Oklahoma Health Care Authority

2015-2016 Evaluation Design for the SoonerCare §1115(a) Waiver Demonstration 11-W-00048/6

November 9, 2015

I. OVERVIEW

The Oklahoma Health Care Authority (OHCA), Oklahoma's single-state Medicaid agency, administers the 1115(a) SoonerCare Choice Research and Demonstration waiver. The waiver is currently in its twentieth year of operations and has been renewed by the Centers for Medicare and Medicaid Services (CMS) seven times.

OHCA recently received CMS's approval for the 2015 - 2016 demonstration extension period on July 9, 2015, with the State acknowledging the approval of the renewal application and the Special Terms and Conditions (STC) on August 6, 2015.

The State operates the SoonerCare Choice program as a means to address Oklahoman's health care needs by providing quality care, as well as increasing access to care. OHCA identifies five objectives for the Choice demonstration in which to support program goals. The SoonerCare Choice program objectives include:

- To improve access to preventive and primary care services;
- Increase the number of participating primary care providers, and overall primary care capacity, in both urban and rural areas;
- To optimize quality of care through effective care management;
- To integrate Indian Health Service (IHS) qualified members and IHS and tribal providers into the SoonerCare delivery system;
- To provide access to affordable health insurance for qualified low-income working adults, their spouses and college students.

In accordance with section XIV of the STC, OHCA proposes this SoonerCare Choice Evaluation Design for the 2015 - 2016 extension period to outline the hypotheses and reporting methodologies the State will use to evaluate the demonstration as it relates to the program's objectives, as well as CMS's Three-Part Aim.

II. OVERVIEW OF SOONERCARE CHOICE PROGRAM

SoonerCare Choice

The SoonerCare Choice demonstration operates under a Primary Care Case Management (PCCM) model in which the OHCA contracts directly with primary care providers throughout the state who serve as Primary Care Medical Homes (PCMH) for SoonerCare Choice members. PCMHs are paid monthly care coordination payments for each member on their panels. Payments vary depending on the PCMH tier level services provided and the mix of adults and children on the provider's panel. Providers may qualify for performance incentive payments when certain quality improvement goals, defined by the State, are met. Aside from care coordination, all other services provided in the medical home or by specialists, hospitals, or other providers, are reimbursed on a fee-for-service basis.

The SoonerCare Choice demonstration serves children in mandatory state plan groups, pregnant women and Aged, Blind and Disabled (ABD) members as well as, state plan populations including 1931 low-income families, IV-E foster care or adoption assistance children; the latter with voluntary enrollment. In accordance with Senate Bill 741, OHCA serves individuals in need of breast or cervical cancer treatment and children with disabilities in accordance with the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). The SoonerCare Choice program currently serves approximately 540,000[1] members.

Insure Oklahoma Premium Assistance Program

The OHCA operates the Insure Oklahoma premium assistance program under the 1115(a) SoonerCare Choice Research and Demonstration waiver. The Insure Oklahoma program provides two avenues for individuals to receive premium assistance – the Employer Sponsored Insurance (ESI) and the Individual Plan (IP) programs. Individuals in ESI enroll in an Insure Oklahoma private health plan and pay up to 15 percent of the premium, with costs also divided among the employee and the state and federal governments. Individuals in the IP program are responsible for health plan premiums up to four percent of their monthly gross household income[2].

The Insure Oklahoma program serves non-disabled, low-income working adults, and their spouses, who work for an employer with 250 or fewer employees; working disabled adults, and their spouses (ages 19-64); foster parents, and their spouses; qualified employees of not-for-profit businesses, and their spouses, who work for an employer with 500 or fewer employees; full-time college students (ages 19-22); and (dependent children of parents in the Insure Oklahoma program). The Insure Oklahoma program currently serves 13,518[3] individuals enrolled in the ESI program and 3,920[3] individuals enrolled in the IP program for a total of 17,438[3] individuals.

[1] September 2015, SoonerCare Choice Fast Facts.
[2] In accordance with Oklahoma Administrative Code 317:45-9-4 & 317:45-11-24, American Indians providing documentation of ethnicity are exempt from premium payments.
[3] October 2015, Insure Oklahoma Fast Facts.

Health Access Networks (HANs)

OHCA has three health access network pilot programs under the 1115(a) SoonerCare Choice Research and Demonstration waiver – the University of Oklahoma (OU) Sooner HAN, the Partnership for a Healthy Canadian County (PHCC) HAN, and the Oklahoma State University (OSU) Network HAN. Each HAN is a non-profit, administrative entity that works with affiliated providers to coordinate and improve the quality of care provided to SoonerCare Choice members. Health Access Networks receive a nominal $5 per member per month payment (PMPM).

The HANs offer care management and care coordination to SoonerCare Choice members with complex health care needs and co-manage individuals enrolled in the Health Management Program. The HANs also work to establish new initiatives to address complex medical, social and behavioral health issues. An asthma specific protocol as defined by evidence based guidelines, is one initiative that has been implemented by the HANs to assist members who have uncontrolled asthma to move to controlled status. The OU Sooner HAN, the PHCC HAN and the OSU HAN currently serves approximately 103,030[4] individuals, 3,380[4] individuals, and 13,112[4] respectively.

Health Management Program (HMP)

The Health Management Program (HMP) is a statewide program under the 1115(a) SoonerCare Choice Research and Demonstration waiver developed to manage SoonerCare Choice members most at-risk for chronic disease and other adverse health care concerns. The program is administered by the OHCA and is managed by a vendor obtained through competitive bid.

The SoonerCare HMP serves SoonerCare Choice beneficiaries ages 4 through 63 with chronic illness who are at highest risk for adverse outcomes and increased health care expenditures. The chronic illness for which the program provides care coordination includes, but is not limited to asthma, chronic obstructive pulmonary disease, congestive heart failure, diabetes, and renal disease.

The SoonerCare HMP program refocused their efforts after a process of examining the program to see if the program could be enhanced to better benefit the members and the providers. They moved from telephonic case management and decided to centralize the nurse care management services in the physician practices. The new generation of HMP would work closely with the practice staff to provide coaching services to members and practice facilitation to the providers. The telephonic members were offered an opportunity to work on the Chronic Care Unit (CCU) operated directly by the OHCA.

Through embedded health coaches into the Primary Care Practices (PCP) practices, the HMP program is able to assist members to become more invested in their health outcomes and improve self-management of chronic disease. Health coaches coordinate closely with the providers on health-related goals, as well as allow providers to easily refer members to the health coaches. With health coaches embedded in PCP practices more one-on-one care management is possible.

[4] Oklahoma Medicaid Management Information System data as of October 2015.

In addition to embedded health coaches, the HMP program also incorporates Practice Facilitation in each HMP participating practice. A Practice facilitator (PF) is assigned to each practice participating in the program. Some of the essential functions and core components of the PFs include; Practice Facilitator and Health Coach Integration, Foundation Intervention and Academic Detailing. Practice facilitators have health coach training and certification. Additionally, PFs work with the health coaches to coordinate efforts within the practices. There are four tiers of practice facilitation: Tier 1 practices need full practice facilitation services before deployment of a health coach; Tier 2 practices have received prior practice facilitation but require additional training before deployment of a health coach; Tier 3 practices have received full practice facilitation, are high-functioning practices and are ready for deployment of a health coach. Tier 4 is for a High-functioning practice, but the practice still requests inclusion in academic detailing and other educational services.

III. EVALUATION DESIGN PLAN

Since the program's inception, OHCA has provided a set of waiver objectives for the demonstration that establish the purpose and the goals of the SoonerCare Choice program. The following Evaluation Design waiver objectives refer back to the still-relevant goals from the program's inception, as well as taking into consideration the program's populations and goals for the 2015 - 2016 extension period, and CMS's three-part aim.

2015 - 2016 SoonerCare Choice Waiver Objectives:

1. To improve access to preventive and primary care services;
2. Increase the number of participating primary care providers, and overall primary care capacity, in both urban and rural areas;
3. To optimize quality of care through effective care management;
4. To integrate Indian Health Service (IHS) qualified members and IHS and tribal providers into the SoonerCare delivery system;
5. To provide access to affordable health insurance for qualified low-income working adults, their spouses and college students.

CMS's Three Part Aim:

1. Improving access to and experience of care;
2. Improving quality of health care; and
3. Decreasing per capita costs.

All data reported will be based on the entire universe of SoonerCare Choice members being evaluated within each hypothesis, unless a sample of the larger population is specified.

Each of the hypotheses targets a SoonerCare initiative for which there is no parallel initiative whose effect must be isolated as part of the analysis. Therefore, OHCA did not deem it necessary to develop specific steps to isolate the effects of the SoonerCare program from others in the state.

OHCA and the state's External Quality Review Organization will be responsible for evaluation and reporting on the hypotheses. OHCA will report interim evaluation findings and hypothesis data in the quarterly operational reports.

In accordance with the Special Terms and Conditions, the State will submit to CMS a draft evaluation plan 120 days after the award of the 2015 - 2016 extension.

Hypothesis 1
Hypothesis 1: Child Health Checkup Rates *This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #2 of CMS's Three Part Aim.* The rate for age-appropriate well-child and adolescent visits will improve between 2015 - 2016. A. Child health checkup rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period. B. Child health checkup rates for children 3 through 6 years old will increase by one percentage point over the life of the extension period. C. Adolescent child health checkup rates will maintain over the life of the extension period.
Research Methodology: The visit rates will be calculated separately for each of the age cohorts (0 to 15 months, 3 to 6 years, and 12 to 21 years) in accordance with each year's HEDIS® guidelines, using administrative data (paid claims and encounters).
Population Studied: SoonerCare Choice members ages 0 to 15 months, 3 to 6 years, and 12 to 21 years.
Numerators: A. The number of SoonerCare Choice members ages 0-15 months old during the measurement year and who received one or more well-child visits with a primary care provider during their first 15 months of life. B. The number of SoonerCare Choice members who were three, four, five, or six years of age during the calendar year and who received one or more well-child visits with a primary care provider during the calendar year. C. The number of SoonerCare Choice members who were twelve to twenty-one years of age during the calendar year and who were due to receive one or more well-child visits with a primary care provider during the calendar year. The following primary care provider types are recognized under SoonerCare Choice: - Physicians - Family Medicine Practitioner - General Practitioner - General Pediatrician - General Internist - Clinics - EPSDT Clinic - Family Planning Clinic - FQHC/RHC - Medical Clinic - Nurse Practitioner Clinic - Pediatric Clinic - Other - Family Nurse Practitioner - Other Nurse Practitioner - Pediatric Nurse Practitioner - Physician Assistant

Hypothesis 1
Denominators: A. Number of children enrolled in SoonerCare Choice continuously from their date-of-birth (DOB) + 31 days to their DOB + 15 months, allowing for a gap of one month, and who are enrolled in SoonerCare on their "anchor date" (DOB + 15 months). B. Number of children enrolled in SoonerCare Choice for 11 or 12 months in the measurement year, including on the anchor date (December 31 of measurement year), with no more than one gap in enrollment of up to 45 days during the continuous enrollment period. C. Number of adolescents enrolled in SoonerCare Choice for 11 or 12 months in the measurement year, including on the anchor date (December 31 of measurement year), with no more than one gap in enrollment of up to 45 days during the continuous enrollment period.
Data Source: Oklahoma Medicaid Management Information System.
Baseline Data: Demonstration year 2013 well-child visit rate.
Reporting Frequency: OHCA compiles HEDIS® data on a calendar year basis and reports data six to nine months after the close of the calendar year.
Statistical Analysis OHCA will determine whether a change (increase or decrease) from one year to the following year is statistically significant. The HEDIS® data will be analyzed using a statistical procedure called the test of two independent proportions, or a z-test. The z-test determines the value of the number of standard deviations between the two proportions.

Hypothesis 2
Hypothesis 2: PCP Visits *This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #2 of CMS's Three Part Aim.* The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by one percentage point as a measure of access to primary care in accordance with HEDIS® guidelines between 2015 - 2016.
Research Methodology: Health visits will be calculated separately for each of the age cohorts (20-44 years and 45-64 years) in accordance with HEDIS® guidelines, using administrative data (paid claims and encounters).
Population Studied: SoonerCare Choice members ages 20-44 years and 45-64 years.
Numerator: The number of SoonerCare Choice members ages 20 years through 44 years and 45 years through 64 years continuously enrolled during the measurement year that have had one or more preventive health visits during the year. The only exclusions will be for inpatient procedures, hospitalizations, emergency room visits, and visits primarily related to mental health and/or chemical dependency. The following primary care provider types are recognized under SoonerCare Choice: - Physicians - Family Medicine Practitioner - General Practitioner - General Pediatrician - General Internist - Clinics - EPSDT Clinic - Family Planning Clinic - FQHC/RHC - Medical Clinic - Nurse Practitioner Clinic - Pediatric Clinic - Other - Family Nurse Practitioner - Other Nurse Practitioner - Pediatric Nurse Practitioner - Physician Assistant
Denominator: The number of adults ages 20 through 44 and 45 through 64 enrolled in SoonerCare Choice for 11 or 12 months of the calendar year, including on the "anchor date" (December 31 of the calendar year), with no more than one gap in enrollment of up to 45 days during the continuous enrollment period.
Data Source: Oklahoma Medicaid Management Information System.
Baseline Data: Demonstration year 2013 preventive health access rate for adult age cohorts.
Reporting Frequency: OHCA compiles HEDIS® data on a calendar year basis and reports data six to nine months after the close of the calendar year.
Statistical Analysis: OHCA will determine whether a change (increase or decrease) from one year to the following year is statistically significant. The HEDIS® data will be analyzed using a statistical procedure called the test of two independent proportions, or a z-test. The z-test determines the value of the number of standard deviations between the two proportions.

Hypothesis 3
Hypothesis 3: PCP Enrollments *This hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim.* The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data between 2015 - 2016.
Research Methodology: SoonerCare Choice PCPs are calculated by counting the number of service locations of individual providers who are contracted as Choice PCPs and the number of members of group practices that are contracted as Choice PCPs.
Population Studied: Contracted SoonerCare Choice PCPs.
Data Source: Provider Fast Facts
Baseline Data: Demonstration year 2013. (December 2013 – 2,067)
Reporting Frequency: The OHCA Reporting and Statistics unit compiles the Provider Fast Facts on a monthly basis.

Hypothesis 3b
Hypothesis 3b: PCP Enrollments Insure Oklahoma *This hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim.* The number of Insure Oklahoma practitioners enrolled as PCPs will maintain at or above the baseline data between 2015 - 2016.
Research Methodology: Insure Oklahoma PCPs are calculated by counting the number of service locations of individual providers who are contracted as Insure Oklahoma PCPs and the number of members of group practices that are contracted as Insure Oklahoma PCPs.
Population Studied: Contracted Insure Oklahoma PCPs.
Data Source: Oklahoma Medicaid Management Information System.
Baseline Data: Demonstration year 2013. (January-March 2013 – 1,514)
Reporting Frequency: The OHCA Reporting and Statistics unit compiles the data report from the Oklahoma Medicaid Management Information System on a quarterly basis.

Hypothesis 4
Hypothesis 4: PCP Capacity Available *This hypothesis directly relates to SoonerCare Choice waiver objectives #1 and #2, and #1 of CMS's Three Part Aim.* There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2015 - 2016. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2015 - 2016. The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.
Research Methodology: Capacity will be calculated in terms of total capacity and the average number of SoonerCare Choice members per PCP.
Population Studied: SoonerCare Choice members.
Numerators: The total number of SoonerCare Choice members in each measurement month.
Denominators: The total contracted capacity across SoonerCare Choice PCPs, as recorded in the provider subsystem of the Medicaid Management Information System.
Data Resources: The total contracted capacity, as recorded in the Medicaid Management Information System, as derived from PCP contract data; and the average number of members per PCP, calculated by dividing the total number of members in the measurement month by the total number of contracted PCPs in that same month.
Data Sources: Oklahoma Medicaid Management Information System.
Baseline Data: December 2013 total contracted capacity (1,149,541) and average members per PCP (268.72).
Reporting Frequency: The OHCA Reporting and Statistics unit compiles the Provider Fast Facts on a monthly basis.
Statistical Analysis: The data will be analyzed using a statistical procedure called the test of two independent proportions, or a z-test. The z-test determines the value of the number of standard deviations between the two proportions.

Hypothesis 5
Hypothesis 5: PCP Availability *This hypothesis directly relates to SoonerCare Choice waiver objectives #1 and #2, and #1 of CMS's Three Part Aim.* There will be adequate PCP capacity to meet the health care needs of the SoonerCare members with Children's Health Insurance Program (CHIP) eligibility between 2015 - 2016. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2015 - 2016. As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2015 - 2016.
Research Methodology: The member's perception of timeliness to schedule an appointment will be calculated using OHCA's External Quality Review contractor who will conduct a CAHPS® member survey, and include a question relating to the time it takes to schedule an appointment.
Population Studied: A. SoonerCare Choice members. B. A sample group from the SoonerCare Choice population, who meet certain eligibility criteria.
Numerators: The total number of qualified members who give a positive response to the CAHPS® survey question relating to the time it takes to schedule an appointment.
Denominators: The total number of qualified members who complete the CAHPS® survey question relating to the time it takes to schedule an appointment.
Data Resources: Survey responses collected through mail and telephone will be systematically entered into a central database. Once the survey collection period ends, the statistical analysis software SAS® will be used with the CAHPS® Analysis Program to complete the necessary cleaning and preparation of the data as well as the analysis. The survey responses will be recorded in order to perform the necessary calculations using assigned numeric values from the CAHPS® Survey and Reporting Kit.
Data Sources: A. Oklahoma Medicaid Management Information System. B. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0 Medicaid Adult or Child Member Satisfaction Surveys
Baseline Data: CAHPS® survey, July 2013
Reporting Frequency: A. The OHCA receives the data quarterly, no later than 90 days after close of the measurement period. B. The CAHPS® survey is reported annually on a state fiscal year basis.

Hypothesis 5
Statistical Analysis: OHCA's vendor for the CAHPS® member survey will determine whether a change (increase or decrease) from one year to the following year is statistically significant. The data will be analyzed using a statistical procedure called the test of two independent proportions, or a z-test. The z-test determines the value of the number of standard deviations between the two proportions.

Hypothesis 6
Hypothesis 6: Integration of Indian Health Services, Tribal Clinics, and Urban Indian Clinic Providers *This hypothesis directly relates to SoonerCare Choice waiver objective #4, and #1 of CMS's Three Part Aim.* The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal, or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will improve during the 2015 - 2016 waiver period.
Research Methodology: The American Indian SoonerCare Choice enrollment percentage will be calculated based on PCP assignment data.
Population Studied: American Indian SoonerCare Choice members who are enrolled with an Indian Health Services, Tribal or Urban Indian Clinic (I/T/U) with a SoonerCare American Indian primary care case management contract.
Numerator: The total number of SoonerCare Indian Health Services enrollees in December of each measurement year who have an I/T/U PCP.
Denominator: The total number of SoonerCare Indian Health Service's enrollees in December of each measurement year.
Data Resource: The total I/T/U contracted capacity, as recorded in the MMIS from PCP contract data. The member PCP alignment data, as recorded in the eligibility subsystem of the MMIS.
Data Source: Oklahoma Medicaid Management Information System.
Baseline Data: Total contracted I/T/U capacity in December 2013 (99,400) and percentage of SoonerCare IHS enrollees with an I/T/U PCP in December 2013 (22.48 percent).
Reporting Frequency: The OHCA Reporting and Statistics unit compiles the Provider Fast Facts on a monthly basis as well as data report from the Oklahoma Medicaid Management Information System on a quarterly basis.

Hypothesis 7
Hypothesis 7: Impact of Health Access Networks on Quality of Care *This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #2 of CMS's Three Part Aim.* Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. A. Decrease asthma-related ER visits for HAN members with an asthma diagnosis identified in their medical record. B. Decrease 90-day readmissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record. C. Decrease overall ER use for HAN members.
Research Methodology: A. ER visits will be reviewed to identify ER visits related to an asthma diagnosis and compared to HAN members with asthma identified as a problem in their medical records. ER visits for unrelated illnesses will not be included in the measure. B. Readmissions that occurred within 90 days of first admission will be reviewed to identify readmissions related to an asthma diagnosis and compared to HAN members with asthma identified as a problem in their medical records. Readmissions for unrelated illnesses will not be included in the measure. C. ER visits will be reviewed for all HAN members regardless of reason.
Population Studied: Members in the HAN.
Numerator: A. Total number of ER visits by HAN members with asthma identified in their problem list for an asthma-related diagnosis. B. Total number of HAN members with asthma identified in their problem list who were readmitted to the hospital for an asthma-related illness within 90 days of a previous asthma-related hospitalization. C. Total number of ER visits for HAN members.
Denominator: A. All HAN members with an asthma diagnosis identified in their medical record. B. All HAN members with an asthma diagnosis identified in their medical record and having at least one inpatient stay related to asthma. C. All HAN members.
Data Resource: Claims data as recorded in the claims subsystem of the Medicaid Management Information System. Patient data recorded in electronic medical records, community Health Information Exchange (HIE), medical record or self-report by providers.
Data Source: Oklahoma Medicaid Management Information System. Provider electronic medical record, medical record, HIE, and self-report by providers in absence of access to EMR or HIE.
Baseline Data: A. The number of ER visits for HAN members continuously enrolled in the HAN for at least 90 days with a related diagnosis of asthma for CY2013 will serve as the numerator for baseline

Hypothesis 7
data. The number of ER visits for HAN members continuously enrolled in the HAN for at least 90 days for CY2013 will serve as the denominator for baseline data. B. The number of HAN members continuously enrolled in the HAN for at least 90 days with asthma identified in their problem list who were readmitted to the hospital for an asthma related illness within 90 days of a previous asthma related hospitalization for CY 2013 will serve as the numerator for baseline data. The number of HAN members continuously enrolled in the HAN for at least 90 days with an asthma diagnosis identified in their medical record and having at least one inpatient stay related to asthma for CY 2013 will serve as the denominator for baseline data. C. The number of ER Visits for any cause for HAN members continuously enrolled in the HAN for at least 90 days for CY 2013 will serve as the numerator for baseline data. The number of ER Visits for any cause for HAN members continuously enrolled in the HAN for at least 90 days for CY 2013 will serve as the denominator for baseline data.
Reporting Frequency: The HANs will perform and submit quarterly data during each calendar year as well as evaluate results annually.

In addition to the hypothesis, the HANs will include in their annual report an analysis of the HANs effectiveness in:

- Improving access to and the availability of health care services to SoonerCare beneficiaries served by the HAN;
- Improving the quality and coordination of health care services to SoonerCare beneficiaries served by the HAN with specific focus on the populations at greatest risk including those with multiple chronic illnesses; and
- Enhancing the state's patient-centered medical home program through an evaluation of PCP profiles that incorporates a review of utilization, disease guideline compliance, and cost.

Hypothesis 8
Hypothesis 8: Impact of Health Access Networks on Effectiveness of Care *This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #3 of CMS's Three Part Aim.* Reducing costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-HAN affiliated PCPs during the period of 2013-2015.
Research Methodology: A PMPM comparison will be calculated between Choice members' whose PCPs are in a HAN and those members PCPs who do not participate in a HAN.
Population Studied: SoonerCare Choice members' whose PCPs are in a HAN and SoonerCare Choice members PCPs not participating in a HAN.
Numerator: A. The monthly total of paid claims, care coordination payments, HAN network payments, and Sooner Excel payments for members whose PCPs belong to a HAN. B. The monthly total of paid claims, care coordination payments, and Sooner Excel payments for members whose PCPs do not belong to a HAN.
Denominator: A. Member months for all PCPs in a HAN. B. Member months for all PCPs not in a HAN.
Data Source: Oklahoma Medicaid Management Information System.
Baseline Data: PMPM comparison for SFY 2012.
Reporting Frequency: Completed on a yearly basis three to four months after the end of each state fiscal year.

Evaluation of the Health Management Program
OHCA discusses the goals, objectives, and specific hypotheses that are being tested through the Health Management (HMP) program.

OHCA and the HMP contractor will partner together to evaluate the effectiveness of the HMP program as it relates to the HMP program goals and CMS's three-part aim.

2016 HMP program Objectives:

- Improving health outcomes and reducing medical costs of the population served;
- Reducing the incidence and severity of chronic disease in the member population;
- Encouraging and enabling members to better manage their own health;
- Improving the effectiveness of providers in caring for members with chronic disease or at risk for such disease; and
- Having the ability to provide services to providers and members in any area of the state, urban or rural.

CMS's Three Part Aim:

- Improving access to and experience of care;
- Improving quality of health care; and
- Decreasing per capita costs.

Hypothesis 9a
Hypothesis 9a: Health Management Program (HMP); Impact on Enrollment Figures *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #1 of CMS's Three Part Aim.* The implementation of phase two of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will maintain enrollment and active participation in the program.
Research Methodology: The number for population item A will be calculated using data provided by the program contractor (Telligen) on the number of members identified as engaged in nurse care management. The number for population item B will be calculated using data provided by overall PCP assignment data provided by the OHCA.
Population Studied: A. SoonerCare Choice members identified as engaged in nurse care management. B. SoonerCare Choice members whose PCP has undergone practice facilitation.
Population Studied: The number of members actively engaged in nurse care management.
Data Resource: SoonerCare HMP contractor (Telligen) and OHCA.
Data Source: Monthly rosters denoting PCP panel assignment and members engaged in nurse care management.
Baseline Data: Participation data for SFY2013 (Phase II of the SoonerCare HMP began).
Reporting Frequency: Telligen will submit monthly reports to the OHCA and the OHCA will prepare quarterly PCP assignment reports.

Hypothesis 9b
Hypothesis 9b: Health Management Program (HMP); Impact on Access to Care *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #2, and #1 of CMS's Three Part Aim.* The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members for preventive/ambulatory care.
Research Methodology: The contact rates will be calculated through analysis of visit activity, as derived from paid claims data, for members identified by the program contractor (Telligen) as engaged in nurse care management.
Population Studied: SoonerCare Choice members who receive nurse care management.
Numerator: SoonerCare Choice members who receive nurse care management and are 20 years old and older who had an ambulatory or preventive care visit during the measurement year.
Denominator: SoonerCare Choice members who receive nurse care management and are 20 years old and older.
Data Resource: SoonerCare HMP contractor (Telligen) and MMIS contractor (HP).
Data Source: Monthly roster of members engaged in nurse care management. Monthly paid claims extract.
Baseline Data: SoonerCare Choice members who receive nurse care management and are 20 years old and older who had an ambulatory or preventive care visit in SFY14.
Reporting Frequency: Telligen will submit monthly reports to the OHCA. The Telligen reports and paid claims extracts will be provided to the SoonerCare HMP independent evaluator. Findings will be presented in the annual progress report prepared by the evaluator.

Hypothesis 9c
Hypothesis 9c: Health Management Program (HMP); Impact on Identifying Appropriate Target Population *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #2, and #2 of CMS's Three Part Aim.* The implementation of phase two of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population.
Research Methodology: The type and number of physical and behavioral health chronic conditions for engaged members will be analyzed using diagnosis codes from paid claims data.
Population Studied: SoonerCare Choice members in nurse care management.
Numerator: A. Number of members engaged in nurse care management at any time in a 12-month period with 2, 3, 4, etc. chronic physical health conditions. B. Number of members engaged in nurse care management at any time in a 12-month period with at least one chronic physical health condition and one behavioral health condition.
Denominator: A. Total members engaged in nurse care management for the 12-month period. B. Total members engaged in nurse care management for the 12-month period.
Data Resource: SoonerCare HMP contractor (Telligen) and MMIS contractor (HP).
Data Source: Monthly rosters denoting members engaged in nurse care management and monthly paid claims extracts.
Baseline Data: Same metrics for nurse care managed population in SFY2013.
Reporting Frequency: Telligen will submit monthly reports to the OHCA. The Telligen reports and paid claims extracts will be provided to the SoonerCare HMP independent evaluator. Findings will be presented in the annual progress report prepared by the evaluator.

Hypothesis 9d
Hypothesis 9d: Health Management Program (HMP); Impact on Health Outcomes *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim.* Health Coaches will improve quality measures for members who are engaged.
Research Methodology: The percentage of engaged members documented as compliant on diagnosis-specific quality measures and preventive health measures will be analyzed and trended over time. Measures will be derived from the Initial Set of Health Care Quality Measures for Medicaid-Qualified Adults and CHIPRA Core Set of Children's Healthcare Quality Measures.
Population Studied: SoonerCare Choice members who receive nurse care management.
Numerator: Sum of measures across all reporting practices documented as compliant on each quality measure (separate analysis for each measure).
Denominator: Sum of members across all reporting practices.
Data Resource: SoonerCare HMP contractor (Telligen), MEDai and MMIS contractor (HP).
Data Source: Monthly extract from claims data.
Baseline Data: Same metrics for nurse care managed population in SFY2013 for measures reported that year. SFY2014 metrics for new measures.
Reporting Frequency: Telligen will submit monthly reports to the OHCA. The Telligen reports, MEDai and MMIS data runs will be provided to the SoonerCare HMP independent evaluator. Findings will be presented in the annual progress report prepared by the evaluator.

Hypothesis 9e
Hypothesis 9e: Health Management Program (HMP); Impact on Cost/Utilization of Care *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim.* Nurse care managed members will utilize the emergency room at a lower rate than forecasted without nurse care management intervention
Research Methodology: Emergency room utilization rates will be calculated through analysis of paid claims data as reported on a per 1,000 member basis.
Population Studied: SoonerCare Choice members who receive nurse care management (actual vs. forecasted).
Numerator: Total emergency room visits over a 12-month period for members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY2014 (actual).
Denominator: Total emergency room visits over a 12-month period for members engaged in nurse care management for at least a 3 month continuous period within the 12 months. Starting in SFY 2014 (forecasted).
Data Resource: SoonerCare HMP contractor (Telligen), MEDai and MMIS contractor (HP).
Data Source: Monthly rosters of members engaged in nurse care management. Monthly paid claims extract and MEDai data runs.
Baseline Data: Emergency room visit rate per 1,000 engaged members (actual vs. forecasted) group members in SFY2014.
Reporting Frequency: Telligen will submit monthly reports to the OHCA. The Telligen reports, MEDai and MMIS data runs will be provided to the SoonerCare HMP independent evaluator. Findings will be presented in the annual progress report prepared by the evaluator.

Hypothesis 9f
Hypothesis 9f: Health Management Program (HMP); Impact on Cost/Utilization of Care *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim.* Nurse care managed members will have fewer hospital admissions than forecasted without nurse care management intervention.
Research Methodology: Hospital admission rates will be calculated through analysis of paid claims data and reported on a per 1,000 member basis.
Population Studied: SoonerCare Choice members who receive nurse care management (forecasted vs. actual).
Numerator: Total hospital admissions in a 12-month period for members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY2015 (actual).
Denominator: Total hospital admissions in a 12-month period for members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY 2014 (forecasted).
Data Resource: SoonerCare HMP contractor (Telligen), MEDai and MMIS contractor (HP).
Data Source: Monthly rosters of members engaged in nurse care management. Monthly paid claims extract and MEDai data runs.
Baseline Data: Hospital admission rate per 1,000 engaged members (actual vs. forecasted) in SFY2014.
Reporting Frequency: Telligen will submit monthly reports to the OHCA. The Telligen reports, MEDai and MMIS data runs will be provided to the SoonerCare HMP independent evaluator. Findings will be presented in the annual progress report prepared by the evaluator.

Hypothesis 9g
Hypothesis 9g: Health Management Program (HMP); Impact on Satisfaction/Experience with Care *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #2 of CMS's Three Part Aim.* Nurse care managed members will report high levels of satisfaction with their care.
Research Methodology: Nurse care managed members will be surveyed regarding their satisfaction with their personal provider and overall health care. The survey will include validated questions derived from the CAHPS® instrument.
Population Studied: SoonerCare Choice members who receive nurse care management.
Numerator: Nurse care managed members surveyed in a 12-month period and reporting positive satisfaction levels.
Denominator: Total nurse care managed members surveyed in a 12-month period.
Data Resource: SoonerCare HMP contractor (Telligen) and independent evaluator.
Data Source: Monthly rosters denoting members engaged in nurse care management. Survey data collected by independent evaluator.
Baseline Data: Satisfaction rates for engaged members SFY2014.
Reporting Frequency: Telligen will provide monthly rosters to the independent evaluator for use in contacting survey respondents. Findings will be presented in the annual progress report prepared by the evaluator.

Hypothesis 9h
Hypothesis 9h: Health Management Program (HMP); Impact of HMP on Effectiveness of Care *This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #3 of CMS's Three Part Aim.* Total and PMPM expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.
Research Methodology: Actual expenditures for nurse care managed members will be calculated and compared to forecasted expenditures as derived through MEDai predictive modeling software. In order to measure the program's true cost effectiveness, the actual expenditures will include both paid claims and administrative expenses (vendor payments and OHCA salary/overhead expenses) associated with the nurse care management portion of the HMP.
Population Studied: SoonerCare Choice members who receive nurse care management (actual vs. forecasted).
Numerator: Total and PMPM expenditures incurred over a 12-month period by members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY2014 (actual).
Denominator: Total and PMPM projected health expenditures in the initial 12-month period for nurse care managed members, as calculated by MEDai predictive modeling software (forecasted).
Data Source: Monthly rosters of members engaged in nurse care management. Monthly MEDai expenditure forecasts for the same population. Monthly paid claims extract. Vendor payment and OHCA administrative expense data.
Baseline Data: Total projected health expenditures in the initial 12-month period for nurse care managed members.
Reporting Frequency: Telligen will submit monthly reports to the OHCA. The Telligen reports, MEDai data runs and paid claims extracts will be provided to the SoonerCare HMP independent evaluator. Findings will be presented in the annual progress report prepared by the evaluator.