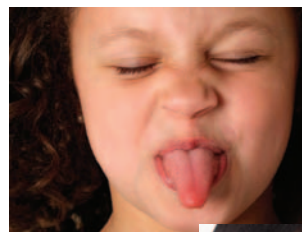
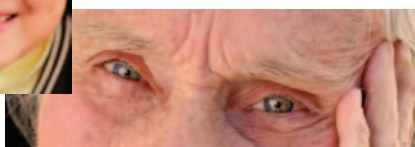
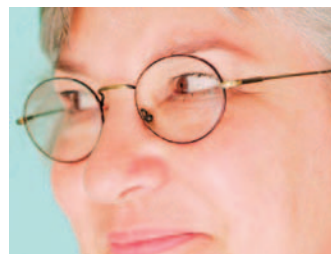
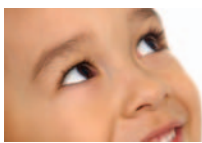
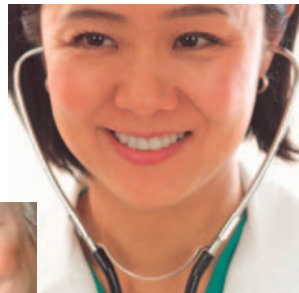
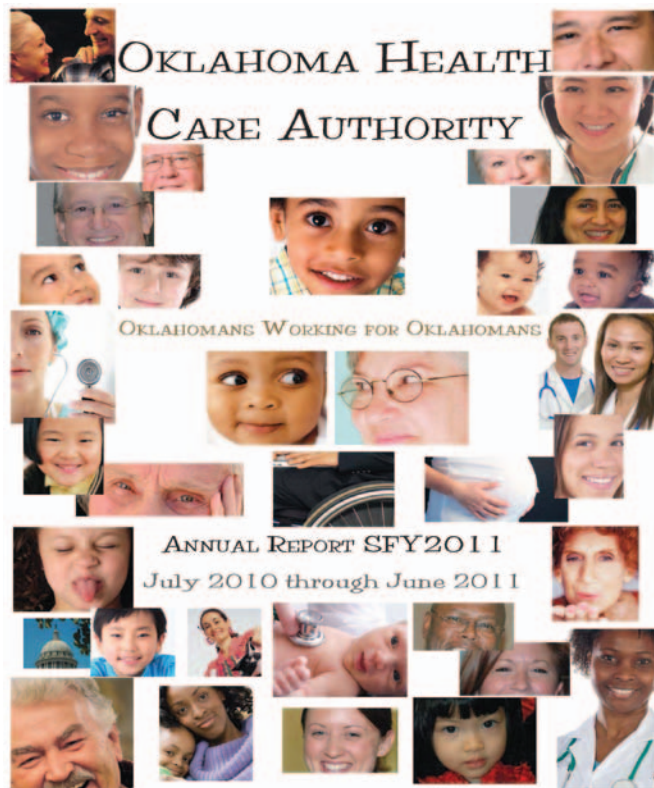


# Oklahoma Health Care Authority

Oklahomans Working for Oklahomans

Annual Report SFY2011  
July 2010 through June 2011





On the cover: On average, 450 Oklahomans come to work at OHCA to make sure the 720,000 Oklahomans enrolled monthly are able to receive and access health care.

OHCA works hard for our families, neighbors and fellow Oklahomans. We are dedicated to reaching new heights in the SoonerCare program, while maintaining our high standards of service and quality to our members and providers.

*Oklahoma Health Care Authority offices are temporarily located at:*

2401 N. W. 23rd St., Suite 1A,  
Oklahoma City, OK 73107  
405-522-7300

*Visit our websites at:*

[www.okhca.org](http://www.okhca.org)  
[www.insureoklahoma.org](http://www.insureoklahoma.org)  
[www.okltcpartnership.org](http://www.okltcpartnership.org)

*You can also follow us on Twitter and Facebook!*

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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.



*Mary Fallin*  
Governor  
State of Oklahoma

## EXECUTIVE BRANCH

Todd Lamb  
Lieutenant Governor

Dr. Terry Cline, Ph.D.  
Secretary of Health

## LEGISLATIVE BRANCH

1st Session of the 53rd Legislature

Brian Bingman  
President Pro Tempore, State Senate

Kris Steele  
Speaker, House of Representatives

### *OHCA BOARD MEMBERS* as of June 2011



Chairman Lyle  
Roggow



Vice Chairman Anthony  
(Tony) Armstrong



Ann Bryant



Sandra  
Langenkamp



Charles (Ed)  
McFall, DPH



Melvin McVay



George Miller

## Message from the Chief Executive Officer



State Fiscal Year 2011 (SFY2011) was the year SoonerCare and Insure Oklahoma put OHCA on the national map as an innovator and model for Medicaid agencies throughout the country. It all happened as we focused our skill, talent and resources on serving Oklahomans in need of high quality, affordable health care while also being responsible stewards of Oklahoma tax dollars.

OHCA staff has welcomed out-of-state visitors and has travelled across the country on the invitation (and expense) of several states, responding to requests for information about our many successes. Insure Oklahoma, patient-centered medical home, health management, emergency room utilization management and child enrollment outreach were among the topics of interest. In addition, Oklahoma achieved “first in the nation” status in several areas.

In our effort to continue the evolution of Oklahoma Medicaid out of its welfare origins and into the world of health insurance coverage, last fall OHCA launched the NATION’S FIRST real-time online enrollment system. This revolutionary web-based portal allows qualified Oklahomans to sign up for SoonerCare coverage online with same day coverage. And Oklahomans responded! In early 2011, Oklahoma was hit by severe winter storms that forced state agencies to close. In those two days, 780 Oklahomans enrolled in SoonerCare from the convenience of a personal computer! Not even a year old at the end of the fiscal year, mysooner.org website had processed 384,487 SoonerCare applications and renewals.

OHCA also was the FIRST agency IN THE NATION to make federal Medicaid Electronic Health Records Incentive payments to qualified health care providers. Oklahoma health professionals and hospitals are taking this early and critical action by investing in the transition to electronic health records. OHCA is proud to partner with our provider network by providing some of the financial capital necessary to improve the quality and efficiency of Oklahoma’s health care delivery system.

This Annual Report offers comprehensive information about OHCA programs and operations during SFY2011. In spite of the economic conditions that bring increased demand and shrinking resources, OHCA continues to prepare for the changes on the horizon in health care. It is without hesitation and with considerable pride that I say the Oklahoma Health Care Authority will continue to be a model for this country. We will continue to move toward realizing our vision: Oklahomans enjoying optimal health status through having access to quality health care regardless of their ability to pay. For all the citizens of our state to live that vision, we must continue to build upon today’s successes in establishing a health care system for Oklahomans, by Oklahomans.

A handwritten signature in black ink, appearing to read "Mike Fogarty". The signature is written in a cursive, flowing style.

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## SFY2011 Highlights

### Members

- ⇒ There were 968,296 unduplicated members enrolled in either SoonerCare (Oklahoma Medicaid) or Insure Oklahoma during SFY2011 (July 2010 through June 2011).
- ⇒ A total of 929,348 SoonerCare members received services during SFY2011.
- ⇒ Overall SoonerCare enrollment increased by 9.4 percent and the number served increased 5.5 percent from SFY2010 (July 2009 through June 2010).
- ⇒ Enrollment in the Insure Oklahoma program has increased 2.3 percent since June 2010. As of June 2011, 32,600 enrollees and 5,276 businesses were participating.
- ⇒ During SFY2011, Oklahoma provided coverage to 58,693 SoonerPlan enrollees and 5,141 women needing further diagnosis or treatment for breast and/or cervical cancer or precancerous conditions through the Oklahoma Cares program.
- ⇒ 59 percent of the estimated Oklahoma population younger than age 18 have been enrolled in SoonerCare at one point during SFY2011. Approximately 13 percent of Oklahomans aged 65 and older are enrolled in SoonerCare.
- ⇒ SoonerCare covers approximately 64 percent of the births in Oklahoma. In calendar year 2010, SoonerCare deliveries were 33,125 of the 51,799 total state births (OSDH preliminary figures accessed 7/18/2011).

### Expenditures

- ⇒ An average of 17 percent of SoonerCare members were aged, blind and disabled enrollees. These enrollees accounted for 51.8 percent of the SoonerCare expenditures in SFY2011.
- ⇒ SoonerCare funded 65.9 percent of Oklahoma's long-term care occupied bed days.
- ⇒ OHCA expended \$25.8 million on behalf of the Oklahoma Cares enrollees and \$8 million on SoonerPlan enrollees.
- ⇒ The average cost per prescription funded by SoonerCare was \$60.51, and the average monthly prescription cost per utilizer was \$147.
- ⇒ A monthly average of 10,778 members used SoonerRide for a total of 774,187 one-way transports.
- ⇒ Nursing facility Quality of Care revenues totaled \$51,685,588.
- ⇒ Dollars recovered by OHCA through post-payment reviews totaled \$9,077,565.
- ⇒ Federal and State Drug rebate collections, including interest, totaled \$154,039,193.
- ⇒ By limiting the amount paid for generic drugs, OHCA saved more than \$105.3 million through the State Maximum Allowable Cost (SMAC) program.

### Administration

- ⇒ OHCA processed 37 emergency rules, 28 permanent rules and 12 State Plan amendments.
- ⇒ There were 117 group provider training sessions attended by more than 11,672 providers. OHCA and HP held 6,644 individual, on-site, provider training sessions during SFY2011.
- ⇒ OHCA received and investigated 372 SoonerCare member complaints. This number represents less than 1 percent of the 968,296 SoonerCare enrollees.
- ⇒ There were 26 provider and 522 member formal appeals filed. This number is less than one-fourth of 1 percent of both populations.
- ⇒ OHCA administrative costs comprised 2.55 percent of the total SoonerCare expenditures. OHCA operating costs represented 40 percent of OHCA administrative costs, and the other 60 percent were contract costs.



# SFY2011 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 of Insure Oklahoma. The program is designed to grow until cost reaches the rate of the revenue that can adequately sustain participation, factoring in the prevailing federal match rate and cost of premiums. Because this program is not an entitlement, participation will be capped at the revenue limit and a waiting list would be instituted. When the program reaches 35,000 people, enrollment will stop to ensure to the program is stable.

Insure Oklahoma covers full-time college students ages 19 to 22 who meet the income qualifications. At the end of the fiscal year, 465 college students were covered by Insure Oklahoma.

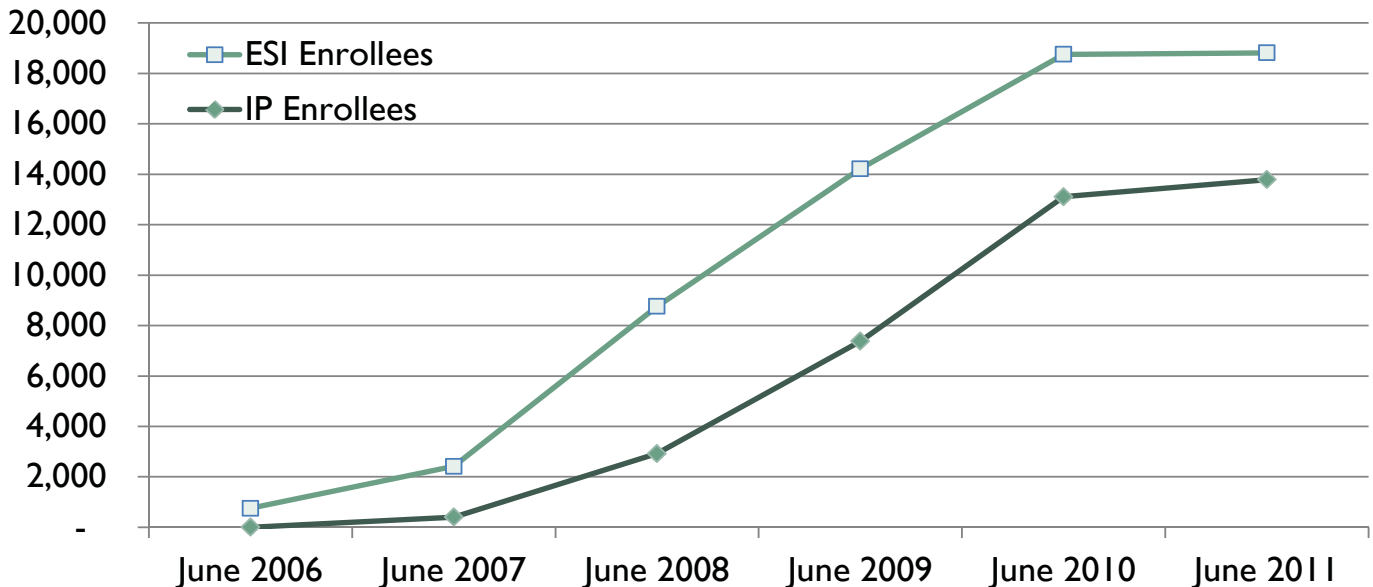
The Insure Oklahoma Employer-Sponsored Insurance (ESI) plan is designed to assist Oklahoma small business owners, with 99 or fewer employees, purchase health insurance on the private market. Their employees are eligible if their income is 200 percent of the federal poverty level or less.

The Insure Oklahoma Individual Plan (IP) offers health coverage to uninsured adults ages 19-64 whose allowable household income is no more than 200 percent of federal poverty level (FPL) and 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 employer and have a ticket to work, or 4) adults who are self-employed.

## INSURE OKLAHOMA EXTENDS COVERAGE TO DEPENDENTS

In July of 2010, Insure Oklahoma began to enroll children younger than age 19 in eligible households with income between 185 percent to 200 percent of the federal poverty level.

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



## SFY2011 Year in Review (continued)

### SOONERCARE ONLINE ENROLLMENT

In September 2010, OHCA launched online enrollment. This implementation included transferring responsibility to qualify and enroll more than 500,000 Oklahomans from the Oklahoma Department of Human Services (OKDHS) to OHCA. Prior to this innovation, qualified applicants were required to visit an OKDHS county office in person, or fill out a paper application and mail it to OKDHS. Qualification and subsequent enrollment could take a month to complete.

Online enrollment provides many options for SoonerCare applicants. An online home application can be accessed from any computer that has Internet access, and an agency application can be accessed by partner agencies. The agency application is used by OKDHS, the Oklahoma State Department of Health (OSDH), Indian Health Services, and several Tribes to assist members in the enrollment process. With online enrollment, members receive the results of their application within minutes, instead of weeks.

The paper application still exists, but it is now received at OHCA, where it is scanned, data-entered, and processed for enrollment in a matter of days. With the option to receive an immediate response, the number of paper applications dropped sharply soon after the implementation of online enrollment.

The process uses a rules engine to determine qualification for the programs including SoonerCare, SoonerPlan and state-sponsored behavioral health services. This process ensures policy is applied uniformly for all Oklahomans. Verifications are accomplished through data exchanges with the Social Security Administration, the Oklahoma Employment Security Commission and OSDH, as well as other

state and federal agencies. When applicants click “submit”, and qualify to receive benefits, they receive real-time SoonerCare enrollment. Members receive a SoonerCare identification number, align with a medical home and can seek services immediately.

With less than a year of operation, OHCA processed 384,487 applications, and enrolled or re-enrolled 564,409 members through online enrollment. Approximately 30 percent of applications received originated at OKDHS, 19 percent from other partner agencies using the agency application and 41 percent using the home application. The remaining 10 percent used the paper process.

This innovation is considered one of the most advanced state enrollment services in the nation, and at the 2011 Team awards received a Governor’s Commendation and the “Motivating the Masses” award.



# 77%

*More than 77 percent of Oklahomans accessed the Internet from any location in 2010.*

Source: U.S. Census Bureau, Current Population Survey, Table 1156. Household Internet Usage In and Outside of the Home by State: 2010 - [http://www.census.gov/compendia/statab/cats/information\\_communications/internet\\_publishing\\_and\\_broadcasting\\_and\\_internet\\_usage.html](http://www.census.gov/compendia/statab/cats/information_communications/internet_publishing_and_broadcasting_and_internet_usage.html)

## SFY2011 Year in Review (continued)

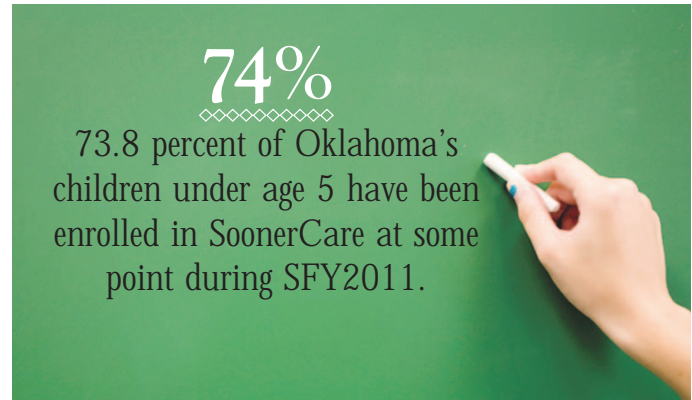
### OHCA REACHES OUT

To reach the approximately 60,000 Oklahoma children uninsured but qualified for SoonerCare, OHCA coordinated an outreach effort called SoonerEnroll. SoonerEnroll has two primary goals: 1) enroll children that would be qualified for SoonerCare but are not currently enrolled; and, 2) improve the rate of successful and timely recertification of children in SoonerCare. OHCA is committed to providing quality health care for all of Oklahoma's children, and SoonerEnroll is instrumental in reaching that goal.

SoonerEnroll uses a number of state and community-level strategies to increase enrollment and retention of children in SoonerCare. Four regional coordinators and a number of temporary community outreach workers provide training and technical assistance to more than 500 community partners and work closely with them in the development, implementation and evaluation of action plans to meet the needs of local communities. An important outcome of SoonerEnroll has been the creation of a sustainable, statewide infrastructure for outreach and enrollment efforts beyond the scope of the CHIPRA grant.

The Oklahoma Health Care Authority also has contracted with the University of Oklahoma School of Social Work to conduct focus groups and administer surveys concerning the challenges and barriers associated with enrollment in SoonerCare. The results will be used to develop and implement future outreach strategies. A re-enrollment pilot also was launched allowing members in pilot counties to renew their SoonerCare membership by phone. The grant continues through September 2011.

For more information, go to [www.okhca.org/soonerenroll](http://www.okhca.org/soonerenroll).



### SMOKING CESSATION EFFORTS CONTINUE

Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants. An estimated 58 percent of Oklahoma's SoonerCare population smokes. Women who quit smoking before, or early in pregnancy, significantly reduce the risk for several adverse outcomes.

OHCA received funding through December 2012 from the Tobacco Settlement Endowment Trust (TSET) for the SoonerQuit: Prenatal Tobacco Cessation Initiative. The project uses methods proven effective at improving providers' knowledge of best practice methods and provides on-site assistance in integrating these processes into daily routine. OHCA has worked on site with more than 20 SoonerCare obstetric care providers.

OHCA also partnered with TSET and OSDH on a media campaign aimed at women of child-bearing age, encouraging them to contact their SoonerCare provider and the Oklahoma Tobacco Helpline for help with tobacco cessation. The "SoonerQuit for Women" initiative uses radio and print messages to share individual stories of several Oklahoma women from diverse backgrounds as they share their experience and advice about quitting smoking.

## SFY2011 Year in Review (continued)

### BOARDING SCHOOL DENTAL OUTREACH PROJECT CONTINUES

In September 2010, the Oklahoma Health Care Authority took advantage of a unique opportunity to improve the well-being of more than 500 American Indian children who reside at the Riverside Indian Boarding school in Anadarko. The majority of Riverside Indian School 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 Indian Health Service and the Oklahoma City Area Inter-Tribal Health Board, provided dental hygiene supplies and education to the students. The goal is to introduce good dental habits and prevent periodontal disease, thus enabling the Riverside children to have happier and healthier futures.

### HEALTH MANAGEMENT PROGRAM (HMP) IMPACTING QUALITY OF CARE

APS Healthcare evaluated the preventive and diagnostic services provided to SoonerCare HMP participants with six targeted chronic conditions: asthma, congestive heart failure, COPD, coronary artery disease, diabetes and hypertension. The evaluation was performed through a combination of paid claims and medical record reviews. APS also calculated the SFY2010 compliance rates for a “comparison group” consisting of SoonerCare members who were eligible, but not enrolled in the SoonerCare HMP. The comparison group compliance rates were calculated for the measures derived from administrative data.

Results of the analysis were promising. The participant compliance rate exceeded the comparison group rate by a statistically significant amount for 11 of 20 diagnosis-specific administrative data measures, suggesting the program has a positive effect on quality of care. The full evaluation of the HMP can be viewed at [www.okhca.org/studies](http://www.okhca.org/studies).

### OHCA OPEN FOR INPUT

#### **SoonerCare Member Advisory Task Force**

OHCA has always strived to involve consumers, agency stakeholders and health care professionals in the development and implementation of SoonerCare programs. However, SoonerCare members’ voices sometimes are lost in the process. OHCA is working to inform SoonerCare members of changes to the program that affect their benefits through targeted mailings, quarterly newsletters and a user-friendly website. Until recently, the agency has not had an advisory group consisting solely of SoonerCare members and/or their families. In January 2011, years of planning and collaboration alongside the Oklahoma Family Network culminated in the creation of the SoonerCare Member Advisory Task Force (MATF). The MATF meets every other month and already has contributed greatly to the direction of the SoonerCare program.

#### **OHCA Rule Changes on the Web**

OHCA implemented a website for proposed administrative rule changes. OHCA publishes all proposed rules changes and gives the public an opportunity to comment on the proposed rules. The online comment site seeks advice and consultation from medical professionals, tribal organizations and the general public in developing or amending policies and rules. The site provides a forum for the public to share comments and suggestions related to the proposed rule change and can be accessed from [www.okhca.org/proposed-changes](http://www.okhca.org/proposed-changes).

## SFY2011 Year in Review (continued)

### FOURTH ANNUAL SOONERCARE TRIBAL CONSULTATION MEETING A SUCCESS

All 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. OHCA's fourth annual SoonerCare Tribal Consultation Meeting was held in October 2010 at the Cherokee Nation Hard Rock Hotel in Tulsa.

Tribal consultation allows participants to interact and openly discuss ideas for partnerships and projects. The 2010 consultation meeting had the largest attendance thus far, with more than 200 attendees representing tribes, state and federal health programs and various other stakeholders. Areas of discussion included long term care, electronic health records and meaningful use and health care reform.

### GENERIC MEDICATIONS SAVE MONEY

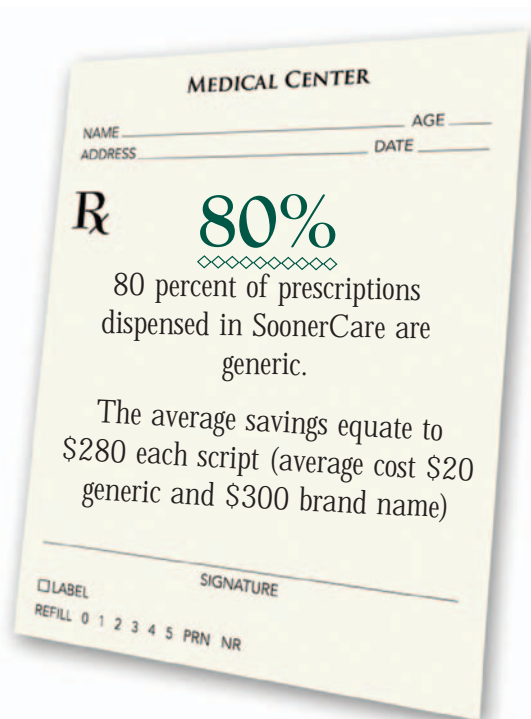
Thanks to wide availability of generic medications, OHCA can provide a robust pharmacy benefit for SoonerCare members. A 10 year retrospective analysis of the pharmacy program shows that the cost of the pharmacy benefit per member per month is actually lower in 2011 than it was in 2001. This drop is partly due to a slightly different mix of members, but the availability of additional generic products since 2011 is a major factor. In 2001, the generic utilization rate was 48 percent, meaning 48 percent of all prescriptions paid for by SoonerCare were filled with generic medications. For 2011, the generic utilization rate jumped to more than 80 percent. Four of five prescriptions paid for by SoonerCare is filled with a generic medication. The SoonerCare pharmacy program has one of the highest generic utilization rates of any Medicaid pharmacy benefit plan in the nation. The average cost of a generic prescription filled for a SoonerCare member is about \$20. Compare that to the average cost of brand name prescription, which is approaching \$300.

### ELECTRONIC PROVIDER NOTIFICATIONS

To reduce the Oklahoma Health Care Authority's overhead costs and carbon footprint, a workgroup of employees from various departments within the agency was established to assess the possibility of moving to an electronic provider notification system.

The workgroup was tasked with evaluating and analyzing the pros and cons associated with converting to an electronic notification system, costs associated with mailing more than 300,000 provider letters, and possible avenues to ensure information reaches providers in a timely and cost effective manner.

As a result, the agency implemented an eco-friendly electronic provider notification process. The electronic provider notification process consists of three sources of communication: email notification, web alerts and faxed information updates.



## SFY2011 Year in Review (continued)

### OKLAHOMA FIRST TO MAKE ELECTRONIC HEALTH RECORDS INCENTIVE PAYMENT

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH). Eligible hospitals including critical access hospitals, cancer hospitals and children's hospitals participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Records (EHR) technology.

The incentive payments are not a reimbursement, but are intended to encourage Oklahoma EPs and EHs to adopt, implement or upgrade certified EHR technology and use it in a meaningful manner.

Oklahoma was the first state in the nation to approve eligible professionals for payment through the Oklahoma EHR Incentive Program. 100 percent of the incentive payments are federal dollars. While implementing and administering the Oklahoma EHR Incentive Program OHCA plans to:

- ⇒ Establish, administer and oversee the program.
- ⇒ Use stakeholder input to assist with development and implementation of meaningful use definitions.
- ⇒ Capture attestations and report data electronically.
- ⇒ Monitor and report clinical quality measures to CMS.
- ⇒ Disburse and monitor incentive payments.
- ⇒ Update the state's electronic systems to improve functionality and interoperability.
- ⇒ Pursue incentives to encourage adoption, implementation or upgrade of certified EHRs and meaningful use by EPs and EHs.
- ⇒ Ensure privacy and security of electronic protected health information (ePHI).
- ⇒ Prevent fraud and abuse.

## \$35 Million Federal Dollars

### Direct to Oklahoma Providers

*As of June 30, 2011, OHCA has paid \$12,572,917 to 592 eligible professionals and \$22,698,793 to 33 hospitals for a total of \$35,271,710.*

OHCA works closely with federal and state partners to ensure the Oklahoma EHR Incentive Program fits into the overall strategic plan for the Oklahoma Health Information Exchange (OKHIE), advancing national and Oklahoma goals for electronic information.

### SOONERCARE HEALTH ACCESS NETWORK

Part of the transition of the SoonerCare Choice program to a Patient-Centered Medical Home included the development of a Health Access Network (HAN) pilot program. The concept behind this pilot was to enhance the medical home with community support for behavioral health, pharmacy, access to specialty care, case management of specific populations and assistance in adoption of electronic health records.

The three approved pilot HANs are; 1) OU Sooner Health Access Network began operations in July 2011 with full functionality in November. This network contains 45 medical home providers, serving more than 28,000 members. 2) Partnership for a Health Canadian County (PHCC) is specific to the providers within the county. This HAN supports 5 medical homes servicing approximately 2,500 members. In addition to the services provided by other HANs, PHCC has established a strong connection with the county health department as well as food banks and other community resources. 3) The OSU Health Access Network is in the final stages of contracting with OHCA. This pilot will be similar to OU Sooner HAN in scope. This network will support more than 10 medical homes and more than 10,000 members.

## SFY2011 Year in Review (continued)

### 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 supported the decision to add care coordination services to the current Quality Improvement Organization contract and led to a collaboration of multiple state agencies for a statewide Care Management Oversight project.

OHCA collaborated with Oklahoma Department of Mental Health and Substance Abuse Services, Office of Juvenile Affairs, Federation of Families, Oklahoma Commission on Children and Youth, Oklahoma Department of Rehabilitation Services and Oklahoma Department of Human Services to conduct the Care Management Oversight project with the following goals:

- ⇒ Creating a more integrated and seamless system of mental health and substance abuse services.
- ⇒ Offer children and youth with serious emotional disturbances and their families direct linkages to community-based services.
- ⇒ Increase usage of community-based services.
- ⇒ Decrease inpatient psychiatric hospital days.
- ⇒ Decrease number of days from inpatient/residential discharge to first community-based service.
- ⇒ Increase community capacity to respond to crises.
- ⇒ Ensure continuity of care.

Behavioral Health Care Managers from each agency took high-risk level children (N=87) and provided frequent state-level care coordination. The project included comparison to an equivalent control group (N=90).

Results of the care coordinated group were remarkable:

- ⇒ Average length of inpatient stay per child went from 70.6 days to 29.2 days.
- ⇒ Decrease of 41 percent in total inpatient expenditures.
- ⇒ Increased usage of community-based services by 16 percent.
- ⇒ Total SoonerCare average annual expenditures per child dropped 35 percent.
- ⇒ Overall cost savings of \$788,037.



## SFY2011 Year in Review (continued)

### FEDERAL RELIEF EXTENDED

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 financed largely by an increase in federal tobacco tax.

### ***American Recovery and Reinvestment Act of 2009 (ARRA)***

Section 5001 of the ARRA provided for temporary increases of the federal medical assistance percentages (FMAP) for all states during the period of economic downturn. Total dollars for the SoonerCare program remained the same; however, the increase in federal matching dollars decreased the state share amount, providing much needed relief to the state budget.

The ARRA, also referred to as the stimulus package, was amended to extend the recession adjustment period to June 30, 2011, and to extend the hold harmless provision that prevents a state's FMAP rate from decreasing due to a lower unemployment rate.

To access the additional funds associated with the increased FMAP, each state must ensure 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.

The State of Oklahoma anticipated a budget shortfall of \$725 million for SFY2011. This projected shortfall meant the 3.25 percent cut in provider rates enacted in SFY2010, continued through SFY2011. In SFY2010, the OHCA collectively trimmed more than \$38 million in state funds from administrative costs and the SoonerCare program. These cuts ultimately resulted in a total program reduction of more than \$148 million because of the corresponding reduction in federal Medicaid matching funds, including the loss of the additional federal stimulus package money.





## SFY2011 Year in Review (continued)

### OHCA STAFF RECEIVE AWARDS

Often OHCA staff efforts are heralded through calls and letters. Occasionally, outstanding efforts are recognized through awards. Such is the case for Paula Printup-Porter. Ms. Printup-Porter was named Oklahoma's Certified Public Manager of the Year for 2010. She was recognized for her service to the U.S. Air Force, federal government and State of Oklahoma, and her leadership of the Oklahoma Certified Public Managers Society. A proclamation from Gov. Brad Henry designated Dec. 13, 2010, as Paula Printup-Porter Day in Oklahoma.

The "Heart of Our Family 2011 Award" was presented to Erin Meyer, LMFT, MS. in April 2011. According to the presenter, Meyer was honored for making a difference in strengthening Family and Children's Services and the lives of others in our community.

Debbie Spaeth, LMFT, LADC, LPC, was recognized by the Journal Record in the 2010 "50 Making a Difference" award. The award is a special tribute to Oklahoma's female business and community leaders. The 50 women selected include several from the health care and nonprofit fields as well as entrepreneurs, attorneys and city and state officials.

Leah Taylor, PhD, received the "Advocate of the Year" award from the Oklahoma Drug and Alcohol Professional Counselor's Association. The award is given to nominees who have made meaningful and consistent contributions that have had a significant impact on drug and alcohol addiction treatment.



URAC, a leading independent health care quality accrediting organization, awarded the Oklahoma Medical Risk Management program the Bronze Award in Health Information/Decision Support at the 2010 Best Practices in Health Care Consumer Empowerment and Protection Awards. The awards honor programs that advance patient safety and empower consumers.

The OHCA and Oklahoma Department of Mental Health and Substance Abuse Services developed the MRM program in partnership with research firm Care Management Technologies. Eli Lilly and Company, an Indianapolis-based pharmaceutical company, provides funding for the program to promote excellence in patient care.



## SFY2011 Year in Review (continued)

### OHCA 2011 QUALITY OKLAHOMA TEAM DAY AWARDS

OHCA highlighted 13 projects at the 2011 Quality Oklahoma Team Day at the state Capitol. Projects receiving a Governor's Commendation for Excellence award are included below.

**OHCA Online Enrollment** - At the time of the awards OHCA's online enrollment project showed resounding results, with nearly half of all applicants choosing to apply from home instead of through a state agency. Online enrollment frees up nearly 5,000 person-hours of state employee time each month in processing paper applications, while also empowering SoonerCare and SoonerPlan members to manage their benefit renewals and updates. This project also received the "Motivating the Masses" specialty award.

**SoonerCare Choice: Oklahoma's Patient-Centered Medical Home Program** - Sixty percent of SoonerCare members receive health care through the SoonerCare Choice program. To improve access and quality, OHCA transitioned to a Patient-Centered Medical Home (PCMH) model in January 2009. The PCMH is patient-centric and fosters a team approach to health care delivery, engaging the patient and family, as well as medical staff. The PCMH uses a care coordination fee based on a tiered PCP classification system with a fee-for-service and incentive payment structure, all within the same budget parameters as the previous model.

**Practice Facilitation: Strengthening Primary Care for Chronic Illness in Oklahoma Through the SoonerCare Health Management Program** - The OHCA, partnering with Iowa Foundation for Medical Care, is achieving cost savings and improved quality of care for patients with chronic disease through a process known as Practice Facilitation. This component of the SoonerCare Health Management Program (HMP),

operating since February 2008, provides direct process improvement support to primary care medical practices. An independent evaluator credits practice facilitation with saving 2.8 million dollars in the first 17 months of operation.

**Measuring Success-SoonerCare's Payment Accuracy Project** - With Medicaid's expenditures totaling more than \$4 billion (1.2 billion state dollars), it is paramount that agencies be diligent stewards of taxpayers dollars. The purpose of the program is to measure and reduce improper payments while protecting access to these essential services for all Oklahomans.

**Statewide Care Management Oversight Project** - The project studied the effects of state level care management for children who were at moderate to high risk of future inpatient behavioral health hospitalizations and was funded by the Innovation Center's Transformation of System's Infrastructure Grant (TSIG). The project was a collaboration among multiple state agencies. The University of Oklahoma's E-Team evaluated the results of the study and APS Healthcare assisted with prior authorization and care coordination.

OHCA also had information booths for: SoonerEnroll: Partnering for a Healthy Oklahoma; Behavioral Health Consolidated Claims Processing & Outcomes Data; Electronic Provider Notifications; Reducing Psychiatric Residential Treatment Expenditures; Online: Proposed Rule Change; SoonerCare Member Advisory Task Force; Focus On Excellence; and the SoonerQuit Prenatal Initiative.

# Understanding SoonerCare

WHAT IS MEDICAID?

WHO QUALIFIES FOR MEDICAID?

WHAT IS SOONERCARE?

WHO ARE THE MEMBERS OF SOONERCARE?

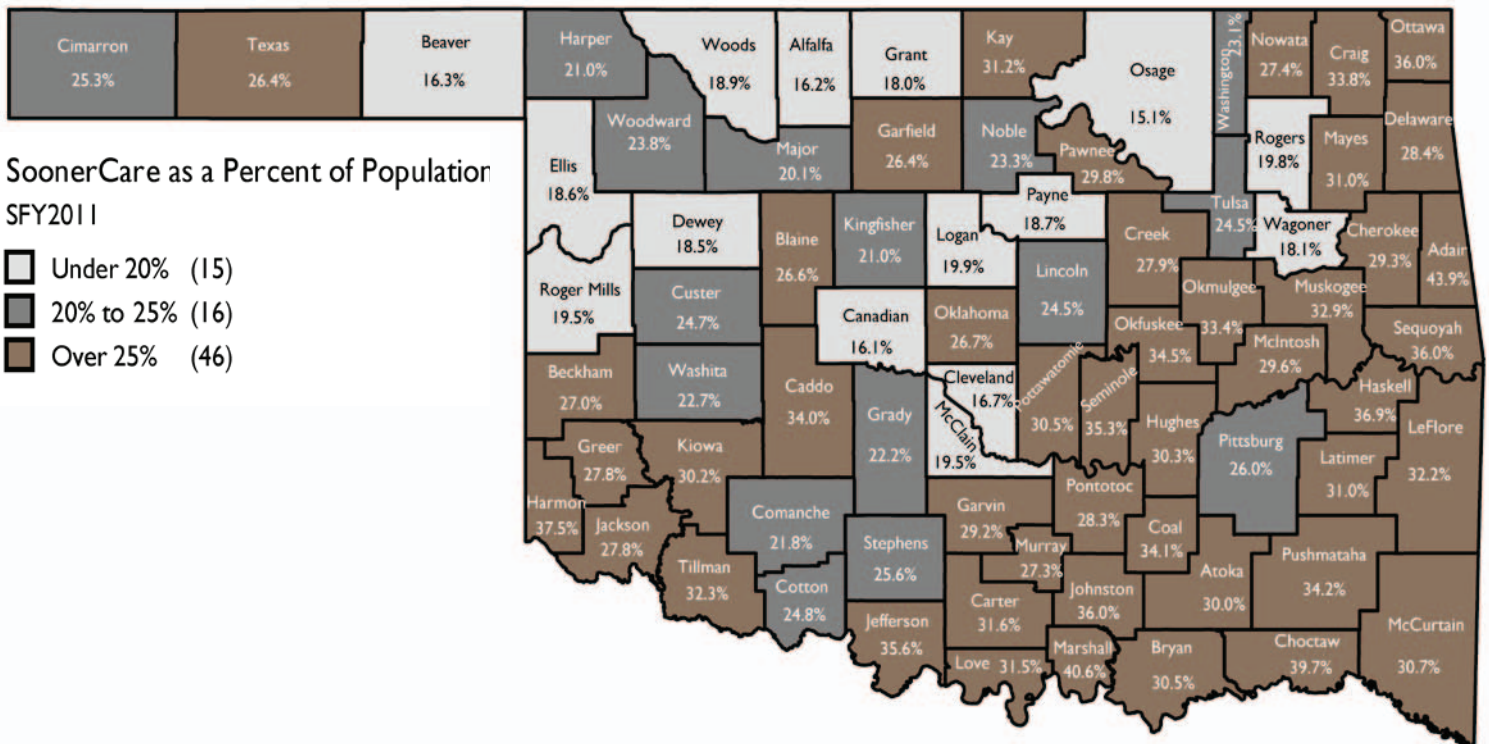
HOW IS SOONERCARE FINANCED?

WHERE ARE THE SOONERCARE DOLLARS GOING?

OKLAHOMA'S UNINSURED

SOONERCARE AND THE ECONOMY

SFY2011 SOONERCARE ENROLLEES AS A PERCENT OF THE TOTAL ESTIMATED 2010 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 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. Federal law requires states to cover certain “mandatory” groups to receive any federal matching funds. The mandatory groups are pregnant women and children under age 6 with family income below 133 percent FPL; children age 6 to 18 below 100 percent FPL; parents below cash-assistance eligibility levels; and elderly and persons with disabilities who receive Supplemental Security Income (SSI).

FIGURE 1 2011 FEDERAL POVERTY GUIDELINES (FPL)

Family Size	Annual (Monthly) Income			
	100%	133%	185%	300%
1	\$10,890 (\$908)	\$14,484 (\$1,207)	\$20,147 (\$1,679)	\$32,670 (\$2,723)
2	\$14,710 (\$1,226)	\$19,564 (\$1,631)	\$27,214 (\$2,268)	\$44,130 (\$3,678)
3	\$18,530 (\$1,545)	\$24,645 (\$2,054)	\$34,281 (\$2,857)	\$55,590 (\$4,633)
4	\$22,350 (\$1,863)	\$29,726 (\$2,478)	\$41,348 (\$3,446)	\$67,050 (\$5,588)
5	\$26,170 (\$2,181)	\$34,806 (\$2,901)	\$48,415 (\$4,035)	\$78,510 (\$6,543)
6	\$29,990 (\$2,500)	\$39,887 (\$3,324)	\$55,482 (\$4,624)	\$89,970 (\$7,498)
7	\$33,810 (\$2,818)	\$44,967 (\$3,748)	\$62,549 (\$5,213)	\$101,430 (\$8,453)
8	\$37,630 (\$3,136)	\$50,048 (\$4,171)	\$69,616 (\$5,802)	\$112,890 (\$9,408)
For Each Additional Member	\$3,820	\$5,081	\$7,067	\$11,460

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.

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.

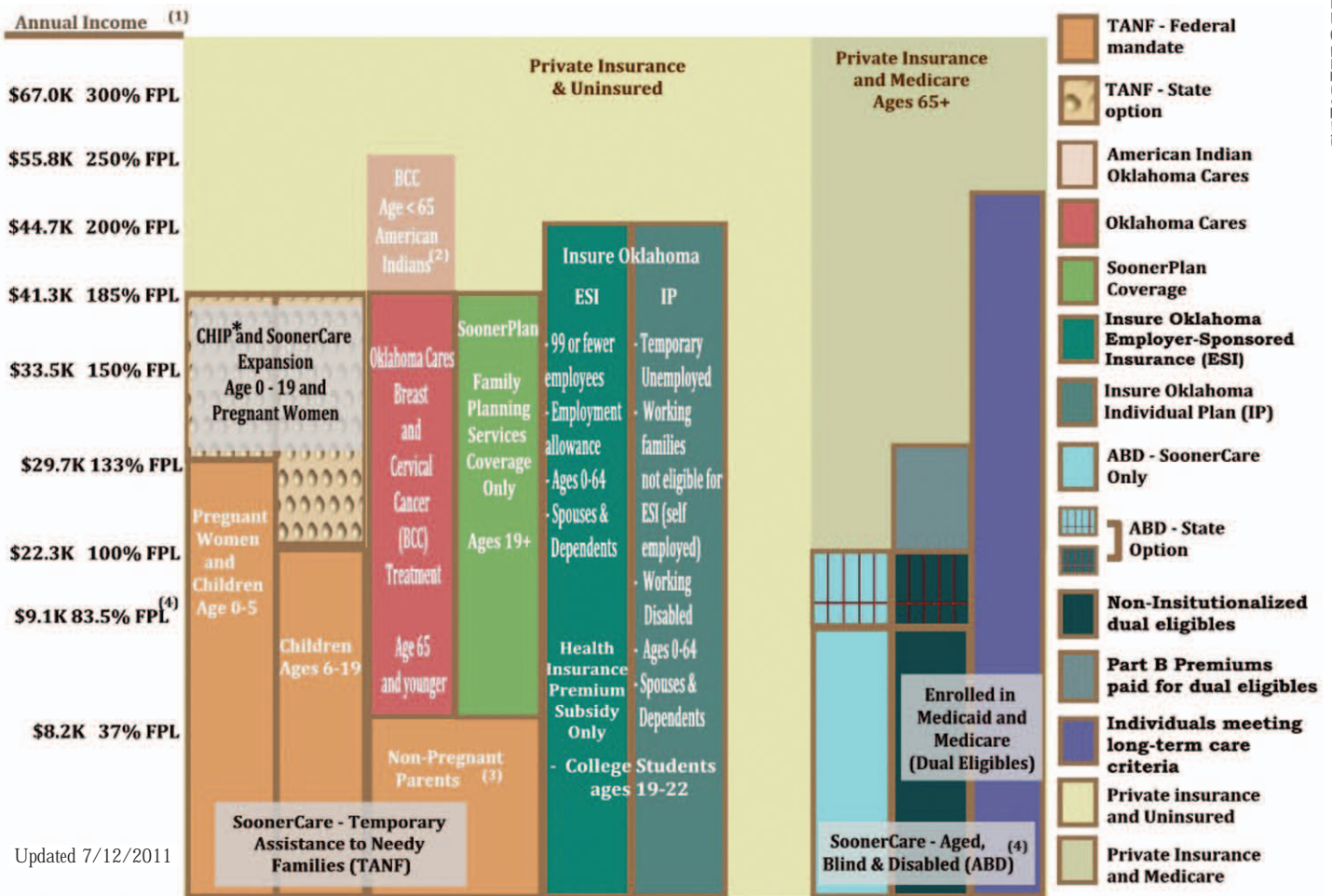
SOURCE: Federal Register, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638; <http://aspe.hhs.gov/poverty/index.shtml>.

# 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 certain individuals qualify for SoonerCare. Individuals who are disabled, aged, in custody, qualified for cash assistance or receive a State supplemental payment are processed and approved or denied by OKDHS. Applications and renewals for these programs are reviewed by each OKDHS county office for financial and/or medical qualifications. Once an individual meets the qualifications and completes the enrollment process, his or her records are sent to OHCA to coordinate medical benefits and make payments for services.

FIGURE 2 2011 FEDERAL POVERTY GUIDELINES (FPL) AND COVERAGE



Updated 7/12/2011

(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](http://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 where each member has a medical home that provides basic health care services. 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 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 to supplement 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 employees and spouses of 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. Children of ESI members with an income between 185 and 200 percent of federal poverty level are covered through their family's private insurance plan, and Insure Oklahoma subsidizes a portion of the family's premium costs.

**Insure Oklahoma Individual Plan (IP)** is a health insurance option for qualified Oklahomans. This benefit plan offers some basic health services to uninsured adults up to age 64 and their qualifying children 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 through 22 who meet financial requirements also may receive benefits under Insure Oklahoma.

# 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, less than half of the SoonerCare enrollees 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 are eligible to receive the TANF cash assistance. Only 16 percent of children enrolled in SoonerCare under TANF guidelines were in state custody or received cash assistance. More than 112,000 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 SOONERCARE CHILDREN UNDER 21 — SFY2011

Total unduplicated children under 21	604,301
Children qualified under TANF	527,309
Children qualified under Blind and Disabled	22,329
Children qualified under TEFRA	429
Children qualified under Insure Oklahoma	1,683
Children qualified under CHIP	117,229

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.** More than 66,000 adults ages 65 and older, excluding those who are blind or disabled, were covered by SoonerCare in SFY2011. Twenty-six percent were enrolled because they received cash assistance through the Supplemental Security Income (SSI) program. Others had too much income or too many 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 SFY2011, more than 130,000 Oklahomans who were blind or had chronic conditions and disabilities were enrolled in SoonerCare. Sixty-seven 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 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 119,797\* dually eligible enrollees at some point during SFY2011. 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.

On average each month, 65,000 children qualified 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 SFY2011, 20,733 children and/or women who are pregnant qualified through this expansion. These enrollees receive SoonerCare Choice benefits and are categorized under Children/Parents.

**182%**  
 Since the implementation of the SoonerCare qualification expansion programs in 1997, the number of children enrolled in SoonerCare has increased more than 182 percent.

**TEFRA.** The Tax Equity and Fiscal Responsibility Act (TEFRA) gives Oklahoma the option to make SoonerCare benefits available to children ages 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. In this report, these enrollees are categorized as Aged, Blind and Disabled.

**550**  
 550 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 ages 65 and younger 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 listed separately, Oklahoma Cares will be grouped under the Children/Parents category in this report.

**26,307**  
 There have been 26,307 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 ages 19 and older with income at or below 185 percent of federal poverty level and 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.

**113,565**  
 Since inception, 113,565 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). Oklahoma operates the eight 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 who qualify for placement in a nursing facility. More than 24,000 members receive services through this waiver program.
- ⇒ **Community Waiver:** Serves more than 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 740 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 SFY2011, this waiver served nearly 472 children who qualified for placement in an ICF/MR.
- ⇒ **Medically Fragile:** This program offers services to individuals ages 19 and older who are hospital or skilled nursing facility level of care. The first member was enrolled in August 2010 and more than 20 were enrolled by June 2011.
- ⇒ **My Life; My Choice:** Adults with physical disabilities who have transitioned from nursing facilities to their own homes through the Living Choice program are enrolled in My Life; My Choice following their first year of community living. Two individuals “graduated” from Living Choice in November 2010 and entered the My Life; My Choice program. Enrollment continued throughout June, resulting in 10 enrollments by the end of the fiscal year.
- ⇒ **Sooner Seniors:** Elderly persons 65 and older with long-term illnesses are served in Sooner Seniors following their first year of community transition using Living Choice. This program began serving members in March 2011. Total enrollment grew to 6 by the end of the fiscal year.

## What Is a Waiver?

States’ Medicaid waivers are granted by the federal Centers for Medicare & Medicaid Services. 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 would not otherwise qualify 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.

**7,037**  
 During SFY2011, 7,037 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 and their dependents 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.
- ⇒ Younger than 64 years of age.
- ⇒ Income below 200 percent of federal poverty level.
- ⇒ Doesn't qualify for SoonerCare or Medicare.



Full-time college students ages 19 through 22 who meet the basic requirements also can 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 his or her employer.

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

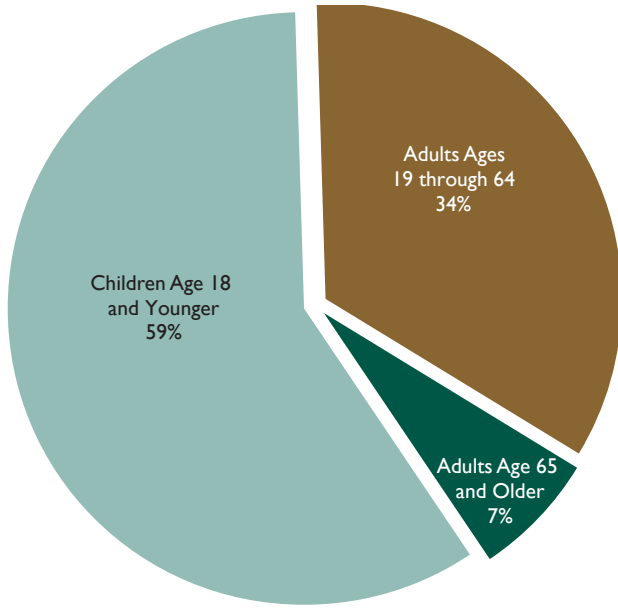
- ⇒ Not qualified for ESI and work for an Oklahoma business with 99 or fewer employees; or
- ⇒ Self employed; or
- ⇒ Temporarily unemployed and eligible to receive unemployment benefits; or
- ⇒ Working disabled who works for any size employer and has a ticket to work.

Insure Oklahoma also covers 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 are covered through their family's private insurance plan, and Insure Oklahoma subsidizes a portion of the family's premium costs. Children of IP members are 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](http://www.insureoklahoma.org).

# Who are the Members of SoonerCare? (continued)

FIGURE 4 AGE OF SOONERCARE ENROLLEES



**1 in 4 Oklahomans Enrolled in SoonerCare**

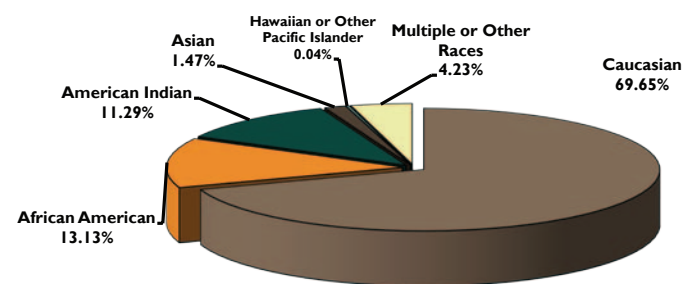
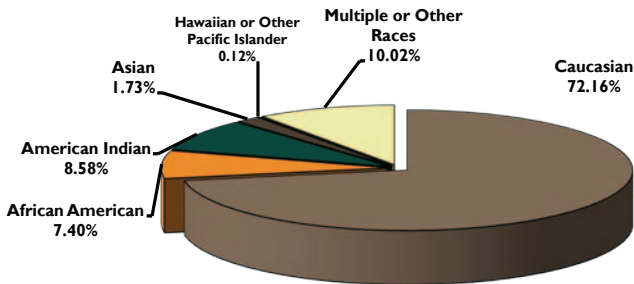
There were 968,296 unduplicated members enrolled in the SoonerCare or Insure Oklahoma programs during SFY2011. On average, 752,002 members were enrolled each month of the state fiscal year. Females comprised 58 percent of the unduplicated enrollees.

FIGURE 5 OKLAHOMA AND 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 for each race for every reported occurrence either alone or in combination with another race.

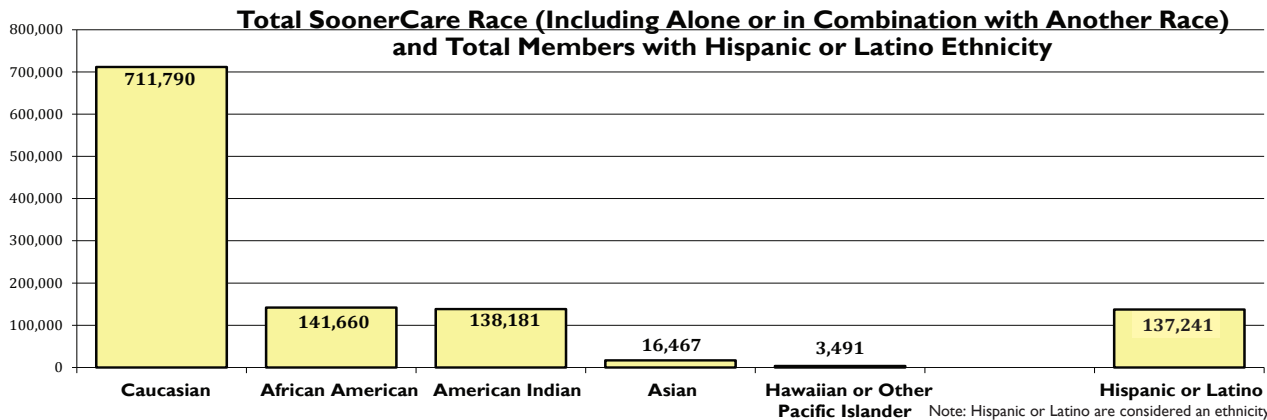
State of Oklahoma Population 2010

SoonerCare Population SFY2011



Total Estimated Population 2010 - 3,751,351 (Hispanic or Latino Ethnicity = 332,007)  
 Oklahoma totals based on U.S. Census Bureau, Oklahoma State Data Center 2010  
 Population - single race reported alone counts. Census collects Other Race, not listed in the other 5 major categories.

Total Enrolled in SoonerCare and/or Insure Oklahoma - 968,296 (Hispanic or Latino Ethnicity = 137,241) The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.



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

Oklahoma SoonerCare unduplicated single race reported alone counts based upon data extracted from member files on July 15, 2011. 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, which means the federal government is required by law to pay its share of 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 its 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 regular FMAP was increased through June 2011.

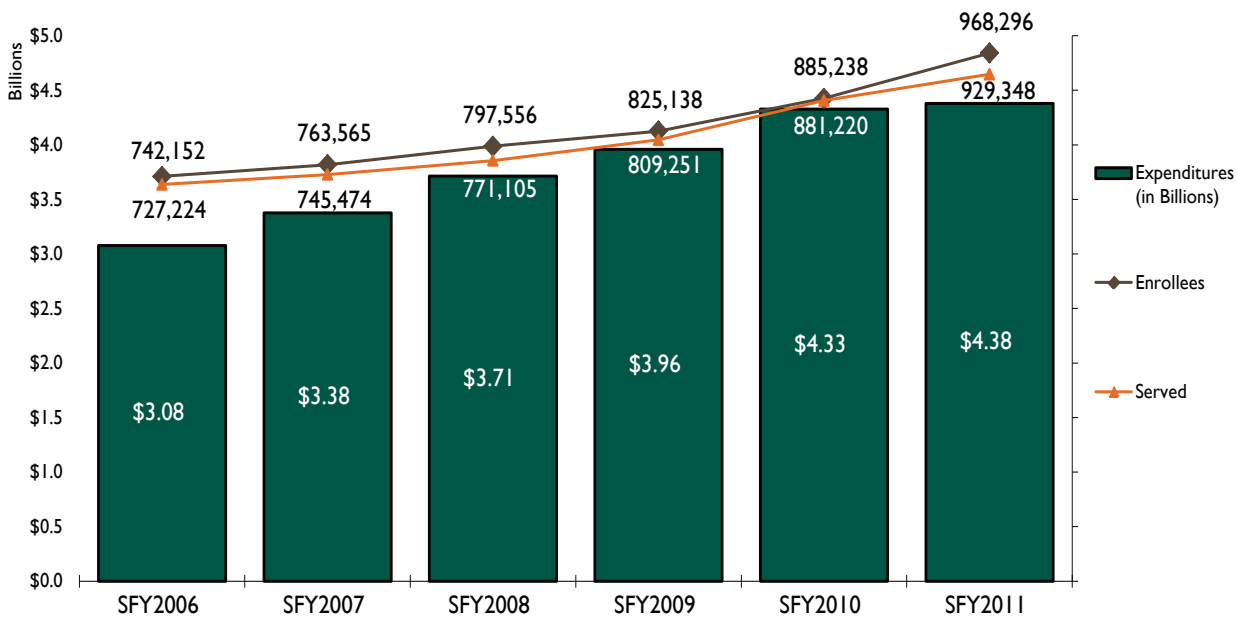
For the specific revenue sources, go to Appendix A on page 62.

FIGURE 6 FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

Regular Medicaid Match			CHIP <sup>‡</sup> Match		
Federal Fiscal Year	Federal Match (FMAP)	State Match	Federal Fiscal Year	Federal Match (FMAP)	State Match
2011	64.94%	35.06%	2011	75.46%	24.54%
2012	63.88%	36.12%	2012	74.72%	25.28%

The Federal Fiscal Year is from October through September. <sup>‡</sup>CHIP: Children’s Health Insurance Program.

FIGURE 7 HISTORIC SOONERCARE ENROLLEES, SERVED AND EXPENDITURES, SFY2005-SFY2011

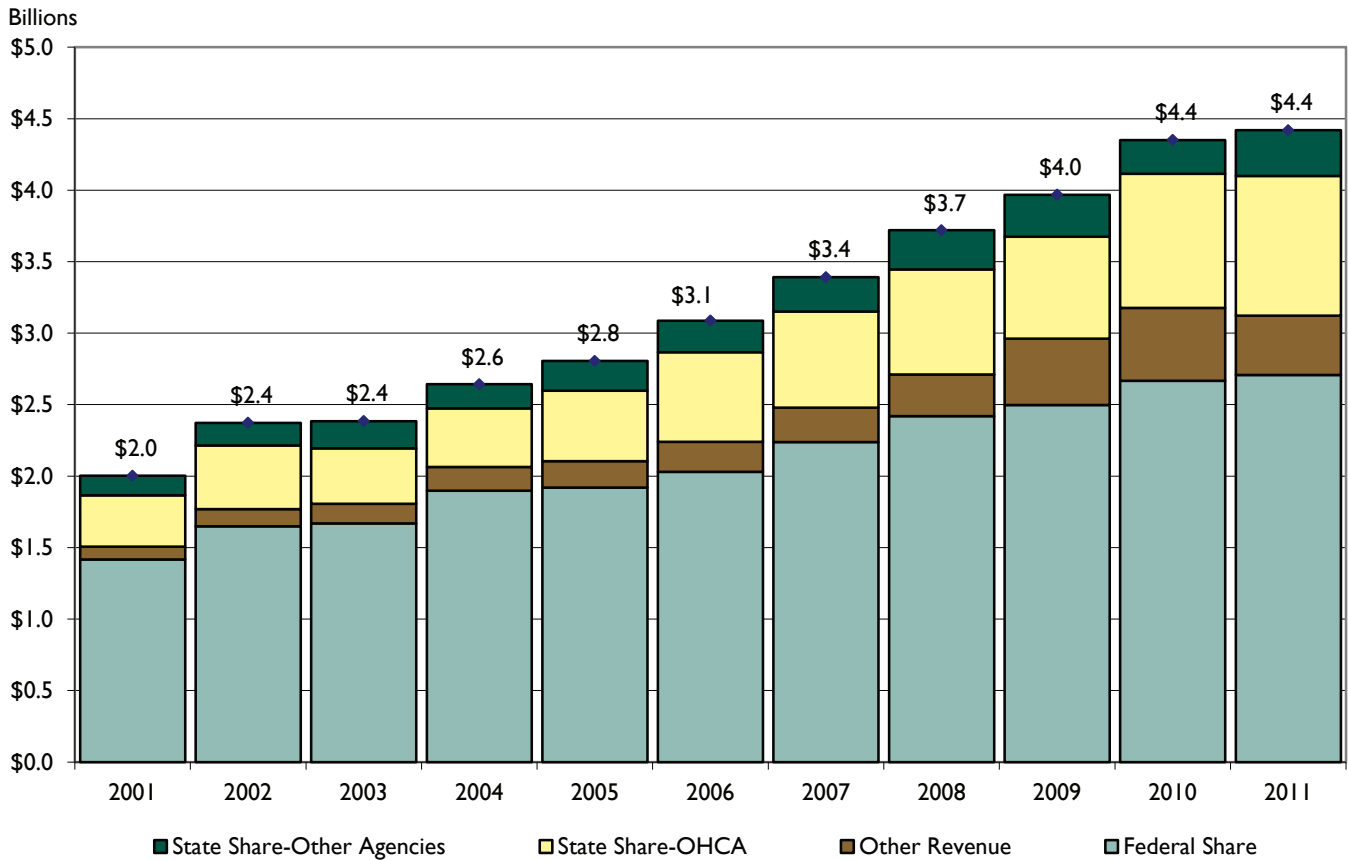


# How Is SoonerCare Financed? (continued)

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 SFY2011 totaled nearly \$2.7 billion.

45%

FIGURE 8 SUMMARY OF EXPENDITURES AND REVENUE SOURCES, FEDERAL FISCAL YEAR 2001-2011



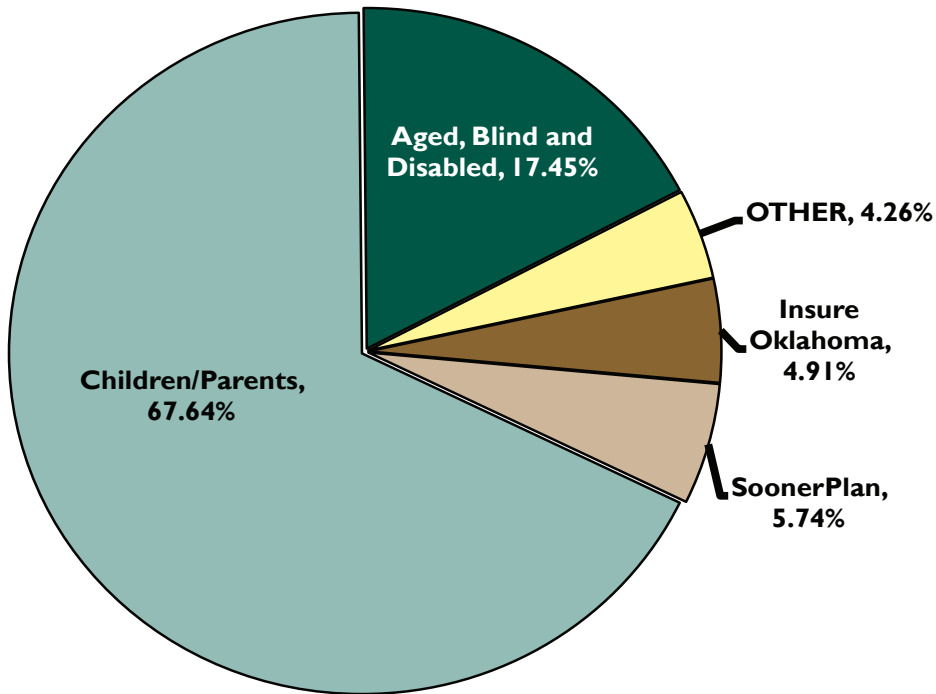
Federal Fiscal Year	Total Expenditures	Federal Share	Other Revenue	State Share — OHCA	State Share — Other Agencies
2001	\$2,002,335,338	\$1,416,570,113	\$90,213,424	\$358,174,870	\$137,376,931
2002	\$2,372,098,884	\$1,649,376,278	\$119,799,311	\$445,842,697	\$157,080,598
2003	\$2,384,136,980	\$1,669,197,685	\$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
2011	\$4,419,400,740	\$2,707,196,795	\$414,614,124	\$978,015,721	\$319,574,101

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

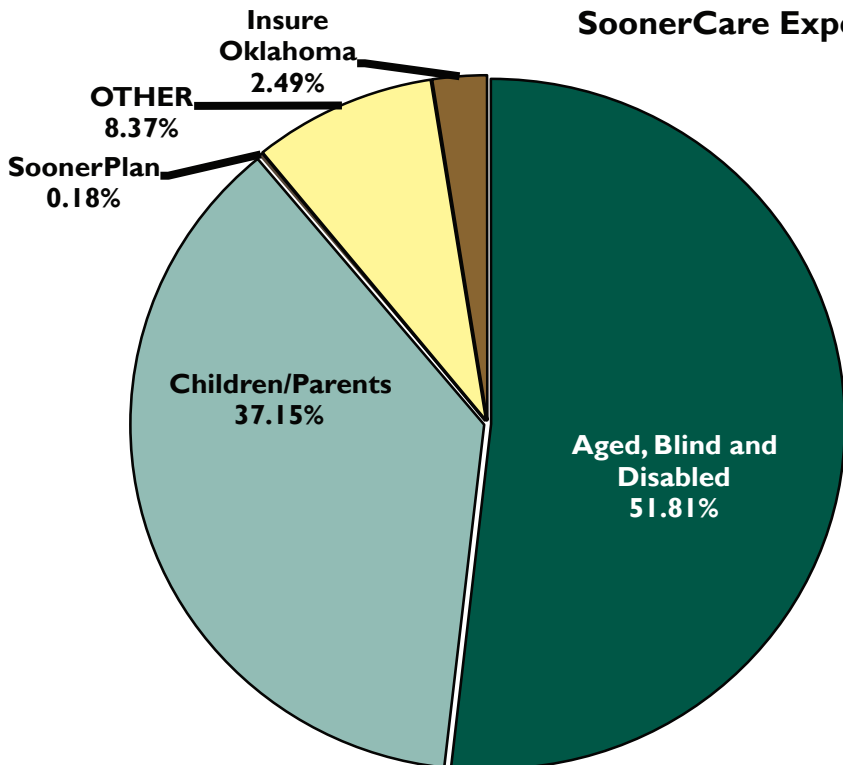
### SoonerCare Enrollees



**17%**  
 17.45 percent of enrollees were Aged, Blind and Disabled



### SoonerCare Expenditures



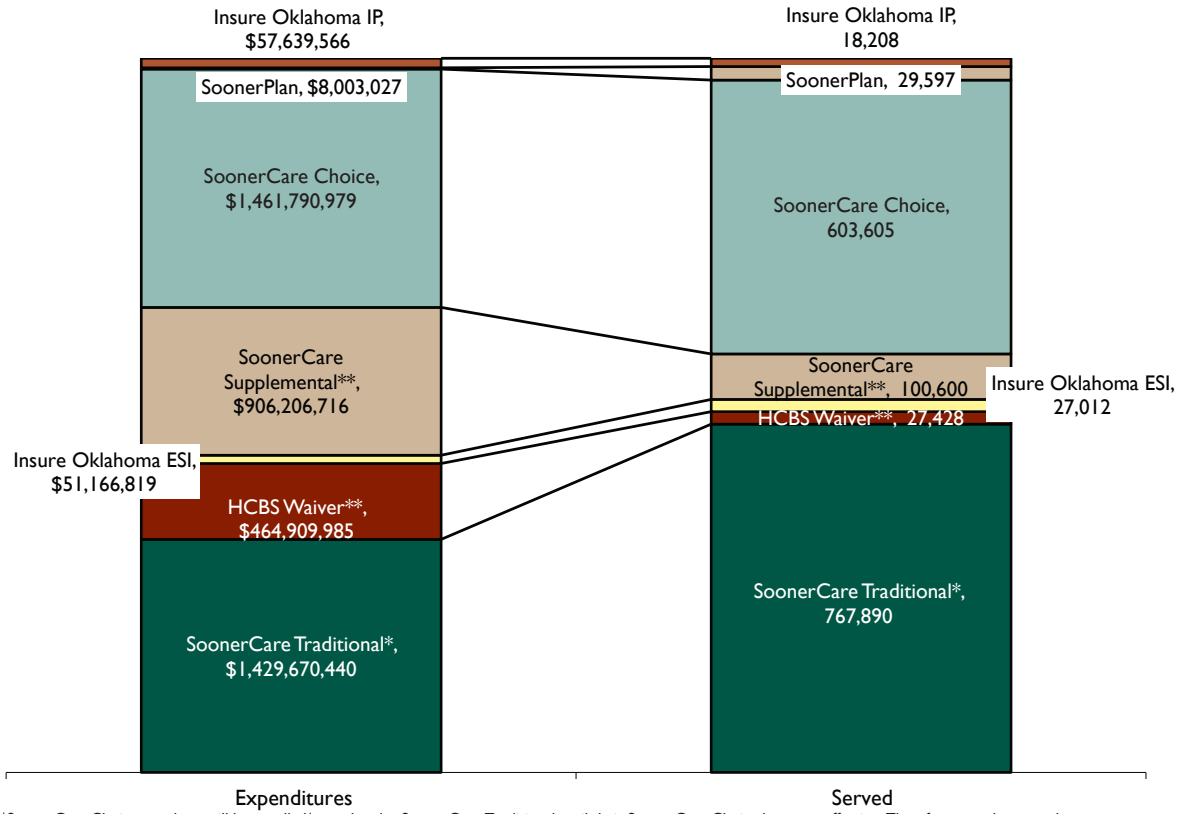
**52%**  
 51.8 percent of expenditures were on behalf of Aged, Blind and Disabled

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.

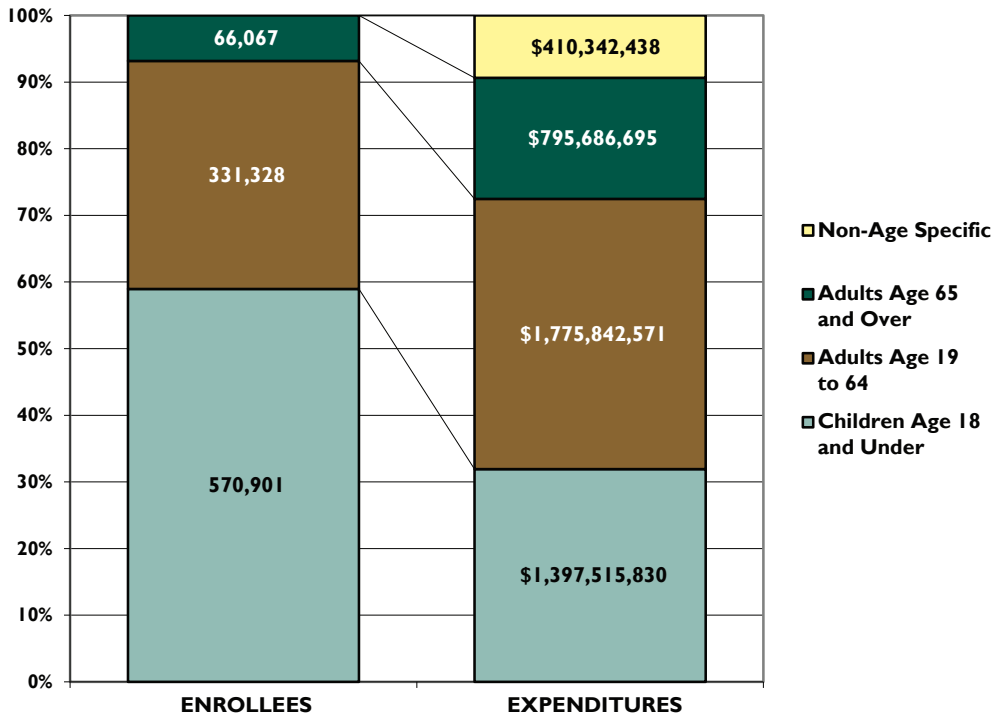
# Where Are the SoonerCare Dollars Going? (continued)

FIGURE 10 SOONERCARE EXPENDITURES AND SERVED BY BENEFIT PLAN — SFY2011



\*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 SOONERCARE ENROLLEES AND EXPENDITURES BY AGE — SFY2011



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 — SFY2011

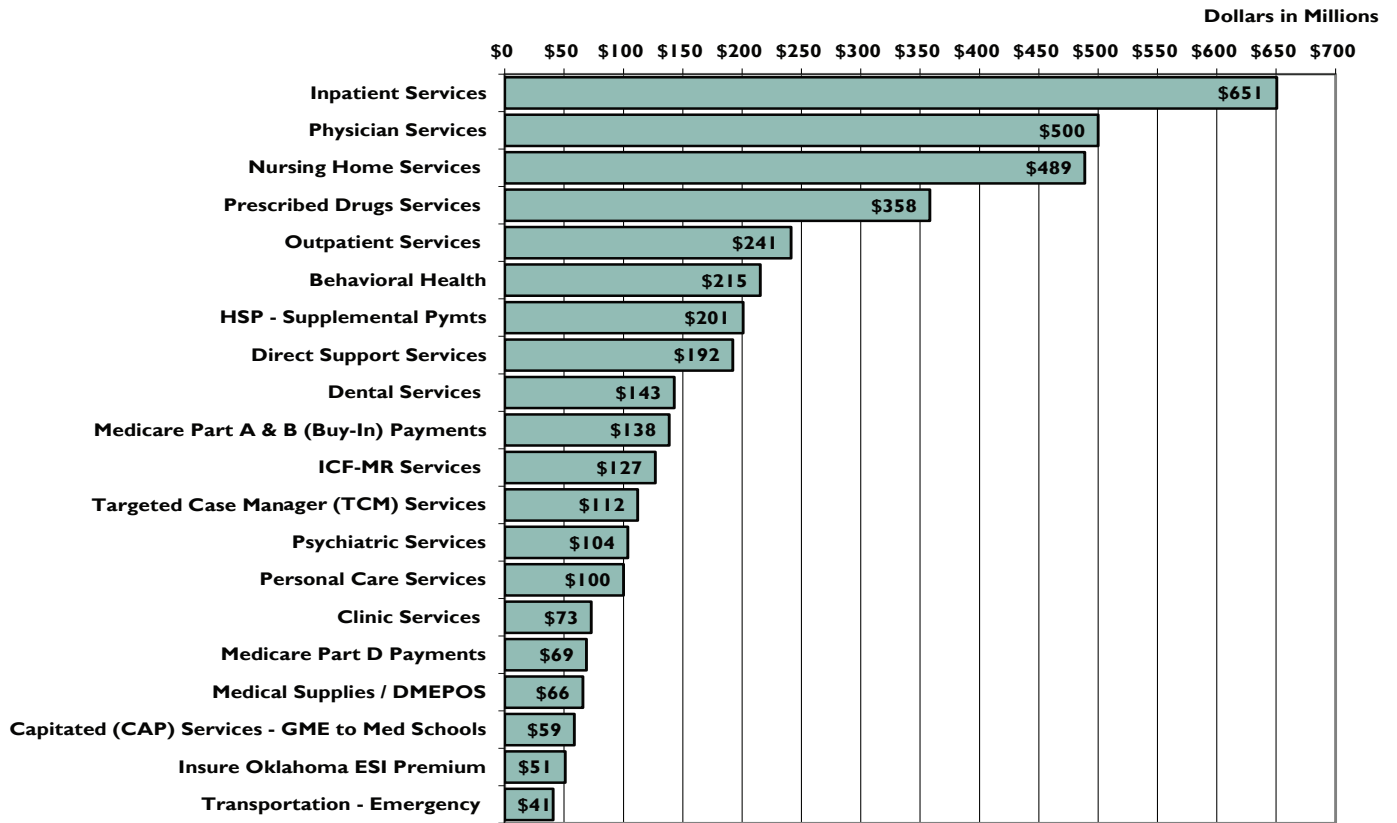


FIGURE 13 SOONERCARE CAPITATION PAYMENTS — SFY2011

Aged, Blind and Disabled (ABD)	Member Months	Capitation Payments
IHS Adults	11,300	\$33,900
IHS Children	6,073	\$18,219
Children/Parents (TANF)*	Member Months	Capitation Payments
IHS Adults	10,965	\$ 21,930
IHS Children	148,344	\$317,415
SoonerCare Choice Medical Home	Member Months	Care Coordination Payments
Medical Home - Open to All Ages	2,370,452	\$12,055,338
Medical Home - Open to Children Only	2,036,552	\$8,841,369
Medical Home - Open to Adults Only	39,530	\$191,749
Miscellaneous Capitation (not limited to SoonerCare Choice)	Member Months	Capitation Payments
Insure Oklahoma - Individual Plan	140,636	\$421,908
Non-Emergency Transportation (ABD)	1,633,481	\$23,538,461
Non-Emergency Transportation (TANF)	5,593,041	\$3,523,616
PACE	870	\$2,404,495

\*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 2011 Current Population Survey, more than 624,000 Oklahomans were uninsured in 2010. Approximately 119,000 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, routine dental care and vision and hearing screening 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.

Despite access problems and other barriers, uninsured Oklahomans still receive 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 OKLAHOMA UNINSURED ESTIMATES BY FEDERAL POVERTY LEVEL

Age Range	Total Uninsured	Uninsured Percent of OK Population	Uninsured Less Than 150% of FPL	Uninsured Less Than 200% of FPL	Uninsured Less Than 250% of FPL	Uninsured Less Than 300% of FPL
Total	624,480	17.03%	296,859	366,411	429,965	479,042
0-18	119,747	12.17%	58,273	75,579	90,333	97,456
19-64	503,644	23.09%	238,586	290,832	338,543	380,497
65+	1,089	0.22%	0	0	1,089	1,089
3 Yr Avg	592,202	16.37%	243,621	325,421	398,667	447,139

## SoonerCare and the Economy

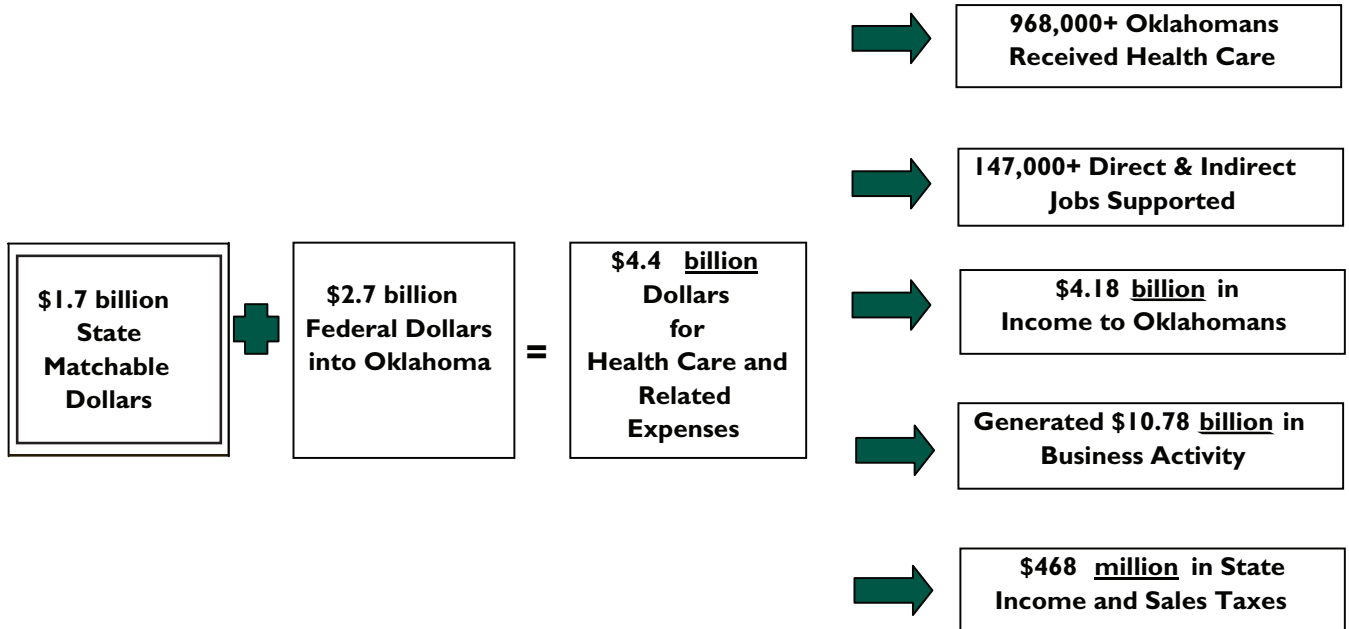


\*For every \$1 in state Medicaid dollars spent, Oklahoma receives \$2.97 in federal dollars available for direct medical services and administrative costs.

(Included in the total federal dollars are the regular Federal Matching Assistance Percentage dollars of \$2.67 and ARRA/Stimulus dollars of \$ .30.)

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 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, other fees and refunds.

# Oklahoma SoonerCare

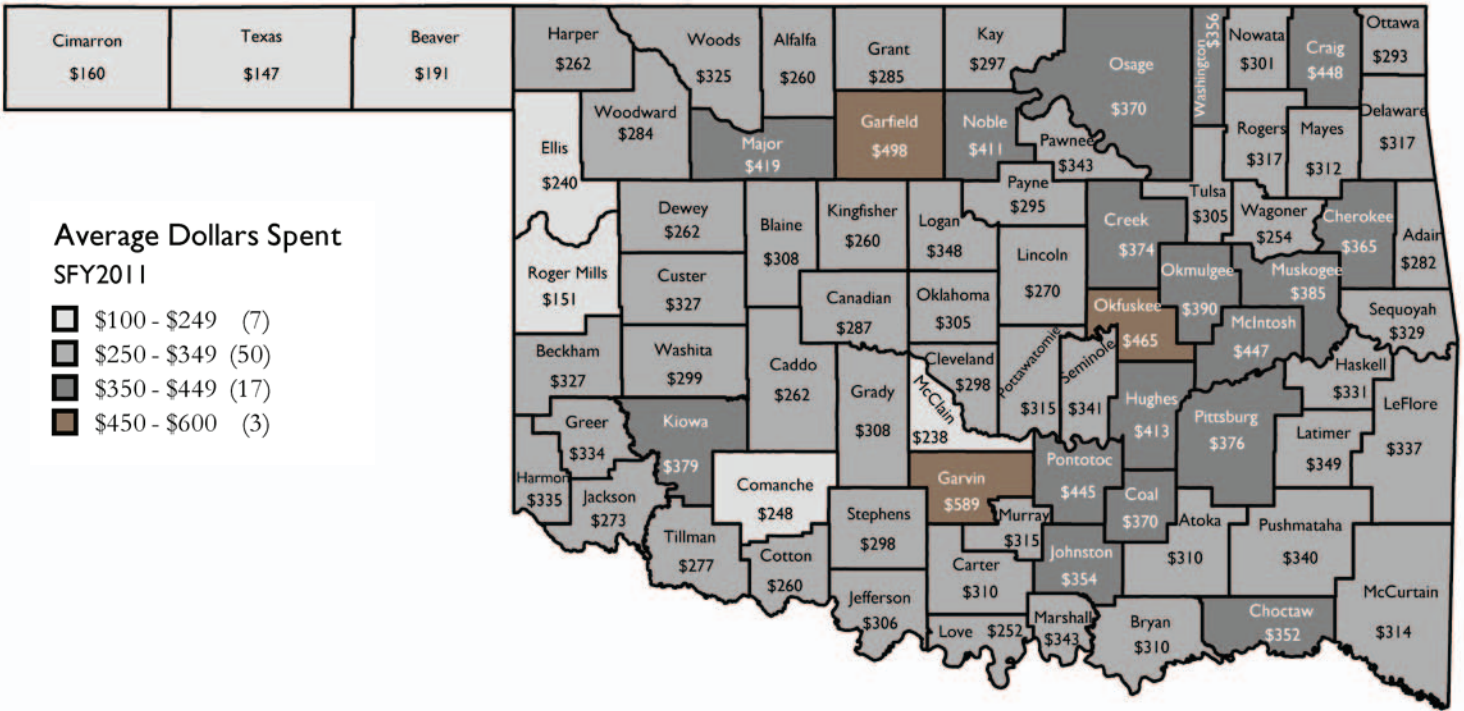
## WHAT BENEFITS DOES SOONERCARE COVER?

### OKLAHOMA SOONERCARE BENEFITS

### SOONERCARE AND AMERICAN INDIANS

### SOONERCARE AND OUR PROVIDERS

SFY2011 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 Are Covered by SoonerCare?

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 pregnancies.
- ⇒ 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 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 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 high-risk members receive intensive care management from nurses who provide specific education and support to the members' needs. Nurses help coordinate care and teach self-management skills.
- ⇒ Out-of-state care coordination. If a SoonerCare member needs specialty care not available in Oklahoma, a team of OHCA staff works 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](http://www.okhca.org)) under Individuals and Stay Healthy! An area on the Web houses activities and information for children called Kids Corner. 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 about every four months. Electronic copies are also available on the OHCA website.
- ⇒ The SoonerCare Choice Health Access Network pilot. The HAN pilot will expand to a statewide network model to allow SoonerCare members access to services within their communities and enhance quality of care and improved outcomes.
- ⇒ The SoonerCare Member Advisory Task Force (MATF) is dedicated to working with OHCA staff, voicing and finding solutions to member challenges.



## What Benefits Are Covered by SoonerCare? (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 also may 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 identifies 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, copayments or similar cost-sharing charges. A copayment 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 copayment from some SoonerCare members for certain medical services. A SoonerCare provider may not deny allowable care or services to members based on ability to pay the copayment.

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

The applicable copayment by benefit package for some allowable services are listed on the OHCA website at [www.okhca.org](http://www.okhca.org). Click Benefits and then Comparison Chart of SoonerCare Benefits. The Insure Oklahoma Individual Plan has a separate listing of covered services and applicable copayments. To view the details, go to [www.insureoklahoma.org](http://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 and crisis intervention.
- ⇒ 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.
    - Systems of care/wraparound for children and families.
    - Day treatment and partial hospitalization program.
  - ⇒ Peer support services.

**66%**  
 Children under age 21 accounted for 66 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 changes focused on enrollment of all qualified children and improving access, utilization and quality of care for SoonerCare children.

In SFY2011, 604,301 children were enrolled in SoonerCare at some point during the year. This equals 55 percent of all Oklahoma children younger than age 21. Child health services offered as a part of SoonerCare include a comprehensive array of screening, diagnostic and treatment services to ensure the health care needs of this vulnerable population.

*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.

# Oklahoma SoonerCare Benefits (continued)

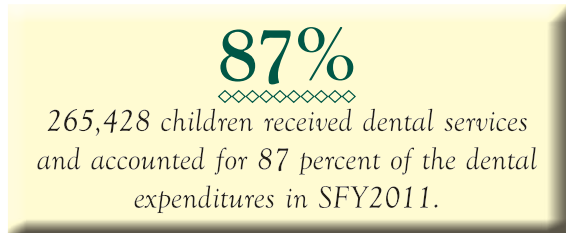
## DENTAL SERVICES



Oral health is a key component of an overall healthy and happy lifestyle. The earlier children are introduced to dentistry, the better their chances are for 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.



## DMEPOS/MEDICAL SUPPLIES

Durable medical equipment, prosthetics, orthotics and supplies are benefits provided to SoonerCare and Insure Oklahoma members and are suitable for use within the home. OHCA provides equipment such as home ventilators, oxygen, diabetic supplies and a wide variety of equipment for SoonerCare and Insure Oklahoma members.



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

During 2011, the DME Advisory Committee consisting of providers and stakeholders met bimonthly to provide input in developing the DMEPOS program at OHCA.



## HOSPITAL SERVICES

Hospitals are part of the health care environment of the communities they serve. Without hospitals, 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.



## 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)** SoonerCare Supplemental may assist with payments for Medicare Part A and Part B premiums, deductibles and coinsurance if the member is entitled to Medicare Part A and has qualifying income levels and limited resources.

**Specified Low-income Medicare Beneficiary (SLMB)** SoonerCare Supplemental may assist with payments for Medicare Part B premiums if the member is enrolled in Medicare Part A and has qualifying income levels and limited resources.

**Qualifying Individuals (QI)** SoonerCare Supplemental may assist with payments for Medicare Part B premiums if the member is enrolled in Medicare Part A, has qualifying income levels and limited resources and is not otherwise eligible for full-benefit SoonerCare.

# 3.2%

SFY2011 "buy-in" expenditures totaled \$138,460,083 or 3.2 percent of the total SoonerCare expenditures.

An average of 2,333 Part A premiums and more than 87,900 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 \$68,908,484 in Medicare Part D "clawback" payments in SFY2011.



## Oklahoma SoonerCare Benefits (continued)

### 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 as a part of OLL. Services through these waiver programs are available for qualified members who can be served safely in a community-based setting; when the cost of providing waiver services is less than the cost of a comparable institutional setting and when waiver slots are available. Individual waiver documents specify member qualifying criteria, applicable post-qualification criteria and the waiver-specific services available.

#### **Living Choice**

OHCA is collaborating with the Oklahoma Department of Human Services and other organizations to help older Oklahomans and people with disabilities receive 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 SFY2011, 197 people transitioned to the community through Living Choice. These transitions included: 54 people with mental retardation, 46 older people and 97 people with physical disabilities.

#### **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 once or twice a week for primary care services, to meet with their case manager and to engage in social activities with other PACE members.

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.

## Oklahoma SoonerCare Benefits (continued)

### OPPORTUNITIES FOR LIVING LIFE (CONTINUED)

#### **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.

The Cherokee Elder Care Center receives Medicare, Medicaid and dual (for individuals who are dually eligible for Medicaid and Medicare) capitation payments for all individuals enrolled in the program. People not financially qualified for Medicaid and Medicare pay the capitation amount 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 specified in the State Plan.

#### **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 strained. The focus of the Oklahoma Long-Term Care Partnership (OKLTCP) program is to create an opportunity for Oklahomans to take personal responsibility for organizing and financing their own long-term care needs. The OKLTCP is a public/private arrangement between long-term care insurers, the Oklahoma Insurance Department (OID) and the OHCA. The OKLTCP in coordination with the Oklahoma Insurance Department has developed an affordable insurance option to address the needs of Oklahomans while protecting both consumers and the state Medicaid budget. Currently, 24 insurance carriers are certified to market the program in the state; more than 3,200 agents have taken eight hours of training required to market the program and more than 2,000 policies have been sold to Oklahoma citizens.

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 educates citizens to plan for their future needs and protect their hard-earned assets.

#### **Nursing Home Services**

Because nursing home or institutional care is 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 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 are "spending down" their assets to cover the high costs of their long-term care.

#### **Level of Care Evaluations – Long-Term Care Members**

To ensure 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 entering a long-term care facility. Furthermore, federal regulations include a higher level evaluation (Level II) for 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%**

SoonerCare funded 4,865,002 nursing facility bed days for SFY2011; this represents 68.2 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 about 75 percent of SoonerCare members each month. It is hard to imagine a health care benefit system in which medication therapies did not play a significant role. Thanks to wide availability of generic medications, OHCA is able to provide a robust pharmacy benefit for SoonerCare members. Four of five prescriptions paid for by SoonerCare is filled with a generic medication. The SoonerCare pharmacy program has one of the higher generic utilization rates of any Medicaid pharmacy benefit plan in the nation. The average cost of a generic prescription filled for a SoonerCare

member is about \$20, compared to the average cost of brand name prescription, which is approaching \$300.

**SoonerCare Choice** members qualify for prescription drug products approved by the Food and Drug Administration (FDA) and are included in the Federal Drug Rebate program. In general, children up to age 21 may receive prescriptions without monthly limitations and are not subject to a co-pay. Adults are limited to six prescriptions per month. Two of the six prescriptions can 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 prescriptions. A few drugs not covered by Part D can be covered for members also enrolled under SoonerCare Traditional.

The federal government requires states to repay an estimated prescription cost savings amount. This amount is referred to as a “clawback.”

**Opportunities for Living Life** members in long-term care facilities receive prescriptions as shown for SoonerCare Choice, but have no limitation on the number of prescriptions covered each month.

**Home and Community-Based Services** enrollees not dually eligible for Medicare receive 13 prescriptions per month, three of which may be brand name products. These members are eligible for Medication Pharmacotherapy management if they require more than three branded prescriptions or more than 13 total prescriptions each month.

**Insure Oklahoma Individual Plan** provides prescription coverage similar to SoonerCare Choice with different copayment requirements. Access [www.insureoklahoma.org](http://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 for women who do not qualify for SoonerCare because of their citizenship status.

# \$61

The average cost per prescription funded by SoonerCare was \$60.51, and the average monthly prescription cost per utilizer was \$147 for SFY2011.

## Oklahoma SoonerCare Benefits (continued)

### PHYSICIANS AND OTHER PRIMARY CARE PROVIDERS

Physicians and other primary care providers are crucial in 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 insured through SoonerCare. Oklahoma primary care providers (PCPs) act as SoonerCare's "front line."

Physician services for adults may be limited 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 also have been expanded to include evidence-based smoking cessation counseling in an outpatient office setting.

### 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 more frequently absent 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 children enrolled in SoonerCare who are qualified to receive health-related services under the Individuals with Disabilities Education Act and pursuant to an Individual Education Plan (IEP). This may include nursing services for treatment of chronic conditions such as asthma and diabetes. The IEP provides services necessary to ensure a successful education for students with delays and disabilities. Services include speech, occupational and physical therapy. Schools outline the treatment 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 developmentally delayed children from birth to age 3. 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.

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.



## 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 pregnancy tests, Pap smears and screening for some sexually transmitted infections.
- ⇒ Office visits and physical exams related to family planning.
- ⇒ Tubal ligations for women ages 21 and older.
- ⇒ Vasectomies for men ages 21 and older.



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

### SOONERIDE (NON-EMERGENCY TRANSPORTATION) SERVICES

Non-emergency transportation has been part of the Medicaid program since 1969, when federal regulations mandated states ensure 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 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 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.

# 774,187

An average of 10,778 members monthly used  
SoonerRide services for a total of 774,187  
one-way transports in SFY2011.

## SoonerCare and American Indians

Oklahoma is home to 39 federally recognized tribal governments. According to 2010 Census estimates, more than 480,000 American Indians live here. During SFY2011, more than 138,000 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 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 SFY2011. 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

To enroll 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.

# 29%

*SoonerCare enrolled more than 138,181 American Indians in SFY2011. That is 28.6 percent of the total 482,760 Oklahomans reporting an American Indian race alone or in combination with other races.*

Source: U.S. Census Bureau, 2010 Census, Summary File 1, Tables P3 and P6: Population by Race Alone or in Combination 2010

### OHCA SOONERCARE TRIBAL CONSULTATION

OHCA's tribal consultation efforts allow 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 to improve 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 2010 meeting was the largest with more than 200 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 services rendered by SoonerCare provider networks. OHCA provides a multitude of support functions to our medical, dental and behavioral service partners. Some of these support services include:

- ⇒ Dedicated and professional staff available to assist providers. Staff can provide training by telephone or on-site in the provider's office as well as bimonthly and semi-annual large group training. Educational materials about various operational and medical topics are available from the OHCA website. Staff also provides billing assistance and answers questions related to OHCA rules and policies, as well as lends their expertise to ensure services provided meet all state and federal requirements.
- ⇒ Recruitment and education efforts continue to increase the provider network.
- ⇒ 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 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 concerning policy and billing issues. This phone number is staffed from 8 a.m. to 5 p.m., Monday through Friday. Providers also can send secure, HIPAA-compliant email messages through the SoonerCare Secure website. It is a safe method of contacting OHCA via telephone to inquire about policy, coverage, contract compliance or general questions.
- ⇒ An eco-friendly electronic provider notification process. The electronic provider notification process consists of three sources of communication instead of the paper letter process: email notification, web alerts and targeted faxed information updates.
- ⇒ 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 to improve care delivered to members with chronic conditions. Participating practices received a free Web-based health information registry tool, CareMeasures. This registry tool identifies unmet clinical measures to help the practice prioritize clinical services offered during the next patient encounter. It also is 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.
- ⇒ Certified nursing aid training for individuals to increase the number of available staff and reduce staff turnover rates in SoonerCare long-term care facilities. CNA classes are free for students who earn certification and subsequently gain and hold employment at a SoonerCare contracted long-term care facility for at least 12 months.
- ⇒ Various provider incentive programs directly tied to service quality and outcome performance.
- ⇒ Appropriate reimbursement rates. OHCA strives to purchase the best value health care for our members and explore options for maintaining or increasing provider payments to ensure members' access to sufficient provider networks.



## SoonerCare and Our Providers (continued)

### PHYSICIANS AND OTHER PRACTITIONERS

In January 2009, Oklahoma transitioned to a patient-centered medical home delivery system of primary and preventive care for members enrolled in SoonerCare Choice. The medical home payment structure 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 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 available to qualifying providers who meet or exceed quality-of-care targets within an area of clinical focus selected by OHCA. Budgeted SoonerExcel figures are found in Appendix E, page 90.



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. 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 and continuing through SFY2011.

**14,450+**  
SoonerCare contracted with 14,471  
physicians at some point during  
SFY2011.

### Graduate Medical Education (GME)

Graduate medical education refers to the residency training doctors receive after completing medical school. Most residency programs are 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 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. State funds are transferred to OHCA from the University Hospital Authority.

SFY2011 GME Payments:	
University of Oklahoma OKC and Tulsa	\$45,405,325
Oklahoma State University College of Osteopathic Medicine – Tulsa	\$13,162,247



## SoonerCare and Our Providers (continued)

### LONG-TERM CARE FACILITIES

Long-term care facilities play an essential role in Oklahoma’s health care system by providing care for 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. Long-term care facilities 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 long-term care residents in Oklahoma are covered through the SoonerCare program.

Long-term care facilities treat people with a wide range of clinical conditions. The mix and amount of resources long-term care facilities use determines the cost of the care they provide. Resources include the cost of direct care staff, such as nurses, nurse aides and nurse aide training.

**Focus On Excellence (FOE)** - Created through House Bill 2842 and implemented in November 2006 the Focus on Excellence program mission is to improve quality of care in nursing homes through the program’s 10 quality measures. The FOE program continues to grow and is an integral part in continuous quality improvement in Oklahoma nursing facilities. The goal is to continue program improvement and have the best quality nursing homes in the industry. FOE continues to drive quality improvement by ensuring the most up-to-date information through real-time data; state survey inspections; routine visits and training; monthly advisory board; and website accessibility 24 hours a day. All Oklahoma nursing facilities are enrolled in the Focus on Excellence program with an estimated 95 percent participation rate.

**Certified Nurse Aide Training Program (CNA)** - Is a training program that allows individuals to obtain trains people to be certified nurses’ aides. In partnership with the Oklahoma State University-Oklahoma City (OSU-OKC) and Oklahoma’s Career Technology Centers, the program offers standardized training and curriculum to individuals who wish to work in the nursing field. The goals of this program include improving quality of life and services, increasing the number of available staff and reducing CNA staff turnover rates. Classes are free for students who earn certification and gain and hold employment at a SoonerCare contracted long-term care facility for at least 12 months.

**71%**  
*Statewide, Oklahoma nursing facilities have a 71 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	20,075	4,865,002	\$488,768,742	\$24,347	\$100.47
ICFs/MR (ALL)	1,736	585,341	126,784,862	\$73,033	\$216.60
ICFs/MR (Private)	1,415	473,256	\$55,768,063	\$39,412	\$117.84
ICFs/MR (Public)**	321	112,085	\$71,016,799	\$221,236	\$633.60

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 \$25.40/day). \*\* ICFs/MR public facilities per day rate includes ancillary services not included in ICFs/MR private facility rate. Reimbursement includes \$13,441,208 in Public ICF/MR cost settlements.

## 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. An additional outlier payment may be made to help protect the hospital from financial losses for unusually expensive cases. OHCA pays a per-day rate for inpatient stays in freestanding rehabilitation and behavioral health facilities, as well as long-term care sub-acute children's facilities.

#### **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 the needs of hospitals that served a high number of Medicaid and uninsured patients. The second concern was the potential for a growing gap between what Medicaid paid hospitals and the hospitals' cost of care.

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

The Oklahoma DSH formula and methodology adopted in SFY2007 established three funding pools for licensed hospitals located within the state that met 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 subdivided by hospital size of allocating DSH funds reserved for this pool.

FIGURE 16 HOSPITAL PAYMENTS — SFY2011

Types of Hospital Payments	SFY2010	SFY2011
Inpatient - Acute and Critical Access	\$561,983,864	\$559,691,853
Inpatient Rehabilitation - Freestanding	\$12,069,022	\$12,391,967
Inpatient - Indian Health Services	\$15,686,530	\$14,333,079
Inpatient - LTAC Children's	\$19,206,046	\$19,596,828
Inpatient Behavioral Health - Freestanding	\$9,911,717	\$7,985,495
Psychiatric Residential Treatment Facilities	\$105,394,239	\$94,393,830
Outpatient Services	\$217,568,254	\$279,008,845
Medicare Crossovers	\$55,497,957	\$36,408,523
Hospital Supplemental Payments	\$148,904,362	\$200,923,368
Electronic Health Record Incentive Payments	-	\$22,698,793
Indirect Medical Education (IME)	\$28,137,940	\$28,813,252
Graduate Medical Education (GME)	\$16,241,933	\$16,241,944
Disproportionate Share Hospitals (DSH) <sup>1</sup>	\$53,163,523	\$46,829,628
<b>Total</b>	<b>\$1,243,765,387</b>	<b>\$1,339,317,405</b>

Source: OHCA Finance Division, November 2011. 1. There were \$27,106,997 in adjustments made for DSH for prior fiscal years during SFY2011. The actual amount paid to hospitals in SFY2011 totaling \$46,829,628 is reported here, while the net amount of \$19,722,631 is reported elsewhere.

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 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 St. John’s and OSU Medical Health System hospitals in Tulsa.

In order to qualify as a teaching hospital and be 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.

<i>SFY2011 IME Payments:</i>	
OU/OKC Oklahoma Medical Center –	\$14,406,626
OU/Tulsa St. John’s Health Systems –	\$7,203,313
OSU College of Osteopathic Medicine – Tulsa –	\$7,203,313

**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.

To qualify as a teaching hospital and be 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	SFY2011
Baptist Medical Center	\$1,172,786
Baptist Bass	\$40,370
Baptist Medical Center/Southwest	\$127,832
Comanche Co Memorial Hospital	\$17,895
Hillcrest Medical Center	\$2,061,914
Jackson County Memorial	\$829
Jane Phillips Hospital	\$8,450
Laureate Psych Hospital	\$1,239
Medical Center of Southeastern OK	\$36,186
Saint Francis	\$957,757
St. Anthony	\$1,414,596
St. John	\$734,749
OSU Medical Center	\$728,925
University Health Partners	\$8,938,416
<b>TOTAL</b>	<b>\$16,241,944</b>

## SoonerCare and Our Providers (continued)

### PHARMACIES

SoonerCare reimbursed pharmacies for over 5.9 million prescriptions during the fiscal year. Members who use the pharmacy benefit get an average of two and a half prescriptions per month. During 2011, OHCA again partnered with Cerner Corp. to provide an electronic prescribing program for providers. This project, which was started in 2009, wrapped up in June 2011. Approximately 150 providers took advantage of the electronic prescribing program.

OHCA contracts with EPOCRATES® Inc. to provide pharmacy benefit information to prescribers and pharmacists using their desktop computer or mobile device. The service allows users to verify drug coverage status, look up preferred alternatives, check drug interactions, view prior authorization requirements and quantity limits; and receive other drug-specific messages programmed by OHCA.

# 80%

*SoonerCare has one of the highest generic utilization rates of any pharmacy benefit plan in the nation with an average of more than 80 percent of all prescriptions dispensed as a generic drug.*

### OTHER SOONERCARE PROVIDERS

OHCA continues to strive to increase provider participation by streamlining processes and keeping our contracted providers as informed as possible. Payment rates are routinely evaluated within 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

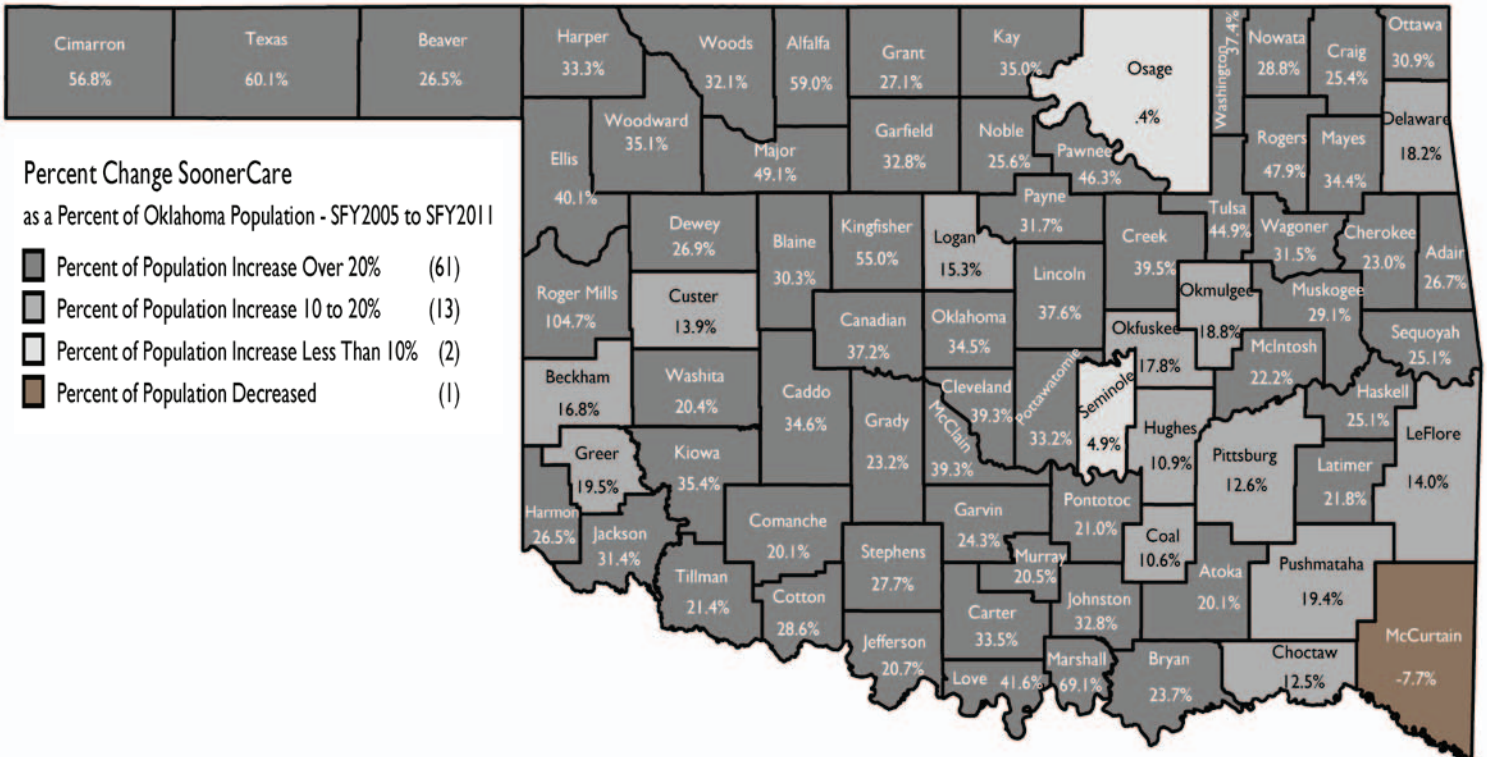
### PAYMENT AND PROGRAM INTEGRITY

#### ORGANIZATIONAL CHART

**+39%**

The overall percent change in the number of members enrolled in SoonerCare SFY2005 to SFY2011 is a 38.97 percent increase.

SFY2005 TO SFY2011 PERCENT CHANGE OF SOONERCARE ENROLLEES AS A PERCENT OF THE TOTAL POPULATION



Source: Population Division, U.S. Census Bureau. July 2005 and July 2010 population estimates by county. SFY2005 SoonerCare percent of population according to SFY2005 OHCA Annual Report. SFY2005 and SFY2011 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 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.

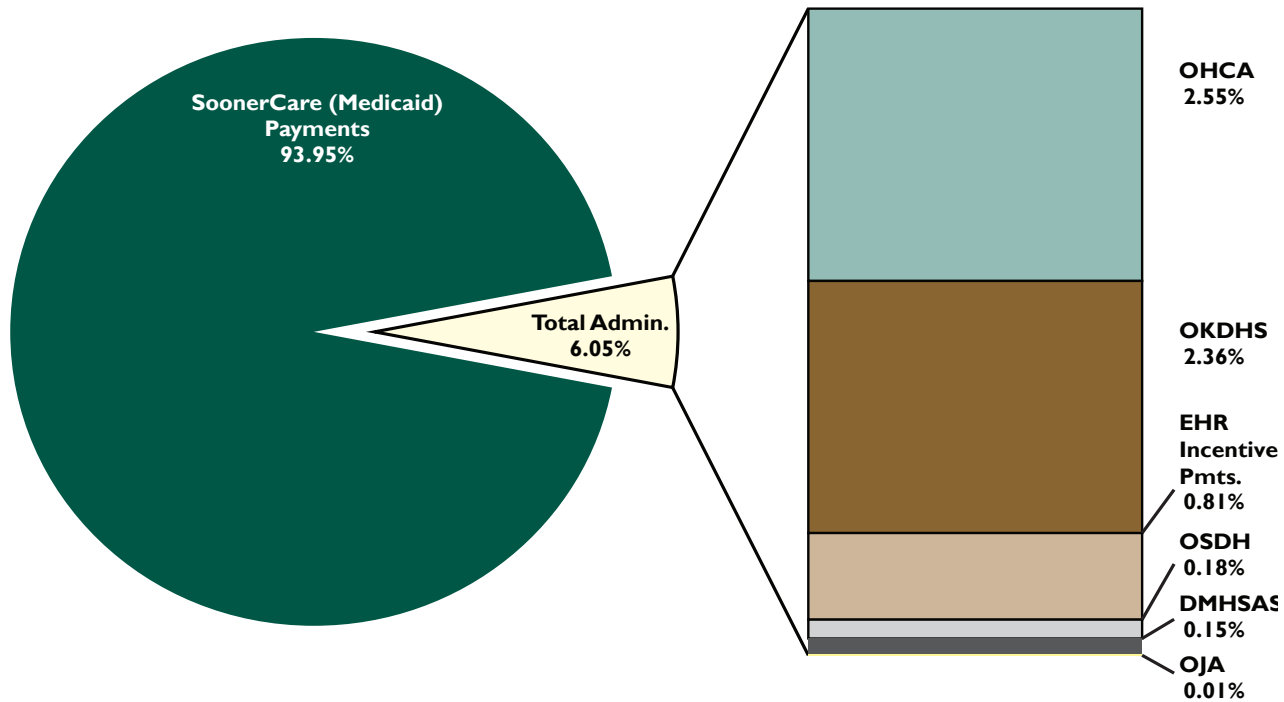
OHCA staff perform an array of critical functions necessary for program administration, such as member and provider relations and education; developing SoonerCare payment policies; managing programs to fight waste, fraud and abuse; maintaining the operating systems that support SoonerCare payments; developing 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, a SoonerCare Member Advisory Task Force (MATF) and a joint legislative oversight committee. These groups of health professionals, providers, members, advocates and elected officials all serve to ensure decisions are made to best serve the members' needs while maintaining fiscal integrity of the agency.

## Administering the SoonerCare Program (continued)

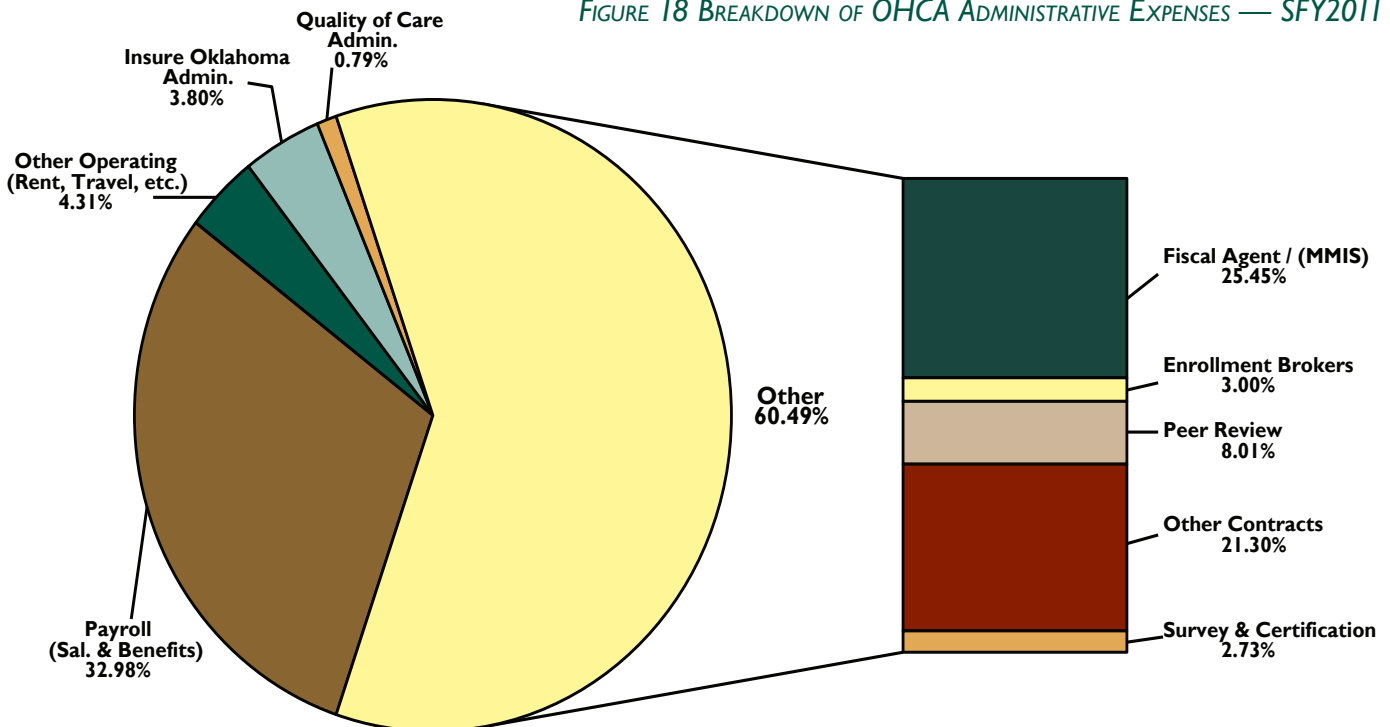
The cost of administration of the SoonerCare program is divided among six different state agencies: the Oklahoma Health Care Authority (OHCA), the Oklahoma Department of Human Services (OKDHS), the Oklahoma State Department of Health (OSDH), the Office of Juvenile Affairs (OJA), and the Department of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

FIGURE 17 OHCA SOONERCARE EXPENDITURE AND ADMINISTRATIVE PERCENTAGES — SFY2011



Finally, OHCA’s administrative expenses are divided between direct operating expenses and vendor contracts. Of the \$104 million spent on administration by OHCA in SFY2011 on administration, 39.5 percent went to direct operation expenses and 60.49 percent went toward vendor contracts.

FIGURE 18 BREAKDOWN OF OHCA ADMINISTRATIVE EXPENSES — SFY2011



## Strategic Planning

It is difficult to overestimate the importance and impact of SoonerCare. It serves many people in 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 the year.

### BROADLY STATED GOALS

The heart of our strategic plan is the statement of our primary strategic goals. These goals represent not our understanding of the agency’s statutory responsibilities and 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 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 options for program financing. (Purchasing Issues/Provider Relations)
- ⇒ Foster excellence in 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](http://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 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 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 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 agency wide 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 and 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. State auditors may be 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.

## OHCA SFY2011 Annual Report 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 SFY2011. Additional information on APS Healthcare may be found at [www.apshealthcare.com](http://www.apshealthcare.com).

FIGURE 19 POST-PAYMENT REVIEW RECOVERIES — SFY2011

Provider Type	SFY2011
Behavioral Health	\$704,149
Dental Services	\$588,880
Durable Medical Equipment	\$1,840,378
Hospital	\$3,068,703
Nursing Facilities	\$163,770
Personal Care/Habilitation Training Specialist	\$40,435
Pharmacy/Prescription Drugs	\$151,603
Physicians and Other Practitioners	\$1,645,915
School Corporation	\$15,711
Transportation Provider	\$147,693
Vision	\$710,328
<b>Total - OHCA Recoveries</b>	<b>\$9,077,565</b>
MFCU - National Settlements	\$19,936,457
MFCU - Other	\$648,941
<b>Total SoonerCare Recoveries</b>	<b>\$29,662,964</b>

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 required by the federal government 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 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 higher generic utilization rates in the nation, with an average of more than 80 percent of prescriptions dispensed as generic drugs. When the SMAC program was started in 2000, 400 products were included. The most recent list includes more than 2,100 active drug products.

**\$105.3M**

By limiting the amount paid for generic drugs, OHCA was able to save more than \$105,339,648 in SFY2011.



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 states pay 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 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, the products are moved to a lower tier. This rebate is in addition to the Federal Drug Rebate Program, which guarantees the SoonerCare program receives the “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.

<i>Rebates – Federal</i>	\$131,293,161
<i>Rebates – State Supplemental</i>	\$3,028,292
<i>Rebate Interest</i>	\$30,669

**Nursing Facility Quality of Care Program Fees**

To increase the quality of care received by long-term care members, the Quality of Care (QOC) Program was established. A fee per patient day is collected from nursing facilities and placed in a revolving fund. The fund is used to pay a higher facility reimbursement rate, for 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. Facilities are responsible for submitting monthly reports to the OHCA showing direct care staff hours and patient days. Quality of Care fees and/or reports not submitted in a timely manner are subject to a penalty.

**\$51.7M**  
 Total Quality of Care Program revenues were \$51,685,588.

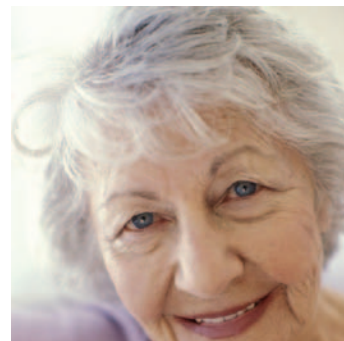
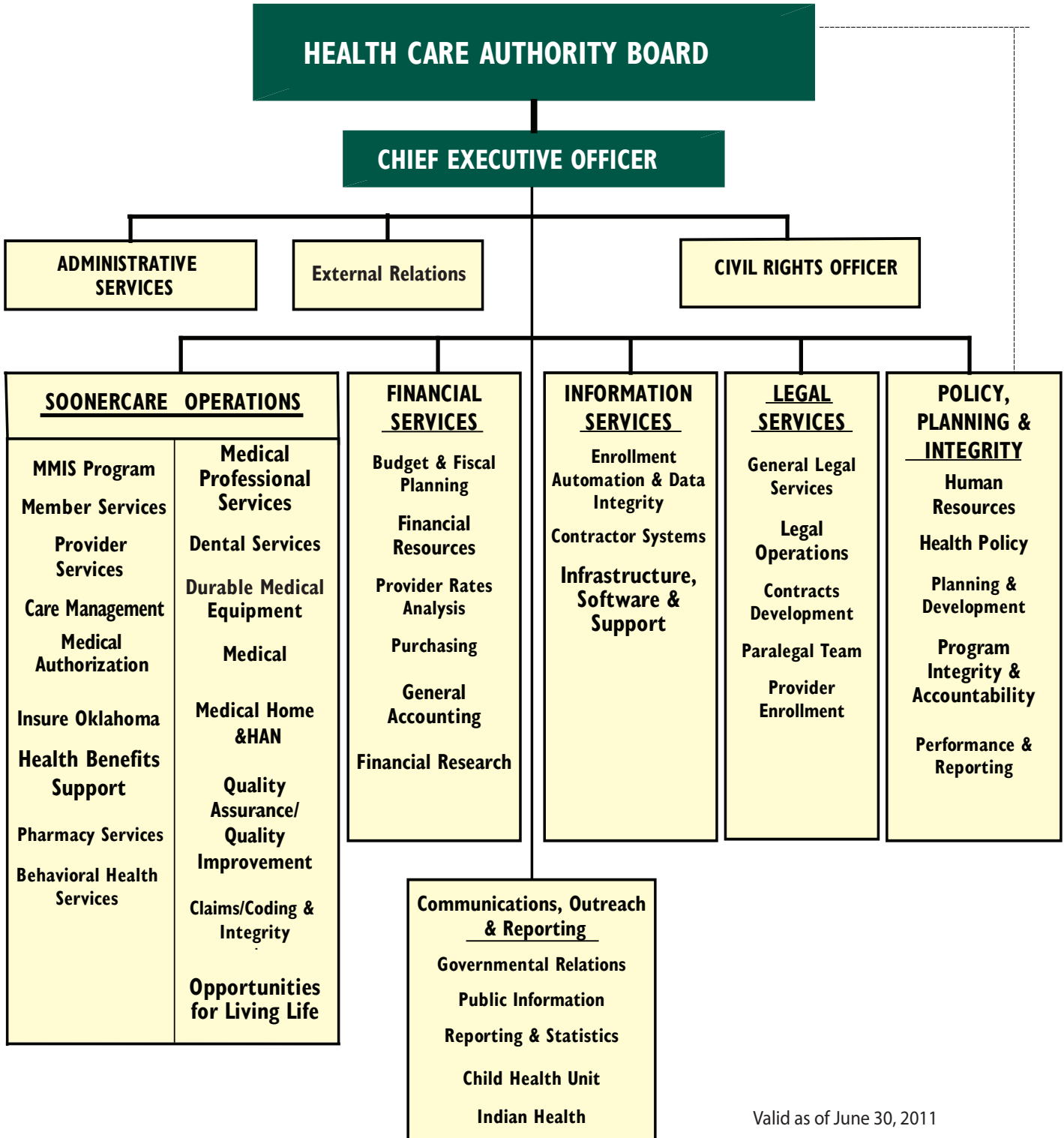


FIGURE 20 OHCA'S ORGANIZATIONAL CHART



Valid as of June 30, 2011

OHCA SFY2011 Annual Report

## Appendix A Condensed Summary of Revenue Sources

Revenue Source	Actual Revenues
State Appropriations	\$699,875,770
State Appropriations - ARRA/Stimulus	\$278,139,951
Unappropriated - ARRA/Stimulus	\$76,891,075
Federal Funds - OHCA	\$2,073,419,788
Federal Funds for Other State Agencies	\$694,855,878
Refunds from Other State Agencies	\$320,387,664
ARRA/Stimulus reimbursed from OSA	\$106,142,366
Tobacco Tax Funds	\$101,702,935
Drug Rebate	\$151,700,328
Medical Refunds	\$78,795,540
Quality of Care Fees	\$51,685,588
Prior Year Carryover	\$35,663,786
HEEIA Fund Transfer	\$30,000,000
Other Revenue	\$24,893,464
<b>Total Revenue</b>	<b>\$4,724,154,133</b>

Source: OHCA Financial Services Division, September 2011. HEEIA is the Health Employee and Economy Improvement Act (HEEIA) Revolving Fund. 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 SFY2011 Figures

FIGURE 1 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	\$181,598,864	\$0	\$181,598,864	\$0	\$0	\$0	\$0
Ambulatory Clinics	\$94,965,751	\$81,053,751	\$11,577,752	\$0	\$0	\$1,678,040	\$656,207
Behavioral Health - Case Management	\$218	\$149		\$0	\$0	\$0	\$69
Behavioral Health - Inpatient	\$120,407,904	\$115,828,718	\$4,569,569	\$0	\$0	\$3,585	\$6,033
Behavioral Health - Outpatient	\$10,258,121	\$10,186,791	\$71,330	\$0	\$0	\$0	\$0
Behavioral Health Facility- Rehab	\$232,373,614	\$168,050,638	\$63,764,860	\$0	\$0	\$393,778	\$164,337
CMS Payments	\$207,368,567	\$204,775,499	\$0	\$2,593,068	\$0	\$0	\$0
Dentists	\$145,083,075	\$137,076,690	\$0	\$0	\$7,861,061	\$33,711	\$111,613
Family Planning/Family Planning Waiver	\$7,751,676	\$0	\$7,751,676	\$0	\$0	\$0	\$0
GME/IME/DME	\$103,621,761	\$0	\$103,621,761	\$0	\$0	\$0	\$0
HIT Grant Incentive Payments	\$35,356,709	\$35,356,709					
Home and Community Based Waiver	\$155,883,549	\$0	\$155,883,549	\$0	\$0	\$0	\$0
Home Health Care	\$21,366,642	\$21,309,836	\$0	\$0	\$0	\$80	\$56,725
Homeward Bound Waiver	\$90,062,006	\$0	\$90,062,006	\$0	\$0	\$0	\$0
ICF/MR Private	\$55,763,912	\$45,767,306	\$0	\$9,156,952	\$839,654	\$0	\$0
ICF/MR Public	\$71,031,664	\$0	\$71,031,664	\$0	\$0	\$0	\$0
In-Home Support Waiver	\$24,163,755	\$0	\$24,163,755	\$0	\$0	\$0	\$0
Inpatient Acute Care	\$867,845,298	\$598,531,747	\$203,084,688	\$486,687	\$48,945,161	\$12,096,871	\$4,700,144
Lab & Radiology	\$51,870,694	\$47,415,554	\$0	\$0	\$0	\$2,984,720	\$1,470,420
Medical Supplies	\$48,632,189	\$45,223,440	\$0	\$2,717,836	\$0	\$593,427	\$97,486
Miscellaneous Medical Payments	\$32,440,068	\$30,922,849	\$0	\$0	\$1,386,077	\$177	\$130,965
Money Follows the Person	\$4,607,090	\$0	\$4,607,090	\$0	\$0	\$0	\$0
Nursing Facilities	\$488,557,385	\$312,149,963	\$0	\$136,180,339	\$40,191,129	\$0	\$35,953
Other Practitioners	\$63,365,189	\$61,432,253	\$0	\$446,364	\$921,222	\$514,825	\$50,526
Outpatient Acute Care	\$241,400,269	\$226,206,701		\$41,604	\$0	\$9,439,904	\$5,712,060
Personal Care Services	\$12,339,918	\$0	\$12,339,918	\$0	\$0	\$0	\$0
Physicians	\$481,048,787	\$361,371,667	\$37,041,939	\$58,101	\$58,511,325	\$14,033,364	\$10,032,391
Premium Assistance	\$52,293,180	\$0	\$0	\$0	\$0	\$52,293,180	\$0
Prescription Drugs	\$363,451,507	\$301,830,879	\$0	\$0	\$42,932,030	\$16,156,277	\$2,532,321
Residential Behavioral Management	\$22,824,691	\$0	\$22,824,691	\$0	\$0	\$0	\$0
SoonerCare Choice	\$28,124,725	\$27,682,175	\$0	\$0	\$0	\$420,406	\$22,145
Targeted Case Management	\$73,372,701	\$0	\$73,372,701	\$0	\$0	\$0	\$0
Therapeutic Foster Care	\$2,804,311	\$2,804,311	\$0	\$0	\$0	\$0	\$0
Transportation	\$27,364,951	\$24,818,314	\$0	\$2,475,273	\$62,266	\$0	\$9,099
<b>Total SoonerCare Expenditures</b>	<b>\$4,419,400,740</b>	<b>\$2,859,795,942</b>	<b>\$1,067,367,812</b>	<b>\$154,156,223</b>	<b>\$201,649,925</b>	<b>\$110,642,345</b>	<b>\$25,788,494</b>

Source: OHCA Financial Services Division, October 2011. HEEIA is the Health Employee and Economy Improvement Act (HEEIA) Revolving Fund. HEEIA includes \$52,025,570 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 SFY2011 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY

County	Population Proj. July 2010*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
ADAIR	22,683	38	9,957	30	44%	1
ALFALFA	5,642	69	914	71	16%	75
ATOKA	14,182	48	4,261	48	30%	30
BEAVER	5,636	70	920	70	16%	74
BECKHAM	22,119	39	5,966	41	27%	42
BLAINE	11,943	53	3,173	55	27%	44
BRYAN	42,416	22	12,923	20	30%	27
CADDO	29,600	33	10,069	29	34%	14
CANADIAN	115,541	5	18,569	8	16%	76
CARTER	47,557	16	15,049	13	32%	20
CHEROKEE	46,987	18	13,780	16	29%	33
CHOCTAW	15,205	45	6,029	40	40%	3
CIMARRON	2,475	77	626	77	25%	49
CLEVELAND	255,755	3	42,607	3	17%	73
COAL	5,925	68	2,020	64	34%	13
COMANCHE	124,098	4	27,067	4	22%	59
COTTON	6,193	67	1,534	67	25%	50
CRAIG	15,029	47	5,082	43	34%	15
CREEK	69,967	10	19,521	7	28%	37
CUSTER	27,469	35	6,788	38	25%	51
DELAWARE	41,487	25	11,780	23	28%	35
DEWEY	4,810	71	892	72	19%	70
ELLIS	4,151	73	772	75	19%	69
GARFIELD	60,580	12	16,003	11	26%	45
GARVIN	27,576	34	8,057	34	29%	34
GRADY	52,431	13	11,643	25	22%	58
GRANT	4,527	72	815	73	18%	72
GREER	6,239	66	1,732	65	28%	39
HARMON	2,922	76	1,097	69	38%	4
HARPER	3,685	74	774	74	21%	60
HASKELL	12,769	51	4,711	47	37%	5
HUGHES	14,003	49	4,237	49	30%	28
JACKSON	26,446	36	7,356	35	28%	38
JEFFERSON	6,472	65	2,304	63	36%	9
JOHNSTON	10,957	58	3,945	52	36%	8
KAY	46,562	19	14,541	14	31%	22
KINGFISHER	15,034	46	3,154	56	21%	61
KIOWA	9,446	60	2,852	59	30%	29
LATIMER	11,154	57	3,461	54	31%	24
LEFLORE	50,384	15	16,236	10	32%	19
LINCOLN	34,273	30	8,412	32	25%	52



## Appendix B Statewide SFY2011 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
ADAIR	\$33,693,431	33	\$1,485	15	\$282	59
ALFALFA	\$2,853,008	70	\$506	73	\$260	66
ATOKA	\$15,877,669	51	\$1,120	34	\$310	41
BEAVER	\$2,103,195	75	\$373	76	\$191	74
BECKHAM	\$23,416,859	42	\$1,059	41	\$327	33
BLAINE	\$11,716,866	56	\$981	45	\$308	45
BRYAN	\$48,019,060	23	\$1,132	33	\$310	43
CADDO	\$31,658,514	35	\$1,070	40	\$262	64
CANADIAN	\$63,862,021	11	\$553	70	\$287	56
CARTER	\$56,023,094	17	\$1,178	29	\$310	42
CHEROKEE	\$60,370,174	13	\$1,285	24	\$365	17
CHOCTAW	\$25,447,639	39	\$1,674	4	\$352	20
CIMARRON	\$1,201,857	77	\$486	74	\$160	75
CLEVELAND	\$152,286,222	3	\$595	67	\$298	52
COAL	\$8,974,877	62	\$1,515	11	\$370	15
COMANCHE	\$80,640,796	7	\$650	65	\$248	71
COTTON	\$4,785,912	68	\$773	58	\$260	68
CRAIG ‡	\$27,293,333	37	\$1,816	3	\$448	4
CREEK	\$87,575,702	6	\$1,252	27	\$374	14
CUSTER	\$26,661,491	38	\$971	48	\$327	32
DELAWARE	\$44,876,203	25	\$1,082	38	\$317	35
DEWEY	\$2,806,853	71	\$584	68	\$262	63
ELLIS	\$2,225,479	74	\$536	72	\$240	72
GARFIELD ‡	\$95,628,695	5	\$1,579	6	\$498	2
GARVIN ‡	\$56,970,457	15	\$2,066	1	\$589	1
GRADY	\$43,051,973	26	\$821	54	\$308	44
GRANT	\$2,789,505	72	\$616	66	\$285	57
GREER	\$6,940,566	66	\$1,112	36	\$334	29
HARMON	\$4,414,103	69	\$1,511	13	\$335	28
HARPER	\$2,431,679	73	\$660	63	\$262	65
HASKELL	\$18,713,268	47	\$1,466	16	\$331	30
HUGHES	\$21,019,784	43	\$1,501	14	\$413	8
JACKSON	\$24,121,027	40	\$912	51	\$273	61
JEFFERSON	\$8,451,335	64	\$1,306	21	\$306	46
JOHNSTON	\$16,747,638	48	\$1,528	9	\$354	19
KAY	\$51,804,116	19	\$1,113	35	\$297	53
KINGFISHER	\$9,842,337	58	\$655	64	\$260	67
KIOWA	\$12,954,260	55	\$1,371	20	\$379	12
LATIMER	\$14,478,046	52	\$1,298	23	\$349	21
LEFLORE	\$65,646,283	9	\$1,303	22	\$337	27
LINCOLN	\$27,293,810	36	\$796	57	\$270	62

## Appendix B Statewide SFY2011 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Population Proj. July 2010*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
LOGAN	41,848	24	8,324	33	20%	63
LOVE	9,423	61	2,967	57	31%	21
MCCLAIN	34,506	29	6,933	37	20%	62
MCCURTAIN	33,151	31	13,470	17	41%	2
MCINTOSH	20,252	41	6,287	39	31%	23
MAJOR	7,527	64	1,466	68	19%	65
MARSHALL	15,840	44	4,860	45	31%	25
MAYES	41,259	26	12,207	21	30%	32
MURRAY	13,488	50	3,683	53	27%	41
MUSKOGEE	70,990	9	23,372	5	33%	17
NOBLE	11,561	56	2,695	60	23%	55
NOWATA	10,536	59	2,891	58	27%	40
OKFUSKEE	12,191	52	4,203	50	34%	11
OKLAHOMA	718,633	1	192,047	1	27%	43
OKMULGEE	40,069	27	13,387	18	33%	16
OSAGE	47,472	17	7,173	36	15%	77
OTTAWA	31,848	32	11,471	27	36%	7
PAWNEE	16,577	43	4,939	44	30%	31
PAYNE	77,350	7	14,474	15	19%	68
PITTSBURG	45,837	20	11,897	22	26%	47
PONTOTOC	37,492	28	10,613	28	28%	36
POTTAWATOMIE	69,442	11	21,188	6	31%	26
PUSHMATAHA	11,572	55	3,961	51	34%	12
ROGER MILLS	3,647	75	710	76	19%	66
ROGERS	86,905	6	17,169	9	20%	64
SEMINOLE	25,482	37	8,997	31	35%	10
SEQUOYAH	42,391	23	15,276	12	36%	6
STEPHENS	45,048	21	11,538	26	26%	48
TEXAS	20,640	40	5,448	42	26%	46
TILLMAN	7,992	63	2,581	62	32%	18
TULSA	603,403	2	147,621	2	24%	53
WAGONER	73,085	8	13,198	19	18%	71
WASHINGTON	50,976	14	11,761	24	23%	56
WASHITA	11,629	54	2,639	61	23%	57
WOODS	8,878	62	1,678	66	19%	67
WOODWARD	20,081	42	4,773	46	24%	54
Out of State			4,265			
OTHER ◊			4,503			
<b>TOTAL</b>	<b>3,751,351</b>		<b>968,296</b>		<b>25.81%</b>	

\*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 SFY2011 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
LOGAN	\$34,804,671	31	\$832	53	\$348	22
LOVE	\$8,975,108	61	\$952	49	\$252	70
MCCLAIN	\$19,792,426	46	\$574	69	\$238	73
MCCURTAIN	\$50,677,763	21	\$1,529	8	\$314	39
MCINTOSH	\$33,739,880	32	\$1,666	5	\$447	5
MAJOR	\$7,368,376	65	\$979	46	\$419	7
MARSHALL	\$19,986,628	45	\$1,262	26	\$343	24
MAYES	\$45,736,063	24	\$1,109	37	\$312	40
MURRAY	\$13,933,278	53	\$1,033	42	\$315	38
MUSKOGEE	\$108,082,637	4	\$1,523	10	\$385	11
NOBLE	\$13,297,281	54	\$1,150	32	\$411	9
NOWATA	\$10,456,696	57	\$992	43	\$301	49
OKFUSKEE ‡	\$23,466,458	41	\$1,925	2	\$465	3
OKLAHOMA	\$703,240,617	1	\$979	47	\$305	47
OKMULGEE	\$62,631,980	12	\$1,563	7	\$390	10
OSAGE	\$31,846,594	34	\$671	61	\$370	16
OTTAWA	\$40,343,866	28	\$1,267	25	\$293	55
PAWNEE	\$20,319,006	44	\$1,226	28	\$343	23
PAYNE	\$51,313,691	20	\$663	62	\$295	54
PITTSBURG	\$53,694,851	18	\$1,171	30	\$376	13
PONTOTOC	\$56,673,334	16	\$1,512	12	\$445	6
POTTAWATOMIE	\$80,174,304	8	\$1,155	31	\$315	37
PUSHMATAHA	\$16,181,131	50	\$1,398	19	\$340	26
ROGER MILLS	\$1,288,999	76	\$353	77	\$151	76
ROGERS	\$65,252,018	10	\$751	59	\$317	36
SEMINOLE	\$36,770,542	30	\$1,443	17	\$341	25
SEQUOYAH	\$60,299,378	14	\$1,422	18	\$329	31
STEPHENS	\$41,274,491	27	\$916	50	\$298	51
TEXAS	\$9,631,919	59	\$467	75	\$147	77
TILLMAN	\$8,578,544	63	\$1,073	39	\$277	60
TULSA	\$540,240,820	2	\$895	52	\$305	48
WAGONER	\$40,155,729	29	\$549	71	\$254	69
WASHINGTON	\$50,203,714	22	\$985	44	\$356	18
WASHITA	\$9,456,560	60	\$813	55	\$299	50
WOODS	\$6,553,313	67	\$738	60	\$325	34
WOODWARD	\$16,244,727	49	\$809	56	\$284	58
Out of State	\$1,398,833					
OTHER ◊	\$687,632,171					
<b>TOTAL</b>	<b>\$4,379,387,533</b>		<b>\$1,167</b>		<b>\$377</b>	

‡Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the intellectually disabled causing the average dollars per SoonerCare enrollee to be higher than the norm. ◊Other - non-member specific payments include \$265,701,195 in Hospital Supplemental payments; \$138,460,084 in Medicare Part A & B (Buy-In) payments; \$68,908,787 in Medicare Part D (clawback) payments; \$58,567,572 in GME payments to medical schools; \$50,957,037 in Insure Oklahoma premiums; \$209,782 in Insure Oklahoma ESI Out-Of-Pocket payments; \$35,250,459 in EHR incentive payments; \$33,808,002 in Outpatient Behavioral Health Supplemental payments; \$13,441,208 in Public ICF/MR cost settlements; \$3,566,018 in SoonerExcel payments; \$1,551,618 in Health Access Network payments; \$1,288,927 in SFY2009 DMHSAS inpatient cost settlement and \$1,058,887 in non-member specific provider adjustments. Additionally, Other includes \$14,862,595 paid on behalf of custody children within the State Office county code.

## Appendix B Statewide SFY2011 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	\$13,000,006	\$33,693,431	39%
ALFALFA	\$1,258,253	\$2,853,008	44%
ATOKA	\$8,228,860	\$15,877,669	52%
BEAVER	\$841,210	\$2,103,195	40%
BECKHAM	\$17,962,793	\$23,416,859	77%
BLAINE	\$6,186,029	\$11,716,866	53%
BRYAN	\$54,317,757	\$48,019,060	113%
CADDO	\$15,138,819	\$31,658,514	48%
CANADIAN	\$37,055,592	\$63,862,021	58%
CARTER	\$49,330,386	\$56,023,094	88%
CHEROKEE	\$59,865,396	\$60,370,174	99%
CHOCTAW	\$16,955,487	\$25,447,639	67%
CIMARRON	\$398,374	\$1,201,857	33%
CLEVELAND	\$123,333,194	\$152,286,222	81%
COAL	\$5,622,536	\$8,974,877	63%
COMANCHE	\$81,733,386	\$80,640,796	101%
COTTON	\$3,321,743	\$4,785,912	69%
CRAIG	\$20,686,745	\$27,293,333	76%
CREEK	\$52,189,005	\$87,575,702	60%
CUSTER	\$21,800,603	\$26,661,491	82%
DELAWARE	\$26,648,255	\$44,876,203	59%
DEWEY	\$1,808,829	\$2,806,853	64%
ELLIS	\$2,239,484	\$2,225,479	101%
GARFIELD	\$86,661,086	\$95,628,695	91%
GARVIN	\$39,658,301	\$56,970,457	70%
GRADY	\$24,842,615	\$43,051,973	58%
GRANT	\$1,651,937	\$2,789,505	59%
GREER	\$3,216,344	\$6,940,566	46%
HARMON	\$2,666,863	\$4,414,103	60%
HARPER	\$1,771,029	\$2,431,679	73%
HASKELL	\$19,061,608	\$18,713,268	102%
HUGHES	\$13,570,454	\$21,019,784	65%
JACKSON	\$17,880,814	\$24,121,027	74%
JEFFERSON	\$3,024,042	\$8,451,335	36%
JOHNSTON	\$12,268,134	\$16,747,638	73%
KAY	\$37,901,402	\$51,804,116	73%
KINGFISHER	\$5,613,337	\$9,842,337	57%
KIOWA	\$9,894,690	\$12,954,260	76%
LATIMER	\$8,241,715	\$14,478,046	57%
LEFLORE	\$41,171,133	\$65,646,283	63%
LINCOLN	\$12,158,581	\$27,293,810	45%

Appendix B Statewide SFY2011 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	\$18,238,441	\$34,804,671	52%
LOVE	\$2,720,345	\$8,975,108	30%
MCCLAIN	\$11,097,950	\$19,792,426	56%
MCCURTAIN	\$26,887,314	\$50,677,763	53%
MCINTOSH	\$29,881,679	\$33,739,880	89%
MAJOR	\$2,129,581	\$7,368,376	29%
MARSHALL	\$6,734,705	\$19,986,628	34%
MAYES	\$16,954,235	\$45,736,063	37%
MURRAY	\$7,391,118	\$13,933,278	53%
MUSKOGEE	\$108,479,248	\$108,082,637	100%
NOBLE	\$7,466,978	\$13,297,281	56%
NOWATA	\$5,005,342	\$10,456,696	48%
OKFUSKEE	\$15,581,551	\$23,466,458	66%
OKLAHOMA	\$1,028,270,777	\$703,240,617	146%
OKMULGEE	\$31,927,250	\$62,631,980	51%
OSAGE	\$9,944,378	\$31,846,594	31%
OTTAWA	\$33,299,476	\$40,343,866	83%
PAWNEE	\$11,007,553	\$20,319,006	54%
PAYNE	\$37,210,526	\$51,313,691	73%
PITTSBURG	\$41,294,088	\$53,694,851	77%
PONTOTOC	\$57,710,198	\$56,673,334	102%
POTTAWATOMIE	\$49,093,463	\$80,174,304	61%
PUSHMATAHA	\$27,024,368	\$16,181,131	167%
ROGER MILLS	\$214,323	\$1,288,999	17%
ROGERS	\$39,706,905	\$65,252,018	61%
SEMINOLE	\$20,614,792	\$36,770,542	56%
SEQUOYAH	\$43,398,444	\$60,299,378	72%
STEPHENS	\$31,327,938	\$41,274,491	76%
TEXAS	\$6,714,745	\$9,631,919	70%
TILLMAN	\$2,830,236	\$8,578,544	33%
TULSA	\$773,009,214	\$540,240,820	143%
WAGONER	\$14,639,564	\$40,155,729	36%
WASHINGTON	\$32,699,920	\$50,203,714	65%
WASHITA	\$5,334,694	\$9,456,560	56%
WOODS	\$4,066,982	\$6,553,313	62%
WOODWARD	\$11,550,676	\$16,244,727	71%
Out of State	\$146,070,272	\$1,398,833	
Other ◊	\$700,681,432	\$687,632,171	
<b>Total</b>	<b>\$4,379,387,533</b>	<b>\$4,379,387,533</b>	<b>Average 66%</b>

◊ Non-county specific payments include \$265,701,195 in Hospital Supplemental payments; \$138,460,084 in Medicare Part A & B (Buy-In) payments; \$68,908,787 in Medicare Part D (clawback) payments; \$58,567,572 in GME payments to medical schools; \$50,957,037 in Insure Oklahoma premiums; \$209,782 in Insure Oklahoma ESI Out-Of-Pocket payments; \$35,250,459 in EHR incentive payments; \$33,808,002 in Outpatient Behavioral Health Supplemental payments; \$13,441,208 in Public ICF/MR cost settlements; \$3,566,018 in SoonerExcel payments; \$1,551,618 in Health Access Network payments; \$1,288,927 in SFY2009 DMHSAS inpatient cost settlement and \$1,058,887 in non-member specific provider adjustments. \$14,862,595 paid on behalf of custody children under the State Office county code are included in Member Other. Non-Emergency Transportation payments of \$27,207,503 are included in Provider Other, as well as \$1,763,240 in non-provider specific adjustments.

## Appendix B Statewide SFY2011 Figures (continued)

FIGURE IV EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE SFY2010 vs. SFY2011

Type of Service	SFY2010			SFY2011			Percent Change		
	Expenditures	Members	Avg Per Member	Expenditures	Members	Avg Per Member	Expenditures	Members	Average
Adult Day Care	\$4,136,447	769	\$5,379	\$4,173,972	766	\$5,449	0.9%	-0.4%	1.3%
Adv Comp Health	\$0	-	\$0	(\$32,374)	13	(\$2,490)	0.0%	0.0%	0.0%
Advanced Practice Nurse	\$5,859,971	27,386	\$214	\$5,545,762	25,173	\$220	-5.4%	-8.1%	3.0%
ADvantage Home Delivered Meals	\$14,824,527	13,692	\$1,083	\$14,180,845	12,853	\$1,103	-4.3%	-6.1%	1.9%
Ambulatory Surgical Services	\$8,961,004	18,393	\$487	\$9,594,710	17,945	\$535	7.1%	-2.4%	9.7%
Architectural Modification	\$411,270	196	\$2,098	\$299,181	162	\$1,847	-27.3%	-17.3%	-12.0%
Audiology Services	\$190,944	2,228	\$86	\$208,342	1,322	\$158	9.1%	-40.7%	83.9%
Behavioral Hlth Services	\$163,147,927	67,752	\$2,408	\$215,353,434	75,489	\$2,853	32.0%	11.4%	18.5%
Capitated Services	\$28,341,585	587,383	\$48	\$28,805,885	621,114	\$46	1.6%	5.7%	-3.9%
Capitated Services - GME to Medical Schools	\$61,146,423	-	\$0	\$58,567,572	-	\$0	-4.2%	0.0%	0.0%
Chiropractic Services	\$9,289	139	\$67	\$7,952	123	\$65	-14.4%	-11.7%	-3.0%
Clinic	\$92,770,051	184,808	\$502	\$72,851,344	119,347	\$610	-21.5%	-35.4%	21.6%
Clinics - OSA Services	\$13,008,895	152,115	\$86	\$10,757,524	104,215	\$103	-17.3%	-31.5%	20.7%
Community Mental Health	\$29,626,233	27,957	\$1,060	\$29,750,230	30,063	\$990	0.4%	7.5%	-6.6%
Dental	\$158,169,866	290,002	\$545	\$142,860,976	297,476	\$480	-9.7%	2.6%	-11.9%
Direct Support	\$198,356,867	4,571	\$43,395	\$192,158,556	4,406	\$43,613	-3.1%	-3.6%	0.5%
EHR Incentive Payments	\$0	-	\$0	\$35,250,459	-	\$0	100.0%	0.0%	0.0%
Employee Training Specialist	\$26,981,493	2,709	\$9,960	\$26,934,314	2,733	\$9,855	-0.2%	0.9%	-1.1%
End-Stage Renal Disease	\$12,720,896	2,194	\$5,798	\$4,442,506	2,288	\$1,942	-65.1%	4.3%	-66.5%
Eye Care and Exams	\$14,404,313	114,320	\$126	\$17,606,439	116,628	\$151	22.2%	2.0%	19.8%
Eyewear	\$7,498,683	52,165	\$144	\$6,556,005	47,911	\$137	-12.6%	-8.2%	-4.8%
Fiscal Agent	\$3,578,201	480	\$7,455	\$4,900,188	598	\$8,194	36.9%	24.6%	9.9%
Group Home	\$20,755,287	614	\$33,803	\$20,324,358	622	\$32,676	-2.1%	1.3%	-3.3%
Home Health	\$19,088,577	7,685	\$2,484	\$19,282,249	7,127	\$2,706	1.0%	-7.3%	8.9%
Homemaker Services	\$724,627	261	\$2,776	\$1,530,395	410	\$3,733	111.2%	57.1%	34.4%
Hospice	\$2,067,083	164	\$12,604	\$1,641,119	141	\$11,639	-20.6%	-14.0%	-7.7%
HSP - Indirect Medical Education (IME)	\$28,137,940	-	\$0	\$28,813,252	-	\$0	2.4%	0.0%	0.0%
HSP - Graduate Medical Education (GME)	\$16,241,933	-	\$0	\$16,241,944	-	\$0	0.0%	0.0%	0.0%
HSP - Acute DSH <sup>1</sup>	\$53,163,523	-	\$0	\$19,722,631	-	\$0	-62.9%	0.0%	0.0%
HSP - Supplemental Payments	\$148,904,362	-	\$0	\$200,923,368	-	\$0	34.9%	0.0%	0.0%
ICF-MR Services	\$124,499,163	1,763	\$70,618	\$126,784,862	1,735	\$73,075	1.8%	-1.6%	3.5%
Inpatient Services	\$652,366,723	139,503	\$4,676	\$650,640,200	134,630	\$4,833	-0.3%	-3.5%	3.3%
Laboratory Services	\$35,888,800	251,975	\$142	\$37,977,649	248,448	\$153	5.8%	-1.4%	7.3%
Medicare Part A & B (Buy-In) Payments	\$123,794,836	-	\$0	\$138,460,083	-	\$0	11.8%	0.0%	0.0%
Medicare Part D Payments	\$45,689,964	-	\$0	\$68,908,484	-	\$0	50.8%	0.0%	0.0%
Mid-Level Practitioner	\$1,693,122	10,878	\$156	\$1,274,087	8,009	\$159	-24.7%	-26.4%	2.2%
Medical Supplies/DMEPOS	\$75,165,315	89,850	\$837	\$65,762,277	87,078	\$755	-12.5%	-3.1%	-9.7%

## Appendix B Statewide SFY2011 Figures (continued)

FIGURE IV EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE SFY2010 vs. SFY2011 (CONTINUED)

Type of Service	SFY2010			SFY2011			Percent Change		
	Expenditures	Members	Avg Per Member	Expenditures	Members	Avg Per Member	Expenditures	Members	Average
Nursing Facility	\$514,836,746	19,898	\$25,874	\$488,766,114	19,360	\$25,246	-5.1%	-2.7%	-2.4%
Nursing Services	\$8,835,440	21,222	\$416	\$7,647,524	19,615	\$390	-13.4%	-7.6%	-6.4%
Nutritionist Services	\$753,634	842	\$895	\$787,795	871	\$904	4.5%	3.4%	1.1%
Insure Oklahoma ESI Out-of-Pocket	\$217,846	-	\$0	\$209,782	-	\$0	-3.7%	0.0%	0.0%
Insure Oklahoma ESI Premium	\$48,494,212	26,490	\$1,831	\$50,957,037	27,012	\$1,886	5.1%	2.0%	3.0%
Other Practitioner	\$30,651	271	\$113	\$10,891	97	\$112	-64.5%	-64.2%	-0.7%
Outpatient Hospital	\$237,569,483	439,968	\$540	\$241,347,549	436,134	\$553	1.6%	-0.9%	2.5%
Personal Care	\$113,478,731	23,920	\$4,744	\$100,072,867	22,282	\$4,491	-11.8%	-6.8%	-5.3%
Physician	\$475,721,251	648,643	\$733	\$499,998,171	660,491	\$757	5.1%	1.8%	3.2%
Podiatry	\$1,359,231	8,163	\$167	\$2,507,217	13,035	\$192	84.5%	59.7%	15.5%
Prescribed Drugs	\$375,484,534	548,834	\$684	\$358,245,229	569,179	\$629	-4.6%	3.7%	-8.0%
Psychiatric Services	\$114,623,767	6,752	\$16,976	\$103,683,801	4,964	\$20,887	-9.5%	-26.5%	23.0%
Residential Behavior Mgmt	\$25,649,814	2,943	\$8,717	\$25,626,265	2,311	\$11,089	-0.1%	-21.5%	27.2%
Respite Care	\$336,568	251	\$1,341	\$357,752	279	\$1,282	6.3%	11.2%	-4.4%
Room and Board	\$656,652	1,046	\$628	\$689,958	928	\$743	5.1%	-11.3%	18.4%
School-Based Services	\$6,713,719	9,855	\$681	\$6,103,271	7,401	\$825	-9.1%	-24.9%	21.1%
Specialized Foster Care/MR Services	\$3,967,434	260	\$15,259	\$3,893,404	245	\$15,891	-1.9%	-5.8%	4.1%
Targeted Case Manager	\$123,647,667	48,817	\$2,533	\$111,936,335	43,274	\$2,587	-9.5%	-11.4%	2.1%
Therapy Services <sup>2</sup>	\$2,739,536	2,766	\$990	\$8,882,590	9,829	\$904	224.2%	255.3%	-8.8%
Transportation - Emergency	\$36,989,162	75,038	\$493	\$40,818,863	77,487	\$527	10.4%	3.3%	6.9%
Transportation - Non-Emergency	\$25,852,527	759,475	\$34	\$27,207,503	816,979	\$33	5.2%	7.6%	-2.2%
X-Ray Services	\$17,087,062	203,417	\$84	\$19,615,484	212,294	\$92	14.8%	4.4%	10.0%
Uncategorized Services	\$602,290	5,876	\$103	\$961,351	19,493	\$49			
<b>Total</b>	<b>\$4,327,974,101</b>	<b>881,220</b>	<b>\$4,911</b>	<b>\$4,379,387,533</b>	<b>929,348</b>	<b>\$4,712</b>	<b>1.2%</b>	<b>5.5%</b>	<b>-4.1%</b>

Source: OHCA Financial Service Division, November 2011. <sup>1</sup> The decline in DSH payments is due to adjustments made in SFY2011 for prior fiscal years that amounted to \$27,106,997. The actual DSH paid to hospitals in SFY2011 was \$46,829,628. <sup>2</sup> The increase in Therapy Services is due to a provider reclassification.

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 SFY2011 Figures (continued)

FIGURE V EXPENDITURES BY TYPE OF SERVICE TOTALS

SFY2011 Type of Service	Totals		
	Expenditures	Members Served	Avg per Member Served
Adult Day Care	\$4,173,972	766	\$5,449
Adv Comp Health	(\$32,374)	13	(\$2,490)
Advanced Practice Nurse	\$5,545,762	25,173	\$220
ADvantage Home Delivered Meals	\$14,180,845	12,853	\$1,103
Ambulatory Surgical Services	\$9,594,710	17,945	\$535
Architectural Modification	\$299,181	162	\$1,847
Audiology Services	\$208,342	1,322	\$158
Behavioral Hlth Services	\$215,353,434	75,489	\$2,853
Capitated Services	\$28,805,885	621,114	\$46
Capitated Services - GME to Medical Schools	\$58,567,572	-	\$0
Chiropractic Services	\$7,952	123	\$65
Clinic	\$72,851,344	119,347	\$610
Clinics - OSA Services	\$10,757,524	104,215	\$103
Community Mental Health	\$29,750,230	30,063	\$990
Dental	\$142,860,976	297,476	\$480
Direct Support	\$192,158,556	4,406	\$43,613
EHR Incentive Payments	\$35,250,459	-	\$0
Employee Training Specialist	\$26,934,314	2,733	\$9,855
End-Stage Renal Disease	\$4,442,506	2,288	\$1,942
Eye Care and Exams	\$17,606,439	116,628	\$151
Eyewear	\$6,556,005	47,911	\$137
Fiscal Agent	\$4,900,188	598	\$8,194
Group Home	\$20,324,358	622	\$32,676
Home Health	\$19,282,249	7,127	\$2,706
Homemaker Services	\$1,530,395	410	\$3,733
Hospice	\$1,641,119	141	\$11,639
HSP - Indirect Medical Education (IME)	\$28,813,252	-	\$0
HSP - Graduate Medical Education (GME)	\$16,241,944	-	\$0
HSP - Acute DSH <sup>1</sup>	\$19,722,631	-	\$0
HSP - Supplemental Payments	\$200,923,368	-	\$0
ICF-MR Services	\$126,784,862	1,735	\$73,075
Inpatient Services	\$650,640,200	134,630	\$4,833
Laboratory Services	\$37,977,649	248,448	\$153
Medicare Part A & B (Buy-In) Payments	\$138,460,083	-	\$0
Medicare Part D Payments	\$68,908,484	-	\$0
Mid-Level Practitioner	\$1,274,087	8,009	\$159
Medical Supplies/DMEPOS	\$65,762,277	87,078	\$755
Nursing Facility	\$488,766,114	19,360	\$25,246



## Appendix B Statewide SFY2011 Figures (continued)

FIGURE V EXPENDITURES BY TYPE OF SERVICE TOTALS (CONTINUED)

SFY2011 Type of Service	Totals		
	Expenditures	Members Served	Avg per Member Served
Nursing Services	\$7,647,524	19,615	\$390
Nutritionist Services	\$787,795	871	\$904
Insure Oklahoma ESI Out-of-Pocket	\$209,782	-	\$0
Insure Oklahoma ESI Premium	\$50,957,037	27,012	\$1,886
Other Practitioner	\$10,891	97	\$112
Outpatient Hospital	\$241,347,549	436,134	\$553
Personal Care	\$100,072,867	22,282	\$4,491
Physician	\$499,998,171	660,491	\$757
Podiatry	\$2,507,217	13,035	\$192
Prescribed Drugs	\$358,245,229	569,179	\$629
Psychiatric Services	\$103,683,801	4,964	\$20,887
Residential Behavior Mgmt	\$25,626,265	2,311	\$11,089
Respite Care	\$357,752	279	\$1,282
Room and Board	\$689,958	928	\$743
School-Based Services	\$6,103,271	7,401	\$825
Specialized Foster Care/MR Services	\$3,893,404	245	\$15,891
Targeted Case Manager	\$111,936,335	43,274	\$2,587
Therapy Services	\$8,882,590	9,829	\$904
Transportation - Emergency	\$40,818,863	77,487	\$527
Transportation - Non-Emergency	\$27,207,503	816,979	\$33
X-Ray Services	\$19,615,484	212,294	\$92
Uncategorized Services	\$961,351	19,493	\$49
<b>Total</b>	<b>\$4,379,387,533</b>	<b>929,348</b>	<b>\$4,712</b>

Source: OHCA Financial Service Division, November 2011. <sup>1</sup>The decline in DSH payments is due to adjustments made in SFY2011 for prior fiscal years that amounted to \$27,106,997. The actual DSH paid to hospitals in SFY2011 was \$46,829,628.

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 SFY2011 Figures (continued)

FIGURE VI EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD

SFY2011 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
	Type of Service	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served
Adult Day Care	\$4,146,905	755	\$5,493	\$27,066	11	\$2,461
Adv Comp Health	-\$32,374	13	-\$2,490	\$0	-	\$0
Advanced Practice Nurse	\$1,696,111	7,317	\$232	\$3,849,651	17,856	\$216
ADvantage Home Delivered Meals	\$14,180,845	12,853	\$1,103	\$0	-	\$0
Ambulatory Surgical Services	\$3,323,552	7,715	\$431	\$6,271,157	10,230	\$613
Architectural Modification	\$284,937	155	\$1,838	\$14,244	7	\$2,035
Audiology Services	\$13,292	197	\$67	\$195,050	1,125	\$173
Behavioral Hlth Services	\$47,903,660	19,818	\$2,417	\$167,449,775	55,671	\$3,008
Capitated Services	\$5,508,316	105,729	\$52	\$23,297,570	515,385	\$45
Capitated Services - GME to Medical Schools	\$0	-	\$0	\$58,567,572	-	\$0
Chiropractic Services	\$7,952	123	\$65	\$0	-	\$0
Clinic	\$27,981,829	41,767	\$670	\$44,869,515	77,580	\$578
Clinics - OSA Services	\$2,530,083	23,846	\$106	\$8,227,442	80,369	\$102
Community Mental Health	\$17,952,656	17,408	\$1,031	\$11,797,574	12,655	\$932
Dental	\$18,086,215	32,048	\$564	\$124,774,761	265,428	\$470
Direct Support	\$176,359,149	3,617	\$48,758	\$15,799,407	789	\$20,025
EHR Incentive Payments	\$0	-	\$0	\$35,250,459	-	\$0
Employee Training Specialist	\$26,212,168	2,581	\$10,156	\$722,146	152	\$4,751
End-Stage Renal Disease	\$4,442,619	2,269	\$1,958	-\$113	19	-\$6
Eye Care and Exams	\$1,316,711	16,714	\$79	\$16,289,728	99,914	\$163
Eyewear	\$25,831	256	\$101	\$6,530,174	47,655	\$137
Fiscal Agent	\$4,900,188	598	\$8,194	\$0	-	\$0
Group Home	\$19,466,952	591	\$32,939	\$857,406	31	\$27,658
Home Health	\$4,360,680	4,509	\$967	\$14,921,569	2,618	\$5,700
Homemaker Services	\$1,253,290	310	\$4,043	\$277,105	100	\$2,771
Hospice	\$1,498,731	128	\$11,709	\$142,388	13	\$10,953
HSP - Indirect Medical Education (IME)	\$28,813,252	-	\$0	\$0	-	\$0
HSP - Graduate Medical Education (GME)	\$8,120,972	-	\$0	\$8,120,972	-	\$0
HSP - Acute DSH <sup>1</sup>	\$0	-	\$0	\$19,722,631	-	\$0
HSP - Supplemental Payments	\$0	-	\$0	\$200,923,368	-	\$0
ICF-MR Services	\$122,454,164	1,634	\$74,941	\$4,330,698	101	\$42,878
Inpatient Services	\$379,372,785	77,379	\$4,903	\$271,267,416	57,251	\$4,738
Laboratory Services	\$22,088,466	109,791	\$201	\$15,889,183	138,657	\$115
Medicare Part A & B (Buy-In) Payments	\$138,460,083	-	\$0	\$0	-	\$0
Medicare Part D Payments	\$68,908,484	-	\$0	\$0	-	\$0
Mid-Level Practitioner	\$270,190	1,552	\$174	\$1,003,897	6,457	\$155
Medical Supplies/DMEPOS	\$47,552,109	57,590	\$826	\$18,210,168	29,488	\$618
Nursing Facility	\$487,907,828	19,331	\$25,240	\$858,286	29	\$29,596

## Appendix B Statewide SFY2011 Figures (continued)

FIGURE VI EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD (CONTINUED)

SFY2011 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
	Type of Service	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served
Nursing Services	\$7,642,460	19,613	\$390	\$5,064	2	\$2,532
Nutritionist Services	\$763,563	764	\$999	\$24,232	107	\$226
Insure Oklahoma ESI Out-of-Pocket	\$209,782	-	\$0	\$0	-	\$0
Insure Oklahoma ESI Premium	\$50,957,037	27,012	\$1,886	\$0	-	\$0
Other Practitioner	\$8,239	60	\$137	\$2,652	37	\$72
Outpatient Hospital	\$127,629,343	173,442	\$736	\$113,718,206	262,692	\$433
Personal Care	\$99,420,409	22,170	\$4,484	\$652,458	112	\$5,826
Physician	\$240,197,560	223,959	\$1,073	\$259,800,611	436,532	\$595
Podiatry	\$1,878,482	11,228	\$167	\$628,735	1,807	\$348
Prescribed Drugs	\$176,771,636	169,366	\$1,044	\$181,473,592	399,813	\$454
Psychiatric Services	\$380,538	458	\$831	\$103,303,263	4,506	\$22,926
Residential Behavior Mgmt	\$0	-	\$0	\$25,626,265	2,311	\$11,089
Respite Care	\$301,013	233	\$1,292	\$56,739	46	\$1,233
Room and Board	\$175,161	253	\$692	\$514,797	675	\$763
School-Based Services	\$0	-	\$0	\$6,103,271	7,401	\$825
Specialized Foster Care/MR Services	\$2,511,849	151	\$16,635	\$1,381,555	94	\$14,697
Targeted Case Manager	\$76,231,868	25,875	\$2,946	\$35,704,466	17,399	\$2,052
Therapy Services	\$1,443,542	2,819	\$512	\$7,439,048	7,010	\$1,061
Transportation - Emergency	\$29,387,522	55,932	\$525	\$11,431,340	21,555	\$530
Transportation - Non-Emergency	\$20,841,297	230,480	\$90	\$6,366,206	586,499	\$11
X-Ray Services	\$14,829,878	113,090	\$131	\$4,785,606	99,204	\$48
Uncategorized Services	\$829,827	18,826	\$44	\$131,525	667	\$197
<b>Total</b>	<b>\$2,539,779,638.60</b>	<b>327,129</b>	<b>\$7,763</b>	<b>\$1,839,607,894.79</b>	<b>609,238</b>	<b>\$3,019</b>

Source: OHCA Financial Service Division, November 2011. <sup>1</sup>The decline in DSH payments is due to adjustments made in SFY2011 for prior fiscal years that amounted to \$27,106,997. The actual DSH paid to hospitals in SFY2011 was \$46,829,628.

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 SFY2011 Figures (continued)

FIGURE VII EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI <sup>2</sup>	SoonerPlan	SoonerCare Supplemental <sup>3</sup>	HCBS Waivers <sup>4</sup>
Adult Day Care	\$0	\$0	\$0	\$0	\$0	\$4,173,972
Adv Comp Health	\$0	\$0	\$0	\$0	\$0	-\$32,374
Advanced Practice Nurse	\$748,026	\$4,496,869	\$217,984	\$15,768	\$67,115	\$0
ADvantage Home Delivered Meals	\$0	\$0	\$0	\$0	\$0	\$14,180,845
Ambulatory Surgical Services	\$1,619,655	\$6,554,328	\$435,240	\$54,252	\$931,157	\$78
Architectural Modification	\$0	\$0	\$0	\$0	\$0	\$299,181
Audiology Services	\$30,754	\$173,353	\$541	\$0	\$2,585	\$1,109
Behavioral Hlth Services	\$74,394,035	\$115,068,405	\$290,767	\$0	\$20,527,989	\$5,072,239
Capitated Services	\$0	\$26,361,521	\$0	\$0	\$2,444,364	\$0
Capitated Services - GME to Medical Schools	\$0	\$58,567,572	\$0	\$0	\$0	\$0
Chiropractic Services	\$0	\$0	\$0	\$0	\$7,952	\$0
Clinic	\$18,150,050	\$50,726,838	\$1,165,992	\$800,566	\$2,007,859	\$40
Clinics - OSA Services	\$2,588,586	\$6,304,743	\$20,028	\$1,809,719	\$34,448	\$0
Community Mental Health	\$5,816,683	\$15,756,168	\$136,115	-\$101	\$8,041,170	\$195
Dental	\$29,498,610	\$108,537,025	\$21,648	\$0	\$3,969,921	\$833,771
Direct Support	\$5,648	\$0	\$0	\$0	\$0	\$192,152,908
EHR Incentive Payments	\$35,250,459	\$0	\$0	\$0	\$0	\$0
Employee Training Specialist	\$0	\$0	\$0	\$0	\$0	\$26,934,314
End-Stage Renal Disease	\$1,811,993	\$1,687,788	\$22,065	\$0	\$921,658	-\$999
Eye Care and Exams	\$3,758,869	\$13,266,781	\$67,651	\$0	\$513,094	\$44
Eyewear	\$1,406,099	\$5,120,732	\$0	\$0	\$29,174	\$0
Fiscal Agent	\$0	\$0	\$0	\$0	\$0	\$4,900,188
Group Home	\$0	\$0	\$0	\$0	\$0	\$20,324,358
Home Health	\$7,718,154	\$11,016,609	\$80	\$0	\$547,405	\$0
Homemaker Services	\$0	\$0	\$0	\$0	\$0	\$1,530,395
Hospice	\$36,627	\$105,832	\$0	\$0	\$2,200	\$1,496,460
HSP - Indirect Medical Education (IME)	\$28,813,252	\$0	\$0	\$0	\$0	\$0
HSP - Graduate Medical Education (GME)	\$16,241,944	\$0	\$0	\$0	\$0	\$0
HSP - Acute DSH <sup>1</sup>	\$19,722,631	\$0	\$0	\$0	\$0	\$0
HSP - Supplemental Payments	\$200,923,368	\$0	\$0	\$0	\$0	\$0
ICF-MR Services	\$47,601,846	\$72,612	\$0	\$0	\$79,110,404	\$0
Inpatient Services	\$361,218,752	\$243,435,993	\$12,897,878	\$905	\$33,079,505	\$7,167
Laboratory Services	\$16,120,030	\$18,141,379	\$1,694,200	\$1,318,531	\$703,509	\$0
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$0	\$0	\$138,460,083	\$0
Medicare Part D Payments	\$0	\$0	\$0	\$0	\$68,908,484	\$0
Mid-Level Practitioner	\$143,669	\$1,096,843	\$27,218	\$1,607	\$4,750	\$0
Medical Supplies/DMEPOS	\$11,766,312	\$20,258,804	\$575,613	\$0	\$13,603,108	\$19,558,440

## Appendix B Statewide SFY2011 Figures (continued)

FIGURE VII EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE (CONTINUED)

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI <sup>2</sup>	SoonerPlan	SoonerCare Supplemental <sup>3</sup>	HCBS Waivers <sup>4</sup>
Nursing Facility	\$57,876,974	\$744,269	\$123	\$0	\$429,903,442	\$241,305
Nursing Services	\$0	\$0	\$0	\$0	\$0	\$7,647,524
Nutritionist Services	\$64,556	\$19,480	\$902	\$0	\$142,519	\$560,337
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$209,782	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$50,957,037	\$0	\$0	\$0
Other Practitioner	\$2,055	\$8,144	\$0	\$0	\$692	\$0
Outpatient Hospital	\$67,215,769	\$152,761,011	\$9,923,225	\$960,683	\$10,486,050	\$811
Personal Care	\$1,060,245	\$2,638,892	\$0	\$0	\$8,581,766	\$87,791,964
Physician	\$145,772,808	\$295,891,240	\$14,226,785	\$1,425,345	\$40,168,064	\$2,513,929
Podiatry	\$445,858	\$1,058,247	\$104,911	\$0	\$898,163	\$38
Prescribed Drugs	\$95,250,962	\$237,618,856	\$14,242,482	\$1,610,430	\$2,213,584	\$7,308,913
Psychiatric Services	\$89,866,738	\$13,544,426	\$1,792	\$0	\$270,844	\$0
Residential Behavior Mgmt	\$25,481,285	\$144,980	\$0	\$0	\$0	\$0
Respite Care	\$0	\$0	\$0	\$0	\$0	\$357,752
Room and Board	\$320,614	\$313,222	\$0	\$0	\$56,122	\$0
School-Based Services	\$1,390,383	\$4,709,486	\$0	\$0	\$3,402	\$0
Specialized Foster Care/MR Services	\$0	\$0	\$0	\$0	\$0	\$3,893,404
Targeted Case Manager	\$40,721,090	\$1,889,488	\$0	\$0	\$16,206,359	\$53,119,397
Therapy Services	\$1,639,243	\$6,044,461	\$8,391	\$0	\$238,101	\$952,394
Transportation - Emergency	\$11,200,765	\$14,610,478	\$177	\$257	\$5,978,940	\$9,028,245
Transportation - Non-Emergency	\$84,737	\$13,089,537	\$0	\$0	\$13,971,704	\$61,525
X-Ray Services	\$5,747,471	\$9,923,323	\$1,145,514	\$5,066	\$2,793,995	\$116
Uncategorized Services	\$142,833	\$31,239	\$412,245	\$0	\$375,034	\$0
<b>Total</b>	<b>\$1,429,670,440</b>	<b>\$1,461,790,979</b>	<b>\$108,806,386</b>	<b>\$8,003,027</b>	<b>\$906,206,716</b>	<b>\$464,909,985</b>
<b>Unduplicated Members Served</b>	<b>767,890</b>	<b>603,605</b>	<b>45,220</b>	<b>29,597</b>	<b>100,600</b>	<b>27,428</b>
<b>Average Cost Per Member Served</b>	<b>\$1,862</b>	<b>\$2,422</b>	<b>\$2,406</b>	<b>\$270</b>	<b>\$9,008</b>	<b>\$16,950</b>

Source: OHCA Financial Service Division, November 2011. 1. The decline in DSH payments is due to adjustments made in SFY2011 for prior fiscal years that amounted to \$27,106,997. The actual DSH paid to hospitals in SFY2011 was \$46,829,628. 2. Insure Oklahoma IP and ESI includes \$209,782 Insure Oklahoma ESI Out-of-Pocket; \$50,957,037 Insure Oklahoma ESI Premium payments; and \$57,639,567 in Insure Oklahoma IP payments. 3. Beginning in SFY2011, SoonerCare Supplemental includes all services paid on behalf of dual enrollees. Previous year totals are no longer comparable. 4. 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 SFY2011 Figures (continued)

FIGURE VIII EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY (CONTINUED)

Type of Service	Aged	Blind / Disabled	Parents & Children	Oklahoma Cares	Sooner-Plan	TEFRA	Other Total*
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$50,957,037
Other Practitioner	\$0	\$782	\$10,048	\$0	\$0	\$0	\$60
Outpatient Hospital	\$5,244,772	\$66,715,249	\$152,099,183	\$5,655,763	\$960,683	\$130,332	\$10,541,566
Personal Care	\$55,072,045	\$44,957,748	\$26,399	\$0	\$0	\$16,676	\$0
Physician	\$20,472,407	\$123,630,667	\$327,035,290	\$10,023,456	\$1,425,345	\$575,575	\$16,835,431
Podiatry	\$580,147	\$1,084,295	\$724,636	\$10,172	\$0	\$1,141	\$106,826
Prescribed Drugs	\$4,216,273	\$173,874,412	\$160,866,549	\$2,198,952	\$1,610,430	\$675,296	\$14,803,317
Psychiatric Services	\$386,862	\$26,384,795	\$76,733,401	\$6,752	\$0	\$169,581	\$2,410
Residential Behavior Mgmt	\$26,138	\$1,713,297	\$23,838,505	\$0	\$0	\$26,224	\$22,101
Respite Care	\$166,245	\$191,507	\$0	\$0	\$0	\$0	\$0
Room and Board	\$2,688	\$161,948	\$507,191	\$17,172	\$0	\$959	\$0
School-Based Services	\$1,000	\$2,527,224	\$3,404,941	\$0	\$0	\$169,791	\$314
Specialized Foster Care/ MR Services	\$27,100	\$3,866,304	\$0	\$0	\$0	\$0	\$0
Targeted Case Manager	\$30,297,984	\$50,669,172	\$30,935,367	\$0	\$0	\$5,005	\$28,807
Therapy Services	\$115,215	\$2,912,895	\$5,625,981	\$1,234	\$0	\$218,550	\$8,714
Transportation - Emergency	\$3,633,696	\$23,446,103	\$13,536,186	\$126,176	\$257	\$3,986	\$72,460
Transportation - Non-Emergency	\$7,448,468	\$16,227,255	\$3,443,115	\$10,013	\$0	\$62,439	\$16,213
X-Ray Services	\$1,606,575	\$8,045,809	\$7,921,116	\$794,989	\$5,066	\$4,353	\$1,237,577
Uncategorized Services	\$35,250	-\$45	\$0	\$0	\$0	\$0	\$926,146
<b>Total</b>	<b>\$786,690,328</b>	<b>\$1,477,510,094</b>	<b>\$1,600,962,864</b>	<b>\$25,796,826</b>	<b>\$8,003,027</b>	<b>\$4,887,248</b>	<b>\$475,537,146</b>
<b>Unduplicated Members Served</b>	<b>55,826</b>	<b>122,828</b>	<b>683,180</b>	<b>6,184</b>	<b>29,597</b>	<b>442</b>	<b>48,701</b>
<b>Average Cost Per Member Served</b>	<b>\$14,092</b>	<b>\$12,029</b>	<b>\$2,343</b>	<b>\$4,172</b>	<b>\$270</b>	<b>\$11,057</b>	<b>\$9,764</b>

Source: OHCA Financial Service Division, November 2011. 1. The decline in DSH payments is due to adjustments made in SFY2011 for prior fiscal years that amounted to \$27,106,997. The actual DSH paid to hospitals in SFY2011 was \$46,829,628.

\* Other enrollees and expenditures include — Refuge, PKU, Q1, SLMB, DDS/D 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. Other includes a total of \$265,701,195 in hospital (HSP-GME/IME/DSH and supplemental) payments; \$33,808,002 in outpatient behavioral health supplemental payments; \$58,567,572 for capitated services (GME payments to medical schools); \$209,782 Insure Oklahoma ESI Out-of-Pocket; \$50,957,037 Insure Oklahoma ESI Premium payments; and \$57,639,567 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 SFY2011 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	\$23,363	\$3,704	\$0	\$0	\$0
Adv Comp Health	\$0	\$0	\$0	\$0	\$0
Advanced Practice Nurse	\$155,068	\$110,710	\$326,233	\$3,245,526	\$12,113
ADvantage Home Delivered Meals	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgical Services	\$301,233	\$328,150	\$595,737	\$5,035,218	\$10,818
Architectural Modification	\$10,347	\$3,897	\$0	\$0	\$0
Audiology Services	\$33,370	\$9,394	\$28,460	\$123,827	\$0
Behavioral Hlth Services	\$13,762,232	\$22,726,821	\$9,327,444	\$87,770,290	\$54,985
Capitated Services	\$2,297,969	\$17,669	\$1,837,976	\$19,140,354	\$3,602
Capitated Services - GME to Medical Schools	\$0	\$0	\$0	\$0	\$0
Chiropractic Services	\$0	\$0	\$0	\$0	\$0
Clinic	\$1,955,498	\$2,189,842	\$4,432,414	\$35,881,816	\$409,945
Clinics - OSA Services	\$877,770	\$577,250	\$471,080	\$5,934,814	\$366,528
Community Mental Health	\$1,785,198	\$1,799,211	\$955,306	\$7,233,047	\$24,811
Dental	\$5,018,893	\$7,585,411	\$20,260,377	\$91,847,776	\$62,303
Direct Support	\$7,747,523	\$8,051,884	\$0	\$0	\$0
EHR Incentive Payments	\$0	\$0	\$0	\$35,250,459	\$0
Employee Training Specialist	\$467,296	\$254,850	\$0	\$0	\$0
End-Stage Renal Disease	-\$2,952	-\$15,740	\$12,362	\$6,217	\$0
Eye Care and Exams	\$790,322	\$1,203,109	\$2,097,985	\$12,190,326	\$7,985
Eyewear	\$455,026	\$526,520	\$777,533	\$4,768,105	\$2,990
Fiscal Agent	\$0	\$0	\$0	\$0	\$0
Group Home	\$529,428	\$327,978	\$0	\$0	\$0
Home Health	\$11,138,841	\$1,885,548	\$83,726	\$1,812,957	\$496
Homemaker Services	\$98,550	\$178,555	\$0	\$0	\$0
Hospice	\$107,070	\$0	\$0	\$35,318	\$0
HSP - Indirect Medical Education (IME)	\$0	\$0	\$0	\$0	\$0
HSP - Graduate Medical Education (GME)	\$0	\$0	\$0	\$0	\$0
HSP - Acute DSHI	\$0	\$0	\$0	\$0	\$0
HSP - Supplemental Payments	\$0	\$0	\$0	\$0	\$0
ICF-MR Services	\$3,511,966	\$575,622	\$0	\$243,111	\$0
Inpatient Services	\$41,523,171	\$18,799,954	\$13,596,779	\$197,063,483	\$284,029
Laboratory Services	\$871,875	\$664,380	\$1,140,813	\$12,729,905	\$482,210
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$0	\$0	\$0
Medicare Part D Payments	\$0	\$0	\$0	\$0	\$0
Mid-Level Practitioner	\$36,994	\$32,571	\$101,238	\$831,657	\$1,437
Medical Supplies/DMEPOS	\$9,549,543	\$2,129,807	\$760,058	\$5,763,083	\$7,677



## Appendix B Statewide SFY2011 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*
Nursing Facility	\$678,167	\$180,119	\$0	\$0	\$0
Nursing Services	\$5,064	\$0	\$0	\$0	\$0
Nutritionist Services	\$3,273	\$6,521	\$2,199	\$12,239	\$0
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0	\$0
Other Practitioner	\$150	\$0	\$0	\$2,441	\$60
Outpatient Hospital	\$9,560,985	\$5,876,117	\$11,929,008	\$85,990,112	\$361,984
Personal Care	\$609,925	\$42,155	\$167	\$211	\$0
Physician	\$20,384,141	\$15,486,044	\$20,568,168	\$202,614,105	\$748,153
Podiatry	\$59,019	\$59,444	\$97,061	\$412,244	\$967
Prescribed Drugs	\$46,333,737	\$19,475,482	\$20,554,614	\$94,527,319	\$582,440
Psychiatric Services	\$20,396,293	\$38,824,487	\$7,685,273	\$36,389,840	\$7,370
Residential Behavior Mgmt	\$66,505	\$25,197,417	\$12,898	\$328,260	\$21,185
Respite Care	\$6,328	\$50,411	\$0	\$0	\$0
Room and Board	\$82,754	\$4,340	\$20,922	\$406,781	\$0
School-Based Services	\$2,489,426	\$660,985	\$340,887	\$2,611,658	\$314
Specialized Foster Care/MR Services	\$305,250	\$1,076,305	\$0	\$0	\$0
Targeted Case Manager	\$2,576,835	\$30,684,792	\$223,778	\$2,190,253	\$28,807
Therapy Services	\$1,729,710	\$693,752	\$509,792	\$4,505,180	\$614
Transportation - Emergency	\$1,489,991	\$1,081,100	\$696,328	\$8,128,750	\$35,172
Transportation - Non-Emergency	\$2,943,060	\$406,776	\$317,709	\$2,697,444	\$1,216
X-Ray Services	\$420,210	\$232,084	\$447,305	\$3,657,066	\$28,940
Uncategorized Services	\$52,491	\$2,521	\$0	\$0	\$76,512
<b>Grand Total</b>	<b>\$213,238,909</b>	<b>\$210,007,952</b>	<b>\$120,211,630</b>	<b>\$971,381,194</b>	<b>\$3,625,666</b>
<b>Unduplicated Members Served</b>	<b>24,967</b>	<b>33,618</b>	<b>124,675</b>	<b>602,800</b>	<b>8,711</b>
<b>Average Cost Per Member Served</b>	<b>\$8,541</b>	<b>\$6,247</b>	<b>\$964</b>	<b>\$1,611</b>	<b>\$416</b>

Source: OHCA Financial Service Division, October 2011. Child figures are for individuals under the age of 21.

\*Other Aid Categories include Oklahoma Cares, SoonerPlan, Soon-to-be-Sooners, Insure Oklahoma dependents, college students and Insure Oklahoma IP members. Other expenditures on behalf of children included in the total \$1,839,607,895 not listed above includes a total of \$228,766,971 in hospital (HSP-GME (1/2 costs)/DSH and supplemental) payments; \$33,808,002 in outpatient behavioral health supplemental payments; \$58,567,572 for capitated services (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 SFY2011 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	\$4,173,972	\$2,478,179	\$1,124,455	\$0	\$557,781
Adv Comp Health	(\$32,374)	(\$32,374)	\$0	\$0	\$0
ADvantage Home Delivered Meals	\$14,180,845	\$14,139,678	\$0	\$0	\$0
Ambulatory Surgical Services	\$78	\$78	\$0	\$0	\$0
Architectural Modification	\$299,181	\$132,689	\$71,463	\$59,561	\$19,233
Audiology Services	\$1,109	\$990	\$119	\$0	\$0
Behavioral Hlth Services	\$5,072,239	\$540	\$3,914,531	\$969,388	\$134,787
Clinic	\$40	\$40	\$0	\$0	\$0
Community Mental Health	\$195	\$189	\$6	\$0	\$0
Dental	\$833,771	\$0	\$377,202	\$379,471	\$73,653
Direct Support	\$192,152,908	\$0	\$94,219,448	\$77,432,482	\$18,512,513
Employee Training Specialist	\$26,934,314	\$0	\$18,800,269	\$4,670,359	\$3,264,809
End-Stage Renal Disease	(\$999)	(\$999)	\$0	\$0	\$0
Eye Care and Exams	\$44	\$22	\$22	\$0	\$0
Fiscal Agent	\$4,900,188	\$4,900,188	\$0	\$0	\$0
Group Home	\$20,324,358	\$0	\$19,741,703	\$121,025	\$0
Homemaker Services	\$1,530,395	\$0	\$1,294,311	\$176,198	\$59,886
Hospice	\$1,496,460	\$1,475,975	\$0	\$0	\$0
Inpatient Services	\$7,167	\$7,167	\$0	\$0	\$0
Medical Supplies/DMEPOS	\$19,558,440	\$15,526,805	\$2,412,094	\$753,130	\$733,384
Nursing Facility	\$241,305	\$233,953	\$0	\$0	\$0
Nursing Services	\$7,647,524	\$3,735,878	\$1,887,330	\$1,614,807	\$0
Nutritionist Services	\$560,337	\$0	\$327,008	\$216,530	\$6,189
Outpatient Hospital	\$811	\$799	\$13	\$0	\$0
Personal Care	\$87,791,964	\$87,318,850	\$0	\$0	\$0
Physician	\$2,513,929	\$8,568	\$1,845,847	\$511,534	\$79,871
Podiatry	\$38	\$38	\$0	\$0	\$0
Prescribed Drugs	\$7,308,913	\$5,720,245	\$1,001,981	\$301,425	\$222,879
Respite Care	\$357,752	\$230,428	\$114,285	\$5,257	\$2,050
Specialized Foster Care/MR Services	\$3,893,404	\$0	\$3,781,904	\$106,750	\$4,750
Targeted Case Manager	\$53,119,397	\$52,228,266	\$0	\$0	\$0
Therapy Services	\$952,394	\$31,703	\$534,284	\$287,730	\$87,664
Transportation - Emergency	\$9,028,245	\$5,408	\$5,639,787	\$2,707,504	\$675,546
Transportation - Non-Emergency	\$61,525	\$0	\$0	\$0	\$0
X-Ray Services	\$116	\$108	\$8	\$0	\$0
<b>Grand Total</b>	<b>\$464,909,985</b>	<b>\$188,143,409</b>	<b>\$157,088,068</b>	<b>\$90,313,153</b>	<b>\$24,434,994</b>
<b>Unduplicated Members Served</b>	<b>27,650</b>	<b>22,054</b>	<b>2,798</b>	<b>729</b>	<b>1,847</b>
<b>Average Cost Per Member Served</b>	<b>\$16,814</b>	<b>\$8,531</b>	<b>\$56,143</b>	<b>\$123,886</b>	<b>\$13,230</b>

Source: OHCA Financial Service Division, November 2011. For more information on each waiver, go to page 25. 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 SFY2011 Figures (continued)

FIGURE X HOME AND COMMUNITY-BASED SERVICES WAIVER EXPENDITURES BY TYPE OF SERVICE (CONTINUED)

Home and Community-Based Services (HCBS)*	Living Choice	Medically Fragile	My Life; My Choice	Sooner Seniors
Adult Day Care	\$13,557	\$0	\$0	\$0
Adv Comp Health	\$0	\$0	\$0	\$0
ADvantage Home Delivered Meals	\$40,255	\$0	\$615	\$298
Ambulatory Surgical Services	\$0	\$0	\$0	\$0
Architectural Modification	\$16,235	\$0	\$0	\$0
Audiology Services	\$0	\$0	\$0	\$0
Behavioral Hlth Services	\$52,993	\$0	\$0	\$0
Clinic	\$0	\$0	\$0	\$0
Community Mental Health	\$0	\$0	\$0	\$0
Dental	\$3,445	\$0	\$0	\$0
Direct Support	\$1,988,465	\$0	\$0	\$0
Employee Training Specialist	\$198,877	\$0	\$0	\$0
End-Stage Renal Disease	\$0	\$0	\$0	\$0
Eye Care and Exams	\$0	\$0	\$0	\$0
Fiscal Agent	\$0	\$0	\$0	\$0
Group Home	\$461,630	\$0	\$0	\$0
Homemaker Services	\$0	\$0	\$0	\$0
Hospice	\$20,485	\$0	\$0	\$0
Inpatient Services	\$0	\$0	\$0	\$0
Medical Supplies/DMEPOS	\$110,225	\$20,351	\$1,549	\$901
Nursing Facility	\$7,352	\$0	\$0	\$0
Nursing Services	\$177,963	\$228,945	\$2,183	\$419
Nutritionist Services	\$10,611	\$0	\$0	\$0
Outpatient Hospital	\$0	\$0	\$0	\$0
Personal Care	\$440,839	\$10,747	\$17,575	\$3,953
Physician	\$68,108	\$0	\$0	\$0
Podiatry	\$0	\$0	\$0	\$0
Prescribed Drugs	\$55,508	\$6,855	\$22	\$0
Respite Care	\$756	\$0	\$4,976	\$0
Specialized Foster Care/MR Services	\$0	\$0	\$0	\$0
Targeted Case Manager	\$863,530	\$17,619	\$7,412	\$2,571
Therapy Services	\$11,013	\$0	\$0	\$0
Transportation - Emergency	\$0	\$0	\$0	\$0
Transportation - Non-Emergency	\$61,525	\$0	\$0	\$0
X-Ray Services	\$0	\$0	\$0	\$0
<b>Grand Total</b>	<b>\$4,603,370</b>	<b>\$284,517</b>	<b>\$34,332</b>	<b>\$8,141</b>
<b>Unduplicated Members Served</b>	<b>192</b>	<b>16</b>	<b>9</b>	<b>5</b>
<b>Average Cost Per Member Served</b>	<b>\$23,976</b>	<b>\$17,782</b>	<b>\$3,815</b>	<b>\$1,628</b>

Source: OHCA Financial Service Division, November 2011. For more information on each waiver, go to page 25. 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 SFY2011 Figures (continued)

FIGURE XI BEHAVIORAL HEALTH EXPENDITURES BY TYPE OF SERVICE BY CHILDREN AND ADULTS

<b>Children Younger than Age 21</b>			
<b>Type of Service</b>	<b>Expenditures<sup>1</sup></b>	<b>Members Served<sup>2</sup></b>	<b>Average per Member Served</b>
Inpatient (Acute - General)	\$3,947,666	1,460	\$2,704
Inpatient (Acute - Freestanding)	\$7,717,185	1,782	\$4,331
Psychiatric Residential Treatment Facility (PRTF)	\$94,389,307	4,276	\$22,074
Outpatient	\$136,955,899	58,711	\$2,333
Psychologist	\$3,515,972	5,068	\$694
Psychiatrist	\$1,210,023	4,019	\$301
Residential Behavior Management Services (Group)	\$9,419,141	1,207	\$7,804
Residential Behavior Management Services (TFC)	\$16,209,861	1,239	\$13,083
Targeted Case Management (TCM) <sup>3</sup>	\$20,754,816	11,561	\$1,795
Other Outpatient Behavioral Health Services	\$2,059,188	1,443	\$1,427
Psychotropic Drugs <sup>4</sup>	\$56,065,856	61,173	
<b>Total<sup>5</sup></b>	<b>\$296,179,057</b>	<b>63,856</b>	<b>\$4,638</b>

<b>Adults Aged 21 and Older</b>			
<b>Type of Service</b>	<b>Expenditures<sup>1</sup></b>	<b>Members Served<sup>2</sup></b>	<b>Average per Member Served</b>
Inpatient (Acute - General)	\$9,675,327	2,433	\$3,977
Inpatient (Acute - Freestanding)	\$268,310	33	\$8,131
Psychiatric Residential Treatment Facility (PRTF)	\$4,523	6	\$754
Outpatient	\$95,172,628	31,935	\$2,980
Psychologist	\$1,177,527	668	\$1,763
Psychiatrist	\$1,793,160	5,388	\$333
Residential Behavior Management Services (Group)	\$0	-	\$0
Residential Behavior Management Services (TFC)	\$0	-	\$0
Targeted Case Management (TCM) <sup>3</sup>	\$98	17	\$6
Other Outpatient Behavioral Health Services	\$341,867	188	\$1,818
Psychotropic Drugs <sup>4</sup>	\$50,952,345	84,213	
<b>Total<sup>5</sup></b>	<b>\$108,433,442</b>	<b>34,000</b>	<b>\$3,189</b>

<b>Total Behavioral Health Services Listed Above<sup>5</sup></b>	<b>\$404,612,499</b>	<b>97,856</b>	<b>\$4,135</b>
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Source: OHCA Financial Service Division, November 2011. 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.

1. 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.

2. 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.

3. Beginning in SFY2010 OJA and OKDHS Targeted Case Management counts and dollars are included in the Behavioral Health TCM category; it was not included in previous years. Originally, Targeted Case Management Services not performed by OJA or OKDHS had been moved to the Outpatient category. To make this report comparable to previous years, these services were added back in TCM in the corrected copy.

4. 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.

5. Psychotropic drug expenditures and member counts are not included in totals.

**CORRECTED Outpatient, TCM and Unduplicated Counts**

2/2012

## Appendix E SFY2011 Contracted SoonerCare Providers

Provider Type	SFY2011
Adult Day Care	53
Advance Practice Nurse	1,244
Advantage Home Delivery Meal	20
Ambulatory Surgical Center (ASC)	66
Anesthesiology Assistant	3
Audiologist	112
Capitation Provider - IHS Case Manager	84
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	2
Case Manager	58
Certified Registered Nurse Anesthetist (CRNA)	929
Chiropractor	24
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	3
Clinic - Early Intervention Services	1
Clinic - Family Planning Clinic	5
Clinic - Federally Qualified Health Clinic (FQHC)	47
Clinic - Group	4,602
Clinic - Maternity	4
Clinic - Native American	55
Clinic - Rural Health	62
Clinic - Speech/Hearing Clinic	56
Clinic - Tuberculosis	3
Community Mental Health Center (CMHC)	92
County/City Health Department	3
DDSD - Architectural Modification	38
DDSD - Community Transition Services	37
DDSD - Employee Training Specialist	90
DDSD - Group Home	42
DDSD - Homemaker Services	108
DDSD - Supportive Living Arrangements	47
DDSD - Volunteer	265
Transportation Provider	
Dentist	1,145
Direct Support Services	263

Provider Type	SFY2011
DME/Medical Supply Dealer	1,654
End-Stage Renal Disease Clinic	100
Extended Care and Skilled Nursing Facilities	308
Extended Care Facility - Facility Based Respite Care	109
Extended Care Facility - ICF/MR	86
Genetic Counselor	8
Home Health Agency	228
Hospital - Acute Care	679
Hospital - Critical Access	81
Hospital - Native American	7
Hospital - Psychiatric	20
Hospital - Residential Treatment Center	45
Laboratory	252
Lactation Consultant	48
Licensed Behavioral Health Provider (LBHP)	661
Long Term Care Authority Hospice	82
Maternal/Child Health LCSW	21
Nursing Agency - Non-Skilled	54
Nursing Agency - Skilled	48
Nutritionist	170
Optician	52
Optometrist	551
Outpatient Behavioral Health Agency	424
Personal Care Services	475
Pharmacy	1,245
Physician Assistant	1,020
Physician - Allergist	31
Physician - Anesthesiologist	989
Physician - Cardiologist	530
Physician - General/Family Medicine	2,139
Physician - General Pediatrician	1,373
Physician - General Surgeon	618
Physician - Internist	1,736
Physician - Obstetrician/Gynecologist	533
Physician - Other Specialist	4,325
Physician - Pediatric Specialist	868

Provider Type	SFY2011
Physician - Radiologist	1,329
Preadmission Screening and Resident Review (PASRR) Program for Assertive Community Treatment (PACT)	12
Psychologist	12
Residential Behavior Management Services (RBMS)	288
Respite Care	19
Room and Board	96
School Corporation	22
Specialized Foster Care/MR	192
Therapist - Occupational	205
Therapist - Physical	208
Therapist - Respiratory	578
Therapist - Speech/Hearing	13
Transportation Provider	546
X-Ray Clinic	310
	63

**32,750+**

SoonerCare contracted with 32,849 unduplicated providers during SFY2011.

The term "contracted" is defined as a provider that was enrolled with Oklahoma SoonerCare within SFY2011, 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 D SFY2011 Board-Approved Rules

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Jul-8-2010	AMENDING Agency rules to give the Administrative Law Judge for the Oklahoma Health Care Authority jurisdiction to hear member appeals related to eligibility determinations made by OHCA. (APA WF#10-12)	Budget Neutral	Aug-13-2010
Jul-8-2010	AMENDING Agency rules to clarify that smoking and tobacco use cessation counseling is a covered SoonerCare service for the Native American population through the Indian Health Service, Tribally Operated Programs and Urban Indian Clinics (I/T/U's). (APA WF#10-20)	Budget Neutral	Aug-13-2010
Jul-8-2010	AMENDING Agency rules to provide clarification for Private Duty Nursing prior authorization requests. (APA WF#10-23)	Budget Neutral	Aug-13-2010
Jul-8-2010	AMENDING Agency rules to provide guidance regarding the delivery of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). (APA WF#10-24)	Budget Neutral	Aug-13-2010
Jul-8-2010	ADDING Agency rules to include procedures and guidelines related to primary care provider (PCP) referrals under the Patient-Centered Medical Home model. (APA WF#10-25)	Budget Neutral	Aug-13-2010
Jul-8-2010	ADDING Agency rules to provide guidance with regard to team therapy. (APA WF#10-27)	Budget Neutral	Aug-13-2010
Jul-8-2010	AMENDING Agency rules to revise OHCA prescription drug cost sharing guidelines in order to correspond with the Centers for Medicare & Medicaid Services (CMS) nominal cost sharing guidelines. (APA WF#10-42)	Estimated \$589,000 total annual dollars with a state share of \$147,250.	Aug-13-2010
Aug-25-2010	AMENDING Agency rules to clarify reimbursement for certain Licensed Behavioral Health Professionals in Federally Qualified Health Centers (FQHC). Additionally, revisions are made to reflect contracting and reimbursement requirements for covered services in FQHC and school settings. (APA WF#10-04)	Budget neutral	Oct-14-2010
Aug-25-2010	ADDING Agency rules to add dental services requirements and benefits for children in the Insure Oklahoma Program. (APA WF#10-32)	Estimated \$1,312,200 total dollars with a state share of \$460,057.	Oct-14-2010
Aug-25-2010	Revising agency rules to include language allowing for a new Home and Community Based Services Waiver Sooner Seniors. (APA WF#10-40)	Estimated \$159,072 total dollars with a state share of \$39,529.	Oct-14-2010
Aug-25-2010	ADDING Agency rules to include language allowing for a new Home and Community Based Services Waiver program known as My Life, My Choice. (APA WF#10-41)	Estimated \$798,840 total dollars with a state share of \$198,511.	Oct-14-2010
Oct-14-2010	AMENDING Agency rules to comply with new Federal law that eliminates the five-year bar on SoonerCare services for Afghani and Iraqi special immigrants. (APA WF#10-01)	Budget Neutral	Nov-15-2010
Oct-14-2010	AMENDING Agency rules to revise eligibility criteria for individuals transitioning from an institution to a home and community based setting through the Living Choice Demonstration. (APA WF#10-43)	Budget neutral	Nov-15-2010
Oct-14-2010	AMENDING Agency rules regarding provider audit/review appeals to comply with Section 1011.9 of Title 56 of Oklahoma Statutes. (APA WF#10-45)	Estimated \$33,000 total dollars with a state share of \$16,500.	Nov-15-2010
Oct-14-2010	AMENDING Agency rules to reflect the change in pricing methodology for injectable drugs that are submitted through the pharmacy system. (APA WF#10-48)	Estimated annual savings of \$2.6M with an estimated state share savings of \$924,820.	Nov-15-2010
Oct-14-2010	ADDING Agency rules to establish program criteria and guidelines for the new Oklahoma Electronic Health Records Incentive Payment Program, which will begin January 2011 and is authorized by the American Recovery and Reinvestment Act of 2009. (APA WF#10-49)	Estimated increase of \$1.7 with an increase of \$170,000 state share.	Nov-15-2010

Appendix D SFY2011 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Nov-18-2010	AMENDING Agency rules to add Partial Hospitalization Programs (PHP) as a SoonerCare covered service for children. (APA WF#10-53)	Estimated increase \$4,447,776 total dollars with a state share of \$1,160,925.	Dec-27-2010
Dec-9-2010	AMENDING Agency rules to allow hospice services to be available to children enrolled in SoonerCare without forgoing any other service for treatment of the underlying terminal conditions. (APA WF#10-54)	Budget neutral	Jan-6-2011
Dec-9-2010	AMENDING Agency rules to include a requirement for re-evaluation of members receiving hospice services in the HCBS Waivers. (APA WF#10-55B)	Estimated \$868,000 total savings with \$217,000 state share savings	Jan-6-2010
Mar-10-2011	AMENDING Agency rules to clarify reimbursement for certain Licensed Behavioral Health Professionals in Federally Qualified Health Centers (FQHC). Additionally, revisions are made to reflect contracting and reimbursement requirements for covered services in FQHC and school settings. (APA WF#10-04)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to clarify and expand on definitions of College Student, Employee and Employer within the Insure Oklahoma program; clarify procedures for credits and adjustments for employers participating in the program; require college students to submit current course schedules to prove full-time status; add Ultraviolet Treatment-Actinotherapy and Private Duty Nursing as non-covered services; clarify that no standard deduction for work related expenses may be made for self-employed individuals; require that approved individuals notify OHCA of any changes in household status and income, that might impact eligibility, within 30 calendar days of the change; and to clean up references to the Oklahoma Administrative Code to comply with APA formatting requirements. (APA WF#10-08)	Budget neutral as state dollars used to fund the expansion of the Insure Oklahoma Program will be provided from the unused funds from the HEEIA Revolving Fund, in an amount not to exceed \$8,000,000.00	Jun-25-2011
Mar-10-2011	AMENDING agency rules to revise psychologist rules 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)	Estimated increase of \$448,748.	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to refer to the Behavioral health provider reference tool as the Behavioral Health Manual rather than the Behavioral Health Billing Manual. (APA WF#10-29)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to revise the definition of Partial Hospitalization Services to require that the services are reasonable and necessary for the diagnosis and active treatment of the member's condition, are reasonably expected to improve or maintain the member's condition and are provided in accordance with the Code of Federal Regulations. (APA WF#10-53)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to exempt from SoonerCare cost sharing requirements, Native Americans who have provided documentation of ethnicity and receive items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U's) or through referral under contract health services. (APA WF#10-56)	Estimated increase of \$876,206 total with an increase of \$205,402 state share.	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to ensure consistency throughout policy. Additionally, rules are revised to allow reimbursement to primary care providers for application of fluoride varnish to the gums and teeth of children ages 12 months to 42 months during a well-child visit. (APA WF#10-58)	Estimated increase of \$201,115 with an increase of \$70,511 state share.	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to revise SoonerCare eligibility rules so that only new certified birth certificates will be accepted as verification of citizenship for Puerto Ricans who are using their birth certificate as proof of citizenship and whose eligibility for benefits will be determined for the first time on or after October 1, 2010. (APA WF#10-63)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to ensure OHCA rules are consistent with reimbursement practices and make coverage rules more consistent throughout policy. Specifically, rules are revised to be consistent with the Centers for Medicare and Medicaid Services (CMS) regarding the elimination of office and inpatient consultation codes. (APA WF#10-11)	Budget Neutral	Jun-25-2011

## Appendix D SFY2011 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Mar-10-2011	ADDING agency rules to set guidelines for quality assurances and safeguards related to DMEPOS. (APA WF#10-34)	Budget Neutral	Jun-25-2011
Mar-10-2011	ADDING agency rules to clarify the criteria used to review and revise provider fee schedules. (APA WF#10-36)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING and ADDING Agency rules to add a provision for medical eligibility review by the OHCA. (APA WF#10-37 A & B)	Estimated savings of \$543,000 total with a savings of \$135,750 state share.	Jun-25-2011
Mar-10-2011	ADDING agency rules to establish provider signature requirements. Rules are revised to be consistent with the Centers for Medicare & Medicaid Services (CMS) regarding such provider signature requirements. (APA WF#10-39)	Budget Neutral	Jun-25-2011
Mar-10-2011	REVOKING agency rules to update pharmacy provider appeals rules in order to bring them in line with current practice. (APA WF#10-44)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to update coverage guidelines to include positron emission tomography (PET) and computed tomography (CT/CTA). (APA WF#10-50)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to clarify authorization requirements for fixed wing air ambulance services. (APA WF#10-52)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to include a re-evaluation and approval of additional hospice services within the ADvantage waiver. (APA WF#10-55 A)	Estimated savings of \$868,000 total with \$217,000 state share for the OKDHS, who administers the ADvantage Waiver Program.	Jun-25-2011
Mar-10-2011	AMENDING and REVOKING Agency rules to clarify policy for: eligibility for services in an ICF/MR and HCBS waiver for persons with mental retardation and related conditions, screening process for in-home supports providers, back-up plan provisions for specialized foster care members and allowance for natural supports within the specialized foster care member's home. Clarification is also provided on training requirements for providers of job coaching services and the limits on goods and services provided through Self-Direction. Additionally policy is revised to clarify provider qualifications for assistive technology devices, and the procurement review/approval process for assistive technology devices. Further policy revisions include clarification of transportation provider responsibilities, services not covered and limits on the types of adapted transportation allowable. Lastly, policy is revised to include clarification of family training provider qualifications and coverage limitations. (APA WF#10-59 A, B, & C)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to clarify requirements when documenting electronic health records. (APA WF#10-60)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to clarify OHCA's DMEPOS provider accreditation standards (APA WF#10-61)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to allow for a prior authorization for a third brand name prescription if determined to be medically necessary by OHCA and if the member has not already utilized their six covered prescriptions for the month. (APA WF#10-62)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to clarify OHCA's treatment of Individual Indian Money (IIM) Accounts as a converted resource. (APA WF#10-65)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency rules to clarify and to bring the language in line with current reimbursement practices and rules. (APA WF#10-66)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING and ADDING Agency rules to add clarification and differentiation between provider group and clinic contracts. (APA WF#10-67)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING agency telemedicine rules to clarify that all services and/or networks be allowed and approved at the OHCA's discretion to ensure medical necessity. (APA WF#10-68)	Budget Neutral	Jun-25-2011



Appendix D SFY2011 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/ Total Cost/State Share	Effective Date
Mar-10-2011	AMENDING agency rules to remove language approving ADvantage services when services exceed the established cost cap. Language is revised to state that OKDHS performs all eligibility determinations rather than the ADvantage Administration (AA). (APA WF#10-69)	Estimated increase of \$409,777 total with an increase of \$143,668 state share for OKDHS who administers the ADvantage program.	Jun-25-2011
Mar-10-2011	ADDING and AMENDING agency rules to include general information about three new Waivers operated by the OHCA, the Medically Fragile Waiver, the My Life My Choice Waiver and the Sooner Seniors Waiver. (APA WF#10-71)	Budget Neutral	Jun-25-2011
Mar-10-2011	AMENDING Agency rules to clarify that pregnant women have thirty (30) days within application submission to provide medical proof of pregnancy in order to continue receiving SoonerCare benefits. (APA WF#10-77)	Budget Neutral	Jun-25-2011
Jun-9-2011	AMENDING Agency rules to ensure Insure Oklahoma cost-sharing rules comply with Federal law on Native American cost-sharing exemptions. (APA WF#11-05)	Estimated increase of \$670,000 total with an increase of \$138,566 state share. Note: This cost was considered as part of a previous rule, which was considered and approved separately.	Jun-13-2011
Jun-9-2011	AMENDING Agency rules to comply with the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010 which requires state Medicaid agencies to disregard federal tax refunds or advance payments with respect to refundable tax credits as income and as resources for purposes of determining qualification. (APA WF#11-02)	Budget Neutral	Jul-13-2011

## Appendix E 2011 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 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 1 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.

FIGURE A CARE COORDINATION FEE BY TIER

Type of Panel	Tier 1	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

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/FeeSchedules](http://www.okhca.org/FeeSchedules).

FIGURE B BUDGETED SOONEREXCEL INCENTIVE PAYMENT COMPONENTS

SoonerExcel Incentive Program	SFY 2011 Payments
Emergency Department Utilization	\$495,512
-based on emergency department utilization of panel members	
Breast and Cervical Cancer Screenings	\$347,156
-based on breast and cervical cancer screenings of panel members	
Generic Drug Prescription Rate	\$991,352
-based on generic/multi-source prescribing profile	
Inpatient Admissions/Visits	\$710,060
-based on inpatient admissions/visits to SoonerCare Choice members	
EPSDT & 4th DTaP - Well Child Checks	\$1,021,938
-based on meeting the EPSDT screening compliance rate and 4th DTaP administration	
<b>Total</b>	<b>\$3,566,018</b>

Source: OHCA Financial Services Division, October 2011.

## Appendix F 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 patient-centered medical home 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 served 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

<b>MEMBER SERVICES</b>	<b>405-522-7171 OR 1-800-522-0310</b>
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

<b>PROVIDER SERVICES</b>	<b>405-522-6205 OR 1-800-522-0114</b>
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	<a href="http://www.okhca.org">www.okhca.org</a>
Insure Oklahoma	<a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a>
Oklahoma Department of Human Services	<a href="http://www.okdhs.org">www.okdhs.org</a>
Medicaid Fraud Control Unit	<a href="http://www.oag.state.ok.us">www.oag.state.ok.us</a>
Oklahoma State Department of Health	<a href="http://www.ok.gov/health">www.ok.gov/health</a>
Oklahoma State Auditor and Inspector	<a href="http://www.sai.state.ok.us">www.sai.state.ok.us</a>
Centers for Medicare & Medicaid Services	<a href="http://www.cms.gov">www.cms.gov</a>
Office of Inspector General of the Department of Health and Human Services	<a href="http://www.oig.hhs.gov">www.oig.hhs.gov</a>

# Oklahoma Health Care Authority



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