Oklahoma Health Care Authority

Oklahomans are Counting on Us

Annual Report

State Fiscal Year 2010

July 2009 through June 2010

Oklahoma Health Care Authority

Oklahomans are counting on us

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July 2009 through June 2010
Annual Report

On the cover: In today's economy, more Oklahomans are depending on programs offered through OHCA to provide health care coverage for those in need.

OHCA is dedicated to maintaining our high standards of service and quality to our members and providers.

They are counting on us.

Oklahoma Health Care Authority offices are temporarily located at:

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The report is coordinated through the OHCA Reporting and Statistics Unit. If you have questions or suggestions, please call Connie Steffee at 405-522-7238.

oklahoma health care authority

Our Mission Statement

Our mission is to purchase state and federally funded health care in the most efficient and comprehensive manner possible and to study and recommend strategies for optimizing the accessibility and quality of health care.

Our Vision

Our vision is for Oklahomans to enjoy optimal health status through having access to quality health care regardless of their ability to pay.

Our Values and Behaviors

OHCA staff will operate as members of the same team, with a common mission and each with a unique contribution to make toward our success.

OHCA will be open to new ways of working together.

OHCA will use qualitative and quantitative data to guide and evaluate our actions and improve our performance in a purposeful way over time.

Brad Henry

Governor
State of Oklahoma

EXECUTIVE BRANCH

Jari Askins
Lieutenant Governor

Terri White
Secretary of Health

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2nd Session of the 52nd Legislature

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as of June 2010

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Ann Bryant

Sandra Langenkamp

Charles (Ed) McFall, DPH

Melvin McVay

George Miller

Message from the Chief Executive Officer

It was the year of challenges: historic state revenue failure, climbing enrollment, federal health reform, economic stimulus funding, electronic health records and more. It is difficult – no, it is impossible – to label any single event as the 2010 showstopper.

What is not difficult is seeing how successful our state's health care program is as a result of the hard work, dedication and ingenuity of a lot of caring Oklahomans.

By design, when the state's economy falters and Oklahomans need help, business at the Oklahoma Health Care Authority booms. This year, SoonerCare enrollment increased 7.3 percent as we covered an average of more than 700,000 members each month. Through the course of SFY2010, our SoonerCare and Insure Oklahoma programs covered an unprecedented 885,238 Oklahomans, which is 24 percent of our state's total population! We also set new records this year for weekly claims paid and processed. The issue date of March 17, 2010, saw 1,002,354 claims processed and paid to the tune of $101.4 million, all in one week.

While the state's revenues slumped, OHCA was fortunate when compared with some agencies. Leaders in our legislature and governor's office recognized the importance of maintaining health care services to Oklahomans served by OHCA. Our agency was spared some of the deepest budget reductions, allowing us to largely preserve our program and keep provider rate reductions relatively small. I think this is a reflection of the confidence leadership has in OHCA running an efficient program.

The federal government made economic stimulus funds available through Medicaid to help states deal with the growing health care needs. These funds also served to infuse cash into the states' tightly strapped budgets and into state economies.

As part of OHCA's internal efforts to curb expenses and increase efficiency, we have been developing further use of technology. The agency will roll out an Internet-based enrollment system for most SoonerCare populations in September. Our state is also taking an aggressive approach, with federal grant funding, to improve both quality and efficiency through use of electronic health records.

And while we put the wraps on state fiscal year 2010, we look ahead to our future. Tremendous changes appear on the horizon with the Medicaid program playing a big part in federal health care reform. For 15 years OHCA has continually pushed Oklahoma Medicaid (now SoonerCare and Insure Oklahoma) further and further away from its historic roots in the welfare system. With federal health reform, those ties will be severed by federal policy, completely shifting access to the program based on income and affordability of health insurance coverage.

OHCA has transformed Oklahoma's publicly funded health coverage to operate much like other third-party purchasers of health care. It is now apparent that this transition is happening across the country as state Medicaid programs are being viewed and treated more as health coverage products. And isn't that the way it should be? After all, it is health care, not welfare.

Mike Fogarty

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SFY2010 Highlights

Members

- There were 885,238 unduplicated members enrolled in either SoonerCare (Oklahoma Medicaid) or Insure Oklahoma during SFY2010 (July 2009 through June 2010).
- A total of 881,220 Oklahoma SoonerCare members received services during SFY2010.
- Overall SoonerCare enrollment increased by 7.3 percent and the number served increased 8.9 percent from SFY2009 (July 2008 through June 2009).
- Enrollment in the Insure Oklahoma program has increased 48 percent since June 2009. As of June 2010, 31,860 enrollees and 5,496 businesses were participating.
- During SFY2010, Oklahoma provided coverage to 39,479 SoonerPlan enrollees and 6,522 women needing further diagnosis or treatment for breast and/or cervical cancer through the Oklahoma Cares program.
- SoonerCare covers approximately 64 percent of the births in Oklahoma. Calendar year 2009 SoonerCare deliveries were 33,898 of the 52,279 overall state births (OSDH preliminary figures accessed 4/28/2010).

Expenditures

- An average of 18 percent of SoonerCare members were aged, blind and disabled enrollees. These enrollees accounted for 53 percent of the SoonerCare expenditures in SFY2010.
- SoonerCare funded 69 percent of Oklahoma's total long-term care occupied bed days.
- OHCA expended $31.2 million on behalf of the Breast and Cervical Cancer enrollees and nearly $8 million on SoonerPlan enrollees.
- Nursing facility Quality of Care revenues totaled $50,911,789.
- Dollars recovered by OHCA through post-payment reviews totaled $18,047,254.
- Drug rebate collections totaled $134,415,691.
- By limiting the amount paid for generic drugs, OHCA saved more than $75.7 million through the State Maximum Allowable Cost (SMAC) program.

Administration

- OHCA processed 53 emergency rules, 46 permanent rules, and 33 State Plan amendments.
- There were 180 group provider training sessions attended by more than 11,640 providers. OHCA and HP held 4,043 individual on-site provider training sessions during SFY2010.
- OHCA received and investigated 1,291 SoonerCare member complaints. This represents less than 1 percent of the 885,238 SoonerCare enrollees.
- There were 49 provider and 158 member formal appeals filed. This is less than one-fourth of 1 percent of both populations.
- OHCA administrative costs comprised 2.44 percent of the total SoonerCare expenditures. OHCA operating costs represented 41 percent of OHCA administrative costs, and the other 59 percent were contract costs.

SFY2010 Year in Review

Insure Oklahoma Growth Continues

The Insure Oklahoma program makes affordable health coverage available to Oklahomans who are uninsured or at risk of losing their coverage due to high premium costs. Oklahoma's tobacco tax revenues fund the state share costs of Insure Oklahoma.

Insure Oklahoma covers full-time college students ages 19 to 22 who meet the income qualifications. As of June 2010, 256 college students were covered under Insure Oklahoma.

The Insure Oklahoma Employer-Sponsored Insurance (ESI) plan is designed to assist Oklahoma small business owners, with up to 99 employees, purchase health insurance on the private market for their income-eligible employees (at or below 200 percent of federal poverty level).

The Insure Oklahoma Individual Plan (IP) provides a health coverage option to uninsured adults ages 19-64 whose allowable household income is no more than 200 percent of federal poverty level (FPL) and who are not receiving Medicaid or Medicare. IP is available to people who meet the definition in one of the following groups: 1) Working adults who do not qualify for ESI and work for an Oklahoma business with 99 or fewer employees, 2) Temporarily unemployed adults who qualify to receive unemployment benefits, 3) Working adults with disability who work for any size employer and have a ticket to work, or 4) Adults who are self employed.

Insure Oklahoma	June 2009	June 2010	% Growth
Businesses	4,752	5,539	16
ESI	14,217	18,799	32
IP	7,381	12,414	68

Insure Oklahoma to Begin Covering Children

OHCA's requested state plan amendment to add children to the Insure Oklahoma program has been approved by the Centers for Medicare & Medicaid Services (CMS). The amendment covers children younger than age 19 in families with workers from any size business whose household income is 185 percent to 300 percent of the federal poverty level. Due to budget concerns, OHCA will only implement the enrollment of children between 185 and 200 percent of FPL at this time.

Children in Insure Oklahoma ESI will be covered through their family's private insurance plan, and Insure Oklahoma will subsidize a portion of the family's premium costs. Children in the Insure Oklahoma IP will be covered through the state-operated Individual Plan network and benefit plan.

The family's financial responsibility for coverage will not exceed 5 percent of their household income. OHCA estimates 20,000 children can be covered under the new authority provided by this amendment. Insure Oklahoma members could request coverage for their children using a change form beginning July 1, 2010.

SFY2010 Year in Review (continued)

Federal Relief Continues

The federal and state governments share Medicaid costs. Congress took two significant actions in February 2009 that were designed to assist states in assuring and financing coverage through Medicaid and the Children's Health Insurance Program (CHIP). The CHIP Reauthorization Act (CHIPRA) renewed CHIP federal funding through the end of 2013 and expanded its scope. CHIPRA provisions are largely financed by an increase in federal tobacco tax.

American Recovery and Reinvestment Act of 2009 (ARRA)

As part of the ARRA, Congress acted to temporarily increase federal medical assistance percentages (FMAP) for all states during the period of economic downturn. The total dollars for the SoonerCare program remain the same; however, the increase in federal matching dollars decreases the state share amount, providing much needed relief to the state budget.

The ARRA, also referred to as the stimulus package, includes a hold harmless that freezes the base FMAP at the 2008 level, a general 6.2 percent increase in FMAP, and for states with relatively high growth in unemployment rates, an additional percentage increase based on quarterly unemployment statistics. To access the additional funds associated with the increased FMAP, each state must ensure that the "eligibility standards, methodologies, or procedures" under its Medicaid State Plan, or under its Medicaid waiver or demonstration programs, are not more restrictive than those in effect July 1, 2008.

While there has been speculation the stimulus package funds will be extended, Oklahoma has opted to budget as if the increased federal match money will not be available after December 2010.

Budget Cuts

Like other state agencies, OHCA's general appropriations for state fiscal year 2010 were cut by 7.5 percent, or almost $44 million in state funds. In order to meet the balanced budget requirement, the OHCA board authorized agency staff to take the needed steps to reduce the budget. The OHCA staff worked diligently with providers and advocates to determine precise cuts that would be the least painful, while knowing people are affected any time you reduce benefits or services.

Those cuts involved reducing administrative costs, increasing various co-pay amounts, changes to durable medical equipment and prescription benefits, and changes in payments for certain services. One of the budget saving steps was an across-the-board provider rate reduction of 3.25 percent. The remainder of cuts included: increased scrutiny of adult dental emergency extractions, reduction of Medicare crossover co-insurance and deductible to freestanding Medicaid primary end-stage renal disease facilities; and a reduction of 40 percent for the rate paid for diabetic supplies.

OHCA's budget was provided some relief through use of federal stimulus funds and state reserves. It is also important to remember reductions in state dollars in the SoonerCare (Medicaid) program result in a reduction in federal dollars to fund the program. Currently, $1 cut in state funds means a loss of $3 in federal funds for a total program reduction of $4.

SFY2010 Year in Review (continued)

Health Information Technology Hits Oklahoma

Health information technology (HIT) allows comprehensive management of medical information and its secure exchange between health care consumers and providers. Broad use of HIT has the potential to improve health care quality, prevent medical errors, increase the efficiency of care provision, reduce unnecessary health care costs, increase administrative efficiencies, decrease paperwork, expand access to affordable care, and improve population health.

The Oklahoma Health Care Authority was awarded more than $8.8 million through ARRA to develop a statewide health information exchange. Gov. Brad Henry's office designated OHCA to be the lead agency to apply for this grant.

In May 2010, Gov. Henry signed legislation creating the Oklahoma Health Information Exchange Trust (OHIET). This public trust will have seven trustee members and an advisory council. It is anticipated that in fall 2010, this new public trust will become the designated entity for the Statewide Health Information Exchange Cooperative Agreement Program (SHIECAP) grant. OHCA will have a seat on the advisory council.

As a result of countless hours of effort working with multiple stakeholders, associations and agencies, the OHIET Strategic and Operational Plan will be submitted for review and approval in August 2010 to the Office of the National Coordinator. For more information about SHIECAP and HIT, please visit www.HealthIT.hhs.gov.

The Oklahoma Health Care Authority also received Centers for Medicare & Medicaid Services approval and planning funding through the Recovery Act HITECH program to create a State Medicaid Health Information Technology Plan. This is to plan for the implementation of the Oklahoma Electronic Health Records (EHR) Incentive Program for eligible hospitals and eligible professionals, as well as to promote the adoption and meaningful use of certified health information technology.

OHCA continues to strive to meet the federal guidelines and deadlines to offer Oklahoma providers incentives to adopt, implement, and meaningfully use certified electronic health record technology. For national information, please visit www.cms.gov/ehrincentiveprograms, go to www.okhca.org/EHR-incentive for Oklahoma specific details.

SFY2010 Year in Review (continued)

SoonerCare Online Enrollment

Oklahoma has one of the nation's highest rates of uninsured. In an effort to reach those potentially qualified for coverage and improve SoonerCare efficiency, the Oklahoma Health Care Authority has developed SoonerCare Online Enrollment.

This project was made possible by a Transformation Grant from the Centers for Medicare & Medicaid Services (CMS). OHCA has mapped out an innovative way to incorporate technological advances in the enrollment process, which CMS recognized as being cutting-edge and worthy of this grant funding. The total grant award exceeded $6 million, with no matching funds required, and has been used over a three-year period that began in October 2007 with implementation planned in September 2010.

The online enrollment process creates a single-point-of-entry intake that determines whether the applicant is qualified for SoonerCare. This process will remove many obstacles and "open the door" for thousands of low-income, uninsured Oklahomans. More than 500,000 SoonerCare members can choose to enroll for coverage in the privacy of their own home.

65%

More than 65 percent of Oklahomans lived in a household with Internet access in 2009.

Source: U.S. Census Bureau, Current Population Survey, October 2009, Reported Internet usage for individuals 3 years and older by state; Internet Release date: February 2010

Electronic Enrollment for Newborns Is a Success

OHCA implemented a web-based SoonerCare application to add newborns to existing SoonerCare cases. As a result of this system, newborns can now be enrolled in SoonerCare before they leave the hospital.

Babies successfully enrolled are assigned a primary care provider, have a SoonerCare identification number and can have claims processed for covered benefits immediately. Prior to implementation, less than 70 percent of newborns were added within 10 days of birth; now the average is within 3.5 days. A total of 23,908 babies were enrolled using electronic enrollment during SFY2010.

Electronic Provider Enrollment Completed

OHCA is pleased to announce the completion of a web-based online enrollment system for new or renewed provider contracts. This is a paper-free process. Businesses and individual providers or their representatives enter all the necessary information and execute provider agreements without downloading a form. Licenses, certifications and other necessary documentation can be faxed to OHCA without making a copy or sealing an envelope. Since implementation, nearly 2,500 renewals have been processed through the system.

One feature of online enrollment is the option for providers to specify up to three e-mail addresses: one for contract issues, one for secure clinical/medical communication, and a third for billing and claims-related items. This allows OHCA to provide quicker and less expensive updates to providers and their staffs without the time and expense of preparing and mailing letters.

SFY2010 Year in Review (continued)

OHCA receives Grants to Improve Children's Health

During SFY2010, OHCA received three grants to help improve the health of children in Oklahoma. They include: ABCD III Grant — "Connecting the Docs," CHIPRA Outreach and Enrollment Grant and SoonerCare Prenatal Tobacco Cessation Initiative.

The ABCD III Grant — "Connecting the Docs" was approved for three years (November 2009 through October 2011) from the National Academy for State Health Policy and the Commonwealth Fund. The grant will assist in launching Connecting the Docs: Improving Care Coordination and Delivery of Developmental Screening and Referral Services in Oklahoma.

Connecting the Docs is an initiative aimed at improving outcomes for young children with or at risk for developmental delays. The initiative builds on current system infrastructure to establish new and strengthen existing linkages among entities serving children and families. Connecting the Docs supports two primary goals: 1) Increase referral rates for SoonerCare children with positive screens or identified risk factors; 2) Improve care coordination among primary care providers serving SoonerCare children.

The CHIPRA Outreach and Enrollment Grant was approved for two years (September 2009 to September 2011) for $988,177 from the Centers for Medicare & Medicaid Services to implement SoonerEnroll, an outreach initiative focused on enrolling qualified children in SoonerCare. OHCA is working with numerous state and community-level partners to ensure a sustainable infrastructure for statewide outreach. SoonerEnroll also includes a pilot program that allows participating members the option of completing their SoonerCare benefit review by phone.

Finally, the SoonerCare Prenatal Tobacco Cessation Initiative was awarded $1.4 million in grant funding over the next three years (January 2010 to December 2012) by the Tobacco Settlement Endowment Trust to fund an educational effort to combat tobacco use during pregnancy. In addition to hiring a tobacco cessation outreach specialist to work with providers statewide, OHCA will work closely with providers serving large numbers of pregnant women in the Oklahoma City and Tulsa areas to promote the use of best practices related to tobacco cessation.

As of the end of SFY2010, a total of five SoonerCare prenatal care providers have completed practice facilitation and will continue with follow-up consultation during SFY2011. It is anticipated that an additional 20 to 25 providers will participate during SFY2011.

66.56%

66.56 percent of Oklahoma's children under age 5 have been enrolled in SoonerCare at some point during SFY2010.

SFY2010 Year in Review (continued)

Boarding School Dental Outreach Project a Success

In September 2009, the Oklahoma Health Care Authority's Indian Health Unit took advantage of a unique opportunity to improve the well-being of 479 American Indian children who reside at the Riverside Indian Boarding school in Anadarko. The majority of Riverside students come from remote and poverty-stricken areas of the country where access to education and comprehensive health care is a challenge.

OHCA, along with the Oklahoma Dental Hygienist Association, the Oklahoma City Area Inter-Tribal Health Board and Indian Health Services, provided dental hygiene supplies and education to the students. The goal was to establish good dental habits and prevent periodontal disease, thus enabling the Riverside children to have happier and healthier futures.

Third Annual SoonerCare Tribal Consultation Meeting Largest Ever

OHCA's third annual Soonercare Tribal Consultation Meeting was held in July 2009 at the Citizen Potawatomi Nation Cultural Heritage Center in Shawnee. The 2009 meeting had the largest attendance thus far, with 189 attendees representing 19 tribes, state and federal health programs, and various other stakeholders. All 56 Indian health facilities in Oklahoma contract with OHCA, and more than 100,000 tribal members receive all or part of their health care through SoonerCare. The meeting is designed for participants to interact and openly discuss ideas for partnerships and the overall health status of Oklahoma's tribal communities.

Continued efforts of ongoing tribal consultation, the need for additional resources and funding for tribal health services, including behavioral health, and extended coverage for all cancer types were some of the issues addressed during the open forum portion of the meeting.

OHCA Flu Outreach

There were more uncertainties than usual going into the 2009-2010 flu season, because of the emergence of the 2009 H1N1 influenza virus. This virus caused the first influenza pandemic (global outbreak of disease) in more than 40 years.

In order to assist health care providers in managing this pandemic, OHCA launched an initiative to help educate SoonerCare members about influenza. Along with targeted website information, approximately 1,000 prescribers received a package of flu education posters from OHCA during November 2009. The posters were designed to be displayed in waiting areas or examination rooms to help foster patient/provider dialogue about appropriate flu prevention and treatment protocols.

OHCA also sent brochures titled "Protect Yourself…Know What To Do About the Flu" to approximately 45,000 SoonerCare members' households. It included answers to the most commonly asked questions regarding seasonal flu and the 2009 H1N1 flu. The brochure emphasized practical steps that individuals can take to decrease the risk of contracting influenza or spreading it to others and appropriate utilization of antibiotic and antiviral medications.

Good Dental Equals Good Health?

There are many advantages to good dental health. Not only does it help with self-esteem, it can also affect your overall health. Recent research has shown there may be a link between oral bacteria and a number of other problems, including:

- Heart disease
- Diabetes
- Dementia
- Rheumatoid arthritis
- Premature birth

SFY2010 Year in Review (continued)

Preadmission Screening and Resident Review Electronic Submission Initiative Successful

According to federal regulations, OHCA performs a Preadmission Screening and Resident Review (PASRR) Level I screening on any Oklahoman entering a contracted Medicaid nursing facility. If it is determined the patient has had a history of mental illness or mental retardation, a more detailed Level II screen is performed to determine if a nursing facility is the appropriate placement and if the patient can get the necessary treatment for his or her diagnosis.

In the past, this has been a laborious, manual process for both the nursing facility and OHCA staff. The Level I screen forms were completed manually and mailed by the nursing facility. OHCA staff reviewed the information submitted to determine if further assessments were indicated. The form itself was difficult to read, and items requiring completion were easily overlooked. If errors or omissions were found in the Level I document, they were returned to the nursing facility for correction. Additionally, all information required manual input into a data system. To complicate the process, initial screens had to be received by OHCA within 10 days of a patient's admission to the nursing facility. Failure to do so resulted in a possible lapse of member eligibility, often costly to the nursing facility.

As of May 2010, the Level I process is electronic and available from the OHCA secure website. The form can be electronically completed and submitted. The electronic form affords the provider immediate transmission and confirmation. The new process has also reduced the number of returned incorrect or incomplete forms and allows for more timely submissions.

Telemedicine — Seeing a Specialist 200 Miles Away

Telemedicine is the practice of health care delivery, diagnosis, consultation and treatment through interactive audio, video or data communications. Telemedicine provides two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site.

There are currently 14 approved telemedicine networks within the state. These networks improve access to health care services by providing medical specialty care in rural or underserved areas to meet the needs of members and providers alike. OHCA has processed more than 18,227 claims for services delivered via telemedicine since March 1, 2009.

Telemedicine services are not an expansion of SoonerCare covered services but an option for the delivery of certain covered services. SoonerCare views telemedicine no differently than an office visit or outpatient consultation. Quality of health care must be maintained regardless of the mode of delivery, so if there are technological difficulties during a medical assessment or problems in the member's understanding of telemedicine, hands-on assessment and/or care will be provided for the member.

SFY2010 Year in Review (continued)

Behavioral Health Consolidated Claims Processing System (CCP)

The consolidated claims processing system is a web-based single member eligibility, claims payment, and clinical outcomes data sharing system for all contracted Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and OHCA behavioral health providers. In a collaborative effort, billing procedure codes, provider types, prior authorization processes and service definitions were unified between the agencies to decrease administration time and costs for providers.The CCP also increases ODMHSAS service reimbursements from monthly to weekly. The unified system of care protects members from being bounced from agency to agency due to the fragmentation that existed between the two agencies' requirements.

Increasing Behavioral Health Access to Community-Based Services

In an effort to keep children from psychiatric hospitalization, OHCA has successfully expanded behavioral health services and provider service types for children and families in communities across the state. Day treatment, therapeutic behavioral services in schools and community-based treatment are examples of the new services. Additional counselor and therapist provider contract service categories are now available to our members.

8.2

When asked the survey question, "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 for counseling or treatment?" The composite result overall was 8.2 out of 10.

To find out more about the 2010 "ECHO® Child Behavioral Health Survey for SoonerCare Choice" go to www.okhca.org/studies.

Behavioral Health Quality Improvement Project

In 2005, OHCA behavioral health care coordinators initiated a quality improvement project aimed at exploring how intensive care management might affect the length of stay for many SoonerCare members under the age of 21 in inpatient behavioral health settings. This project resulted in reduced costs of approximately $1 million. The positive results gave support for the decision to not only add care coordination services to the current Quality Improvement Organization contract but also led to a collaboration of multiple state agencies to begin a statewide Care Management Oversight Project that is evaluated by the University of Oklahoma's E-team. The project began in November 2008 and will continue through December 2010. As of May 2010, the preliminary results show a reduction in overall inpatient days per member, with a savings of more than $1.3 million when compared to claims data in 2008.

Behavioral Health Screening Added to Medical Home Services

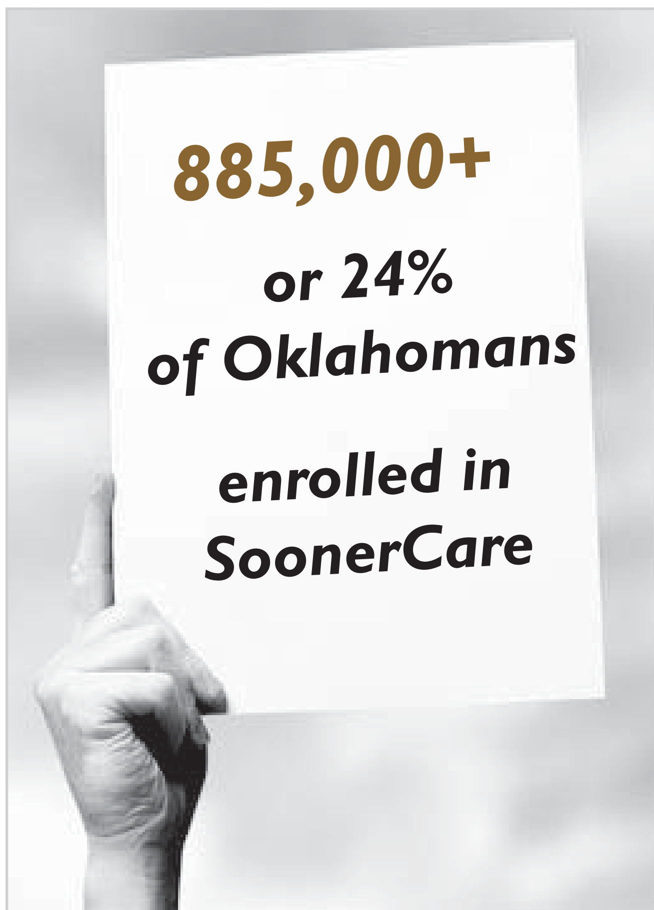
OHCA began reimbursing medical home providers to perform behavioral health screenings for children and adults. If necessary the primary care provider will perform a brief education intervention with the patient, refer them to a behavioral health provider to do an assessment and clinically collaborate on treatment planning.

Within the first year of starting this initiative, there has been a growth from three PCPs performing 146 screenings to 16 PCPs performing 804 screenings.

SFY2010 Year in Review (continued)

SoonerCare Approval Ratings High

Comparing the 2008 and 2010 CAHPS (Consumer Assessment of Healthcare Providers Systems) surveys, results indicated fairly high levels of satisfaction holding steady across an array of eight quality measures. Positive trends were seen in ratings of health care, personal physicians, specialists and the health plan, and also in composite measures of getting care quickly, provider communication, getting needed care, and customer service. One increase was statistically significant; respondents gave higher ratings on how often they were able to get care quickly. The complete survey and other satisfaction surveys can be found at: www.okhca.org/studies.



OHCA Staff Receive Awards

Often OHCA staff efforts are heralded through calls and letters. Occasionally, outstanding efforts are recognized through awards. That is the case for OHCA CEO Mike Fogarty. Fogarty received the 2010 Distinguished Alumnus Award from the University of Oklahoma College of Arts and Sciences in February 2010. This annual award is given to four graduates of the college who represent humanities, professional schools, natural sciences and social sciences. The award recognizes his outstanding achievements as an alumnus of the school of social sciences. Fogarty graduated from the University of Oklahoma School of Social Work with a master's degree.

Leah Taylor, PhD, and Debbie Spaeth, LMFT, LADC, LPC, received the "Appreciation for Excellent Service to Mental Health" in Fall 2009 from the Oklahoma Association for Marriage & Family Therapy.

Taylor also received the "Distinguished Administrative Service Citation" from the Oklahoma Psychological Association in November 2009.

OHCA's PACE receives Achievements in Aging Award

The "Program of All-Inclusive Care for the Elderly" (PACE) program received the Achievements in Aging Award 2010 at the Oklahoma Conference on Aging in May. PACE is operated by Cherokee Elder Care, with OHCA as the state administering agency. This annual award is a recognition of individuals, programs and organizations making outstanding contributions on behalf of older Oklahomans. It holds these individuals, programs and businesses up as role models of what can be done in communities throughout the state.

SFY2010 Year in Review (continued)

OHCA 2010 Quality Oklahoma Team Day Awards

OHCA highlighted 10 projects at the 2010 Quality Oklahoma Team Day at the state Capitol. Projects receiving a Governor's Commendation for Excellence award are included below.

Program of All-Inclusive Care for the Elderly (PACE) — PACE provides a comprehensive array of medical and social services for the frail and elderly within their homes or at the Cherokee Elder Care Center in Tahlequah. Members have demonstrated improvements in their health, and the program has realized a significant savings as a result of the difference in the PACE rate as compared with nursing home rates. With 50 members, the monthly savings is approximately $121,600 or $1.4 million annually.

Developmental Screening Initiative: Integrating Developmental Screens in the Medical Home — OHCA's Child Health Unit, in partnership with several other state agencies, helped identify funds to purchase and distribute evidence-based developmental screening tools to SoonerCare providers serving as primary care providers (PCPs) for infants and toddlers. OHCA was instrumental in advertising the availability of the screening tools and in the training of PCPs throughout Oklahoma.

SoonerPlan — Oklahoma's Free Family Planning Program — SoonerPlan is a program designed to reduce the unintended pregnancy rate in Oklahoma in hopes of encouraging healthier women, healthier babies and a healthier Oklahoma along with a reduction in Medicaid costs associated with pregnancies. The Oklahoma State Department of Health provides approximately 85 percent of the clinical services members receive, making them SoonerPlan's single largest provider. Over the first five years, SoonerPlan is estimated to have saved $51 million and will save an additional $31 million through March 2013.

OB (Pregnancy) Outreach Project — To help pregnant SoonerCare members gain faster access to critical prenatal care, the Member Services Unit developed a plan to encourage members to call in. Information learned during phone calls may trigger a referral to the Care Management department. A unique letter and process was developed to coordinate mailing, phone routing, and data collection and reporting. The result is more pregnant women receive the appropriate level of prenatal care on a more timely basis. Earlier prenatal care improves health outcomes and can lower medical expenses.

OHCA and Riverside Indian Boarding School Dental Outreach — The OHCA Indian Health Unit, along with the Oklahoma Dental Hygienist Association, the Oklahoma City Area Inter-Tribal Health Board and the Indian Health Services, provided dental hygiene supplies and education to the 479 American Indian students residing at the Riverside Indian Boarding School in Anadarko.

Electronic Provider Enrollment — Electronic Provider Enrollment allows providers to submit an application to OHCA via the Internet. The goals for the project are to reduce or eliminate time processing applications, improve providers' access to their account information, eliminate steps in the contracting process, and decrease overall costs. Implementation of Electronic Provider Enrollment saves the state more than 16,000 man hours and $547,000 per year.

OHCA also had informative display booths for SoonerCare Health Management Program Update, OHCA Fast Facts Reports, Focus on Excellence and Oklahoma Long-Term Living Choice Project.

Understanding SoonerCare

What is Medicaid?

Who Qualifies for Medicaid?

What Is SoonerCare?

Who Are the Members of SoonerCare?

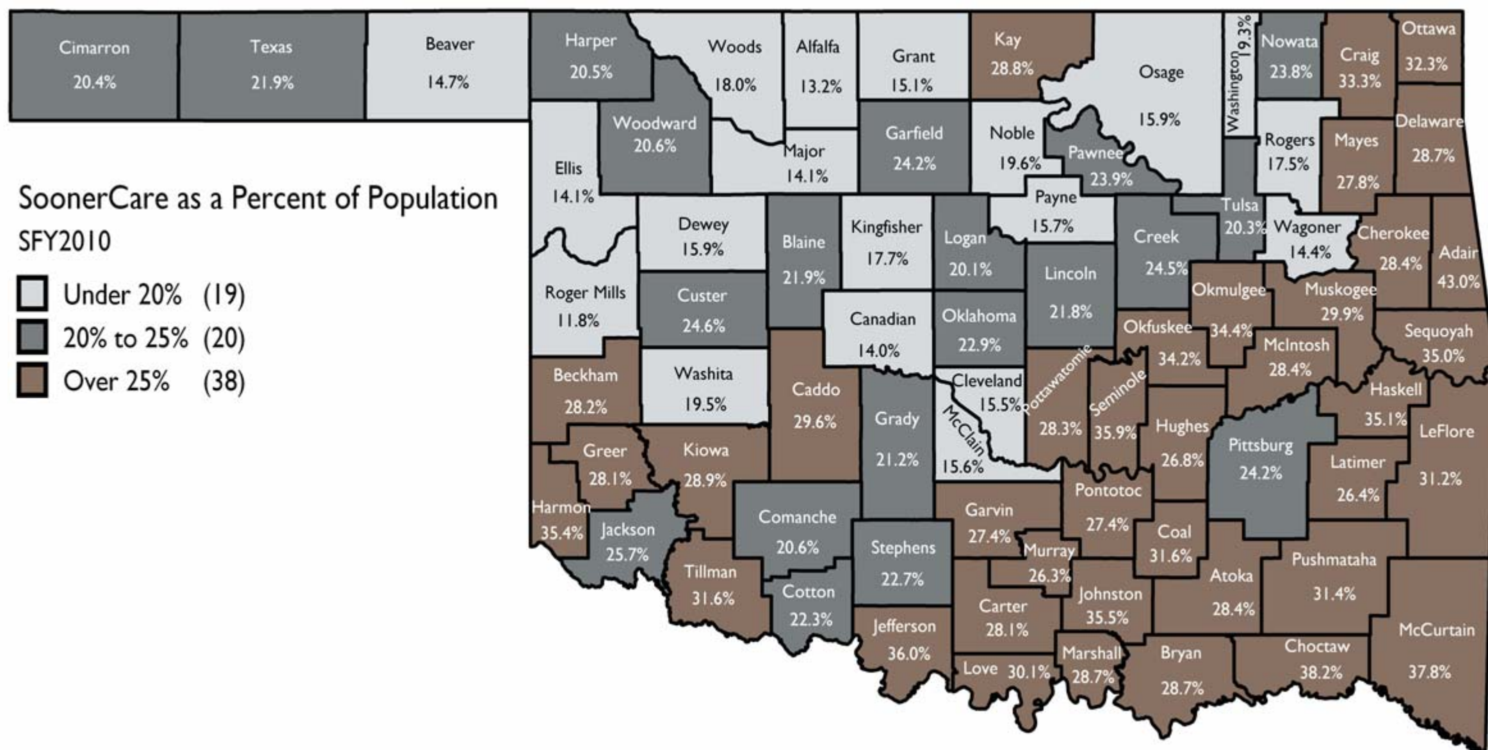
How Is SoonerCare Financed?

Where Are the SoonerCare Dollars Going?

Oklahoma's Uninsured

SoonerCare and the Economy

SFY2010 SoonerCare Enrollees as a Percent of the Total Estimated 2009 Oklahoma Population



Source: Population Division, U.S. Census Bureau. July 2009 population estimates by county. Enrollees are the unduplicated count per last county on record for the entire state fiscal year (July-June).

What Is Medicaid?

Medicaid:

- Was created as Title XIX of the Social Security Act in 1965.
- Is a federal and state partnership program that makes coverage available for basic health and long-term care services based upon income and/or resources.
- Is overseen at the federal level by the Centers for Medicare & Medicaid Services (CMS) within the Department of Health and Human Services.
- Has requirements concerning funding, qualification guidelines and quality and extent of medical services that are set and monitored by CMS.
- Is known as SoonerCare in Oklahoma.

Who Qualifies for Medicaid?

Medicaid serves as the nation's primary source of health insurance coverage for vulnerable populations. To get federal financial participation, states agree to cover certain groups of individuals (referred to as "mandatory groups") and offer a minimum set of services (referred to as "mandatory benefits"). With waivers, states also can receive federal matching payments to cover additional ("optional") qualifying groups of individuals and provide additional ("optional") services.

Figure 1 2010 Federal Poverty Guidelines (FPL)

Family Size	Annual (Monthly) Income			
	100%	185%	250%	300%
1	$10,830	$20,036	$27,075	$32,490
	($903)	($1,670)	($2,256)	($2,708)
2	$14,570	$26,955	$36,425	$43,710
	($1,214)	($2,246)	($3,035)	($3,643)
3	$18,310	$33,874	$45,775	$54,930
	($1,526)	($2,823)	($3,815)	($4,578)
4	$22,050	$40,793	$55,125	$66,150
	($1,838)	($3,399)	($4,594)	($5,513)
5	$25,790	$47,712	$64,475	$77,370
	($2,149)	($3,976)	($5,373)	($6,448)
6	$29,530	$54,631	$73,825	$88,590
	($2,461)	($4,553)	($6,152)	($7,383)
7	$33,270	$61,550	$83,175	$99,810
	($2,773)	($5,129)	($6,931)	($8,318)
8	$37,010	$68,469	$92,525	$111,030
	($3,084)	($5,706)	($7,710)	($9,253)

SOURCE: Federal Register, Vol. 75, No. 148, August 3, 2010, pp. 45628–45629; http://aspe.hhs.gov/poverty/10poverty.shtml.
For family units with more than eight members, add $3,740 for each additional member.

The designation of some groups as mandatory and others as optional is an artifact of Medicaid's origins as a health care provider for traditional welfare populations. Through laws enacted over the past 40 years, eligibility has been extended to include not only people who are receiving cash-assistance programs but also individuals who are not.

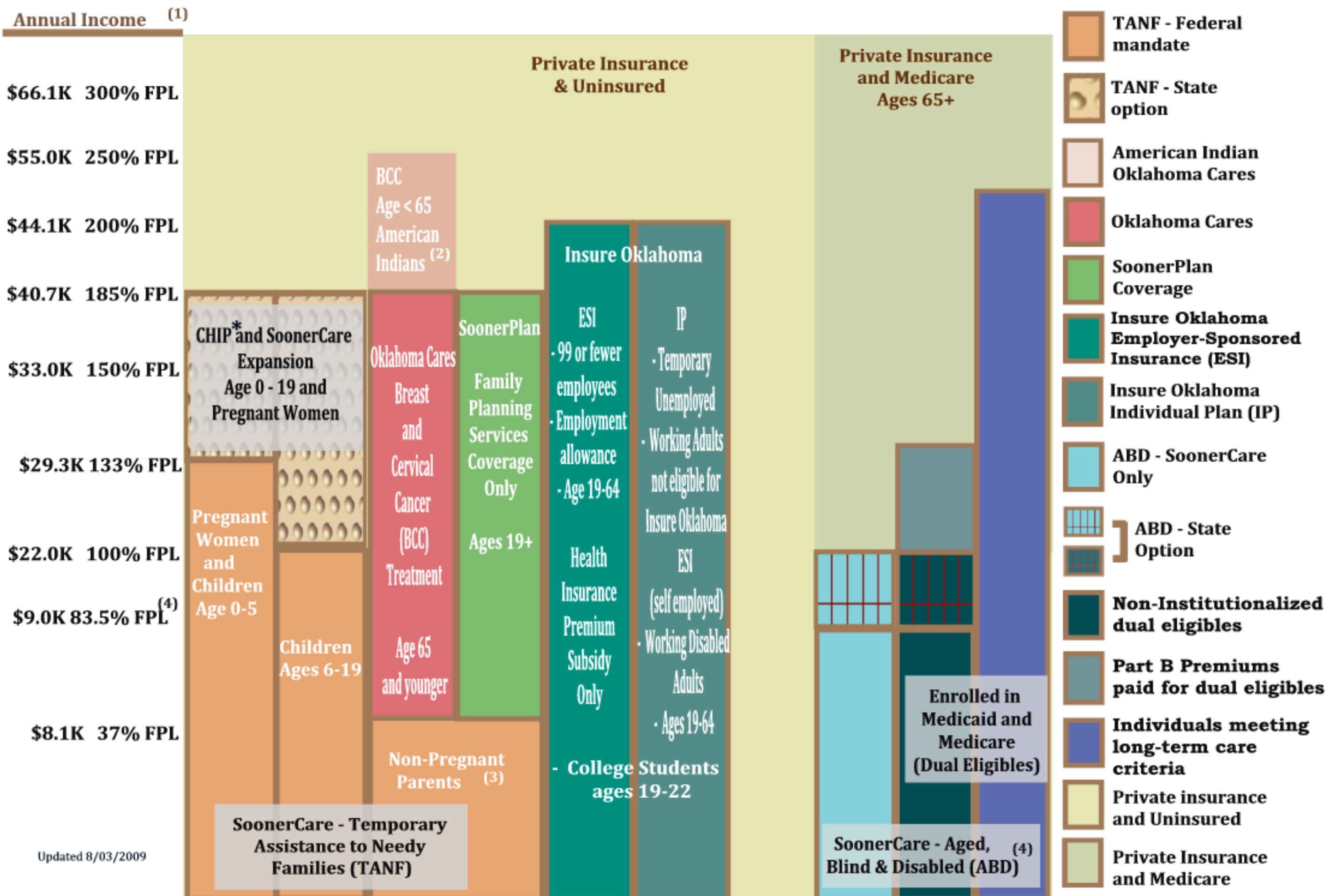
Still, Medicaid does not provide medical assistance for all impoverished people. Even under the broadest provisions of the federal statute (except for emergency services for certain individuals), the Medicaid program does not provide health care services for very poor people unless they are in one of the designated qualifying groups.

Who Qualifies for Medicaid? (continued)

Oklahoma Department of Human Services' Role in Qualifying Members

In accordance with Oklahoma State Statutes Title 63 Sec. 5009, OHCA contracts with the Oklahoma Department of Human Services (OKDHS) to determine if an individual qualifies for SoonerCare. This means that a high number of applications for SoonerCare enrollment (except Insure Oklahoma and Oklahoma Cares) are processed and approved or denied by OKDHS. Applications and renewals are reviewed by each county OKDHS office for financial and/or medical qualifications. After an individual meets the qualifications and completes the enrollment process, their records are sent to OHCA to coordinate medical benefits and make payments for services. Each state sets an income limit within federal guidelines for Medicaid qualifying groups and determines what income counts toward that limit. Part of financial qualification for SoonerCare is based upon the family size and relation of monthly income to the federal poverty level (FPL) guidelines.

Figure 2 2010 Federal Poverty Guidelines (FPL) and Coverage



(1) Federal Poverty Guidelines. U.S. Department of Health and Human Services. Based on a family of four.
(2) Oklahoma Cares qualifications are up to 250% FPL for American Indians only.
(3) Approximately 37 percent of federal poverty level (FPL) based on single parent family.
(4) Income shown is for single individuals.
* CHIP is the Children's Health Insurance Program.
IMPORTANT - the above information is a very basic overview of the federal poverty level and coverage groups. Each group has varying qualifying criteria. Specific details can be found at www.okhca.org under Individuals.

What Is SoonerCare?

SoonerCare is Oklahoma's Medicaid program. The Oklahoma Health Care Authority has the task of providing government-assisted health insurance coverage to qualifying Oklahomans. SoonerCare offers varying health benefit packages, and each has a different name.

SoonerCare Choice is a Patient-Centered Medical Home program in which each member has a medical home that provides basic health care services. Members enrolled in SoonerCare Choice can change their primary care providers as they deem necessary. SoonerCare Choice primary care providers are paid a monthly case management/care coordination fee. Visit-based services remain compensable on a fee-for-service basis.

SoonerCare Traditional is a comprehensive medical benefit plan that purchases benefits for members not qualified for SoonerCare Choice. The member accesses services from contracted providers, and OHCA pays the provider on a fee-for-service basis. SoonerCare Traditional provides coverage for members who are institutionalized, in state or tribal custody, covered under a health maintenance organization (HMO) or enrolled under one of the Home and Community-Based Services waivers.

SoonerCare Supplemental is a benefit plan for dual eligibles enrolled in both Medicare and Medicaid. SoonerCare Supplemental pays the Medicare coinsurance and deductible and provides medical benefits that supplement those services covered by Medicare.

The ***Opportunities for Living Life*** program offers additional benefits to certain members who are enrolled in SoonerCare Traditional or SoonerCare Supplemental plans. These benefits could include long-term care facility services, in-home personal care services and/or home and community-based services. The home and community-based benefit provides medical and other supportive services as an alternative to a member entering a nursing home.

SoonerPlan is a benefit plan covering limited services related to family planning. SoonerPlan provides family planning services and contraceptive products to women and men age 19 and older who do not choose or typically qualify for full SoonerCare benefits.

Soon-to-be-Sooners is a limited benefit plan providing pregnancy-related medical services to women who do not qualify for benefits due to their immigration status.

Insure Oklahoma Employer-Sponsored Insurance (ESI) is a benefit plan providing premium assistance to qualified workers and spouses employed by an Oklahoma small business that has 99 or fewer workers. With ESI, the cost of health insurance premiums is shared by the employer, the employee and the OHCA.

Insure Oklahoma Individual Plan (IP) is a health insurance option for qualified Oklahomans. This benefit plan offers some basic health services to uninsured adults 19-64 years of age whose household income is no more than 200 percent of federal poverty level, and who are not receiving Medicaid or Medicare. The Individual Plan is available to people who meet the definition in one of the following groups: 1) Working adults who do not qualify for ESI and work for an Oklahoma business with 99 or fewer employees, 2) Temporarily unemployed adults who qualify to receive unemployment benefits, 3) Working adults with a disability who work for any size employer and have a ticket to work, or 4) Adults who are self employed.

College students ages 19 though 22 who meet financial requirements may also receive benefits under Insure Oklahoma. For more information about Insure Oklahoma, go to www.insureoklahoma.org.

For a high-level listing of benefits covered under each benefit plan, go to page 84.

Who Are the Members of SoonerCare?

Main Qualifying Groups

To be eligible for federal funds, states are required to provide Medicaid coverage for certain individuals who receive federally assisted income-maintenance payments (cash assistance), as well as for related groups not receiving cash payments. Overall, nearly half of the SoonerCare enrollees do not receive any type of cash assistance.

Children and Parents. Most SoonerCare enrollees are qualified under the Temporary Assistance for Needy Families (TANF) guidelines regardless of whether they were still eligible to receive the TANF cash assistance. Only 10 percent of the children enrolled in SoonerCare under TANF guidelines were in state custody or received cash assistance. More than 96,000 low-income pregnant women or adults in families with children were enrolled under TANF guidelines. The majority of these members receive the SoonerCare Choice benefit package.

Figure 3 SFY2010 SoonerCare Children Under 21

Total unduplicated children under 21	561,974
Children qualified under TANF	489,122
Children qualified under Blind and Disabled	21,288
Children qualified under TEFRA	385
Children qualified under CHIP	116,968

Children above may be counted in multiple qualifying groups. The list above is not all inclusive, there are other groups that children are qualified through.

Aged. Just over 73,000 adults age 65 and older, excluding people who are blind or disabled, were covered by SoonerCare in SFY2010. Twenty-six percent were enrolled because they were receiving cash assistance through the Supplemental Security Income (SSI) program. Others had too much income or assets to qualify for SSI but were able to "spend down" to qualify for SoonerCare by incurring high medical or long-term care expenses. Most of these members are included in the Aged, Blind and Disabled (ABD) category and receive SoonerCare Traditional benefits.

Blind and Disabled. During SFY2010, more than 127,000 Oklahomans who were blind or had chronic conditions and disabilities were enrolled in SoonerCare. Sixty-six percent qualified because they received cash assistance through the SSI program. The remainder generally qualified by having incurred high medical expenses to meet their "spend-down" obligation. These members qualify under the Aged, Blind and Disabled (ABD) category, and more than half receive the SoonerCare Traditional benefit package.

Dual Eligibles*. Some individuals are qualified for Medicaid and Medicare. Medicare has four basic coverage components: Part A, which pays for hospitalization costs; Part B, which pays for physician services, laboratory and X-ray services, durable medical equipment, outpatient and other services; Part C, an HMO model combination of Parts A, B and D; and Part D, which pays for a majority of prescription drugs. Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B or Part C and qualify for some form of SoonerCare benefit. Oklahoma SoonerCare covered 115,693* dually eligible enrollees at some point during SFY2010. These members receive SoonerCare Supplemental or SoonerCare Traditional benefits and are reported under the Aged, Blind and Disabled (ABD) or Other categories.

*Dually eligible enrollees may be accounted for in other qualifying groups.

Who are the Members of SoonerCare? (continued)

Additional Qualifying Groups

Children's Health Insurance Program (CHIP). Implemented in 1997, CHIP, or Title XXI, is designed to help states cover additional uninsured low-income children. CHIP offers enrollment for children age 18 and younger with income below 185 percent of federal poverty level who do not qualify under criteria in effect prior to November 1997 or another federal insurance program. As a federal incentive, Oklahoma receives a higher rate of federal matching dollars for members qualified under CHIP. The CHIP Reauthorization Act (CHIPRA) renewed CHIP federal funding through the end of 2013 and expanded its scope.

During SFY2010 a monthly average of 69,537 children age 18 and younger were enrolled under CHIP. A majority of the children who qualify under CHIP receive the SoonerCare Choice benefit package. These members are categorized under Children/Parents in this report.

SoonerCare expansion. Also in 1997, legislation raised the optional SoonerCare qualification level to 185 percent of the federal poverty level for children 18 and younger as well as pregnant women regardless of their age. The SoonerCare expansion includes these qualifying individuals even if they have other types of insurance coverage (third-party liabilities). In SFY2010, 19,276 children and/or women who are pregnant qualified through this expansion. These enrollees receive SoonerCare Choice benefits and are categorized under Children/Parents.

188%

Since the implementation of the SoonerCare qualification expansion programs in 1997, the number of children enrolled in SoonerCare has increased more than 188 percent.

TEFRA. The Tax Equity and Fiscal Responsibility Act (TEFRA) gives Oklahoma the option to make SoonerCare benefits available to children age 18 and younger with physical or mental disabilities who would not ordinarily qualify for Supplemental Security Income (SSI) benefits because of their parents' income or resources. Oklahoma instituted this option in October 2005. TEFRA allows children who qualify for institutional services to be cared for in their homes. The majority of these children are receiving SoonerCare Choice benefits. For this report, these enrollees are categorized as Aged, Blind and Disabled.

466

466 children have qualified through the TEFRA program since its inception in October 2005.

Oklahoma Cares. Implemented in January 2005, OHCA's breast and cervical cancer treatment program provides SoonerCare health care benefits to women under age 65 found to need further diagnostics or treatment from the result of breast or cervical screenings with abnormal findings, precancerous conditions or cancer. Oklahoma Cares members are covered under either the SoonerCare Choice or SoonerCare Traditional benefit package until they no longer require treatment or qualify financially. Unless it is listed separately, Oklahoma Cares will be grouped under the Children/Parents category in this report.

23,635

There have been 23,635 women qualified through Oklahoma Cares since its inception in January 2005.

Who are the Members of SoonerCare? (continued)

Additional Qualifying Groups (continued)

SoonerPlan. SoonerPlan is Oklahoma's family planning program for women and men age 19 and older with income at or below 185 percent of federal poverty level who do not have creditable health insurance coverage. Implemented under a waiver in April 2005, SoonerPlan member benefits are limited to family planning services from any SoonerCare provider who offers family planning.

85,315

Since inception, 85,315 men and women have been enrolled through SoonerPlan.

Home and Community-Based Services (HCBS) Waivers. Medicaid Home and Community-Based Services (HCBS) waivers afford states the flexibility to develop and implement creative alternatives to placing SoonerCare members in a nursing facility or intermediate care facility for the mentally retarded (ICF/MR).

The Oklahoma Department of Human Services is responsible for and administers the five following Home and Community-Based Services (HCBS) waivers:

- *ADvantage Waiver:* Serves the "frail elderly" (age 65 years and older) and adults with physical disabilities over the age of 21 that qualify for placement in a nursing facility. More than 25,000 members receive services through this waiver program.
- *Community Waiver:* Serves nearly 2,900 members with mental retardation (MR) and "related conditions" qualified for placement in an intermediate care facility for the mentally retarded (ICF/MR). This waiver covers children and adults, with the minimum age being 3 years old.
- *Homeward Bound Waiver:* Designed to serve the needs of individuals with mental retardation or "related conditions" who are also members of the Plaintiff Class in Homeward Bound et al. v. The Hissom Memorial Center, et al, who would otherwise qualify for placement in an ICF/MR. This waiver covers 760 individuals.
- *In-Home Supports Waiver for Adults:* Designed to assist the state in providing adults (ages 18 and older) with mental retardation access to waiver services. This waiver serves more than 1,500 adults who would otherwise qualify for placement in an ICF/MR.
- *In-Home Supports Waiver for Children:* Designed to provide waiver services to children ages 3 through 17 years old with mental retardation. During SFY2010, this waiver served nearly 550 children who qualified for placement in an ICF/MR.

What Is a Waiver?

States' Medicaid waivers are granted by the federal Centers for Medicare & Medicaid Services (CMS). CMS allows states to request waivers to specifically "waive" certain federal requirements of the program. Waivers generally must be "budget neutral" (federal spending under a waiver cannot exceed what federal spending would have been without a waiver).

Who are the Members of SoonerCare? (continued)

Additional Qualifying Groups (continued)

Soon-to-be Sooners. The Soon-to-be Sooners (STBS) program is federally approved through Title XXI of the Social Security Act and makes SoonerCare coverage of pregnancy-related medical services available to women who, prior to this benefit, would not have otherwise qualified for benefits due to citizenship status. Offering prenatal services helps the newborn Oklahoma and United States citizens have healthier beginnings. STBS benefits are more limited than SoonerCare full-scope benefits and cover only those medical services related to the well-being of the pregnancy.

7,113

During SFY2010, 7,113 women were able to receive pregnancy-related care through Soon-to-be Sooners.

Insure Oklahoma. Implemented under the federal Health Insurance Flexibility and Accountability (HIFA) waiver, Insure Oklahoma is a unique product designed to provide affordable health coverage to adults who are either uninsured or at risk of losing their coverage due to high premium costs. The state share of Insure Oklahoma costs comes from the state's tobacco tax revenues.

Basic requirements for individual participation in the Insure Oklahoma programs are:

- Oklahoma resident.
- U.S. citizen or legal alien.
- Age 19 to 64.
- Income below 200 percent of federal poverty level.
- Doesn't qualify for SoonerCare or Medicare.

Full-time college students ages 19 through 22 that meet the basic requirements can also participate in Insure Oklahoma. Depending on each individual situation, the student can be enrolled under either the Employer-Sponsored Insurance or the Individual Plan.

Insure Oklahoma Employer-Sponsored Insurance (ESI). Employee enrollment in ESI requires the above, plus:

- Employee contributes up to 15 percent of premium costs.
- Employee must enroll in a qualified health plan offered by their employer.

Insure Oklahoma Individual Plan (IP). Requirements include the basic for individuals above, plus:

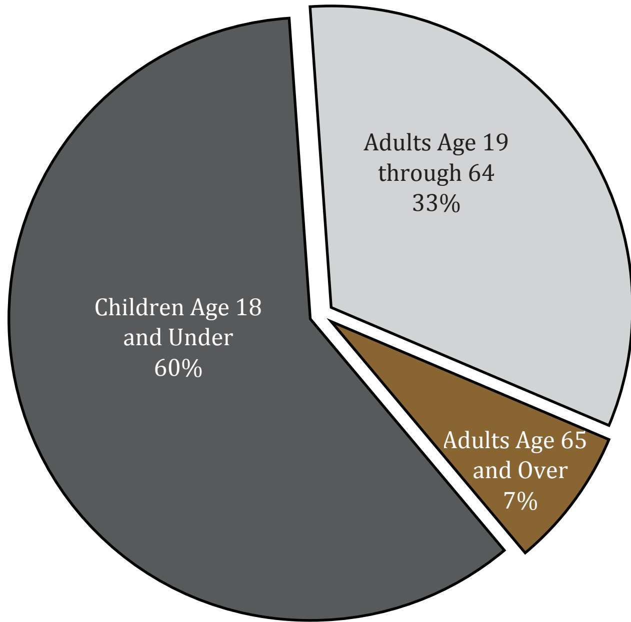
- not qualified for ESI and work for an Oklahoma business with 99 or fewer employees; or
- self employed; or
- temporarily unemployed and eligible to receive unemployment benefits; or
- working disabled who works for any size employer and has a ticket to work.

By October 2010, Insure Oklahoma will cover children younger than age 19 in families with workers from any size business whose household income is 185 percent to 200 percent of the federal poverty level. Children of the ESI members will be covered through their family's private insurance plan, and Insure Oklahoma will subsidize a portion of the family's premium costs. Children of IP members will be covered through the state-operated Individual Plan network and benefit plan.

For more specific Insure Oklahoma qualifying requirements and application information, go to the website, www.insureoklahoma.org.

Who are the Members of SoonerCare? (continued)

Figure 4 Age of SoonerCare Enrollees

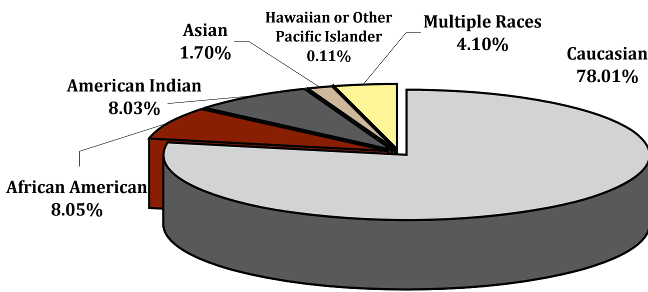


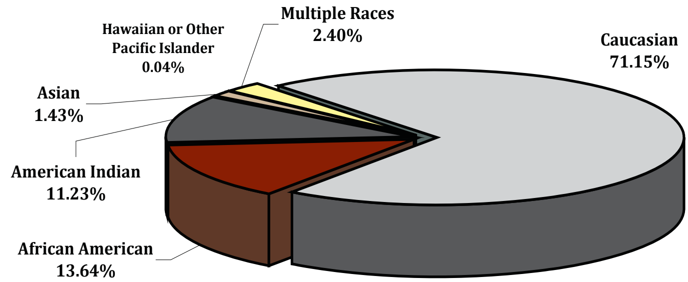
Nearly 1 in 4 Oklahomans Enrolled in SoonerCare

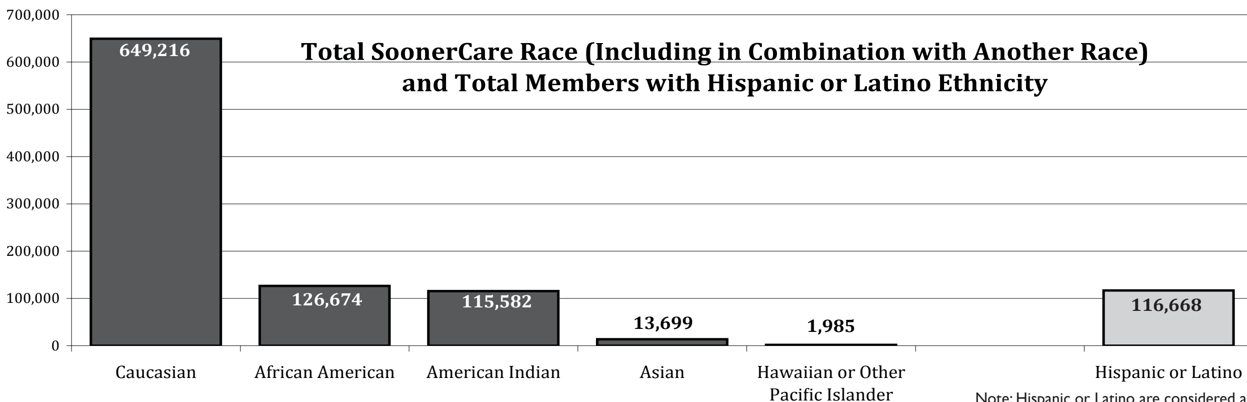
There were 885,238 unduplicated members enrolled in the SoonerCare or Insure Oklahoma programs during SFY2010. On average, 707,453 members were enrolled each month of the state fiscal year. Females comprised 58 percent of the unduplicated enrollees.

Figure 5 SoonerCare Population by Race

Oklahomans can declare any combination of five races. The pie charts below represent the counts of races reported alone. The bar chart below is the total SoonerCare count of each race for every reported occurrence either alone or in combination with another race.







Note: Hispanic or Latino are considered an ethnicity, not a race. Ethnicity may be of any race.

Oklahoma state totals based on U.S. Census Bureau, Oklahoma State Data Center 2009 Population - single race reported alone counts. Oklahoma SoonerCare unduplicated single race reported alone counts based upon data extracted from member files on July 15, 2010. The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.

How Is SoonerCare Financed?

The federal and state governments share Medicaid costs. In the federal budget, Medicaid is an "open-ended entitlement" program. This means that the federal government is required by law to pay its share of state Medicaid costs regardless of the total amount. For program administration costs, the federal government contributes 50 percent for each state, with enhanced funding provided for some administrative activities such as fiscal agent operations. For medical services provided under the program, the federal matching rate varies between states. Each year the federal matching rate, known as the federal medical assistance percentage (FMAP), is adjusted. States having lower per capita incomes receive a higher federal match. Oklahoma must use state or local tax dollars (called "state matching dollars") to meet our share of SoonerCare costs.

As part of the American Recovery and Reinvestment Act (ARRA or stimulus package) passed in 2009, Congress acted to temporarily increase the FMAP for all states during the period of economic downturn. According to the Federal Register, Oklahoma's FMAP has increased from 64.43 to 76.73 through June 2010. Each quarter's FMAP is figured based upon the hold harmless base (67.10 using the higher of FFY2008 and FFY2009 original matching percentages), adding the 6.2 percent increase and any additional percentage points for increased unemployment.

For the specific revenue sources, go to Appendix A on page 62.

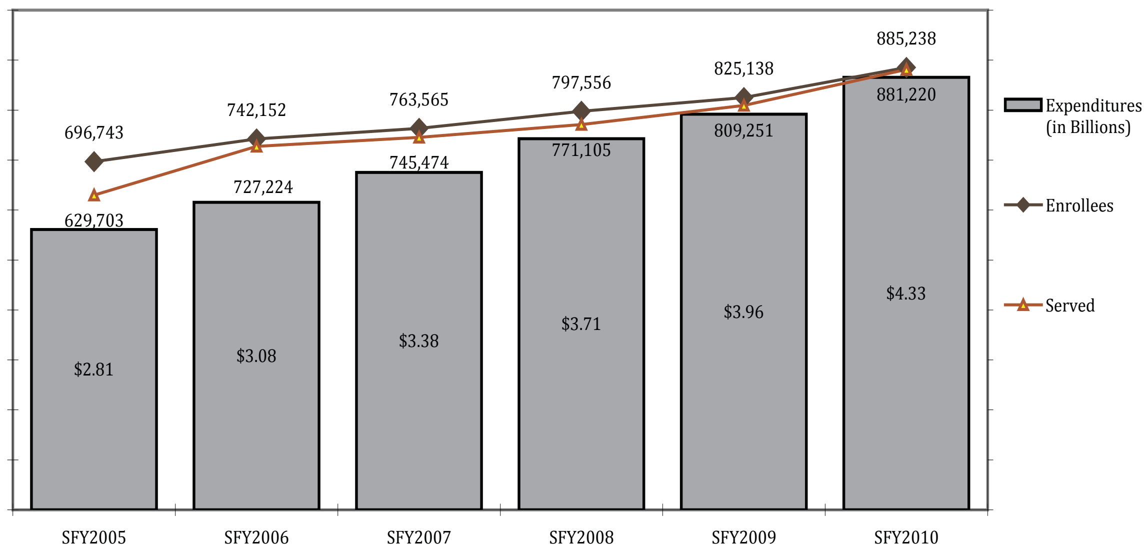
Figure 6 Historic Federal Medical Assistance Percentage (FMAP)

Federal Fiscal Year	FMAP Rate	CHIP‡
FFY2001	71.20%	79.87%
FFY2002	70.43%	79.30%
FFY2003*	70.56%	79.39%
FFY2004*	70.24%	79.17%
FFY2005	70.18%	79.13%
FFY2006	67.91%	77.54%

Federal Fiscal Year	FMAP Rate	CHIP‡
FFY2007	68.14%	77.70%
FFY2008	67.10%	76.97%
FFY2009 Original**	65.90%	76.13%
FFY2009 ARRA**	74.94%	76.13%
FFY2010 Original**	64.43%	75.10%
FFY2010 ARRA**	76.73%	75.10%

The Federal Fiscal Year is from October through September. ‡CHIP: Children's Health Insurance Program.
*Oklahoma received a temporary increase in the Medicaid matching funds received from the federal government for five calendar quarters from April 1, 2003, through June 30, 2004. The increase for all eligible expenditures was 2.95 percentage points over the normal federal share amount. The funds were part of the Jobs and Growth Tax Relief Reconciliation Act of 2003.
**Oklahoma received a temporary increase in Medicaid matching federal funds under the 2009 ARRA. Funding increases will be in effect from October 2008 until December 2010. The increase is 6.2 percent plus any additional percentage points for increased unemployment. FMAP will be adjusted each quarter.

Figure 7 Historic SoonerCare Enrollees, Served and Expenditures, SFY2005-SFY2010

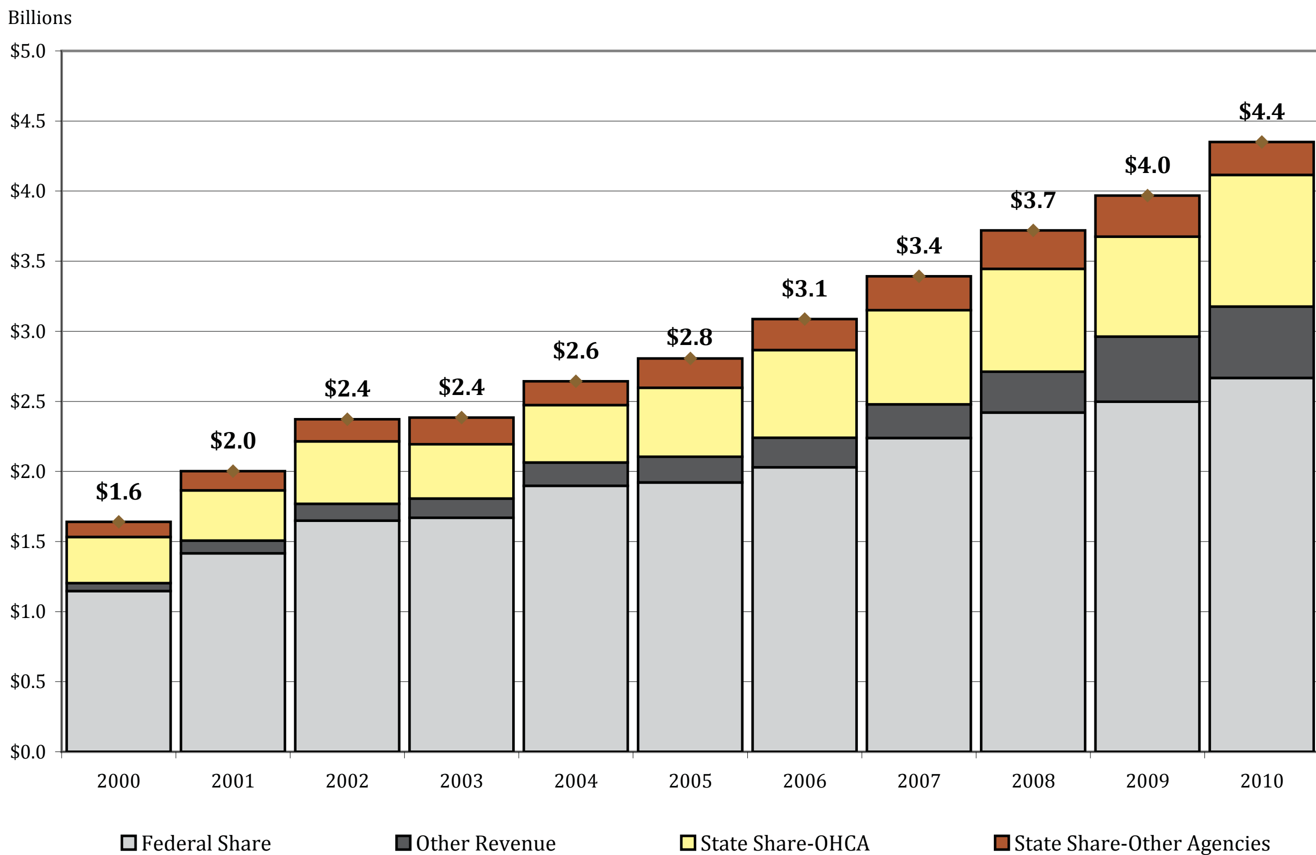


How Is SoonerCare Financed? (continued)

SoonerCare is the largest source of federal financial assistance in Oklahoma, accounting for nearly 45 percent of all federal funds flowing into Oklahoma. Federal Medicaid dollars received for SFY2010 totaled nearly $2.7 billion.

45%

Figure 8 Summary of Expenditures and Revenue Sources, Federal Fiscal Year 2001-2010



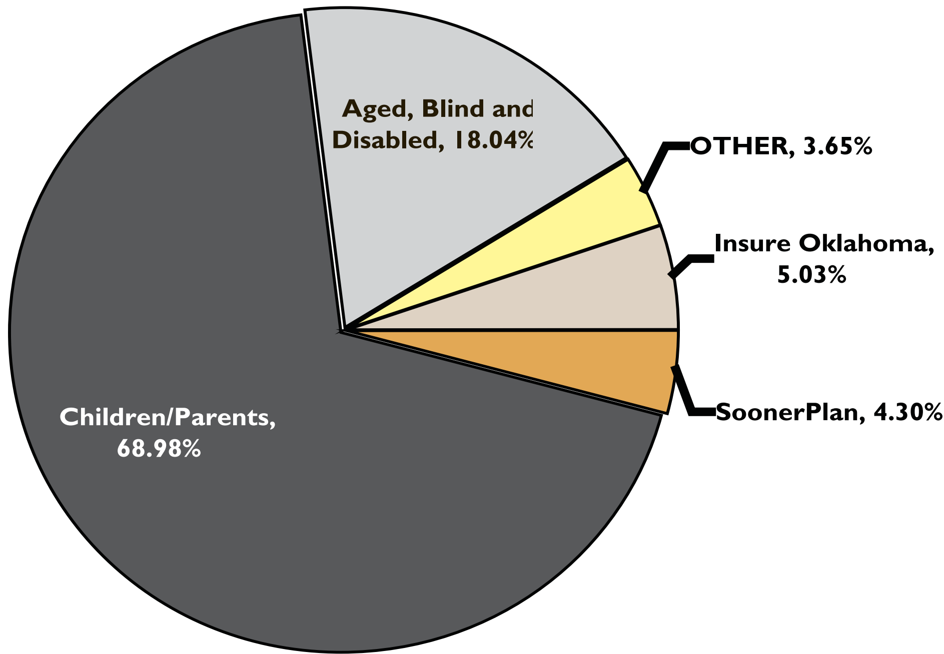
Federal Fiscal Year	Total Expenditures	Federal Share	Other Revenue	State Share — OHCA	State Share — Other Agencies
2000	$1,639,609,396	$1,147,484,713	$56,170,892	$328,705,610	$107,248,181
2001	$2,002,335,338	$1,416,570,113	$90,213,424	$358,174,870	$137,376,931
2002	$2,372,098,884	$1,649,376,278	$119,799,311	$445,842,697	$157,080,598
2003	$2,384,136,980	$1,669,197,685	$136,781,999	$388,181,072	$189,976,224
2004	$2,642,481,484	$1,897,667,825	$166,596,539	$408,889,974	$169,327,146
2005	$2,805,599,500	$1,920,731,328	$183,584,054	$492,641,139	$208,642,979
2006	$3,086,916,991	$2,029,524,772	$210,005,646	$626,418,336	$220,968,237
2007	$3,391,417,550	$2,238,775,881	$240,533,188	$671,201,181	$240,907,299
2008	$3,719,999,267	$2,419,909,782	$290,956,731	$734,195,329	$274,937,424
2009	$3,967,791,899	$2,498,199,599	$463,954,197	$712,114,305	$293,523,798
2010	$4,350,788,295	$2,667,539,569	$508,946,267	$938,718,686	$235,583,773

Source: OHCA Financial Services Division. Federal fiscal years are between October 1 and September 30. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments. For revenue details go to page 62 of this report.

Where Are the SoonerCare Dollars Going?

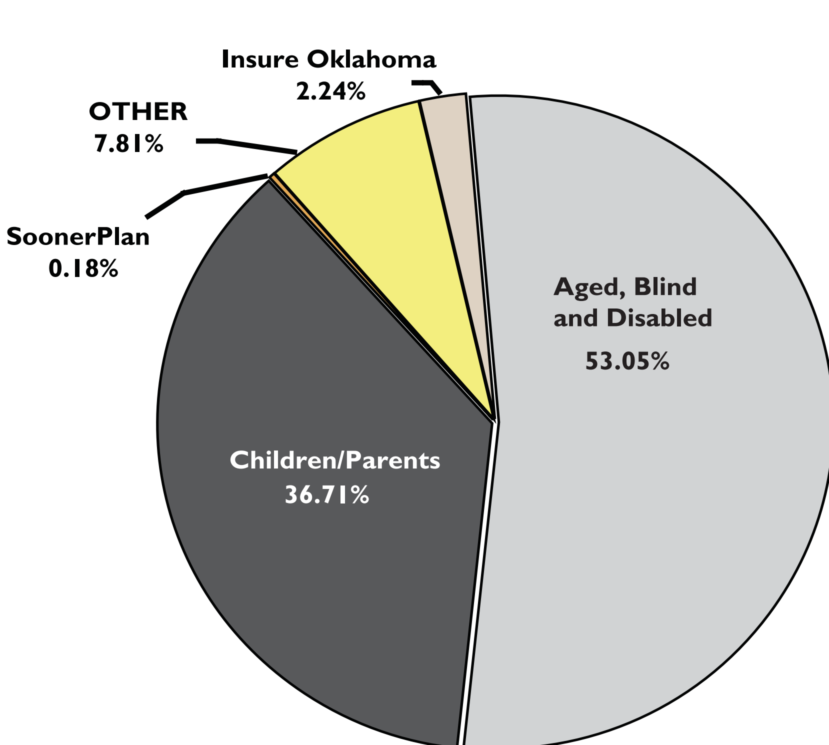
Figure 9 SoonerCare Enrollees and Expenditures by Aid Category Percentages

SoonerCare Enrollees



18%

18 percent of enrollees were Aged, Blind and Disabled



53%

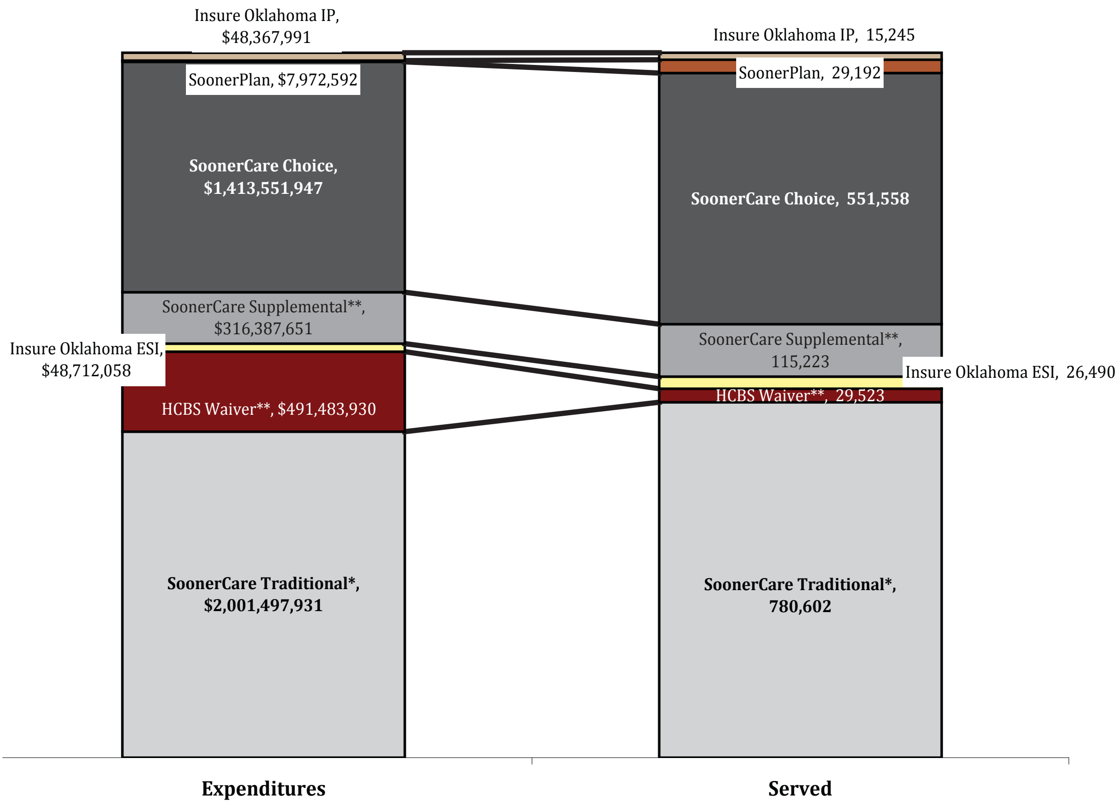
53 percent of expenditures were on behalf of Aged, Blind and Disabled

More than five of every 10 SoonerCare dollars were paid for services rendered to the Aged, Blind and Disabled (ABD) population. This group includes dual eligibles, people with chronic medical conditions and residents of long-term care facilities.

Other enrollees and expenditures include — Refuge, PKU, Q1, SLMB, DDSD Supported Living, Soon-to-be Sooners and TB members. Children/Parents includes child custody. ABD includes TEFRA enrollees and expenditures. Other expenditures also include GME/IME/DSH and hospital supplemental payments.

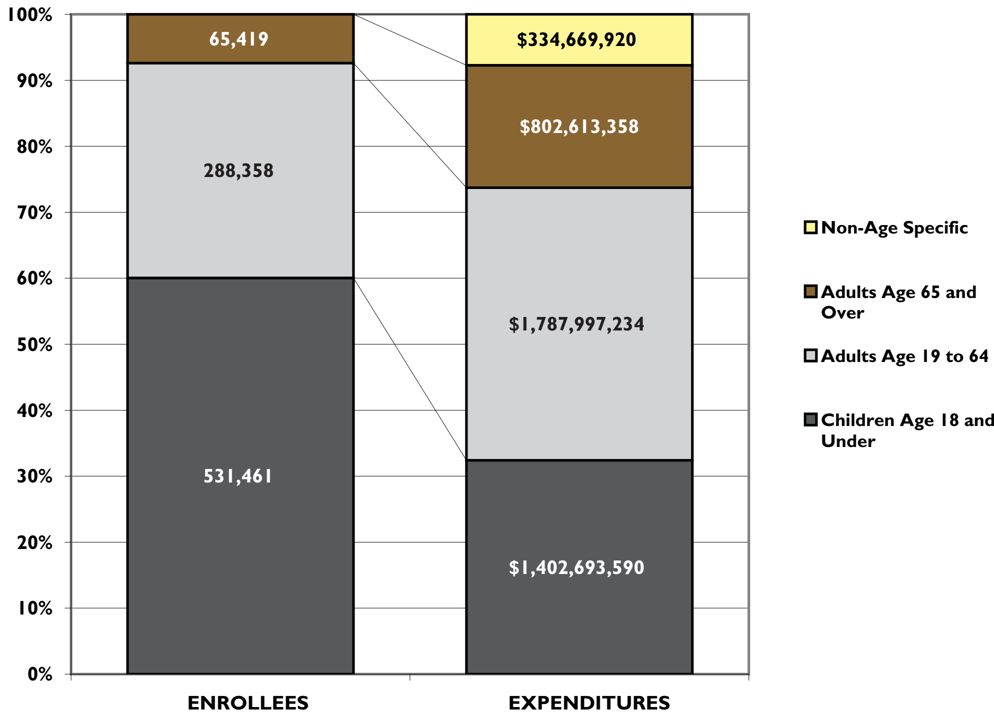
Where Are the SoonerCare Dollars Going? (continued)

Figure 10 Oklahoma SoonerCare Expenditures and Served by Benefit Plan — SFY2010



*SoonerCare Choice members will be enrolled/served under SoonerCare Traditional until their SoonerCare Choice becomes effective. Therefore, members may be counted in both categories. **SoonerCare Supplemental and Home and Community-Based Services (HCBS) waiver served members may also be included in the SoonerCare Traditional counts. Expenditures include GME/IME/DSH and hospital supplemental payments. HCBS Waiver expenditures are for all services to waiver members, including services not paid with waiver funds.

Figure 11 Oklahoma SoonerCare Enrollees and Expenditures by Age — SFY2010



Non-age specific payments include $246,447,758 in Hospital Supplemental payments;$11,757,235 in Outpatient Behavioral Health Supplemental payments; $875,202 in PCPs Supplemental payments; $3,590,936 in SoonerExcel payments; $61,146,423 in GME payments to Medical schools; $11,029,550 in Public ICF/MR cost settlements; $16,511 in FQHC wrap-around payments; and ($193,696) in non-member specific provider adjustments. $123,794,836 in Medicare Part A & B (Buy-In) payments and $45,689,964 in Medicare Part D (clawback) payments are included in Ages 65 and over.

Where Are the SoonerCare Dollars Going? (continued)

Figure 12 Top 20 SoonerCare Expenditures — SFY2010

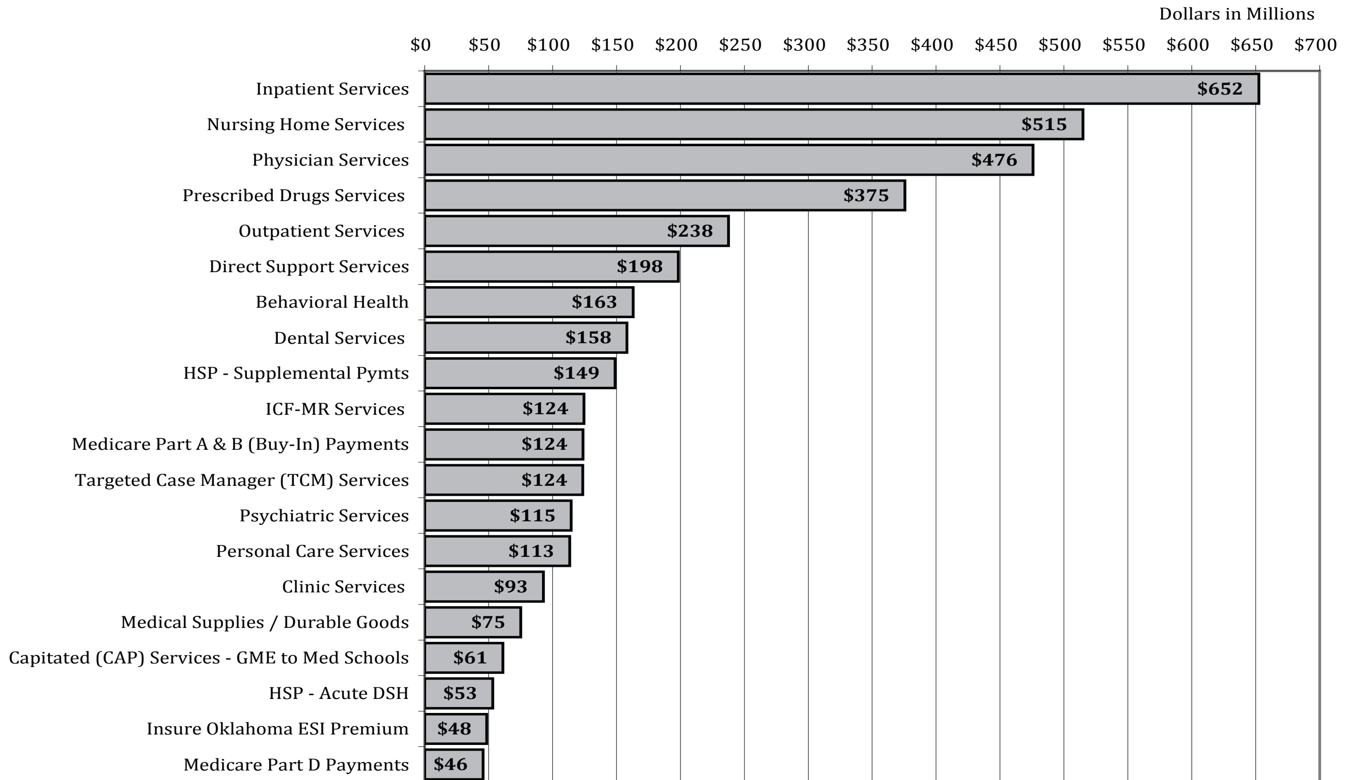


Figure 13 SoonerCare Capitation Payments — SFY2010

Aged, Blind and Disabled (ABD)	Member Months	Capitation Payments
IHS Adults	9,946	$29,838
IHS Children	522	$15,666

Children/Parents (TANF)*	Member Months	Capitation Payments
IHS Adults	8,347	$16,694
IHS Children	137,650	$293,383

SoonerCare Choice Care Coordination	Member Months	Care Coordination Payments
Medical Home - All Ages	30,133	$148,961
Medical Home - Child Only	2,299,110	$11,803,465
Medical Home - Adults Only	2,173,624	$9,715,205

Miscellaneous Capitation (not limited to SoonerCare Choice)	Member Months	Capitation Payments
Insure Oklahoma - IP	119,463	$358,389
Non-Emergency Transportation (ABD)	1,850,008	$22,277,271
Non-Emergency Transportation (TANF)	5,398,119	$3,812,829
PACE	530	$1,473,062

*Temporary Assistance to Needy Families (TANF) is referred to as Children/Parents in this report. IHS indicates Indian Health Services members. For more information about PACE go to page 41.

Oklahoma's Uninsured

According to the Census Bureau's 2009 Current Population Survey, more than 494,000 Oklahomans were uninsured in 2008. Approximately 67,000 of the uninsured Oklahomans were children age 18 and younger.

Uninsured children are caught in an unforgiving gap. Surprisingly, many are not children of Oklahoma's poorest families. In some cases, their parents earn too much for the children to qualify for traditional SoonerCare, but too little to afford the purchase of private insurance and associated costs.

Children without health care insurance have substantially less access to health care services, including preventive care that ensures childhood immunizations are up to date and that vision and hearing screening and routine dental care are provided. Care for uninsured children is far more likely to be delayed due to cost. Unmet health care needs reduce children's ability to learn and to grow into healthy and productive adults.

For adults, being uninsured even on a temporary basis can have serious implications for state economies. Uninsured workers are less likely to receive adequate and timely health care and, as a result, suffer more serious illnesses that often threaten their work productivity and job retention.

In spite of access problems and other barriers uninsured Oklahomans face, they still do get some health care. Studies indicate that, on average, these individuals do not pay for more than half of their health care costs. Obviously, others are stepping in to pick up the tab.

The burden is distributed very unevenly throughout the health care delivery system. Some providers serve very few uninsured people, while others face great cost pressures because they serve very large uninsured populations. Additionally, if people who have access problems could get proper care at a clinic or doctor's office, they would be less likely to go to the emergency room. This would free up emergency rooms to treat life-threatening events and reduce costs.

Figure 14 2009 Single Year Oklahoma Uninsured Estimates (2008 Data)

Age Range	Total Estimated 2008 OK Population Under 300% of Federal Poverty Level	Total Uninsured & Uninsured Percent of OK Population	Uninsured Under 150% of FPL	Uninsured Under 200% of FPL	Uninsured Under 250% of FPL	Uninsured Under 300% of FPL
Total	1,851,325	494,114 / 13.92%	198,079	270,386	318,979	351,454
0-18	607,229	67,200 / 7.05%	24,403	38,982	44,151	47,783
19-64	929,727	418,057 / 20.12%	169,360	225,245	266,870	295,712
65+	314,370	8,857 / 1.71%	4,317	6,160	7,959	7,959

Source: U.S. Census, Current Population Survey (CPS) 2008 Poverty universe data collected 2009.

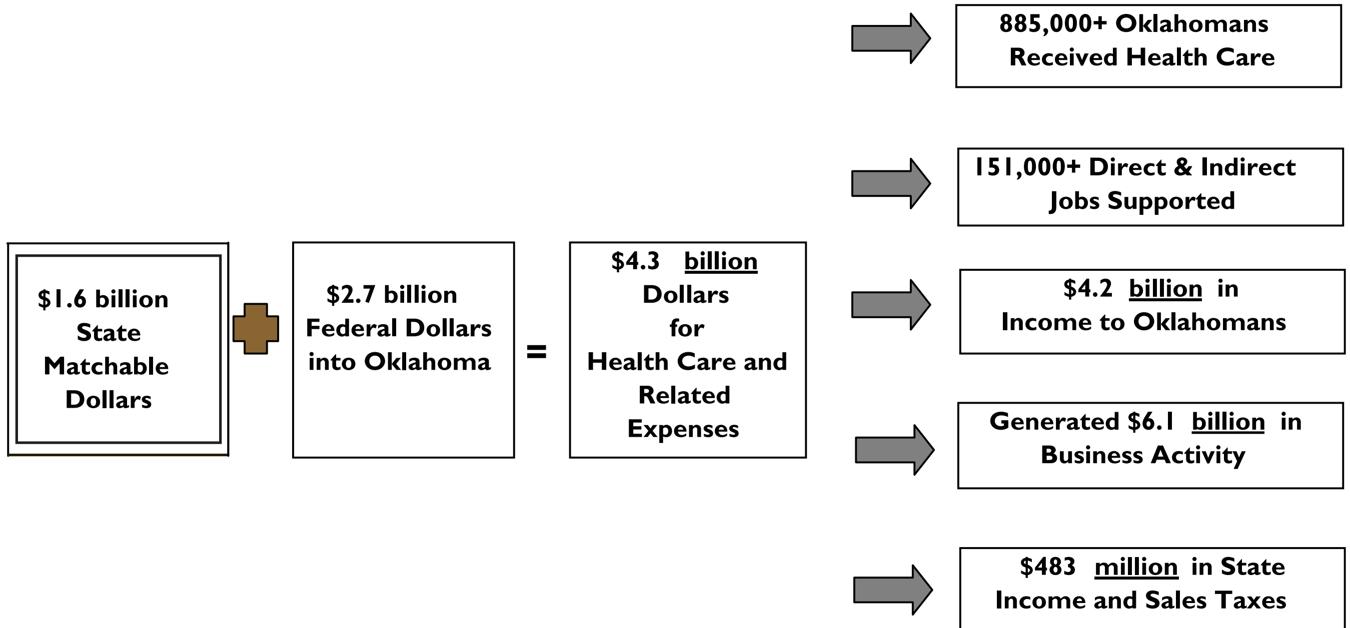
SoonerCare and the Economy

**For every $1 in state Medicaid dollars spent, Oklahoma receives $3.22 in federal dollars available for direct medical services and administrative costs.*

(Included in the total federal dollars are the regular Federal Matching Assistance Percentage dollars of $2.74 and ARRA/Stimulus dollars of $ .48.)

Health care services are a substantial economic presence in Oklahoma. Most people do not think of SoonerCare health care services beyond the critical role they play in meeting the needs of vulnerable and low-income Oklahomans. The health care sector affects the economy in much the same way a manufacturing plant does; it brings in money, provides jobs to residents and keeps health care dollars circulating within the state economy. Health care businesses, in turn, have an additional impact through the purchase of utility services and cleaning supplies, as well as the payment of property taxes. Just like the changes in a manufacturing plant or farm operation, changes in the health care sector influence Oklahoma's economy.

Figure 15 Economic Impact of SoonerCare on the Oklahoma Economy



Source: "The Economic Impact of the Medicaid Program on Oklahoma's Economy", National Center for Rural Health Works, Oklahoma State University, Oklahoma Cooperative Extension Service. State matchable dollars include funds appropriated to OHCA and other state agencies, drug rebates, quality of care fees, otehr fees and refunds.

Oklahoma SoonerCare

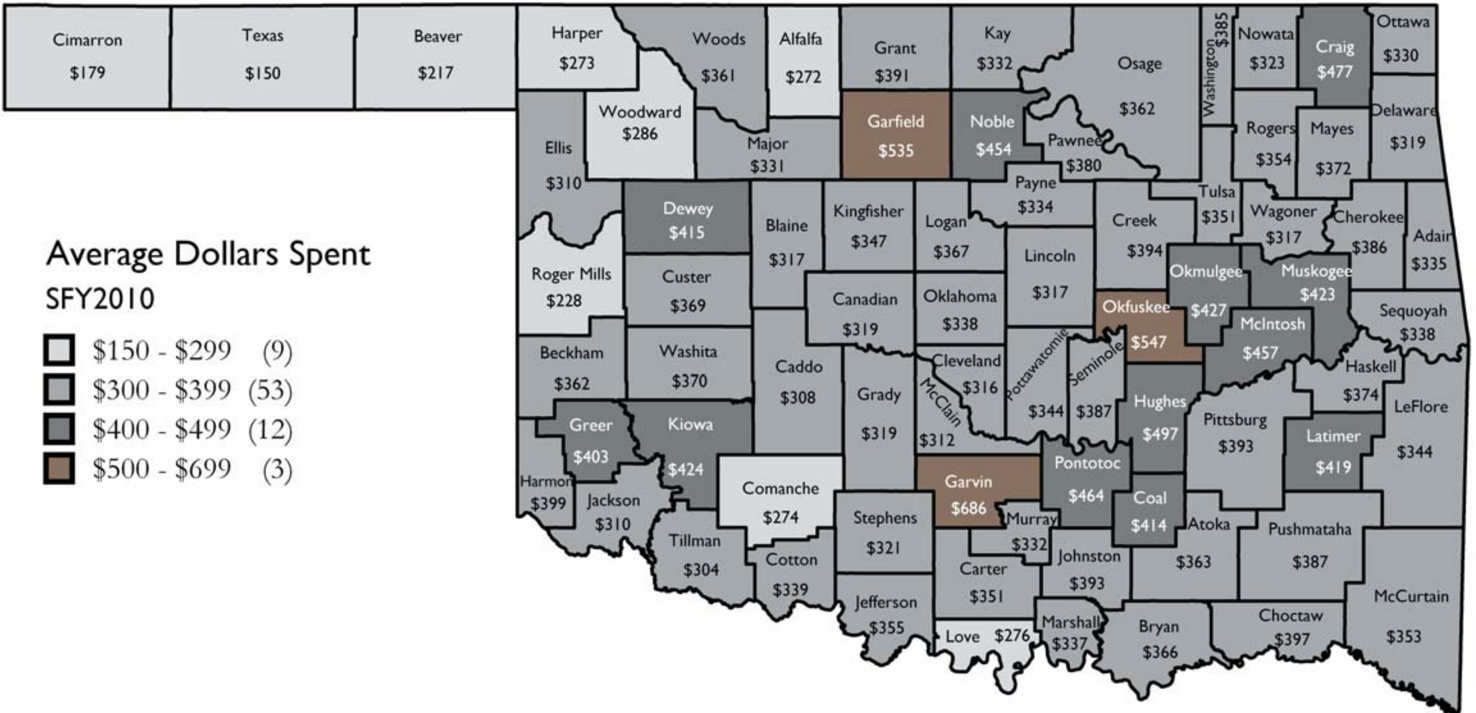
What Benefits Does SoonerCare Cover?

Oklahoma SoonerCare Benefits

SoonerCare and American Indians

SoonerCare and Our Providers

SFY2010 Average Dollars Spent per SoonerCare Enrollee per Month



Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the developmentally disabled causing the average dollars per SoonerCare enrollee to be higher than the norm.

Source: Enrollees are the unduplicated count per last county on record for the entire state fiscal year (July-June). Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditures data is net of overpayments and adjustments.

What Benefits Does SoonerCare Cover?

OHCA is dedicated to ensuring SoonerCare members reach their optimal health status and receive the best service in the most effective manner. To accomplish this, OHCA staff provide various services specifically designed to focus on the individual member and his or her health needs.

In addition to other efforts on behalf of our SoonerCare members, OHCA provides:

- Outreach letters to members who are pregnant. Expectant mothers may call OHCA and speak directly to staff to ensure they are linked with an obstetric provider and are aware of available benefits.
- Targeted outreach to pregnant women identified as high-risk or at-risk for a negative birth outcome. High-risk pregnant women receive regular contacts from an OHCA exceptional needs coordinator throughout the duration of their pregnancy.
- Expanded benefits for pregnant members identified as high-risk for a negative birth outcome. If a woman meets defined criteria (per an approved list of maternal and fetal conditions), she is then authorized to receive additional ultrasounds, non-stress tests and/or a biophysical profile as specified by the primary obstetrical provider.
- Electronic enrollment for newborns. The online process eliminates manual enrollment for newborns, ensuring that babies have SoonerCare health benefits before leaving the hospital.
- Letters to women who have recently given birth. OHCA details the SoonerPlan program options available to new mothers.
- The Health Management Program for members with chronic conditions. Identified highest-risk members receive intensive care management from nurses who provide specific education and support to the member's needs. Nurses help coordinate care and teach self-management skills.
- Out-of-state care coordination. If a SoonerCare member needs specialty care that is not available in Oklahoma, a team of OHCA staff works in collaboration with the member's local physician to identify and coordinate care with medical providers located all over the United States.
- Health and program information on the Web. OHCA provides valuable health resources to members on the public website (www.okhca.org) under Individuals and Stay Healthy! There is an area on the Web that houses activities and information for children called Kids' Korner. Detailed SoonerCare member program information from how to apply to how to report fraud and abuse is also on the website.
- Toll-free telephone contact options. The SoonerCare Helpline (1-800-987-7767) provides telephone support for members ranging from an after-hours patient advice line to specific language needs. Members are encouraged to call when they need help with any aspect of the SoonerCare program.
- A member newsletter. The SoonerCare Companion newsletter provides information about changes or updates to SoonerCare benefits and useful tips on how members can get and stay healthy. Newsletters are mailed out about every four months. Electronic copies are also available on the OHCA website.

What Benefits Does SoonerCare Cover? (continued)

Title XIX of the Social Security Act requires certain basic services be offered to the categorically needy population in order to receive federal matching funds. States may also receive federal funding if they elect to provide other optional services. Within broad federal guidelines, states determine the amount and duration of services offered under their Medicaid programs. States may place appropriate limits on a Medicaid service based on such criteria as medical necessity or utilization control.

Each state spells out what is available under its Medicaid program in a document called the "State Plan." The plan describes the qualifying groups of individuals who can receive Medicaid services and the services available. A state can amend its plan to change its program as needs are identified. State Plan amendments are subject to federal review and approval. With certain exceptions, a state's Medicaid plan must allow members freedom of choice among health care providers participating in Medicaid. In general, states are required to provide comparable services to all categorically needy qualifying people. A general overview of benefits provided under optimum qualifying circumstances is included in Appendix C of this report.

Cost Sharing

States are permitted to require certain members to share some of the costs of Medicaid by imposing deductibles, co-payments, or similar cost-sharing charges. A co-payment is a charge which must be paid by the member to the service provider when the service is covered by SoonerCare. The OHCA requires a co-payment of some SoonerCare members for certain medical services. A SoonerCare provider may not deny allowable care or services to members based on their inability to pay the co-payment.

Some members are exempt from co-pays. Members not required to pay co-pays are children under age 21, members in long-term care facilities, women who are pregnant and members enrolled under the Home and Community-Based Services Waivers (except for their prescription drugs). Additionally, some services do not require co-pays, such as family planning.

The applicable co-pay by benefit package for some allowable services are listed on the Benefits Overview (page 84). Co-pays change often. To view the latest applicable co-pays, go to the OHCA website at www.okhca.org. Click Benefits and then Comparison Chart of SoonerCare Benefits. The Insure Oklahoma Individual Plan has a separate set of covered services and applicable co-pays. To view the details, go to www.insureoklahoma.org.

Oklahoma SoonerCare Benefits

Behavioral Health Services

SoonerCare is the behavioral health treatment lifeline for many Oklahomans dealing with stressful life situations/changes, serious mental illness, an emotional disturbance and/or alcohol and other drug disorders. Many people with these conditions either lose or are unable to obtain or afford private coverage. Mental health, alcohol and other drug disorder treatment benefits for those enrolled in SoonerCare include:

- Adult and children's acute psychiatric inpatient care.
- Facility-based crisis stabilization and intervention.
- Emergency care.
- Alcohol or other drug medical detoxification.
- Psychiatric residential treatment (children only).
- Outpatient services (including pharmacological services) such as:
  - Mental health and/or substance abuse assessments and treatment planning.
  - Individual, family and/or group psychotherapy.
  - Rehabilitative and life skills redevelopment.
  - Case management.
  - Medication management, training and support.
  - Program for assertive community treatment.
  - Peer support services.

67%

Children under age 21 accounted for 67 percent of the members receiving behavioral health services and 72 percent of the expenditures.

Child Health Services (Early and Periodic Screening, Diagnosis and Treatment)

Preventive care and early intervention are critical to improving child health outcomes. OHCA works with public, private and nonprofit sector partners to drive policy and systemic change focused on enrollment of all qualified children and improving access, utilization and quality of care for SoonerCare children.

In SFY2010, 561,974 children were enrolled in SoonerCare at some point during the year. This equals 50 percent of all children younger than age 21 in Oklahoma. Child health services offered under SoonerCare include a comprehensive array of screening, diagnostic and treatment services to ensure the health care needs of this vulnerable population.

OHCA has an ongoing focus on improving our rates of child health checkups. During federal fiscal year (FFY) 2009, the number of child health checkups performed reached 83 percent of the expected number of screens, an increase of approximately 10 percentage points from the previous year (FFY2008). This surpasses the national goal of 80 percent set by the Centers for Medicare & Medicaid Services.

Child health checkups should be performed at certain ages as set out in the state's periodicity schedule and should include, at a minimum:

- Comprehensive health history.
- Thorough physical examination.
- Age-appropriate immunizations.
- Laboratory tests (including lead toxicity screens).
- Vision and hearing screens
- Dental screening services.
- Health education and anticipatory guidance.
- Other necessary health care of conditions discovered as part of a checkup.

Child Health checkup schedules can be viewed at www.okhca.org under Individuals/Programs/Child Health.

Oklahoma SoonerCare Benefits (continued)

Dental Services

Oral health is a key component of an overall healthy and happy lifestyle. The earlier children are introduced to dentistry, the better their chances of keeping their teeth for the rest of their lives. The greatest challenge is prevention. Teaching parents and caregivers to focus on dental interactions, intervention and treatment is crucial.

Dental services are federally mandated for children under age 21 through Child Health Services (Early and Periodic Screening, Diagnosis and Treatment, or EPSDT). This program covers dentistry for children based on medical necessity. Dental services include emergency care, preventive services and therapeutic services for dental diseases that may cause damage to the supporting oral structures.

Dental services are available to pregnant women over the age of 21. Basic dental care such as examinations, cleanings and limited fillings are offered for up to 60 days after the end of their pregnancy. Nonpregnant adults age 21 and older are covered for emergency extractions due to trauma, pain or infection only.

89%

258,587 children received dental services and accounted for 89 percent of the dental expenditures in SFY2010.

Durable Medical Equipment

Durable medical equipment are types of medical supplies or durable goods that are reusable on a regular basis and suitable for use within the home. OHCA provides equipment such as home ventilators, oxygen, diabetic supplies and a wide variety of equipment for SoonerCare members to use within their home and nursing facilities. DME also includes prosthetics, orthotics and supplies.

89,750+

OHCA contracted with 1,615 DME providers and provided services for 89,850 members in SFY2010.

DME providers deliver, install and service the necessary medical equipment to SoonerCare members through out the state. The products and services are ordered by physicians, and the orders are filled by DME providers. Many of the providers maintain a 24/7 phone access for members who need help with their equipment or services during non-business hours.

Hospital Services

Hospitals are part of the health care environment of the communities they serve. Without them, many people would go without essential medical services and programs. Hospitals provide inpatient acute care, newborn delivery services, life-saving emergency services and outpatient services such as minor surgeries and dialysis. Local hospitals serve as the cornerstone for a network of care providers that include such economic staples as primary care physicians, specialists and many allied health services.

21%

Hospital expenditures accounted for 21 percent of the total SoonerCare expenditures.

Oklahoma SoonerCare Benefits (continued)

Medicare "Buy-In" Program — SoonerCare Supplemental

Medicare is made up of four parts: hospital insurance (Part A); supplementary medical insurance (Part B); combination of hospital, medical and prescription drugs, (Part C or Medicare Advantage); and prescription drugs (Part D). For hospital insurance expenses, SoonerCare Supplemental pays the coinsurance and deductible fees for hospital services and skilled nursing services for people qualified for Medicare and Medicaid (dual eligibles). The deductible and coinsurance fees are also paid for supplementary medical insurance expenses that are primarily physician services.

Several "buy-in" programs are available to assist low-income members with potentially high out-of-pocket health care costs:

Qualified Medicare Beneficiaries (QMB)

- For Medicare beneficiaries with incomes below 100 percent of the federal poverty level.
- Pays for Medicare beneficiaries' share of Medicare Part A and Part C.

Specified Low-income Medicare Beneficiary (SLMB)

- For Medicare beneficiaries whose incomes are at least 100 percent but less than 120 percent of the federal poverty level.
- Pays for beneficiaries' share of Medicare Part B and Part C premiums.

Qualifying Individuals (QI)

- For Medicare beneficiaries whose incomes are at least 120 percent but less than 135 percent of the federal poverty level.
- Pays the Medicare Part B and Part C premiums for Medicare beneficiaries who are not otherwise qualified for SoonerCare.

2.9%

SFY2010 "buy-in" expenditures totaled $123,794,836 or nearly 3 percent of the total SoonerCare expenditures.

An average of 2,435 Part A premiums and more than 83,200 Part B premiums were paid each month.

Medicare Part D is a federal program to assist Medicare beneficiaries with the costs of prescription drugs. While Medicare Part D pays for the majority of Medicare beneficiaries' prescriptions, the federal government requires states to pay back an estimated Medicaid prescription cost savings amount. This amount is referred to as "clawback." The OHCA paid $45,689,964 in Medicare Part D "clawback" payments in SFY2010.

Opportunities For Living Life (OLL) — Home and Community-Based Services Waivers

The Home and Community-Based Service (HCBS) waivers give Oklahoma the flexibility to offer SoonerCare-qualified individuals alternatives to being placed in long-term care facilities under OLL. Services through these waiver programs are available for qualified members who can be served safely in a community-based setting; only when the cost of providing waiver services is less than the cost of a comparable institutional setting and when there are waiver slots available. Individual waiver documents specify member qualifying criteria, any post-qualification criteria, as applicable, and the waiver-specific services available.

Depending on each person's needs and the specific waiver he or she is qualified under, HCBS benefits could include:

- Case management.
- Skilled nursing.
- Prescription drugs.
- Advanced/supportive restorative care.
- Adult day care/day health services.
- Specialized equipment and supplies.
- Home-delivered meals.
- Comprehensive home health care.
- Personal care.
- Respite care.
- Habilitation services.
- Adaptive equipment.
- Architectural modifications.
- Pre-vocational and vocational services.
- Supported employment.
- Dental.
- Transportation.
- Various therapies.

Opportunities For Living Life (OLL) — Living Choice

OHCA is collaborating with the Oklahoma Department of Human Services and other organizations to help older Oklahomans and people with disabilities obtain home and community-based services through Oklahoma Living Choice.

To qualify for Living Choice an individual must live in a nursing facility for at least six months, be a SoonerCare member for at least one month prior to transition, be interested in moving to the community and be guaranteed home and community support once he or she transitions.

People with mental retardation, people who are aged and people with physical disabilities work with a transition team to create a care plan for a successful transition back into their community.

Community transitions for people with mental retardation began in the spring of 2009. During state fiscal year 2010, 59 people transitioned to the community through Living Choice. These transitions included: 33 people with mental retardation, 11 older people and 13 people with physical disabilities.

Opportunities For Living Life (OLL) — Program of All-Inclusive Care for the Elderly (PACE)

Implemented in August 2008, the goal of the PACE program is to manage care through an interdisciplinary approach with participation by the PACE team and both the member and family or other caregivers. As a home and community-based program, members live in the community but attend the PACE center one or two times per week for primary care services, to meet with their case manager and to engage in social activities with other PACE members.

Oklahoma SoonerCare Benefits (continued)

Opportunities For Living Life (OLL) — PACE (continued)

PACE enrollees must be at least 55 years old, live in the catchment area of the PACE program, be able to live safely in the community at the time of enrollment and be certified as qualified for nursing home level of care.

PACE is a comprehensive service delivery and financing model of acute and long-term care that receives Medicare and Medicaid capitation payments (dual capitation) for all individuals qualified for services. People not financially qualified for Medicaid pay the capitation amount privately (out of pocket). PACE assumes full financial risk for a member's care without limits on dollars or duration and is responsible for a full range of needed services. The PACE benefit package for all participants, regardless of the source of payment, includes all SoonerCare covered services, as specified in the State Plan.

Opportunities For Living Life (OLL) — Long-Term Care Partnership

As the senior population in the United States continues to grow, the resources used by the federal and state governments to help pay for health care benefits are being strained. The focus of the Oklahoma Long-Term Care Partnership (OKLTCP) program is creating an opportunity for Oklahomans to take personal responsibility for organizing and financing their own long-term care needs. The OKLTCP will develop affordable insurance options in addressing the needs of Oklahomans while ensuring protection for both consumers and the state Medicaid budget. Currently, 19 insurance carriers are certified to market the program in the state; and more than 2,300 agents have taken eight hours of training required to market the program.

To help with its outreach and training effort, the OKLTCP program has teamed with the U.S. Department of Health and Human Services to promote the Own Your Future campaign. This campaign will help teach citizens to plan for their future needs and protect their hard-earned assets.

Opportunities For Living Life (OLL) — Nursing Home Services

With nursing home or institutional care coverage largely unavailable through Medicare or traditional private health insurance plans, Medicaid is the nation's de facto financing system. SoonerCare OLL funds nearly 70 percent of all long-term care (both nursing facilities and intermediate care facilities for the mentally retarded). SoonerCare provides coverage for low-income people and many middle-income individuals who have become nearly impoverished by "spending down" their assets to cover the high costs of their long-term care.

Level of Care Evaluations – Long-Term Care Members
In order to ensure that individuals applying for nursing home care are appropriately placed, the federal Pre-Admission Screening and Resident Review (PASRR) Program provides a Level I screening for possible developmental disability or mental retardation (MR) and/or mental illness (MI) to all people, private pay and SoonerCare, entering a long-term care facility. Furthermore, federal regulations include a higher level evaluation (Level II) be performed for those applicants who appear to be either mentally ill or developmentally disabled. The Level II assessment ensures that the member requires a long-term care facility and receives proper treatment for his or her MI and/or MR diagnosis.

68.6%

SoonerCare funded 4,921,653 nursing facility bed days for SFY2010; this represents 68.6 percent of the total actual nursing facility occupied bed days in the state.

Oklahoma SoonerCare Benefits (continued)

Pharmacy Services

The pharmacy benefit is used by 60 percent of SoonerCare members. The value of prescription medications in modern health care is well documented. Because of their value, prescription medications are covered by every state's Medicaid program in spite of the fact that it is an optional benefit under federal law. It is almost impossible to imagine a health care benefit system in which medication therapies did not play a significant role. SoonerCare has one of the highest generic utilization rates of any pharmacy benefit plan in the nation with an average of more than 75 percent of all prescriptions dispensed as a generic drug.

SoonerCare Choice members qualify for prescription drug products that have been approved by the Food and Drug Administration (FDA) and are included in the Federal Drug Rebate program. In general, children up to the age of 21 years may receive prescriptions without monthly limitations and are not subject to a co-pay. Adults are limited to six prescriptions per month. Until January 1, 2010, up to three of those could be for brand name products, and the remainder for generic products. After January 1, 2010, up to two of the six prescriptions could be brand name, with the remainder available as generic. Adults are subject to a co-pay based on the cost of the drug. Restrictions such as medical necessity, step therapy, prior authorization and quantity limits may be applied to covered drugs.

SoonerCare Traditional members have the same pharmacy coverage as SoonerCare Choice for non-Medicare qualified members.

SoonerCare Supplemental dual (Medicare and Medicaid) eligible members receive their primary prescription coverage through Medicare Part D.

The federal Medicare prescription plan (Part D) now pays for a majority of Medicare beneficiaries' prescriptions. A few of the drugs not covered by Part D can be covered for members also enrolled under SoonerCare Traditional.

The federal government requires states to pay back an estimated prescription cost savings amount. This amount is referred to as a "clawback."

Opportunities for Living Life members residing in long-term care facilities receive prescriptions as shown for SoonerCare Choice, but do not have a limitation on the number of prescriptions covered each month.

Home and Community-Based Services enrollees receive a pharmacy benefit equal to that of SoonerCare Choice, plus members who are not Medicare eligible receive up to an additional seven generic prescriptions per month.

Insure Oklahoma Individual Plan provides prescription coverage similar to SoonerCare Choice above with different co-payment requirements. Access www.insureoklahoma.org for additional information.

SoonerPlan provides prescription coverage for family planning products only.

Soon-to-be Sooners provides prescription drugs that will improve the outcome of the pregnancy to women who do not qualify for SoonerCare because of their citizenship status.

$67

The average cost per prescription funded by SoonerCare was $66.57, and the average monthly prescription cost per utilizer was $170 for SFY2010.

Oklahoma SoonerCare Benefits (continued)

Physicians and Other Primary Care Providers

Physicians and other primary care providers are a crucial component in the delivery of health care to Oklahoma's SoonerCare members. The SoonerCare program would not be possible without the dedication of providers who are committed to care for all individuals who are insured with SoonerCare. Oklahoma primary care providers (PCPs) act as SoonerCare's "front line."

Physician services may be limited for adults based upon the benefit package they are receiving. PCPs provide patient education and coordinate their health care needs. Physician and other primary care providers' benefits have also been expanded to include evidence-based smoking cessation counseling in an outpatient office setting.

Crucial services provided by physicians and other primary care providers may include, but are not limited to:

- Child health screens.
- Preventive care.
- Family planning.
- Routine checkups.
- Prenatal care.
- Delivery.
- Postpartum care.
- Diagnostic services.

School-Based Services

Health care is a vital foundation for families wanting to ensure their children are ready to learn in school. Studies show children without health insurance are absent more frequently than their classmates. They suffer more from asthma, ear infections and vision problems and are medically more at risk. Treatment of these conditions can improve classroom attendance and participation.

OHCA contracts with more than 200 school districts across the state. Schools may receive reimbursement for SoonerCare-enrolled children who have chronic conditions such as asthma and diabetes and for those who are qualified to receive health-related services under the Individuals with Disabilities Education Act. The Individual Education Program is a treatment plan for a successful education for students with disabilities. The schools outline the treatment plan, and OHCA funds any medically necessary, SoonerCare-compensable health-related services recommended in the plan for SoonerCare-enrolled children.

OHCA is also involved in the Early Intervention (EI/SoonerStart) program. The EI/SoonerStart program is focused on early medical intervention and treatment for children from birth to age 3 who are developmentally delayed. Services for the EI program, such as targeted case management and speech and physical therapy, are provided by the State Department of Education and the Oklahoma State Department of Health. OHCA offers provider training and reimbursement for this program as well.

Oklahoma SoonerCare Benefits (continued)

SoonerPlan — Family Planning Services

SoonerPlan is a limited benefit plan covering services related to family planning. In an effort to reduce unintended pregnancies, SoonerPlan provides family planning services and contraceptive products to women and men age 19 and older who do not choose or traditionally qualify for full benefits under SoonerCare.

SoonerPlan benefits may be obtained from any SoonerCare provider who offers family planning. They include:

- Birth control information and supplies.
- Laboratory tests related to family planning services, including Pap smears and screening for some sexually transmitted infections.
- Office visits and physical exams related to family planning.
- Pregnancy tests for women.
- Tubal ligations for women age 21 and older.
- Vasectomies for men age 21 and older.

Family planning services are also available to other qualifying members under SoonerCare Choice and SoonerCare Traditional.

SoonerRide (Non-Emergency Transportation) Services

Non-emergency transportation has been part of the Medicaid program since 1969, when federal regulations mandated that states ensure the service for all Medicaid members. The purpose was clear: Without transportation, many of the people SoonerCare was designed to help would not be able to receive medically necessary services.

States are given a considerable amount of flexibility in this area of Medicaid regulations, including setting reimbursement rates and transportation modes. To provide budget predictability and increased accountability of the non-emergency transportation program, OHCA uses a transportation brokerage system to provide the most cost-effective and appropriate form of transportation to members. Similar to a managed care health care delivery system, the contracted transportation broker is reimbursed on a per-member-per-month basis.

If a SoonerCare member does not have transportation to a medically necessary, non-emergency service, SoonerRide can provide transportation.

739,241

A total of 10,350 members used SoonerRide services for a total of 739,241 one-way transports in SFY2010.

SoonerCare and American Indians

Oklahoma is home to 39 federally recognized tribal governments. According to the 2009 Census estimates, more than 415,000 American Indians live here. During SFY2010, more than 115,000 American Indians were enrolled in SoonerCare. American Indians represent approximately 12 percent of the average monthly enrollment.

American Indian SoonerCare members select where they access services, including culturally sensitive health care services, from three types of health care systems specifically for American Indians: Indian Health Services facilities, tribal health facilities, or urban Indian clinics (I/T/U). There were 54 contracted I/T/U facilities in Oklahoma during SFY2010. SoonerCare services provided in any of the contracted American Indian health care facilities receive a 100 percent federal medical assistance percentage.

SoonerCare Choice and American Indians

American Indian SoonerCare Choice members can select a SoonerCare provider or self-refer to any I/T/U facility. Most providers in I/T/U facilities are SoonerCare Choice providers and may serve as primary care providers (PCPs). As PCPs, I/T/U providers offer culturally sensitive case management to American Indian SoonerCare Choice members, make referrals and coordinate additional services such as specialty care and hospitalization when patients access care at facilities not operated by tribes or the IHS.

American Indians and Oklahoma Cares Services

In order to become enrolled for SoonerCare benefits under Oklahoma Cares, the breast and cervical cancer treatment program, women must be screened under the Breast and Cervical Cancer Early Detection Program and found to need treatment for either breast or cervical cancer. American Indians have higher qualifying income guidelines of up to 250 percent of the federal poverty level for Oklahoma Cares. SoonerCare is working in partnership with the Oklahoma State Department of Health, the Cherokee Nation and the Kaw Nation to provide Breast and Cervical Cancer Early Detection Program screening locations.

28%

SoonerCare enrolled more than 115,582 American Indians in SFY2010. That is 27.8 percent of the total 415,371 Oklahomans reporting an American Indian race alone or in combination with other races.

Source: U.S. Census Bureau, Table 5: Estimates of the Resident Population by Race Alone or in Combination and Hispanic Origin for the United States and States: July 1, 2009

OHCA SoonerCare Tribal Consultation

OHCA's tribal consultation efforts allow for ongoing dialogue and communication regarding SoonerCare and tribal health care delivery. OHCA's tribal consultation policy has been used as a model for other state agencies, and OHCA continuously works toward improving services to American Indians and Indian health care providers.

In addition to continuous partnerships with tribes throughout the year, the agency holds an annual OHCA SoonerCare Tribal Consultation meeting. The 2009 meeting was the largest yet, with more than 185 attendees including representatives of tribal governments, Indian health care providers, state and federal government officials and other key stakeholders.

SoonerCare and Our Providers

OHCA values the services rendered by our SoonerCare provider networks. In addition to a multitude of other functions, OHCA provides the following to maintain and support our medical service partners:

- Dedicated and professional staff available to assist providers with program, policy and claims issues. Staff provide training, focused education materials and billing assistance, as well as, lend their expertise to ensure services meet state and federal requirements. Recruitment and education efforts continue to increase the provider network.

4,043

In SFY2010, OHCA and HP provided 4,043 individual on-site training visits and 180 group training sessions.

- Registered nurses who provide clinical expertise during on-site visits and medical record reviews. They assist providers in the evaluation and interpretation of billed charges and clinical documentation to ensure that the services provided are appropriate as mandated by OHCA policy and by the Centers for Medicare & Medicaid Services.
- A direct, toll-free number for providers who have detailed and complex questions. This phone number is staffed from 8 a.m. to 5 p.m. Monday through Friday. Providers can also send secure, HIPAA-compliant e-mail messages through the SoonerCare Secure Site. It is a safe alternative to contacting OHCA via telephone to inquire about policy, coverage, contract compliance or general questions.
- The Health Management Program (HMP). Through the HMP, a professional, highly trained practice facilitator works with participating practices to redesign office systems. This redesign focuses on applying quality improvement techniques in order to improve care delivered to members with chronic conditions. Participating practices are provided a free Web-based health information registry tool, CareMeasures. This registry tool identifies unmet clinical measures to help the practice prioritize clinical services to be offered during the next patient encounter. It is also equipped with a data measurement component for ongoing evaluation and performance tracking. Financial and non-financial incentives are presented to the practice based on program participation.

32,976

32,976 calls were received by Provider Services in SFY2010. Provider Services staff received and answered 757 secure e-mails in SFY2010.

- Practice enhancement assistant (PEA) project. The PEA project was implemented in SFY2007. OHCA contracts with the University of Oklahoma Health Sciences Center to evaluate and implement a program of supporting PEAs who help providers make changes in their processes of care. This pilot program was first conducted in Canadian County with a focus on improving EPSDT/Child Health Checkup rates. The PEA program was expanded into Garfield and Delaware counties with an additional focus on assisting practices in implementing new or improving existing developmental screening efforts. The program is currently operating in Canadian, Garfield and Delaware counties. Future efforts will be focused on supporting initiatives to fight obesity.
- Appropriate rates. OHCA strives to purchase the best value health care for our members and explore available valid options for maintaining or increasing provider payments to ensure our members' access to sufficient provider networks.

SoonerCare and Our Providers (continued)

Physicians and Other Practitioners

In January 2009, Oklahoma transitioned from paying a prearranged monthly fee (capitation payment) for primary and preventive care for members enrolled in SoonerCare Choice to a payment structure that includes three components: 1) A care coordination fee; 2) A visit-based fee-for-service payment; and 3) Payments for excellence (SoonerExcel).

The care coordination fee is based on the number of members in the SoonerCare Choice primary care provider/case manager's panel. The visit-based component is paid under the fee-for-service schedule."SoonerExcel" is the performance-based reimbursement component that recognizes achievement of excellence in improving quality and providing effective care. A pool of funds is made available to qualifying providers who meet or exceed various quality-of-care targets within an area of clinical focus selected by OHCA. Budgeted SoonerExcel figures can be found in Appendix F, page 93.

For members not enrolled in SoonerCare Choice, visit-based payments are made directly to the providers once an allowable service has been provided and billed. Providers participating in SoonerCare must accept the Medicaid reimbursement level as payment in full. During SFY2010, OHCA continued to pay physician rates equal to 100 percent of Medicare rates through March 2010. Unfortunately, due to budget cuts all provider rates were reduced by 3.25 percent beginning in April 2010.

13,500+

SoonerCare has contracts with more than 13,694 physicians.

Graduate Medical Education (GME)

Graduate medical education refers to the residency training that doctors receive after completing medical school. Most residency programs are set up in teaching hospitals across the United States. GME funding sources include patient care dollars and university funding; but the bulk of the money for GME comes from public, tax-supported sources, such as Medicare, Medicaid, the Department of Defense and Veterans' Affairs.

Payments are made to the major colleges of medicine on a predetermined and contracted amount with contracted levels of residents and interns as well as levels of specialty services to SoonerCare members that are required. The state funds are transferred to OHCA from the University Hospital Authority.

SFY2010 GME Payments:

University of Oklahoma OKC and Tulsa	*$44,484,176*
Oklahoma State University College of Osteopathic Medicine — Tulsa	*$16,662,247*

SoonerCare and Our Providers (continued)

Nursing Homes

Nursing homes play an essential role in Oklahoma's health care system by providing care for more than 25,000 elderly and people with disabilities who are temporarily or permanently unable to care for themselves but who do not require the level of care furnished in an acute care hospital. They provide a variety of services to residents, including nursing and personal care; physical, occupational, respiratory and speech therapy; and medical social services. On average, 70 percent of nursing home residents in Oklahoma have their care paid for through the SoonerCare program.

25,000+

SoonerCare pays for nursing home care for 25,617 Oklahomans. Nursing facility care makes up 18 percent of SoonerCare's total expenditures.

Nursing homes treat people with a wide range of clinical conditions. The mix and amount of resources nursing homes use determine the cost of the care they provide. These resources include the cost of direct care staff, such as nurses, nurse aides and nurse aide training.

In 2004, Senate Bill 1622 created the Oklahoma Nursing Facility Funding Advisory Committee. The committee recommended 70 percent of additional available funds for nursing homes be allocated annually for direct care staff. The committee also recommended further development of the methodology in future years to strengthen incentives to provide improved quality care.

Focus on Excellence uses regularly collected nursing home performance data to accomplish three purposes:

- Enable additional Medicaid payments to nursing homes that meet or exceed any of 10 separate performance targets.
- Provide a public, star rating system as another tool to assist consumers in evaluating facilities.
- Give providers the technology and tools to set and meet their own quality improvement goals and compare their performance with facilities across the state and the nation.

A website (www.oknursinghomeratings.org) is available for providers and consumers to enter and view performance data and outcomes.

69.8%

Statewide, Oklahoma nursing facilities have a 69.8 percent occupancy rate.

Occupancy rate is unadjusted for semiprivate rooms rented privately or for hospital and therapeutic leave days.

Facility Type	Unduplicated Members	Bed Days	Reimbursement	Yearly Average Per Person*	Average Per Day
Nursing Facilities	21,741	4,921,653	$514,836,746	$23,680	$104.61
ICFs/MR (ALL)	1,938	576,908	$124,499,163	$64,241	$215.80
ICFs/MR (Private)	1,572	463,408	$45,208,890	$28,759	$97.56
ICFs/MR (Public)	366	113,500	$79,290,273	$216,640	$698.59

ICFs/MR = Intermediate Care Facilities for the Mentally Retarded. *Average Per Person figures do not include the patient liability that the member pays to the nursing facility (avg $23.70/day). ICFs/MR public facilities per day rate includes ancillary services not included in ICFs/MR private facility rate.

SoonerCare and Our Providers (continued)

Hospitals

The SoonerCare hospital reimbursement system is based on Medicare's reimbursement model of Diagnostic Related Groups (DRGs). The DRG payment methodology, which pays on a per discharge basis, encourages hospitals to operate more efficiently and matches payments to use of resources. For cases that are particularly costly, an additional outlier payment is made to help protect the hospital from financial losses for unusually expensive cases. For inpatient stays in freestanding rehabilitation and behavioral health facilities, as well as long-term care sub-acute children's facilities, OHCA pays a per-day rate.

Disproportionate Share Hospital (DSH) Payments

The DSH program was created in 1981 to address two main concerns identified by Congress at the time. The first concern was to address the needs of hospitals that served a high number of Medicaid and uninsured patients. The second concern was the potential for a growing gap in 1981 between what Medicaid paid hospitals and what the hospitals' cost of care was.

Congress left it up to each state to define and identify which hospitals were disproportionate share hospitals and also gave states broad latitude in how those hospitals were to be paid through the DSH program.

The Oklahoma DSH formula and methodology adopted in SFY2007 established three funding pools directed toward licensed hospitals located within the boundaries of the state provided that the hospitals meet certain federal requirements outlined by law.

The first pool is established by the federal government for Institutions for Mental Disease (IMD). The second pool is for High Disproportionate Share Public Hospitals/Public-Private Major Teaching Hospitals and is based on historic allocations. The third pool is for Private and Community or Public Hospitals, which is further subdivided by hospital size for the purpose of allocating the DSH funds reserved for this pool.

Figure 16 SFY2010 Hospital Payments

Types of Hospital Payments	SFY2009	SFY2010
Inpatient — Acute and Critical Access	$543,632,539	$561,983,864
Inpatient Rehabilitation — Freestanding	13,102,043	12,069,022
Inpatient — Indian Health Services	15,059,781	15,686,530
Inpatient — LTAC Children's	16,585,436	19,206,046
Inpatient Behavioral Health — Freestanding	13,803,810	9,911,717
Psychiatric Residential Treatment Facilities*	111,658,434	105,394,239
Outpatient Services	170,891,739	217,568,254
Medicare Crossovers	62,276,729	55,497,957
Hospital Supplemental Payments	61,227,800	148,904,362
Indirect Medical Education (IME)	27,776,840	28,137,940
Graduate Medical Education (GME)	16,287,663	16,241,933
Disproportionate Share Hospitals (DSH)	53,286,486	53,163,523
Total	**$1,105,589,300**	**$1,243,765,387**

Source: OHCA Finance Division, September 2010.

SoonerCare and Our Providers (continued)

Hospitals (continued)

Indirect Medical Education (IME)

Acute care hospitals that qualify as major teaching hospitals receive an indirect medical education (IME) payment adjustment that covers the increased operating or patient care costs associated with approved intern or resident programs. Currently, the qualifying hospitals are the OU Medical Center in Oklahoma City and the Hillcrest Health System hospitals in Tulsa.

In order to qualify as a teaching hospital and be deemed eligible for IME supplemental incentive payment adjustments, the hospital must:

- Be licensed in the state of Oklahoma.
- Have 150 or more full-time equivalent residents enrolled in approved teaching programs using the 1996 annual cost report.
- Belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program.

SFY2010 IME Payments:

OU/OKC-Oklahoma Medical Center – $14,068,970
OU/Tulsa-Hillcrest Health Systems – $7,034,485
OSU/Tulsa-Hillcrest Health Systems –$7,034,485

Direct Medical Education (DME)

In-state hospitals that qualify as teaching hospitals receive a supplemental payment adjustment for direct medical education (DME) expenses based on the relative number of residents and interns weighted for Medicaid usage and acuity of services.

In order to qualify as a teaching hospital and be deemed eligible for DME supplemental incentive payment adjustments, the hospital must:

- Be licensed in Oklahoma.
- Have a medical residency program.
- Apply for certification by OHCA prior to receiving payments for any quarter.
- Have a contract with OHCA to provide SoonerCare services.
- Belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program.

These payments are made by allocating a pool of funds made available from state matching funds transferred to OHCA from the University Hospital Authority.

DME Qualified Hospitals	SFY2010
Baptist Medical Center	$1,315,774
Baptist Bass	$18,683
Baptist Medical Center/Southwest	$146,346
Comanche Co Memorial Hospital	$20,323
Hillcrest Medical Center	$1,937,133
Jackson County Memorial	$1,083
Jane Phillips Hospital	$6,782
Laureate Psych Hospital	$1,120
Medical Center of Southeastern OK	$41,911
Saint Francis	$1,215,957
St. Anthony	$1,186,864
St. John	$576,876
OSU Medical Center	$834,664
University Health Partners	$8,938,416
TOTAL	**$6,241,932**

SoonerCare and Our Providers (continued)

Pharmacies

SoonerCare reimbursed pharmacies for almost 5.5 million prescriptions during the fiscal year. Members who use the pharmacy benefit get an average of two and a half prescriptions per month.

According to the Institute of Medicine, nationally more than 1.5 million patients are injured and more than 7,000 patients die annually from preventable medication errors linked to handwriting errors and other problems associated with writing prescriptions on paper. In an effort to avoid these potentially harmful and costly mistakes, the Oklahoma Health Care Authority has partnered with Cerner Corp. and launched an electronic prescribing program.

Cerner's e-prescribing solution, known as SoonerScribe, provides two-way electronic communication between physicians and pharmacies. Health care providers can use the system to write new prescriptions, authorize refills, make changes, cancel prescriptions and check to see if patients have had prescriptions filled. E-prescribing also has the potential for sharing information such as medication history with other health care organizations. The program was rolled out to 500 SoonerCare providers in April 2009.

78%

SoonerCare has one of the highest generic utilization rates of any pharmacy benefit plan in the nation with an average of more than 78 percent of all prescriptions dispensed as a generic drug.

In another effort to reduce medication errors and provide quicker transactions, OHCA contracts with EPOCRATES® Inc. to provide pharmacy benefit information to prescribers and pharmacists using their desktop computer or personal digital assistant (PDA). The service allows users to verify drug coverage status; look up preferred alternatives, drug interactions, prior authorization requirements and quantity limits; and receive other drug-specific messages programmed by OHCA.

Other SoonerCare Providers

In general, OHCA continues to strive to increase provider participation by streamlining processes and keeping our contracted providers as informed as possible. Payment rates are constantly being evaluated within the constraints of available state and federal funds. Ongoing provider outreach and training is being performed on a daily basis. OHCA also provides a SoonerCare Secure Site as a "one-stop shop" for providers to submit claims, check member enrollment and qualification for services, and receive specific information related to their provider type. Pertinent information such as manuals, forms, policy cites and program information can be found by providers in their applicable areas.

Understanding OHCA

Administering the SoonerCare Program

Payment and Program Integrity

Organizational Chart

+27%

The overall percent change in the number of members enrolled in SoonerCare SFY2005 to SFY2010 is a 27.05 percent increase.

SFY2005 to SFY2010 Percent Change of SoonerCare Enrollees as a Percent of the Total Population

Percent Change SoonerCare
as a Percent of Oklahoma Population - SFY2005 to SFY2010

- Percent of Population Increase Over 20% (26)
- Percent of Population Increase 10 to 20% (35)
- Percent of Population Increase Less Than 10% (15)
- Percent of Population Decreased (1)

Cimarron 26.3%
Texas 32.6%
Beaver 14.2%
Harper 29.8%
Woods 25.9%
Alfalfa 29.7%
Grant 6.6%
Kay 24.7%
Osage 5.9%
Washington 14.9%
Nowata 11.8%
Craig 23.4%
Ottawa 17.2%
Woodward 17.2%
Ellis 6.4%
Major 4.7%
Garfield 21.4%
Noble 5.6%
Pawnee 17.4%
Rogers 31.1%
Mayes 20.3%
Delaware 19.4%
Dewey 8.5%
Blaine 7.4%
Kingfisher 31.0%
Logan 16.3%
Payne 10.4%
Creek 22.7%
Tulsa 20.0%
Wagoner 5.1%
Cherokee 18.9%
Adair 24.1%
Roger Mills 23.8%
Custer 13.4%
Canadian 19.5%
Oklahoma 15.5%
Lincoln 22.3%
Okmulgee 22.2%
Muskogee 17.4%
Okfuskee 17.0%
McIntosh 17.4%
Sequoyah 21.4%
Beckham 22.3%
Washita 3.6%
Caddo 17.3%
Grady 17.5%
Cleveland 29.8%
McClain 11.8%
Pottawatomie 23.7%
Seminole 6.6%
Hughes -1.6%
Pittsburg 4.9%
Haskell 19.1%
Latimer 3.8%
LeFlore 10.4%
Greer 20.8%
Kiowa 29.8%
Harmon 19.4%
Jackson 21.6%
Tillman 18.7%
Comanche 13.3%
Cotton 15.8%
Stephens 13.1%
Garvin 16.6%
Murray 16.0%
Pontotoc 16.9%
Coal 2.5%
Atoka 13.5%
Pushmataha 9.6%
Jefferson 21.8%
Carter 18.5%
Johnston 31.1%
Love 35.5%
Marshall 19.3%
Bryan 16.7%
Choctaw 8.4%
McCurtain 13.7%

Source: Population Division, U.S. Census Bureau. July 2005 and July 2009 population estimates by county. SFY2005 SoonerCare percent of population according to SFY2005 OHCA Annual Report. SFY2005 and SFY2010 Enrollees are the unduplicated count per last county on record for the entire state fiscal year (July-June).

Administering the SoonerCare Program

As a result of recommendations from broad-based citizens' committees, the Legislature established the Oklahoma Health Care Authority to administer the SoonerCare program in 1993 through House Bill 1573. The Health Care Authority Act can be found in Oklahoma Statutes Title 63, Sec. 5004.

OHCA led the effort to supplement state dollars with available and appropriate federal dollars. OHCA's revenue initiatives have supported programs at the Oklahoma Department of Human Services, Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Health, Office of Juvenile Affairs and the Department of Education, as well as University of Oklahoma and Oklahoma State University medical schools and teaching hospitals.

OHCA seeks every opportunity to fully utilize federal revenues; therefore, we must be vigilant. OHCA has an obligation, as a sound fiscal manager, to ensure that all plans maximize federal revenues are compliant with applicable laws and regulations and will not put the state in jeopardy of a future disallowance.

Administering a Medicaid program is as challenging a task as there is to be found in public service. What distinguishes the program in degree of difficulty from Medicare and private insurers is its varied and vulnerable member groups; its means-tested qualifying rules; the scope of its benefits package (spanning more than 30 different categories of acute and long-term care services); its interactions with other payers; its financial, regulatory and political transactions with a wide range of provider groups; and its joint federal and state financing.

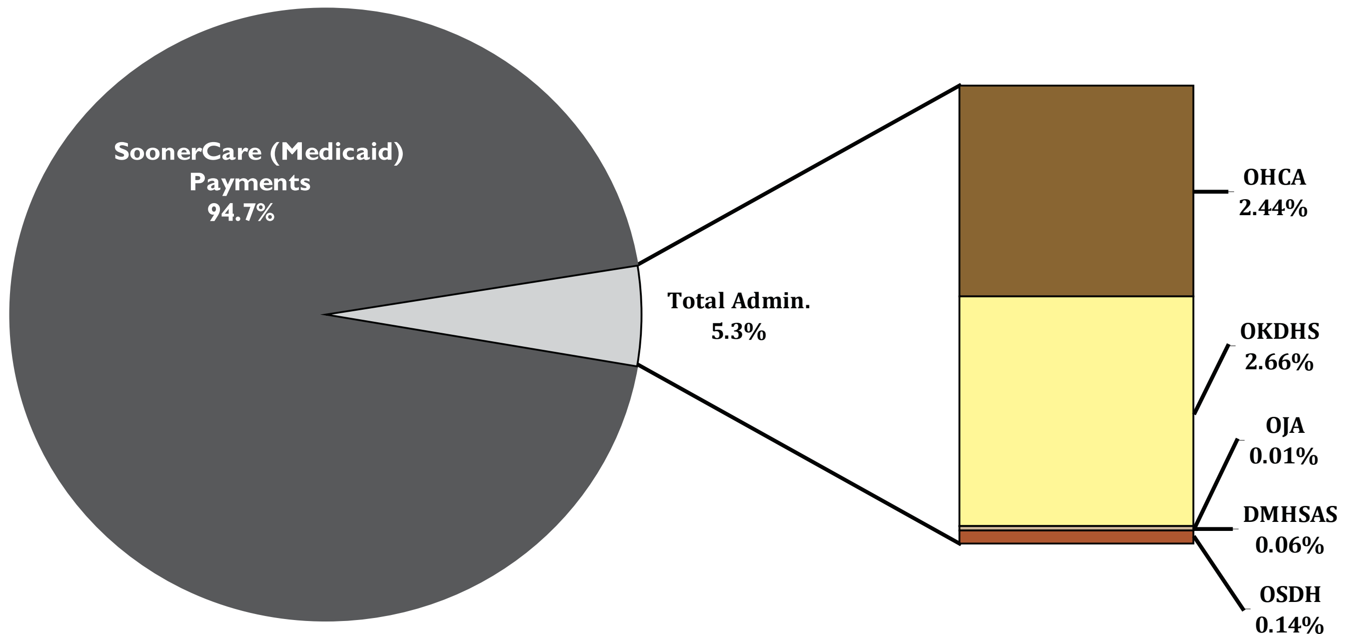
OHCA staff perform an array of critical functions necessary for program administration, such as member and provider relations and education; developing SoonerCare payment policies; managing programs to fight waste, fraud and abuse; maintaining the operating systems that support SoonerCare payments; developing cost-effective health care purchasing approaches; monitoring contractor and provider performance; promoting and preserving member rights and protections; and disseminating information to the Oklahoma Legislature, congressional delegation, members and the general public.

A board of directors meets monthly to direct and oversee the operations of OHCA. Board members are appointed by the governor, president pro tempore of the Senate and the speaker of the House. OHCA also has a Drug Utilization Review (DUR) board, a Medical Advisory Committee (MAC), a Medical Advisory Task Force (MAT), Behavioral Health Advisory Committee, Child Health Task Force, Perinatal Task Force and a joint legislative oversight committee. These groups of health professionals, providers, advocates and elected officials all serve to ensure that decisions are made to best serve the members' needs while maintaining the fiscal integrity of the agency.

Administering the SoonerCare Program (continued)

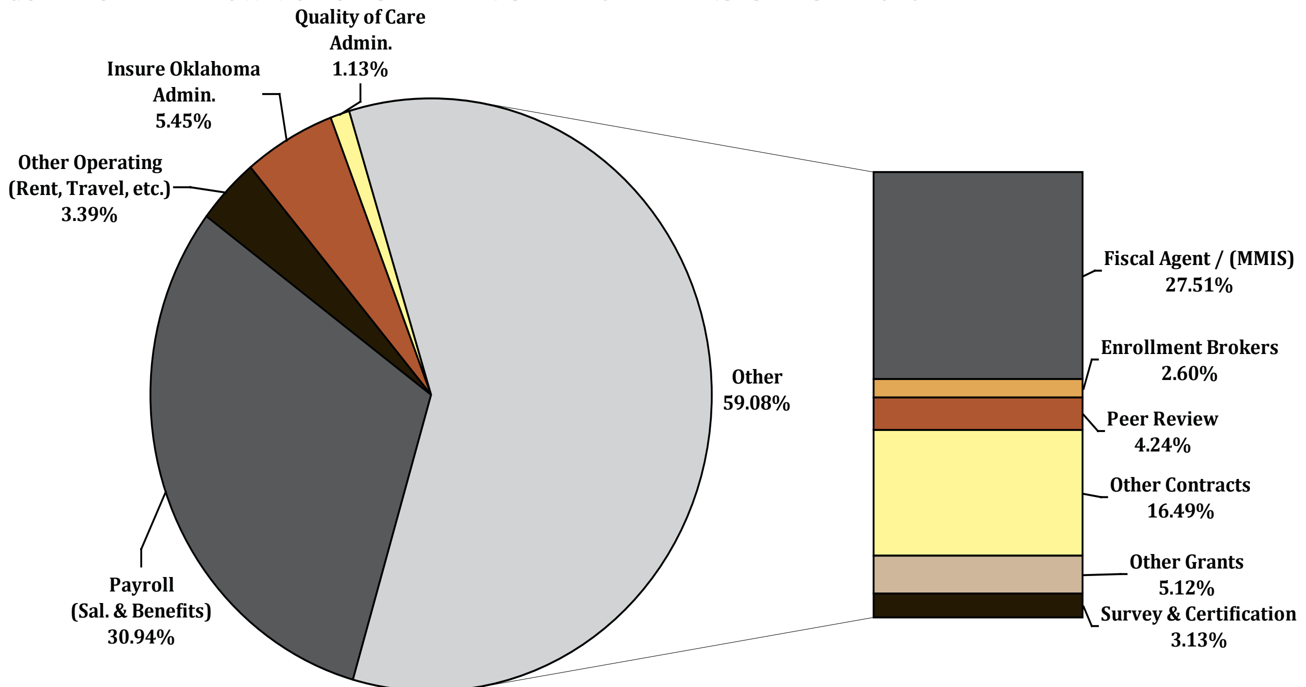
The cost of administration of the SoonerCare program is divided among six different state agencies: the Oklahoma Health Care Authority (OHCA), the Oklahoma Department of Human Services (OKDHS), the Oklahoma State Department of Health (OSDH), the Office of Juvenile Affairs (OJA), and the Department of Mental Health and Substance Abuse Services (DMHSAS).

Figure 17 OHCA SoonerCare Expenditure and Administrative Percentages — SFY2010



Finally, OHCA's administrative expenses are divided between direct operating expenses and vendor contracts. Of the $104 million spent by OHCA in SFY2010 on administration, 41 percent went to direct operation expenses, while 59 percent went toward vendor contracts.

Figure 18 Breakdown of OHCA Administrative Expenses — SFY2010



Strategic Planning

It is difficult to overestimate the importance and impact of SoonerCare. It serves so many people in so many different population groups; and it plays a role in financing virtually every state program related to health. By any measure, SoonerCare makes a positive difference, even a critical difference, in the lives of hundreds of thousands of low-income Oklahomans.

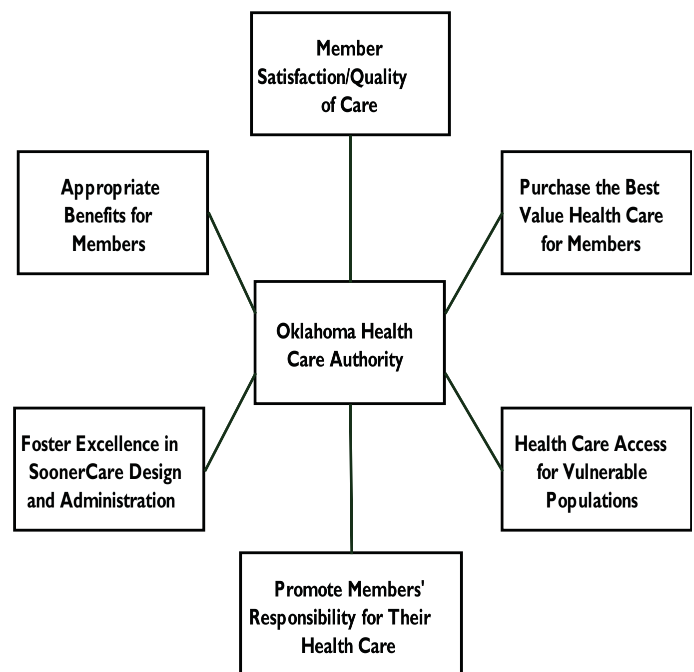
OHCA, our health partners, advocacy groups, legislators and other stakeholders meet annually to discuss the agency's upcoming enhancements, goals and challenges. These meetings help guide and set the strategic plan for that specific year.

Broadly Stated Goals

The heart of our strategic plan is the statement of our primary strategic goals. These goals represent not only our understanding of the agency's statutory responsibilities but our broader sense of purpose and direction informed by a common set of agency values. They are:

- Improve health care access for the underserved and vulnerable populations of Oklahoma. (SoonerCare Members)
- Protect and improve member health and satisfaction, as well as ensure quality of programs, services and care. (Member Satisfaction/Quality of Care)
- Promote members' personal responsibility for their health services utilization, behaviors and outcomes. (Member Responsibility)
- Ensure that programs and services respond to the needs of members by providing necessary medical benefits to our members. (Benefits)
- Purchase the best value health care for members by paying appropriate rates and exploring all available valid options for program financing. (Purchasing Issues/Provider Relations)
- Foster excellence in the design and administration of the SoonerCare program.

OHCA produces an award-winning Service Efforts and Accomplishments report every year. This report details the specific efforts of our agency and others to accomplish the above primary and yearly specific goals outlined in the agency's Strategic Plan report. Both the Strategic Plan and the Service Efforts and Accomplishments reports can be found on OHCA's public website at www.okhca.org\Research\Reports.



Program and Payment Integrity Activities

Improper payments in government health programs drain vital program dollars, impacting members and taxpayers. Such payments include those made for treatments or services that are not covered by program rules, that were not medically necessary, that were billed but never actually provided or that have missing or insufficient documentation to show whether the claim was appropriate. Improper SoonerCare payments can result from inadvertent errors, as well as fraud and abuse.

Unlike inadvertent errors, which are often due to clerical errors or a misunderstanding of program rules, fraud involves an intentional act to deceive for gain, while abuse typically involves actions that are inconsistent with acceptable business and medical practices. OHCA's claim processing system (MMIS) has hundreds of edits that stop payment on many billing errors. However, no computer system can ever be programmed to prevent all potential Medicaid billing errors.

OHCA protects taxpayer dollars and the availability of SoonerCare services to individuals and families in need by coordinating an agencywide effort to identify, recover and prevent inappropriate provider billings and payments.

Two major agencies share responsibility for protecting the integrity of the state SoonerCare program. The OHCA is responsible for ensuring proper payment and recovering misspent funds, while the Attorney General's Medicaid Fraud Control Unit (MFCU) is responsible for investigating and ensuring prosecution of Medicaid fraud.

In addition to OHCA and MFCU, other state and federal agencies assist in dealing with SoonerCare improper payments. Because of their responsibility to ensure sound fiscal management in their states, state auditors may become involved in Medicaid payment safeguard activities through efforts such as testing payment system controls or investigating possible causes of mispayment. At the federal level, both the Centers for Medicare & Medicaid Services and the Office of Inspector General of the Department of Health and Human Services oversee state program and payment integrity activities.

Actions resulting from the program and payment integrity efforts may include:

- Clarification and streamlining of SoonerCare policies, rules and billing procedures.
- Increased payment integrity, recovery of inappropriately billed payments and avoidance of future losses.
- Education of providers regarding proper billing practices.
- Termination of providers from participation in the SoonerCare program.
- Referrals to the Attorney General's Medicaid Fraud Control Unit.

Program and Payment Integrity Activities (continued)

Post-Payment Reviews and Recoveries

Various units within OHCA are responsible for separate areas of potential recoveries, cost avoidance and fee collection. The Program Integrity and Accountability Unit safeguards against unnecessary utilization of care and services. The Pharmacy Unit reviews paid pharmacy claims to determine that claims are valid and in compliance with applicable federal and state rules and regulations. The Provider Audit staff performs audits and reviews of external providers in regard to inappropriate billing practices and noncompliance with OHCA policy. Reviews can be initiated based on complaints from other SoonerCare providers, members, concerned citizens or other state agencies, as well as risk-based assessments.

Peer Review Organization (PRO)

Some SoonerCare services are subject to utilization review by a Peer Review Organization (PRO) under contract with OHCA. The PRO conducts a medical hospital retrospective random sample review on services provided to SoonerCare Traditional members. The purpose of the inpatient hospital utilization review program is to safeguard against unnecessary and inappropriate medical care rendered to SoonerCare members. Medical services and/or records are reviewed for medical necessity, quality of care, appropriateness of place of service and length of stay. Federal regulations require this function to be performed by a PRO.

Additionally, the PRO performs on-site inspection of care reviews for licensed psychiatric inpatient and day treatment facilities that provide services to SoonerCare members under age 21. These reviews include evaluation and monitoring of facility accreditation status, as well as evaluation of medical record documentation and program utilization. APS Healthcare Inc. was the PRO under contract with OHCA during SFY2010. Additional information on APS Healthcare may be found at www.apshealthcare.com.

Figure 19 Post-Payment Review Recoveries — SFY2010

Provider Type	SFY2010
Behavioral Health	$432,825
Deceased Members	$381,543
Dental Services	$904,851
Durable Medical Equipment	$211,350
Hospital	$13,389,444
Nursing Facilities	$115,941
Personal Care/Habilitation Training Specialist	$238,370
Pharmacy/Prescription Drugs	$236,937
Physicians and Other Practitioners	$1,417,746
School Corporation	$170,377
Transportation Provider	$429,818
Vision	$118,052
Total - OHCA Recoveries	**$18,047,254**
MFCU - National Settlements	$7,216,495
MFCU - Other	$592,454
Total SoonerCare Recoveries	**$25,856,203**

OHCA recovery figures are a combination of amounts recovered from Program Integrity, Pharmacy, Provider Audits, contractor and PRO reviews.

Program and Payment Integrity Activities (continued)

Post-Payment Reviews and Recoveries (continued)

Third-Party Liability (TPL) Recoveries

OHCA uses a combination of data matches, diagnosis code edits and referrals from providers, caseworkers and members to identify available third-party resources such as health and liability insurance. The TPL program also ensures that SoonerCare recovers any costs incurred when available resources are identified through liens and estate recovery programs.

Estate Recoveries	*$3,142,707*
Other	*$38,378,711*

Cost Avoidance

Cost avoidance is the method of either finding alternate responsible payers, such as other insurance coverage, or optimizing pharmaceutical treatment options.

Third-Party Liability (TPL) Cost Avoidance

The Third-Party Liability program also reduces costs to the SoonerCare program by identifying third parties liable for payment of a member's medical expenses. States are federally required to have a system to identify medical services that are the legal obligation of third parties, such as private health or accident insurers. Such third-party liability resources should be exhausted prior to the paying of claims with program funds (cost avoidance).

Medicare	*$785,592,583*
Private Insurance	*$3,442,388,292*

State Maximum Allowable Cost Program

The State Maximum Allowable Cost (SMAC) program limits pharmacy reimbursement for generic products. SoonerCare has one of the highest generic utilization rates of any benefit plan in the nation, with an average of more than 78 percent of all prescriptions dispensed as generic drugs. When the SMAC program was started in 2000, 400 products were included. The most recent list includes more than 1,700 active drug products.

$75.7M

By limiting the amount paid for generic drugs, OHCA was able to save more than $75,722,106 in SFY2010.

Program and Payment Integrity Activities (continued)

Rebates and Fees

Drug Rebate Program

The Federal Drug Rebate Program (established by the enactment of the Omnibus Budget Reconciliation Act of 1990) was designed to offset prescription expenditures and guarantee that states pay no more than the lowest price charged by a manufacturer for prescription drugs. In exchange for the rebate, states must make all products of a contracted manufacturer available to SoonerCare members within the framework of the federal requirements. Pharmacy reimbursement is continuously monitored to assure a fair price is paid in exchange for goods and services provided by pharmacists. Drug manufacturers are invoiced on a quarterly basis. Interest is assessed by OHCA on late payments.

Supplemental Drug Rebate Program

The SoonerCare State Supplemental Drug Rebate program makes drugs available for members while ensuring cost-effectiveness for the taxpayer. This federally approved program allows pharmaceutical manufacturers to partner with the state to provide rebates for drugs that would otherwise require prior authorization. If the manufacturer agrees to provide additional rebates for its products, then the products are moved to a lower tier. This rebate is in addition to the federal Drug Rebate Program, which guarantees that the SoonerCare program receives a "best price" for each product. With the Supplemental Drug Rebate program, a win-win situation exists: Members receive medications quickly, providers do not face red tape, staff resource needs are reduced, and manufacturers are able to maintain or increase the market share of their products.

Rebates — Federal	*$138,340,041*
Rebates — State Supplemental	*$7,046,880*
Rebate Interest	*$14,707*

Nursing Facility Quality of Care Program Fees

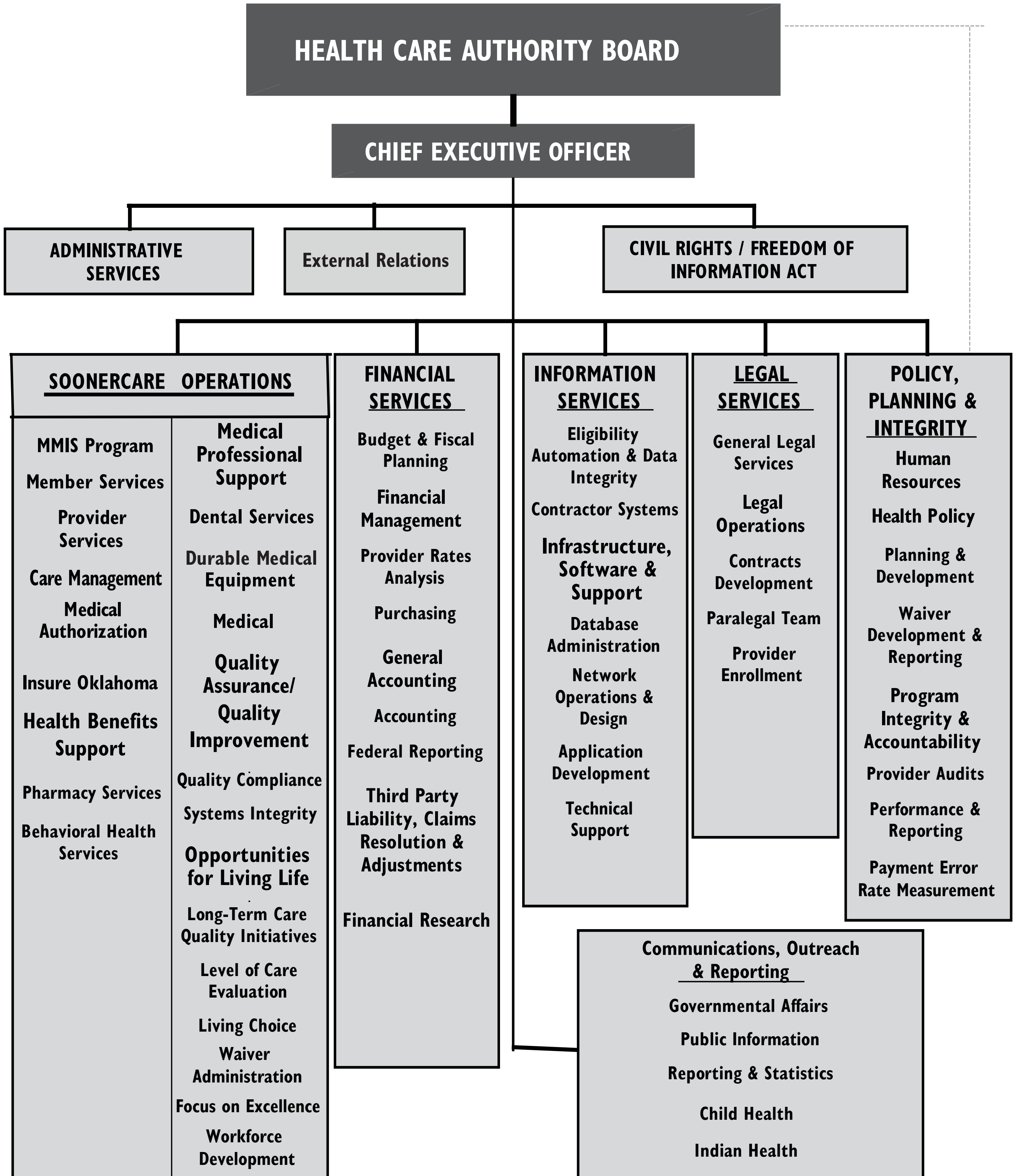
In an effort to increase the quality of care received by long-term care members, the Quality of Care (QOC) Program was put into place. A fee per patient day is collected from nursing facilities and placed in a revolving fund. The fund is used to pay for a higher facility reimbursement rate, increased staffing requirements, program administrative costs and other increased member benefits.

Facilities receive monthly invoices for fee payment based on their self-reported patient census and revenues. Quality of Care fees and/or reports not submitted in a timely manner are subject to a penalty.

$50.9M

Total Quality of Care Program revenues were $50,911,789.

Figure 20 OHCA's Organizational Chart



OHCA contact information can be found on the inside back cover or at www.okhca.org/About Us under Core Functions and Organizational Chart.

Appendix A Condensed Summary of Revenue Sources

Revenue Source	Actual Revenues
State Appropriations	$549,272,707
ARRA/Stimulus Funds Appropriated	$421,111,338
ARRA/Stimulus Funds Unappropiated	$23,129,693
Federal Funds—OHCA	$2,087,613,159
Federal Funds for Other State Agencies	$640,427,608
Refunds from Other State Agencies	$236,261,568
Federal ARRA Reimbursed from OSA	$110,549,060
Tobacco Tax Funds	$99,543,372
Drug Rebate	$134,415,691
Medical Refunds	$51,671,040
Quality of Care Fees	$50,911,789
Prior Year Carryover	$29,263,191
Other Revenue	$24,682,479
Total Revenue	**$4,458,852,695**

Source: OHCA Financial Services Division, September 2010. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Appendix B Statewide SFY2010 Figures

Figure I SoonerCare Expenditures by Payor

Category of Service	Total	Health Care Authority	Other State Agencies	Quality of Care Fund	Medicaid Program Fund	HEEIA	BCC Revolving Fund
ADvantage Waiver	$204,355,384	$0	$204,355,384	$0	$0	$0	$0
Ambulatory Clinics	$103,916,469	$90,193,344	$11,523,716	$0	$0	$1,397,407	$802,002
Behavioral Health - Case Management	$202,995	$202,650		$0	$0	$0	$346
Behavioral Health - Inpatient	$136,765,203	$127,372,684	$9,377,725	$0	$0	$9,263	$5,532
Behavioral Health - Outpatient	$8,865,291	$8,798,122	$67,169	$0	$0	$0	$0
Behavioral Health Facility- Rehab	$181,709,685	$146,979,992	$34,362,849	$0	$0	$230,810	$136,034
CMS Payments	$163,501,551	$160,841,820	$0	$2,659,731	$0	$0	$0
Dentists	$161,119,197	$152,970,207	$0	$0	$7,930,529	$9,462	$208,999
Family Planning/Family Planning Waiver	$7,615,738	$0	$7,615,738	$0	$0	$0	$0
GME/IME/DME	$105,526,296	$0	$105,526,296	$0	$0	$0	$0
Home and Community Based Waiver	$158,877,395	$0	$158,877,395	$0	$0	$0	$0
Home Health Care	$20,655,243	$20,586,594	$0	$0	$0	$60	$68,589
Homeward Bound Waiver	$94,342,984	$0	$94,342,984	$0	$0	$0	$0
ICF/MR Private	$56,249,460	$46,277,131	$0	$9,112,028	$860,301	$0	$0
ICF/MR Public	$68,260,198	$0	$68,260,198	$0	$0	$0	$0
In-Home Support Waiver	$25,474,781	$0	$25,474,781	$0	$0	$0	$0
Inpatient Acute Care	$809,259,454	$626,253,786	$116,446,670	$486,687	$49,944,042	$11,117,695	$5,010,573
Lab & Radiology	$41,016,660	$37,591,977	$0	$0	$0	$2,102,546	$1,322,137
Medical Supplies	$54,893,317	$51,175,914	$0	$2,897,480	$0	$586,529	$233,393
Miscellaneous Medical Payments	$28,362,108	$26,904,642	$0	$0	$1,316,312	$0	$141,154
Money Follows the Person	$2,313,498	$0	$2,313,498	$0	$0	$0	$0
Nursing Facilities	$514,634,605	$332,100,202	$0	$140,843,094	$41,668,513	$0	$22,796
Other Practitioners	$51,615,326	$49,908,390	$0	$446,364	$804,561	$392,657	$63,354
Outpatient Acute Care	$234,801,801	$220,356,670		$41,604	$0	$7,923,233	$6,480,294
Personal Care Services	$12,738,210	$0	$12,738,210	$0	$0	$0	$0
Physicians	$456,614,357	$334,867,924	$33,492,954	$58,101	$63,392,552	$11,730,492	$13,072,335
Premium Assistance*	$49,826,600	$0	$0	$0	$0	$49,826,600	$0
Prescription Drugs	$385,009,486	$327,132,700	$0	$0	$41,600,805	$12,680,589	$3,595,392
Residential Behavioral Management	$25,070,061	$0	$25,070,061	$0	$0	$0	$0
SoonerCare Choice	$27,785,057	$27,396,549	$0	$0	$0	$355,848	$32,660
Targeted Case Management	$80,332,885	$0	$80,332,885	$0	$0	$0	$0
Therapeutic Foster Care	$581,605	$581,605	$0	$0	$0	$0	$0
Transportation	$26,171,149	$23,603,307	$0	$2,503,774	$50,269	$0	$13,798
Total SoonerCare Expenditures	**$4,298,464,049**	**$2,812,096,209**	**$990,178,514**	**$159,048,863**	**$207,567,883**	**$98,363,192**	**$31,209,389**

Source: OHCA Financial Services Division, September 2010. HEEIA includes $48,174,389 paid out of Fund 245. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments. The Medicaid Program fund, the HEEIA Fund and the BCC (Oklahoma Cares) Revolving Fund are all funded by tobacco tax collections.

Appendix B Statewide SFY2010 Figures (continued)

Figure II Statewide SoonerCare Figures by County

County	Population Proj. July 2009*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
ADAIR	21,857	38	9,393	29	43%	1
ALFALFA	5,481	69	772	71	14%	76
ATOKA	14,498	47	4,117	48	28%	27
BEAVER	5,270	70	859	70	16%	71
BECKHAM	21,116	40	5,963	38	28%	30
BLAINE	12,609	51	3,040	54	24%	48
BRYAN	40,783	23	11,722	19	29%	23
CADDO	30,393	33	9,005	30	30%	20
CANADIAN	109,668	5	16,439	9	15%	74
CARTER	48,326	16	13,572	13	28%	31
CHEROKEE	46,029	18	13,052	17	28%	28
CHOCTAW	14,872	46	5,682	39	38%	2
CIMARRON	2,630	77	570	76	22%	56
CLEVELAND	244,589	3	41,222	3	17%	68
COAL	5,856	67	1,850	64	32%	14
COMANCHE	113,228	4	24,617	4	22%	54
COTTON	6,281	66	1,412	67	22%	51
CRAIG	15,158	44	5,043	42	33%	12
CREEK	70,244	11	18,916	7	27%	37
CUSTER	26,717	35	6,570	37	25%	45
DELAWARE	40,555	24	11,625	20	29%	25
DEWEY	4,404	71	676	74	15%	73
ELLIS	3,925	73	703	72	18%	65
GARFIELD	58,928	12	15,115	11	26%	43
GARVIN	27,113	34	7,434	35	27%	34
GRADY	51,649	13	11,518	21	22%	52
GRANT	4,317	72	672	75	16%	72
GREER	5,830	68	1,636	65	28%	32
HARMON	2,843	76	1,007	69	35%	7
HARPER	3,377	75	686	73	20%	60
HASKELL	12,393	52	4,355	45	35%	8
HUGHES	13,819	49	3,708	52	27%	39
JACKSON	25,369	36	6,919	36	27%	36
JEFFERSON	6,319	65	2,272	63	36%	4
JOHNSTON	10,468	59	3,719	50	36%	6
KAY	46,110	17	13,295	16	29%	22
KINGFISHER	14,384	48	2,881	55	20%	61
KIOWA	9,101	61	2,634	59	29%	21
LATIMER	10,621	57	2,808	56	26%	41
LEFLORE	49,915	15	15,586	10	31%	17
LINCOLN	32,199	31	7,488	34	23%	50
LOGAN	39,301	26	8,268	32	21%	59
LOVE	9,124	60	2,749	57	30%	18

Appendix B Statewide SFY2010 Figures (continued)

Figure II Statewide SoonerCare Figures by County (continued)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
ADAIR	$37,707,119	31	$1,725	6	$335	49
ALFALFA	$2,519,214	73	$460	74	$272	73
ATOKA	$17,944,845	47	$1,238	30	$363	33
BEAVER	$2,234,330	75	$424	76	$217	75
BECKHAM	$25,876,176	40	$1,225	31	$362	35
BLAINE	$11,578,962	57	$918	51	$317	60
BRYAN	$51,498,814	22	$1,263	28	$366	32
CADDO	$33,327,478	34	$1,097	40	$308	67
CANADIAN	$62,953,997	12	$574	71	$319	57
CARTER	$57,101,174	16	$1,182	33	$351	41
CHEROKEE	$60,386,095	14	$1,312	24	$386	24
CHOCTAW	$27,088,565	39	$1,821	4	$397	17
CIMARRON	$1,223,863	76	$465	73	$179	76
CLEVELAND	$156,235,358	3	$639	69	$316	63
COAL	$9,189,174	61	$1,569	14	$414	14
COMANCHE	$80,949,736	8	$715	64	$274	71
COTTON	$5,744,003	67	$915	52	$339	45
CRAIG ‡	$28,838,943	37	$1,903	3	$477	5
CREEK	$89,487,678	6	$1,274	27	$394	18
CUSTER	$29,062,262	36	$1,088	42	$369	30
DELAWARE	$44,437,377	25	$1,096	41	$319	59
DEWEY	$3,370,043	70	$765	60	$415	13
ELLIS	$2,616,745	72	$667	66	$310	66
GARFIELD ‡	$97,045,841	5	$1,647	10	$535	3
GARVIN ‡	$61,154,293	13	$2,256	1	$686	1
GRADY	$44,035,241	26	$853	56	$319	58
GRANT	$3,149,321	71	$730	63	$391	21
GREER	$7,910,285	65	$1,357	22	$403	15
HARMON	$4,820,679	68	$1,696	7	$399	16
HARPER	$2,244,897	74	$665	67	$273	72
HASKELL	$19,558,624	46	$1,578	13	$374	27
HUGHES	$22,093,362	43	$1,599	12	$497	4
JACKSON	$25,771,889	41	$1,016	44	$310	65
JEFFERSON	$9,675,425	60	$1,531	16	$355	37
JOHNSTON	$17,534,743	48	$1,675	8	$393	20
KAY	$52,922,368	20	$1,148	38	$332	52
KINGFISHER	$12,010,305	56	$835	58	$347	42
KIOWA	$13,414,227	54	$1,474	19	$424	10
LATIMER	$14,111,415	52	$1,329	23	$419	12
LEFLORE	$64,361,482	11	$1,289	25	$344	44
LINCOLN	$28,454,926	38	$884	54	$317	62
LOGAN	$36,454,268	32	$928	50	$367	31
LOVE	$9,111,903	62	$999	47	$276	70

Appendix B Statewide SFY2010 Figures (continued)

Figure II Statewide SoonerCare Figures by County (continued)

County	Population Proj. July 2009*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
MCCLAIN	33,168	30	5,651	40	17%	67
MCCURTAIN	33,370	29	12,610	18	38%	3
MCINTOSH	19,801	42	5,627	41	28%	26
MAJOR	7,189	64	1,191	68	17%	70
MARSHALL	15,014	45	4,305	47	29%	24
MAYES	40,065	25	11,136	22	28%	33
MURRAY	12,960	50	3,481	53	27%	38
MUSKOGEE	71,412	8	21,380	5	30%	19
NOBLE	10,950	55	2,354	61	21%	58
NOWATA	10,528	58	2,734	58	26%	42
OKFUSKEE	10,924	56	3,740	49	34%	11
OKLAHOMA	716,704	1	173,785	1	24%	46
OKMULGEE	39,292	27	13,504	14	34%	10
OSAGE	45,051	20	7,839	33	17%	66
OTTAWA	31,629	32	10,201	28	32%	13
PAWNEE	16,419	43	4,344	46	26%	40
PAYNE	79,727	7	13,296	15	17%	69
PITTSBURG	45,211	19	10,931	24	24%	47
PONTOTOC	37,422	28	10,237	26	27%	35
POTTAWATOMIE	70,274	10	19,922	6	28%	29
PUSHMATAHA	11,812	54	3,712	51	31%	16
ROGER MILLS	3,407	74	438	77	13%	77
ROGERS	85,654	6	16,872	8	20%	62
SEMINOLE	24,296	37	8,713	31	36%	5
SEQUOYAH	41,433	22	14,484	12	35%	9
STEPHENS	43,487	21	10,703	25	25%	44
TEXAS	21,135	39	4,975	43	24%	49
TILLMAN	7,796	63	2,462	60	32%	15
TULSA	601,961	2	129,750	2	22%	57
WAGONER	70,394	9	10,237	26	15%	75
WASHINGTON	50,706	14	11,003	23	22%	55
WASHITA	11,813	53	2,314	62	20%	63
WOODS	8,418	62	1,545	66	18%	64
WOODWARD	19,959	41	4,408	44	22%	53
Out of State			3			
OTHER ◊			3,781			
TOTAL	**3,687,050**		**885,238**		**24.01%**	

*Source: Population Division, U.S. Census Bureau. Estimates rounded to nearest 100. http://www.odoc.state.ok.us/index.html **Enrollees listed above are the unduplicated count per last county on enrollee record for the entire state fiscal year (July-June).

Appendix B Statewide SFY2010 Figures (continued)

Figure II Statewide SoonerCare Figures by County (continued)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
MCCLAIN	$21,134,980	44	$637	70	$312	64
MCCURTAIN	$53,377,195	18	$1,600	11	$353	39
MCINTOSH	$30,891,508	35	$1,560	15	$457	7
MAJOR	$4,730,519	69	$658	68	$331	53
MARSHALL	$17,391,963	49	$1,158	36	$337	48
MAYES	$49,644,479	24	$1,239	29	$372	28
MURRAY	$13,881,712	53	$1,071	43	$332	51
MUSKOGEE	$108,478,958	4	$1,519	18	$423	11
NOBLE	$12,829,208	55	$1,172	34	$454	8
NOWATA	$10,588,666	58	$1,006	45	$323	55
OKFUSKEE ‡	$24,558,493	42	$2,248	2	$547	2
OKLAHOMA	$704,013,191	1	$982	48	$338	47
OKMULGEE	$69,194,278	10	$1,761	5	$427	9
OSAGE	$34,017,922	33	$755	62	$362	34
OTTAWA	$40,364,699	29	$1,276	26	$330	54
PAWNEE	$19,806,214	45	$1,206	32	$380	26
PAYNE	$53,350,598	19	$669	65	$334	50
PITTSBURG	$51,590,679	21	$1,141	39	$393	19
PONTOTOC	$57,054,402	17	$1,525	17	$464	6
POTTAWATOMIE	$82,300,221	7	$1,171	35	$344	43
PUSHMATAHA	$17,231,189	50	$1,459	20	$387	23
ROGER MILLS	$1,200,270	77	$352	77	$228	74
ROGERS	$71,641,774	9	$836	57	$354	38
SEMINOLE	$40,479,334	28	$1,666	9	$387	22
SEQUOYAH	$58,791,656	15	$1,419	21	$338	46
STEPHENS	$41,202,319	27	$947	49	$321	56
TEXAS	$8,967,554	64	$424	75	$150	77
TILLMAN	$8,988,316	63	$1,153	37	$304	68
TULSA	$546,884,561	2	$909	53	$351	40
WAGONER	$38,931,445	30	$553	72	$317	61
WASHINGTON	$50,807,598	23	$1,002	46	$385	25
WASHITA	$10,286,378	59	$871	55	$370	29
WOODS	$6,699,529	66	$796	59	$361	36
WOODWARD	$15,148,999	51	$759	61	$286	69
Out of State	$11,131,074					
OTHER ◊	$553,174,775				$12,192	
TOTAL	**$4,327,974,101**		**$1,174**		**$407**	

‡Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the developmentally disabled causing the average dollars per SoonerCare enrollee to be higher than the norm. ◊ Non-county specific payments include $123,794,886 in Medicare Buy-In payments and $45,689,891 in Medicare Part D (clawback) payments; $246,447,758 in Hospital Supplemental payments; $11,573,452 in Outpatient Behavioral Health Supplemental payments; $875,055 in Medical Home PCP transition payments; $3,590,576 in SoonerExcel payments; $61,146,423 in GME payments to Medical schools; $11,029,550 in Public ICF/MR cost settlements; $16,512 in FQHC wrap-around payments; $48,478,096 in Insure Oklahoma premiums; $217,846 in ESI Out-Of Pocket Payments; and $314,731 in non-member specific provider adjustments. $2,489,481 in non-provider specific provider adjustments. Non-Emergency Transportation payments of $26,089,279 is also included in Other so as not to skew county totals.

Appendix B Statewide SFY2010 Figures (continued)

Figure III Expenditures Paid to Providers and Members by County

County	Total Dollars Paid by Provider County	Total Dollars Paid by Member County	% of Dollars Staying in County
ADAIR	$13,996,273	$37,707,119	37%
ALFALFA	$1,443,957	$2,519,214	57%
ATOKA	$8,794,632	$17,944,845	49%
BEAVER	$894,222	$2,234,330	40%
BECKHAM	$19,162,775	$25,876,176	74%
BLAINE	$5,761,547	$11,578,962	50%
BRYAN	$58,754,090	$51,498,814	114%
CADDO	$15,136,910	$33,327,478	45%
CANADIAN	$38,716,955	$62,953,997	62%
CARTER	$51,109,610	$57,101,174	90%
CHEROKEE	$59,703,382	$60,386,095	99%
CHOCTAW	$17,165,148	$27,088,565	63%
CIMARRON	$343,322	$1,223,863	28%
CLEVELAND	$122,969,988	$156,235,358	79%
COAL	$5,316,354	$9,189,174	58%
COMANCHE	$83,897,362	$80,949,736	104%
COTTON	$4,480,002	$5,744,003	78%
CRAIG	$21,763,087	$28,838,943	75%
CREEK	$49,997,148	$89,487,678	56%
CUSTER	$22,563,738	$29,062,262	78%
DELAWARE	$25,593,052	$44,437,377	58%
DEWEY	$2,029,889	$3,370,043	60%
ELLIS	$2,469,782	$2,616,745	94%
GARFIELD	$88,577,141	$97,045,841	91%
GARVIN	$42,628,990	$61,154,293	70%
GRADY	$25,730,562	$44,035,241	58%
GRANT	$1,586,905	$3,149,321	50%
GREER	$3,935,870	$7,910,285	50%
HARMON	$2,952,935	$4,820,679	61%
HARPER	$1,492,086	$2,244,897	66%
HASKELL	$20,281,966	$19,558,624	104%
HUGHES	$11,735,358	$22,093,362	53%
JACKSON	$18,982,717	$25,771,889	74%
JEFFERSON	$3,953,341	$9,675,425	41%
JOHNSTON	$11,545,728	$17,534,743	66%
KAY	$44,427,672	$52,922,368	84%
KINGFISHER	$6,086,360	$12,010,305	51%
KIOWA	$10,328,598	$13,414,227	77%
LATIMER	$7,415,725	$14,111,415	53%
LEFLORE	$43,202,555	$64,361,482	67%
LINCOLN	$13,129,041	$28,454,926	46%

Appendix B Statewide SFY2010 Figures (continued)

Figure III Expenditures Paid to Providers and Members by County (continued)

County	Total Dollars Paid by Provider County	Total Dollars Paid by Member County	% of Dollars Staying in County
LOGAN	$18,788,508	$36,454,268	52%
LOVE	$3,337,454	$9,111,903	37%
MCCLAIN	$11,997,129	$21,134,980	57%
MCCURTAIN	$27,262,422	$53,377,195	51%
MCINTOSH	$34,471,081	$30,891,508	112%
MAJOR	$2,036,071	$4,730,519	43%
MARSHALL	$7,926,215	$17,391,963	46%
MAYES	$18,905,705	$49,644,479	38%
MURRAY	$6,721,419	$13,881,712	48%
MUSKOGEE	$103,996,831	$108,478,958	96%
NOBLE	$7,812,252	$12,829,208	61%
NOWATA	$5,337,890	$10,588,666	50%
OKFUSKEE	$15,909,907	$24,558,493	65%
OKLAHOMA	$1,040,116,471	$704,013,191	148%
OKMULGEE	$33,890,736	$69,194,278	49%
OSAGE	$9,811,581	$34,017,922	29%
OTTAWA	$35,564,080	$40,364,699	88%
PAWNEE	$10,928,556	$19,806,214	55%
PAYNE	$38,190,104	$53,350,598	72%
PITTSBURG	$41,293,737	$51,590,679	80%
PONTOTOC	$58,236,768	$57,054,402	102%
POTTAWATOMIE	$51,916,522	$82,300,221	63%
PUSHMATAHA	$28,784,221	$17,231,189	167%
ROGER MILLS	$273,734	$1,200,270	23%
ROGERS	$38,729,875	$71,641,774	54%
SEMINOLE	$22,683,821	$40,479,334	56%
SEQUOYAH	$47,352,921	$58,791,656	81%
STEPHENS	$31,827,827	$41,202,319	77%
TEXAS	$7,161,428	$8,967,554	80%
TILLMAN	$3,656,239	$8,988,316	41%
TULSA	$787,101,590	$546,884,561	144%
WAGONER	$13,324,005	$38,931,445	34%
WASHINGTON	$33,272,116	$50,807,598	65%
WASHITA	$5,523,551	$10,286,378	54%
WOODS	$3,817,090	$6,699,529	57%
WOODWARD	$11,419,792	$15,148,999	75%
Out of State	$137,098,921	$11,131,074	
Other ◊	$581,438,755	$553,174,775	
Total	**$4,327,974,101**	**$4,327,974,101**	**67%**

◊ Non-county specific payments include $123,794,886 in Medicare Buy-In payments and $45,689,891 in Medicare Part D (clawback) payments; $246,447,758 in Hospital Supplemental payments; $11,573,452 in Outpatient Behavioral Health Supplemental payments; $875,055 in Medical Home PCP transition payments; $3,590,576 in SoonerExcel payments; $61,146,423 in GME payments to Medical schools; $11,029,550 in Public ICF/MR cost settlements; $16,512 in FQHC wrap-around payments; $48,478,096 in Insure Oklahoma premiums; $217,846 in ESI Out-Of Pocket Payments; and $314,731 in non-member specific provider adjustments. $2,489,481 in non-provider specific provider adjustments. Non-Emergency Transportation payments of $26,089,279 is also included in Other so as not to skew county totals.

Appendix B Statewide SFY2010 Figures (continued)

Figure IV Expenditures by Type of Service Percent of Change SFY2009 vs. SFY2010

Type of Service	SFY2009			SFY2010			Percent Change		
	Expenditures	Members	Avg Per Member	Expenditures	Members	Avg Per Member	Expend-itures	Mem-bers	Aver-age
Adult Day Care	$3,834,791	752	$5,099	4,136,447	769	5,379	8%	2%	5%
Adv Comp Health	$72,379	589	$123	-	-	-	-100%	-100%	-100%
Advanced Practice Nurse (APN)	$3,286,988	20,767	$158	5,859,971	27,386	214	78%	32%	35%
ADvantage Home Delivered Meals	$15,342,065	13,622	$1,126	14,824,527	13,692	1,083	-3%	1%	-4%
Ambulatory Surgical	$8,111,258	16,644	$487	8,961,004	18,393	487	10%	11%	0%
Architectural Modification	$533,369	206	$2,589	411,270	196	2,098	-23%	-5%	-19%
Audiology*	$128,524	533	$241	190,944	2,228	86	49%	318%	-64%
Behavioral Health	$121,499,310	57,344	$1,981	163,147,927	67,752	2,408	34%	18%	14%
Capitated (CAP)	$68,138,641	551,424	$204	28,341,585	587,383	48	-58%	7%	-61%
Capitated (CAP)- GME to Med Schools	$44,246,424	-	$0	61,146,423	-	-	38%	0%	0%
Chiropractic	$9,035	162	$56	9,289	139	67	3%	-14%	20%
Clinic*	$45,847,638	87,592	$523	92,770,051	184,808	502	102%	111%	-4%
Clinics - OSA	$10,920,163	105,878	$103	13,008,895	152,115	86	19%	44%	-17%
Community Mental Health	$28,427,825	24,031	$1,183	29,626,233	27,957	1,060	4%	16%	-10%
Dental	$138,506,510	246,597	$562	158,169,866	290,002	545	14%	18%	-3%
Direct Support	$193,879,204	4,616	$42,002	198,356,867	4,571	43,395	2%	-1%	3%
Employee Training Specialist	$26,502,842	2,775	$9,551	26,981,493	2,709	9,960	2%	-2%	4%
End Stage Renal Disease	$13,842,930	2,208	$6,269	12,720,896	2,194	5,798	-8%	-1%	-8%
Eye Care and Exam*	$5,296,788	52,624	$101	14,404,313	114,320	126	172%	117%	25%
Eyewear	$6,789,934	46,559	$146	7,498,683	52,165	144	10%	12%	-1%
Fiscal Agent	-	-	-	3,578,201	480	7,455	100%	100%	100%
Group Home	$19,795,649	626	$31,622	20,755,287	614	33,803	5%	-2%	7%
Home Health (HH)	$17,142,854	7,033	$2,437	19,088,577	7,685	2,484	11%	9%	2%
Homemaker	$440,166	206	$2,137	724,627	261	2,776	65%	27%	30%
Hospice	$1,968,434	154	$12,782	2,067,083	164	12,604	5%	6%	-1%
HSP - Indirect Medical Education (IME)	$27,776,840	-	$0	28,137,940	-	-	1%	0%	0%
HSP - Graduate Medical Education (GME)	$16,287,663	-	$0	16,241,933	-	-	0%	0%	0%
HSP - Acute DSH	$53,286,486	-	$0	53,163,523	-	-	0%	0%	0%
HSP - Supplemental Pymts	$61,227,800	-	$0	148,904,362	-	-	143%	0%	0%
ICF-MR	$124,503,272	1,764	$70,580	124,499,163	1,763	70,618	0%	0%	0%
Inpatient	$626,896,625	132,041	$4,848	652,366,723	139,503	4,676	4%	6%	-2%
Laboratory	$26,256,652	198,865	$132	35,888,800	251,975	142	37%	27%	8%
Medicare Part A and B (Buy-In) Payments	$112,946,094	-	$0	123,794,836	-	-	10%	0%	0%
Medicare Part D Payments	$62,737,916	-	$0	45,689,964	-	-	-27%	0%	0%
Mid Level Practitioner (MLP)	$939,549	8,047	$117	1,693,122	10,878	156	80%	35%	33%

Appendix B Statewide SFY2010 Figures (continued)

Figure IV Expenditures by Type of Service Percent of Change SFY2009 vs. SFY2010 (continued)

Type of Service	SFY2009			SFY2010			Percent Change		
	Expenditures	Members	Avg Per Member	Expenditures	Members	Avg Per Member	Expend-itures	Mem-bers	Aver-age
Medical Supplies / Durable Goods	$74,506,026	84,609	$881	$75,165,315	89,850	$837	1%	6%	-5%
Nursing Facility	$518,565,554	20,685	$25,070	$514,836,746	19,898	$25,874	-1%	-4%	3%
Nursing	$9,016,260	22,028	$409	$8,835,440	21,222	$416	-2%	-4%	2%
Nutritionist	$754,283	812	$929	$753,634	842	$895	0%	4%	-4%
Insure Oklahoma ESI Out-of Pocket	$298,785	-		$217,846	-	$0	-27%	0%	0%
Insure Oklahoma ESI Premium	$26,085,417	18,434	$1,415	$48,494,212	26,490	$1,831	86%	44%	29%
Other Practitioner*	$619,679	2,844	$218	$30,651	271	$113	-95%	-90%	-48%
Outpatient	$194,735,350	399,645	$487	$237,569,483	439,968	$540	22%	10%	11%
Personal Care	$120,188,503	23,838	$5,042	$113,478,731	23,920	$4,744	-6%	0%	-6%
Physician	$426,777,613	573,852	$744	$475,721,251	648,643	$733	11%	13%	-1%
Podiatry	$819,107	4,036	$203	$1,359,231	8,163	$167	66%	102%	-18%
Prescribed Drugs	$350,155,549	477,709	$733	$375,484,534	548,834	$684	7%	15%	-7%
Psychiatric	$125,378,535	5,460	$21,555	$114,623,767	6,752	$16,976	-9%	24%	-26%
RBMS - Foster Care Agencies	$30,627,828	2,794	$10,962	$25,649,814	2,943	$8,717	-16%	5%	-20%
Respite Care	$373,688	238	$1,570	$336,568	251	$1,341	-10%	5%	-15%
Room and Board	$368,953	680	$543	$656,652	1,046	$628	78%	54%	16%
School Based	$6,487,232	9,268	$700	$6,713,719	9,855	$681	3%	6%	-3%
SpecializedFoster Care/MR	$4,111,588	261	$15,753	$3,967,434	260	$15,259	-4%	0%	-3%
Targeted Case Manager (TCM)	$115,303,587	50,403	$2,288	$123,647,667	48,817	$2,533	7%	-3%	11%
Therapy	$2,116,364	1,610	$1,315	$2,739,536	2,766	$990	29%	72%	-25%
Transportation - Emergency	$35,263,308	71,280	$495	$36,989,162	75,038	$493	5%	5%	0%
Transportation - Non-Emergency	$24,793,481	716,591	$35	$25,852,527	759,475	$34	4%	6%	-2%
X-Ray*	$3,096,073	22,624	$137	$17,087,062	203,417	$84	452%	799%	-39%
Unknown Services	$1,264,757	11,182	$113	$602,290	5,876	$103	-52%	-47%	-9%
Total	**$3,959,130,141**	**809,251**	**$4,892**	**$4,327,974,101**	**881,220**	**$4,911**	**9%**	**9%**	**0%**

*The relatively large changes in Audiology, Clinic, Eye Care and Exam, X-Ray and Other Practitioner is due to a provider reclassification.

Source: OHCA Financial Service Division, September 2010. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall.

Appendix B Statewide SFY2010 Figures (continued)

Figure V Expenditures by Type of Service Totals

SFY2010	Totals		
Type of Service	Expenditures	Members Served	Avg per Member Served
Adult Day Care	$4,136,447	769	$5,379
Adv Comp Health	$0	-	$0
Advanced Practice Nurse (APN)	$5,859,971	27,386	$214
ADvantage Home Delivered Meals	$14,824,527	13,692	$1,083
Ambulatory Surgical	$8,961,004	18,393	$487
Architectural Modification	$411,270	196	$2,098
Audiology	$190,944	2,228	$86
Behavioral Health	$163,147,927	67,752	$2,408
Capitated (CAP)	$28,341,585	587,383	$48
Capitated (CAP)- GME to Med Schools	$61,146,423	-	$0
Chiropractic	$9,289	139	$67
Clinic	$92,770,051	184,808	$502
Clinics - OSA	$13,008,895	152,115	$86
Community Mental Health	$29,626,233	27,957	$1,060
Dental	$158,169,866	290,002	$545
Direct Support	$198,356,867	4,571	$43,395
Employee Training Specialist	$26,981,493	2,709	$9,960
End Stage Renal Disease (ESRD)	$12,720,896	2,194	$5,798
Eye Care and Exam	$14,404,313	114,320	$126
Eyewear	$7,498,683	52,165	$144
Fiscal Agent	$3,578,201	480	$7,455
Group Home	$20,755,287	614	$33,803
Home Health (HH)	$19,088,577	7,685	$2,484
Homemaker	$724,627	261	$2,776
Hospice	$2,067,083	164	$12,604
Hospital - Indirect Medical Education (IME)	$28,137,940	-	$0
Hospital- Direct Medical Education (DME)	$16,241,933	-	$0
Hospital- Acute DSH	$53,163,523	-	$0
Hospital- Supplemental Payments	$148,904,362	-	$0
ICF-MR	$124,499,163	1,763	$70,618
Inpatient	$652,366,723	139,503	$4,676
Laboratory	$35,888,800	251,975	$142
Medicare Part A and B (Buy-In) Payments	$123,794,836	-	$0
Medicare Part D Payments	$45,689,964	-	$0
Mid Level Practitioner (MLP)	$1,693,122	10,878	$156
Medical Supplies / Durable Goods	$75,165,315	89,850	$837
Nursing Facility	$514,836,746	19,898	$25,874
Nursing Services	$8,835,440	21,222	$416
Nutritionist	$753,634	842	$895

Appendix B Statewide SFY2010 Figures (continued)

Figure V Expenditures by Type of Service Totals (continued)

SFY2010	Totals		
Type of Service	Expenditures	Members Served	Avg per Member Served
Insure Oklahoma ESI Out-of Pocket	$217,846	-	$0
Insure Oklahoma ESI Premium	$48,494,212	26,490	$1,831
Other Practitioner	$30,651	271	$113
Outpatient	$237,569,483	439,968	$540
Personal Care	$113,478,731	23,920	$4,744
Physician Services	$475,721,251	648,643	$733
Podiatry	$1,359,231	8,163	$167
Prescribed Drugs	$375,484,534	548,834	$684
Psychiatric	$114,623,767	6,752	$16,976
RBMS - Foster Care Agencies	$25,649,814	2,943	$8,717
Respite Care	$336,568	251	$1,341
Room and Board	$656,652	1,046	$628
School-Based Services	$6,713,719	9,855	$681
SpecializedFoster Care/MR	$3,967,434	260	$15,259
Targeted Case Manager (TCM)	$123,647,667	48,817	$2,533
Therapy	$2,739,536	2,766	$990
Transportation - Emergency	$36,989,162	75,038	$493
Transportation - Non-Emergency	$25,852,527	759,475	$34
X-Ray	$17,087,062	203,417	$84
Unknown Services by Service Type	$602,290	5,876	$102
Total	**$4,327,974,101**	**881,220**	**$4,911**

Source: OHCA Financial Service Division, September 2010. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall.

Appendix B Statewide SFY2010 Figures (continued)

Figure VI Expenditures by Type of Service by Adult and Child

SFY2010 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
Type of Service	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served	Avg. per Child
Adult Day Care	$4,101,685	755	$5,433	$34,762	14	$2,483
Adv Comp Health	$0	-	$0	$0	-	$0
Advanced Practice Nurse (APN)	$1,823,046	7,964	$229	$4,036,925	19,422	$208
ADvantage Home Delivered Meals	$14,824,527	13,692	$1,083	$0	-	$0
Ambulatory Surgical	$3,095,439	7,852	$394	$5,865,565	10,541	$556
Architectural Modification	$353,024	176	$2,006	$58,246	20	$2,912
Audiology	$6,932	517	$13	$184,012	1,697	$108
Behavioral Health	$45,357,968	17,951	$2,527	$117,789,959	54,199	$2,173
Capitated (CAP)	$4,725,069	104,362	$45	$23,616,516	475,842	$50
Capitated (CAP)- GME to Med Schools	$0	-	$0	$61,146,423	-	$0
Chiropractic	$9,289	139	$67	$0	-	$0
Clinic	$25,217,854	39,403	$640	$67,552,197	145,405	$465
Clinics - OSA	$2,724,772	26,089	$104	$10,284,123	126,015	$82
Community Mental Health	$17,610,945	14,896	$1,182	$12,015,289	13,061	$920
Dental	$18,139,968	31,422	$577	$140,029,898	258,587	$542
Direct Support	$180,868,621	3,634	$49,771	$17,488,246	937	$18,664
Employee Training Specialist	$26,112,136	2,559	$10,204	$869,357	150	$5,796
End Stage Renal Disease (ESRD)	$12,620,870	2,171	$5,813	$100,025	23	$4,349
Eye Care and Exam	$1,130,693	15,236	$74	$13,273,620	98,091	$135
Eyewear	$38,841	554	$70	$7,459,842	51,611	$145
Fiscal Agent	$3,578,201	480	$7,455	$0	-	$0
Group Home	$19,756,094	584	$33,829	$999,194	30	$33,306
Home Health (HH)	$4,462,892	4,596	$971	$14,625,686	3,089	$4,735
Homemaker	$552,394	181	$3,052	$172,233	80	$2,153
Hospice	$2,007,308	152	$13,206	$59,775	12	$4,981
HSP - Indirect Medical Education (IME)	$28,137,940	-	$0	$0	-	$0
HSP - Direct Medical Education (DME)	$8,120,967	-	$0	$8,120,967	-	$0
HSP - Acute DSH	$0	-	$0	$53,163,523	-	$0
HSP - Supplemental Payments	$0	-	$0	$148,904,362	-	$0
ICF-MR	$120,297,323	1,665	$72,251	$4,201,840	98	$42,876
Inpatient	$381,277,648	79,303	$4,808	$271,089,075	60,067	$4,513
Laboratory	$20,285,684	102,863	$197	$15,603,116	149,112	$105
Medicare Part A and B (Buy-In) Payments	$123,794,836	-	$0	$0	-	$0
Medicare Part D Payments	$45,689,964	-	$0	$0	-	$0
Mid Level Practitioner (MLP)	$414,632	2,009	$206	$1,278,491	8,869	$144
Medical Supplies / Durable Goods	$53,800,502	58,342	$922	$21,364,814	31,509	$678
Nursing Facility	$514,020,239	19,865	$25,876	$816,508	33	$24,743
Nursing	$8,825,292	21,218	$416	$10,148	4	$2,537
Nutritionist	$739,096	768	$962	$14,539	74	$196

Appendix B Statewide SFY2010 Figures (continued)

Figure VI Expenditures by Type of Service by Adult and Child (continued)

SFY2010 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
Type of Service	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served	Avg. per Child
Insure Oklahoma ESI Out-of Pocket	$217,846	-	$0	$0	-	$0
Insure Oklahoma ESI Premium	$48,494,212	26,490	$1,831	$0	-	$0
Other Practitioner	$23,300	200	$117	$7,351	71	$104
Outpatient	$125,844,906	166,488	$756	$111,724,578	273,553	$408
Personal Care	$112,749,949	23,797	$4,738	$728,782	123	$5,925
Physician	$242,720,479	219,899	$1,104	$233,000,772	429,012	$543
Podiatry	$989,742	6,943	$143	$369,489	1,220	$303
Prescribed Drugs	$178,220,072	156,368	$1,140	$197,264,462	392,465	$503
Psychiatric	$501,165	496	$1,010	$114,122,602	6,174	$18,483
RBMS - Foster Care Agencies	$0	-	$0	$25,649,814	2,943	$8,717
Respite Care	$314,815	222	$1,418	$21,754	29	$750
Room and Board	$191,299	266	$719	$465,353	780	$597
School Based	$0	-	$0	$6,713,719	9,855	$681
SpecializedFoster Care/MR	$2,552,987	153	$16,686	$1,414,447	107	$13,219
Targeted Case Manager (TCM)	$86,211,721	27,561	$3,128	$37,435,945	21,256	$1,761
Therapy	$883,854	974	$907	$1,855,682	1,792	$1,036
Transportation - Emergency	$26,238,356	52,461	$500	$10,750,807	22,577	$476
Transportation - Non-Emergency	$19,534,171	212,005	$92	$6,318,357	547,518	$12
X-Ray	$12,561,982	107,239	$117	$4,525,080	97,628	$46
Unknown Services by Service Type	$465,090	6,800	$68	$137,200	981	$140
Total	**$2,553,238,637**	**308,764**	**$8,269**	**$1,774,735,465**	**580,141**	**$3,059**

Source: OHCA Financial Service Division, September 2010. Children are under age 21. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall. A member may have claims under children and adult categories.

Appendix B Statewide SFY2010 Figures (continued)

Figure VII Expenditures by Type of Service by Benefit Type

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI*	SoonerPlan	SoonerCare Supplemental	HCBS Waivers**
Adult Day Care	$13,181	$0	$0	$0	$0	$4,123,266
Adv Comp Health	$0	$0	$0	$0	$0	$0
Advanced Practice Nurse (APN)	$716,157	$4,852,536	$209,250	$22,698	$59,330	$0
ADvantage Home Delivered Meals	$1,098	$0	$0	$0	$0	$14,823,429
Ambulatory Surgical	$1,360,650	$6,434,027	$313,630	$55,677	$797,019	$0
Architectural Modification	$5,814	$0	$0	$0	$0	$405,456
Audiology	$14,655	$169,865	$77	$0	$6,121	$227
Behavioral Health	$62,848,510	$94,518,874	$168,342	$0	$1,021,564	$4,590,638
Capitated (CAP)	$0	$27,983,844	$357,741	$0	$0	$0
Capitated (CAP)- GME to Med Schools	$0	$61,146,423	$0	$0	$0	$0
Chiropractic	$0	$0	$0	$0	$9,289	$0
Clinic	$23,421,346	$66,163,412	$1,036,124	$718,790	$1,301,857	$128,521
Clinics - OSA	$3,152,239	$7,915,205	$19,736	$1,921,715	$0	$0
Community Mental Health	$12,836,951	$16,466,082	$76,337	$0	$246,863	$0
Dental	$28,004,303	$125,025,468	$9,462	$0	$4,205,095	$925,537
Direct Support	$1,207,695	$0	$0	$0	$0	$197,149,172
Employee Training Specialist	$116,605	$0	$0	$0	$0	$26,864,889
End Stage Renal Disease (ESRD)	$3,528,956	$604,240	$26,939	$0	$8,560,762	$0
Eye Care and Exam	$2,886,678	$11,111,496	$38,251	$20	$367,830	$39
Eyewear	$1,361,669	$6,088,228	$0	$0	$48,786	$0
Fiscal Agent	$0	$0	$0	$0	$0	$3,578,201
Group Home	$542,720	$0	$0	$0	$0	$20,212,567
Home Health (HH)	$9,170,481	$9,902,884	-$934	$0	$16,145	$0
Homemaker	$0	$0	$0	$0	$0	$724,627
Hospice	-$6,705	$42,776	$0	$0	$0	$2,031,012
HSP - Indirect Medical Education (IME)	$28,137,940	$0	$0	$0	$0	$0
HSP - Direct Medical Education (DME)	$16,241,933	$0	$0	$0	$0	$0
HSP - Acute DSH	$53,163,523	$0	$0	$0	$0	$0
HSP - Supplemental Pymts	$148,904,362	$0	$0	$0	$0	$0
ICF-MR	$124,384,878	$114,285	$0	$0	$0	$0
Inpatient	$351,763,047	$253,896,584	$11,672,933	$1,178	$35,031,914	$1,068
Laboratory	$15,197,193	$17,644,639	$1,375,846	$1,215,525	$455,597	$0
Medicare Part A and B (Buy-In) Payments	$0	$0	$0	$0	$123,794,836	$0
Medicare Part D Payments	$0	$0	$0	$0	$45,689,964	$0
Mid Level Practitioner (MLP)	$224,350	$1,430,088	$36,032	$1,007	$1,646	$0
Medical Supplies / Durable Goods	$16,688,596	$24,347,887	$568,370	$173	$11,722,805	$21,837,485
Nursing Home	$511,303,692	$808,829	$0	$0	$2,504,699	$219,527
Nursing	$81,586	$0	$0	$0	$0	$8,753,854
Nutritionist	$112,724	$13,589	$1,415	$0	$1,517	$624,389

Appendix B Statewide SFY2010 Figures (continued)

Figure VII Expenditures by Type of Service by Benefit Type (continued)

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI*	SoonerPlan	SoonerCare Supplemental	HCBS Waivers**
Insure Oklahoma ESI Out-of Pocket	$0	$0	$217,846	$0	$0	$0
Insure Oklahoma ESI Premium	$0	$0	$48,494,212	$0	$0	$0
Other Practitioner	$13,758	$16,893	$0	$0	$0	$0
Outpatient	$143,817,277	$64,301,284	$8,194,782	$1,051,636	$20,204,504	$0
Personal Care	$1,242,007	$2,760,281	$0	$0	$8,711,107	$100,765,337
Physician	$139,357,586	$280,821,673	$12,035,594	$1,508,586	$39,001,768	$2,996,045
Podiatry	$221,649	$672,453	$43,861	$0	$421,168	$100
Prescribed Drugs	$89,225,888	$261,321,306	$11,268,008	$1,474,215	$5,107,072	$7,088,046
Psychiatric	$105,166,699	$9,210,120	$618	$0	$246,331	$0
RBMS - Foster Care Agencies	$25,585,490	$64,324	$0	$0	$0	$0
Respite Care	$0	$0	$0	$0	$0	$336,568
Room and Board	$306,831	$349,820	$0	$0	$0	$0
School Based	$1,320,007	$5,393,712	$0	$0	$0	$0
SpecializedFoster Care/MR	$0	$0	$0	$0	$0	$3,967,434
Targeted Case Manager (TCM)	$62,384,104	$2,138,905	$0	$0	$0	$59,124,658
Therapy	$561,888	$1,307,846	$259	$0	$10,102	$859,441
Transportation - Emergency	$9,831,594	$13,069,537	$0	$67	$4,735,642	$9,352,323
Transportation - Non-Emergency	-$236,751	$26,089,279	$0	$0	$0	$0
X-Ray	$4,730,953	$9,343,717	$903,528	$2,469	$2,106,319	$76
Unknown Services by Service Type	$582,124	$9,539	$11,791	-$1,164	$0	$0
Grand Total	**$2,001,497,931**	**$1,413,551,947**	**$97,080,049**	**$7,972,592**	**$316,387,651**	**$491,483,930**
Unduplicated Members Served	**780,602**	**551,558**	**41,735**	**29,192**	**115,223**	**29,523**
Average Per Member Served Cost	**$2,564**	**$2,563**	**$2,326**	**$273**	**$2,746**	**$16,647**

Source: OHCA Financial Service Division, September 2010. *Insure Oklahoma IP and ESI includes $217,846 Insure Oklahoma ESI Out-of-Pocket; $48,478,096 Insure Oklahoma ESI Premium payments; and $96,860,789 in Insure Oklahoma IP payments. ** HCBS expenditures include *all* services paid to waiver members. HCBS members may receive services paid through Title XIX funds.

Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members per benefit plan that received a service. A member may be counted in more than one benefit plan.

Appendix B Statewide SFY2010 Figures (continued)

Figure VIII Expenditures by Type of Service by Aid Category

Type of Service	Aged	Blind / Disabled	TANF / Parents & Children	Oklahoma Cares	Sooner-Plan	TEFRA	Other Total*
Adult Day Care	$1,995,338	$2,141,109	$0	$0	$0	$0	$0
Adv Comp Health	$0	$0	$0	$0	$0	$0	$0
Advanced Practice Nurse (APN)	$32,829	$859,519	$4,675,238	$39,271	$22,698	$2,038	$228,379
ADvantage Home Delivered Meals	$8,215,992	$6,608,535	$0	$0	$0	$0	$0
Ambulatory Surgical	$541,898	$1,764,313	$6,202,821	$73,084	$55,677	$8,737	$314,474
Architectural Modification	$63,990	$347,280	$0	$0	$0	$0	$0
Audiology	$1,416	$31,549	$161,479	-$3,576	$0	$0	$77
Behavioral Health	$2,724,059	$49,774,025	$100,814,208	$73,753	$0	$27,958	$9,733,924
Capitated (CAP)	$1,111,790	$2,546,256	$24,274,966	$35,187	$0	$11,015	$362,371
Capitated (CAP)- GME to Med Schools	$0	$0	$0	$0	$0	$0	$61,146,423
Chiropractic	$6,141	$3,140	$0	$8	$0	$0	$0
Clinic	$847,616	$15,196,570	$72,808,857	$647,194	$718,790	$146,571	$2,404,453
Clinics - OSA	$6,155	$922,937	$9,773,264	$129,312	$1,921,715	$160,403	$95,109
Comm Mntl Hlth Svces	$555,358	$15,155,166	$11,487,559	$76,148	$0	$3,313	$2,348,688
Dental	$966,950	$12,873,284	$143,998,665	$219,760	$0	$32,391	$78,815
Direct Support	$3,590,331	$194,766,536	$0	$0	$0	$0	$0
Employee Training Specialist	$340,048	$26,641,446	$0	$0	$0	$0	$0
End Stage Renal Disease (ESRD)	$2,548,935	$10,040,284	$104,739	$0	$0	$0	$26,939
Eye Care and Exam	$335,598	$1,302,003	$12,705,530	$13,055	$20	$4,405	$43,702
Eyewear	$28,085	$445,572	$7,012,280	$992	$0	$7,877	$3,878
Fiscal Agent	$1,476,092	$2,102,109	$0	$0	$0	$0	$0
Group Home	$706,522	$20,048,765	$0	$0	$0	$0	$0
Home Health (HH)	$341,259	$14,007,857	$3,291,859	$71,702	$0	$1,376,763	-$863
Homemaker	$5,517	$719,110	$0	$0	$0	$0	$0
Hospice	$95,042	$1,921,856	$50,185	$0	$0	$0	$0
HSP - Indirect Medical Education (IME)	$0	$0	$0	$0	$0	$0	$28,137,940
HSP - Direct Medical Education (DME)	$0	$0	$0	$0	$0	$0	$16,241,933
HSP - Acute DSH	$0		$0	$0	$0	$0	$53,163,523
HSP - Supplemental Pymts	$0	$0	$0	$0	$0	$0	$148,904,362
ICF-MR	$6,830,905	$106,263,704	$375,004	$0	$0	$0	$11,029,550
Inpatient	$26,461,344	$270,237,606	$337,452,083	$5,026,953	$1,178	$415,898	$12,771,662
Laboratory	$402,358	$7,156,979	$23,869,708	$949,119	$1,215,525	$19,219	$2,275,892
Medicare Part A and B (Buy-In) Payments	$123,794,836	$0	$0	$0	$0	$0	$0
Medicare Part D Payments	$45,689,964	$0	$0	$0	$0	$0	$0
Mid Level Practitioner (MLP)	$6,656	$288,320	$1,354,224	$5,995	$1,007	$232	$36,688
Medical Supplies / Durable Goods	$18,020,166	$44,127,398	$11,618,912	$247,348	$173	$563,164	$588,154
Nursing Home	$396,978,558	$117,485,048	$357,030	$16,111	$0	$0	$0
Nursing	$2,292,450	$6,542,990	$0	$0	$0	$0	$0
Nutritionist	$21,181	$719,221	$11,818	$0	$0	$0	$1,415

Appendix B Statewide SFY2010 Figures (continued)

Figure VIII Expenditures by Type of Service by Aid Category (continued)

Type of Service	Aged	Blind / Disabled	TANF / Parents & Children	Oklahoma Cares	Sooner-Plan	TEFRA	Other Total*
Insure Oklahoma ESI Out-of Pocket	$0	$0	$0	$0	$0	$0	$217,846
Insure Oklahoma ESI Premium	$0	$0	$0	$0	$0	$0	$48,494,212
Other Practitioner	$0	$409	$30,243	$0	$0	$0	$0
Outpatient	$10,146,644	$67,257,064	$143,831,034	$6,306,146	$1,051,636	$206,271	$8,770,688
Personal Care	$62,178,918	$51,223,182	$59,348	$983	$0	$16,300	$0
Physician	$21,732,409	$126,389,749	$298,152,830	$13,157,033	$1,508,587	$483,387	$14,297,256
Podiatry	$265,656	$602,114	$440,966	$5,922	$0	$712	$43,861
Prescribed Drugs	$4,255,277	$184,814,392	$169,457,895	$3,281,914	$1,474,215	$590,314	$11,610,527
Psychiatric	$534,127	$24,836,805	$89,107,242	$3,088	$0	$139,498	$3,007
RBMS - Foster Care Agencies	$1,432	$1,504,109	$24,116,278	$0	$0	$5,971	$22,023
Respite Care	$192,992	$143,576	$0	$0	$0	$0	$0
Room and Board	$4,487	$157,622	$484,078	$10,025	$0	$440	$0
School Based	$2,453	$2,703,882	$3,868,017	$0	$0	$139,367	$0
SpecializedFoster Care/ MR	$34,550	$3,932,884	$0	$0	$0	$0	$0
Targeted Case Manager (TCM)	$33,952,101	$57,911,183	$31,738,122	$0	$0	$3,386	$42,876
Therapy	$21,900	$1,406,809	$1,273,549	$0	$0	$37,019	$259
Transportation - Emergency	$2,799,225	$21,884,074	$12,128,568	$141,846	$67	$8,265	$27,116
Transportation - Non-Emergency	$7,314,067	$14,902,390	$3,560,318	$14,871	$0	$50,339	$10,542
X-Ray	$1,225,119	$7,177,208	$7,059,223	$648,184	$2,469	$4,890	$969,970
Unknown Services by Service Type	$62,716	-$101,831	-$112,527	$0	-$1,165	$0	$755,097
Grand Total	**$791,759,452**	**$1,499,786,112**	**$1,557,595,609**	**$31,191,426**	**$7,972,592**	**$4,466,144**	**$435,202,767**
Unduplicated Members Served	**57,718**	**118,922**	**641,694**	**7,552**	**29,192**	**390**	**31,301**
Average Per Member Served Cost	**$13,718**	**$12,612**	**$2,427**	**$4,130**	**$273**	**$11,452**	-

Source: OHCA Financial Service Division, September 2010. *Other includes $246,447,758 in hospital supplemental payments and $11,573,452 in outpatient behavioral health supplemental payment; $61,146,423 in GME payments to Medical schools; $217,846 Insure Oklahoma ESI Out-of-Pocket; $48,478,096 Insure Oklahoma ESI Premium payments; and $96,860,789 in Insure Oklahoma IP payments. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members per aid category that received a service. A member may be counted in more than one aid category.

Appendix B Statewide SFY2010 Figures (continued)

Figure IX Children (under 21) Expenditures by Type of Service by Aid Category

Type of Service	Blind/ Disabled/ TEFRA	State Custody	CHIP	TANF	Other Aid Categories*
Adult Day Care Services	$28,122	$6,639	$0	$0	$0
Adv Comp Health Services	$0	$0	$0	$0	$0
Advanced Practice Nurse (APN)	$158,517	$142,564	$514,962	$3,209,083	$11,800
ADvantage Home Delivered Meals		$0	$0	$0	$0
Ambulatory Surgical Services	$275,736	$317,541	$760,093	$4,509,287	$2,908
Architectural Modification	$45,729	$12,517	$0	$0	$0
Audiology Services	$23,628	$5,914	$34,742	$119,728	$0
Behavioral Health	$10,739,870	$22,024,651	$11,098,231	$64,362,095	$58,336
Capitated (CAP) Services	$738,492	$20,823	$2,833,786	$20,018,868	$4,547
Capitated (CAP) - GME to Med Schools	$0	$0	$0	$0	$0
Clinic Services	$3,849,699	$3,774,257	$8,411,452	$51,137,382	$379,407
Clinics - OSA Services	$960,463	$745,265	$851,571	$7,326,479	$400,346
Community Mental Health	$1,743,722	$2,104,622	$1,493,961	$6,645,077	$27,906
Dental Services	$5,333,110	$9,505,068	$25,473,090	$99,626,719	$91,911
Direct Support	$8,383,158	$9,105,088	$0	$0	$0
Employee Training Specialist	$529,951	$339,406	$0	$0	$0
End Stage Renal Disease (ESRD)	$59,948	$22,073	$0	$18,004	$0
Eye Care and Exam Services	$657,889	$852,811	$2,490,093	$9,264,044	$8,783
Eyewear Services	$386,793	$654,582	$1,361,833	$5,051,904	$4,730
Group Home Services	$602,821	$396,372	$0	$0	$0
Health Insurance Payments (HIP)	$10,712,606	$1,830,635	$200,875	$1,881,499	$71
Home Health (HH)	$51,735	$120,498	$0	$0	$0
Homemaker	$9,590	$678	$0	$49,507	$0
Hospice Services	$0	$0	$0	$0	$0
HSP - Indirect Medical Education (IME)	$0	$0	$0	$0	$0
HSP - Direct Medical Education (DME)	$0	$0	$0	$0	$0
HSP - Acute DSH	$0	$0	$0	$0	$0
HSP - Supplemental Payments	$3,395,329	$590,772	$0	$215,738	$0
ICF-MR Services	$40,219,604	$19,605,365	$13,688,286	$197,262,195	$313,625
Inpatient Services	$784,972	$776,171	$1,335,127	$12,209,348	$497,499
Laboratory Services	$0	$0	$0	$0	$0
Medicare Part A and B Payments	$0	$0	$0	$0	$0
Medicare Part D Payments	$45,026	$48,617	$189,143	$993,761	$1,943
Mid Level Practitioner (MLP)	$10,182,424	$2,363,522	$1,480,817	$7,325,483	$12,567
Medical Supplies / Durable Goods	$646,533	$167,695	$0	$2,280	$0
Nursing Home Services	$10,148	$0	$0	$0	$0
Nursing Services	$2,589	$3,636	$2,556	$5,757	$0
Nutritionist Services	$5,905	$6,059	-$77	$2,085	$0

Appendix B Statewide SFY2010 Figures (continued)

Figure IX Children (under 21) Expenditures by Type of Service by Aid Category (continued)

Type of Service	Blind/ Disabled/ TEFRA	State Custody	CHIP	TANF	Other Aid Categories*
Insure Oklahoma ESI Out-of Pocket	$0	$0	$0	$0	$0
Insure Oklahoma ESI Premium	$0	$0	$0	$0	$0
Other Practitioner	$0	$153	$93	$7,105	$0
Outpatient Services	$8,666,651	$6,463,995	$13,562,298	$82,638,993	$392,640
Personal Care	$658,138	$69,138	$0	$1,506	$0
Physician Services	$18,489,054	$15,962,477	$24,891,309	$172,826,989	$830,943
Podiatry Services	$27,271	$27,791	$82,409	$232,018	$0
Prescribed Drugs	$52,487,340	$21,571,406	$29,737,648	$93,044,881	$423,186
Psychiatric Services	$19,977,049	$43,452,203	$11,768,976	$38,918,896	$5,477
RBMS - Foster Care Agencies	$89,033	$23,919,880	$35,323	$1,584,925	$20,652
Respite Care	$2,101	$19,653	$0	$0	$0
Room and Board	$74,034	$14,167	$21,583	$355,569	$0
School-Based Services	$2,555,739	$810,689	$650,333	$2,679,719	$17,238
SpecializedFoster Care/MR Services	$259,747	$1,154,700	$0	$0	$0
Targeted Case Manager (TCM)	$3,334,757	$31,469,183	$376,638	$2,212,491	$42,876
Therapy Services	$508,444	$284,081	$152,852	$910,305	$0
Transportation - Emergency	$1,329,341	$1,003,376	$865,354	$7,529,663	$23,073
Transportation - Non-Emergency	$2,622,839	$411,861	$511,089	$2,771,035	$1,532
X-Ray	$402,043	$172,188	$681,515	$3,241,113	$28,221
Unknown Services by Service Type	-$39,750	$1,688,447	-$35,137	-$1,530,280	$53,919
Grand Total	**$212,022,037**	**$224,033,171**	**$155,522,902**	**$898,659,166**	**$3,656,138**
Unduplicated Members Served**	**23,804**	**37,030**	**118,826**	**507,474**	**8,678**
Average Per Member Served Cost	**$8,907**	**$6,050**	**$1,309**	**$1,771**	**$421**

Source: OHCA Financial Service Division, September 2010. Child figures are for individuals under the age of 21.

*Other Aid Categories include Oklahoma Cares, SoonerPlan, STBS and Insure Oklahoma IP members. Other Aid Categories expenditures include $210,188,851 in hospital supplemental payments, $9,506,777 in outpatient behavioral health supplemental paymentpayments and $61,146,423 in GME payments to medical schools. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

**Member Served figures are the unduplicated counts of members per aid category that received a service. A member may be counted in more than one aid category.

Appendix B Statewide SFY2010 Figures (continued)

Figure X Home and Community-Based Services Waiver Expenditures by Type of Service

Home and Community-Based Services (HCBS)*	Total	ADvantage	Community	Homeward Bound	In-Home Support
Adult Day Care Services	$4,123,266	$2,539,586	$1,025,242	$0	$558,438
Adv Comp Health Services	$0		$0	$0	$0
ADvantage Home Delivered Meals Services	$14,823,429	$14,823,429	$0	$0	$0
Architectural Modification Services	$405,456	$121,082	$147,052	$73,738	$63,584
Audiology Services	$227	$57	$56	$113	$0
Behavioral Health	$4,590,638	$21	$3,425,526	$1,026,985	$138,105
Clinic Services	$128,521	$18	$53,736	$65,493	$9,275
Dental Services	$925,537	$0	$420,516	$436,556	$68,465
Direct Support Services	$197,149,172	$0	$97,128,345	$80,641,585	$19,379,242
Employee Training Specialist Services	$26,864,889	$0	$18,696,832	$4,794,504	$3,373,552
End Stage Renal Disease (ESRD) Services	$0	$0	$0	$0	$0
Eye Care and Exam Services	$39	$39	$0	$0	$0
Fiscal Agent	$3,578,201	$3,578,201	$0	$0	$0
Group Home Services	$20,212,567	$0	$20,096,523	$116,044	$0
Home Health (HH) Services	$0	$0	$0	$0	$0
Homemaker Services	$724,627	$0	$607,218	$25,848	$91,561
Hospice Services	$2,031,012	$2,031,012	$0	$0	$0
Inpatient Services	$1,068	$1,068	$0	$0	$0
Medical Supplies / Durable Goods	$21,837,485	$17,378,541	$2,663,441	$915,770	$879,732
Nursing Home Services	$219,527	$219,527	$0	$0	$0
Nursing Services	$8,753,854	$4,609,921	$2,064,749	$2,070,384	$8,799
Nutritionist Services	$624,389	$0	$359,046	$257,980	$7,363
Outpatient Services	$0	$0	$0	$0	$0
Personal Care Services	$100,765,337	$100,765,337	$0	$0	$0
Physician Services	$2,996,045	$2,868	$2,293,765	$600,421	$98,992
Podiatry Services	$100	$100	$0	$0	$0
Prescribed Drugs Services	$7,088,046	$5,731,646	$927,471	$276,167	$152,761
Respite Care Services	$336,568	$298,698	$34,391	$729	$2,750
SpecializedFoster Care/MR Services	$3,967,434	$0	$3,879,584	$87,850	$0
Targeted Case Manager (TCM)	$59,124,658	$59,124,658	$0	$0	$0
Therapy Services	$859,441	$62,863	$475,509	$225,781	$95,287
Transportation - Emergency	$9,352,323	$10,929	$5,617,175	$3,007,755	$716,463
X-Ray Services	$76	$76	$0	$0	$0
Grand Total	**$491,483,930**	**$211,299,679**	**$159,916,180**	**$94,623,702**	**$25,644,370**
Unduplicated Members Served**	**29,523**	**24,120**	**2,785**	**754**	**1,968**
Average Per Member Served Cost	**$16,647**	**$8,760**	**$57,421**	**$125,496**	**$13,031**

Source: OHCA Financial Service Division, September 2010. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

*Services above are all services paid with HCBS waiver funds. Members may receive services paid through Title XIX funds.

**Unduplicated Member Served figures are the unduplicated counts of members that received a service.

Appendix B Statewide SFY2010 Figures (continued)

Figure XI Behavioral Health Expenditures by Type of Service by Child and Adult

Behavioral Health Services for Children Under 21

Type of Service	Expenditures*	Members Served**	Average per Member Served
Inpatient (Acute - General)	$4,545,195	1,578	$2,880
Inpatient (Acute - Freestanding)	$9,183,407	1,978	$4,643
Psychiatric Residential Treatment Facility (PRTF)	$105,305,670	4,601	$22,888
Outpatient- Mental Health	$113,661,113	50,905	$2,233
Outpatient - Substance Abuse	$1,046,710	1,666	$628
Psychologist	$4,083,481	6,337	$644
Psychiatrist	$1,439,406	4,303	$335
Residential Behavior Management Services (Group)	$10,160,531	1,346	$7,549
Residential Behavior Management Services (TFC)	$15,490,273	1,519	$10,198
Targeted Case Management (TCM)	$29,214,777	15,764	$1,853
Other Outpatient Behavioral Health Services	$21,285	17	$1,252
Psychotropic Drugs***	$53,986,684	48,788	$1,107
Total	**$348,138,531**	**65,333**	**$5,329**

Behavioral Health Services for Adults

Type of Service	Expenditures*	Members Served**	Average per Member Served
Inpatient (Acute - General)	$10,035,912	2,302	$4,360
Inpatient (Acute - Freestanding)	$728,310	99	$7,357
Psychiatric Residential Treatment Facility (PRTF)	$88,569	60	$1,476
Outpatient- Mental Health	$67,076,096	25,817	$2,598
Outpatient - Substance Abuse	$1,236,974	2,541	$487
Psychologist	$1,173,337	571	$2,055
Psychiatrist	$1,744,765	5,068	$344
Residential Behavior Management Services (Group)	$0	-	$0
Residential Behavior Management Services (TFC)	$0	-	$0
Targeted Case Management (TCM)	$95,912	943	$102
Other Outpatient Behavioral Health Services	$335,848	146	$2,300
Psychotropic Drugs***	$51,955,248	75,296	$690
Total	**$134,470,972**	**31,909**	**$4,214**
Total Behavioral Health Services Listed Above	**$482,609,503**	**97,242**	**$4,963**

Source: OHCA Financial Service Division, September 2010. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

*Categories reported above do not include all potential expenditures/costs related to a behavioral health diagnosis. Physician, emergency room care, etc are not included in any of the above figures.

**Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall.

***Prescription claims are not coded with diagnostic information and drugs used to treat behavioral health conditions may be used for some physical health conditions as well. This figure includes all uses of the drugs included within the behavioral health categories.

Appendix C SoonerCare Benefits Overview

Please note: All covered services must be	**SoonerCare Traditional**		**SoonerCare Choice**	
medically necessary	***Children Under 21***	***Adults 21 and Over***	***Children Under 21***	***Adults 21 and Over***
Ambulance or emergency transportation	Covered - emergency only	Covered - emergency only	Covered - emergency only	Covered - emergency only
Behavioral health and substance abuse services (some services may require prior authorization)	Covered	Covered - some services may require a $3 co-pay	Covered	Covered - some services may require a $3 co-pay
Care management services for complex and/or unusual needs (prior authorization required).	Covered	Covered	Covered	Covered
Child Health Wellness Screens (including health & immunization history; physical exams, various health assessments and counseling; lab & screening tests and necessary follow-up care)	Covered	No coverage	Covered	No coverage
Dental services (including prenatal dental services - no co-pay for prenatal dental)	Cleaning twice a year, X-rays, fillings & crowns	Emergency extractions; $3 co-pay per service. Limited benefits for pregnant women.	Cleaning twice a year, X-rays, fillings & crowns	Emergency extractions; $3 co-pay per service. Limited benefits for pregnant women.
Diabetic supplies (100 glucose strips and lancets per month; one spring-loaded lancet device, three replacement batteries per year. Additional supplies require prior authorization.)	Covered, plus one glucometer per year	Covered	Covered, plus one glucometer per year	Covered
Durable medical equipment	Covered when prescribed by medical provider and may require prior authorization	Covered when prescribed by medical provider and may require prior authorization. $3 co-pay per visit	Covered when prescribed by medical provider and may require prior authorization	Covered when prescribed by medical provider and may require prior authorization. $3 co-pay per visit
Emergency Department (ER services)	Covered	Covered medically necessary - $3 co-pay per visit for non-emergency diagnosis	Covered	Covered medically necessary - $3 co-pay per visit for non-emergency diagnosis
Family Planning services	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies
Hearing services	Covered - evaluations, hearing aids and supplies	Covered evaluation only	Covered - evaluations, hearing aids and supplies	Covered evaluation only
Home health care services	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - $3 co-pay per visit	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - $3 co-pay per visit
Inpatient hospital services (acute care only)	Covered when prior authorized	Covered - $10 co-pay per day up to $90 max per admission	Covered when prior authorized	Covered - $10 co-pay per day up to $90 max per admission
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	Covered	Covered as recommended for adults	Covered	Covered as recommended for adults
Laboratory and X-ray	Covered	Covered - $3 co-pay per service at specialist	Covered	Covered - $3 co-pay per service at specialist
Long-term care	Covered	Covered	No coverage	No coverage
Mammograms	Covered	Covered	Covered	Covered
Nurse midwife and birthing center services	Covered	Covered	Covered	Covered
Orthodontic services	Covered when prior authorized	No coverage	Covered when prior authorized	No coverage

Please note: All covered services must be	SoonerCare Traditional		SoonerCare Choice	
medically necessary	***Children Under 21***	***Adults 21 and Over***	***Children Under 21***	***Adults 21 and Over***
Outpatient hospital and surgery services	Covered medically necessary	Covered medically necessary - $3 co-pay per day per visit	Covered medically necessary	Covered medically necessary - $3 co-pay per day per visit
Over-the-counter contraceptives	Covered	Covered	Covered	Covered
Patient Advice Line (Mon–Fri - 5:00 pm to 8:00 am, available 24 hours on weekends & state holidays)	Covered	Covered	Covered	Covered
Personal care	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan
Physician services	Covered	4 visits per month; including any specialist visits- $3 co-pay per visit	Covered	Unlimited Medical Home/PCP visits. Up to 4 specialist or non-PCP visits per month - $3 co-pay per visit
Pregnancy and Maternity services (including prenatal, delivery and postpartum)	Covered	Covered	Covered	Covered
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits. No co-pays for children and pregnant women.)	Unlimited coverage	6 per month limit; up to 2 brand-name. $0.65 co-pay per drug costing $10.00 or less, $1.20 co-pay per drug costing $10.01 - $25.00, $2.40 co-pay per drug costing $25.01 - $50.00, $3.50 co-pay per drug costing $50.01 or more; no co-pay for maintenance drugs	Unlimited coverage	6 per month limit; up to 2 brand-name. $0.65 co-pay per drug costing $10.00 or less, $1.20 co-pay per drug costing $10.01 - $25.00, $2.40 co-pay per drug costing $25.01 - $50.00, $3.50 co-pay per drug costing $50.01 or more; no co-pay for maintenance drugs
Prosthetic devices	Covered when prior authorized	Limited coverage with prior authorization	Covered when prior authorized	Limited coverage with prior authorization
Psychiatric Residential Treatment Center (PRTF)	Covered when prior authorized	No coverage	Covered when prior authorized	No coverage
Residential Substance Abuse Treatment	No coverage	No coverage	No coverage	No coverage
SoonerRide - Transportation to non-emergency covered medical services	Covered	Covered	Covered	Covered
Stop Smoking (cessation) products	90 days without an authorization	90 days without an authorization	90 days without an authorization	90 days without an authorization
Substance Abuse Treatment (medical detoxification only)	Covered when prior authorized	Covered	Covered when prior authorized.	Covered
Therapy services - Physical, Speech, Occupational	Covered when prior authorized	15 visits per year - hospital outpatient	Covered when prior authorized	15 visits per year - hospital outpatient
Transplant services	Covered when prior authorized	Covered when prior authorized	Covered when prior authorized	Covered when prior authorized
Vision services	Covered	Coverage for eye diseases or eye injuries only	Covered	Coverage for eye diseases or eye injuries only

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, co-pays and limitations are subject to change. Check the OHCA websites for updates www.okhca.org and www.insureoklahoma.org.

Appendix C SoonerCare Benefits Overview (continued)

Please note: All covered services must be medically necessary	***SoonerPlan***	***Insure Oklahoma Individual Plan Adults (IP)***	***Insure Oklahoma Individual Plan Children (IP)***
Ambulance or emergency transportation	No coverage	No coverage	Covered as medically necessary $50 co-pay per occurrence; waived if admitted
Behavioral health and substance abuse services (some services may require prior authorization)	No coverage	Covered - Psychiatrist visits included in 4 physician services limit per month. Co-pays vary: Physicians & Outpatient - $10 per visit	Covered; Co-pays vary: Physicians & Outpatient - $10 per visit
Care management services for complex and/or unusual needs (prior authorization required).	No coverage	Covered	Covered
Child Health Wellness Screens (including health & immunization history; physical exams, various health assessments and counseling; lab & screening tests and necessary follow-up care)	No coverage	No coverage	No co-pay for preventive visits and well baby/well child
Dental services (including prenatal dental services - no co-pay for prenatal dental)	No coverage	Limited dental benefits for pregnant women	Various dental benefits and co-pays effective October 2010
Diabetic supplies (100 glucose strips and lancets per month; One spring-loaded lancet device, three replacement batteries per year. Additional supplies require prior authorization.)	No coverage	Covered - $5 co-pay	Covered - $5 co-pay
Durable medical equipment	No coverage	Covered when prescribed by medical provider with co-pay ($5 for supplies and oxygen; $25 for DME) $15,000 annual maximum limit	Covered when prescribed by medical provider with co-pay ($5 for supplies and oxygen; $25 for DME) $15,000 annual maximum limit
Emergency Department (ER services)	No coverage	Covered - $30 co-pay (waived if admitted)	Covered - $30 co-pay (waived if admitted)
Family Planning services	Men and women age 19 and over - Birth control information, services and supplies - Tubal ligation & vasectomy for persons age 21 and older - no co-pay for any Family Planning-related service or supply	Birth control information and supplies - Pap smears - Pregnancy tests - No co-pay	Birth control information and supplies - Pap smears - Pregnancy tests - No co-pay
Hearing services	No coverage	No coverage	Newborn screening only
Home health care services	No coverage	No Coverage; Coverage for medications, intravenous (IV) therapy and supplies only	36 visits covered annually without prior authorization when prescribed by a physician: $10 co-pay per visit
Inpatient hospital services (acute care only)	No coverage	Covered - $50 co-pay per admission	Covered - $50 co-pay per admission, prior authorization required
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	No coverage	Covered as recommended for adults - $10 co-pay towards medication, administration not covered	Covered - No co-pay
Laboratory and X-ray	Services related to family planning only - no co-pay	Covered - no co-pay for standard radiology ($25 co-pay per specialized scan - MRI, MRA, PET, CT)	Covered - no co-pay for standard radiology ($25 co-pay per specialized scan - MRI, MRA, PET, CT)

Please note: All covered services must be medically necessary	***SoonerPlan***	***Insure Oklahoma Individual Plan Adults (IP)***	***Insure Oklahoma Individual Plan Children (IP)***
Long-term care	No coverage	No coverage	No coverage
Mammograms	No coverage	Covered - no co-pay	Covered - no co-pay
Nurse midwife and birthing center services	No coverage	Covered	Covered
Orthodontic services	No coverage	No coverage	Covered when prior authorized
Outpatient hospital and surgery services	Services related to family planning only - no co-pay	Covered medically necessary - $25 co-pay per visit. Therapeutic radiology - $10 co-pay per visit	Covered medically necessary - $25 co-pay per visit. Therapeutic radiology - $10 co-pay per visit
Over-the-counter contraceptives	Contraceptives only - no co-pay	Covered - no co-pay	Covered - no co-pay
Patient Advice Line (Mon–Fri - 5:00pm to 8:00am, available 24 hours on weekends & state holidays)	No coverage	Covered service	Covered service
Personal care	No coverage	No coverage	No coverage
Physician services	Physician visits and physical exams related to family planning only - no co-pay	Limited to 4 Primary Care Provider and Specialists visits per month with $10 co-pay per visit	No co-pay for preventive visits and well baby/well child. Other visits $10 co-pay
Pregnancy and Maternity services (including prenatal, delivery and postpartum)	Pregnancy tests for women - no co-pay	Covered - $50 co-pay for inpatient admission	Covered - $50 co-pay for inpatient admission
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits.)	Contraceptives only - no co-pay	6 per month limit; up to 2 brand-name with co-pay. $5 for generic - $10 for brand name	6 per month limit; generic preferred. $5 for generic - $10 for brand name
Prosthetic devices	No coverage	Limited coverage with prior authorization	Limited coverage with prior authorization
Psychiatric Residential Treatment Center (PRTF)	No coverage	Inpatient acute care only (DRG) - $50 co-pay per admission	Covered up to 30 days per year with prior authorization
SoonerRide - Transportation to non-emergency covered medical services	No coverage	No coverage	No coverage
Stop Smoking (cessation) products	No coverage	90 days without an authorization - Co-pay same as prescription drugs	90 days without an authorization - Co-pay same as prescription drugs
Substance Abuse Treatment (medical detoxification only)	No coverage	Inpatient - $50	$50 co-pay; with prior authorization
Therapy services - Physical, Speech, Occupational	No coverage	15 visits per year - hospital outpatient - $10 co-pay per visit	Covered with prior authorization - $10 co-pay per visit
Transplant services	No coverage	No coverage	No coverage
Vision services	No coverage	Coverage for eye diseases or eye injuries only - $10 co-pay	Coverage for eye diseases or eye injuries only - $10 co-pay

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, co-pays and limitations are subject to change. Check the OHCA websites for updates www.okhca.org and www.insureoklahoma.org.

Appendix D SFY2010 Board-Approved Rules

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Aug-26-2009	Revising eligibility rules to disregard income from temporary census employment. APA WF#09-22	Budget neutral	Oct-2-2009
Aug-26-2009	Revising behavioral health rules to allow licensing requirements exceptions for hospitals and residential psychiatric treatment centers that are operated by the state. APA WF#09-29	Increase cost of $133,000	Oct-2-2009
Aug-26-2009	Amending agency rules to provide clarification for providers billing for observation/treatment services. The modification provides examples of outpatient observation services that are not covered when they are provided. APA WF#09-34	Budget neutral	Oct-2-2009
Aug-26-2009	Revising rules to allow flexibility in the types of prenatal assessment forms that may be used instead of restricting providers to only use the American College of Obstetricians and Gynecologist (ACOG) assessment form. APA WF#09-38	Budget neutral	Oct-2-2009
Aug-26-2009	Revising eligibility rules to comply with Senate Bill 987 of the 1st Session of the 52nd Oklahoma Legislature (2009) by increasing certain burial trust account thresholds from $7,500 to $10,000 effective November 1, 2009. APA WF#09-43	Budget neutral	Nov-1-2009
Oct-8-2009	Amending rules to provide clarification and consistency with practices for coverage for certain nutritional formulas and bars for children diagnosed with certain metabolic disorders. APA WF#09-10	Budget neutral	Nov-3-2009
Oct-8-2009	Revising rules to clarify SoonerCare member responsibilities regarding the reporting of third party liability, utilization of private insurance and notification to medical providers of SoonerCare coverage. Additionally, the rule revision provides notification to members of their agreement to allow sharing of medical information, if needed, to State or Federal agencies, medical providers, or an OHCA designee upon their acceptance of medical services provided through the SoonerCare program. APA WF#09-19A & B	Budget neutral	Nov-3-2009
Oct-8-2009	Revisions include allowing separate payment for the insertion and/or implantation of contraceptive devices during a physician office visit, the removal of physician supervision of hemodialysis or peritoneal dialysis as a general coverage exclusion for both adults and children, the clarification of intent in regards to general coverage and general coverage exclusions for both adults and children, the removal of follow-up consultations, the removal of tympanometry as a general coverage exclusion for children, the clarification of covered critical care guidelines, and general policy cleanup as it relates to these sections. APA WF#09-28	Budget neutral	Nov-3-2009
Oct-8-2009	Amending DME rules to clarify the intent of wheelchair coverage for members residing in a long term care facility or ICF/MR and to eliminate the OHCA Certificate of Medical Necessity (CMN) requirement for requesting prior authorization or determining medical necessity for wheelchairs. APA WF#09-32	Budget neutral	Nov-3-2009
Oct-8-2009	Revising rules to remove policy regarding certain federal civil rights requirements not applicable to OHCA, to correct references to federal laws and state statutes, amend policy on open records requirements and include the process for ensuring proper review and approval/disapproval of rate methodologies by the State Plan Amendment Rate Committee (SPARC). APA WF#09-37	Budget neutral	Nov-3-2009
Oct-8-2009	Revising Outpatient Behavioral Health rules to allow family inclusion during Behavioral Health Rehabilitation Services. APA WF#09-39	Budget neutral	Nov-3-2009
Oct-8-2009	Revising rules regarding Case Management services furnished under the ADvantage Home and Community-Based Services Waiver at the request of the Oklahoma Department of Human Services/ Aging Services Division. Revisions would increase the current time frame allowed for case managers to complete and submit an individualized care plan and service plan for the member from ten to fourteen days. Additional revisions outline a schedule for the annual service plan reassessment and procedures for submission of materials to the ADvantage Administration. APA WF#09-45	Budget neutral	Dec-1-2009
Oct-8-2009	Revising Personal Care rules regarding who could be paid to serve as a Personal Care Assistant (PCA) to SoonerCare members approved for State Plan Personal Care services. APA WF#09-50	Annual savings of state funds of $67,953.60 for OKDHS.	Dec-1-2009
Nov-12-2009	Revising agency rules to set forth minimum requirements that all self-directed service programs must adhere to. Self-direction is a method of service delivery that allows members to determine what services and supports they need to live successfully in a home and community-based setting. APA WF#09-04	Budget neutral	Dec-3-2009
Nov-12-2009	Revising durable medical equipment (DME) rules to allow all DME purchased by SoonerCare to remain the property of OHCA to be used for the benefit of the requesting member until it is no longer medically necessary. APA WF#09-35	Budget neutral	Dec-3-2009

Appendix D SFY2010 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Nov-12-2009	Revising durable medical equipment (DME) rules regarding services available to adults and the additional services available to children. Revisions include specifying general coverage for adults, providing definition and clarification in regards to adult and children coverage of prosthetics and orthotics, specifying general coverage for children, and general policy cleanup. APA WF#09-42	Budget neutral	Dec-3-2009
Nov-12-2009	Revising agency rules to allow SoonerCare members receiving services through the In-Home Supports Waivers the option to self-direct their services. Self-direction provides the opportunity for members to exercise choice and control in accessing and managing specific waiver services and supports in accordance with their needs and personal preferences. The policy covers operation of the program, including agency oversight, budgeting, member eligibility, member responsibility, and the use of a fiscal agent. APA WF#09-48	Budget savings of 3% to 4% over traditional In-Home Supports Waiver Services. OKDHS pays the state share.	Dec-3-2009
Nov-12-2009	Revising bariatric surgery rules to re-order the prior authorization (PA) process and encourage providers to request a member candidacy PA before requesting the prior authorization for the surgery. These revisions do not change but reinforce the current process. APA WF#09-49	Budget neutral	Dec-3-2009
Nov-12-2009	Amending agency rules to provide direction for agency employees and supervisors regarding other employment outside of the agency, including other employment with an agency contractor or medical provider. Such reviews may restrict employees from actions involving prior authorization approvals, rule-making and/or rate-setting requests and/or decisions. APA WF#09-33	Budget neutral	Nov-12-2009
Dec-10-2009	Revising agency rules to comply with provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Revisions include: (1) the citizenship documentation requirements to provide that children who were initially eligible for SoonerCare as deemed newborns shall be considered to have provided satisfactory documentation of citizenship and identity when their eligibility is renewed on their first birthday; and (2) eliminating the requirement that, in order to receive coverage under SoonerCare, newborns coming home from the hospital must live with the mother, remain a member of the mother's household, and the mother remain eligible for SoonerCare. APA WF#09-55	Budget neutral	Jan-14-2010
Dec-10-2009	Amending agency rules to allow for a separate payment to providers for the administration of pandemic virus vaccine to both adults and children. Physician rules are also revised to allow for a separate payment for the administration of the Human Papillomavirus (HPV) vaccine to the population of members who have been approved for its use by the Advisory Committee on Immunization Practices. APA WF#09-70	Total cost $212,000 for SFY2010; $53,000. state share cost	Jan-14-2010
Dec-10-2009	Amending agency rules to clarify separate payment will be made for implantable devices, but only when the device is not included in the rate for the procedure. Additional revisions include removing all-inclusive reimbursement language for outpatient radiological services and additional clarification regarding adult therapies performed in an outpatient hospital setting. APA WF#09-60	Budget neutral	Jan-14-2009
Dec-10-2009	Amending agency rules to change the status of the Office of Juvenile Affairs from an Organized Health Care Delivery System to a Foster Care Agency. Rules are also revised to limit the number of beds that may be served in an RBMS home to 16 or less. APA WF#09-69	Budget neutral	Jan-14-2009
Dec-10-2009	Add Case Management and Case Management for Transitioning to the list of services that must be documented utilizing the Interactive Voice Response Authentication (IVRA) system in the ADvantage waiver. The IVRA system provides an accurate electronic accounting of time and attendance for Personal Care, Case Management and other Waiver services delivery as well as elimination of inefficiencies from the former paper based system. APA WF#09-65 A&B	Budget neutral	Feb-1-2010
Dec-10-2009	Revising agency rules to reduce and/or eliminate certain durable medical equipment benefits to adults. Revisions include the elimination of osteogenic stimulators, portable oxygen contents, the reduction of blood glucose strips and lancets without a prior authorization, and provides for periodic review and adjustments of the agency's fee schedule. APA WF#09-76	Total budget savings of $2,626,111 for SFY2010; state share savings of $936,257	Feb-14-2010
Dec-10-2009	Amending agency rules to reduce the number of allowed brand name drugs from three to two per month for SoonerCare members. APA WF#09-74	Total budget savings of $1,610,000 for f SFY2010; state share savings of $572,677	Feb-14-2010
Dec-10-2009	Revising agency rules to increase existing co-payments for certain medical benefits provided through SoonerCare as well as require co-pays for additional medical benefits. APA WF#09-73	Savings of $545,876 for SFY2010; state share savings of $220,408.	Feb-14-2010
Dec-10-2009	Adding a rule to non-cover three surgical errors and set billing policy to implement appropriate claims processing. Rules will also include a related claims review (if appropriate) and the avoidance of SoonerCare to act as a secondary payer for Medicare non-payment of the three surgical errors. APA WF#09-51	Budget neutral	Feb-1-2010

Appendix D SFY2010 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Jan-14-2010	Amending rules to add a new EPSDT provider type "Behavior Health School Aide" and service "Therapeutic Behavioral Services". APA WF#09-47	Budget neutral	Feb-4-2010
Jan-14-2010	Revising rules to clarify reimbursement is only made for medically necessary laboratory services and removing language which calls for OHCA to edit laboratory claims at the specialty/subspecialty level. APA WF#09-52	Budget neutral	Feb-4-2010
Jan-14-2010	Amending rules to clarify applicants applying for coverage under the Insure Oklahoma IP program should be uninsured individuals without access to Insure Oklahoma ESI or other private health insurance. Rules clarify IP eligibility requirements and closure criteria. APA WF#09-53	Budget neutral	Feb-4-2010
Jan-14-2010	Amends rules to support the use of the web-based online application and eligibility determination system. The process will be phased in over a period of time, beginning with families with children, pregnant women, and individuals requesting only family planning services. Eligibility for these groups will no longer be retroactive to the first day of the month of application but rather, the date of application or later. APA WF#09-56 A&B	Budget neutral	Feb-4-2010
Jan-14-2010	Amending rules to allow reimbursement for services not covered as Medicare Ambulatory Surgical Center procedures but otherwise covered under the SoonerCare program. APA WF#09-59	Budget neutral	Feb-4-2010
Jan-14-2010	Amending rules to clarify reimbursement for acute inpatient psychiatric services provided in free-standing psychiatric hospitals. The modification more clearly defines reimbursement for ancillary and professional services outside of the per diem rate paid to the facilities. APA WF#09-61	Budget neutral	Feb-4-2010
Feb-11-2010	Revoking agency rules to modify targeted case management (TCM) rules to combine adult & children outpatient behavioral health TCM rules into one streamlined set. Revisions also include broadening TCM to all BA/BS level degrees to increase access across the state. Revisions were also made to provide more consistency with DMHSAS policy. APA WF#09-64	Cost savings of $65,280	Mar-3-2010
Feb-11-2010	Amend rules to add licensed alcohol and drug counselors as licensed behavioral health professionals under children's inpatient psychiatric treatment rules. This addition would expand the type of licensure their staff can hold in order to provide the services required, as well as allow greater access to care for SoonerCare children. APA WF#09-68	Budget neutral	Mar-3-2010
Feb-11-2010	Amend and adding agency rules to establish policy for hospital acquired conditions. Rules will set policy to no longer reimburse the extra cost of treating certain categories of conditions that occur while a member is in the hospital. The selected conditions that OHCA will recognize are those conditions identified as non-payable by Medicare. APA WF#09-77	Estimated budget savings; not quantifiable at this time.	Apr-1-2010
Mar-11-2010	Amending and revoking rules to change outpatient behavioral health reimbursement methodology for services provided in therapeutic foster care settings from an all inclusive per diem payment to fee-for-service. APA WF#10-02 OHCA expects to realize a savings beginning next fiscal year by diverting members from more costly inpatient stays to community-based alternatives.	Cost for SFY10 is $456,372. OHCA expects to realize a savings overall.	Apr-21-2010
Mar-11-2010	Revising agency rules regarding coverage for deemed newborns to comply with provisions of the CHIPRA. Additionally, rules are being amended to extend the time-limited benefit period for Afghans with special immigrant status from six to eight months. Eligibility for these groups will no longer be retroactive to the first day of the month of application but rather, the date of application or later. APA WF#09-55	Budget neutral	Jun-11-2010
Mar-11-2010	Amending agency rules to clarify rules used by employees of OKDHS and the OHCA when determining an individual's eligibility for Medicaid. APA WF#09-20	Budget neutral	Jun-11-2010
Mar-11-2010	Revising rules to clarify eligibility requirements for Home and Community-Based Services providers, guidelines for Agency Companion Services and Habilitation Training Services, responsibilities of Adult Day Services and Daily Living Supports providers, the provision of nutritional services, requirements for architectural modifications and member eligibility for residence in a group home. APA WF#09-72 A & B	Budget neutral	Jun-11-2010
Apr-8-2010	Removing policy directing OKDHS to conduct the fair hearings in the estate recovery process for individuals in nursing facilities, ICFs/MR or other medical institutions. Current policy conflicts with the Agency's enabling statutes which provide that the OHCA shall conduct the hearings. APA WF#10-16	Budget neutral	May-14-2010
Apr-8-2010	Revising rules to better coordinate and comply with new purchasing rules and regulations from the Oklahoma Department of Central Services (DCS). Proposed revisions will: (1) incorporate updated procedures corresponding to higher purchasing thresholds; (2) allow OHCA subject matter experts to make purchases in house without DCS approval, pursuant to 74 Okla. Stat. § 85.5(T); (3) provide for the appeals process on these purchases to be handled by OHCA; (4) remove unnecessary language; and (5) update policy to reflect changes in the internal purchasing manual. Reference APA WF#10-09	Budget neutral	May-14-2010

Appendix D SFY2010 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Apr-8-2010	Amending rules to allow direct reimbursement to licensed masters level behavioral health professionals who, under current rules, are only allowed to provide services in agency settings. This revision will also divert psychiatric residential treatment center usage due to LBHPs being more accessible throughout the state. Additionally, psychologist rules are revised to update provider requirements, terminology and to require prior authorization of services for all services provided except the initial assessment and/or crisis intervention. APA WF#10-15	Cost approximately $156,144 in SFY2011; will result in a budget savings in 2012 of $5,111,520 due to RTC diversion.	Jul-1-2010
May-13-2010	Revising and adding rules to expand the Insure Oklahoma ESI and IP programs. Expansions include incorporating Oklahoma children through 18 years of age whose household income is from 185 up to and including 300 percent of the Federal Poverty Level (FPL). In addition, revisions will expand the current Insure Oklahoma ESI and IP program guidelines to include employees and working adults whose family income does not exceed 250 percent of the FPL. The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the OHCA. APA WF#10-08	State dollars will be provided from the unused funds from the HEEIA Revolving Fund, not to exceed $8,000,000.00.	Jul-1-2010
May-13-2010	Adding rules to implement a pilot program to pay Health Access Networks to coordinate and improve the quality of care for SoonerCare members. Rules are needed to establish provider requirements and billing guidelines for HAN's which are not-for-profit, administrative entities that work with SoonerCare providers to coordinate and improve the quality of care for our members. APA WF#10-14	Cost approximately $3.3 million total annual dollars with a state share of $825,000.	Jul-1-2010
May-13-2010	Revising rules to reflect that behavioral health assessments may only be provided by licensed behavioral health professionals. Due to accreditation standard requirements for assessments, all outpatient agencies are required to conduct full bio-psycho-social assessments by a licensed Masters level professional. APA WF#10-18	Budget neutral	Jul-1-2010
May-13-2010	Amending rules to add a new provider type Behavior Health School Aide and service description Therapeutic Behavioral Services. This rule change will better define and separate behavioral interventions that do not appropriately fall within the description of personal care services. APA WF#10-22	Budget neutral	Jul-15-2010
Jun-10-2010	Revising rules to clarify Dental Program rules regarding eligibility requirements for orthodontic services, documentation required in order to receive prior authorization, limits on the types of orthodontic therapy allowed, and progress reporting requirements. APA WF#10-17	Budget neutral	Jul-20-2010
Jun-10-2010	Amending rules to clarify the definition and credential requirements of a Behavioral Health Rehabilitation Specialists (BHRS).Rules are revised to clean up discrepancies between OHCA and ODMHSAS policy for consistency. APA WF#10-29	Budget neutral	Jul-20-2010
Jun-10-2010	Revoking rules to remove language that allows reimbursement for behavioral health case managers' travel time to and from meetings for the purpose of development or implementation of the individual plan of care. APA WF#10-19	Budget neutral	Jul-20-2010
Jun-10-2010	Revising rules to allow providers the option of requesting OHCA to perform a full-scope audit or utilize an extrapolation method to determine overpayments, if during a review a sample indicates an error rate greater than 10 percent of paid claims. If the full-scope audit produces an error rate less than the initial error rate, OHCA will bear the cost of the full-scope audit. However, if it produces an error rate equal to or greater than that of the initial audit, the provider will be responsible for the cost of the full-scope audit and repayment of the identified overpayment resulting from the review method chosen. APA WF#10-26	Budget neutral	Jul-20-2010
Jun-10-2010	Amending rules to reflect changes in third party liability recovery procedures necessitated by the Agency's implementation of Online Enrollment. Because OHCA will be determining eligibility for certain groups under SoonerCare through this process, rules regarding Third Party Liability are in need of revision to update procedures to be followed by both OKDHS and OHCA employees. APA WF#10-28A&B	Budget neutral	Jul-20-2010
Jun-10-2010	Revising rules to modify Residential Treatment Center (RTC) requirements for Community-Based transitional level of care. Modifications allow the requirements to be less restrictive as a step-down from standard RTC. Additionally, rules are revised to add the Child and Adolescent Level of Care Utilization System. APA WF#10-30	Total annual savings of approximately $500,000/year; $125,000 state share	Jul-20-2010
Jun-10-2010	Amending rules to provide for an appeals process for purchasing decisions made internally at OHCA, pursuant to 74 Okla. Stat., §85.5(T). Further revisions are made to clean up simple terminology within the existing language. APA WF#10-31	Budget neutral	Jul-20-2010
Jun-10-2010	Adding rules to implement a new Home and Community-Based Waiver program to accommodate the "medically fragile" population whose medical needs require services in excess of those offered by current HCBW programs. This program will finance non-institutional long-term care services for individuals requiring skilled nursing or hospital level of care. Individuals must be at least 19 years of age, have a chronic medical condition which results in prolonged dependency on medical care for which daily skilled intervention is necessary. APA WF#10-13	Cost approximately $2,938,918 total annual dollars with a state share of $734,729.	Aug-1-2010

Appendix E SFY2010 Contracted SoonerCare Providers

Provider Type	SFY2010
Adult Day Care	57
Advance Practice Nurse	1,018
Advantage Home Delivered Meal	20
Ambulatory Surgical Center (ASC)	61
Anesthesiology Assistant	3
Audiologist	105
Capitation Provider - IHS Case Manager	85
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	2
Case Manager	231
Certified Registered Nurse Anesthetist (CRNA)	832
Chiropractor	34
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	3
Clinic - Early Intervention Services	2
Clinic - Family Planning Clinic	5
Clinic - Federally Qualified Health Clinic (FQHC)	44
Clinic - Group	3,786
Clinic - Maternity	5
Clinic - Native American	55
Clinic - Rural Health	50
Clinic - Speech/Hearing Clinic	41
Clinic - Tuberculosis	3
County Health Department	1
DDSD - Architectural Modification	48
DDSD - Community Transition Services	37
DDSD - Employee Training Specialist	101
DDSD - Group Home	45
DDSD - Homemaker Services	202
DDSD - Supportive Living Arrangements	47
DDSD - Volunteer Transportation Provider	493
Dentist	951
Direct Support Services	282
DME/Medical Supply Dealer	1,615
End-Stage Renal Disease Clinic	100
Extended Care and Skilled Nursing Facilities	324
Extended Care Facility - Facility Based Respite Care	104
Extended Care Facility - ICF/MR	85
Genetic Counselor	9
Home Health Agency	215
Hospital - Acute Care	877
Hospital - Critical Access	84
Hospital - Native American	7
Hospital - Psychiatric	25
Hospital - Residential Treatment Center	62
Insure Oklahoma - Alcohol and Drug Counselor	44
Insure Oklahoma - Licensed Behavioral Practitioner	26
Insure Oklahoma - Licensed Marital and Family Therapists	33
Insure Oklahoma - Licensed Professional Counselor	161
Insure Oklahoma - Marriage and Family Counselor	1
Insure Oklahoma - Social Worker	68
Laboratory	235
Lactation Consultant	39
Long Term Care Authority Hospice	73
Maternal/Child Health LCSW	21
Mental Health Provider - Counselor	29
Mental Health Provider - Psychologist	348
Mental Health Provider - Social Worker	102
Nursing Agency - Non-Skilled	47
Nursing Agency - Skilled	49
Nutritionist	165
Optician	57
Optometrist	558
Outpatient Mental Health Clinic	618
Personal Care Services	103
Pharmacy	1,205
Physician - Allergist	39
Physician - Anesthesiologist	1,130
Physician Assistant	843
Physician - Cardiologist	595
Physician - General/Family Medicine	2,250
Physician - General Pediatrician	1,663
Physician - General Surgeon	696
Physician - Internist	1,993
Physician - Obstetrician/ Gynecologist	605
Physician - Other Specialist	4,616
Physician - Pediatric Specialist	727
Physician - Radiologist	1,487
Preadmission Screening and Resident Review (PASRR)	12
Program for Assertive Community Treatment (PACT)	14
Remove	941
Residential Behavioral Management Services (RBMS)	19
Respite Care	284
Room and Board	18
School Corporation	203
Speciallized Foster Care/MR	231
Therapist - Occupational	196
Therapist - Physical	511
Therapist - Respiratory	13
Therapist - Speech/Hearing	480
Transportation Provider	277
X-Ray Clinic	63

33,000+

SoonerCare contracted with 33,025 unduplicated providers during SFY2010.

The term “contracted” is defined as a provider that was enrolled with Oklahoma SoonerCare within SFY2010, it does not necessarily indicate participation or that a provider has provided services. Some of the above provider counts are grouped by the subcategory of provider specialty; therefore, a provider may be counted multiple times if they have multiple provider types and/or specialties.

Appendix F 2010 Patient-Centered Medical Home Components

The Patient-Centered Medical Home model of care, implemented in January 2009, is designed to provide SoonerCare Choice members with a comprehensive, coordinated approach to primary care. Primary Care Providers (PCPs) will receive additional reimbursement for each panel member enrolled for providing enhanced services and a supportive infrastructure.

The new primary care payment structure for SoonerCare Choice includes three components:

- A care coordination component.
- A visit-based fee-for-service component.
- Payments for excellence (SoonerExcel).

The care coordination payment is determined by the capabilities of the practice and the member populations served. Practices submit a voluntary self-assessment process to determine the level of care coordination payment. There are three medical home tiers: entry level, advanced and optimal. There are three peer groupings within the three tiers: (1) providers who see children only, (2) providers who see all ages and (3) providers who see adults only.

Tier I providers may receive an additional 50 cents per member per month (PMPM) if voice-to-voice service is provided 24/7 and an additional 5 cents PMPM if providers elect to receive communications from OHCA electronically.

The visit-based component is paid on a fee-for-service basis. Rendered services are reimbursed according to the SoonerCare fee schedule. The fee schedule is available on the Web at www.okhca.org/Providers/Claim Tools/Fee Schedules.

Figure A Care Coordination Fee by Tier

Type of Panel	Tier I	Tier 2	Tier 3
Children Only	$2.93	$4.50	$5.99
All Ages	$3.66	$5.46	$7.26
Adults Only	$4.32	$6.32	$8.41

Figure B Budgeted SoonerExcel Incentive Payment Components

SoonerExcel Incentive Program	Calendar Year 2010 Budget
Emergency Department Utilization	$497,324
-based on emergency department utilization of panel members	
Breast and Cervical Cancer Screenings	$352,530
-based on breast and cervical cancer screenings of panel members	
Generic Drug Prescription Rate	$1,002,718
-based on generic/multi-source prescribing profile	
Inpatient Admissions/Visits	$708,376
-based on inpatient admissions/visits to SoonerCare Choice members	
EPSDT & 4th DTaP - Well Child Checks	$1,029,988
-based on meeting the EPSDT screening compliance rate and 4th DTaP administration	
Total	**$3,590,936**

Source: OHCA Financial Services Division, September 2010.

Appendix G Glossary of Terms

ABD - The Aged, Blind and Disabled SoonerCare population.

Member - A person enrolled in Oklahoma SoonerCare.

CMS - Centers for Medicare & Medicaid Services, the federal agency that establishes and monitors Medicaid funding requirements.

HP - OHCA's fiscal agent, HP processes claims and payments within Oklahoma's Medicaid Management Information System (MMIS).

Enrollee - For this report, an individual who is qualified and enrolled in SoonerCare, who may or may not have received services during the reporting period.

Fee-For-Service (FFS) - The method of payment for the SoonerCare population that is not covered under SoonerCare Choice. Claims are generally paid on a per-service occurrence basis.

FFY - Federal Fiscal Year. The federal fiscal year starts October 1 and ends September 30 each year.

FMAP - Federal Medical Assistance Percentage (the federal dollar match percentage).

ICF/MR - Intermediate Care Facility for the Mentally Retarded.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment, also known as "well child" screens and child health checkups.

MMIS - Medical Management Information System (the claims processing system).

CHIP - Children's Health Insurance Program for children age 19 and younger who have no creditable insurance and meet income requirements. (Title XXI)

SFY - State Fiscal Year. It starts on July 1 and ends June 30 each year.

SoonerCare - Oklahoma's Medicaid program. Unless noted otherwise in this report, the term "SoonerCare" includes all enrollees (Insure Oklahoma, SoonerPlan, etc.).

SoonerCare Choice - Oklahoma's partially capitated managed care program.

TANF - Temporary Assistance for Needy Families, formerly known as Aid to Families with Dependent Children. Categorized in this report as Children and Parents.

Title XIX - Title 19 - Federal Medicaid statute enacted in 1965 under the Social Security Act financed by both federal and state dollars.

Figure I Technical Notes

Throughout this report, a combination of data sources was used to provide the most accurate information possible. Financial statement data represents actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data/detail breakdowns are the net of overpayments and adjustments. This will cause some variations in dollar figures presented. Provider billing habits can also cause claim variations. All report claim data is extracted with the date paid by OHCA being within the report period. Provided that a member is enrolled at the time of service, a provider has one year from the date of service to submit a claim. Some providers hold claims and submit them all at once. For example, if a member receives a service in May and the provider submits and is paid for the claim in July, that member will be counted as a member and the dollar totals will be included in the July reporting period, even if the member may not be enrolled within that same reporting time frame. If that member is not enrolled at some point within the reporting period, he or she will not be counted in the "Enrollees."

Important Telephone Numbers

OHCA Main Number	*405-522-7300*
SoonerCare Helpline	*1-800-987-7767*
SoonerRide	*1-877-404-4500*

Member Services	405-522-7171 or 1-800-522-0310
1 — OKDHS	5 — Enrollment Questions
2 — Claim Status	6 — Patient Advice Line (Available only 5 p.m. to 8 a.m., 24 hours on weekends and state holidays)
3 — SoonerCare Member Services	7 — Spanish
4 — Pharmacy Inquiries	9 — Repeat Options

Provider Services	405-522-6205 or 1-800-522-0114
1 — Claim Status/Eligibility	4 — Pharmacy Help Desk
2 — PIN Resets/EDI/SoonerCare Secure Site Assistance	5 — Provider Contracts
3 — Adjustments or Third Party Liability	6 — Prior Authorizations

OHCA Internet Resources

Oklahoma Health Care Authority	*www.okhca.org*
Insure Oklahoma	*www.insureoklahoma.org*
Oklahoma Department of Human Services	*www.okdhs.org*
Medicaid Fraud Control Unit	*www.oag.state.ok.us*
Oklahoma State Department of Health	*www.ok.gov/health*
Oklahoma State Auditor and Inspector	*www.sai.state.ok.us*
Centers for Medicare & Medicaid Services	*www.cms.gov*
Office of Inspector General of the Department of Health and Human Services	*www.oig.hhs.gov*

Oklahoma Health Care Authority

Health Care for Oklahomans