



SOONER
HEALTH ACCESS NETWORK

Annual Report CY 2024



CASE MANAGEMENT

3 YEARS



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EXECUTIVE SUMMARY



The transition to Managed Medicaid in 2024 marked a significant shift for the OU Sooner Health Access Network (HAN). While change always presents challenges, the OU Sooner HAN team navigated this transformation with professionalism and a steadfast commitment to member care. Care managers prioritized the well-being of their members, ensuring a smooth transition to the covered entities under the new SoonerSelect program.

OU Sooner HAN proactively prepared for this transition, working diligently to ensure that members moving to new insurers retained access to essential services. At the same time, the team remained dedicated to delivering high-quality care to those continuing under SoonerCare Choice. The bond between care managers and their members is built on trust and continuity, making this transition particularly challenging for many. Despite these difficulties, the OU Sooner HAN care management team remained unwavering in their commitment to excellence.

Despite the program changes, OU Sooner HAN achieved significant outcomes in 2024, including:

- Serving over 2,000 complex members
- Facilitating more than 1,800 referrals for social determinant needs
- Conducting over 500 in-person visits
- Completing more than 2,000 social determinants of health screenings
- Achieving a 65% reduction in ER utilization for SoonerCare Choice members engaged in care management

As we move into 2025, we remain confident in our ability to continue driving meaningful improvements for both SoonerCare Choice and SoonerSelect members. Our dedication to fostering strong partnerships and enhancing healthcare access will ensure a healthier future for all Oklahomans.

Rachel Mix, MBA, BSN
Director
OU Sooner Health Access Network

ABOUT US

The OU Sooner HAN provides complex care management, quality improvement support, training and education to SoonerCare Choice and Aetna Better Health of Oklahoma (ABHOK) SoonerSelect members and provider practices throughout the State of Oklahoma.

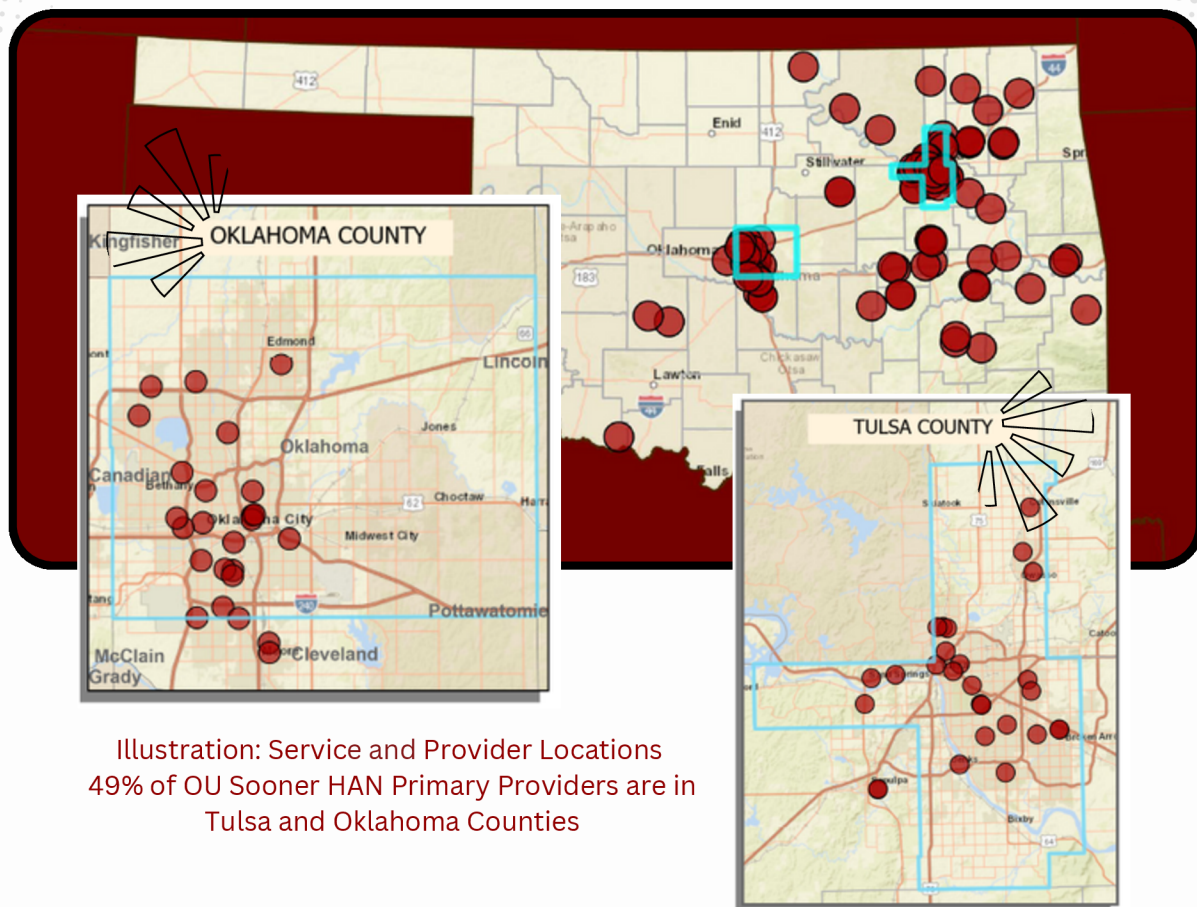


Illustration: Service and Provider Locations
49% of OU Sooner HAN Primary Providers are in
Tulsa and Oklahoma Counties

Mission

To transform healthcare by improving the health and wellbeing of Oklahomans.

Vision

Ensuring Oklahomans have access to affordable, quality, and person-centered healthcare.

Values

- Treat everyone with unconditional positive regard.
- Ensure inclusion and equity in all that we do.
- Directed by evidenced-based guidelines with a quality improvement emphasis.
- Committed to lifelong learning and development.
- Embrace innovation and technology to improve healthcare throughout Oklahoma.



Member Impact Statement

Barbara has multiple complex needs that include uncontrolled Type 2 Diabetes, seizure activity, cardiovascular disease, and recent bariatric surgery. Barbara has had numerous hypoglycemic episodes that have resulted in ambulance transfers and emergency room (ER) events. The Care Manager continues to advocate for Barbara to be approved for a continuous glucose monitor, even though she does not meet the insulin needs requirement, but it would help prevent unnecessary ER visits. During one of Barbara's ER events for hypoglycemia, it was found that she had lesions on her lung. Unfortunately, Barbara had complications from the biopsy that required an ICU stay. Since that time the Care Manager has been able to accompany Barbara to her pulmonology follow-up appointments, and they have learned that the biopsy did not show any malignancy. Through the Care Managers' support, Barbara has been successful in meeting her nutritional requirements after bariatrics surgery as well as navigating the psychological effects of weight loss. Barbara and the Care Manager continue to find new ways to handle her complex medical issues and keep a positive attitude.



Race and Ethnicity

Caucasian	34%
Hispanic	30%
African American	15%
Not Provided/Unknown	11%
American Indian or Alaskan Native	7%
Asian or Pacific Islander	2%



Unique
Members
Served
202,038

Average monthly roster dropped from 170,148 in March of 2024 to a monthly average of 35,556 after the implementation of Managed Medicaid

Age Range

57.7% Under 18
42.3% Age 18+



Preferred
Language

83.5% English
16.2% Spanish

Did You Know?

60% of Care Manager's time was spent on direct member related contacts

417 members had an in-person visit completed (Home, PCP, Specialist, Hospital, Other)

12,163 Completed contacts with member or Member-related individual



FACTS

Complex Care Management Cases: **1547**

Total Care Management hours: **7,041**
Member Facing Hours: **4,193**

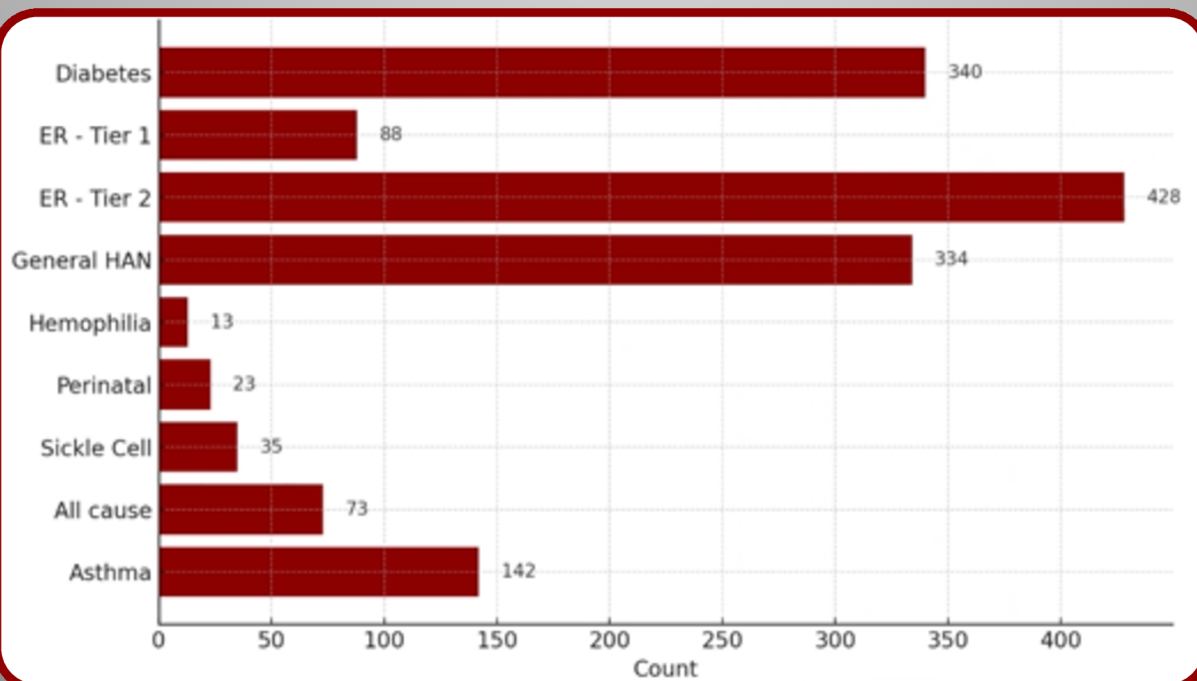
Transferred to Aetna Better Health of Oklahoma: **71**

Transferred to Humana Health Horizons: **78**

Transferred to Oklahoma Complete Health: **66**

Annual Participation Rate: **59%**

SoonerCare Choice Members by Care Group





Member Impact Statement

Julie was referred to care management due to uncontrolled Type 2 Diabetes with anxiety and depression. The care manager initially started working with Julie on getting control of her blood sugars. Shortly after care management started Julie became pregnant. Together, Julie and her care manager adjusted their plan to ensure a safe pregnancy and delivery. The care manager worked with Julie to take full advantage of the value-added benefits through her Aetna Better Health of Oklahoma plan. These benefits included the childcare assistance payments, post-discharge meal support, monthly healthy meal options, and a diaper program. With the care manager's assistance Julie made it to all her prenatal appointments and had a healthy delivery. Julie's baby is thriving and hitting milestones. Julie's blood sugars are staying within normal range since she delivered her baby.



Race and Ethnicity

Caucasian	36%
Hispanic	36%
African American	17%
Not Provided/Unknown	7%
Asian or Pacific Islander	3%
American Indian or Alaskan Native	<1%



Unique Members Served
72,104

Average Monthly roster: 39,483

Age Range

62.9% Under 18
37.1% Age 18+



Preferred Language

82.4% English
17.6% Spanish

Did You Know?

70% of Care Manager's time was spent on direct member related contacts

68 members had an in-person visit completed (Home, PCP, Specialists, Hospital, Other)

14,758 Completed Contacts with Member or Member-Related Individual

Health Risk Screening Outreach Summary

Care managers successfully completed over **9,000** contact attempts, reaching **5,500** unique members by phone. Additionally, **42,345** HRS Outreach letters were sent, **1,685** completed contacts were made, with **134** members declining screening.

 **FACTS**

846 Cases Served

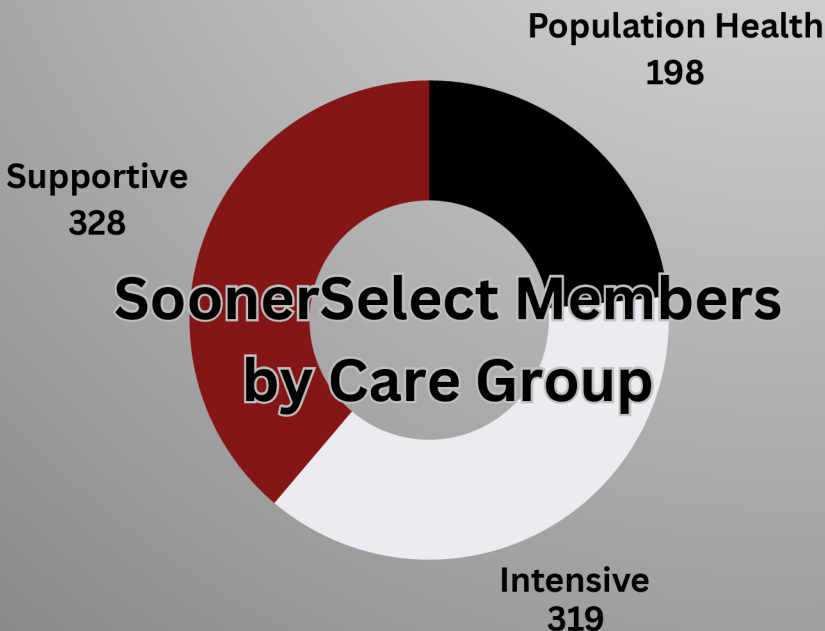
Total Care Management hours: **5,095**

Member Facing Hours: **3,589**

Annual Participation Rate:

73%

(Excludes Population Health)



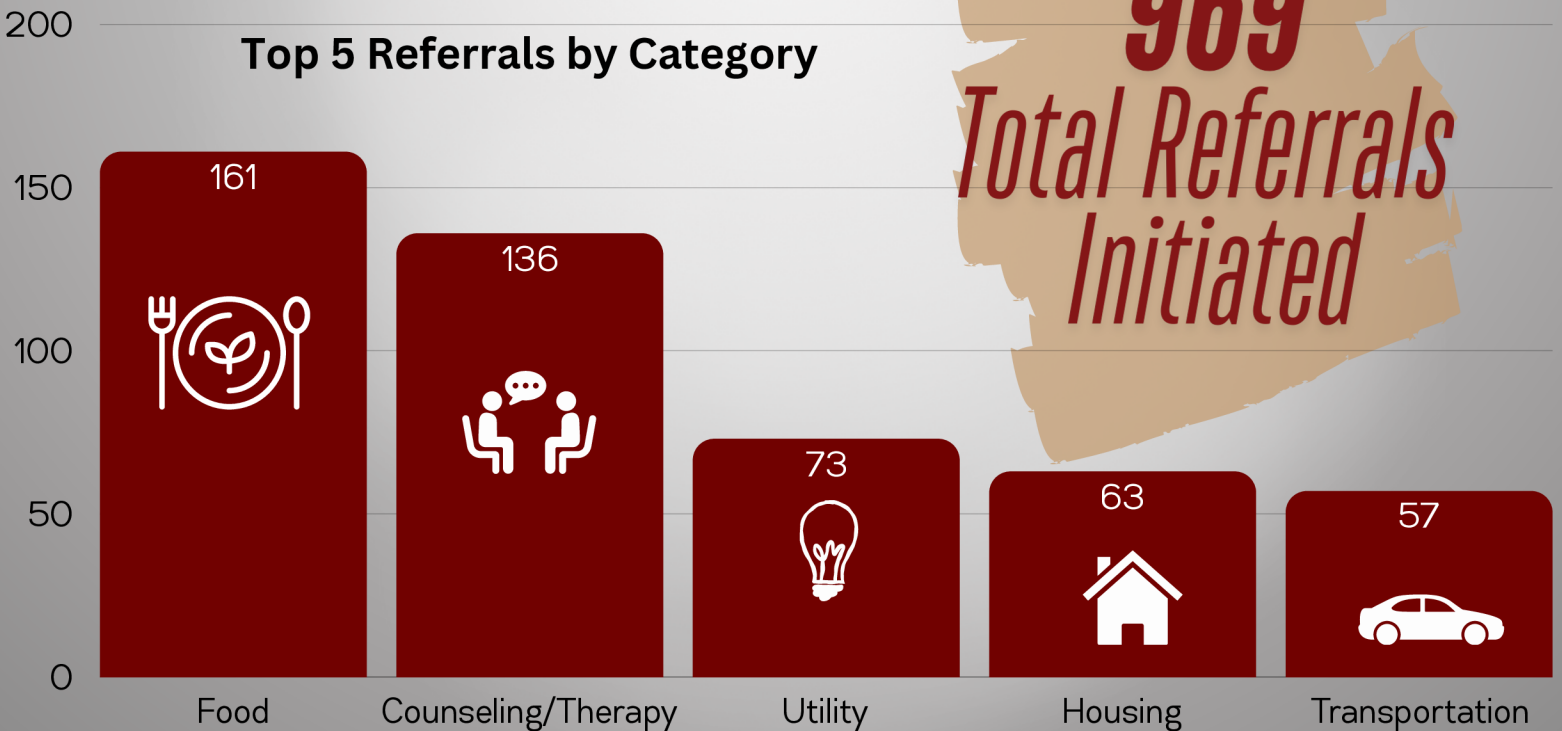


Member Impact Statement

Paul was referred for care management for assistance with social drivers of health needs and behavioral health concerns. When the care manager first connected with Paul, he expressed an increase in depression and suicidal ideation. Paul also reported that he had been unable to work due to symptoms of neuropathy and chronic pain. The care manager was able to connect him with a Behavioral Health provider, who he now sees on a regular basis. Paul's depression improved, decreasing his PHQ4 score from an 8 to a 3. We have also been able to establish care with a neuropathy specialist and Paul reports improvement with his chronic pain.

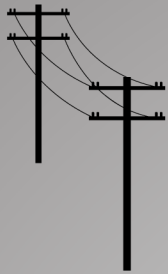


Top 5 Referrals by Category



969
*Total Referrals
Initiated*

Social Drivers of Health Summary



Threat of Loss of Utilities

16% of Care Managed Members reported having utilities shut off or at risk.



Food Insecurity

42% of Care Managed Members reported in the last 12 months to have had a shortage of food and lacked money to buy more.



Transportation Concerns

33% of Care Managed members reported that a lack of reliable transportation kept them from attending medical appointments, meetings, work, or from getting to things needed for daily living.



Housing Insecurity

9% of Care Managed Members reported unstable housing



Geographic Location

Zip code **74106** (North Tulsa) appeared across all Social Drivers of Health

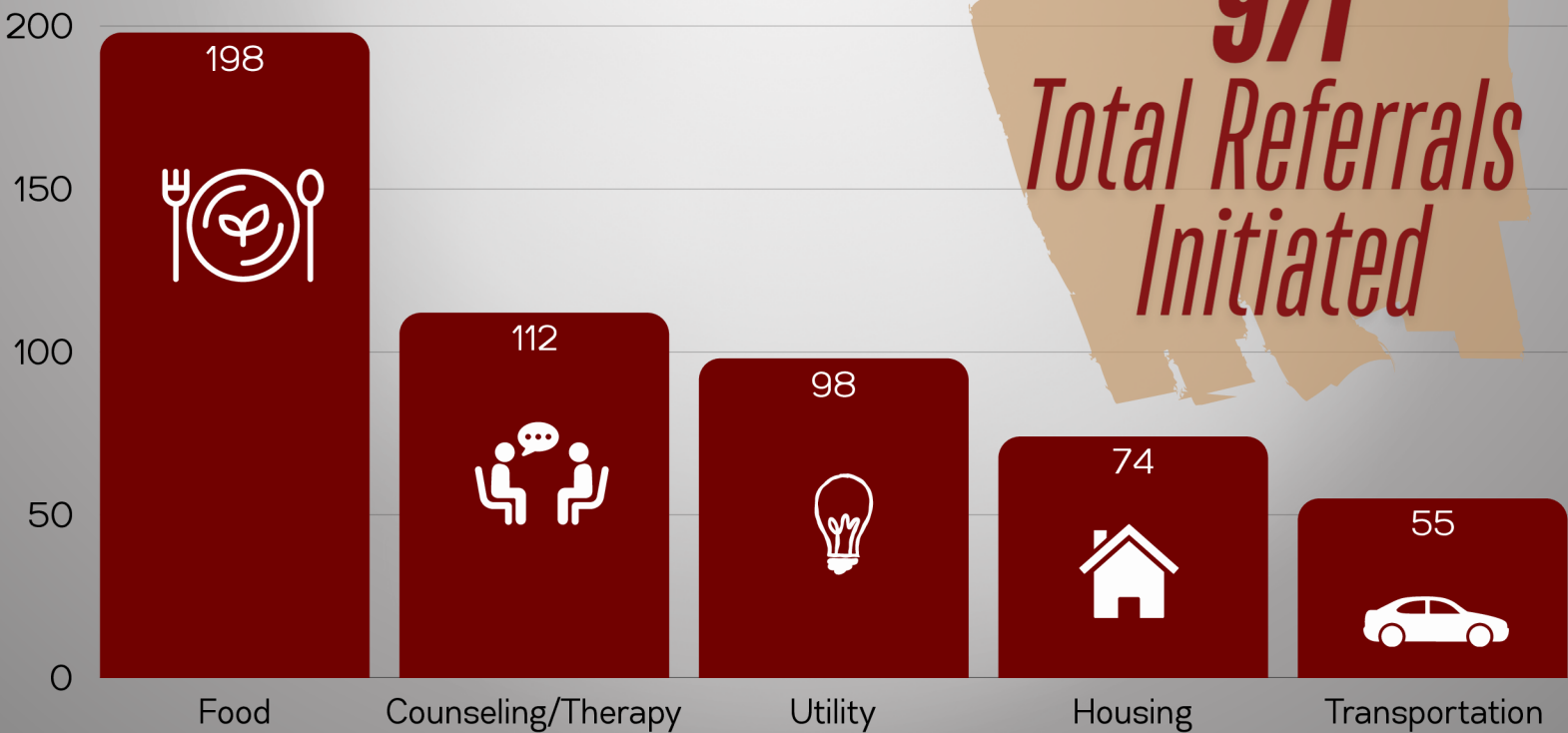


Member Impact Statement

Susan was a new mom who was referred for care management due to unstable housing, food insecurity, transportation needs, unemployment, and childcare challenges. Susan scored high on her anxiety and depression screen due to these stressors. The care manager helped Susan prioritize her needs, connected her with a new primary care provider, behavioral health resources, TANF, CAP services, LinkedIn-employment resources, and Aetna value-added benefits for the diaper program and additional rides for non-medical transportation. After one month, Susan reported she had a new apartment and increased her utilization of her Sooner Ride benefits. She was able to find an affordable daycare option and reported no food insecurity issues. Susan was now actively applying for employment and overall felt more confident in her ability to manage her daily activities.

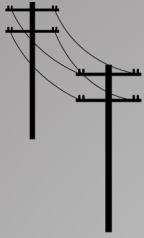


Top 5 Referrals by Category



971
*Total Referrals
Initiated*

Health Risk Screening (HRS) Summary for Social Drivers of Health



Threat of Loss of Utilities

14% of members reported having utilities shut off or at risk.



Food Insecurity

28% of members reported in the last 12 months to have had a shortage of food and lacked money to buy more.



Transportation Concerns

12% of members reported that a lack of reliable transportation kept them from attending medical appointments, meetings, work, or from getting to things needed for daily living.



Housing Insecurity

7% of members reported unstable housing



Geographic Location

Zip code **74115** (North Tulsa) appeared across all Social Drivers of Health



Top Five ICD-10 ER Events

- J06.9 - Acute upper respiratory infection, unspecified
- J10.1 - Flu due to both ident influenza virus w both respiratory manifest
- B34.9 - Viral infection, unspecified
- R11.2 - Nausea with vomiting, unspecified
- R07.9 - Chest pain, unspecified

Top 5 Zip codes with the highest recorded ER visits:

- 73119 - SW OKC
- 74437 - Henryetta area
- 73129 - SE OKC
- 73109 - S OKC
- 73108 - SW OKC

Most Common ER Events

Day of the Week
Monday (15.24%)

Age Group
19 to 44 (36.59%)

Race
Caucasian (40%)

VS

Least Common ER Events

Day of the Week
Saturday (13.8%)

Age Group
65+ (0.55%)

Race
Asian or Pacific Islander (1%)

In 2023, the average ER visit cost per member, excluding ancillary services, was \$694.34. From 2023 to 2024, ER visits decreased by 233 per 1,000 members, resulting in an estimated savings of \$161,797.22 per 1,000 members.

Oklahoma Health Care Authority. (2024).
Emergency Department Fast Facts SFY 2023.

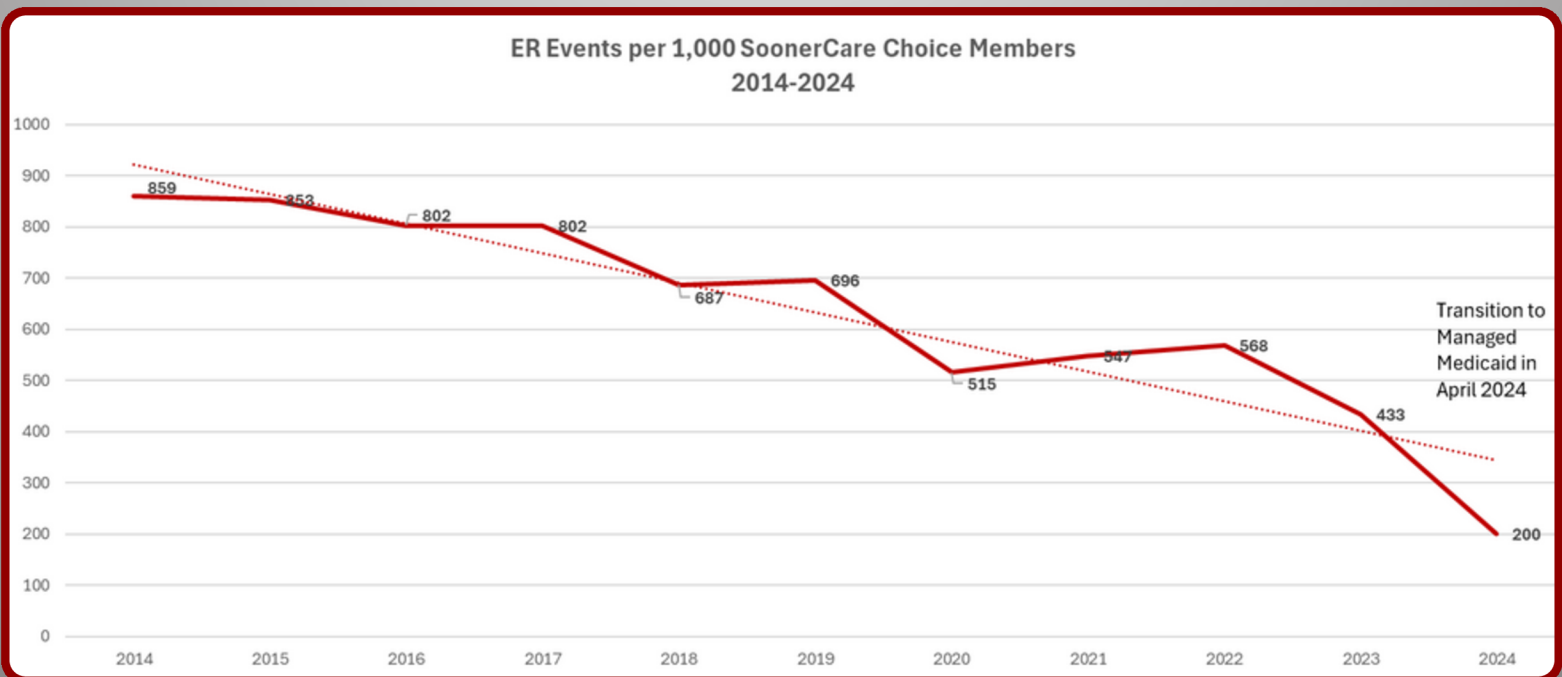
Retrieved from

<https://oklahoma.gov/content/dam/ok/en/okhca/docs/research/data-and-reports/fast-facts/2024/december/Emergency%20Department%20FF%20SFY2023.pdf>

89% of OU SoonerHAN Members had **ZERO** ER visits in 2024

Emergency room utilization decreased by **65%**, after members were engaged in **Care Management**.

10-Year Trend of ER Events





86% of members had **zero** ER visits in 2024

Top 5 Zip codes with the highest recorded ER visits:

- 73119** - SW OKC
- 73159** - SW OKC
- 74106** - North Tulsa
- 73127** - West OKC
- 74115** - North Tulsa

Most Common ER Events

Day of the Week
Monday (15.5%)

Age Group
19 to 44 (32.5%)

Race
Caucasian (41%)

VS

Least Common ER Events

Day of the Week
Saturday (13.1%)

Age Group
45 to 64 (11%)

Race
American Indian or Alaskan Native (0.2%)



Hep C Initiative

The Oklahoma Health Care Authority launched an initiative to **cure** SoonerCare members who have been diagnosed with Hepatitis C Virus (HCV). Mavyret is now the preferred direct-acting antiviral for HCV and is available without prior authorization to members.

A Collaborative Success

Through dedicated outreach efforts, two healthcare clinics launched targeted Hepatitis C initiatives to connect individuals with essential treatment. One clinic identified 89 individuals at risk, successfully contacting **50**. Of those, 25 were already in treatment, while 15 expressed interest in starting care. Another clinic identified **51** individuals, reaching 21, with 12 eager to begin treatment. These initiatives demonstrate the power of proactive engagement in improving health outcomes, reducing barriers to care, and guiding more individuals toward life-saving treatment.

Provider Engagement

In an effort to improve Hepatitis C outreach and treatment, a targeted communication initiative identified **195** individuals needing follow-up care. Letters and emails were sent to providers with patients on the list, prompting **5** practices to request their lists for direct follow-up. Additionally, one mid-level provider was connected with OU Family Medicine for specialized education and training. This initiative highlights the impact of proactive communication in strengthening provider engagement and expanding access to quality care.



Member Impact Statement

John was referred to care management for unmet chronic health conditions and assistance with social drivers. John has diabetes, had a renal transplant, and a bilateral below knee amputation. John wears prosthetics, however, during one of our initial visits John mentioned that the protective silicone sleeves needed for his prostheses had worn out due to normal wear and tear and are causing severe skin irritation. John is on a limited income and these items are not a regular covered benefit. The Care Manager was able to work with Limbs for Life to obtain new prosthetics and silicone covers for John.



Learning Series

The speaker was very thorough, informative, and inclusive.

10 Sessions
778 Total Attendees
In-Person & Zoom Offerings
CEU's Available to attendees

I enjoyed hearing about different methods of self-care, and it was really encouraging to be reassured that self-care looks different for everyone.

I thought it was wonderful to see CEOs & COOs of the three contracted healthcare providers. I learned more about all three providers. It was evident that everyone involved with SoonerSelect is passionate about providing quality care for Oklahomans.

This session was very applicable to my current job role and I will be able to use this information daily. I felt it was a good presentation over Mood Disorders.

Learning Series Topics	Focus Areas & Benefits
Self Care	Strategies for well-being, stress management, and balance
Medicaid Changes	Updates on policy shifts, eligibility, and access to care
Justice Reform	Understanding policy changes and their impact on communities
Anxiety & Mood Disorders	Coping techniques, treatment options, and mental health resources
Online Safety	Digital security, privacy protection, and safe internet habits
Heart Health	Preventative care, lifestyle tips, and managing conditions
Hope	Inspirational stories, resilience, and personal growth



Fundamentals of Care Management

This course was very informative. As a first time Case Manager, I would say that this course should be mandatory!



*17 Completed Training
Pre-Test Average 60%
Post-Test Average 84%*

*Total Increase in Attendees
Test Score
24%*

Care Management is very specific-this course was great! I loved the resources we found and the education to bring to our patients.

Module Name
Introduction to Healthcare in Oklahoma
Introduction to Behavioral Health
Foundations of Care Management
Crisis Management and Discussion
Trauma Informed Care
Suicide Risk Assessment
Introduction to Motivational Interviewing (MI)
Cultural Consciousness
Chronic Disease Management Modules
Know Your Community's Resources
Documenting Care Management
Self-Care
Ethics



Empowering Staff with Specialized Training

Investments in DEEP Training, Behavioral Health Certification, Care Manager Certification (CCM), and Annual Care Management Training have enhanced our team's ability to provide compassionate, high-quality, and data-driven care. Suicide Awareness Training and SOGI Training further strengthen inclusive, trauma-informed care.

Building Strong Leaders for a Stronger Future

Through programs such as the Women's Leadership Summit, and the IHI Conference, our team members have gained critical leadership skills, innovative problem-solving techniques, and a patient-centered approach to care management.

Enhancing Communication & Collaboration

By implementing structured training such as Morning Huddles, Just-In-Time Trainings, and Newsletters, we have created an environment of seamless collaboration, proactive problem-solving, and shared knowledge.

Driving Innovation & Quality

Participation in conferences such as the Oklahoma Rural Health Conference, NCQA National Summit, and Community Action Projects has allowed us to stay ahead of industry trends, advocate for health initiatives, and implement cutting-edge quality improvement strategies.

The Impact: A Stronger, More Resilient Healthcare Team

A culture of learning that ensures continuous growth and adaptability.



Data-Driven Improvement

Our program demonstrated a strong commitment to quality improvement and excellence through robust reporting capabilities, population assessments, chart audits, and targeted performance initiatives. These efforts reflect our dedication to data-driven decision-making, and collaborative problem-solving across all levels of care.

Strengthening Quality Through Audits

With **108** chart audits completed, we have ensured that our records are accurate, comprehensive, and aligned with best practices. Our commitment to compliance is reflected in our achievement of scoring in the **90th percentile** on external compliance audits. This success highlights both our dedication to quality and opportunities for continuous improvement in documentation and care processes.

Driving Operational Performance Through Committees

By holding **8** Quality Committees, we fostered collaboration among stakeholders, ensuring that operational challenges were met with strategic solutions. These committees played a key role in guiding organization-wide performance improvement initiatives and shaping policies for sustainable change.

Focused Performance Improvement Initiatives

There were **13** program-wide performance improvement initiatives and **7** Care Manager-led initiatives launched to address critical areas of care, workflow optimization, and outcome enhancement. These initiatives are designed to boost efficiency, improve the member experiences, and elevate care coordination.

The Bottom Line: A Culture of Excellence & Continuous Growth

Through a structured approach to quality improvement, cross-team collaboration, and data transparency, we continue to build a high-performing environment that prioritizes safety, operational excellence, and innovation.

Care Manager Impact Statement


“Chart Audits should be required as a part of orientation because I learned so much about what I should document and how to document correctly”. -BJ

Why Care Management Matters

Member Impact Statement

Amber was referred to care management after being discharged from a rehabilitation center. Amber has a history of anxiety and opioid abuse. During initial conversations with the care manager, Amber reported that the rehabilitation stay really helped her and she wanted to start her life again. Amber faced numerous challenges including unemployment, lack of income, food insecurity, and inadequate housing. However, she also had several strengths that the care manager could build upon, such as her motivation and readiness for change, support from family and friends, and awareness of her substance abuse issues. The Care Manager reviewed the available value-added benefits that were available to Amber through her Aetna Better Health of Oklahoma plan. They identified that Amber could access additional resources for food, but more importantly Amber appeared to qualify for the Short-Term Housing benefit. Together with Aetna Member services, the care manager worked with Amber on the application and Amber was approved. Amber cried when the care manager told her the good news. Over the course of the next month Amber was able to move into an apartment and found a job that she loves. The Care Manager helped Amber create a goal and set a budget to prepare for rental payments to begin once the short-term benefit is complete. Amber has told her care manager “I feel so grateful to you and Aetna for helping me when I needed it the most. My mental health is already better knowing that I can do this. This might be a regular thing you do for other patients, but you have no idea how big this is to me. I appreciate it from the bottom of my heart, and I’m so excited to keep growing and have a life that I’m proud of.”



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This document can be viewed on the OU Sooner HAN's website, <https://soonerhan.ouhsc.edu>