

## **BACKGROUND INFORMATION REGARDING THE SOONERCARE HEALTH MANAGEMENT PROGRAM**

OHCA is the single State agency in the State of Oklahoma that administers the Medicaid program, known as SoonerCare, under Title XIX of the Social Security Act and the Oklahoma State Child Health Insurance Program. These programs are financed by federal and state funds and administered by the state according to federal guidelines. Both programs include coverage of medical services for eligible SoonerCare Traditional and SoonerCare Choice members. The majority of persons covered by the OHCA are in the managed care program, SoonerCare Choice. Enrollment in the partially capitated program is mandatory for all SoonerCare members except those in exclusion categories. These exclusions include persons who are eligible for Medicare, the institutionalized, those in custody, those in subsidized adoptions, persons receiving services through a home and community-based waiver program and persons with private HMO coverage. Each SoonerCare Choice member is enrolled with a primary care provider. Approximately 749 primary care providers are enrolled in SoonerCare Choice with approximately 366,000 members served. SoonerCare is the largest single medical claims payer in Oklahoma. In State Fiscal Year 2005 (7/1/04 through 6/30/05), there were 696,743 SoonerCare members with \$2,805,559,501 in medical claims paid.

The 2006 Oklahoma Medicaid Reform Act (Oklahoma Statutes 56 § 1011.6) directed OHCA to develop a disease management program to address both the needs of chronically ill SoonerCare members and the economic concerns of rising healthcare costs to state residents. OHCA seeks to improve the quality of care provided while reducing unnecessary costs via implementation of a chronic disease management program. The SoonerCare Health Management Program (SHMP) will use the Chronic Care Model (first developed by EH Wagner, "*What will it take to improve care for chronic illness?*", 1998) <http://www.improvingchroniccare.org/> for the basis of interventions used to improve the treatment of members with selected diagnosis of diabetes mellitus, congestive heart failure, and hypertension. The Chronic Care Model works in a collaborative nature with providers in the community to affect positive change for the health care recipients with chronic diseases.

The objectives of the SHMP are as follows:

- Evaluation and management of participants with the disease state(s) specified in the contract as well as co-morbid conditions and psychosocial issues of all participants;
- Adherence to national evidence-based disease management practice guidelines in order to improve participant's health status and medical adherence;
- Development and implementation of a participant registry that incorporates and effectively communicates claims, clinical,

- pharmacological and racial / ethnic data to personnel of the disease management team;
- Integration of preventative care through the Chronic Care Model;
  - Overall reduction of medical expenditures, on average, for the populations of **SoonerCare** Choice members served;
  - Reduction in hospital admissions and emergency department use;
  - Improved provider adherence to evidence-based guidelines and best practice measures;
  - Coordination and reduction of unnecessary or inappropriate medication;
  - Increased participant disease literacy and self-management skills;
  - Measure provider and participant satisfaction with the program;
  - Coordination of participant care including establishment of coordination between providers, participants, and the community;
  - Regular reporting of clinical quality and outcome measures, profiles of participants and providers, and SoonerCare health care expenditures of participants.

Using Predictive Modeling, the Program will identify at risk eligible members with one or more chronic conditions. SoonerCare Choice members in the following categories will be excluded:

- Individuals enrolled in other disease management care organizations;
- Individuals enrolled in Medicare (dual eligibles);
- Members on spend down;
- Individuals who live in institutional settings (such as nursing homes);
- Individuals who have third party insurance;
- Individuals with End Stage Renal Disease (ESRD);
- Transplant Recipients;
- Individuals covered under waiver programs, see Attachment I;
- Individuals that are incarcerated;
- Individuals that elect hospice benefits;
- Individuals with pregnancy induced Diabetes or Hypertension;
- Other individuals or populations as determined by OHCA.