	**9**	**14**	**21**	**30**	**21**	**95**
	2.5%	*5.7%*	*8.7%*	*7.5%*	*8.4%*	*6.5%*	*2.6%*	*5.3%*	*7.4%*	*9.2%*	*6.3%*	*6.1%*
F. Discussed but not applicable	**179**	**187**	**196**	**164**	**151**	**877**	**90**	**71**	**95**	**103**	**89**	**448**
	26.4%	*32.3%*	*30.0%*	*27.9%*	*27.1%*	*28.7%*	*26.1%*	*26.7%*	*33.5%*	*31.7%*	*26.9%*	*28.9%*
(c) Changing your diet												
A. N/A - not discussed	**143**	**78**	**111**	**102**	**92**	**526**	**38**	**21**	**12**	**37**	**35**	**143**
	21.1%	*13.5%*	*17.0%*	*17.4%*	*16.5%*	*17.2%*	*11.0%*	*7.9%*	*4.2%*	*11.4%*	*10.6%*	*9.2%*
B. Discussed - no change	**48**	**38**	**41**	**36**	**35**	**198**	**28**	**16**	**24**	**13**	**11**	**92**
	7.1%	*6.6%*	*6.3%*	*6.1%*	*6.3%*	*6.5%*	*8.1%*	*6.0%*	*8.5%*	*4.0%*	*3.3%*	*5.9%*
C. Discussed - temporary change	**9**	**22**	**16**	**18**	**16**	**81**	**10**	**11**	**9**	**15**	**17**	**62**
	1.3%	*3.8%*	*2.5%*	*3.1%*	*2.9%*	*2.7%*	*2.9%*	*4.1%*	*3.2%*	*4.6%*	*5.1%*	*4.0%*
D. Discussed - continuing change	**211**	**280**	**265**	**261**	**236**	**1,253**	**178**	**147**	**144**	**147**	**181**	**797**
	31.1%	*48.4%*	*40.6%*	*44.5%*	*42.4%*	*41.0%*	*51.6%*	*55.3%*	*50.9%*	*45.2%*	*54.7%*	*51.4%*
E. Don't know/not sure/no response	**66**	**35**	**53**	**40**	**44**	**238**	**11**	**12**	**20**	**30**	**23**	**96**
	9.7%	*6.0%*	*8.1%*	*6.8%*	*7.9%*	*7.8%*	*3.2%*	*4.5%*	*7.1%*	*9.2%*	*6.9%*	*6.2%*
F. Discussed but not applicable	**201**	**126**	**167**	**130**	**134**	**758**	**80**	**59**	**74**	**83**	**64**	**360**
	29.6%	*21.8%*	*25.6%*	*22.1%*	*24.1%*	*24.8%*	*23.2%*	*22.2%*	*26.1%*	*25.5%*	*19.3%*	*23.2%*
(d) Managing and taking your medications better												
A. N/A - not discussed	**143**	**79**	**128**	**119**	**104**	**573**	**40**	**27**	**19**	**40**	**43**	**169**
	21.1%	*13.6%*	*19.6%*	*20.3%*	*18.7%*	*18.8%*	*11.6%*	*10.2%*	*6.7%*	*12.3%*	*13.0%*	*10.9%*
B. Discussed - no change	**48**	**6**	**0**	**0**	**2**	**56**	**1**	**1**	**0**	**2**	**1**	**5**
	7.1%	*1.0%*	*0.0%*	*0.0%*	*0.4%*	*1.8%*	*0.3%*	*0.4%*	*0.0%*	*0.6%*	*0.3%*	*0.3%*
C. Discussed - temporary change	**9**	**0**	**0**	**1**	**1**	**11**	**0**	**0**	**1**	**0**	**2**	**3**
	1.3%	*0.0%*	*0.0%*	*0.2%*	*0.2%*	*0.4%*	*0.0%*	*0.0%*	*0.4%*	*0.0%*	*0.6%*	*0.2%*
D. Discussed - continuing change	**211**	**122**	**60**	**72**	**77**	**542**	**83**	**49**	**40**	**51**	**39**	**262**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	31.1%	*21.1%*	*9.2%*	*12.3%*	*13.8%*	*17.7%*	*24.1%*	*18.4%*	*14.1%*	*15.7%*	*11.8%*	*16.9%*
E. Don't know/not sure/no response	**66**	**69**	**113**	**61**	**51**	**360**	**25**	**22**	**43**	**42**	**34**	**166**
	9.7%	*11.9%*	*17.3%*	*10.4%*	*9.2%*	*11.8%*	*7.2%*	*8.3%*	*15.2%*	*12.9%*	*10.3%*	*10.7%*
F. Discussed but not applicable	**201**	**303**	**352**	**334**	**322**	**1,512**	**196**	**167**	**180**	**190**	**212**	**945**
	29.6%	*52.3%*	*53.9%*	*56.9%*	*57.8%*	*49.5%*	*56.8%*	*62.8%*	*63.6%*	*58.5%*	*64.0%*	*61.0%*
(e) Making sure to drink enough water throughout the day												
A. N/A - not discussed	**143**	**85**	**125**	**113**	**107**	**573**	**39**	**23**	**19**	**44**	**42**	**167**
	21.1%	*14.7%*	*19.1%*	*19.3%*	*19.2%*	*18.8%*	*11.3%*	*8.6%*	*6.7%*	*13.5%*	*12.7%*	*10.8%*
B. Discussed - no change	**48**	**31**	**14**	**21**	**19**	**133**	**21**	**11**	**9**	**14**	**10**	**65**
	7.1%	*5.4%*	*2.1%*	*3.6%*	*3.4%*	*4.4%*	*6.1%*	*4.1%*	*3.2%*	*4.3%*	*3.0%*	*4.2%*
C. Discussed - temporary change	**9**	**8**	**4**	**16**	**10**	**47**	**5**	**3**	**4**	**8**	**14**	**34**
	1.3%	*1.4%*	*0.6%*	*2.7%*	*1.8%*	*1.5%*	*1.4%*	*1.1%*	*1.4%*	*2.5%*	*4.2%*	*2.2%*
D. Discussed - continuing change	**211**	**197**	**159**	**154**	**127**	**848**	**108**	**104**	**88**	**80**	**109**	**489**
	31.1%	*34.0%*	*24.3%*	*26.2%*	*22.8%*	*27.8%*	*31.3%*	*39.1%*	*31.1%*	*24.6%*	*32.9%*	*31.5%*
E. Don't know/not sure/no response	**66**	**83**	**105**	**71**	**76**	**401**	**47**	**34**	**51**	**54**	**44**	**230**
	9.7%	*14.3%*	*16.1%*	*12.1%*	*13.6%*	*13.1%*	*13.6%*	*12.8%*	*18.0%*	*16.6%*	*13.3%*	*14.8%*
F. Discussed but not applicable	**201**	**175**	**246**	**212**	**218**	**1,052**	**125**	**91**	**112**	**125**	**112**	**565**
	29.6%	*30.2%*	*37.7%*	*36.1%*	*39.1%*	*34.4%*	*36.2%*	*34.2%*	*39.6%*	*38.5%*	*33.8%*	*36.5%*
(f) Drinking or using other substances less												
A. N/A - not discussed	**307**	**162**	**177**	**167**	**135**	**948**	**145**	**58**	**41**	**72**	**61**	**377**
	45.3%	*28.0%*	*27.1%*	*28.4%*	*24.2%*	*31.0%*	*42.0%*	*21.9%*	*14.5%*	*22.2%*	*18.4%*	*24.3%*
B. Discussed - no change	**4**	**0**	**1**	**0**	**1**	**6**	**0**	**0**	**0**	**0**	**1**	**1**
	0.6%	*0.0%*	*0.2%*	*0.0%*	*0.2%*	*0.2%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.3%*	*0.1%*
C. Discussed - temporary change	**1**	**1**	**1**	**2**	**1**	**6**	**0**	**0**	**0**	**0**	**0**	**0**
	0.1%	*0.2%*	*0.2%*	*0.3%*	*0.2%*	*0.2%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
D. Discussed - continuing change	**7**	**7**	**9**	**7**	**15**	**45**	**3**	**1**	**3**	**5**	**3**	**15**
	1.0%	*1.2%*	*1.4%*	*1.2%*	*2.7%*	*1.5%*	*0.9%*	*0.4%*	*1.1%*	*1.5%*	*0.9%*	*1.0%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
E. Don't know/not sure/no response	**38**	**88**	**110**	**122**	**101**	**459**	**29**	**42**	**50**	**70**	**69**	**260**
	5.6%	*15.2%*	*16.8%*	*20.8%*	*18.1%*	*15.0%*	*8.4%*	*15.8%*	*17.7%*	*21.5%*	*20.8%*	*16.8%*
F. Discussed but not applicable	**321**	**321**	**355**	**289**	**304**	**1,590**	**168**	**164**	**189**	**178**	**197**	**896**
	47.3%	*55.4%*	*54.4%*	*49.2%*	*54.6%*	*52.1%*	*48.7%*	*61.9%*	*66.7%*	*54.8%*	*59.5%*	*57.8%*
33) Overall, how satisfied are you with your Health Coach?												
A. Very satisfied	**563**	**504**	**617**	**561**	**519**	**2,764**	**295**	**247**	**263**	**299**	**308**	**1,412**
	92.8%	*94.7%*	*94.5%*	*95.6%*	*93.2%*	*94.1%*	*93.9%*	*96.5%*	*93.3%*	*92.0%*	*93.1%*	*93.6%*
B. Somewhat satisfied	**26**	**19**	**18**	**18**	**27**	**108**	**14**	**7**	**17**	**17**	**15**	**70**
	4.3%	*3.6%*	*2.8%*	*3.1%*	*4.8%*	*3.7%*	*4.5%*	*2.7%*	*6.0%*	*5.2%*	*4.5%*	*4.6%*
C. Somewhat dissatisfied	**4**	**3**	**5**	**3**	**4**	**19**	**1**	**0**	**2**	**5**	**6**	**14**
	0.7%	*0.6%*	*0.8%*	*0.5%*	*0.7%*	*0.6%*	*0.3%*	*0.0%*	*0.7%*	*1.5%*	*1.8%*	*0.9%*
D. Very dissatisfied	**7**	**2**	**8**	**1**	**3**	**21**	**3**	**2**	**0**	**2**	**2**	**9**
	1.2%	*0.4%*	*1.2%*	*0.2%*	*0.5%*	*0.7%*	*1.0%*	*0.8%*	*0.0%*	*0.6%*	*0.6%*	*0.6%*
E. Don't know/not sure	**7**	**4**	**5**	**4**	**4**	**24**	**1**	**0**	**0**	**2**	**0**	**3**
	1.2%	*0.8%*	*0.8%*	*0.7%*	*0.7%*	*0.8%*	*0.3%*	*0.0%*	*0.0%*	*0.6%*	*0.0%*	*0.2%*
34) Did you know the HMP can provide (help with SDOH)?												
A. Yes	*N/A – not asked*	**267**	**378**	**340**	**390**	**1,375**	*N/A – not asked*	**55**	**183**	**146**	*See new section at end*	**384**
		52.5%	*57.9%*	*57.9%*	*70.0%*	*59.6%*		*65.5%*	*64.9%*	*62.7%*		*64.0%*
B. No		**209**	**214**	**206**	**136**	**765**		**25**	**67**	**59**		**151**
		41.1%	*32.8%*	*35.1%*	*24.4%*	*33.2%*		*29.8%*	*23.8%*	*25.3%*		*25.2%*
C. Don't know/not sure		**33**	**61**	**41**	**31**	**166**		**4**	**32**	**28**		**64**
		6.5%	*9.3%*	*7.0%*	*5.6%*	*7.2%*		*4.8%*	*11.3%*	*12.0%*		*10.7%*
35) Have you heard of the Community Resource Specialists?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
A. Yes	**295** *43.3%*	**281** *48.1%*	**373** *57.1%*	**269** *45.8%*	**179** *32.1%*	**1,397** *45.6%*	**186** *55.0%*	**160** *60.4%*	**181** *64.2%*	**123** *57.2%*	*See new section at end*	**650** *59.1%*
B. No	**300** *44.1%*	**264** *45.2%*	**217** *33.2%*	**269** *45.8%*	**295** *53.0%*	**1,345** *43.9%*	**105** *31.1%*	**79** *29.8%*	**69** *24.5%*	**63** *29.3%*		**316** *28.7%*
C. Don't know/not sure	**86** *12.6%*	**39** *6.7%*	**63** *9.6%*	**49** *8.3%*	**83** *14.9%*	**320** *10.5%*	**47** *13.9%*	**26** *9.8%*	**32** *11.3%*	**29** *13.5%*		**134** *12.2%*
36) Have you or your Health Coach used a CRS?												
A. Yes - CRS	**24** *8.1%*	**35** *6.4%*	**47** *7.2%*	**59** *10.1%*	**80** *14.4%*	**245** *9.3%*	**11** *5.9%*	**14** *7.4%*	**17** *6.0%*	**20** *9.8%*	*See new section at end*	**62** *7.2%*
B. Yes – Health Coach	*N/A – not asked*	**60** *10.9%*	**89** *13.6%*	**93** *15.8%*	**91** *16.3%*	**333** *12.6%*	*N /A – not asked*	**10** *5.3%*	**38** *13.5%*	**39** *19.0%*		**87** *10.1%*
C. No to both	**270** *91.5%*	**448** *81.8%*	**514** *78.7%*	**434** *73.9%*	**384** *68.9%*	**2,050** *77.7%*	**175** *94.1%*	**162** *85.7%*	**227** *80.5%*	**146** *71.2%*		**710** *82.4%*
D. Don't know/not sure	**1** *0.3%*	**5** *0.9%*	**3** *0.5%*	**1** *0.2%*	**2** *0.4%*	**12** *0.5%*	**0** *0.0%*	**3** *1.6%*	**0** *0.0%*	**0** *0.0%*		**3** *0.3%*
37) What problem did you get help in resolving?												
A. Housing/rent	**3** *12.5%*	**9** *9.5%*	**12** *8.8%*	**12** *8.3%*	**25** *14.6%*	**61** *10.7%*	**0** *0.0%*	**3** *12.5%*	**0** *0.0%*	**4** *6.8%*	*See new section at end*	**7** *4.5%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
B. Food	**9** *37.5%*	**20** *21.1%*	**13** *9.6%*	**10** *6.9%*	**29** *17.0%*	**81** *14.2%*	**0** *0.0%*	**8** *33.3%*	**10** *18.2%*	**6** *10.2%*		**24** *15.6%*
C. Child care	**0** *0.0%*	**1** *1.1%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**1** *0.2%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*		**0** *0.0%*
D. Transportation	**3** *12.5%*	**3** *3.2%*	**9** *6.6%*	**9** *6.2%*	**19** *11.1%*	**43** *7.5%*	**5** *45.5%*	**0** *0.0%*	**2** *3.6%*	**4** *6.8%*		**11** *7.1%*
E. Don't know/not sure	**0** *0.0%*	**0** *0.0%*	**2** *1.5%*	**2** *1.4%*	**3** *1.8%*	**7** *1.2%*	**0** *0.0%*	**0** *0.0%*	**1** *1.8%*	**0** *0.0%*		**1** *0.6%*
F. Other	**9** *37.5%*	**62** *65.3%*	**100** *73.5%*	**112** *77.2%*	**95** *55.6%*	**378** *66.2%*	**11** *54.5%*	**13** *54.2%*	**42** *76.4%*	**45** *76.3%*		**111** *72.1%*
38) How helpful was the CRS or Health Coach in solving the problem?												
A. Very helpful	**14** *58.3%*	**81** *85.3%*	**118** *86.8%*	**125** *86.2%*	**151** *88.3%*	**489** *85.6%*	**9** *81.8%*	**23** *95.8%*	**45** *81.8%*	**53** *89.8%*	*See new section at end*	**130** *87.2%*
B. Somewhat helpful	**0** *0.0%*	**5** *5.3%*	**4** *2.9%*	**6** *4.1%*	**9** *5.3%*	**24** *4.2%*	**0** *0.0%*	**0** *0.0%*	**6** *10.9%*	**3** *5.1%*		**9** *6.0%*
C. Not very helpful	**2** *8.3%*	**0** *0.0%*	**3** *2.2%*	**3** *2.1%*	**3** *1.8%*	**11** *1.9%*	**0** *0.0%*	**1** *4.2%*	**1** *1.8%*	**0** *0.0%*		**2** *1.3%*
D. Not at all helpful	**5** *20.8%*	**4** *4.2%*	**6** *4.4%*	**5** *3.4%*	**7** *4.1%*	**27** *4.7%*	**2** *18.2%*	**0** *0.0%*	**0** *0.0%*	**3** *5.1%*		**5** *3.4%*
E. Don't know/not sure	**3** *12.5%*	**5** *5.3%*	**5** *3.7%*	**6** *4.1%*	**1** *0.6%*	**20** *3.5%*	**0** *0.0%*	**0** *0.0%*	**3** *5.5%*	**0** *0.0%*		**3** *2.0%*
39) What did the CRS or Health Coach do?												
40) Overall, how would you rate your health today?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
A. Excellent	**2** *0.3%*	**4** *0.7%*	**4** *0.6%*	**7** *1.2%*	**3** *0.5%*	**20** *0.7%*	**0** *0.0%*	**1** *0.4%*	**3** *1.1%*	**1** *0.3%*	**6** *1.8%*	**11** *0.7%*
B. Good	**163** *24.0%*	**205** *35.3%*	**207** *31.7%*	**206** *35.1%*	**177** *31.8%*	**958** *31.3%*	**84** *24.3%*	**77** *29.2%*	**112** *39.6%*	**121** *37.2%*	**125** *37.7%*	**519** *33.5%*
C. Fair	**415** *61.1%*	**301** *51.8%*	**334** *51.1%*	**291** *49.6%*	**282** *50.6%*	**1,623** *53.1%*	**224** *64.7%*	**144** *54.5%*	**132** *46.6%*	**163** *50.2%*	**157** *47.3%*	**820** *52.9%*
D. Poor	**98** *14.4%*	**70** *12.0%*	**104** *15.9%*	**77** *13.1%*	**88** *15.8%*	**437** *14.3%*	**38** *11.0%*	**42** *15.9%*	**35** *12.4%*	**36** *11.1%*	**43** *13.0%*	**194** *12.5%*
E. Don't know/not sure/no response	**1** *0.1%*	**1** *0.2%*	**4** *0.6%*	**6** *1.0%*	**7** *1.3%*	**19** *0.6%*	**0** *0.0%*	**0** *0.0%*	**1** *0.4%*	**4** *1.2%*	**1** *0.3%*	**6** *0.4%*
41) Compared to before you participated in the HMP, how has your health changed?												
A. Better	**237** *34.9%*	**207** *35.6%*	**216** *33.1%*	**236** *40.2%*	**183** *32.9%*	**1,079** *35.3%*	**149** *43.1%*	**89** *33.7%*	**132** *46.6%*	**153** *47.1%*	**148** *44.5%*	**671** *43.3%*
B. Worse	**55** *8.1%*	**35** *6.0%*	**41** *6.3%*	**35** *6.0%*	**33** *5.9%*	**199** *6.5%*	**28** *8.1%*	**31** *11.7%*	**27** *9.5%*	**29** *8.9%*	**33** *9.9%*	**148** *9.5%*
C. About the same	**387** *57.0%*	**339** *58.3%*	**396** *60.6%*	**316** *53.8%*	**341** *61.2%*	**1,779** *58.2%*	**169** *48.8%*	**144** *54.5%*	**123** *43.5%*	**143** *44.0%*	**151** *45.5%*	**730** *47.1%*
D. Don’t know/not sure	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**1** *0.4%*	**0** *0.0%*	**0** *0.0%*	**1** *0.1%*
42) (If better) Do you think the HMP has contributed to your improvement in health?												
A. Yes	**230** *97.0%*	**195** *94.2%*	**210** *97.2%*	**230** *97.5%*	**175** *95.6%*	**1,040** *96.5%*	**144** *96.6%*	**87** *97.8 %*	**127** *96.2%*	**145** *94.8%*	**144** *97.3%*	**647** *96.4%*
B. No	**6** *2.5%*	**12** *5.8%*	**6** *2.8%*	**6** *2.5%*	**8** *4.4%*	**38** *3.4%*	**3** *2.0%*	**2** *2.2%*	**2** *1.5%*	**3** *2.0%*	**4** *2.7%*	**14** *2.1%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
C. Don't know/not sure	**1** *0.4%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**1** *0.1%*	**2** *1.3%*	**0** *0.0%*	**3** *2.3%*	**5** *3.3%*	**0** *0.0%*	**10** *1.5%*
43) Overall, how satisfied are you with your whole experience in the HMP?												
A. Very satisfied	**622** *91.6%*	**552** *95.0%*	**612** *93.7%*	**552** *94.0%*	**522** *93.7%*	**2,860** *93.6%*	**325** *94.2%*	**250** *96.5%*	**263** *92.9%*	**297** *91.4%*	**311** *94.0%*	**1,446** *93.7%*
B. Somewhat satisfied	**37** *5.4%*	**22** *3.8%*	**25** *3.8%*	**28** *4.8%*	**23** *4.1%*	**135** *4.4%*	**14** *4.1%*	**7** *2.7%*	**17** *6.0%*	**18** *5.5%*	**12** *3.6%*	**68** *4.4%*
C. Somewhat dissatisfied	**5** *0.7%*	**4** *0.7%*	**6** *0.9%*	**3** *0.5%*	**3** *0.5%*	**21** *0.7%*	**1** *0.3%*	**0** *0.0%*	**2** *0.7%*	**5** *1.5%*	**7** *2.1%*	**15** *1.0%*
D. Very dissatisfied	**8** *1.2%*	**1** *0.2%*	**7** *1.1%*	**1** *0.2%*	**7** *1.3%*	**24** *0.8%*	**4** *1.2%*	**2** *0.8%*	**1** *0.4%*	**3** *0.9%*	**1** *0.3%*	**11** *0.7%*
E. Don't know/not sure	**7** *1.0%*	**2** *0.3%*	**3** *0.5%*	**3** *0.5%*	**2** *0.4%*	**17** *0.6%*	**1** *0.3%*	**0** *0.0%*	**0** *0.0%*	**2** *0.6%*	**0** *0.0%*	**3** *0.2%*
44) Would you recommend the HMP to a friend who has health care needs like yours?												
A. Yes	**650** *95.7%*	**572** *98.5%*	**633** *96.9%*	**573** *97.6%*	**538** *96.6%*	**2,966** *97.0%*	**335** *97.1%*	**256** *98.8%*	**278** *98.2%*	**313** *96.3%*	**321** *97.0%*	**1,503** *97.4%*
B. No	**10** *1.5%*	**2** *0.3%*	**14** *2.1%*	**2** *0.3%*	**11** *2.0%*	**39** *1.3%*	**4** *1.2%*	**2** *0.8%*	**1** *0.4%*	**8** *2.5%*	**7** *2.1%*	**22** *1.4%*
C. Don't know/not sure	**19** *2.8%*	**7** *1.2%*	**6** *0.9%*	**12** *2.0%*	**8** *1.4%*	**52** *1.7%*	**6** *1.7%*	**1** *0.4%*	**4** *1.4%*	**4** *1.2%*	**3** *0.9%*	**18** *1.2%*
45) Do you have any suggestions for improving the HMP?												
CAHPS SURVEY QUESTIONS **C1) In the last six months, how often was it easy to get the care you needed?**												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
A. Never	*N/A – not asked*	**10** *2.2%*	**28** *4.7%*	**24** *4.4%*	**18** *3.3%*	**80** *3.8%*	*N/A – not asked*	**3** *4.2%*	**7** *2.9%*	**11** *3.8%*	**8** *2.4*	**29** *3.1%*
B. Sometimes		**59** *13.2%*	**98** *16.6%*	**76** *13.8%*	**80** *14.8%*	**313** *14.7%*		**9** *12.7%*	**46** *19.2%*	**49** *16.8%*	**49** *15.0*	**153** *16.5%*
C. Usually		**150** *33.5%*	**164** *27.7%*	**164** *29.9%*	**154** *28.5%*	**632** *29.7%*		**22** *31.0%*	**68** *28.3%*	**71** *24.3%*	**84** *25.7*	**245** *26.3%*
D. Always		**229** *51.1%*	**302** *51.0%*	**285** *51.9%*	**289** *53.4%*	**1,105** *51.9%*		**37** *52.1%*	**119** *49.6%*	**161** *55.1%*	**186** *56.9*	**503** *54.1%*
C2) In the last six months, did you make a specialist appointment?												
A. Yes	*N/A – not asked*	**273** *59.9%*	**389** *65.7%*	**374** *68.1%*	**360** *66.5%*	**1,396** *65.3%*	*N/A – not asked*	**44** *62.0%*	**153** *63.8%*	**202** *68.9%*	**231** *70.6%*	**630** *67.7%*
B. No		**183** *40.1%*	**203** *34.3%*	**175** *31.9%*	**181** *33.5%*	**742** *34.7%*		**27** *38.0%*	**87** *36.2%*	**91** *31.1%*	**96** *29.4%*	**301** *32.3%*
C3) In the last six months, how often did you get an appointment to see a specialist as soon as you needed?												
A. Never	*N/A – not asked*	**21** *7.7%*	**33** *8.5%*	**35** *9.4%*	**32** *8.9%*	**121** *8.7%*	*N/A – not asked*	**8** *18.2%*	**17** *11.1%*	**24** *11.9%*	**19** *8.2%*	**68** *10.8%*
B. Sometimes		**32** *11.7%*	**69** *17.8%*	**75** *20.1%*	**72** *20.0%*	**248** *17.8%*		**5** *11.4%*	**20** *13.1%*	**28** *13.9%*	**34** *14.7%*	**87** *13.8%*
C. Usually		**54** *19.8%*	**71** *18.3%*	**69** *18.4%*	**79** *21.9%*	**273** *19.6%*		**6** *13.6%*	**23** *15.0%*	**43** *21.3%*	**48** *20.8%*	**120** *19.0%*
D. Always		**166** *60.8%*	**215** *55.4%*	**195** *52.1%*	**177** *49.2%*	**753** *54.0%*		**25** *56.8%*	**93** *60.8%*	**107** *53.0%*	**130** *56.3%*	**355** *56.3%*
C4) What number would you use to rate your health care in the last six months?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
0	N/A – not asked	2 0.5%	6 1.0%	6 1.1%	5 0.9%	19 0.9%	N/A – not asked	2 2.8%	2 0.9%	3 1.0%	2 0.6%	9 1.0%
1		0 0.0%	2 0.3%	0 0.0%	1 0.2%	3 0.1%		0 0.0%	2 0.9%	1 0.3%	0 0.0%	3 0.3%
2		3 0.7%	2 0.3%	4 0.7%	4 0.8%	13 0.6%		0 0.0%	0 0.0%	5 1.7%	1 0.3%	6 0.7%
3		3 0.7%	9 1.5%	2 0.4%	9 1.7%	23 1.1%		0 0.0%	4 1.7%	2 0.7%	2 0.6%	8 0.9%
4		7 1.6%	9 1.5%	6 1.1%	7 1.3%	29 1.4%		0 0.0%	0 0.0%	5 1.7%	4 1.2%	9 1.0%
5		19 4.3%	32 5.5%	28 5.1%	32 6.0%	111 5.3%		5 7.0%	9 3.8%	17 5.9%	18 5.5%	49 5.3%
6		19 4.3%	36 6.2%	25 4.6%	31 5.8%	111 5.3%		3 4.2%	8 3.4%	17 5.9%	17 5.2%	45 4.9%
7		43 9.7%	67 11.5%	44 8.0%	45 8.4%	199 9.5%		6 8.5%	34 14.5%	21 7.3%	36 11.0%	97 10.6%
8		130 29.3%	144 24.7%	165 30.2%	148 27.8%	587 27.9%	—	17 23.9%	62 26.5%	92 31.9%	90 27.6%	261 28.4%
9		45 10.2%	61 10.5%	70 12.8%	65 12.2%	241 11.4%		9 12.7%	22 9.4%	35 12.2%	47 14.4%	113 12.3%
10		172 38.8%	214 36.8%	197 36.0%	186 34.9%	769 36.5%		29 40.8%	91 38.9%	90 31.3%	109 33.4%	319 34.7%

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
C5) What number would you use to rate your health plan?												
0	*N/A – not asked*	**3** *0.7%*	**4** *0.7%*	**3** *0.6%*	**1** *0.2%*	**11** *0.5%*	*N/A – not asked*	**0** *0.0%*	**2** *0.8%*	**5** *1.8%*	**1** *0.3*	**8** *0.9%*
1		**2** *0.4%*	**2** *0.3%*	**3** *0.6%*	**2** *0.4%*	**9** *0.4%*		**0** *0.0%*	**3** *1.3%*	**1** *0.4%*	**1** *0.3*	**5** *0.5%*
2		**1** *0.2%*	**4** *0.7%*	**3** *0.6%*	**4** *0.8%*	**12** *0.6%*		**0** *0.0%*	**1** *0.4%*	**1** *0.4%*	**0** *0.0*	**2** *0.2%*
3		**4** *0.9%*	**9** *1.6%*	**1** *0.2%*	**5** *0.9%*	**19** *0.9%*		**0** *0.0%*	**5** *2.1%*	**3** *1.1%*	**0** *0.0*	**8** *0.9%*
4		**1** *0.2%*	**8** *1.4%*	**3** *0.6%*	**5** *0.9%*	**17** *0.8%*		**3** *4.2%*	**2** *0.8%*	**2** *0.7%*	**5** *1.5*	**12** *1.3%*
5		**22** *4.9%*	**23** *4.0%*	**23** *4.2%*	**10** *1.9%*	**78** *3.7%*		**9** *12.7%*	**6** *2.6%*	**15** *5.3%*	**19** *5.8*	**49** *5.3%*
6		**16** *3.6%*	**20** *3.5%*	**8** *1.5%*	**11** *2.1%*	**55** *2.6%*		**0** *0.0%*	**6** *2.6%*	**13** *4.6%*	**5** *1.5*	**24** *2.6%*
7		**36** *8.1%*	**30** *5.2%*	**24** *4.4%*	**35** *6.6%*	**125** *6.0%*		**8** *11.3%*	**18** *7.6%*	**12** *4.2%*	**15** *4.6*	**53** *5.8%*
8		**91** *20.4%*	**116** *20.1%*	**100** *18.5%*	**109** *20.5%*	**416** *19.9%*		**17** *23.9%*	**41** *17.3%*	**55** *19.3%*	**50** *15.3*	**163** *17.7%*
9		**57** *12.8%*	**88** *15.3%*	**80** *14.8%*	**91** *17.1%*	**316** *15.1%*		**11** *15.5%*	**38** *16.0%*	**35** *12.3%*	**57** *17.5*	**141** *15.3%*
10		**212** *47.6%*	**272** *47.2%*	**294** *54.2%*	**259** *48.7%*	**1,037** *49.5%*		**23** *32.4%*	**115** *48.5%*	**143** *50.2%*	**173** *53.1*	**454** *49.4%*
C6) In the last six months, how often was it easy to get your child the care s/he needed?												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
A. Never	*N/A – not asked*	**0** *0.0%*	**1** *1.5%*	**4** *10.0%*	**0** *0.0%*	**5** *2.9%*	*N/A – not asked*	**0** *0.0%*	**3** *6.3%*	**0** *0.0%*	**0** *0.0%*	**3** *3.0%*
B. Sometimes		**6** *11.5%*	**8** *12.1%*	**2** *5.0%*	**1** *6.3%*	**17** *9.8%*		**3** *21.4%*	**3** *6.3%*	**2** *6.5%*	**1** *16.7%*	**9** *9.1%*
C. Usually		**17** *32.7%*	**13** *19.7%*	**8** *20.0%*	**1** *6.3%*	**39** *22.4%*		**6** *42.9%*	**19** *39.6%*	**8** *25.8%*	**0** *0.0%*	**33** *33.3%*
D. Always		**29** *55.8%*	**44** *66.7%*	**26** *65.0%*	**14** *87.5%*	**113** *64.9%*		**5** *35.7%*	**23** *47.8%*	**21** *67.7%*	**5** *83.3%*	**54** *54.5%*
C7) In the last six months, did you make a specialist appointment?												
A. Yes	*N/A – not asked*	**28** *53.8%*	**39** *59.1%*	**25** *62.5%*	**10** *62.5*	**102** *58.6%*	*N/A – not asked*	**10** *71.4%*	**35** *72.9%*	**19** *61.3%*	**2** *33.3%*	**66** *66.7%*
B. No		**24** *46.2%*	**27** *40.9%*	**15** *37.5%*	**6** *37.5*	**72** *41.4%*		**4** *28.6%*	**13** *27.1%*	**12** *38.7%*	**4** *66.7%*	**33** *33.3%*
C8) In the last six months, how often did you get an appointment for your child to see a specialist as soon as you needed?												
A. Never	*N/A – not asked*	**4** *14.3%*	**5** *12.2%*	**2** *8.0%*	**0** *0.0%*	**11** *10.6%*	*N/A – not asked*	**0** *0.0%*	**5** *14.3%*	**3** *15.8%*	**0** *0.0%*	**8** *12.1%*
B. Sometimes		**4** *14.3%*	**1** *2.4%*	**4** *16.0%*	**1** *10.0%*	**10** *9.6%*		**1** *10.0%*	**1** *2.9%*	**2** *10.5%*	**0** *0.0%*	**4** *6.1%*
C. Usually		**4** *14.3%*	**4** *9.8%*	**4** *16.0%*	**0** *0.0%*	**12** *11.5%*		**3** *30.0%*	**9** *25.7%*	**1** *5.3%*	**0** *0.0%*	**13** *19.7%*
D. Always		**16** *57.1%*	**31** *75.6%*	**15** *60.0%*	**9** *90.0%*	**71** *68.3%*		**6** *60.0%*	**20** *57.1%*	**13** *68.4%*	**2** *100.0%*	**41** *62.1%*
C9) What number would you use to rate your child's health care in the last six months?												
0		**0**	**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**	**0**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
	N/A – not asked	0.0%	0.0%	0.0%	0.0%	0.0%	N/A – not asked	0.0%	0.0%	0.0%	0.0%	0.0%
1		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
2		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
3		**0** *0.0%*	**1** *1.5%*	**2** *5.0%*	**0** *0.0%*	**3** *1.7%*		**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
4		**0** *0.0%*	**2** *3.1%*	**0** *0.0%*	**0** *0.0%*	**2** *1.2%*		**2** *14.3%*	**1** *2.1%*	**0** *0.0%*	**0** *0.0%*	**3** *3.1%*
5		**1** *2.0%*	**4** *6.2%*	**3** *7.5%*	**0** *0.0%*	**8** *4.7%*		**2** *14.3%*	**1** *2.1%*	**0** *0.0%*	**1** *16.7%*	**4** *4.1%*
6		**1** *2.0%*	**0** *0.0%*	**1** *2.5%*	**0** *0.0%*	**2** *1.2%*		**0** *0.0%*	**1** *2.1%*	**1** *3.3%*	**0** *0.0%*	**2** *2.0%*
7		**4** *7.8%*	**2** *3.1%*	**2** *5.0%*	**1** *6.3%*	**9** *5.2%*		**0** *0.0%*	**2** *4.2%*	**0** *0.0%*	**0** *0.0%*	**2** *2.0%*
8		**10** *19.6%*	**15** *23.1%*	**14** *35.0%*	**1** *6.3%*	**40** *23.3%*		**5** *35.7%*	**20** *41.7%*	**8** *26.7%*	**1** *16.7%*	**34** *34.7%*
9		**9** *17.6%*	**5** *7.7%*	**5** *12.5%*	**2** *12.5%*	**21** *12.2%*		**2** *14.3%*	**5** *10.4%*	**4** *13.3%*	**0** *0.0%*	**11** *11.2%*
10		**26** *51.0%*	**36** *55.4%*	**13** *32.5%*	**12** *75.0%*	**87** *50.6%*		**3** *21.4%*	**18** *37.4%*	**17** *56.7%*	**4** *66.7%*	**42** *42.9%*
C10) What number would you use to rate your child's health plan?												
0	N/A – not asked	N/A – not asked	**1** *1.7%*	**0** *0.0%*	**0** *0.0%*	**1** *0.9%*			**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
1			**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*			**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
2			**0**	**0**	**0**	**0**			**0**	**0**	**0**	**0**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
			0.0%	*0.0%*	*0.0%*	*0.0%*			*0.0%*	*0.0%*	*0.0%*	*0.0%*
3			**1** *1.7%*	**0** *0.0%*	**0** *0.0%*	**1** *0.9%*			**1** *2.1%*	**0** *0.0%*	**0** *0.0%*	**1** *1.2%*
4			**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	*N/A – not asked*	*N/A – not asked*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
5			**2** *3.3%*	**0** *0.0%*	**0** *0.0%*	**2** *1.8%*			**1** *2.1%*	**2** *6.7*	**0** *0.0%*	**3** *3.6%*
6			**3** *5.0%*	**0** *0.0%*	**0** *0.0%*	**3** *2.7%*			**1** *2.1%*	**0** *0.0*	**0** *0.0%*	**1** *1.2%*
7			**3** *5.0%*	**3** *7.5%*	**1** *6.3%*	**7** *6.0%*			**2** *4.2%*	**2** *6.7*	**1** *16.7%*	**5** *6.0%*
8			**8** *13.3%*	**6** *15.0%*	**1** *6.3%*	**15** *12.9%*			**8** *16.7%*	**2** *6.7*	**0** *0.0%*	**10** *11.9%*
9			**7** *11.7%*	**8** *20.0%*	**2** *12.5%*	**17** *14.7%*			**6** *12.5%*	**7** *23.3*	**0** *0.0%*	**13** *15.5%*
10			**35** *58.3%*	**23** *57.5%*	**12** *75.0%*	**70** *60.3%*			**29** *60.3%*	**17** *56.7*	**5** *83.3%*	**51** *60.7%*
Telligen Value-Based Performance SDOH Survey Question Set ***(Notes – VBP calculations are performed using SFY, rather than CY data; CY 2022 data is for six months only (Jul – Dec))***												
SDOH-1) What is your living situation today? Please tell me which of the following statements best describes your situation.												
A. I have a steady place to live	*N/A – not asked*						*N/A – not asked*			**96** *94.1%*	**289** *87.6%*	**385** *89.1%*
B. I have a place to live today I am worried about losing it in the future										**3** *2.9%*	**38** *11.5%*	**41** *9.5%*
C. I do not have a steady place to live										**3**	**3**	**6**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
										2.9%	*0.9%*	*1.4%*
SDOH-2) Thinking about the place you live. Do you have problems with any of the following? (Multiple answers allowed.)												
A. Pests, such as bugs, ants or mice	*N/A – not asked*						*N/A – not asked*			**4** *2.6%*	**8** *2.3%*	**12** *2.4%*
B. Mold										**3** *1.9%*	**10** *2.8%*	**13** *2.5%*
C. Lead paint or pipes										**1** *0.6%*	**2** *0.6%*	**3** *0.6%*
D. Lack of heat										**6** *3.8%*	**6** *1.7%*	**12** *2.4%*
E. Oven or stove not working										**0** *0.0%*	**8** *2.3%*	**8** *1.6%*
F. Smoke detectors missing or not working										**1** *0.6%*	**6** *1.7%*	**7** *1.4%*
G. Water leaks										**5** *3.2%*	**15** *4.2%*	**20** *3.9%*
H. None of the above										**136** *87.2%*	**299** *84.5%*	**435** *85.3%*
SDOH-3) Thinking about the following statement: "Within the past 12 months, I worried that my food would run out before I got money to buy food." Would you say that statement was often true, sometimes true or never true?												
A. Often true	*N/A – not asked*						*N/A – not asked*			**9** *8.8%*	**27** *8.2%*	**36** *8.3%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
B. Sometimes true										**28** *27.5%*	**90** *27.2%*	**118** *27.3%*
C. Never true										**65** *63.7%*	**212** *64.0%*	**277** *64.0%*
D. Don't know/not sure										**0** *0.0%*	**2** *0.6%*	**2** *0.5%*
SDOH-4) Thinking about the following statement: "Within the past 12 months, the food I bought just didn't last, and I didn't have money to get more." Would you say that statement was often true, sometimes true or never true?												
A. Often true	*N/A – not asked*						*N/A – not asked*			**8** *7.8%*	**26** *7.9%*	**34** *7.9%*
B. Sometimes true										**22** *21.6%*	**87** *26.3%*	**109** *25.2%*
C. Never true										**71** *69.6%*	**216** *65.3%*	**287** *66.3%*
D. Don't know/not sure										**1** *1.0%*	**2** *0.6%*	**3** *0.7%*
SDOH-5) In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?												
A. Yes	*N/A – not asked*						*N/A – not asked*			**14** *13.7%*	**39** *11.8%*	**53** *12.2%*
B. No										**88** *86.3%*	**291** *87.9%*	**379** *87.5%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
C. Don't know/not sure										**0** *0.0%*	**1** *0.3%*	**1** *0.2%*
SDOH-6) In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?												
A. Yes	*N/A – not asked*						*N/A – not asked*			**14** *13.7%*	**34** *10.3%*	**48** *11.2%*
B. No										**88** *85.3%*	**295** *89.7%*	**383** *88.8%*
C. Already shut off										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
D. Don't know/not sure										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
SDOH-7) In the past 12 months, have you had any other non-medical problems that affected your well-being or your ability to get medical care? [IF YES] What were they? [RECORD ALL]												
A. Yes	*N/A – not asked*						*N/A – not asked*			**1** *1.0%*	**28** *8.5%*	**29** *6.7%*
B. No										**101** *99.0%*	**302** *91.5%*	**403** *93.3%*
C. Don't know/not sure										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
SDOH-8) The SoonerCare Health Management Program can help members deal with non-medical problems like the ones we just discussed. Has your Health Coach, a Resource Navigator or anyone else												

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
at the SoonerCare Health Management Program ever asked you whether you have non-medical problems such as these?												
A. Yes	*N/A – not asked*						*N/A – not asked*			**61** *67.0%*	**246** *81.2%*	**307** *77.9%*
B. No										**30** *33.0%*	**57** *18.8%*	**87** *22.1%*
C. Don't know/not sure										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
SDOH-9) Did your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program try to help you solve a non-medical problem? If yes, what problem(s)? (Multiple answers allowed.)												
A. Living situation	*N/A – not asked*						*N/A – not asked*			**6** *13.3%*	**21** *10.4%*	**27** *11.0%*
B. Food insecurity										**11** *24.4%*	**41** *20.4%*	**52** *21.1%*
C. Transportation										**2** *4.4%*	**15** *7.5%*	**17** *6.9%*
D. Utilities										**3** *6.7%*	**10** *5.0%*	**13** *5.3%*
E. Other										**1** *2.2%*	**24** *11.9%*	**25** *10.2%*
F. Did not receive any help										**22** *48.9%*	**89** *44.3%*	**111** *45.1%*
G. Don't know/not sure										**0**	**1**	**1**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
										0.0%	*0.5%*	*0.4%*
SDOH-10a) Was your problem solved – Living Situation? (Note: Question non limited to persons answering "yes" to question SDOH-9.)												
A. Yes	*N/A – not asked*						*N/A – not asked*			**10** *47.6%*	**20** *32.3%*	**30** *36.1%*
B. No – still trying to solve with SoonerCare HMP help										**1** *4.8%*	**6** *9.7%*	**7** *8.4%*
C. No – still trying to solve on my own										**9** *42.9%*	**35** *56.5%*	**44** *53.0%*
D. No – no longer trying to solve										**0** *0.0%*	**1** *1.6%*	**1** *1.2%*
E. Don't know/not sure										**1** *4.8%*	**0** *0.0%*	**1** *1.2%*
SDOH-10b) Was your problem solved – Food Insecurity? (Note: Question non limited to persons answering "yes" to question SDOH-9.)												
A. Yes	*N/A – not asked*						*N/A – not asked*			**20** *55.6%*	**55** *52.4%*	**75** *53.2%*
B. No – still trying to solve with SoonerCare HMP help										**0** *0.0%*	**5** *4.8%*	**5** *3.5%*
C. No – still trying to solve on my own										**16** *44.4%*	**44** *41.9%*	**60** *42.6%*
D. No – no longer trying to solve										**0** *0.0%*	**1** *1.0%*	**1** *0.7%*
E. Don't know/not sure										**0**	**0**	**0**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
										0.0%	*0.0%*	*0.0%*
SDOH-10c) Was your problem solved Transportation? (Note: Question non limited to persons answering "yes" to question SDOH-9.)												
A. Yes	*N/A – not asked*						*N/A – not asked*			**7** *53.8%*	**21** *51.2%*	**28** *51.9%*
B. No – still trying to solve with SoonerCare HMP help										**1** *7.7%*	**3** *7.3%*	**4** *7.4%*
C. No – still trying to solve on my own										**5** *38.5%*	**14** *34.1%*	**19** *35.2%*
D. No – no longer trying to solve										**0** *0.0%*	**3** *7.3%*	**3** *5.6%*
E. Don't know/not sure										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
SDOH-10d) Was your problem solved Utilities? (Note: Question non limited to persons answering "yes" to question SDOH-9.)												
A. Yes	*N/A – not asked*						*N/A – not asked*			**9** *75.0%*	**21** *65.6%*	**30** *68.2%*
B. No – still trying to solve with SoonerCare HMP help										**0** *0.0%*	**1** *3.1%*	**1** *2.3%*
C. No – still trying to solve on my own										**3** *25.0%*	**10** *31.3%*	**13** *29.5%*
D. No – no longer trying to solve										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
E. Don't know/not sure										**0**	**0**	**0**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	All Years
										0.0%	*0.0%*	*0.0%*
SDOH-10e) Was your problem solved Other? (Note: Question non limited to persons answering "yes" to question SDOH-9.)												
A. Yes	*N/A – not asked*						*N/A – not asked*	*N/A – not asked*	*N/A – not asked*	**0** *0.0%*	**16** *59.3%*	**16** *59.3%*
B. No – still trying to solve with SoonerCare HMP help										**0** *0.0%*	**4** *14.8%*	**4** *14.8%*
C. No – still trying to solve on my own										**0** *0.0%*	**6** *22.2%*	**6** *22.2%*
D. No – no longer trying to solve										**0** *0.0%*	**1** *3.7%*	**1** *3.7%*
E. Don't know/not sure										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
SDOH-11) Whether the problem was solved or not, how satisfied are you with the help you received?												
A. Very satisfied	*N/A – not asked*						*N/A – not asked*			**17** *94.4%*	**79** *95.2%*	**96** *95.0%*
B. Somewhat satisfied										**1** *5.6%*	**2** *2.4%*	**3** *3.0%*
C. Somewhat dissatisfied										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*
D. Very dissatisfied										**0** *0.0%*	**2** *2.4%*	**2** *2.0%*
E. Don't know/not sure										**0** *0.0%*	**0** *0.0%*	**0** *0.0%*

APPENDIX C – CEM BALANCE TABLES (HEALTH COACHING)

Appendix C presents Coarsened Exact Matching (CEM) balance tables for the SoonerCare HMP health coaching evaluation. Pre- and post-balancing results are shown individually for Calendar Years 2019 – 2022.

Calendar Year 2019

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	12.218	11.073	0.306	12.218	12.218	0.000
Gender (0 = male; 1 = female)	0.508	0.493	0.031	0.508	0.508	0.000
Urban/Rural (0 = urban; 1 = rural)	0.361	0.581	-0.459	0.361	0.361	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.341	0.038	0.640	0.341	0.341	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	50.698	38.670	1.141	50.698	50.672	0.002
Sex (0 = male; 1 = female)	0.645	0.689	-0.092	0.645	0.645	0.000
Urban/Rural (0 = urban; 1 = rural)	0.581	0.600	-0.040	0.581	0.581	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.766	0.428	0.797	0.766	0.766	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	56.602	54.758	0.268	56.662	56.531	0.019
Sex (0 = male; 1 = female)	0.505	0.526	-0.042	0.510	0.510	0.000
Urban/Rural (0 = urban; 1 = rural)	0.607	0.620	-0.028	0.610	0.610	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.876	0.831	0.137	0.882	0.882	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	56.602	54.758	0.268	56.662	56.531	0.019
Sex (0 = male; 1 = female)	0.505	0.526	-0.042	0.510	0.510	0.000
Urban/Rural (0 = urban; 1 = rural)	0.607	0.620	-0.028	0.610	0.610	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.876	0.831	0.137	0.882	0.882	0.000
COPD - Use of Spirometry Testing						
Age	54.640	46.804	0.960	54.804	54.578	0.028
Sex (0 = male; 1 = female)	0.645	0.626	0.040	0.650	0.650	0.000
Urban/Rural (0 = urban; 1 = rural)	0.637	0.648	-0.023	0.639	0.639	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	56.578	52.715	0.620	56.531	56.354	0.029
Sex (0 = male; 1 = female)	0.640	0.684	-0.092	0.641	0.641	0.000
Urban/Rural (0 = urban; 1 = rural)	0.592	0.630	-0.076	0.589	0.589	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.886	0.837	0.156	0.895	0.895	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	56.578	52.715	0.620	56.531	56.354	0.029
Sex (0 = male; 1 = female)	0.640	0.684	-0.092	0.641	0.641	0.000
Urban/Rural (0 = urban; 1 = rural)	0.592	0.630	-0.076	0.589	0.589	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.886	0.837	0.156	0.895	0.895	0.000
Diabetes - Members who had LDL-C Test						
Age	52.323	47.676	0.485	52.292	52.231	0.006
Sex (0 = male; 1 = female)	0.653	0.652	0.003	0.653	0.653	0.000
Urban/Rural (0 = urban; 1 = rural)	0.587	0.617	-0.062	0.586	0.586	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.796	0.688	0.266	0.795	0.795	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.323	47.676	0.485	52.292	52.231	0.006
Sex (0 = male; 1 = female)	0.653	0.652	0.003	0.653	0.653	0.000
Urban/Rural (0 = urban; 1 = rural)	0.587	0.617	-0.062	0.586	0.586	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.796	0.688	0.266	0.795	0.795	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.323	47.676	0.485	52.292	52.231	0.006
Sex (0 = male; 1 = female)	0.653	0.652	0.003	0.653	0.653	0.000
Urban/Rural (0 = urban; 1 = rural)	0.587	0.617	-0.062	0.586	0.586	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.796	0.688	0.266	0.795	0.795	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.323	47.676	0.485	52.292	52.231	0.006
Sex (0 = male; 1 = female)	0.653	0.652	0.003	0.653	0.653	0.000
Urban/Rural (0 = urban; 1 = rural)	0.587	0.617	-0.062	0.586	0.586	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.796	0.688	0.266	0.795	0.795	0.000
Hypertension - LDL-C Test						
Age	53.422	49.071	0.474	53.388	53.311	0.008
Sex (0 = male; 1 = female)	0.610	0.612	-0.003	0.611	0.611	0.000
Urban/Rural (0 = urban; 1 = rural)	0.577	0.607	-0.061	0.576	0.576	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.803	0.684	0.301	0.803	0.803	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	53.422	49.071	0.474	53.388	53.311	0.008
Sex (0 = male; 1 = female)	0.610	0.612	-0.003	0.611	0.611	0.000
Urban/Rural (0 = urban; 1 = rural)	0.577	0.607	-0.061	0.576	0.576	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.803	0.684	0.301	0.803	0.803	0.000
Opioid - Use of Opioids at High Dosage						
Age	53.402	47.712	0.645	53.423	53.388	0.004
Sex (0 = male; 1 = female)	0.643	0.698	-0.114	0.643	0.643	0.000
Urban/Rural (0 = urban; 1 = rural)	0.645	0.639	0.012	0.645	0.645	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.833	0.620	0.571	0.834	0.834	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	52.710	45.810	0.740	52.655	52.554	0.011
Sex (0 = male; 1 = female)	0.659	0.709	-0.105	0.660	0.660	0.000
Urban/Rural (0 = urban; 1 = rural)	0.635	0.632	0.006	0.636	0.636	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.809	0.566	0.618	0.809	0.809	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	11.843	9.025	0.619	11.843	11.843	0.000
Sex (0 = male; 1 = female)	0.507	0.492	0.030	0.507	0.507	0.000
Urban/Rural (0 = urban; 1 = rural)	0.374	0.576	-0.417	0.374	0.374	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.357	0.033	0.676	0.357	0.357	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	51.247	39.761	10.087	51.247	51.139	0.010
Sex (0 = male; 1 = female)	0.641	0.694	-0.111	0.641	0.641	0.000
Urban/Rural (0 = urban; 1 = rural)	0.582	0.598	-0.033	0.582	0.582	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.773	0.441	0.793	0.773	0.773	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	48.869	13.419	2.559	48.840	48.813	0.002
Sex	0.649	0.518	0.275	0.649	0.649	0.000
Urban/Rural	0.599	0.564	0.071	0.599	0.599	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.791	0.098	1.703	0.792	0.792	0.000
Prior year PMPM threshold	0.272	0.047	0.506	0.272	0.272	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	48.869	13.419	2.559	48.840	48.813	0.002
Sex	0.649	0.518	0.275	0.649	0.649	0.000
Urban/Rural	0.599	0.564	0.071	0.599	0.599	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.791	0.098	1.703	0.792	0.792	0.000
Prior year PMPM threshold	0.272	0.047	0.506	0.272	0.272	0.000
Hospital Readmission Rate - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	48.869	13.419	2.559	48.840	48.813	0.002
Sex	0.649	0.518	0.275	0.649	0.649	0.000
Urban/Rural	0.599	0.564	0.071	0.599	0.599	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.791	0.098	1.703	0.792	0.792	0.000
Prior year PMPM threshold	0.272	0.047	0.506	0.272	0.272	0.000
Per Member Per Month Expenditures - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	48.869	13.419	2.559	48.840	48.813	0.002
Sex	0.649	0.518	0.275	0.649	0.649	0.000
Urban/Rural	0.599	0.564	0.071	0.599	0.599	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.791	0.098	1.703	0.792	0.792	0.000
Prior year PMPM threshold	0.272	0.047	0.506	0.272	0.272	0.000

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HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	12.873	11.139	0.447	12.873	12.873	0.000
Gender (0 = male; 1 = female)	0.522	0.492	0.061	0.522	0.522	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.576	-0.340	0.409	0.409	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.252	0.034	0.502	0.252	0.252	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	47.820	35.222	1.055	47.820	47.788	0.003
Sex (0 = male; 1 = female)	0.701	0.699	0.004	0.701	0.701	0.000
Urban/Rural (0 = urban; 1 = rural)	0.529	0.580	-0.104	0.529	0.529	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.638	0.285	0.736	0.638	0.638	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	56.889	55.551	0.198	56.952	56.952	0.000
Sex (0 = male; 1 = female)	0.511	0.509	0.005	0.506	0.506	0.000
Urban/Rural (0 = urban; 1 = rural)	0.576	0.623	-0.094	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.856	0.824	0.092	0.865	0.865	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	56.889	55.551	0.198	56.952	56.952	0.000
Sex (0 = male; 1 = female)	0.511	0.509	0.005	0.506	0.506	0.000
Urban/Rural (0 = urban; 1 = rural)	0.576	0.623	-0.094	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.856	0.824	0.092	0.865	0.865	0.000
COPD - Use of Spirometry Testing						
Age	52.325	37.031	1.318	52.414	52.267	0.013
Sex (0 = male; 1 = female)	0.629	0.553	0.157	0.634	0.634	0.000
Urban/Rural (0 = urban; 1 = rural)	0.591	0.611	-0.041	0.596	0.596	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	55.660	53.066	0.369	55.780	55.737	0.006
Sex (0 = male; 1 = female)	0.618	0.645	-0.055	0.627	0.627	0.000
Urban/Rural (0 = urban; 1 = rural)	0.557	0.585	-0.057	0.550	0.550	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.901	0.821	0.268	0.909	0.909	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	55.660	53.066	0.369	55.780	55.737	0.006
Sex (0 = male; 1 = female)	0.618	0.645	-0.055	0.627	0.627	0.000
Urban/Rural (0 = urban; 1 = rural)	0.557	0.585	-0.057	0.550	0.550	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.901	0.821	0.268	0.909	0.909	0.000
Diabetes - Members who had LDL-C Test						
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
Hypertension - LDL-C Test						
Age	52.680	47.621	0.522	52.680	52.630	0.005
Sex (0 = male; 1 = female)	0.632	0.624	0.017	0.632	0.632	0.000
Urban/Rural (0 = urban; 1 = rural)	0.552	0.588	-0.071	0.552	0.552	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.680	47.621	0.522	52.680	52.630	0.005
Sex (0 = male; 1 = female)	0.632	0.624	0.017	0.632	0.632	0.000
Urban/Rural (0 = urban; 1 = rural)	0.552	0.588	-0.071	0.552	0.552	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
Opioid - Use of Opioids at High Dosage						
Age	52.168	47.419	0.494	52.193	52.149	0.005
Sex (0 = male; 1 = female)	0.655	0.702	-0.098	0.656	0.656	0.000
Urban/Rural (0 = urban; 1 = rural)	0.605	0.602	0.006	0.606	0.606	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.754	0.575	0.417	0.754	0.754	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	51.291	45.297	0.585	51.284	51.226	0.006
Sex (0 = male; 1 = female)	0.673	0.716	-0.092	0.673	0.673	0.000
Urban/Rural (0 = urban; 1 = rural)	0.580	0.600	-0.040	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.717	0.514	0.452	0.718	0.718	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	13.464	9.254	0.954	13.464	13.464	0.000
Sex (0 = male; 1 = female)	0.546	0.493	0.107	0.546	0.546	0.000
Urban/Rural (0 = urban; 1 = rural)	0.421	0.574	-0.310	0.421	0.421	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.249	0.029	0.509	0.249	0.249	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	48.603	37.771	0.917	48.603	48.536	0.006
Sex (0 = male; 1 = female)	0.695	0.725	-0.066	0.695	0.695	0.000
Urban/Rural (0 = urban; 1 = rural)	0.530	0.578	-0.097	0.530	0.530	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.653	0.320	0.699	0.653	0.653	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000
Hospital Readmission Rate - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000
Per Member Per Month Expenditures - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000

Calendar Year 2021

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	12.347	11.257	0.278	12.347	12.347	0.000
Gender (0 = male; 1 = female)	0.433	0.491	-0.115	0.434	0.434	0.000
Urban/Rural (0 = urban; 1 = rural)	0.403	0.589	-0.380	0.403	0.403	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.511	0.029	0.963	0.511	0.511	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	48.795	33.357	1.295	48.795	48.771	0.002
Sex (0 = male; 1 = female)	0.671	0.688	-0.036	0.671	0.671	0.000
Urban/Rural (0 = urban; 1 = rural)	0.513	0.594	-0.163	0.513	0.513	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.701	0.233	1.022	0.701	0.701	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	57.565	55.940	0.000	57.452	57.295	0.023
Sex (0 = male; 1 = female)	0.506	0.501	0.000	0.501	0.501	0.000
Urban/Rural (0 = urban; 1 = rural)	0.566	0.622	0.000	0.569	0.569	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.701	0.233	1.022	0.701	0.701	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	57.565	55.940	0.000	57.452	57.295	0.023
Sex (0 = male; 1 = female)	0.506	0.501	0.000	0.501	0.501	0.000
Urban/Rural (0 = urban; 1 = rural)	0.566	0.622	0.000	0.569	0.569	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.701	0.233	1.022	0.701	0.701	0.000
COPD - Use of Spirometry Testing						
Age	56.017	53.918	0.314	56.125	56.068	0.009
Sex (0 = male; 1 = female)	0.612	0.629	-0.035	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.593	0.671	-0.159	0.598	0.598	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	57.507	56.097	0.224	57.863	57.952	-0.014
Sex (0 = male; 1 = female)	0.637	0.659	-0.046	0.669	0.669	0.000
Urban/Rural (0 = urban; 1 = rural)	0.541	0.633	-0.184	0.547	0.547	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	57.507	56.097	0.224	57.863	57.952	-0.014
Sex (0 = male; 1 = female)	0.637	0.659	-0.046	0.669	0.669	0.000
Urban/Rural (0 = urban; 1 = rural)	0.541	0.633	-0.184	0.547	0.547	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000
Diabetes - Members who had LDL-C Test						
Age	52.790	46.105	0.663	52.701	52.668	0.003
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.790	46.105	0.663	52.701	52.668	0.003
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.790	46.105	0.663	52.701	52.668	0.003
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.790	46.105	0.663	52.701	52.668	0.003
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
Hypertension - LDL-C Test						
Age	53.999	48.613	0.567	53.992	53.956	0.004
Sex (0 = male; 1 = female)	0.605	0.617	-0.025	0.605	0.605	0.000
Urban/Rural (0 = urban; 1 = rural)	0.535	0.610	-0.152	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	53.999	48.613	0.567	53.992	53.956	0.004
Sex (0 = male; 1 = female)	0.605	0.617	-0.025	0.605	0.605	0.000
Urban/Rural (0 = urban; 1 = rural)	0.535	0.610	-0.152	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
Opioid - Use of Opioids at High Dosage						
Age	53.954	48.313	0.563	53.575	53.475	0.011
Sex (0 = male; 1 = female)	0.654	0.698	-0.092	0.655	0.655	0.000
Urban/Rural (0 = urban; 1 = rural)	0.597	0.629	-0.065	0.596	0.596	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.754	0.575	0.417	0.754	0.754	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	52.772	45.450	0.734	52.772	52.696	0.000
Sex (0 = male; 1 = female)	0.671	0.720	0.000	0.671	0.008	2.946
Urban/Rural (0 = urban; 1 = rural)	0.576	0.626	0.000	0.576	0.576	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.717	0.514	0.452	0.718	0.718	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	13.157	9.832	0.746	13.157	13.130	0.006
Sex (0 = male; 1 = female)	0.440	0.492	-0.105	0.440	0.440	0.000
Urban/Rural (0 = urban; 1 = rural)	0.400	0.587	-0.383	0.400	0.400	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.249	0.029	0.509	0.249	0.249	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	49.930	37.063	1.090	49.926	49.845	0.007
Sex (0 = male; 1 = female)	0.666	0.729	-0.133	0.666	0.666	0.000
Urban/Rural (0 = urban; 1 = rural)	0.516	0.594	-0.156	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.653	0.320	0.699	0.653	0.653	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000
Hospital Readmission Rate - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000
Per Member Per Month Expenditures - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000

Calendar Year 2022

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio						
Age	42.527	19.032	1.329	42.412	42.359	0.003
Gender (0 = male; 1 = female)	0.738	0.517	0.504	0.742	0.742	0.000
Urban/Rural (0 = urban; 1 = rural)	0.558	0.552	0.012	0.557	0.557	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.589	0.117	0.960	0.585	0.585	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.146	0.159	-0.036	0.138	0.138	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	56.408	54.776	0.233	56.549	56.522	0.004
Sex (0 = male; 1 = female)	0.542	0.462	0.161	0.544	0.544	0.000
Urban/Rural (0 = urban; 1 = rural)	0.567	0.617	-0.100	0.565	0.565	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.807	0.419	0.981	0.809	0.809	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.530	-1.161	0.132	0.132	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	56.408	54.776	0.233	56.549	56.522	0.004
Sex (0 = male; 1 = female)	0.542	0.462	0.161	0.544	0.544	0.000
Urban/Rural (0 = urban; 1 = rural)	0.567	0.617	-0.100	0.565	0.565	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.807	0.419	0.981	0.809	0.809	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.530	-1.161	0.132	0.132	0.000
COPD - Use of Spirometry Testing						
Age	55.471	54.553	0.141	55.496	55.463	0.005
Sex (0 = male; 1 = female)	0.608	0.598	0.021	0.606	0.606	0.000
Urban/Rural (0 = urban; 1 = rural)	0.590	0.666	-0.154	0.593	0.593	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.717	0.219	1.105	0.714	0.714	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.238	0.737	-1.173	0.229	0.229	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	56.851	55.267	0.233	57.476	57.460	0.002
Sex (0 = male; 1 = female)	0.643	0.629	0.030	0.657	0.657	0.000
Urban/Rural (0 = urban; 1 = rural)	0.565	0.672	-0.216	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.844	0.453	1.079	0.853	0.853	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.117	0.522	-1.260	0.112	0.112	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	56.851	55.267	0.233	57.476	57.460	0.002
Sex (0 = male; 1 = female)	0.643	0.629	0.030	0.657	0.657	0.000
Urban/Rural (0 = urban; 1 = rural)	0.565	0.672	-0.216	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.844	0.453	1.079	0.853	0.853	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.117	0.522	-1.260	0.112	0.112	0.000
Diabetes - Members who had LDL-C Test						
Age	51.829	46.533	0.519	51.855	51.811	0.004
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.829	46.533	0.519	51.855	51.811	0.004
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.829	46.533	0.519	51.855	51.811	0.004
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.829	46.533	0.519	51.855	51.811	0.004
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000
Hypertension - LDL-C Test						
Age	52.970	48.124	0.508	52.988	52.922	0.007
Sex (0 = male; 1 = female)	0.616	0.588	0.058	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.524	0.606	-0.164	0.524	0.524	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.697	0.259	0.955	0.697	0.697	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.176	0.595	-1.100	0.175	0.175	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.970	48.124	0.508	52.988	52.922	0.007
Sex (0 = male; 1 = female)	0.616	0.588	0.058	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.524	0.606	-0.164	0.524	0.524	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.697	0.259	0.955	0.697	0.697	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.176	0.595	-1.100	0.175	0.175	0.000
Opioid - Use of Opioids at High Dosage						
Age	53.093	48.136	0.542	53.100	52.982	0.013
Sex (0 = male; 1 = female)	0.658	0.675	-0.035	0.658	0.658	0.000
Urban/Rural (0 = urban; 1 = rural)	0.586	0.643	-0.116	0.585	0.585	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.736	0.322	0.939	0.735	0.735	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.158	0.512	-0.972	0.153	0.153	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	52.329	46.242	0.629	52.384	52.264	0.012
Sex (0 = male; 1 = female)	0.680	0.677	0.007	0.679	0.679	0.000
Urban/Rural (0 = urban; 1 = rural)	0.576	0.629	-0.107	0.578	0.578	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.692	0.258	0.938	0.692	0.692	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.186	0.562	-0.967	0.183	0.183	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP Mean**	**Comparison Mean**	**Standardized Difference**	**HMP Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	12.332	9.528	0.607	12.332	12.332	0.000
Sex (0 = male; 1 = female)	0.477	0.491	-0.028	0.477	0.477	0.000
Urban/Rural (0 = urban; 1 = rural)	0.385	0.565	-0.369	0.385	0.385	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.378	0.024	0.729	0.378	0.378	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.036	0.019	0.092	0.036	0.036	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	49.144	36.442	1.078	49.144	49.062	0.007
Sex (0 = male; 1 = female)	0.677	0.649	0.059	0.677	0.677	0.000
Urban/Rural (0 = urban; 1 = rural)	0.513	0.574	-0.122	0.513	0.513	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.626	0.103	1.081	0.626	0.626	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.216	0.666	-1.094	0.216	0.216	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000
Hospital Readmission Rate - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000
Per Member Per Month Expenditures - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000

Calendar Year 2023

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	12.877	10.856	0.563	13.000	12.950	0.014
Gender (0 = male; 1 = female)	0.386	0.429	-0.088	0.375	0.375	0.000
Urban/Rural (0 = urban; 1 = rural)	0.281	0.430	-0.332	0.286	0.286	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.632	0.074	1.156	0.625	0.625	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	49.572	41.521	0.705	49.572	49.602	-0.003
Sex (0 = male; 1 = female)	0.797	0.713	0.209	0.797	0.797	0.000
Urban/Rural (0 = urban; 1 = rural)	0.461	0.439	0.045	0.461	0.461	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.656	0.145	1.075	0.656	0.656	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.133	0.630	-1.460	0.133	0.133	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	56.989	54.767	0.338	57.035	56.925	0.017
Sex (0 = male; 1 = female)	0.543	0.441	0.204	0.541	0.541	0.000
Urban/Rural (0 = urban; 1 = rural)	0.454	0.451	0.006	0.454	0.454	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.764	0.252	1.204	0.763	0.763	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.110	0.677	-1.818	0.108	0.108	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	56.989	54.767	0.338	57.035	56.925	0.017
Sex (0 = male; 1 = female)	0.543	0.441	0.204	0.541	0.541	0.000
Urban/Rural (0 = urban; 1 = rural)	0.454	0.451	0.006	0.454	0.454	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.764	0.252	1.204	0.763	0.763	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.110	0.677	-1.818	0.108	0.108	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	56.989	54.767	0.338	57.035	56.925	0.017
Sex (0 = male; 1 = female)	0.543	0.441	0.204	0.541	0.541	0.000
Urban/Rural (0 = urban; 1 = rural)	0.454	0.451	0.006	0.454	0.454	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.764	0.252	1.204	0.763	0.763	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.110	0.677	-1.818	0.108	0.108	0.000
COPD - Use of Spirometry Testing						
Age	55.093	54.748	0.054	55.114	55.083	0.005
Sex (0 = male; 1 = female)	0.664	0.594	0.147	0.664	0.664	0.000
Urban/Rural (0 = urban; 1 = rural)	0.451	0.493	-0.084	0.452	0.452	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.718	0.158	1.243	0.716	0.716	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.129	0.770	-1.910	0.126	0.126	0.000
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	57.309	55.307	0.336	57.321	57.421	-0.017
Sex (0 = male; 1 = female)	0.685	0.637	0.104	0.709	0.709	0.000
Urban/Rural (0 = urban; 1 = rural)	0.388	0.472	-0.174	0.382	0.382	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.843	0.271	1.570	0.855	0.855	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.073	0.666	-2.278	0.079	0.079	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	57.309	55.307	0.336	57.321	57.421	-0.017
Sex (0 = male; 1 = female)	0.685	0.637	0.104	0.709	0.709	0.000
Urban/Rural (0 = urban; 1 = rural)	0.388	0.472	-0.174	0.382	0.382	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.843	0.271	1.570	0.855	0.855	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.073	0.666	-2.278	0.079	0.079	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Members who had LDL-C Test						
Age	51.189	47.670	0.336	51.166	51.154	0.001
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.189	47.670	0.336	51.166	51.154	0.001
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.189	47.670	0.336	51.166	51.154	0.001
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	51.189	47.670	0.336	51.166	51.154	0.001
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Hypertension - LDL-C Test						
Age	52.790	49.035	0.388	52.790	52.698	0.010
Sex (0 = male; 1 = female)	0.636	0.570	0.137	0.636	0.636	0.000
Urban/Rural (0 = urban; 1 = rural)	0.434	0.455	-0.042	0.434	0.434	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.681	0.160	1.117	0.681	0.681	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.130	0.679	-1.635	0.130	0.130	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	52.790	49.035	0.388	52.790	52.698	0.010
Sex (0 = male; 1 = female)	0.636	0.570	0.137	0.636	0.636	0.000
Urban/Rural (0 = urban; 1 = rural)	0.434	0.455	-0.042	0.434	0.434	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.681	0.160	1.117	0.681	0.681	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.130	0.679	-1.635	0.130	0.130	0.000
Opioid - Use of Opioids at High Dosage						
Age	52.972	48.729	0.462	52.981	52.968	0.001
Sex (0 = male; 1 = female)	0.680	0.670	0.020	0.680	0.680	0.000
Urban/Rural (0 = urban; 1 = rural)	0.453	0.499	-0.092	0.453	0.453	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.724	0.221	1.127	0.724	0.724	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.110	0.587	-1.525	0.110	0.110	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	51.821	46.867	0.499	51.842	51.786	0.006
Sex (0 = male; 1 = female)	0.696	0.669	0.059	0.697	0.697	0.000
Urban/Rural (0 = urban; 1 = rural)	0.454	0.480	-0.052	0.454	0.454	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.679	0.171	1.087	0.678	0.678	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.127	0.613	-1.461	0.127	0.127	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	12.553	9.086	0.732	12.553	12.553	0.000
Sex (0 = male; 1 = female)	0.370	0.493	-0.254	0.370	0.370	0.000
Urban/Rural (0 = urban; 1 = rural)	0.351	0.454	-0.216	0.351	0.351	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.633	0.030	1.251	0.633	0.633	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	48.481	37.981	0.867	48.481	48.402	0.007
Sex (0 = male; 1 = female)	0.682	0.629	0.113	0.682	0.682	0.000
Urban/Rural (0 = urban; 1 = rural)	0.413	0.430	-0.035	0.413	0.413	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.630	0.078	1.143	0.630	0.630	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.662	-1.550	0.134	0.134	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-HC Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex (0 = male; 1 = female)	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000
Hospital Readmission Rate - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000
Per Member Per Month Expenditures - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000

APPENDIX D – STATISTICAL SIGNIFICANCE TEST (HEALTH COACHING)

Appendix D presents year-specific rates, five-year pooled rates and p-values for HEDIS and utilization/expenditure measures included within the SoonerCare HMP health coaching evaluation. Statistical significance results also are noted.

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
HEDIS and Utilization/Expenditure Measures	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**
HEDIS Measures												
Asthma - Medication Ratio - 5 to 18 years												
HMP	72.7%	75.3%	88.4%	92.7%	75.0%	80.8%	0.1570	0.0496	0.2969	0.7195	0.0150	0.0013
Comparison Group	81.5%	84.3%	92.4%	93.7%	89.8%	88.3%	No	**Yes**	No	No	**Yes**	**Yes**
Asthma - Medication Ratio - 19 to 64 years												
HMP	80.6%	78.0%	90.8%	87.8%	85.6%	84.6%	0.0448	0.7251	0.2542	0.7597	0.8887	0.0211
Comparison Group	74.1%	77.0%	87.2%	88.5%	85.8%	82.5%	**Yes**	No	No	No	No	**Yes**
CAD - Persistent Beta-Blocker Treatment after a Heart Attack												
HMP	44.1%	46.0%	49.6%	50.7%	53.3%	48.7%	0.5611	0.6924	0.4286	0.0283	0.0107	0.0077
Comparison Group	42.6%	47.1%	47.4%	45.0%	47.7%	46.0%	No	No	No	**Yes**	**Yes**	**Yes**
CAD - Cholesterol Management - LDL-C Test												
HMP	65.8%	63.6%	67.3%	71.8%	69.6%	67.6%	0.0985	0.0232	0.0000	0.0010	0.0000	0.0000
Comparison Group	61.7%	57.7%	60.3%	63.9%	62.0%	61.1%	No	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
COPD - Use of Spirometry Testing												
HMP	24.9%	24.2%	18.1%	19.2%	21.2%	21.5%	0.5372	0.0171	0.0697	0.0017	0.0017	0.0053
Comparison Group	23.3%	18.2%	14.3%	13.0%	15.1%	16.8%	No	**Yes**	No	**Yes**	**Yes**	**Yes**
COPD - Pharmacotherapy Management of Exacerbation - 14 days												
HMP	68.9%	62.7%	66.2%	62.9%	72.7%	66.7%	0.2360	0.2583	0.8946	0.0531	0.6768	0.3314
Comparison Group	64.0%	67.6%	66.9%	59.4%	70.9%	65.8%	No	No	No	No	No	No
COPD - Pharmacotherapy Management of Exacerbation - 30 days												
HMP	76.8%	69.9%	80.6%	75.5%	79.4%	76.4%	0.2900	0.5519	0.1399	0.6222	0.1895	0.0463
Comparison Group	72.7%	72.3%	73.6%	73.2%	74.2%	73.2%	No	No	No	No	No	**Yes**
Diabetes - HbA1c Testing												
HMP	80.2%	77.9%	80.0%	80.6%	81.2%	80.0%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	72.5%	65.8%	68.2%	66.5%	72.3%	69.1%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Diabetes - LDL-C Test												
HMP	65.5%	64.8%	67.2%	66.7%	68.9%	66.6%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	58.1%	50.5%	56.7%	55.8%	59.9%	56.2%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
HEDIS and Utilization/Expenditure Measures	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**
HEDIS Measures												
Diabetes - Retinal Eye Exam												
HMP	32.2%	32.8%	36.0%	39.5%	37.2%	35.5%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	25.3%	19.8%	21.5%	23.1%	24.3%	22.8%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Diabetes - Medical Attention for Nephropathy												
HMP	89.3%	85.8%	86.9%	82.5%	82.8%	85.5%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	84.7%	78.6%	80.7%	74.1%	76.2%	78.9%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Hypertension - LDL-C Test												
HMP	62.0%	61.5%	64.4%	65.7%	66.0%	63.9%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	58.1%	53.4%	57.2%	58.6%	61.4%	57.7%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Hypertension - ACE/ARB Therapy												
HMP	67.1%	65.5%	67.5%	61.6%	61.0%	64.5%	0.0000	0.0000	0.0000	0.0054	0.0196	0.0000
Comparison Group	63.8%	62.8%	64.1%	58.8%	58.7%	61.6%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Opioid - Use of Opioids at High Dosage												
HMP	4.3%	3.0%	3.4%	2.7%	2.5%	3.2%	0.4017	0.0000	0.2208	0.1792	0.2137	0.1233
Comparison Group	4.9%	4.4%	4.2%	3.5%	3.2%	4.0%	No	**Yes**	No	No	No	No
Opioid - Concurrent Use of Opioids and Benzodiazepines												
HMP	12.9%	9.2%	10.2%	6.9%	8.8%	9.6%	0.0000	0.0000	0.6626	0.0027	0.3352	0.0001
Comparison Group	15.5%	12.6%	10.6%	8.7%	8.0%	11.1%	**Yes**	**Yes**	No	**Yes**	No	**Yes**
Child and Adolescents' Access to PCP - 12 months to 19 years												
HMP	98.3%	99.2%	98.0%	97.7%	98.6%	98.4%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	93.5%	90.5%	83.4%	84.5%	86.9%	87.8%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Adults' Access to Preventive/Ambulatory Health Services												
HMP	87.4%	97.2%	97.5%	97.7%	97.7%	95.5%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	88.7%	84.5%	82.1%	81.4%	83.7%	84.1%	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
HEDIS and Utilization/Expenditure Measures	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**
Utilization/Expenditure Measures												
Emergency Room Visits (per 1,000 member months) - All												
HMP	162.7	142.4	137.5	157.0	172.4	154.4	0.0000	0.0000	0.0000	0.0016	0.0000	0.0000
Comparison Group	186.8	158.9	158.0	142.8	206.3	170.6	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Hospital Admissions (per 100,000 member months) - All												
HMP	3324.3	2736.2	2654.5	3504.8	3825.3	3209.0	0.3855	0.0000	0.0000	0.0001	0.0028	0.0000
Comparison Group	3518.2	3112.8	3161.5	2644.6	4480.6	3383.5	No	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Hospital Readmission Rate - All												
HMP	6.0%	5.3%	5.7%	6.1%	6.3%	5.9%	0.1680	0.3613	0.4568	0.9690	0.0044	0.0006
Comparison Group	6.9%	5.8%	6.1%	6.1%	7.3%	6.5%	No	No	No	No	**Yes**	**Yes**
Per Member Per Month Expenditures - All												
HMP	$ 550.09	$ 616.09	$ 690.77	$ 930.39	$ 1,116.22	$ 780.71	0.0000	0.0000	0.0000	0.0590	0.0000	0.0000
Comparison Group	$ 728.57	$ 743.48	$ 829.46	$ 939.76	$ 1,631.90	$ 974.63	**Yes**	**Yes**	**Yes**	No	**Yes**	**Yes**

APPENDIX E – PRACTICE FACILITATION PARTICIPANT SURVEY INSTRUMENT

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

Decision to Participate in the Health Management Program

1. Were you the person who made the decision to participate in the Health Management Program?
    a. Yes
    b. No. If your answer is "no," please proceed to Question 4.

2. What were your reasons for deciding to participate?
    a. Improve care management of patients with chronic conditions/improve outcomes
    b. Gain access to Practice Facilitator and/or embedded Health Coach
    c. Obtain information on patient utilization and costs
    d. Receive assistance in redesigning practice workflows
    e. Reduce costs
    f. Increase income
    g. Continuing education
    h. Other. Please specify: _____
    i. Don't know/not sure

3. Among the reasons you cited, what was the most important reason for deciding to participate?

    a. Improve care management of patients with chronic conditions/improve outcomes

    b. Gain access to Practice Facilitator and/or embedded Health Coach

    c. Obtain information on patient utilization and costs

    d. Receive assistance in redesigning practice workflows

    e. Reduce costs

    f. Increase income

    g. Continuing education

    h. Other. Please specify:

        _____

Practice Facilitation Activities

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

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

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

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

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

Practice Facilitation Outcomes

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

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

8. What is the most important change you made?

    _____

    _____

    _____

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

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

11. Would you recommend Practice Facilitation to other providers and practices caring for patients with chronic conditions?
    a. Yes
    b. No
    c. Don't know/not sure

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

    _____

    _____

    _____

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						

	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not Appropriate	Not Sure
f. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems						
g. Helping patients make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing patient medications and helping patients to manage their medications						

16. The following is a list of activities that Health Coaches can perform to assist patients. Thinking about the current Health Coach assigned to your practice, **please rate me how satisfied you** are with the assistance she provides to your patients.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure/ NA
a. Learning about your patients and their health care needs					
b. Giving easy to understand instructions about taking care of health problems or concerns					
c. Helping patients to identify changes in their health that might be an early sign of a problem					
d. Answering patient questions about their health					
e. Helping patients to talk to and work with you and practice staff					
f. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems					

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure/ NA
g. Helping patients make and keep health care appointments for mental health or substance abuse problems					
h. Reviewing patient medications and helping patients to manage their medications					

17. Overall, how satisfied are you with your experience having a Telligen Health Coach assigned to your practice?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't know/not sure

18. Do you have any suggestions for improving the Health Coaching position?

_____

_____

_____

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:

_____

You can return your survey by email, regular mail or fax.

Please email your completed survey to cgullo@phpg.com

Please mail your completed survey to:

OHCA Practice Facilitation Survey
900 North Shore Drive, Suite 270
Lake Bluff, IL 60044

Please fax your completed survey to: (224) 347-4913

Thank you for your help.

APPENDIX F – CEM BALANCE TABLES (PRACTICE FACILITATION)

Appendix F presents Coarsened Exact Matching (CEM) balance tables for the SoonerCare HMP practice facilitation evaluation. Pre- and post-balancing results are shown individually for Calendar Years 2019 – 2021.

Calendar Year 2019

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	11.270	11.073	0.051	11.270	11.270	0.000
Gender (0 = male; 1 = female)	0.492	0.493	-0.001	0.492	0.492	0.000
Urban/Rural (0 = urban; 1 = rural)	0.338	0.581	-0.515	0.338	0.338	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.033	0.038	-0.028	0.033	0.033	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	38.005	38.670	-0.053	38.005	38.009	0.000
Sex (0 = male; 1 = female)	0.704	0.689	0.033	0.704	0.704	0.000
Urban/Rural (0 = urban; 1 = rural)	0.485	0.600	-0.231	0.485	0.485	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.403	0.428	-0.050	0.403	0.403	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	53.648	54.758	-0.138	53.739	53.861	-0.015
Sex (0 = male; 1 = female)	0.491	0.526	-0.070	0.497	0.497	0.000
Urban/Rural (0 = urban; 1 = rural)	0.478	0.620	-0.284	0.478	0.478	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.786	0.831	-0.109	0.796	0.796	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	53.648	54.758	-0.138	53.739	53.861	-0.015
Sex (0 = male; 1 = female)	0.491	0.526	-0.070	0.497	0.497	0.000
Urban/Rural (0 = urban; 1 = rural)	0.478	0.620	-0.284	0.478	0.478	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.786	0.831	-0.109	0.796	0.796	0.000
COPD - Use of Spirometry Testing						
Age	47.948	46.804	0.078	48.258	48.374	-0.008
Sex (0 = male; 1 = female)	0.647	0.626	0.045	0.642	0.642	0.000
Urban/Rural (0 = urban; 1 = rural)	0.588	0.648	-0.121	0.596	0.596	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.680	0.656	0.051	0.676	0.676	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	51.750	52.715	-0.094	52.508	52.489	0.002
Sex (0 = male; 1 = female)	0.765	0.684	0.190	0.769	0.769	0.000
Urban/Rural (0 = urban; 1 = rural)	0.471	0.630	-0.318	0.492	0.492	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.882	0.837	0.141	0.893	0.893	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	51.750	52.715	-0.094	52.508	52.489	0.002
Sex (0 = male; 1 = female)	0.765	0.684	0.190	0.769	0.769	0.000
Urban/Rural (0 = urban; 1 = rural)	0.471	0.630	-0.318	0.492	0.492	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.882	0.837	0.141	0.893	0.893	0.000
Diabetes - Members who had LDL-C Test						
Age	46.927	47.676	-0.062	46.927	46.933	-0.001
Sex (0 = male; 1 = female)	0.643	0.652	-0.018	0.643	0.643	0.000
Urban/Rural (0 = urban; 1 = rural)	0.532	0.617	-0.171	0.532	0.532	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.639	0.688	-0.103	0.639	0.639	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.927	47.676	-0.062	46.927	46.933	-0.001
Sex (0 = male; 1 = female)	0.643	0.652	-0.018	0.643	0.643	0.000
Urban/Rural (0 = urban; 1 = rural)	0.532	0.617	-0.171	0.532	0.532	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.639	0.688	-0.103	0.639	0.639	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.927	47.676	-0.062	46.927	46.933	-0.001
Sex (0 = male; 1 = female)	0.643	0.652	-0.018	0.643	0.643	0.000
Urban/Rural (0 = urban; 1 = rural)	0.532	0.617	-0.171	0.532	0.532	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.639	0.688	-0.103	0.639	0.639	0.000

HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.927	47.676	-0.062	46.927	46.933	-0.001
Sex (0 = male; 1 = female)	0.643	0.652	-0.018	0.643	0.643	0.000
Urban/Rural (0 = urban; 1 = rural)	0.532	0.617	-0.171	0.532	0.532	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.639	0.688	-0.103	0.639	0.639	0.000
Hypertension - LDL-C Test						
Age	48.243	49.071	-0.073	48.243	48.273	-0.003
Sex (0 = male; 1 = female)	0.609	0.612	-0.006	0.609	0.609	0.000
Urban/Rural (0 = urban; 1 = rural)	0.540	0.607	-0.136	0.540	0.540	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.642	0.684	-0.087	0.642	0.642	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	48.243	49.071	-0.073	48.243	48.273	-0.003
Sex (0 = male; 1 = female)	0.609	0.612	-0.006	0.609	0.609	0.000
Urban/Rural (0 = urban; 1 = rural)	0.540	0.607	-0.136	0.540	0.540	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.642	0.684	-0.087	0.642	0.642	0.000
Opioid - Use of Opioids at High Dosage						
Age	47.375	47.712	-0.032	47.345	47.297	0.005
Sex (0 = male; 1 = female)	0.705	0.698	0.016	0.705	0.705	0.000
Urban/Rural (0 = urban; 1 = rural)	0.575	0.639	-0.129	0.576	0.576	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.588	0.620	-0.066	0.589	0.589	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	45.324	45.810	-0.042	45.273	45.264	0.001
Sex (0 = male; 1 = female)	0.730	0.709	0.048	0.730	0.730	0.000
Urban/Rural (0 = urban; 1 = rural)	0.558	0.632	-0.148	0.558	0.558	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.524	0.566	-0.084	0.525	0.525	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	9.507	9.025	0.096	9.507	9.507	0.000
Sex (0 = male; 1 = female)	0.492	0.492	0.000	0.492	0.492	0.000
Urban/Rural (0 = urban; 1 = rural)	0.338	0.576	-0.503	0.338	0.338	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.029	0.033	-0.024	0.029	0.029	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	39.077	39.761	-0.056	39.077	39.094	-0.001
Sex (0 = male; 1 = female)	0.709	0.640	0.033	0.709	0.709	0.000
Urban/Rural (0 = urban; 1 = rural)	0.493	0.598	-0.210	0.493	0.493	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.417	0.441	-0.050	0.417	0.417	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2019 All Data (pre-balancing)			2019 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	13.737	13.419	0.027	13.732	13.716	0.001
Sex	0.520	0.518	0.005	0.520	0.520	0.000
Urban/Rural	0.332	0.564	-0.494	0.332	0.332	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.091	0.098	-0.025	0.091	0.091	0.000
Prior year PMPM threshold	0.047	0.047	0.000	0.047	0.047	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as ER Visits*			*Same population as ER Visits*		
Age	13.737	13.419	0.027	13.732	13.716	0.001
Sex	0.520	0.518	0.005	0.520	0.520	0.000
Urban/Rural	0.332	0.564	-0.494	0.332	0.332	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.091	0.098	-0.025	0.091	0.091	0.000
Prior year PMPM threshold	0.047	0.047	0.000	0.047	0.047	0.000
Hospital Readmission Rate - All	*Same population as ER Visits*			*Same population as ER Visits*		
Age	13.737	13.419	0.027	13.732	13.716	0.001
Sex	0.520	0.518	0.005	0.520	0.520	0.000
Urban/Rural	0.332	0.564	-0.494	0.332	0.332	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.091	0.098	-0.025	0.091	0.091	0.000
Prior year PMPM threshold	0.047	0.047	0.000	0.047	0.047	0.000
Per Member Per Month Expenditures - All	*Same population as ER Visits*			*Same population as ER Visits*		
Age	13.737	13.419	0.027	13.732	13.716	0.001
Sex	0.520	0.518	0.005	0.520	0.520	0.000
Urban/Rural	0.332	0.564	-0.494	0.332	0.332	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.091	0.098	-0.025	0.091	0.091	0.000
Prior year PMPM threshold	0.047	0.047	0.000	0.047	0.047	0.000

Calendar Year 2020

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	11.481	11.139	0.087	11.481	11.481	0.000
Gender (0 = male; 1 = female)	0.492	0.492	0.492	0.492	0.492	0.000
Urban/Rural (0 = urban; 1 = rural)	0.346	0.576	0.576	0.346	0.346	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.032	0.034	0.034	0.032	0.032	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	35.077	35.222	-0.011	35.077	35.063	0.001
Sex (0 = male; 1 = female)	0.702	0.699	0.005	0.702	0.702	0.000
Urban/Rural (0 = urban; 1 = rural)	0.439	0.580	-0.285	0.439	0.439	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.290	0.285	0.012	0.290	0.290	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	54.079	55.551	-0.187	54.239	54.293	-0.007
Sex (0 = male; 1 = female)	0.524	0.509	0.030	0.521	0.521	0.000
Urban/Rural (0 = urban; 1 = rural)	0.424	0.623	-0.402	0.426	0.426	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.796	0.824	-0.069	0.798	0.798	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	54.079	55.551	-0.187	54.239	54.293	-0.007
Sex (0 = male; 1 = female)	0.524	0.509	0.030	0.521	0.521	0.000
Urban/Rural (0 = urban; 1 = rural)	0.424	0.623	-0.402	0.426	0.426	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.796	0.824	-0.069	0.798	0.798	0.000
COPD - Use of Spirometry Testing						
Age	44.913	37.031	0.457	45.005	45.034	-0.002
Sex (0 = male; 1 = female)	0.622	0.553	0.143	0.626	0.626	0.000
Urban/Rural (0 = urban; 1 = rural)	0.628	0.611	0.034	0.631	0.631	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.633	0.527	0.220	0.631	0.631	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	53.851	53.066	0.085	54.516	54.431	0.000
Sex (0 = male; 1 = female)	0.672	0.645	0.058	0.688	0.688	0.000
Urban/Rural (0 = urban; 1 = rural)	0.522	0.585	-0.125	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.806	0.821	0.037	0.828	0.828	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	53.851	53.066	0.085	54.516	54.431	0.000
Sex (0 = male; 1 = female)	0.672	0.645	0.058	0.688	0.688	0.000
Urban/Rural (0 = urban; 1 = rural)	0.522	0.585	-0.125	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.806	0.821	0.037	0.828	0.828	0.000
Diabetes - Members who had LDL-C Test						
Age	45.826	46.351	-0.043	45.863	45.877	-0.001
Sex (0 = male; 1 = female)	0.666	0.667	-0.002	0.667	0.667	0.000
Urban/Rural (0 = urban; 1 = rural)	0.470	0.597	-0.255	0.471	0.471	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.573	0.586	-0.027	0.574	0.574	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	45.826	46.351	-0.043	45.863	45.877	-0.001
Sex (0 = male; 1 = female)	0.666	0.667	-0.002	0.667	0.667	0.000
Urban/Rural (0 = urban; 1 = rural)	0.470	0.597	-0.255	0.471	0.471	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.573	0.586	-0.027	0.574	0.574	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	45.826	46.351	-0.043	45.863	45.877	-0.001
Sex (0 = male; 1 = female)	0.666	0.667	-0.002	0.667	0.667	0.000
Urban/Rural (0 = urban; 1 = rural)	0.470	0.597	-0.255	0.471	0.471	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.573	0.586	-0.027	0.574	0.574	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	45.826	46.351	-0.043	45.863	45.877	-0.001
Sex (0 = male; 1 = female)	0.666	0.667	-0.002	0.667	0.667	0.000
Urban/Rural (0 = urban; 1 = rural)	0.470	0.597	-0.255	0.471	0.471	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.573	0.586	-0.027	0.574	0.574	0.000
Hypertension - LDL-C Test						
Age	47.574	47.621	-0.004	47.556	47.540	0.001
Sex (0 = male; 1 = female)	0.617	0.624	-0.014	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.483	0.588	-0.209	0.483	0.483	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.585	0.584	0.003	0.585	0.585	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	47.574	47.621	-0.004	47.556	47.540	0.001
Sex (0 = male; 1 = female)	0.617	0.624	-0.014	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.483	0.588	-0.209	0.483	0.483	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.585	0.584	0.003	0.585	0.585	0.000
Opioid - Use of Opioids at High Dosage						
Age	47.739	47.419	0.030	47.761	47.764	0.000
Sex (0 = male; 1 = female)	0.691	0.702	-0.023	0.694	0.694	0.000
Urban/Rural (0 = urban; 1 = rural)	0.557	0.602	-0.091	0.559	0.559	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.585	0.575	0.021	0.586	0.586	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	45.034	45.297	-0.022	45.044	45.068	-0.002
Sex (0 = male; 1 = female)	0.711	0.716	-0.010	0.712	0.712	0.000
Urban/Rural (0 = urban; 1 = rural)	0.534	0.600	-0.133	0.534	0.534	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.489	0.514	-0.050	0.489	0.489	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-PF Mean	Comparison Mean	Standardized Difference	HAN General Mean	Comparison Mean	Standardized Difference
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	9.924	9.254	0.127	9.924	9.924	0.000
Sex (0 = male; 1 = female)	0.493	0.493	0.000	0.493	0.493	0.000
Urban/Rural (0 = urban; 1 = rural)	0.349	0.574	-0.471	0.349	0.349	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.028	0.029	-0.005	0.028	0.028	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	37.482	37.771	-0.024	37.477	37.489	-0.001
Sex (0 = male; 1 = female)	0.726	0.725	0.003	0.726	0.726	0.000
Urban/Rural (0 = urban; 1 = rural)	0.451	0.578	-0.255	0.451	0.451	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.326	0.320	0.013	0.326	0.326	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	14.589	13.515	0.088	14.585	14.558	0.002
Sex	0.524	0.519	0.010	0.524	0.524	0.000
Urban/Rural	0.348	0.574	-0.477	0.348	0.348	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.095	0.087	0.026	0.095	0.095	0.000
Prior year PMPM threshold	0.048	0.046	0.010	0.048	0.048	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Admissions*			*Same population as Admissions*		
Age	14.589	13.515	0.088	14.585	14.558	0.002
Sex	0.524	0.519	0.010	0.524	0.524	0.000
Urban/Rural	0.348	0.574	-0.477	0.348	0.348	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.095	0.087	0.026	0.095	0.095	0.000
Prior year PMPM threshold	0.048	0.046	0.010	0.048	0.048	0.000
Hospital Readmission Rate - All	*Same population as Admissions*			*Same population as Admissions*		
Age	14.589	13.515	0.088	14.585	14.558	0.002
Sex	0.524	0.519	0.010	0.524	0.524	0.000
Urban/Rural	0.348	0.574	-0.477	0.348	0.348	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.095	0.087	0.026	0.095	0.095	0.000
Prior year PMPM threshold	0.048	0.046	0.010	0.048	0.048	0.000
Per Member Per Month Expenditures - All	*Same population as Admissions*			*Same population as Admissions*		
Age	14.589	13.515	0.088	14.585	14.558	0.002
Sex	0.524	0.519	0.010	0.524	0.524	0.000
Urban/Rural	0.348	0.574	-0.477	0.348	0.348	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.095	0.087	0.026	0.095	0.095	0.000
Prior year PMPM threshold	0.048	0.046	0.010	0.048	0.048	0.000

Calendar Year 2021

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	11.607	11.257	0.088	11.607	11.607	0.000
Gender (0 = male; 1 = female)	0.492	0.491	0.004	0.492	0.492	0.000
Urban/Rural (0 = urban; 1 = rural)	0.284	0.589	-0.676	0.284	0.284	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.029	0.029	0.000	0.029	0.029	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	33.947	33.357	0.048	33.950	33.883	0.005
Sex (0 = male; 1 = female)	0.680	0.688	-0.017	0.680	0.680	0.000
Urban/Rural (0 = urban; 1 = rural)	0.314	0.594	-0.604	0.314	0.314	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.135	0.233	-0.286	0.135	0.135	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	55.180	55.940	-0.091	55.309	55.364	-0.007
Sex (0 = male; 1 = female)	0.473	0.501	-0.058	0.476	0.476	0.000
Urban/Rural (0 = urban; 1 = rural)	0.341	0.622	-0.594	0.338	0.338	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.791	0.827	-0.089	0.797	0.797	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	55.180	55.940	-0.091	55.309	55.364	-0.007
Sex (0 = male; 1 = female)	0.473	0.501	-0.058	0.476	0.476	0.000
Urban/Rural (0 = urban; 1 = rural)	0.341	0.622	-0.594	0.338	0.338	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.791	0.827	-0.089	0.797	0.797	0.000
COPD - Use of Spirometry Testing						
Age	54.415	53.918	0.072	54.519	54.533	-0.002
Sex (0 = male; 1 = female)	0.614	0.629	-0.029	0.621	0.621	0.000
Urban/Rural (0 = urban; 1 = rural)	0.439	0.671	-0.468	0.444	0.444	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.656	0.591	0.136	0.653	0.653	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	54.856	56.097	-0.177	56.622	55.695	-0.010
Sex (0 = male; 1 = female)	0.748	0.659	0.204	0.816	0.816	0.000
Urban/Rural (0 = urban; 1 = rural)	0.369	0.633	-0.546	0.388	0.388	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.844	0.829	0.089	0.860	0.860	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	54.856	56.097	-0.177	56.622	55.695	-0.010
Sex (0 = male; 1 = female)	0.748	0.659	0.204	0.816	0.816	0.000
Urban/Rural (0 = urban; 1 = rural)	0.369	0.633	-0.546	0.388	0.388	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.844	0.829	0.089	0.860	0.860	0.000
Diabetes - Members who had LDL-C Test						
Age	46.346	46.105	0.020	46.346	46.348	0.000
Sex (0 = male; 1 = female)	0.670	0.677	-0.015	0.670	0.670	0.000
Urban/Rural (0 = urban; 1 = rural)	0.334	0.618	-0.603	0.334	0.334	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.606	0.637	-0.065	0.606	0.606	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.346	46.105	0.020	46.346	46.348	0.000
Sex (0 = male; 1 = female)	0.670	0.677	-0.015	0.670	0.670	0.000
Urban/Rural (0 = urban; 1 = rural)	0.334	0.618	-0.603	0.334	0.334	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.606	0.637	-0.065	0.606	0.606	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.346	46.105	0.020	46.346	46.348	0.000
Sex (0 = male; 1 = female)	0.670	0.677	-0.015	0.670	0.670	0.000
Urban/Rural (0 = urban; 1 = rural)	0.334	0.618	-0.603	0.334	0.334	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.606	0.637	-0.065	0.606	0.606	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.346	46.105	0.020	46.346	46.348	0.000
Sex (0 = male; 1 = female)	0.670	0.677	-0.015	0.670	0.670	0.000
Urban/Rural (0 = urban; 1 = rural)	0.334	0.618	-0.603	0.334	0.334	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.606	0.637	-0.065	0.606	0.606	0.000
Hypertension - LDL-C Test						
Age	48.376	48.613	-0.021	48.355	48.346	0.001
Sex (0 = male; 1 = female)	0.640	0.617	0.049	0.640	0.640	0.000
Urban/Rural (0 = urban; 1 = rural)	0.358	0.610	-0.526	0.358	0.358	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.614	0.634	-0.042	0.614	0.614	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	48.376	48.613	-0.021	48.355	48.346	0.001
Sex (0 = male; 1 = female)	0.640	0.617	0.049	0.640	0.640	0.000
Urban/Rural (0 = urban; 1 = rural)	0.358	0.610	-0.526	0.358	0.358	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.614	0.634	-0.042	0.614	0.614	0.000
Opioid - Use of Opioids at High Dosage						
Age	47.435	48.313	-0.084	47.435	47.386	0.005
Sex (0 = male; 1 = female)	0.720	0.698	0.051	0.720	0.720	0.000
Urban/Rural (0 = urban; 1 = rural)	0.405	0.629	-0.456	0.405	0.405	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.586	0.598	-0.023	0.587	0.587	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	44.898	45.540	-0.055	44.945	44.945	0.000
Sex (0 = male; 1 = female)	0.714	0.720	-0.013	0.715	0.715	0.000
Urban/Rural (0 = urban; 1 = rural)	0.369	0.626	-0.532	0.370	0.370	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.506	0.540	-0.067	0.507	0.507	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-PF Mean	Comparison Mean	Standardized Difference	HAN General Mean	Comparison Mean	Standardized Difference
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	10.622	9.832	0.147	10.622	10.622	0.000
Sex (0 = male; 1 = female)	0.494	0.492	0.004	0.494	0.494	0.000
Urban/Rural (0 = urban; 1 = rural)	0.284	0.587	-0.674	0.284	0.284	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.028	0.031	-0.014	0.028	0.028	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	36.194	37.063	-0.073	36.186	36.206	-0.002
Sex (0 = male; 1 = female)	0.702	0.729	-0.058	0.702	0.702	0.000
Urban/Rural (0 = urban; 1 = rural)	0.318	0.594	0.592	0.318	0.318	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.371	0.381	-0.019	0.371	0.371	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	15.380	13.992	0.113	15.377	15.336	0.003
Sex	0.536	0.524	0.023	0.536	0.536	0.000
Urban/Rural	0.281	0.588	-0.683	0.281	0.281	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.087	0.078	0.032	0.087	0.087	0.000
Prior year PMPM threshold	0.042	0.045	-0.014	0.042	0.042	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Admissions*			*Same population as Admissions*		
Age	15.380	13.992	0.113	15.377	15.336	0.003
Sex	0.536	0.524	0.023	0.536	0.536	0.000
Urban/Rural	0.281	0.588	-0.683	0.281	0.281	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.087	0.078	0.032	0.087	0.087	0.000
Prior year PMPM threshold	0.042	0.045	-0.014	0.042	0.042	0.000
Hospital Readmission Rate - All	*Same population as Admissions*			*Same population as Admissions*		
Age	15.380	13.992	0.113	15.377	15.336	0.003
Sex	0.536	0.524	0.023	0.536	0.536	0.000
Urban/Rural	0.281	0.588	-0.683	0.281	0.281	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.087	0.078	0.032	0.087	0.087	0.000
Prior year PMPM threshold	0.042	0.045	-0.014	0.042	0.042	0.000
Per Member Per Month Expenditures - All	*Same population as Admissions*			*Same population as Admissions*		
Age	15.380	13.992	0.113	15.377	15.336	0.003
Sex	0.536	0.524	0.023	0.536	0.536	0.000
Urban/Rural	0.281	0.588	-0.683	0.281	0.281	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.087	0.078	0.032	0.087	0.087	0.000
Prior year PMPM threshold	0.042	0.045	-0.014	0.042	0.042	0.000

Calendar Year 2022

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio						
Age	21.119	19.032	0.128	20.981	21.001	-0.001
Gender (0 = male; 1 = female)	0.526	0.517	0.019	0.527	0.527	0.000
Urban/Rural (0 = urban; 1 = rural)	0.416	0.552	-0.276	0.415	0.415	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.144	0.117	0.079	0.141	0.141	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.177	0.159	0.046	0.173	0.173	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	53.834	54.776	-0.112	54.176	54.157	0.002
Sex (0 = male; 1 = female)	0.516	0.462	0.108	0.519	0.519	0.000
Urban/Rural (0 = urban; 1 = rural)	0.434	0.617	-0.369	0.436	0.436	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.480	0.419	0.123	0.481	0.481	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.404	0.530	-0.257	0.403	0.403	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	53.834	54.776	-0.112	54.176	54.157	0.002
Sex (0 = male; 1 = female)	0.516	0.462	0.108	0.519	0.519	0.000
Urban/Rural (0 = urban; 1 = rural)	0.434	0.617	-0.369	0.436	0.436	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.480	0.419	0.123	0.481	0.481	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.404	0.530	-0.257	0.403	0.403	0.000
COPD - Use of Spirometry Testing						
Age	54.239	54.553	-0.046	54.202	54.204	-0.001
Sex (0 = male; 1 = female)	0.586	0.598	-0.024	0.586	0.586	0.000
Urban/Rural (0 = urban; 1 = rural)	0.463	0.666	-0.408	0.462	0.462	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.289	0.219	0.154	0.286	0.286	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.666	0.737	-0.150	0.665	0.665	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-PF Mean	Comparison Mean	Standardized Difference	HAN General Mean	Comparison Mean	Standardized Difference
HEDIS Measures						
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	55.155	55.267	-0.016	55.335	55.291	0.006
Sex (0 = male; 1 = female)	0.665	0.629	0.077	0.675	0.675	0.000
Urban/Rural (0 = urban; 1 = rural)	0.413	0.672	-0.526	0.414	0.414	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.597	0.453	0.294	0.592	0.592	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.408	0.522	-0.232	0.403	0.403	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	55.155	55.267	-0.016	55.335	55.291	0.006
Sex (0 = male; 1 = female)	0.665	0.629	0.077	0.675	0.675	0.000
Urban/Rural (0 = urban; 1 = rural)	0.413	0.672	-0.526	0.414	0.414	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.597	0.453	0.294	0.592	0.592	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.408	0.522	-0.232	0.403	0.403	0.000
Diabetes - Members who had LDL-C Test						
Age	46.324	46.533	-0.018	46.325	46.341	-0.001
Sex (0 = male; 1 = female)	0.651	0.620	0.065	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.621	-0.430	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.286	0.228	0.127	0.284	0.284	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.542	0.621	-0.159	0.541	0.541	0.000
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.324	46.533	-0.018	46.325	46.341	-0.001
Sex (0 = male; 1 = female)	0.651	0.620	0.065	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.621	-0.430	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.286	0.228	0.127	0.284	0.284	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.542	0.621	-0.159	0.541	0.541	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.324	46.533	-0.018	46.325	46.341	-0.001
Sex (0 = male; 1 = female)	0.651	0.620	0.065	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.621	-0.430	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.286	0.228	0.127	0.284	0.284	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.542	0.621	-0.159	0.541	0.541	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	46.324	46.533	-0.018	46.325	46.341	-0.001
Sex (0 = male; 1 = female)	0.651	0.620	0.065	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.621	-0.430	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.286	0.228	0.127	0.284	0.284	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.542	0.621	-0.159	0.541	0.541	0.000
Hypertension - LDL-C Test						
Age	47.894	48.124	-0.021	47.915	47.906	0.001
Sex (0 = male; 1 = female)	0.624	0.588	0.074	0.624	0.624	0.000
Urban/Rural (0 = urban; 1 = rural)	0.416	0.606	-0.386	0.415	0.415	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.301	0.259	0.092	0.300	0.300	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.531	0.595	-0.128	0.530	0.530	0.000
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	47.894	48.124	-0.021	47.915	47.906	0.001
Sex (0 = male; 1 = female)	0.624	0.588	0.074	0.624	0.624	0.000
Urban/Rural (0 = urban; 1 = rural)	0.416	0.606	-0.386	0.415	0.415	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.301	0.259	0.092	0.300	0.300	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.531	0.595	-0.128	0.530	0.530	0.000
Opioid - Use of Opioids at High Dosage						
Age	47.304	48.136	-0.080	47.304	47.299	0.001
Sex (0 = male; 1 = female)	0.707	0.675	0.071	0.710	0.710	0.000
Urban/Rural (0 = urban; 1 = rural)	0.463	0.643	-0.362	0.463	0.463	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.349	0.322	0.058	0.349	0.349	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.463	0.512	-0.100	0.463	0.463	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	45.272	46.242	-0.087	45.284	45.260	0.002
Sex (0 = male; 1 = female)	0.705	0.677	0.063	0.706	0.706	0.000
Urban/Rural (0 = urban; 1 = rural)	0.446	0.629	-0.368	0.447	0.447	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.282	0.258	0.052	0.278	0.278	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.521	0.562	-0.082	0.519	0.519	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	9.829	9.528	0.057	9.829	9.829	0.000
Sex (0 = male; 1 = female)	0.489	0.908	-0.004	0.489	0.489	0.000
Urban/Rural (0 = urban; 1 = rural)	0.375	0.565	-0.393	0.375	0.375	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.027	0.024	0.016	0.027	0.027	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.023	0.019	0.029	0.023	0.023	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	36.351	36.442	-0.008	36.347	36.332	0.001
Sex (0 = male; 1 = female)	0.673	0.649	0.050	0.673	0.673	0.000
Urban/Rural (0 = urban; 1 = rural)	0.377	0.574	-0.407	0.377	0.377	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.116	0.103	0.041	0.116	0.116	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.642	0.666	-0.048	0.643	0.643	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HAN General Mean**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	20.713	18.639	0.131	20.709	20.714	-0.001
Sex	0.565	0.545	0.042	0.565	0.565	0.000
Urban/Rural	0.375	0.568	-0.399	0.375	0.375	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.063	0.051	0.052	0.063	0.063	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.280	0.239	0.092	0.280	0.280	0.000
Prior year PMPM threshold	0.043	0.041	0.013	0.043	0.043	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Admissions*			*Same population as Admissions*		
Age	20.713	18.639	0.131	20.709	20.714	-0.001
Sex	0.565	0.545	0.042	0.565	0.565	0.000
Urban/Rural	0.375	0.568	-0.399	0.375	0.375	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.063	0.051	0.052	0.063	0.063	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.280	0.239	0.092	0.280	0.280	0.000
Prior year PMPM threshold	0.043	0.041	0.013	0.043	0.043	0.000
Hospital Readmission Rate - All	*Same population as Admissions*			*Same population as Admissions*		
Age	20.713	18.639	0.131	20.709	20.714	-0.001
Sex	0.565	0.545	0.042	0.565	0.565	0.000
Urban/Rural	0.375	0.568	-0.399	0.375	0.375	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.063	0.051	0.052	0.063	0.063	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.280	0.239	0.092	0.280	0.280	0.000
Prior year PMPM threshold	0.043	0.041	0.013	0.043	0.043	0.000
Per Member Per Month Expenditures - All	*Same population as Admissions*			*Same population as Admissions*		
Age	20.713	18.639	0.131	20.709	20.714	-0.001
Sex	0.565	0.545	0.042	0.565	0.565	0.000
Urban/Rural	0.375	0.568	-0.399	0.375	0.375	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.063	0.051	0.052	0.063	0.063	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.280	0.239	0.092	0.280	0.280	0.000
Prior year PMPM threshold	0.043	0.041	0.013	0.043	0.043	0.000

Calendar Year 2023

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-PF**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Asthma - Medication Ratio - 5 to 18 years						
Age	10.898	10.856	0.011	10.960	10.960	0.000
Gender (0 = male; 1 = female)	0.453	0.429	0.049	0.452	0.452	0.000
Urban/Rural (0 = urban; 1 = rural)	0.355	0.430	-0.158	0.355	0.355	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.063	0.074	-0.048	0.061	0.061	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000
Asthma - Medication Ratio - 19 to 64 years						
Age	40.559	41.521	-0.071	40.532	40.402	0.010
Sex (0 = male; 1 = female)	0.732	0.713	0.043	0.737	0.737	0.000
Urban/Rural (0 = urban; 1 = rural)	0.339	0.439	-0.210	0.342	0.342	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.161	0.145	0.045	0.158	0.158	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.379	0.630	0.630	0.378	0.378	0.000
CAD - Persistent Beta-Blocker Treatment after a Heart Attack						
Age	54.797	54.767	0.004	54.898	54.822	0.009
Sex (0 = male; 1 = female)	0.411	0.441	-0.060	0.410	0.410	0.000
Urban/Rural (0 = urban; 1 = rural)	0.397	0.451	-0.111	0.399	0.399	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.315	0.252	0.136	0.314	0.314	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.328	0.677	-0.744	0.330	0.330	0.000
CAD - Cholesterol Management - LDL-C Test	*Same population as CAD Beta Blocker*			*Same population as CAD Beta Blocker*		
Age	54.797	54.767	0.004	54.898	54.822	0.009
Sex (0 = male; 1 = female)	0.411	0.441	-0.060	0.410	0.410	0.000
Urban/Rural (0 = urban; 1 = rural)	0.397	0.451	-0.111	0.399	0.399	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.315	0.252	0.136	0.314	0.314	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.328	0.677	-0.744	0.330	0.330	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-PF**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
COPD - Use of Spirometry Testing						
Age	55.096	54.748	0.051	54.916	54.871	0.007
Sex (0 = male; 1 = female)	0.544	0.594	-0.102	0.554	0.554	0.000
Urban/Rural (0 = urban; 1 = rural)	0.369	0.493	-0.257	0.373	0.373	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.249	0.158	0.221	0.252	0.252	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.365	0.770	-0.840	0.371	0.371	0.000
COPD - Pharmacotherapy Management of Exacerbation - 14 days						
Age	55.955	55.307	0.101	55.562	55.562	0.000
Sex (0 = male; 1 = female)	0.607	0.637	-0.061	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.310	0.472	-0.351	0.304	0.304	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.430	0.271	0.321	0.448	0.448	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.306	0.666	-0.781	0.368	0.368	0.000
COPD - Pharmacotherapy Management of Exacerbation - 30 days	*Same population as 14 days*			*Same population as 14 days*		
Age	55.955	55.307	0.101	55.562	55.562	0.000
Sex (0 = male; 1 = female)	0.607	0.637	-0.061	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.310	0.472	-0.351	0.304	0.304	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.430	0.271	0.321	0.448	0.448	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.306	0.666	-0.781	0.368	0.368	0.000
Diabetes - Members who had LDL-C Test						
Age	47.210	47.670	-0.039	47.047	47.011	0.003
Sex (0 = male; 1 = female)	0.609	0.605	0.009	0.611	0.611	0.000
Urban/Rural (0 = urban; 1 = rural)	0.323	0.466	-0.307	0.323	0.323	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.196	0.147	0.123	0.197	0.197	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.342	0.691	-0.735	0.345	0.345	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-PF**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Diabetes - Retinal Eye Exam	*Same population as LDL-C*			*Same population as LDL-C*		
Age	47.210	47.670	-0.039	47.047	47.011	0.003
Sex (0 = male; 1 = female)	0.609	0.605	0.009	0.611	0.611	0.000
Urban/Rural (0 = urban; 1 = rural)	0.323	0.466	-0.307	0.323	0.323	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.196	0.147	0.123	0.197	0.197	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.342	0.691	-0.735	0.345	0.345	0.000
Diabetes - HbA1c Testing	*Same population as LDL-C*			*Same population as LDL-C*		
Age	47.210	47.670	-0.039	47.047	47.011	0.003
Sex (0 = male; 1 = female)	0.609	0.605	0.009	0.611	0.611	0.000
Urban/Rural (0 = urban; 1 = rural)	0.323	0.466	-0.307	0.323	0.323	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.196	0.147	0.123	0.197	0.197	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.342	0.691	-0.735	0.345	0.345	0.000
Diabetes - Medical Attention for Nephropathy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	47.210	47.670	-0.039	47.047	47.011	0.003
Sex (0 = male; 1 = female)	0.609	0.605	0.009	0.611	0.611	0.000
Urban/Rural (0 = urban; 1 = rural)	0.323	0.466	-0.307	0.323	0.323	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.196	0.147	0.123	0.197	0.197	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.342	0.691	-0.735	0.345	0.345	0.000
Hypertension - LDL-C Test						
Age	48.462	49.035	-0.051	48.446	48.402	0.004
Sex (0 = male; 1 = female)	0.583	0.570	0.026	0.583	0.583	0.000
Urban/Rural (0 = urban; 1 = rural)	0.345	0.455	-0.231	0.345	0.345	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.197	0.160	0.093	0.196	0.196	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.387	0.679	-0.598	0.387	0.387	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-PF**	**Comparison Mean**	**Standardized Difference**
HEDIS Measures						
Hypertension - ACE/ARB Therapy	*Same population as LDL-C*			*Same population as LDL-C*		
Age	48.462	49.035	-0.051	48.446	48.402	0.004
Sex (0 = male; 1 = female)	0.583	0.570	0.026	0.583	0.583	0.000
Urban/Rural (0 = urban; 1 = rural)	0.345	0.455	-0.231	0.345	0.345	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.197	0.160	0.093	0.196	0.196	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.387	0.679	-0.598	0.387	0.387	0.000
Opioid - Use of Opioids at High Dosage						
Age	47.987	48.729	-0.071	47.953	47.946	0.001
Sex (0 = male; 1 = female)	0.671	0.670	0.000	0.674	0.674	0.000
Urban/Rural (0 = urban; 1 = rural)	0.374	0.499	-0.258	0.374	0.374	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.256	0.221	0.080	0.257	0.257	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.363	0.587	-0.466	0.365	0.365	0.000
Opioid - Concurrent Use of Opioids and Benzodiazepines						
Age	45.751	46.867	-0.098	45.735	45.715	0.002
Sex (0 = male; 1 = female)	0.667	0.669	-0.005	0.667	0.667	0.000
Urban/Rural (0 = urban; 1 = rural)	0.378	0.480	-0.210	0.379	0.379	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.200	0.171	0.071	0.198	0.198	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.368	0.613	-0.507	0.368	0.368	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-PF Mean	Comparison Mean	Standardized Difference	HMP-PF	Comparison Mean	Standardized Difference
HEDIS Measures						
Child and Adolescents' Access to PCP - 12 months to 19 years						
Age	10.117	9.186	0.172	10.117	10.117	0.000
Sex (0 = male; 1 = female)	0.490	0.493	-0.004	0.490	0.490	0.000
Urban/Rural (0 = urban; 1 = rural)	0.333	0.454	-0.256	0.333	0.333	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.027	0.030	-0.017	0.027	0.027	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000
Adults' Access to Preventive/Ambulatory Health Services						
Age	10.117	9.186	0.172	10.117	10.117	0.000
Sex (0 = male; 1 = female)	0.490	0.493	-0.004	0.490	0.490	0.000
Urban/Rural (0 = urban; 1 = rural)	0.333	0.454	-0.256	0.333	0.333	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.027	0.030	-0.017	0.027	0.027	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	**HMP-PF Mean**	**Comparison Mean**	**Standardized Difference**	**HMP-PF**	**Comparison Mean**	**Standardized Difference**
Utilization/Expenditure Measures						
Emergency Room Visits (per 1,000 member months) - All						
Age	23.666	21.839	0.109	23.642	23.592	0.003
Sex (0 = male; 1 = female)	0.560	0.553	0.015	0.560	0.560	0.000
Urban/Rural (0 = urban; 1 = rural)	0.322	0.443	-0.259	0.322	0.322	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.055	0.051	0.018	0.055	0.055	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.292	-0.464	0.134	0.134	0.000
Prior year PMPM threshold/active care management	0.045	0.053	-0.036	0.045	0.045	0.000
Hospital Admissions (per 100,000 member months) - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	23.666	21.839	0.109	23.642	23.592	0.003
Sex	0.560	0.553	0.015	0.560	0.560	0.000
Urban/Rural	0.322	0.443	-0.259	0.322	0.322	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.055	0.051	0.018	0.055	0.055	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.292	-0.464	0.134	0.134	0.000
Prior year PMPM threshold/active care management	0.045	0.053	-0.036	0.045	0.045	0.000
Hospital Readmission Rate - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	23.666	21.839	0.109	23.642	23.592	0.003
Sex	0.560	0.553	0.015	0.560	0.560	0.000
Urban/Rural	0.322	0.443	-0.259	0.322	0.322	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.055	0.051	0.018	0.055	0.055	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.292	-0.464	0.134	0.134	0.000
Prior year PMPM threshold/active care management	0.045	0.053	-0.036	0.045	0.045	0.000
Per Member Per Month Expenditures - All	*Same population as Emergency Room*			*Same population as Emergency Room*		
Age	23.666	21.839	0.109	23.642	23.592	0.003
Sex	0.560	0.553	0.015	0.560	0.560	0.000
Urban/Rural	0.322	0.443	-0.259	0.322	0.322	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.055	0.051	0.018	0.055	0.055	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.292	-0.464	0.134	0.134	0.000
Prior year PMPM threshold/active care management	0.045	0.053	-0.036	0.045	0.045	0.000

APPENDIX G – STATISTICAL SIGNIFICANCE TEST (PRACTICE FACILITATION)

Appendix G presents year-specific rates, five-year pooled rates and p-values for HEDIS and utilization/expenditure measures included within the SoonerCare HMP practice facilitation evaluation. Statistical significance results also are noted.

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
HEDIS and Utilization/Expenditure Measures	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**
HEDIS Measures												
Asthma - Medication Ratio - 5 to 18 years												
HMP-PF	76.9%	80.7%	87.0%	90.5%	86.9%	84.4%	0.0017	0.0001	0.0000	0.2231	0.9650	0.0000
Comparison Group	82.0%	86.6%	92.0%	91.8%	86.8%	87.8%	**Yes**	**Yes**	**Yes**	No	No	**Yes**
Asthma - Medication Ratio - 19 to 64 years												
HMP-PF	70.7%	75.4%	86.0%	84.8%	76.7%	78.7%	0.0000	0.0000	0.0000	0.8597	0.0001	0.0004
Comparison Group	73.9%	73.5%	87.0%	85.1%	83.9%	80.7%	**Yes**	**Yes**	**Yes**	No	**Yes**	**Yes**
CAD - Persistent Beta-Blocker Treatment after a Heart Attack												
HMP-PF	44.0%	48.9%	40.5%	42.1%	45.1%	44.1%	0.3616	0.4643	0.1195	0.3465	0.0356	0.4395
Comparison Group	40.1%	46.0%	46.0%	44.4%	49.6%	45.2%	No	No	No	No	**Yes**	No
CAD - Cholesterol Management - LDL-C Test												
HMP-PF	68.6%	63.8%	59.9%	63.9%	58.2%	62.9%	0.0810	0.1930	0.3803	0.1353	0.3787	0.0001
Comparison Group	61.5%	58.7%	56.8%	60.3%	60.2%	59.5%	No	No	No	No	No	**Yes**
COPD - Use of Spirometry Testing												
HMP-PF	21.6%	27.6%	11.1%	16.7%	14.1%	18.2%	0.5894	0.2388	0.0508	0.2142	0.0001	0.1165
Comparison Group	22.7%	28.8%	14.7%	15.1%	18.9%	20.0%	No	No	No	No	**Yes**	No
COPD - Pharmacotherapy Management of Exacerbation - 14 days												
HMP-PF	66.7%	60.1%	75.4%	60.2%	74.6%	67.4%	0.6912	0.2966	0.0982	0.8316	0.1414	0.4469
Comparison Group	64.1%	67.6%	68.4%	61.2%	69.2%	66.1%	No	No	No	No	No	No
COPD - Pharmacotherapy Management of Exacerbation - 30 days												
HMP-PF	68.2%	66.7%	78.9%	75.4%	75.6%	73.0%	0.5430	0.8753	0.2222	0.9256	0.8644	0.4623
Comparison Group	72.0%	70.4%	71.9%	75.8%	75.0%	73.0%	No	No	No	No	No	No
Diabetes - HbA1c Testing												
HMP-PF	69.3%	68.7%	57.1%	70.2%	68.8%	66.8%	0.2507	0.0702	0.2160	0.0000	0.1454	0.0000
Comparison Group	71.5%	65.8%	55.6%	63.1%	69.9%	65.2%	No	No	No	**Yes**	No	**Yes**
Diabetes - LDL-C Test												
HMP-PF	57.1%	58.8%	54.2%	59.3%	56.5%	57.2%	0.5987	0.0000	0.1192	0.0000	0.6056	0.0000
Comparison Group	56.1%	51.1%	52.3%	51.4%	56.1%	53.4%	No	**Yes**	No	**Yes**	No	**Yes**

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
HEDIS and Utilization/Expenditure Measures	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**
HEDIS Measures												
Diabetes - Retinal Eye Exam												
HMP-PF	27.3%	23.8%	22.1%	23.3%	20.8%	23.5%	0.3093	0.0000	0.0150	0.0052	0.0000	0.0000
Comparison Group	25.5%	19.4%	19.7%	21.2%	23.9%	21.9%	No	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Diabetes - Medical Attention for Nephropathy												
HMP-PF	84.0%	81.4%	76.4%	75.1%	73.5%	78.1%	0.4507	0.0583	0.8467	0.0000	0.1016	0.0000
Comparison Group	82.9%	78.8%	76.2%	71.7%	74.7%	76.9%	No	No	No	**Yes**	No	**Yes**
Hypertension - LDL-C Test												
HMP-PF	56.2%	51.4%	57.5%	59.1%	54.8%	55.8%	0.8214	0.3704	0.0000	0.0004	0.0000	0.0000
Comparison Group	55.9%	50.3%	53.5%	55.9%	57.8%	54.7%	No	No	**Yes**	**Yes**	**Yes**	**Yes**
Hypertension - ACE/ARB Therapy												
HMP-PF	64.9%	62.9%	62.6%	61.7%	59.7%	62.4%	0.1008	0.2757	0.2311	0.0000	0.0512	0.0000
Comparison Group	62.4%	61.5%	61.2%	58.1%	58.4%	60.3%	No	No	No	**Yes**	No	**Yes**
Opioid - Use of Opioids at High Dosage												
HMP-PF	3.1%	1.9%	2.8%	2.2%	1.9%	2.4%	0.0943	0.0046	0.0000	0.0219	0.0965	0.0000
Comparison Group	4.6%	3.9%	4.3%	3.3%	2.8%	3.8%	No	**Yes**	**Yes**	**Yes**	No	**Yes**
Opioid - Concurrent Use of Opioids and Benzodiazepines												
HMP-PF	8.9%	8.7%	5.9%	6.9%	7.0%	7.5%	0.0000	0.0066	0.0082	0.4859	0.2402	0.0000
Comparison Group	14.8%	11.8%	8.1%	7.4%	6.3%	9.7%	**Yes**	**Yes**	**Yes**	No	No	**Yes**
Adults' Access to Preventive/Ambulatory Health Services												
HMP-PF	84.3%	80.0%	71.7%	75.2%	66.4%	75.5%	0.4443	0.1539	0.0000	0.0000	0.0000	0.0000
Comparison Group	84.7%	79.4%	73.9%	73.8%	77.3%	77.8%	No	No	**Yes**	**Yes**	**Yes**	**Yes**
Child and Adolescents' Access to PCP - 12 months to 19 years												
HMP-PF	93.0%	89.2%	81.8%	83.2%	77.2%	84.9%	0.0920	0.2824	0.0000	0.0006	0.0000	0.0000
Comparison Group	92.7%	89.0%	83.9%	83.8%	85.9%	87.1%	No	No	**Yes**	**Yes**	**Yes**	**Yes**

HEALTH MANAGEMENT PROGRAM - PRACTICE FACILITATION	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
HEDIS and Utilization/Expenditure Measures	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**	**2019**	**2020**	**2021**	**2022**	**2023**	**Pooled**
Utilization/Expenditure Measures												
Emergency Room Visits (per 1,000 member months) - All												
HMP-PF	57.1	41.1	48.5	60.4	55.2	52.5	0.4190	0.4351	0.2866	0.0000	0.0015	0.0000
Comparison Group	55.6	39.9	44.4	52.2	56.8	49.8	No	No	No	**Yes**	**Yes**	**Yes**
Hospital Admissions (per 100,000 member months) - All												
HMP-PF	550.7	512.5	558.8	905.0	1137.6	732.9	0.0012	0.0214	0.1602	0.0000	0.0000	0.0000
Comparison Group	666.9	586.2	592.2	719.5	868.4	686.6	**Yes**	**Yes**	No	**Yes**	**Yes**	**Yes**
Hospital Readmission Rate - All												
HMP-PF	5.3%	5.1%	5.0%	3.5%	3.5%	4.5%	0.1094	0.6212	0.0634	0.8794	0.0852	1.0000
Comparison Group	6.1%	5.3%	4.4%	3.5%	3.3%	4.5%	No	No	No	No	No	No
Per Member Per Month Expenditures - All												
HMP-PF	$214.67	$199.88	$207.13	$266.67	$275.37	$232.74	0.0551	0.7021	0.0000	0.0000	0.0000	0.0000
Comparison Group	$208.98	$201.04	$217.58	$258.32	$310.72	$239.33	No	No	**Yes**	**Yes**	**Yes**	**Yes**