

Oklahoma **HealthCare** Authority



Annual Report 2015

SoonerCare 20/20
Looking Back at 20 Years of Looking Forward

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Looking Back at 20 Years of Looking Forward

On the cover: Oklahoma Health Care Authority (OHCA) is dedicated to ensuring Oklahomans' access to quality health care to help keep Oklahoma healthy. SoonerCare provides basic health care coverage essential to protect and sometimes save the lives of those who are enrolled. Nearly one million Oklahomans benefited from OHCA services during state fiscal year 2015.

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are located at:*

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Visit our websites at:

www.okhca.org
www.insureoklahoma.org
www.okltcpartnership.org

www.soonerfit.org

*You can also follow us on Twitter, Facebook,
Instagram and Pinterest!*

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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 Vision

Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

Our Mission Statement

Our mission is to responsibly purchase state and federally-funded health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accessibility and quality of health care; and, to cultivate relationships to improve the health outcomes of Oklahomans.

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*

*Terry Cline, Ph.D.
Secretary of Health & Human Services*

LEGISLATIVE BRANCH

1st Session of the 55th Legislature

*Brian Bingman
President Pro Tempore, State Senate*

*Jeff Hickman
Speaker, House of Representatives*

OHCA BOARD MEMBERS

as of June 2015



Front Row (l to r) Board Secretary Lindsey Bateman, Ann Bryant, Tanya Case, Carol Robison, Marc Nuttle

Back Row (l to r) Chairman Charles (Ed) McFall, Melvin McVay, Vice-Chairman Anthony (Tony) Armstrong, and CEO Nico Gomez

Message from the Chief Executive Officer



MOMENTUM—A LATIN WORD MEANING MOVEMENT OR MOVING POWER.

As the Oklahoma Health Care Authority (OHCA) celebrates 20 years of caring for our fellow Oklahomans, we pause for a moment to reflect on the millions of lives touched by our state's ongoing commitment to help our neighbors, family and friends. We think about the contributions made to our great state by those who, when in need, were served by our program and able to access prenatal care or child health checkups. We think of

the young man who was able to get glasses to help with reading so he could do well in school. We think of the young girl whose life was saved during a routine visit and those who are able to receive care in the comfort of their home thanks to agency staff, contracted providers and community partners who are dedicated to making a difference.

Though motivated in part by reflecting on what we have accomplished together as a state, the OHCA and our partners are also motivated by the positive momentum carrying us into the future. As you will find in the pages that follow, our staff are recognized as leaders in health management, children's oral health, genetics, pharmacy, tobacco cessation and digital communications as a few examples. We continue to be focused on innovation, excellence in administration and accountability in our efforts to ensure access to quality health care for improved health outcomes through fiscally responsible, well-executed programs.

We invite you to join us as we work with public, private and nonprofit partners to ensure continued momentum and to make Oklahoma stronger.

A handwritten signature in black ink that reads "Joel Nico Gomez". The signature is written in a cursive, flowing style.

Joel Nico Gomez

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OHCA Reports

ANNUAL REPORT

The Oklahoma Health Care Authority Annual Report includes updates, projects, accomplishments, awards and highlights that occurred during the 2015 state fiscal year.

Healthcare Effectiveness Data and Information Set (HEDIS®) and other quality measures are used to supply information for evaluation purposes, focus on member utilization and target key health issues. Other performance measures highlight quality improvement and quality assurance projects.

PRIMER

The Primer serves as an introduction to the SoonerCare program. Medicaid language and terms specific to the SoonerCare program are defined and discussed. The robust Primer report covers the history of Oklahoma's SoonerCare program and specific program details in one location.

SERVICE EFFORTS AND ACCOMPLISHMENTS

The Service Efforts and Accomplishments (SEA) report highlights OHCA's efforts in key performance areas. Performance measures are described alongside detailed year-by-year scores and future estimates. The SEAs are made available to the public to allow the ability to measure progress and assess the agency's headway towards achieving OHCA's mission.

STRATEGIC PLANNING

A sound, deliberate strategy for the future is not just a good idea; it is a requirement for organizations in today's fast-paced environment. OHCA's Strategic Plan begins by providing a brief overview of the mission, vision and goals of the agency; followed by specific action plans the agency has developed to meet the strategic goals. The report concludes with a summary defining the key external factors and assumptions that might affect achievement of our strategic goals and objectives.

All of the above reports can be found at www.okhca.org/reports.

FAST FACTS AND DASHBOARDS

SoonerCare Fast Fact reports are created monthly, quarterly and yearly. These Fast Facts and dashboards provide an overview of enrollment, program demographics, provider network monitoring and other subject specific details. The Fast Facts and dashboards can be found at www.okhca.org/fast-facts.

OHCA Overview

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

The Oklahoma Health Care Authority is the primary entity in the state of Oklahoma charged with controlling costs of state-purchased health care. OHCA's revenue initiatives have supported programs at the Oklahoma Department of Human Services (DHS), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma State Department of Health (OSDH), Office of Juvenile Affairs (OJA) and the Department of Education, as well as University of Oklahoma and Oklahoma State University medical schools and teaching hospitals.

Administering a Medicaid program is a challenging task due to 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; collaborating with tribal leaders, other state agencies, communities and other stakeholders; targeted multi-agency workgroups to improve health outcomes of members; 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 of Representatives. OHCA also has a Drug Utilization Review (DUR) board, a Medical Advisory Committee (MAC), an Advisory Panel of Physicians (APP), Behavioral Health Advisory Committee (BHAC), Oklahoma Health Improvement Plan (OHIP), Perinatal Task Force (OPQIC), a SoonerCare Member Advisory Task Force (MATF), State Plan Amendment Rate Committee (SPARC), Living Choice Advisory Committee (LCAC), Tribal consultation meetings and a joint legislative oversight committee. These groups of health professionals, providers, members, advocates, community partners, tribal leaders and elected officials all serve to ensure decisions are made to best serve the members' needs while maintaining fiscal integrity of the agency. The costs of medically necessary services are shared between state and federal funds.

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 the vulnerable and underserved Oklahomans. The health care sector affects the economy by sustaining a healthy productive workforce, but also in much the same way a manufacturing plant does, by bringing in money, providing jobs and wages to residents and providing an opportunity to keep health care dollars circulating within the state economy. Health care businesses, in turn, have an additional impact through the purchases of utility services and cleaning supplies, as well as the payment of various taxes.

MEDICAID:

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

SFY2015 Highlights

MEMBERS

- ▶ There were 1,021,359 unduplicated members enrolled in SoonerCare (including Insure Oklahoma) during SFY2015 (July 2014 through June 2015).
- ▶ A total of 996,825 SoonerCare members had services paid for in SFY2015.
- ▶ As of June 2015, 17,611 enrollees and 3,711 businesses were participating in the Insure Oklahoma program.
- ▶ OHCA provided coverage to 71,713 SoonerPlan enrollees and 959 women needing further diagnosis or treatment for breast and/or cervical cancer through the Oklahoma Cares program.
- ▶ SoonerCare covers approximately 59.6 percent of the births in Oklahoma. For calendar year 2014, SoonerCare deliveries accounted for 31,749 of the 53,286 overall state births (Oklahoma State Department of Health final figures accessed 8/10/2015).

EXPENDITURES

- ▶ Aged, blind or disabled enrollees made up 16.7 percent of SoonerCare. These enrollees accounted for 46.7 percent of the SoonerCare expenditures.
- ▶ SoonerCare funded 62.1 percent of Oklahoma's total long-term care occupied bed days.
- ▶ OHCA expended \$14.4 million on behalf of the breast and cervical cancer enrollees and \$5 million on SoonerPlan enrollees.
- ▶ 51,000,673 claims were processed.
- ▶ Nursing facility Quality of Care revenues totaled \$76,324,319.
- ▶ Federal and state drug rebate collections, including interest, totaled \$250,072,906.
- ▶ By limiting the amount paid for generic drugs, OHCA saved more than \$111.6 million through the State Maximum Allowable Cost program.

ADMINISTRATION

- ▶ OHCA processed 13 emergency rules, 14 permanent rules and 20 state plan amendments.
- ▶ There were 32 group provider training sessions attended by more than 4,800 providers. OHCA and HP held 6,171 individual, on-site provider training sessions.
- ▶ OHCA received and investigated 32 SoonerCare member complaints. This represents less than 0.01 percent of the 1,021,359 SoonerCare enrollees.
- ▶ There were 102 provider and 460 member formal appeals filed.
- ▶ OHCA administrative costs comprised 4.87 percent of the total SoonerCare expenditures. OHCA operating costs represented 43.4 percent of OHCA administrative costs and the other 54.84 percent were contract costs.

1 Million+

More than 1 million Oklahomans were enrolled in SoonerCare during SFY2015.

The Oklahoma Health Care Authority was tasked to administer the SoonerCare program in 1993 through House Bill 1573. OHCA began full operations in January 1995.

INSURE OKLAHOMA FUNDING CONTINUES

Insure Oklahoma (IO) offers state-sponsored health insurance coverage for low to middle-income working adults. The program is comprised of an employer-sponsored plan (ESI) and an individual plan (IP).

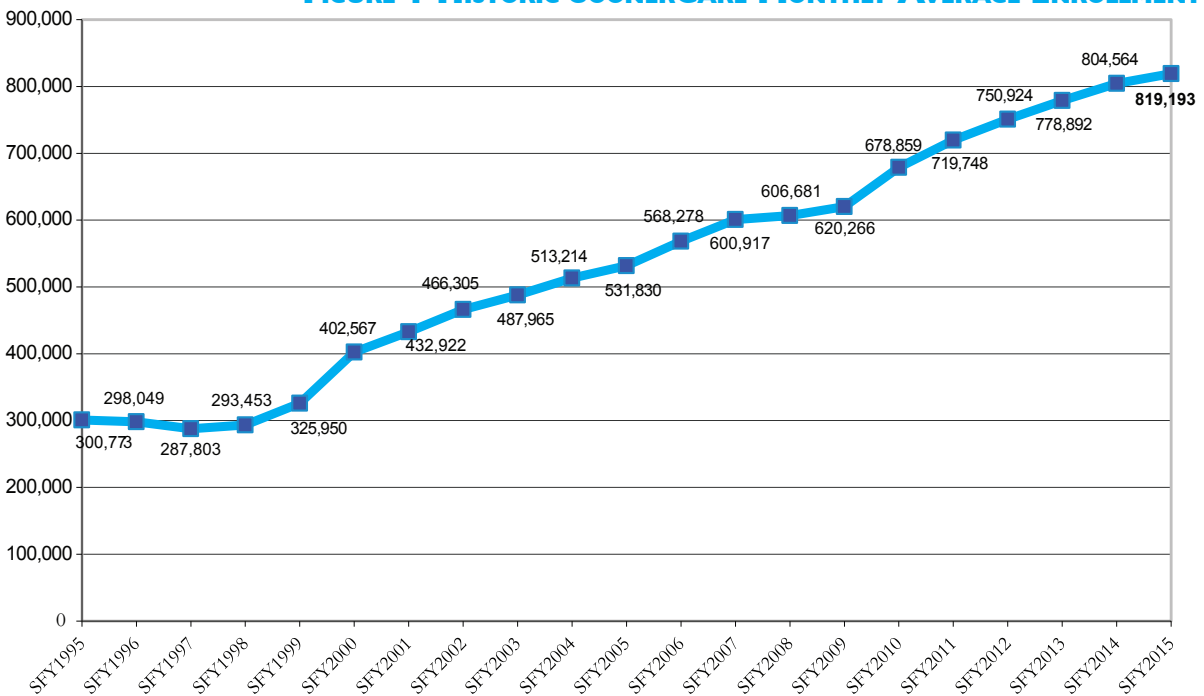
IO ESI pays a percentage of private market health insurance premiums for qualified employees, their spouses and dependents. IO IP is for people who do not have access to group coverage and who qualify financially, as well as those who are temporarily unemployed and seeking work.

Insure Oklahoma operates under the federal Health Insurance Flexibility and Accountability (HIFA) waiver. Waivers must be approved by the Centers for Medicare & Medicaid Services (CMS) to receive federal funding. OHCA is working towards allowing businesses with up to 250 employees to participate.

The Centers for Medicare & Medicaid Services agreed to continue funding the program, which has been in operation since November 2005. IO currently serves 17,611 Oklahomans with more than 3,700 businesses participating.

Looking back at 20 years of looking forward

FIGURE I HISTORIC SOONERCARE MONTHLY AVERAGE ENROLLMENT



State Fiscal Year (SFY) is July - June. Data prior to SFY2000 is from the OKDHS County Summary Report. During SFY1998 Title 19 expansion and CHIP were implemented. SoonerPlan and Oklahoma Cares enrollment began in the last half of SFY2005. In SFY2006 OHCA implemented 12 month certifications and TEFRA. Figures do not include Insure Oklahoma enrollees.

17,611

Insure Oklahoma had 1,150 members and 594 businesses enrolled in October 2006. As of June 2015, there were 17,611 members and 3,711 businesses enrolled.

TEXT4BABY SUCCESSFUL

Text4Baby (T4B) is the nation’s largest free mobile health messaging service for pregnant women and mothers of infants under age one. T4B participants receive three free text messages per week through pregnancy and infant’s first year, personalized to mom’s due date or baby’s birth date. Information packed messages contain a variety of maternal and child health topics, including safety, immunizations, well-child checks, developmental milestones and more. In August 2014, enhanced postpartum visit messages were launched.

In October 2014, OHCA became the first state Medicaid agency to implement an automatic notification process for SoonerCare members to easily opt-in to receive Text4Baby messages. Approximately 30,000 pregnant women and SoonerCare mothers with infants were sent a text message with information about T4B and how to opt-in directly through the text. More than 5,000 women enrolled into the service after receiving this message. Additionally, in January 2015, Quit4Baby, an interactive smoking cessation support program for pregnant women, was implemented and has since received excellent participant feedback.



PREGNANCY OUTREACH PROGRAM IMPACTING MEMBERS

Each week OHCA mails a letter to every newly-enrolled pregnant member asking her to call the SoonerCare Helpline to receive important information concerning her SoonerCare benefits. If the member contacts the SoonerCare Helpline, the call is answered by a Member Services representative. During the discussion, the member is asked a series of questions: Do you have diabetes? Have you had problems with a previous pregnancy? Are you having problems with this pregnancy? If the member responds yes to any of these questions, a referral is sent to Population Care Management for further clinical assessment. The department received and worked 459 new pregnancy outreach cases. Additionally, if members complete a recently implemented health risk assessment after enrollment, and their profile indicates their pregnancy is at-risk, Population Care Management provides outreach. In SFY2015, 48 additional at-risk pregnancy cases were identified through this new method.

FIGURE 2 SOONERCARE CHILDREN UNDER 21

Total unduplicated children under 21	628,603
Children qualified under Children & Parents (TANF)	546,034
Children qualified under Blind and Disabled	21,617
Children qualified under TEFRA	646
Children qualified under Insure Oklahoma	1,132
Children qualified under CHIP	164,236

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

60%

Of the 952,699 children under age 18 in Oklahoma reported by the Census, 575,602 were enrolled in SoonerCare at some point during SFY2015.

SoonerCare Plus (contracting with HMOs in urban areas) enrollment began on July 1, 1995. There were five health maintenance organizations participating.

STRONG START UPDATE

The OHCA was one of 27 national recipients of the “Strong Start for Mothers and Newborns” initiative awarded by the Centers for Medicare & Medicaid Innovation Center. The Strong Start for Mothers and Newborns initiative aims to reduce preterm births; improve outcomes for newborns and pregnant women; and decrease the total cost of medical care during pregnancy, delivery and the first year of life for newborn SoonerCare children.

OHCA has partnered with four clinical sites serving SoonerCare members in Oklahoma to implement the strategy of enhanced prenatal care through a group visit model. The sites have reported 118 deliveries under the program.



ACTIVE CARE MANAGEMENT EFFECTIVE

Population Care Management (PCM) provides case management in targeted counties with high infant mortality rates. Specialized population care management nurses ensure the newborn is enrolled in SoonerCare, the mother has chosen a primary care provider for her new baby and that she is taking her newborn for well-child visits. Case management continues through the at-risk infant’s first birthday. PCM supplies education on safe sleep, newborn/infant home safety and cautions against tobacco usage in the home. Screening for postpartum depression is conducted on all mothers of these at-risk infants.

Case management efforts include continued coordination of care for a subgroup of the infants who were identified as having special needs after their first birthday. Population Care Management had 2,256 mothers and 3,899 infants in ten targeted counties in active care management in the last fiscal year.

PCM provides outreach to members age 13 through 18 for one year postpartum in these same ten counties. Nurses discuss information with the mother such as reproductive life planning and medical home utilization. Plans for returning to school, vocational training or college/career planning are also included. PCM initiated case management on 116 young women in SFY2015 and are currently following 23 of their infants.

59%

In calendar year 2014, SoonerCare covered 31,749 of the total 53,286 Oklahoma births.

SoonerCare Choice (partially capitated primary care case management (PCCM) program in rural areas) began October 1, 1996.

CAHPS®

CHIP CHILD MEMBER SATISFACTION SURVEY RESULTS

OHCA annually conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey designed for children. Only members enrolled via the Children’s Health Insurance Program (CHIP) were sampled for this survey. Comprehensive CAHPS® survey results can be found at www.okhca.org/CAHPS. The conduction of the 2004 version of the survey included child members from all of SoonerCare, but the numbers are provided here for comparison purposes. The largest improvements from 2004 were in the measures Getting Care Quickly and Rating of Personal Doctor.

CAHPS® Child Survey (CHIP)			
2015 Key Measure	2004 Rate	2014 Rate	2015 Rate
Getting Needed Care	88%	89%	85%
Getting Care Quickly	71%	92%	92%
How Well Doctors Communicate	Not Applicable	97%	96%
Shared Decision Making	Not Applicable	Not Applicable	78%
Customer Service	88%	88%	86%
Rating of Health Care	82%	85%	87%
Rating of Personal Doctor	81%	88%	89%
Rating of Specialist	94%	89%	88%
Rating of Health Plan	77%	86%	87%

CHILD MEMBER SATISFACTION SURVEY RESULTS

OHCA also sampled the non-CHIP enrolled children in the 2015 CAHPS survey. Customer satisfaction has increased in all applicable key measures since the 2007 version of the survey. The largest improvements from 2004 were in the Getting Care Quickly measure and in the Rating of Health Plan. The reported previous survey results (2004, 2007) are both from years before medical home was implemented.

CAHPS® Child Survey			
2015 Key Measure	2004 Rate	2007 Rate	2015 Rate
Getting Needed Care	88%	78%	89%
Getting Care Quickly	71%	75%	91%
How Well Doctors Communicate	Not Applicable	89%	95%
Shared Decision Making	Not Applicable	Not Applicable	79%
Customer Service	88%	72%	88%
Rating of Health Care	82%	74%	84%
Rating of Personal Doctor	81%	75%	86%
Rating of Specialist	94%	76%	90%
Rating of Health Plan	77%	72%	85%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

236%

After implementing CHIP, children enrolled in SoonerCare has increased from 161,732 in November 1997 to 544,873 in June 2015.

The State Children’s Health Insurance Program began in November 1997. CHIP allowed enrollment for children whose family income was higher than standard Medicaid federal poverty levels and below 185 percent of FPL. The federal match percentage for these children is higher than standard Medicaid.

CAHPS® ADULT MEMBER SATISFACTION SURVEY SHOWS IMPROVEMENT

Compared to the previous year, SoonerCare adult member satisfaction rates held steady or increased slightly in all key measures other than Rating of Specialist. Looking back to 2004, there have been strong improvements in satisfaction across the board. Comprehensive CAHPS® survey results can be found at www.okhca.org/CAHPS.

CAHPS® Adult Survey			
2015 Key Measure	2004 Rate	2014 Rate	2015 Rate
Getting Needed Care	79%	82%	85%
Getting Care Quickly	67%	82%	86%
How Well Doctors Communicate	82%	90%	90%
Shared Decision Making	Not Applicable	50%	77%
Customer Service	Not Applicable	82%	92%
Rating of Health Care	65%	68%	72%
Rating of Personal Doctor	69%	79%	80%
Rating of Specialist	71%	83%	78%
Rating of Health Plan	52%	73%	73%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

Core Quality Measure Outcomes

The National Committee for Quality Assurance has designed several program measures to score preventive health care tasks, rate access to condition specific care and evaluate quality enhancement efforts. The measures allow states to assess their overall performance with other states and report progress on major health issues of interest. The Oklahoma Healthcare Effectiveness Data and Information Set (HEDIS®) are generally expressed as a proportion of the SoonerCare members that are eligible for the particular measure. The Prevention Quality Indicators (PQI) are reported per 100,000 member months. Both are submitted to CMS annually.

The measures are based on the available data from the previous year. Therefore, the 2014 report results are for information during the 2013 calendar year. In general, each 2014 measure uses the member age as of December 31, 2013, and includes those members who were enrolled in SoonerCare and who were not enrolled in any Home and Community-Based Services waiver. Members must have had 320 days of enrollment for HEDIS® (this equates to allowing for any 45-day gap). Additionally, claims must have been submitted and properly coded to be included. Not all increases and decreases are statistically significant.

The list of the completed quality measures is included in Appendix E. The full 2014 Quality of Care in the SoonerCare Program report can be accessed online at www.okhca.org/studies.

20% Increase

Averaging the satisfaction response to the CAHPS® composite “Getting Care Quickly” the increase across surveys since 2004 has gone from 69 percent to 89 percent.

Looking back at 20 years of looking forward

While there is still room for improvement, the overall satisfaction rates are increasing. OHCA has continued various satisfaction surveys, quality measures and evaluations since 1995.

www.okhca.org/studies

ACCESS TO A PRIMARY CARE PROVIDER

This measure determines the percentage of members who had a visit with a primary care provider (PCP). Members who have an available PCP reduce preventable illnesses and medical incidents by utilizing their services.

Children and Adolescents' Access to PCP	2000	2013*	2014
<i>Ages 12-24 months</i>	79.3%	96.3%	96.2%
<i>Ages 25 months-6 years</i>	67.7%	90.2%	89.0%
<i>Ages 7-11 years</i>	72.3%	92.2%	90.9%
<i>Ages 12-19 years</i>	N/A	92.8%	92.7%
Total	N/A	92.0%	91.2%

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

This measure is the percentage of adults 20 and older who have had a preventive visit or received services on an outpatient basis (ambulatory care). Members who do not have access to preventable health care are more likely to develop an advanced or preventable disease.

Adults' Access to Preventive/Ambulatory Health Services	2001	2013*	2014
<i>Ages 20-44 years</i>	68.4%	83.4%	82.4%
<i>Ages 45-64 years</i>	80.3%	89.8%	89.9%
<i>Ages 65 years and older</i>	NA	83.5%	78.2%
Total	NA	85.6%	84.7%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

AMBULATORY CARE

Ambulatory care visits are not exclusive to outpatient facilities and include most office visits types. Emergency Department (ED) visits are sometimes also included in ambulatory care. Rates for outpatient and ED visits per 1,000 member months are provided below.

Outpatient Visits/1,000 Member Months	2010	2013*	2014
<i>Ages <1 years</i>	738.10	710.24	810.59
<i>Ages 1-9 years</i>	286.40	305.35	333.59
<i>Ages 10-19 years</i>	255.40	256.93	262.80
<i>Ages 20-44 years</i>	425.90	398.48	428.98
<i>Ages 45-64 years</i>	467.60	476.67	774.67
<i>Ages 65-74 years</i>	121.10	151.49	645.38
<i>Ages 75-84 years</i>	86.20	116.96	367.00
<i>Ages 85 years and older</i>	64.20	78.12	192.25
Total	321.50	331.08	362.11

ED Visits/1,000 Member Months	2010	2013*	2014
<i>Ages <1 years</i>	125.20	118.04	90.08
<i>Ages 1-9 years</i>	65.70	61.98	56.46
<i>Ages 10-19 years</i>	57.60	55.74	44.70
<i>Ages 20-44 years</i>	144.30	162.73	139.77
<i>Ages 45-64 years</i>	100.90	121.27	111.64
<i>Ages 65-74 years</i>	58.20	68.94	55.85
<i>Ages 75-84 years</i>	50.20	64.14	25.85
<i>Ages 85 years and older</i>	45.30	53.49	18.46
Total	78.60	83.87	68.64

90%+

The "Access to Primary Care" quality measure indicates a high rate of SoonerCare children with a visit to their primary care provider.

The aged, blind, or disabled population was transitioned to SoonerCare Choice in 1999.



WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

The well-child visits measure is the percentage of SoonerCare members, ages 21 and younger, who went to their primary care provider for a well-child visit. During a well-child visit, providers check the child's hearing, sight, growth and any health concerns. The well-child checkup offers an opportunity for a provider to address health concerns early and provide therapy or beneficial treatment to meet that child's needs.

Well-Child Visits	2001	2013*	2014
<i>Ages < 15 months 1+ visits</i>	87.6%	97.3%	96.3%
<i>Ages < 15 months 6+ visits</i>	19.2%	59.7%	55.8%
<i>Ages 3-6 years 1+ visits</i>	35.3%	57.6%	58.5%
<i>Ages 12-21 years 1+ visits</i>	NA	22.5%	21.8%

LEAD SCREENING IN CHILDREN

This measure is the percentage of children two years of age who had one or more blood tests for lead poisoning by their second birthday.

Lead Screening in Children	2007	2013*	2014
<i>By 2 years of age</i>	34.4%	48.2%	47.6%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

ANNUAL DENTAL VISIT

The Annual Dental Visit measure included members 2 through 21 years of age who had at least one dental visit. The final results are grouped by ages 2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years and 19-21 years.

Annual Dental Visit	2001	2013*	2014
<i>Ages 2-3 years</i>	NA	40.4%	39.5%
<i>Ages 4-6 years</i>	NA	65.7%	63.4%
<i>Ages 7-10 years</i>	NA	70.9%	68.8%
<i>Ages 11-14 years</i>	NA	68.7%	66.9%
<i>Ages 15-18 years</i>	NA	62.0%	59.9%
<i>Ages 19-21 years</i>	NA	40.6%	38.2%
Total	41.6%	63.0%	61.0%

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTIONS

This measure identifies members who were prescribed antibiotics for upper respiratory infections. This assures providers test first for infections prior to prescribing antibiotics.

Appropriate Treatment for Children with URI	2006	2013*	2014
<i>Ages 3 months-18 years</i>	64.3%	73.1%	72.5%

+20%

SoonerCare children who had at least one dental visit during a year period has increased nearly 20 percent since 2001.

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

This measure identifies members who were prescribed antibiotics for strep infections who received a throat culture. This assures providers test first for infections prior to prescribing antibiotics.

Appropriate Testing for Children with Pharyngitis	2007	2013*	2014
Ages 2-18 years	20.9%	50.5%	51.6%

APPROPRIATE MEDICATIONS FOR THE TREATMENT OF ASTHMA

Measures the appropriate medications for the treatment of asthma, includes members ages 5 through 64, who were identified as having persistent asthma and were appropriately prescribed medication. Using the prescribed asthma medicines can reduce the number of asthma attacks and improve quality of life through proper management.

Medications for the Treatment of Asthma (Change in HEDIS 2012)	2013*	2014
Ages 5-11 years	91.5%	89.7%
Ages 12-18 years	86.4%	82.6%
Ages 19-50 years	63.2%	61.7%
Ages 51-64 years	67.3%	62.5%
Total	84.9%	81.5%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

PQI 15: ADULT ASTHMA ADMISSION RATE

This measure details hospital discharges for adults age 18 and older who had a principal diagnosis of asthma, per 100,000 member months.

PQI 15: Adult Asthma Admission Rate (per 100,000 member months)	2013*	2014
Ages 18-39 years	NA	10.93
Ages 18-64 years	18.82	16.30
Ages 65 years and older	2.89	3.73

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

For most people, asthma can be controlled with proper care. This measure describes the percentage of members identified with asthma who received appropriate medications at least 50 percent and 75 percent of the time.

Medication Management for People w/ Asthma (50%)	2013*	2014
Total (Ages 5-20 years)	67.4%	61.9%
Total (Ages 5-64 years)	67.8%	62.4%

Medication Management for People w/ Asthma (75%)	2013*	2014
Total (Ages 5-20 years)	42.8%	38.7%
Total (Ages 5-64 years)	43.8%	39.6%

40%

Only 40 percent of reviewed members with asthma appear to be receiving the appropriate medications 75 percent of the time. The national compliance rate is 31.3 percent.

SoonerRide was implemented in 1999. Prior to the statewide nonemergency transportation plan, every transportation claim was submitted on paper and reviewed manually.

BREAST CANCER SCREENING

This measure records the percentage of women between 40 and 69 years of age who had a mammogram to screen for breast cancer. Early detection and treatment of breast cancer is important to help prevent the spread of cancer.

Breast Cancer Screening	2003	2013*	2014
<i>Ages 40-69 years</i>	29.8%	36.5%	36.5%

CERVICAL CANCER SCREENING

This measure indicates the percentage of women ages 21 through 64 years who received one or more Pap tests to screen for cervical cancer. Women who have already had a hysterectomy are excluded. Early detection of cervical cancer is proven to have a positive impact on cancer treatment outcomes.

Cervical Cancer Screening	1997	2013*	2014
<i>Ages 21-64 years</i>	41.1%	46.0%	47.5%

COMPREHENSIVE DIABETES CARE

The diabetes care measure includes members 18 through 75 years of age who are diagnosed with diabetes (type 1 and type 2). The diabetic population was assessed through hemoglobin A1c testing, LDL-C screening, eye exam (retinal) and medical attention for nephropathy.

Comprehensive Diabetes Care (Ages 18-75 years)	2000	2013*	2014
<i>Hemoglobin A1C Testing</i>	60.6%	71.6%	71.9%
Eye Exam (Retinal)	32.1%	32.0%	26.3%
LDL-C Screening	23.3%	63.1%	63.4%
Medical Attention for Nephropathy	20.9%	58.7%	53.4%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

PQI 01: DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE

Short-term complications from diabetes, such as low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia) can be severe enough to require hospital admission. This measure details hospital discharges for adults ages 18 and older who had a principal diagnosis for short-term complications related to diabetes, per 100,000 member months.

PQI 01: Diabetes Short-Term Complications Admission Rate (per 100,000 member months)	2013*	2014
<i>Ages 18-64 years</i>	26.36	27.57
<i>Ages 65 years and older</i>	1.33	1.32

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.



37%

For two consecutive years, only 37 percent of reviewed women had received a mammogram within the review period. In comparison, the national rate was 58 percent.

CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS

Too much cholesterol in the blood has been known to increase the chances of heart disease and stroke; therefore, appropriate monitoring and management is important. The measure is the percentage of adults who were discharged from the hospital with related heart conditions and had cholesterol screenings.

Cholesterol Management for Patients with Cardiovascular Conditions	2006	2013*	2014
<i>Ages 18-75 years</i>	35.6%	49.9%	45.2%

PQI 08: CONGESTIVE HEART FAILURE (CHF) ADMISSION RATE

CHF is associated with high hospitalization and mortality rates. This measure details hospital discharges for adults who had a principal diagnosis for CHF, per 100,000 member months.

Congestive Heart Failure (CHF) Admission Rate (per 100,000 member months)	2013*	2014
<i>Ages 18-64 years</i>	25.77	25.24
<i>Ages 65 years and older</i>	16.23	16.04

The full 2014 Quality of Care in the SoonerCare Program Report includes gender, rural/urban and race/ethnicity breakdowns for selected measures in Appendix A.

www.okhca.org/studies

PQI 05: CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ADMISSION RATE

COPD is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. People with COPD are at higher risk for developing other serious conditions, such as heart disease. This measure details hospital discharges for adults who had a principal diagnosis for COPD, per 100,000 member months.

Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (per 100,000 member months)	2013*	2014
<i>Ages 18-64 years</i>	37.33	35.67
<i>Ages 40 years and older</i>	68.07	58.97
<i>Ages 65 years and older</i>	15.79	21.53



Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

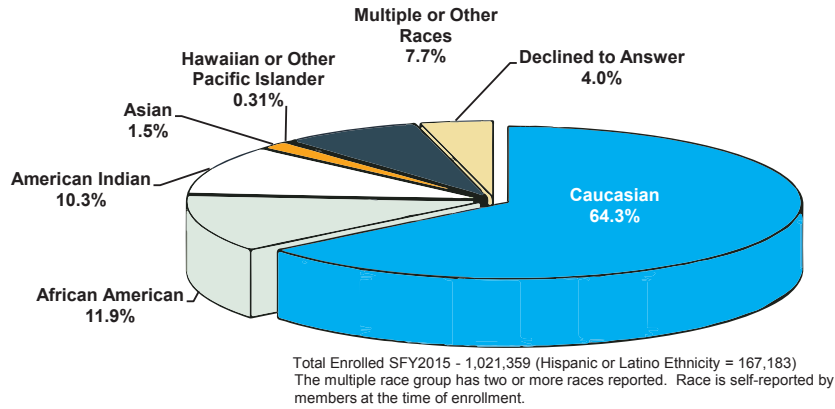
52%

Males with cardiovascular conditions were more likely to receive an LDL-C screening during the measurement year (52 percent) compared to females (42 percent).

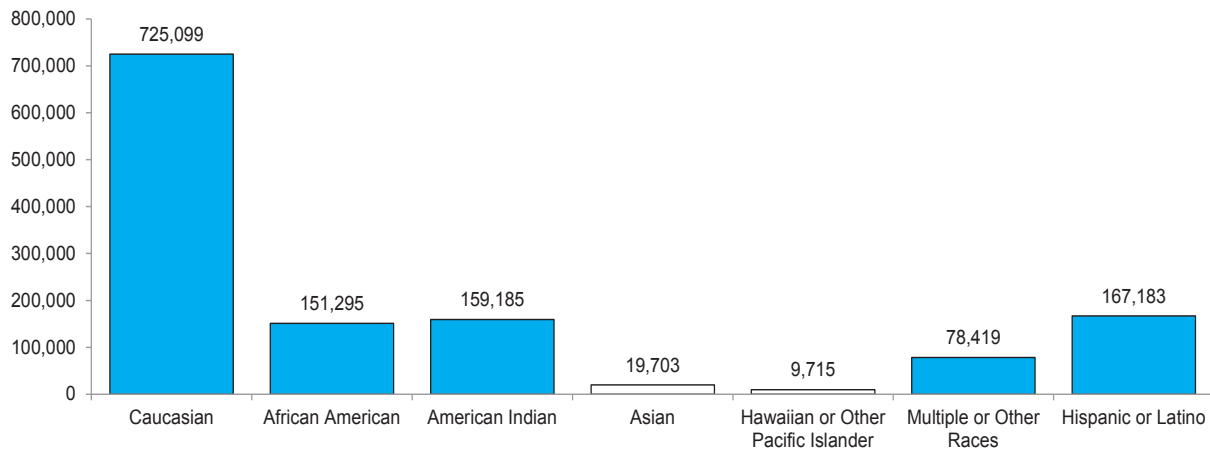
The OHCA released the first SoonerCare state fiscal year annual report in 2000. The SFY2000 Annual Report included the Service Efforts and Accomplishments performance measures. In SFY2003, the Service Efforts and Accomplishments became a separate report along with the Strategic Plan.

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

FIGURE 3 SOONERCARE POPULATION BY RACE



Total SoonerCare Race (Including Alone or in Combination with Another Race) and Total Members with Hispanic or Latino Ethnicity



Oklahoma SoonerCare unduplicated single race reported alone counts based upon data extracted from member files on July 15, 2015. 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.

1 Million+

Total individuals enrolled at some point during the year have increased from 458,558 in SFY1995 to 1,021,359 in SFY2015.

To protect the health of new Oklahoma citizens, OHCA provides a limited prenatal health care benefit package to pregnant undocumented immigrant mothers through the Soon-to-be-Sooners program which started in April 2008. In January 2014, the program included pregnant citizens that meet requirements for the federal insurance exchange and do not have coverage.

MEDICAID QUALITY GRANT EFFORTS CONTINUE

In 2012, Oklahoma was one of 26 states that the Centers for Medicare & Medicaid Services selected for a two-year grant to support state agencies in testing and evaluating methods for the collection and reporting of the Initial Adult Core Set of Health Care Quality Measures. In addition to collecting and reporting on quality measures, OHCA's goals for the grant are to promote women's health screenings and testing for diabetic members. Two projects concentrate on quality improvement interventions, one for cervical cancer screenings and another for hemoglobin A1c testing. Various provider outreach efforts have engaged 114 providers with more than 420 office visits. Since the beginning, there have been 3,804 member contacts by phone, and nearly 74,000 postcards and educational materials mailed to members. Both screening and testing rates have increased since the efforts began. OHCA has a member and provider website with information and toolkit resources at: www.okhca.org/amqg. More information about the Adult Medicaid Quality Grant can be found online at www.medicaid.gov.

AFTERHOURSOK – NEW MOBILE & PC APPLICATION CREATED

An app for personal computers and mobile devices was developed by OHCA to help our members and their providers locate other contracted providers who are open after traditional office hours. Traditional office hours are considered as 8 a.m. to 5 p.m., Monday through Friday. The app works by entering the patient's age and the ZIP code where they are currently located. Those providers who have agreed to accept walk-ins seeking urgent care are listed on the app along with their address, phone number, days/hours of operation, an interactive map, and a link to their website. To access the app, go to www.afterhoursok.com.

SOONERFIT LAUNCHED

In early SFY2015, OHCA launched a wellness initiative with the long-term objective of reducing the obesity rate in Oklahoma. The SoonerFit website, www.soonerfit.org, contains information which SoonerCare members, providers and all Oklahomans can use as an aid to leading a fit and healthy lifestyle in a fun, affordable and easy way. In addition to the website, the SoonerFit team has implemented several interactive program components this year including "SoonerFit Summer" that highlighted local outdoor events and activities around the State, the SoonerFit art contest for kids K-12 and a social media "Commit to SoonerFit" campaign kicked off by Senator AJ Griffin. OHCA will continue to expand our resources available on the website as well as partnerships with traditional and non-traditional partners around the state.

WWW.SOONERFIT.ORG INCLUDES:

- ▶ Links to local farmers' markets that take SNAP (Supplemental Nutrition Assistance Program) benefits
- ▶ Tobacco cessation resources,
- ▶ Healthy recipes and cooking demos,
- ▶ Low cost gyms and exercise routines,
- ▶ Motivational and Tell Us Your Story videos,
- ▶ Toolkits for parents to support their efforts to maintain the health of their children,
- ▶ Contests and more.

40%

In 2000, the internet was being used by approximately 6.7 percent of the world's population; by 2014 the numbers had increased to 40 percent.

OHCA has had a public website since 2000 and continues to develop public information sources, provide secure transactions and streamline electronic operations.

PHARMACY IMPLEMENTS E-PRESCRIBING SYSTEM

In May 2015, OHCA implemented its ePrescribing system, allowing providers to view eligibility, medication history, and formulary information for their SoonerCare patients through the provider's electronic health record system. The data is used to assist a provider in medication selection when preparing to submit electronic prescriptions for the member. Some benefits of providing pharmacy information at the time of service include:

- ▶ Saving provider staff time spent on researching OHCA's formulary and eligibility information.
- ▶ Reducing call volume from providers and pharmacies to OHCA call centers for medication issues.
- ▶ Providing formulary information up front, thereby reducing the number of prescriptions needing to be rewritten for an alternative medicine after the appointment.
- ▶ Reducing member wait times due to a prescribed drug possibly being incompatible with either the formulary or their other medications.



ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM CONTINUES

The Electronic Health Record (EHR) incentive program provides financial motivation to assist eligible providers with the adoption, implementation, upgrades and/or meaningful use of certified EHR technology.

Providers making the transition to electronic health records are able to more efficiently coordinate care, manage patient health records by reducing errors and duplicate services, engage patients in their own health care and much more.

Since program implementation, OHCA has issued more than \$182 million in EHR incentive payments to 2,497 Eligible Professionals (EPs) and 107 Eligible Hospitals (EHs). In SFY2015, 1,003 EPs and 70 EHs received EHR incentive payments, of which 70 percent of the EPs and 97 percent of the EHs achieved meaningful use.

DURABLE MEDICAL EQUIPMENT STILL NEEDED

The Durable Medical Equipment (DME) program helps SoonerCare members by supplying medical equipment in addition to medical care.

OHCA works closely with the DME provider community, advisory boards and federal audit agencies and is responsible for overseeing the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP).

Representatives from OKDMERP are available to receive donations of lightly used DME including requested items such as gently used wheelchairs, nebulizers and scooters.

16,433

*SoonerCare contracted with 16,433
physicians during SFY2015.*

Health Improvement Plan

HEALTH IMPROVEMENT PLANNING FOR A HEALTHY OKLAHOMA

Oklahoma ranks 44th nationally in overall health, according to America's Health Rankings 2013 report. Neighboring states such as Texas, Kansas and Missouri fare better than Oklahoma in their overall health rankings. Oklahoma is facing challenges such as high rates of drug related deaths, low immunization coverage among children, obesity, smoking, cardiovascular deaths and diabetes, among others. These challenges have a negative impact on Oklahoma's overall health ranking. It is imperative to overcome these challenges to improve the health of Oklahomans.

To address these challenges, state leadership has developed the Oklahoma Health Improvement Plan (OHIP) with a view to transform the health of Oklahomans by improving the physical, social and mental well-being of all Oklahomans through a high-functioning public health system. OHIP supports health improvement throughout the state by targeting children's health improvement, tobacco use prevention and obesity reduction. OHCA collaborates with other state agencies and local, private and non-profit agencies to improve the health of SoonerCare members; and build a responsive public health care delivery system that serves all Oklahomans.

The OHCA and the Oklahoma State Department of Health have developed joint strategies to address the state challenges of prescription drug abuse, childhood immunizations, tobacco use, hypertension and diabetes. Five workgroups have been created comprising subject matter experts from other agencies with each workgroup focusing on one challenge area.

PRESCRIPTION DRUG ABUSE WORKGROUP

According to the Centers for Disease Control and Prevention, Oklahoma is ranked as the 6th highest in the nation for prescription drug overdose deaths occurring between 2011 and 2013. The prescription drug abuse workgroup's goals are two-fold. Goals are to identify Oklahoma prescribers who are associated with prescriptions that have been noted in death reports in order to design education, outreach, and other appropriate interventions. Additionally, increase opioid overdose training for providers and pharmacists including the use of naloxone. The group plans to evaluate success through the completion of education and data evaluation efforts, by measuring changes in RX overdose incidents from contracted prescribers, and by measuring naloxone usage.



57%

In SFY1995, 62 percent of enrollees utilized pharmacy benefits. During SFY2015, the number was 57 percent of enrollees.

With growing budget pressures, OHCA ended the Medically Needy program in February 2003. By subtracting incurred health care expenses from their income, individuals with high cost medical issues were permitted to "spend down" to Medicaid eligibility. In 1995 there were 18,361 enrollees in the Medically Needy program; by the end of SFY2002, there were nearly 2,000.

TOBACCO USE WORKGROUP

Currently, Oklahoma ranks among the worst states in smoking. The tobacco workgroup aims to reduce the tobacco smoking rate among Oklahomans by increasing referrals to the Oklahoma Tobacco Helpline and removing barriers to obtaining tobacco cessation products for SoonerCare members. Efforts include training the staffs of targeted county health departments in the helpline referral process and increasing the number of helpline referrals for SoonerCare members. Policy changes also went into effect to remove co-payments and prior authorizations for pharmacotherapy medications.

DIABETES/HYPERTENSION WORKGROUP

As recent as 2014 Oklahoma had the fourth highest rate of deaths attributed to diabetes-related complications with 1 out of every 3 Oklahomans having type 2 diabetes or being prediabetic. Hypertension afflicts nearly 1 in 3 Americans, with Oklahoma ranking 42nd in the nation for the prevalence of hypertension.

The OSDH/OHCA diabetes/hypertension quality improvement workgroup is developing an intervention promoting referrals to a chronic disease self-management education program in a pilot county with a high prevalence of diabetes and hypertension. The workgroup aims to assess the effectiveness of utilizing multiple referral points and community resources to connect individuals to a series of six weekly diabetes self-management education classes.

CHILDHOOD IMMUNIZATION WORKGROUP

In 2014, the childhood immunization workgroup's aim was to increase the immunization rates for all children in Bryan County by 5 percent from 74 percent. The workgroup developed an outreach strategy to providers and members highlighting the campaign for increasing childhood immunizations.

As a result of the joint targeted outreach efforts of OSDH and OHCA, the percentage of children in Bryan County who completed the immunization series (4:3:1:3:3:1) for the age group 19-35 months increased by 3.4 percent to 77.4 percent. Continued efforts were directed in a four county region including Bryan, Choctaw, Pushmataha and McCurtain counties in 2015.



77.4%

After focused efforts, 77 percent of children ages 19 to 35 months in Bryan County completed the suggested immunization series.

Due to the decrease in contracting HMOs and growing evidence indicating the SoonerCare Choice program satisfaction and quality were comparable to SoonerCare Plus, the fully-capitated urban SoonerCare Plus program was ended in December 2003. Transitions to Choice began January 2004 (members were in fee-for-service until transitioned), and by April 2004, all 186,000 Plus members were successfully transitioned into SoonerCare Choice.

Coordinated Care

PATIENT-CENTERED MEDICAL HOMES REVIEWED

Registered nurses at OHCA conduct on-site compliance reviews of contracted SoonerCare Choice providers. Using standardized contract compliance review tools, the nurses review for contract and Patient-Centered Medical Home (PCMH) compliance. The nurses review a random sample of medical records for PCMH compliance as well as for quality of care. Assistance in the form of education is offered to each provider to facilitate successful compliance. Best practices are also identified and shared with providers. The OHCA conducted 411 reviews of providers enrolled in PCMH during SFY2015.

Each new PCMH submits a self-assessment form which is reviewed by OHCA compliance staff. Formal on-site PCMH education is scheduled for the new PCMH providers. Medical record review results this year have reflected a continued improvement in compliance.



FIGURE 4 SOONERCARE CAPITATION PAYMENTS

Aged, Blind and Disabled (ABD)	Member Months	Capitation Payments
IHS Adults	14,592	\$43,776
IHS Children	6,803	\$20,409
Children/Parents (TANF)*	Member Months	Capitation Payments
IHS Adults	18,839	\$37,678
IHS Children	192,662	\$407,801
SoonerCare Choice Medical Home	Member Months	Care Coordination Payments
Medical Home - Open to All Ages	3,966,577	\$21,223,784
Medical Home - Open to Children Only	1,131,477	\$5,396,144
Medical Home - Open to Adults Only	38,670	\$225,626
Miscellaneous Capitation (not SoonerCare Choice)	Member Months	Capitation Payments
Insure Oklahoma - Individual Plan	140,273	\$420,819
Non-Emergency Transportation (ABD)	1,732,898	\$26,270,734
Non-Emergency Transportation (TANF)	6,767,789	\$3,451,572
Program of All-Inclusive Care for the Elderly (PACE)	454,647	\$9,093
Health Access Network Payments	1,761	\$4,937,401
Oklahoma State University	180,592	\$902,960
Oklahoma University Tulsa	1,240,317	\$5,951,585
Canadian County	41,786	\$208,930

*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 visit the Primer.

OHCA implemented E-NBI, an electronic newborn enrollment system, in May 2008 so SoonerCare babies would be enrolled immediately instead of waiting weeks or months for the paperwork and delaying payment to the hospital.

In collaboration with our providers, and a yearlong preparation period, the Patient-Centered Medical Home primary care delivery system was implemented January 1, 2009.

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 access to a comprehensive, coordinated approach to primary care. PCMHs 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: (1) entry level, (2) advanced and (3) optimal. There are three peer groupings within the three tiers: providers who only see children, providers who see all ages and providers who only see adults.

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 at www.okhca.org/feeschedules.



FIGURE 6 CARE COORDINATION FEE BY TIER

Type of Panel	Tier 1	Tier 2	Tier 3
Children Only	\$3.46	\$4.50	\$5.99
All Ages	\$4.19	\$5.46	\$7.26
Adults Only	\$4.85	\$6.32	\$8.41

FIGURE 5 BUDGETED SOONEREXCEL INCENTIVE PAYMENT COMPONENTS

SoonerExcel Incentive Program	SFY2015 Payments ¹
Emergency Department Utilization -based on emergency department utilization of panel members	\$500,000
Breast and Cervical Cancer Screenings -based on breast & cervical cancer screenings of panel members	\$350,000
Behavioral Health Screenings -based on Behavioral Health screenings of panel members	\$99,409
Inpatient Admissions / Visits -based on inpatient admissions / visits to SoonerCare Choice members	\$850,000
EPSDT & 4th DTaP- Well-Child Checks -based on meeting the EPSDT screening compliance rate and 4th DTaP administration	\$1,019,924
Total	\$2,819,333

Source: OHCA Financial Services Division, September 2015.

1. SFY2015 payments are an estimate, at time of reporting SFY2015 4th quarter payments had not been calculated. 2. SoonerExcel payments reported elsewhere are actual SFY 2015 expenditures which will include SFY2014 payments.

43%

In SFY2000 the reported health plan capacity utilized was 53 percent; in SFY2015 the reported medical home capacity used was 43 percent.



COMPREHENSIVE PRIMARY CARE INITIATIVE CONTINUES

In its third year, the Comprehensive Primary Care (CPC) initiative is a four-year multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care. Medicare works with commercial and state health insurance plans and adds payments to primary care doctors who agree to provide coordinated care for their patients. In Oklahoma the insurance payers include: Medicare, BlueCross and BlueShield, Community Care and SoonerCare. As of March 2015, there were 62 participating practices located in the Tulsa region.

HEALTH HOMES IMPLEMENTED

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) partnered with OHCA to expand upon the patient-centered medical home model to provide coordinated primary and behavioral health integration. Health Homes are places where individuals with serious mental illness or serious emotional disturbance can come throughout their lifetimes to have their health care needs identified and to receive the medical, behavioral and social supports they need. Oklahoma implemented Health Homes in January 2015.

8,000+

As of June 30, 2015, there were 5,089 adults and 3,152 children aligned with a Health Home.

Recognizing the necessity of having sufficient medical providers to support the preventive health needs of SoonerCare members, OHCA garnered legislative endorsement to increase practitioner payments from 72 percent of Medicare in 2003 to reimburse at 100 percent of Medicare's fee schedule by 2005. Budget pressures have caused various cuts to the provider rates and services since 2010.

PACE OPENS TWO NEW SITES

The Program of All-Inclusive Care for the Elderly (PACE) is a unique, capitated, one-stop, program. PACE provides an array of necessary medical and social services for the frail and elderly within the home or at a PACE site. For the last seven years OHCA contracted with Cherokee Elder Care in Tahlequah. In 2015, two additional PACE sites opened their doors, Life PACE in Tulsa and Valir PACE Foundation in Oklahoma City, began improving the quality of life for Oklahomans living in their golden years. PACE has covered more than 250 seniors since its inception in August 2008.



FOCUS ON EXCELLENCE GOES GREEN

Focus on Excellence is designed to measure and ensure the integrity, quality and overall wellness of consumers and long-term care (LTC) facilities. In SFY2015, 95 percent of all Oklahoma LTC facilities participated in the program's quality improvement metrics. Measurements of quality include: evaluation of the person-centered care, direct care staffing, resident satisfaction, employee satisfaction, licensed nurse retention, certified nursing assistant retention, distance learning, peer mentoring and leadership commitment. These ratings result in a five-star rating system. In SFY2015, OHCA transitioned the Quality of Care Report paper form to an automated online form, attended the first ever national conference on the Medicaid Pay-for-Performance program, and had a Licensed Registered Nurse provide onsite training to nursing homes across the state.

The annual report for Focus on Excellence can be found at www.okhca.org/FOE and more information regarding the rating system can be found at

<http://www.oknursinghomeratings.com/Metrics.aspx>.

FIGURE 7 LONG-TERM CARE FACILITY UTILIZATION AND COSTS

Facility	Unduplicated Members	Bed Days	Reimbursement	Yearly Average Per Person	Average Per Day
Nursing Facilities *	19,046	4,607,721	\$537,475,419	\$28,220	\$117
ICF/IDs (ALL)	1,546	508,173	\$100,320,275	\$64,890	\$197
ICF/IDs (Private)	1,428	480,976	\$59,143,625	\$41,417	\$123
ICF/IDs (Public)**	118	27,197	\$41,176,651	\$348,955	\$1,514

ICFs/ID = Intermediate Care Facilities for the Intellectually Disabled. *Average Per Person figures do not include the patient liability that the member pays to the nursing facility.

**This does not include Crossover claims paid to nursing facilities.

In August 2008, Cherokee Elder Care became the first PACE program in the nation to be sponsored by an American Indian tribe.

62%

SoonerCare funded 62 percent of the long-term care beds in 2015; in 1999 the number was higher at 70 percent.

OHCA continues to work toward providing members options for health services in their own home and community instead of long-term care institutions through waivers and other endeavors. In 1995 there were 24,734 SoonerCare members housed in a standard nursing home; in 2015, the number was 19,046.

EMERGENCY ROOM UTILIZATION STUDY COMPLETED

Passed during the 2014 session, House Bill 2906, authored by Representative David Derby and Senator Rob Standridge, directed the OHCA to study and prepare a report dealing with emergency room (ER) utilization among SoonerCare members. As part of that directive, OHCA completed an internal assessment of ER utilization rates by SoonerCare members. Additionally, an internal steering committee was formed to provide a forum for sharing known ER utilization topics, act as a sounding board, shape recommendations, and identify internal and external stakeholders who could provide beneficial input on ER utilization topics.

Major challenges identified included: access to care, behavioral health, organizational issues and regulatory issues. Recommendations fell into four major categories: technology, alternative payment models, member and provider education, and staffing. As shown through independent, external evaluations, Oklahoma's patient-centered medical home (PCMH) and care coordination models have a demonstrated positive impact on ER use by SoonerCare members. In addition to evaluating and implementing recommendations, OHCA will continue exploring the inclusion of additional population groups beyond the current SoonerCare Choice population group into PCMH and Health Access Network models, while searching for opportunities to enhance health information sharing among providers. To view the full HB2906 ER Utilization Study, go to www.okhca.org/studies.



PAINKILLER QUANTITY LIMIT EDIT IMPLEMENTED

As part of the state's effort to combat prescription drug abuse, the OHCA engaged a clinical decision support edit on all pharmacy claims submitted for prescription painkillers. The Quantity Limit Edit (QLE) was phased in over a three-month time period and placed reimbursement limits on short-acting painkillers.

Preliminary data shows the average number of painkiller claims decreased by 12.5 percent, compared to the previous year. The QLE has assisted in decreasing the number of short-acting painkillers available for distribution and possible overdose by an estimated 300,000 pills per month.

26%

On average 26 percent of SoonerCare enrollees have one or more emergency room visits in a year period. 70 percent of the visits are children.

In 2005, the Oklahoma Cares program was established as a result of the National Breast and Cervical Cancer Prevention and Treatment Act.

Also in 2005, OHCA began enrollment for TEFRA (Tax Equity and Fiscal Responsibility Act) as a means to further address the needs of disabled Oklahoma children

CARE COORDINATION PANEL IMPLEMENTATION SUCCESSFUL

Coordination of care throughout the various service delivery systems managed by SoonerCare is critical. In SFY2015, an improvement was made to the Medicaid Management Information System (MMIS) that affords staff improved opportunity and information by which to coordinate member care.

The Care Coordination Panel is designed to be a one-stop page where an end-user can go to determine if a SoonerCare member is affiliated with certain care coordination programs. The first phase of the development included processes to identify members affiliated with five programs. It identifies members who: 1) are authorized for the High-Risk OB program, 2) are affiliated with a Health Access Network, 3) are affiliated with the Comprehensive Primary Care multi-payer collaborative with CMS and commercial payers, 4) are being managed by SoonerCare's chronic disease initiative, the Health Management Program, or 5) have utilized the Emergency Room. A member's relationship to any of the five programs implemented to date has the potential to provide them with care management or care coordination services.

The creation of the Care Coordination Panel assists SoonerCare staff in readily identifying the care coordination program affiliations to avoid duplication of services between programs and coordinate care between programs where appropriate.

Plans are in place for the next phase of implementation which will capture and display members who: 1) are being managed by OHCA's internal Chronic Care Unit, 2) are enrolled in the Oklahoma Cares program, 3) are receiving private duty nursing services, 4) are enrolled in SoonerCare's Infant Mortality Reduction case management program, or 5) are enrolled in a Health Home.

Development of this Care Coordination Panel has been a critical addition in OHCA's continued efforts in improving health care and health outcomes.



\$111 M

By limiting the amount paid for generic drugs, OHCA was able to save \$111.6 million in SFY2015.

\$73

In SFY2015, there were 71,713 individuals enrolled in SoonerPlan. On average SoonerPlan costs \$73 per served member annually or \$6 each per month.

The limited benefit plan, SoonerPlan, was implemented in April 2005. SoonerPlan provides family planning related services to low-income, uninsured men and women ages 19 and older.



ACCESS TO CARE PROJECT LAUNCHES IMPROVEMENTS

The Access to Care project is a collaborative effort between the OHCA, the Oklahoma Commission on Children and Youth and the Texas County community. The project's goals are to increase the number of providers that actively see SoonerCare patients, establish a Federally Qualified Health Center or comparable resource, establish a comprehensive system of health care services to the underserved and reduce the percentage of underserved living in Texas County. The project examines Texas County's current access to care landscape, creating solutions that are focused on identifying and resolving barriers to care within their community.

Over the past year, there have been several accomplishments, including beginning the transformation of the Access to Care Team into a Community Health Improvement Board for the Texas County community. The team has added a physician, CEO of a hospital, and other attendants to the board, and by doing so have greatly increased the community buy-in for this work. OHCA and the Access to Care Coordinator also hosted a luncheon to recruit new dental providers. Transportation is also a historical barrier for this region. The team was able to remove an automatic denial issue due to mileage limitations for members utilizing SoonerRide. The team also identified a local transportation company to increase SoonerRide availability.

ICD-10 CONVERSION UPDATE

While other state Medicaid systems continue to try to meet the October 1, 2015, deadline, OHCA has been prepared for the ICD-10 conversion for nearly two years. All Medicaid Management Information System (MMIS) subsystems have been fully tested and the necessary changes implemented. The programming changes are date of service specific so they will not be in effect until October 1, 2015. The extra time has allowed OHCA to give our providers the opportunity to test their readiness using our provider portal and electronic data interchange transactions. OHCA is currently working on the last round of external testing with providers, and wrapping up the latest ICD-10 code translations.

OHCA HOLDS FOCUSED PRENATAL FORUM IN TULSA

In SFY2015, OHCA moved from a general community forum format to that of targeting messages to specific audiences. The move allows OHCA to collect questions from the audience in advance. This allows for detailed feedback designed to engage conversations around the particular areas of service, benefits, and initiatives specific to the community. The first pilot of this type of forum took place in Tulsa on May 13, primarily focusing on lactation consultants, behavioral health access, SoonerRide, global codes, and Soon-To-Be Sooners.

11,500+

11,561 individuals utilized SoonerRide for a total of 829,375 trips to medically necessary services during SFY2015.

OHCA began its fiscal agent partnership with Hewlett Packard Enterprise (formerly EDS) in January 2003. Enrollment and claim processing is handled through the Medicaid Management Information System built by HP. The previous MMIS contract was with the Unisys Corporation (also known as Paramax).

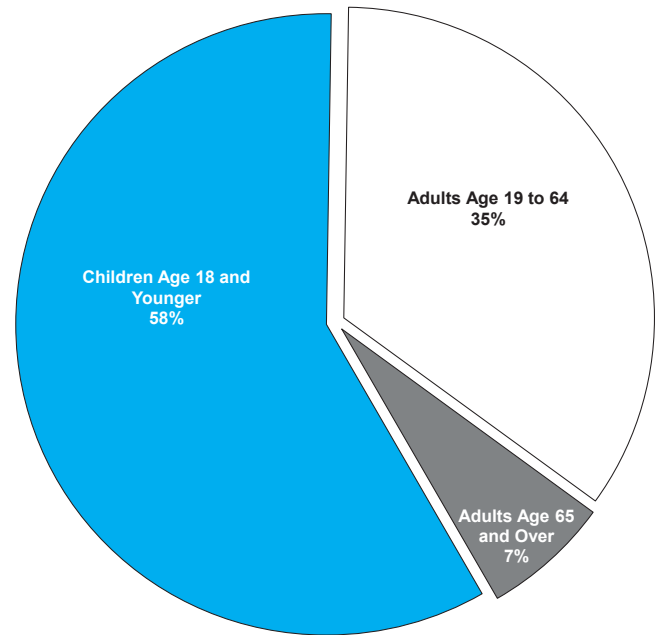
HEALTH MANAGEMENT PROGRAM CONTINUES TO BE A SUCCESS

The SoonerCare Health Management Program (HMP) continues to address the health needs of chronically ill SoonerCare members while reducing unnecessary medical costs. In SFY2015, the Health Management Program transitioned from telephonic and home-based nurse case management to embedding health coaches within primary care practices with a high chronic disease burden. Health coaches utilize motivational interviewing and member-driven action planning to encourage behavior modification and impact health outcomes. The HMP also offers assistance to primary care practices through Practice Facilitation. Services range from chronic disease focused academic detailing to implementing team based care related to the treatment of chronic conditions.

Each year the HMP is evaluated by the Pacific Health Policy Group (PHPG) to measure the program's impact on quality of care. PHPG evaluated the preventive and diagnostic services provided to SoonerCare HMP participants. Six of the prime targeted chronic conditions were measured: asthma, congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, diabetes and hypertension.

Findings from the SFY2015 annual analysis were very promising in regards to the new model. According to the report, the health coach participant compliance rate exceeded the comparison group rate for 11 of the 18 diagnosis-specific measures. Members aligned with providers participating in practice facilitation, but not being health coached, also exceeded the comparison group rate on 8 of the 18 diagnosis-specific measures. These outcomes suggest that the HMP is having a positive effect on quality of care for health coached members and members aligned with participating providers. The evaluation articulated a return on investment of 206 percent. This equates to more than two dollars in medical savings for every dollar in administrative expenditures. To view the full HMP Evaluation report including satisfaction rates and cost-effectiveness go to www.okhca.org/studies.

FIGURE 8 AGE OF SOONERCARE ENROLLEES



1,021,359 individual Oklahomans were enrolled in SoonerCare or Insure Oklahoma at some point during SFY2015.



206%

The estimated return on investment of the Health Management Program's latest report was 206 percent, or two dollars savings to every one dollar administrative expense.

Insure Oklahoma (originally O-EPIC the Oklahoma Employer/employee Partnership for Insurance Coverage) is a program using public and private partnerships assisting employees of small businesses to obtain health care coverage. In November 2005, OHCA implemented Employer Sponsored Insurance (ESI) to assist Oklahoma small business owners in purchasing health insurance on the private market.

Economy

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



FIGURE 9 FEDERAL MATCHING DOLLAR IMPACT

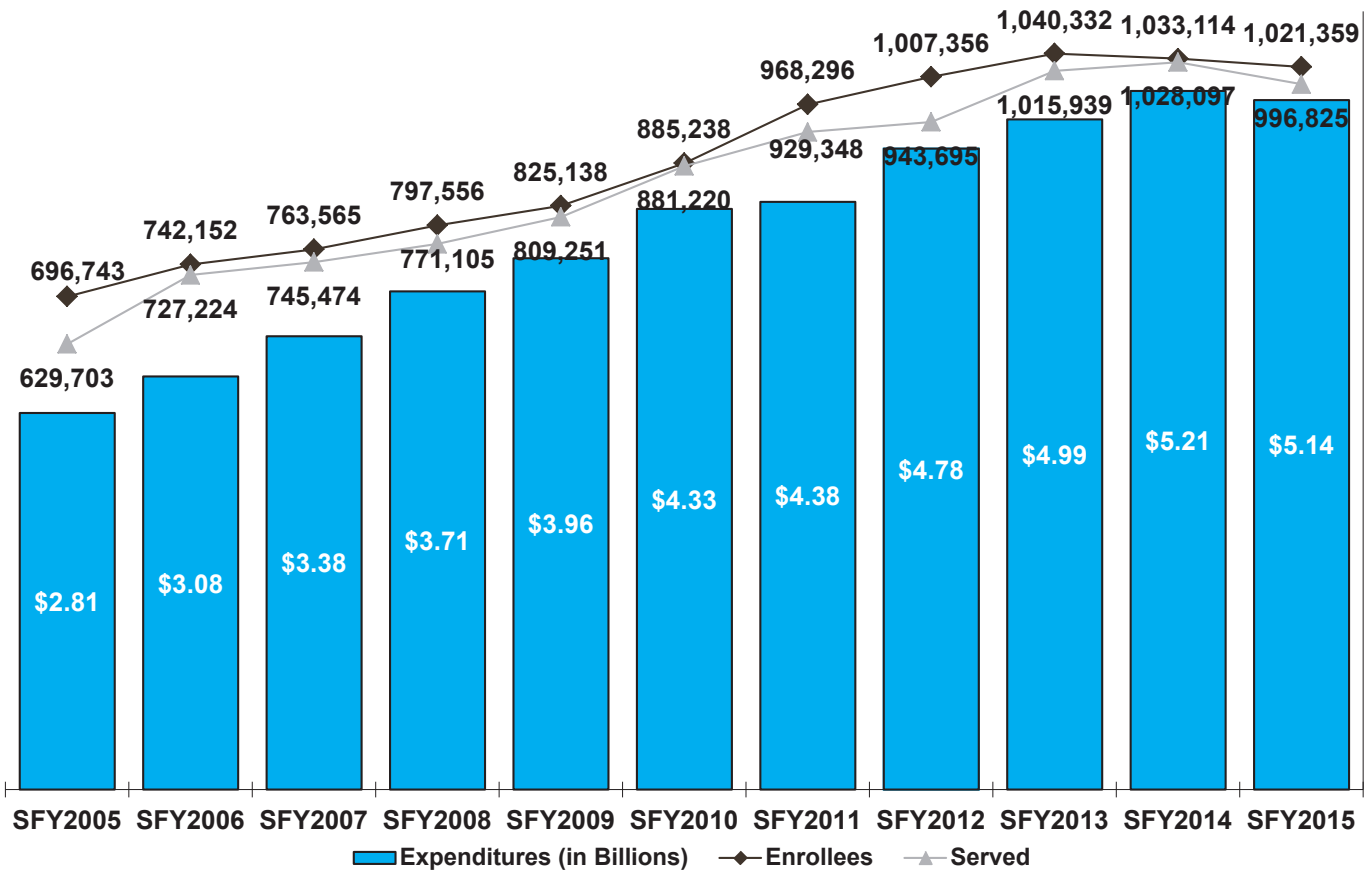


-8%

Since 2005 the federal matching percentage has dropped 7.9 percent, meaning more state funds have had to be utilized.

The Individual Plan (IP) Insure Oklahoma program, funded by tobacco tax funds, was first opened for enrollment in March 2007. In March of 2009, college students meeting enrollment criteria were allowed to participate.

FIGURE 10 SOONERCARE ENROLLEES, SERVED & EXPENDITURES — STATE FISCAL YEAR 2005 - 2015



Looking back at 20 years of looking forward

90%

The SoonerCare generic utilization rate in SFY2015 was 90.27 percent. In comparison in SFY2010, the generic utilization rate was 75 percent.

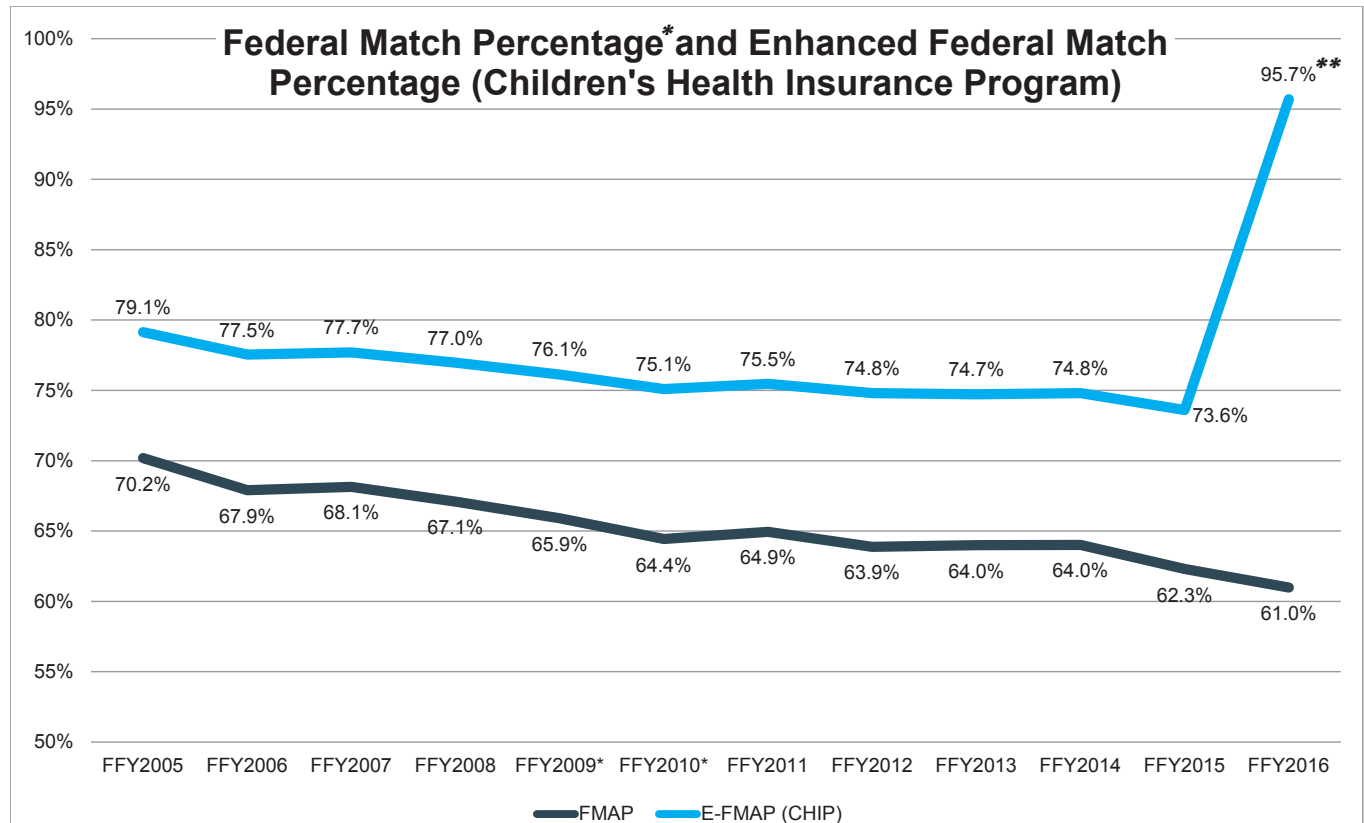
OHCA implemented telemedicine in January 2009. By June 2011, OHCA had processed 18,227 telemedicine claims.

Federal Medical Assistance

The federal and state governments share Medicaid costs. 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. For SFY2015, Oklahoma’s FMAP was 62.3 percent, down from 64 percent in 2014. The FMAP for 2016 will continue to be lower at 60.99 percent. The Children’s Health Insurance Program (CHIP) has a higher FMAP at 73.61 percent and changing to an enhanced rate of 95.60 percent.



FIGURE II FMAP FOR OKLAHOMA — FEDERAL FISCAL YEAR 2005 - 2016



*The FMAP rates in this chart reflect the rates as they are calculated annually pursuant to Sections 1905(b) and 1101(a)(8)(B) of the Social Security Act. They do not reflect any adjustments made as the result of quarterly, annual, or period recalculations resulting from the American Recovery and Reinvestment Act of 2009 (ARRA) or the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

**Section 2101(a) of the Affordable Care Act amended Section 2105(b) of the Social Security Act to increase the enhanced FMAP for states by 23 percentage points in CHIP, but not to exceed 100 percent, for the federal fiscal period that begins on October 1, 2015 and ends on September 30, 2019 (fiscal years 2016 through 2018). FFY2016 CHIP Oklahoma FMAP base was 72.69%.

FIGURE 12 EXPENDITURES AND REVENUE SOURCES — FEDERAL FISCAL YEAR 1997 - 2015

Federal Fiscal Year	Total Expenditures	Federal Share	Other Revenue	State Share — OHCA	State Share — Other Agencies
1997	1,207,875,885	869,474,048	32,220,702	250,131,050	56,050,085
1998	1,328,847,600	917,107,356	35,692,842	308,012,119	68,035,283
1999	1,487,064,240	1,021,093,307	42,768,741	335,408,642	87,793,550
2000	1,639,609,396	1,147,484,713	56,170,892	328,705,610	107,248,181
2001	2,002,335,338	1,416,570,113	90,213,424	358,174,870	137,376,931
2002	2,372,098,884	1,649,376,278	119,799,311	445,842,697	157,080,598
2003	2,384,136,980	1,669,197,685	136,781,999	388,181,072	189,976,224
2004	2,642,481,484	1,897,667,825	166,596,539	408,889,974	169,327,146
2005	2,805,599,500	1,920,731,328	183,584,054	492,641,139	208,642,979
2006	3,086,916,991	2,029,524,772	210,005,646	626,418,336	220,968,237
2007	3,391,417,550	2,238,775,881	240,533,188	671,201,181	240,907,299
2008	3,719,999,267	2,419,909,782	290,956,731	734,195,329	274,937,424
2009	3,967,791,899	2,498,199,599	463,954,197	712,114,305	293,523,798
2010	4,350,788,295	2,667,539,569	508,946,267	938,718,686	235,583,773
2011	4,419,400,740	2,707,196,795	414,614,124	978,015,721	319,574,101
2012	4,770,055,106	2,912,698,984	647,058,594	898,907,968	311,389,560
2013	4,974,580,067	3,024,867,483	577,749,094	906,983,007	464,980,484
2014	5,229,376,869	3,267,139,805	444,857,405	946,812,805	570,566,854
2015	5,116,208,204	3,052,334,755	666,527,145	902,948,977	494,397,327

Looking back at 20 years of looking forward

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 MMS data warehouse expenditure data is net of overpayments and adjustments. For revenue details go to page 45 of this report.

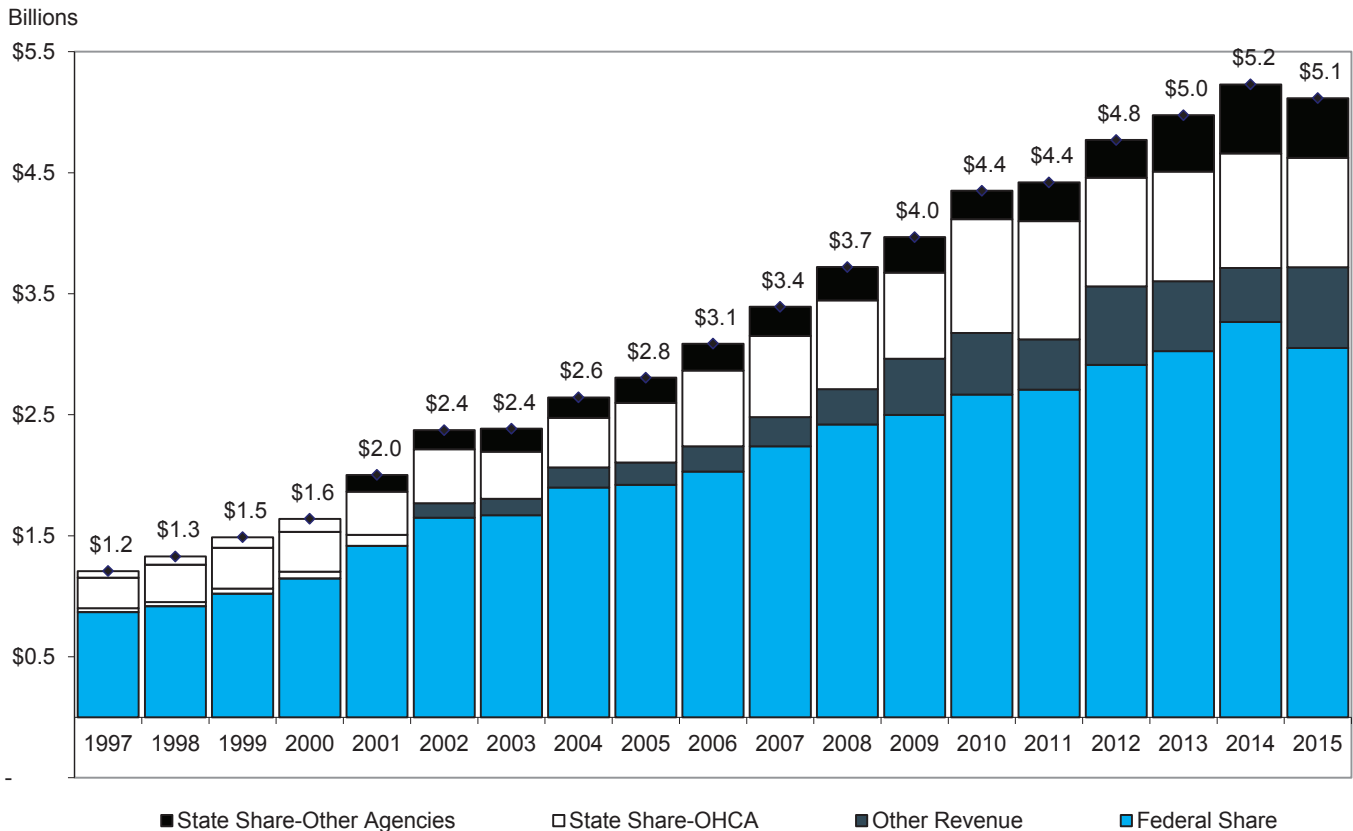
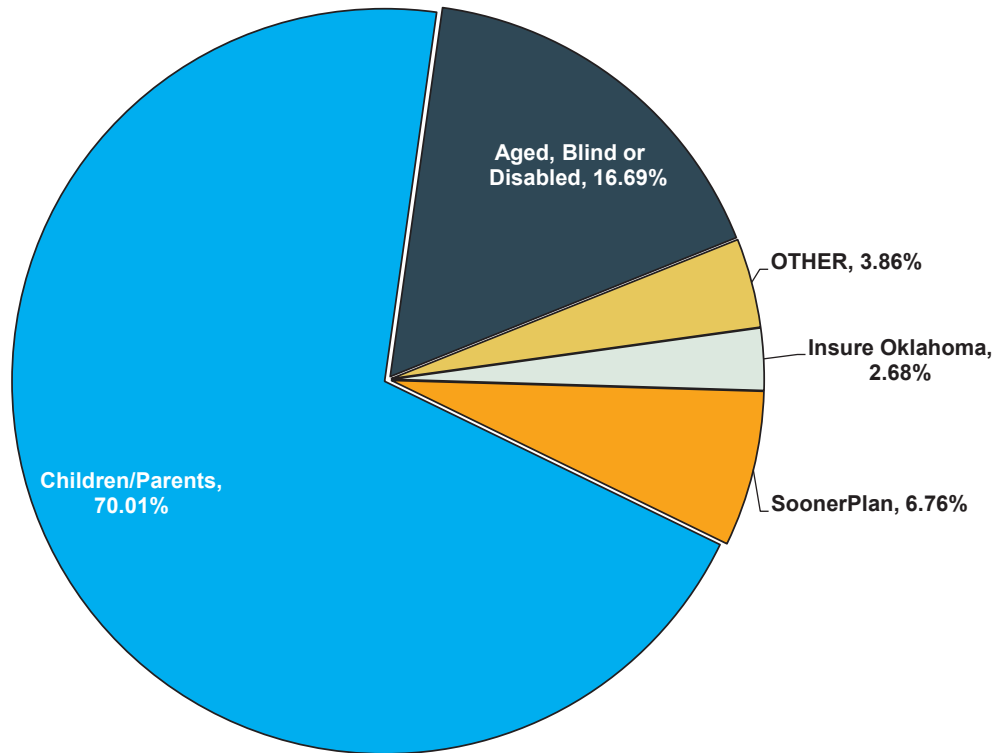
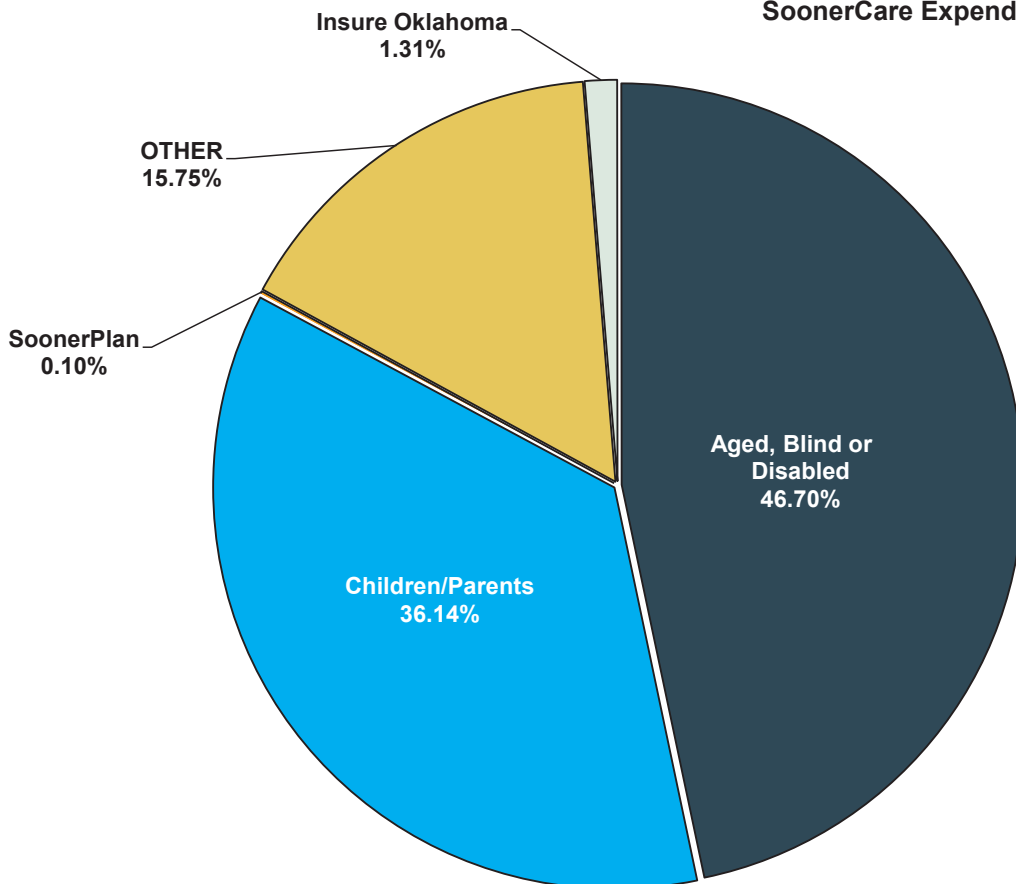


FIGURE 13 SOONERCARE ENROLLEES AND EXPENDITURES BY AID CATEGORY PERCENTAGES

SoonerCare Enrollees

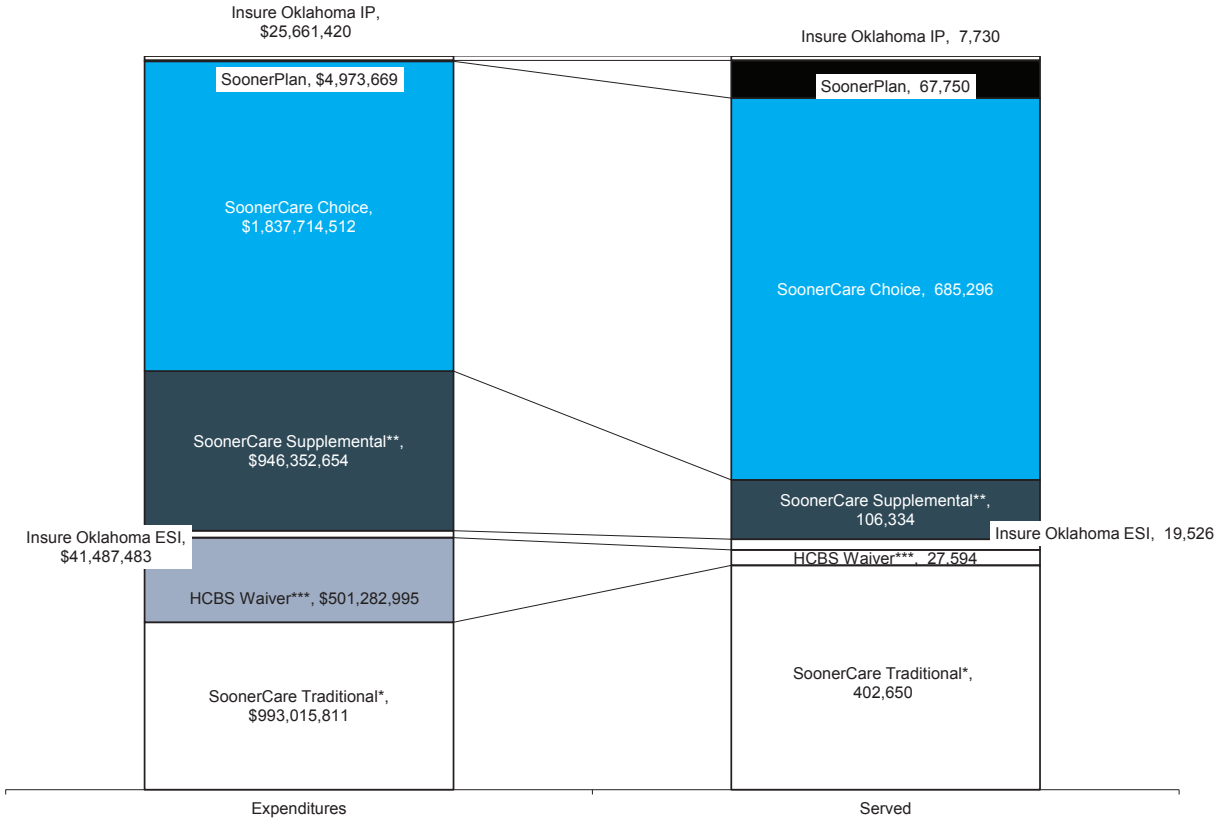


SoonerCare Expenditures



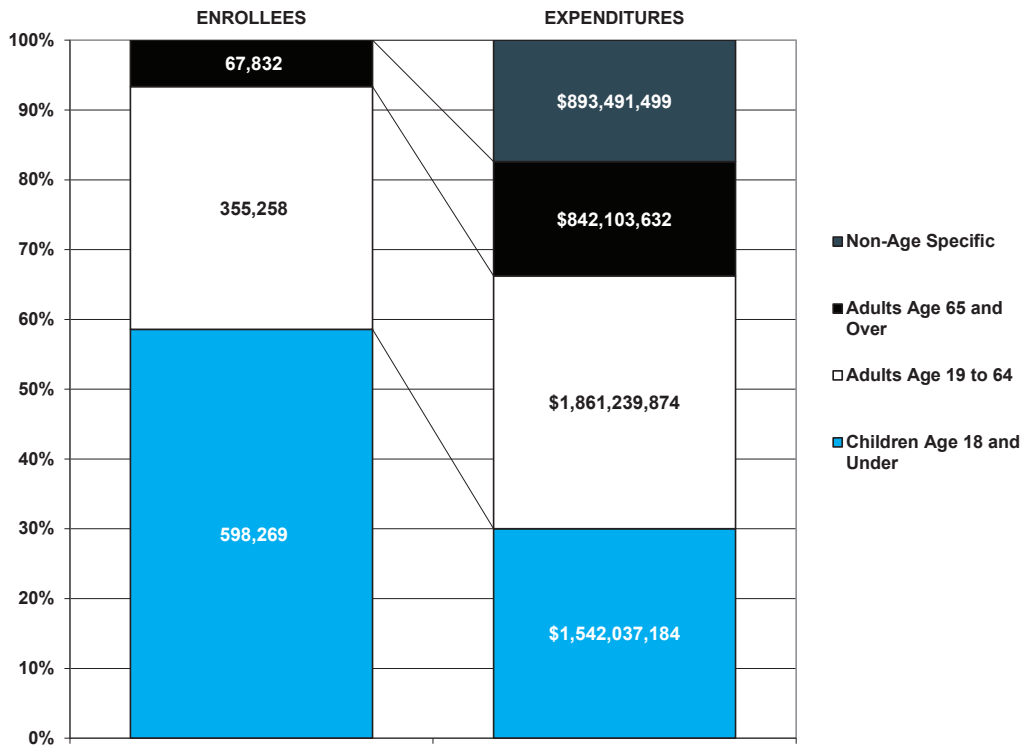
Other enrollees and expenditures include — Refugee, PKU, Qualifying Individual Group One, Service Limited Medicare Beneficiary, Developmental Disabilities Services Division, Supported Living, Soon-to-be Sooners and Tuberculosis members. Children/Parents include child custody. Aged, Blind, Disabled include Tax Equity and Financial Responsibility Act enrollees and expenditures. Other expenditures also include Supplemental Hospital Offset Payment, GME/IME/DSH and Hospital Supplemental payments.

FIGURE 14 SOONERCARE EXPENDITURES AND SERVED BY BENEFIT PLAN



*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. HCBS Waiver expenditures are for all services to waiver members, including services not paid with waiver funds. In order to provide a more accurate average cost per member, non-member specific supplemental payments have been removed from the above. Those payments include Supplemental Hospital Offset payments; Hospital Supplemental payments (includes hospital supplemental payments, DSH, GME and IME); GME payments; EHR payments and Outpatient Behavioral Health Supplemental payments.

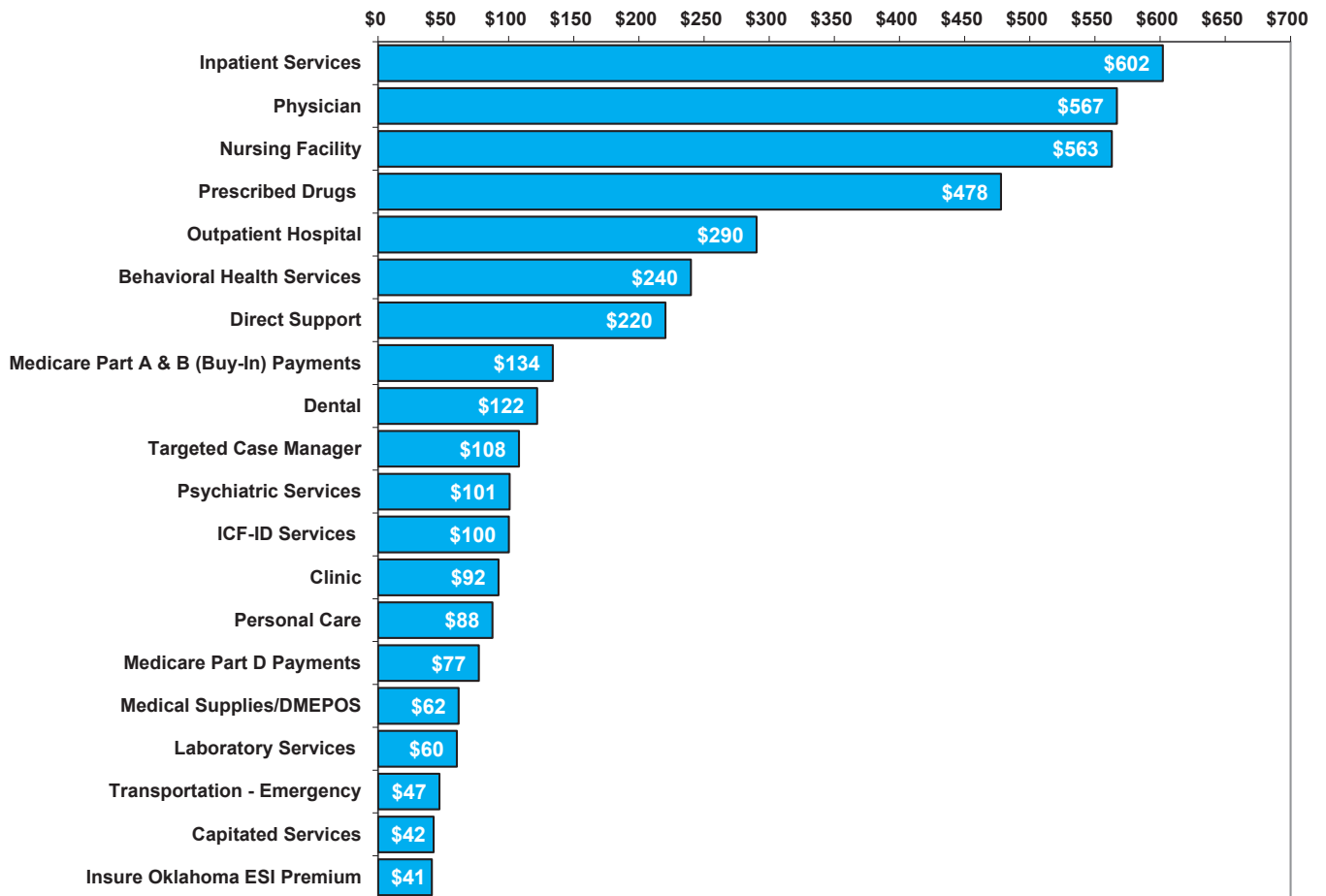
FIGURE 15 SOONERCARE ENROLLEES AND EXPENDITURES BY AGE



Non-age specific payments include Supplemental Hospital Offset payments; Hospital Supplemental Payments (HSP) (includes DSH, GME and IME); Outpatient Behavioral Health Supplemental payments; SoonerExcel payments; EHR incentive payments; GME payments to Medical schools; non-member specific provider adjustments. Medicare Part A & B (Buy-in) payments and Medicare Part D (clawback) payments are included in Ages 65 and over.

FIGURE 16 TOP 20 SOONERCARE EXPENDITURES

Dollars in Millions

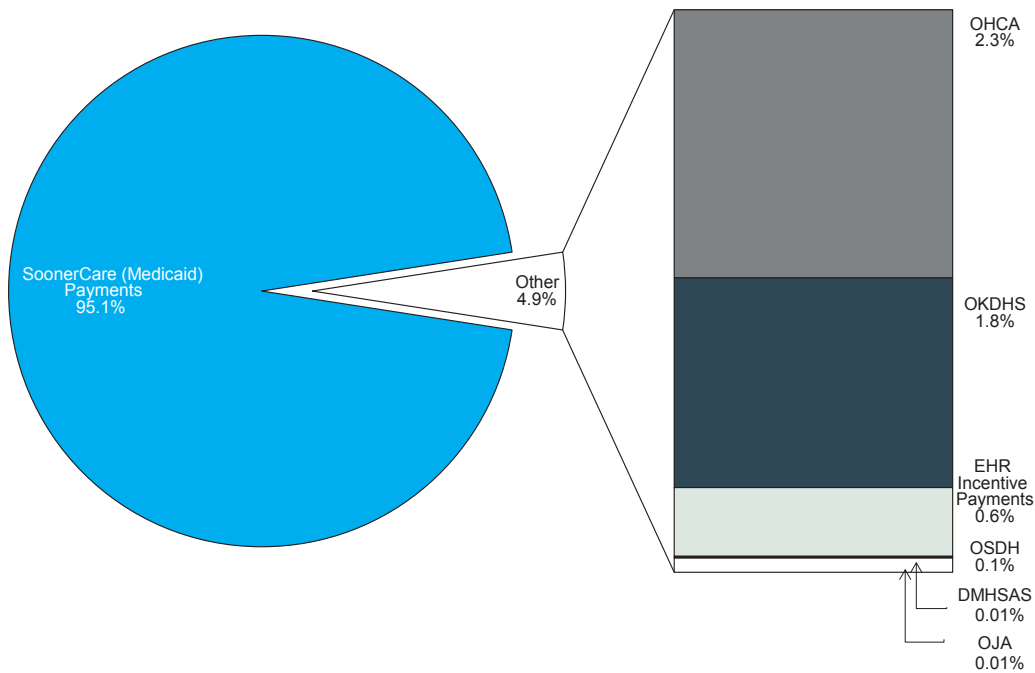


Administering the SoonerCare Program

The administrative cost of the SoonerCare program is divided among 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), Electronic Health Record (EHR) incentive payments and the Department of Mental Health and Substance Abuse Services (DMHSAS).

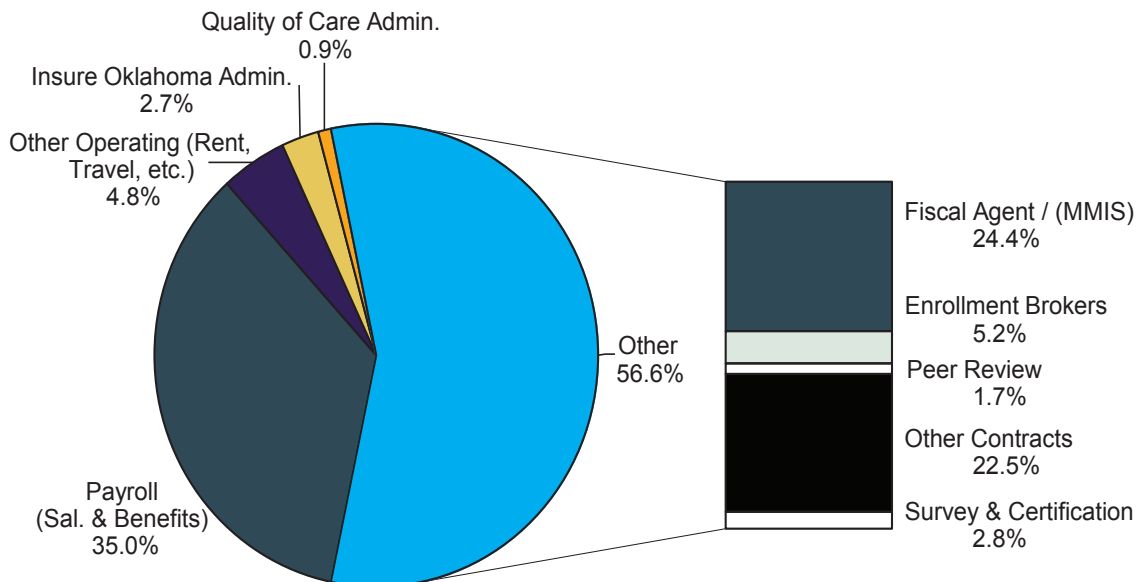
FIGURE 17 OHCA SOONERCARE EXPENDITURE AND ADMINISTRATIVE PERCENTAGES



Finally, OHCA's administrative expenses are divided between direct operating expenses and vendor contracts. Of the \$124.8 million spent on

administration by OHCA in SFY2015, 43 percent went to direct operation expenses and 57 percent went toward vendor contracts.

FIGURE 18 BREAKDOWN OF OHCA ADMINISTRATIVE EXPENSES



OHCA Staff Receive Awards

Dr. Leon Bragg, OHCA chief dental officer, was elected as President of the Medicaid-CHIP State Dental Association during the group's annual conference in Washington, D.C., in June 2015. Dr. Bragg became the OHCA's first full-time dentist in February 2004. Earlier Dr. Bragg served as assistant professor in operative dentistry and dental materials at the University of Oklahoma College of Dentistry. He completed a master of education degree from the University of Central Oklahoma and graduated from the OU Health Sciences Center Faculty Development program. Dr. Bragg was the first Langston University graduate to attend, and the second African-American to graduate from, the OU College of Dentistry.

Dr. Courtney Barrett has been accepted into the American Dental Association's Institute for Diversity in Leadership. This program is designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

Dr. Alison Martinez was invited to be a panel speaker at a conference that took place June 18, in Washington D.C. The conference topic was "A Dialogue: Addressing and Paying for Genetic Services in Integrated Delivery Systems," and was sponsored by the National Coordinating Center for the Regional Genetic Service Collaboratives. Alison was a panelist representing OHCA in the discussion titled Covering and Paying for Genetic Services and was invited by Dr. David Flannery, the Medical Director for the American College of Medical Genetics and Genomics, who said, "Oklahoma Medicaid's policy development for coverage of genetic and genomic tests may be an example of 'best practice' for a state Medicaid agency" and asked OHCA to share insights and recommendations for others.

Dr. Nancy Nesser, Pharm.D., J.D., OHCA Pharmacy Director, was awarded both the 2014 Ralph D. Bienfang Outstanding Practitioner award from the University of Oklahoma College of Pharmacy Alumni Association and the Distinguished Alumni for the Chemistry Department from Oklahoma Christian University. The former recognized Dr. Nesser for her long-standing and exemplary leadership within the pharmacy profession, sensitivity to human needs, and public service. Since 2001, Dr. Nesser has overseen all aspects of the SoonerCare pharmacy benefit, including drug coverage status and reimbursement issues. She is also a volunteer pharmacist with the Lighthouse Medical Clinic, a free clinic in south Oklahoma City.

Shelly Patterson represented OHCA on a national webinar hosted by the American Lung Association. The webinar, titled "Medicaid Tobacco Cessation Coverage: a Panel on Leveraging Systems and Partnerships in Oklahoma" also featured Tracey Strader from TSET and Julie Cox-Cain from OSDH.

Oklahoma was also featured in an American Lung Association case study highlighting the efforts of the OHCA/OSDH Tobacco Use workgroup interventions, specifically on removing barriers to tobacco cessation coverage through OHCA policy change.

OHCA received the Certified Health Business Award of Excellence. The award is issued by the Oklahoma State Health Department through partnership with the Tobacco Settlement Endowment Trust.

70%+

More than 70 percent of the cases in the Parents/Children (TANF) program have earned income.

As Oklahoma has moved away from the historic welfare system, SoonerCare members who receive cash payment assistance has decreased from 60 percent in 1995 to less than 20 percent in SFY2015.

Text4Baby Awards

In SFY2015, Text4Baby was honored with multiple awards including the following:

- ▶ 2014 Text4Baby State Enrollment Contest – Medium State Winner (First Place). Awarded by The National Healthy Mothers, Healthy Babies Coalition for achieving the highest percentage of pregnant women enrolled in Text4Baby in the nation. Oklahoma enrolled 148 per 1,000 estimated new pregnant women and moms into the T4B service. During the contest period, a total of 5,782 new users enrolled in the Text4Baby service in Oklahoma. Total enrolled users went from 1,804 to 7,586, a 321 percent increase compared to the 25 week period prior to the contest. OHCA received the award at the American Public Health Association Conference (Maternal and Child Health Section Awards Ceremony) on November 17, 2014 in New Orleans, LA.
- ▶ 2015 Oklahoma Public Health Association, Public Health Program Award, First Place. OHCA received the first place Public Health Program Award issued by the Oklahoma Public Health Association for the Text4Baby initiative at the Oklahoma Public Health Association Annual Conference on April 21, 2015.
- ▶ Oklahoma Health Care Authority received the 2015 Blue Pencil and Gold Screen Award for outstanding performance in the mobile communications category for Text4Baby enrollment in Oklahoma. The award was presented by the National Association of Government Communicators at the Blue Pencil & Gold Screen Awards Banquet held on June 3, 2015 during the NAGC Communications School.

OHCA Receives 2015 Quality Oklahoma Team Day Awards

OHCA highlighted several projects at the 2015 Quality Oklahoma Team Day at the state capitol, including two that won the Governor's Commendation for Excellence award.

OHCA received a Governor's Commendation for Excellence award for the Digital Communication Strategies for Improving Health Outcomes in Oklahoma program. The program focused on utilizing digital communication strategies including expanding OHCA's presence in social media to communicate with members, providers, and the general public, as well as increasing OHCA's ability to capture key performance data and reduce costs. Over the course of six months, \$110.63 was spent in total. During that period, digital media engagement increased by 9,120 percent.

OHCA also won the Governor's Commendation for Excellence award for the Quality Limits on Short-Acting Painkillers for the Reduction of Prescription Drug Abuse program.

100+

Since 2005, OHCA has submitted more than 100 team projects to Oklahoma Team Day and won more than 52 Team Day awards.

In September 2010, the nation's first real-time online enrollment system was open to SoonerCare applicants. By June 2011, the mysooner.org website had processed nearly 385,000 applications and renewals.

Last 5 Years of Innovations

SFY2011

Health Access Networks were implemented in July 2010. HANs are non-profit administrative entities designed to work with SoonerCare providers to restructure and improve the access, quality, and continuity of care for SoonerCare Choice members.

In September 2010, OHCA launched the nation's first online enrollment. With online enrollment, members receive the results of their application within minutes, instead of weeks. This innovation is considered one of the most advanced state enrollment services in the nation.

OHCA was the first in the nation to make federal Medicaid Electronic Health Records Incentive payments to qualified health care providers. EHR incentives assist qualified providers work toward the use of electronic health records.

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.

OHCA implemented an eco-friendly electronic provider notification process consisting of three sources of communication: e-mail notification, web alerts and faxed information updates.

SFY2012

OHCA partnered with Oklahoma ABLE Tech to provide the Oklahoma Durable Medical Equipment Reuse Program which is designed to refurbish durable medical equipment (DME) that is no longer utilized, and reassign it to Oklahomans in need.

The Text4Baby campaign, which provides timely tips and expert advice sent directly to the cell phones of pregnant women and new moms, was first recognized nationally in 2012.

OHCA's fiscal agent and partner, Hewlett-Packard Enterprise Systems (HPES), developed monthly webinars in addition to the in-person statewide Spring and Fall Workshops.

In the 2012 Medicaid Payment Error Rate Measurement (PERM) audit, SoonerCare had the lowest error rate of any of the 17 states in the rotation (0.28 percent in Oklahoma vs. a 5.8 percent national average). The Children's Health Insurance Plan error rate was also one of the lowest in the nation (1.39 percent Oklahoma vs. 6.1 percent national average).

SFY2013

The Oklahoma Health Care Authority was chosen as one of 27 recipients of the "Strong Start for Mothers and Newborns" Initiative awarded by the Centers for Medicare & Medicaid Innovation Center.

OHCA's SoonerCare program was the first Medicaid program in the nation to formally provide coverage to American Indian boarding school students.

OHCA and the Tobacco Settlement Endowment Trust work together to cover tobacco helpline services for SoonerCare members.

SFY2014

The State of Oklahoma was awarded the Money Follows the Person Tribal Initiative grant in 2014. This allows Tribal partners, in conjunction with OHCA, to build sustainable community based long-term services and support for tribal citizens.

In SFY2014, to reduce mailing costs and staff time, the process for submitting prior authorizations (PA) was streamlined by allowing dental providers to submit PA requests and all documentation electronically.

OHCA launched an internet portal that allows providers to access claim and prior authorization records, maintain provider information and receive messages from OHCA targeted specifically to the providers.

SFY2015

["Afterhoursok – New Mobile & PC Application Created" on page 22](#)

["SoonerFit Launched" on page 22](#)

["Pharmacy Implements E-Prescribing System" on page 23](#)

["Health Homes Implemented" on page 28](#)

["Painkiller Quantity Limit Edit Implemented" on page 30](#)

["Care Coordination Panel Implementation Successful" on page 31](#)

["ICD-10 Conversion Update" on page 32](#)

The above list and included historic factoids are not all-inclusive. Included items were noted locally or nationally, improved processes, or were technically advanced. OHCA encourages innovation in delivering SoonerCare services daily since 1995.

Appendix A Summary of Revenue Sources and Recoveries

TABLE A REVENUE SOURCE SUMMARY

Revenue Source	Actual Revenues
State Appropriations	\$953,100,514
Federal Funds—OHCA	\$2,271,611,833
Federal Funds for Other State Agencies	\$844,523,153
Refunds from Other State Agencies	\$554,187,695
Tobacco Tax Funds	\$88,543,152
Drug Rebate	\$250,004,319
Medical Refunds	\$55,537,488
Quality of Care Fees	\$76,324,319
SHOPP Assessment Fees	\$197,503,980
Prior Year Carryover	\$61,029,661
Other Revenue	\$18,554,541
Total Revenue	\$5,370,920,655

Source: Oklahoma Health Care Authority (OHCA) Financial Services Division, September 2015. 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. SHOPP signifies Supplemental Hospital Offset Payment Program.

TABLE B HOSPITAL PAYMENTS

Types of Hospital Payments	SFY2014	SFY2015
Inpatient - Acute and Critical Access	\$538,148,027	\$512,113,837
Inpatient Rehabilitation - Freestanding	\$13,874,466	\$12,517,345
Inpatient - Indian Health Services	\$16,190,401	\$17,925,832
Inpatient - LTAC Children's	\$24,357,691	\$27,213,000
Inpatient Behavioral Health - Freestanding	\$10,508,200	\$9,785,105
Psychiatric Residential Treatment Facilities	\$93,132,148	\$89,445,595
Outpatient Services ¹	\$279,730,503	\$278,367,876
Medicare Crossovers	\$38,261,386	\$39,591,481
Hospital Supplemental Payments	\$150,752,968	\$86,119,635
EHR Incentive Payments ²	\$18,410,870	\$20,048,670
Supplemental Hospital Offset Payment Program	\$406,660,323	\$449,854,873
Indirect Medical Education (IME)	\$31,088,706	\$31,865,924
Graduate Medical Education (GME)	\$16,241,932	\$11,640,656
Disproportionate Share Hospitals	\$43,348,467	\$43,066,487
Total	\$1,680,706,089	\$1,629,556,315

Source: OHCA Finance Division, September 2015. 1. Includes only outpatient services performed at a hospital. 2. EHR incentive payments to hospitals only, excludes other provider types which may have received EHR payments such as physicians.

For a full accounting of agency recovery and cost avoidance efforts refer to the Service Efforts and Accomplishments report at www.okhca.org/reports. OHCA core functions and other information can be found at www.okhca.org/about-us. For descriptions/explanations of programs, enrollment criteria and limitations, or service basics go to the OHCA Primer at www.okhca.org/reports.

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Appendix B Statewide Figures

TABLE I SOONERCARE EXPENDITURES BY PAYOR

Category of Service	TOTAL	Health Care Authority	Other State Agencies
ADvantage Waiver	\$173,218,398	\$0	\$173,218,398
Ambulatory Surgery Centers	\$8,258,982	\$8,047,099	\$0
Behavioral Health - Case Management	\$20,502,154	\$0	\$20,502,154
Behavioral Health - Inpatient	\$51,368,358	\$11,630,004	\$13,058,353
Behavioral Health - Outpatient	\$28,049,545	\$0	\$28,049,545
Behavioral Health - PRTF	\$89,445,595	\$0	\$89,445,595
Behavioral Health - Psychiatrist	\$8,999,813	\$7,676,139	\$0
Behavioral Health Facility- Rehab	\$252,606,622	\$0	\$252,606,622
Behavioral Health-Health Home	\$3,930,992	\$0	\$3,930,992
Clinic Services	\$123,131,135	\$115,019,167	\$7,218,516
CMS Payments	\$211,352,960	\$210,629,418	
Dentists	\$127,477,217	\$127,429,676	\$0
Electronic Health Records Incentive Payments	\$32,630,420	\$32,630,420	\$0
Family Planning/Family Planning Waiver	\$7,512,126	\$0	\$7,512,126
GME/IME/DME	\$142,467,198	\$0	\$142,467,198
Home and Community Based Waiver	\$186,670,489	\$0	\$186,670,489
Home Health Care	\$19,725,937	\$19,699,256	\$0
Homeward Bound Waiver	\$88,134,840	\$0	\$88,134,840
ICF/IID Private	\$59,144,152	\$48,469,220	\$0
ICF/IID Public	\$41,246,437	\$0	\$41,246,437
In-Home Support Waiver	\$25,035,000	\$0	\$25,035,000
Inpatient Acute Care	\$1,068,610,859	\$627,383,373	\$88,218,923
Lab & Radiology	\$75,400,658	\$73,243,214	\$0
Medical Supplies	\$40,245,193	\$37,184,722	\$0
Mid Level Practitioners	\$2,889,840	\$2,871,308	\$0
Miscellaneous Medical Payments	\$317,760	\$296,854	\$0
Money Follows the Person	\$12,274,756	\$608,630	\$11,666,126
Nursing Facilities	\$562,131,352	\$353,961,959	\$0
Other Practitioners	\$35,347,818	\$34,806,268	\$0
Outpatient Acute Care	\$363,812,586	\$281,113,761	
Personal Care Services	\$13,080,231	\$0	\$13,080,231
Physicians	\$541,740,537	\$473,980,071	\$56,363,629
Premium Assistance*	\$42,314,784	\$0	\$0
Prescription Drugs	\$490,628,801	\$479,276,783	\$0
Residential Behavioral Management	\$22,742,184	\$0	\$22,742,184
SoonerCare Choice	\$37,244,938	\$37,082,685	\$0
Targeted Case Management	\$69,353,885	\$0	\$69,353,885
Therapeutic Foster Care	\$1,544,476	\$1,544,476	\$0
Transportation	\$68,249,596	\$65,563,143	\$0
Total	\$5,148,838,624	\$3,050,147,647	\$1,340,521,244

July 2014 - June 2015

Appendix B Statewide Figures

TABLE I SOONERCARE EXPENDITURES BY PAYOR

Category of Service	Quality of Care Fund	Medicaid Program Fund	HEEIA	BCC Revolving Fund
ADvantage Waiver	\$0	\$0	\$0	\$0
Ambulatory Surgery Centers	\$0	\$0	\$187,754	\$24,129
Behavioral Health - Case Management	\$0	\$0	\$0	\$0
Behavioral Health - Inpatient	\$0	\$26,415,674	\$264,327	\$0
Behavioral Health - Outpatient	\$0	\$0	\$0	\$0
Behavioral Health - PRTF	\$0	\$0	\$0	\$0
Behavioral Health - Psychiatrist	\$0	\$1,323,674	\$0	\$0
Behavioral Health Facility- Rehab	\$0	\$0	\$0	\$87,799
Behavioral Health-Health Home	\$0	\$0	\$0	\$0
Clinic Services	\$0	\$0	\$684,495	\$208,957
CMS Payments	\$723,542	\$0	\$0	\$0
Dentists	\$0	\$0	\$28,934	\$18,606
Electronic Health Records Incentive Payments	\$0	\$0	\$0	\$0
Family Planning/Family Planning Waiver	\$0	\$0	\$0	\$0
GME/IME/DME	\$0	\$0	\$0	\$0
Home and Community Based Waiver	\$0	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$6,211	\$20,469
Homeward Bound Waiver	\$0	\$0	\$0	\$0
ICF/IID Private	\$10,674,932	\$0	\$0	\$0
ICF/IID Public	\$0	\$0	\$0	\$0
In-Home Support Waiver	\$0	\$0	\$0	\$0
Inpatient Acute Care	\$486,687	\$347,449,538	\$3,629,403	\$1,442,935
Lab & Radiology	\$0	\$0	\$1,611,492	\$545,951
Medical Supplies	\$2,711,535	\$0	\$274,206	\$74,730
Mid Level Practitioners	\$0	\$0	\$16,772	\$1,759
Miscellaneous Medical Payments	\$0	\$0	\$0	\$20,906
Money Follows the Person	\$0	\$0	\$0	\$0
Nursing Facilities	\$208,167,411	\$0	\$0	\$1,982
Other Practitioners	\$446,364	\$0	\$88,093	\$7,093
Outpatient Acute Care	\$41,604	\$74,665,987	\$3,919,253	\$4,071,982
Personal Care Services	\$0	\$0	\$0	\$0
Physicians	\$58,101	\$0	\$5,383,916	\$5,954,819
Premium Assistance*	\$0	\$0	\$42,314,784	\$0
Prescription Drugs	\$0	\$0	\$9,517,596	\$1,834,422
Residential Behavioral Management	\$0	\$0	\$0	\$0
SoonerCare Choice	\$0	\$0	\$147,165	\$15,088
Targeted Case Management	\$0	\$0	\$0	\$0
Therapeutic Foster Care	\$0	\$0	\$0	\$0
Transportation	\$2,613,196	\$0	\$0	\$73,257
Total	\$225,923,371	\$449,854,873	\$68,074,404	\$14,404,885

Source: OHCA Financial Services Division, September 2015. *HEEIA includes \$42,008,515.58 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 Figures (continued)

TABLE II STATEWIDE SOONERCARE FIGURES BY COUNTY

County	Population Proj. July 2014*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
ADAIR	22,186	39	10,348	29	47%	1
ALFALFA	5,790	69	1,050	69	18%	70
ATOKA	13,796	50	4,202	50	30%	31
BEAVER	5,486	70	875	73	16%	75
BECKHAM	23,691	38	5,879	41	25%	52
BLAINE	9,917	59	3,137	56	32%	26
BRYAN	44,486	23	14,381	16	32%	23
CADDO	29,317	34	9,988	30	34%	15
CANADIAN	129,582	4	19,885	8	15%	76
CARTER	48,821	16	15,384	14	32%	27
CHEROKEE	48,341	17	14,214	18	29%	33
CHOCTAW	15,161	46	6,288	40	41%	3
CIMARRON	2,294	77	629	77	27%	41
CLEVELAND	269,908	3	44,486	3	16%	73
COAL	5,807	68	1,908	64	33%	20
COMANCHE	125,033	5	30,162	4	24%	54
COTTON	6,150	67	1,636	66	27%	46
CRAIG	14,582	47	4,788	46	33%	22
CREEK	70,632	10	20,326	7	29%	36
CUSTER	29,500	33	6,925	37	23%	56
DELAWARE	41,446	24	11,927	25	29%	37
DEWEY	4,914	71	975	71	20%	65
ELLIS	4,150	73	664	76	16%	74
GARFIELD	63,091	12	16,748	11	27%	47
GARVIN	27,561	35	8,426	33	31%	30
GRADY	53,854	13	11,424	27	21%	61
GRANT	4,501	72	998	70	22%	59
GREER	6,151	66	1,718	65	28%	40
HARMON	2,798	76	943	72	34%	18
HARPER	3,812	74	788	74	21%	64
HASKELL	12,896	51	4,705	47	36%	8
HUGHES	13,806	48	4,445	48	32%	24
JACKSON	25,998	36	7,045	36	27%	43
JEFFERSON	6,292	65	2,303	63	37%	7
JOHNSTON	11,103	56	3,822	52	34%	14
KAY	45,478	19	15,442	13	34%	16
KINGFISHER	15,532	45	3,280	55	21%	62
KIOWA	9,336	61	3,067	57	33%	21
LATIMER	10,693	57	3,515	54	33%	19
LEFLORE	49,761	15	17,443	9	35%	10
LINCOLN	34,619	30	9,047	32	26%	49
LOGAN	45,276	20	8,163	34	18%	71

Appendix B Statewide Figures (continued)

TABLE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
ADAIR	\$37,225,273	32	\$1,678	7	\$300	56
ALFALFA	\$3,913,723	71	\$676	66	\$311	51
ATOKA	\$18,671,479	48	\$1,353	24	\$370	22
BEAVER	\$1,828,399	75	\$333	77	\$174	75
BECKHAM	\$23,959,011	43	\$1,011	46	\$340	38
BLAINE	\$10,863,937	59	\$1,095	44	\$289	61
BRYAN	\$52,362,487	22	\$1,177	36	\$303	54
CADDO	\$32,922,831	34	\$1,123	40	\$275	66
CANADIAN	\$74,772,295	9	\$577	72	\$313	50
CARTER	\$65,088,750	13	\$1,333	26	\$353	30
CHEROKEE	\$65,720,654	12	\$1,360	23	\$385	18
CHOCTAW	\$27,322,804	39	\$1,802	4	\$362	25
CIMARRON	\$1,078,427	77	\$470	73	\$143	77
CLEVELAND	\$167,892,223	3	\$622	71	\$315	49
COAL	\$10,712,564	60	\$1,845	3	\$468	4
COMANCHE	\$94,141,501	5	\$753	60	\$260	69
COTTON	\$5,329,102	68	\$867	53	\$271	67
CRAIG †	\$28,715,049	37	\$1,969	2	\$500	2
CREEK	\$90,357,626	7	\$1,279	30	\$370	21
CUSTER	\$25,319,645	41	\$858	56	\$305	52
DELAWARE	\$45,415,687	26	\$1,096	43	\$317	45
DEWEY	\$3,475,852	72	\$707	64	\$297	58
ELLIS	\$1,850,330	74	\$446	74	\$232	73
GARFIELD	\$84,418,647	8	\$1,338	25	\$420	8
GARVIN	\$40,411,623	30	\$1,466	19	\$400	12
GRADY	\$45,314,135	27	\$841	57	\$331	39
GRANT	\$5,006,831	69	\$1,112	41	\$418	9
GREER	\$7,117,871	64	\$1,157	39	\$345	35
HARMON	\$4,046,774	70	\$1,446	20	\$358	27
HARPER	\$2,447,666	73	\$642	68	\$259	70
HASKELL	\$20,321,639	46	\$1,576	14	\$360	26
HUGHES	\$22,879,037	44	\$1,657	10	\$429	6
JACKSON	\$23,969,608	42	\$922	52	\$284	63
JEFFERSON	\$6,924,501	65	\$1,101	42	\$251	72
JOHNSTON	\$17,481,502	50	\$1,574	15	\$381	19
KAY	\$52,827,292	21	\$1,162	38	\$285	62
KINGFISHER	\$11,660,914	57	\$751	61	\$296	60
KIOWA	\$12,954,385	55	\$1,388	21	\$352	31
LATIMER	\$13,301,640	54	\$1,244	31	\$315	48
LEFLORE	\$73,490,038	11	\$1,477	18	\$351	32
LINCOLN	\$32,733,089	35	\$946	51	\$302	55
LOGAN	\$38,901,901	31	\$859	55	\$397	14

Appendix B Statewide Figures (continued)

TABLE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Population Proj. July 2014*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
LOVE	9,773	60	2,747	60	28%	39
MCCLAIN	37,313	29	7,993	35	21%	60
MCCURTAIN	33,050	31	13,805	19	42%	2
MCINTOSH	20,088	42	6,356	39	32%	25
MAJOR	7,750	63	1,616	67	21%	63
MARSHALL	16,182	44	5,076	43	31%	28
MAYES	40,816	26	12,220	23	30%	32
MURRAY	13,803	49	3,632	53	26%	48
MUSKOGEE	69,966	11	24,255	5	35%	13
NOBLE	11,494	54	2,796	59	24%	53
NOWATA	10,524	58	2,872	58	27%	42
OKFUSKEE	12,186	52	4,241	49	35%	12
OKLAHOMA	766,215	1	206,727	1	27%	44
OKMULGEE	39,095	27	13,221	20	34%	17
OSAGE	47,981	18	6,601	38	14%	77
OTTAWA	32,105	32	12,536	22	39%	4
PAWNEE	16,401	43	4,822	44	29%	34
PAYNE	80,264	7	15,049	15	19%	68
PITTSBURG	44,626	21	13,009	21	29%	35
PONTOTOC	38,005	28	10,722	28	28%	38
POTTAWATOMIE	71,811	9	22,310	6	31%	29
PUSHMATAHA	11,125	55	4,142	51	37%	6
ROGER MILLS	3,761	75	697	75	19%	69
ROGERS	89,815	6	17,414	10	19%	66
SEMINOLE	25,421	37	9,255	31	36%	9
SEQUOYAH	41,358	25	15,519	12	38%	5
STEPHENS	44,493	22	11,985	24	27%	45
TEXAS	21,853	40	5,589	42	26%	51
TILLMAN	7,628	64	2,659	62	35%	11
TULSA	629,598	2	163,787	2	26%	50
WAGONER	75,702	8	14,232	17	19%	67
WASHINGTON	51,937	14	11,850	26	23%	57
WASHITA	11,547	53	2,734	61	24%	55
WOODS	9,288	62	1,545	68	17%	72
WOODWARD	21,529	41	4,821	45	22%	58
OUT OF STATE			5,525			
OTHER ^o			3,620			
TOTAL	3,878,051		1,021,359		26%	

*Source: Population Division, U.S. Census Bureau. Estimates rounded to nearest 100. American Fast Fact Finder PEPANNRES table using the advanced search options. **Enrollees listed above are the unduplicated count per last county on the enrollee record for the entire state fiscal year (July-June).

Appendix B Statewide Figures (continued)

TABLE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
LOVE	\$8,410,685	63	\$861	54	\$255	71
MCCLAIN	\$28,648,818	38	\$768	59	\$299	57
MCCURTAIN	\$53,317,534	20	\$1,613	13	\$322	43
MCINTOSH	\$33,759,866	33	\$1,681	6	\$443	5
MAJOR	\$5,426,272	67	\$700	65	\$280	64
MARSHALL	\$19,700,473	47	\$1,217	35	\$323	41
MAYES	\$53,957,094	19	\$1,322	27	\$368	23
MURRAY	\$16,813,746	51	\$1,218	34	\$386	17
MUSKOGEE	\$114,943,326	4	\$1,643	11	\$395	15
NOBLE	\$14,279,220	53	\$1,242	32	\$426	7
NOWATA	\$12,260,120	56	\$1,165	37	\$356	28
OKFUSKEE †	\$26,739,532	40	\$2,194	1	\$525	1
OKLAHOMA	\$799,300,417	1	\$1,043	45	\$322	42
OKMULGEE	\$64,135,116	15	\$1,640	12	\$404	11
OSAGE	\$32,244,938	36	\$672	67	\$407	10
OTTAWA	\$47,497,753	24	\$1,479	17	\$316	47
PAWNEE	\$21,056,117	45	\$1,284	29	\$364	24
PAYNE	\$59,176,497	18	\$737	62	\$328	40
PITTSBURG	\$61,061,595	17	\$1,368	22	\$391	16
PONTOTOC	\$63,057,180	16	\$1,659	9	\$490	3
POTTAWATOMIE	\$92,198,361	6	\$1,284	28	\$344	36
PUSHMATAHA	\$18,662,040	49	\$1,677	8	\$375	20
ROGER MILLS	\$1,533,017	76	\$408	76	\$183	74
ROGERS	\$74,171,250	10	\$826	58	\$355	29
SEMINOLE	\$44,137,443	28	\$1,736	5	\$397	13
SEQUOYAH	\$64,476,558	14	\$1,559	16	\$346	33
STEPHENS	\$43,779,469	29	\$984	48	\$304	53
TEXAS	\$9,648,093	61	\$441	75	\$144	76
TILLMAN	\$9,463,599	62	\$1,241	33	\$297	59
TULSA	\$623,629,390	2	\$991	47	\$317	46
WAGONER	\$47,213,697	25	\$624	70	\$276	65
WASHINGTON	\$49,169,122	23	\$947	50	\$346	34
WASHITA	\$11,239,758	58	\$973	49	\$343	37
WOODS	\$5,895,121	66	\$635	69	\$318	44
WOODWARD	\$15,558,460	52	\$723	63	\$269	68
OUT OF STATE	\$2,248,122					
OTHER †	\$1,084,913,646					
TOTAL	\$5,138,872,188		\$1,325		\$419	

†Okfuskee and Craig counties have private institutions for the intellectually disabled causing the average dollars per SoonerCare enrollee to be higher than the norm.

‡ Non-member specific payments include \$352,893,974 in Supplemental Hospital Offset Payment Program (SHOPP) payments; \$228,621,903 in Hospital Supplemental payments; \$131,025,519 in Medicare Part A & B (Buy-In) payments; \$77,694,210 in Medicare Part D (clawback) payments; \$93,666,695 in GME payments to medical schools; \$50,107,558 in Insure Oklahoma ESI premiums; \$688,863 in Insure Oklahoma Out-Of-Pocket payments; \$38,517,566 in EHR incentive payments; \$40,133,334 in Outpatient Behavioral Health Supplemental payments; \$3,623,655 in SoonerExcel payments; \$3,885,990 in Health Access Network payments and non-member specific provider adjustments. Additionally, Other includes \$17,512,634 paid on behalf of custody children within the State Office county code.

Appendix B Statewide Figures (continued)

TABLE 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	\$15,082,227	\$37,225,273	41%
ALFALFA	\$2,059,808	\$3,913,723	53%
ATOKA	\$13,065,417	\$18,671,479	70%
BEAVER	\$1,203,572	\$1,828,399	66%
BECKHAM	\$16,836,344	\$23,959,011	70%
BLAINE	\$7,316,174	\$10,863,937	67%
BRYAN	\$48,601,278	\$52,362,487	93%
CADDO	\$16,325,976	\$32,922,831	50%
CANADIAN	\$41,699,533	\$74,772,295	56%
CARTER	\$55,808,085	\$65,088,750	86%
CHEROKEE	\$69,467,604	\$65,720,654	106%
CHOCTAW	\$17,408,608	\$27,322,804	64%
CIMARRON	\$241,409	\$1,078,427	22%
CLEVELAND	\$132,923,256	\$167,892,223	79%
COAL	\$4,153,029	\$10,712,564	39%
COMANCHE	\$90,199,847	\$94,141,501	96%
COTTON	\$2,201,204	\$5,329,102	41%
CRAIG	\$23,044,241	\$28,715,049	80%
CREEK	\$64,992,548	\$90,357,626	72%
CUSTER	\$22,450,196	\$25,319,645	89%
DELAWARE	\$31,789,769	\$45,415,687	70%
DEWEY	\$1,610,612	\$3,475,852	46%
ELLIS	\$1,946,488	\$1,850,330	105%
GARFIELD	\$64,682,985	\$84,418,647	77%
GARVIN	\$23,631,970	\$40,411,623	58%
GRADY	\$29,436,668	\$45,314,135	65%
GRANT	\$3,296,653	\$5,006,831	66%
GREER	\$3,601,336	\$7,117,871	51%
HARMON	\$3,024,868	\$4,046,774	75%
HARPER	\$1,625,752	\$2,447,666	66%
HASKELL	\$22,153,483	\$20,321,639	109%
HUGHES	\$12,290,842	\$22,879,037	54%
JACKSON	\$18,003,980	\$23,969,608	75%
JEFFERSON	\$2,634,676	\$6,924,501	38%
JOHNSTON	\$14,390,595	\$17,481,502	82%
KAY	\$43,911,151	\$52,827,292	83%
KINGFISHER	\$6,683,006	\$11,660,914	57%
KIOWA	\$9,487,670	\$12,954,385	73%
LATIMER	\$7,492,723	\$13,301,640	56%
LEFLORE	\$48,604,664	\$73,490,038	66%
LINCOLN	\$13,973,236	\$32,733,089	43%
LOGAN	\$18,485,714	\$38,901,901	48%

Appendix B Statewide Figures (continued)

TABLE 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
LOVE	\$2,829,065	\$8,410,685	34%
MCCLAIN	\$12,760,632	\$28,648,818	45%
MCCURTAIN	\$27,806,563	\$53,317,534	52%
MCINTOSH	\$30,848,910	\$33,759,866	91%
MAJOR	\$2,415,335	\$5,426,272	45%
MARSHALL	\$9,793,059	\$19,700,473	50%
MAYES	\$20,078,229	\$53,957,094	37%
MURRAY	\$9,653,284	\$16,813,746	57%
MUSKOGEE	\$102,099,772	\$114,943,326	89%
NOBLE	\$8,342,059	\$14,279,220	58%
NOWATA	\$5,543,874	\$12,260,120	45%
OKFUSKEE	\$16,091,929	\$26,739,532	60%
OKLAHOMA	\$1,161,693,934	\$799,300,417	145%
OKMULGEE	\$32,572,533	\$64,135,116	51%
OSAGE	\$10,926,201	\$32,244,938	34%
OTTAWA	\$37,956,455	\$47,497,753	80%
PAWNEE	\$11,101,457	\$21,056,117	53%
PAYNE	\$40,946,408	\$59,176,497	69%
PITTSBURG	\$44,679,851	\$61,061,595	73%
PONTOTOC	\$71,557,907	\$63,057,180	113%
POTTAWATOMIE	\$57,757,632	\$92,198,361	63%
PUSHMATAHA	\$25,369,923	\$18,662,040	136%
ROGER MILLS	\$161,596	\$1,533,017	11%
ROGERS	\$45,618,452	\$74,171,250	62%
SEMINOLE	\$23,961,578	\$44,137,443	54%
SEQUOYAH	\$40,757,934	\$64,476,558	63%
STEPHENS	\$34,965,211	\$43,779,469	80%
TEXAS	\$6,774,888	\$9,648,093	70%
TILLMAN	\$2,902,156	\$9,463,599	31%
TULSA	\$856,570,294	\$623,629,390	137%
WAGONER	\$16,536,137	\$47,213,697	35%
WASHINGTON	\$30,241,202	\$49,169,122	62%
WASHITA	\$4,693,121	\$11,239,758	42%
WOODS	\$3,337,003	\$5,895,121	57%
WOODWARD	\$11,272,710	\$15,558,460	72%
OUT OF STATE	\$186,779,247	\$21,208,303	
OTHER ^o	\$1,103,636,452	\$1,065,953,466	
TOTAL	\$5,138,872,188	\$5,138,872,188	

^oNon-member specific payments include, but are not limited to SHOPP payments, Hospital Supplemental payments, Medicare Part A & B (Buy-In) payments, Medicare Part D (clawback) payments, GME payments to medical schools, Insure Oklahoma ESI premiums, Insure Oklahoma ESI Out-Of-Pocket payments, EHR incentive payments, Outpatient Behavioral Health Supplemental payments, SoonerExcel payments, Health Access Network payments and non-member specific provider adjustments.

Appendix C Type of Service Expenditures

TABLE IV EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE

Type of Service	SFY2014			SFY2015			Percent Change		
	Expenditures	Members	Avg Per Member Served	Expenditures	Members	Avg Per Member Served	Expenditures	Members	Average
Adult Day Care	\$4,704,748	837	\$5,621	\$4,952,078	858	\$5,772	5%	3%	3%
Advanced Practice Nurse	\$3,025,966	13,785	\$220	\$2,585,060	11,673	\$221	-15%	-15%	1%
ADvantage Home Delivered Meals	\$16,190,529	13,933	\$1,162	\$17,567,360	15,098	\$1,164	9%	8%	0%
Ambulatory Surgical Services	\$9,821,589	17,330	\$567	\$7,851,964	15,763	\$498	-20%	-9%	-12%
Architectural Modification	\$379,288	180	\$2,107	\$403,866	184	\$2,195	6%	2%	4%
Audiology Services	\$189,125	2,184	\$87	\$236,825	2,706	\$88	25%	24%	1%
Behavioral Health Services	\$263,408,815	110,050	\$2,394	\$240,062,459	112,869	\$2,127	-9%	3%	-11%
Capitated Services	\$41,635,927	725,884	\$57	42,496,757.26	680,293	\$62	2%	-6%	9%
Chiropractic Services	\$8,917	111	\$80	\$7,025	105	\$67	-21%	-5%	-17%
Clinic	\$88,965,913	138,063	\$644	\$92,418,928	143,232	\$645	4%	4%	0%
Clinics - OSA Services	\$10,094,390	90,398	\$112	\$9,564,748	78,625	\$122	-5%	-13%	9%
Community Mental Health	\$34,120,596	35,461	\$962	\$35,681,147	34,972	\$1,020	5%	-1%	6%
Dental	\$136,433,713	321,453	\$424	\$122,008,776	314,711	\$388	-11%	-2%	-9%
Direct Support	\$209,894,216	4,439	\$47,284	\$220,470,617	4,532	\$48,648	5%	2%	3%
Employee Training Specialist	\$29,533,708	2,845	\$10,381	\$30,757,726	2,927	\$10,508	4%	3%	1%
End-Stage Renal Disease	\$8,579,256	2,311	\$3,712	\$9,061,515	2,460	\$3,684	6%	6%	-1%
Eye Care and Exams	\$24,067,246	138,231	\$174	\$24,408,156	139,096	\$175	1%	1%	1%
Eye wear	\$6,837,227	48,328	\$141	\$5,899,133	46,838	\$126	-14%	-3%	-11%
Self-Directed Care	\$6,085,864	833	\$7,306	\$7,630,361	968	\$7,883	25%	16%	8%
Group Home	\$23,108,526	648	\$35,661	\$23,628,493	659	\$35,855	2%	2%	1%
Home Health	\$19,504,337	6,345	\$3,074	\$19,061,142	5,883	\$3,240	-2%	-7%	5%
Homemaker Services	\$2,133,973	353	\$6,045	\$2,260,289	344	\$6,571	6%	-3%	9%
Hospice	\$554,555	89	\$6,231	\$596,182	78	\$7,643	8%	-12%	23%
ICF-ID Services	\$95,458,210	1,703	\$56,053	\$100,320,275	1,564	\$64,143	5%	-8%	14%
Inpatient Services	\$622,864,627	154,372	\$4,035	\$602,058,228	134,404	\$4,479	-3%	-13%	11%
Laboratory Services	\$54,617,978	271,737	\$201	\$60,310,437	242,010	\$249	10%	-11%	24%
Medicare Part A & B (Buy-In) Payments	\$124,474,661	-	\$0	\$134,053,819	-	\$0	8%	0	0%
Medicare Part D Payments	\$76,609,978	-	\$0	\$77,299,141	-	\$0	1%	0%	0%
Mid-Level Practitioner	\$385,328	2,663	\$145	\$270,306	2,028	\$133	-30%	-24%	-8%
Medical Supplies/DMEPOS	\$67,266,458	92,609	\$726	\$61,820,367	88,501	\$699	-8%	-4%	-4%
Nursing Facility	\$573,447,949	20,165	\$28,438	\$562,888,414	20,172	\$27,904	-2%	0%	-2%
Nursing Services	\$8,535,003	18,902	\$452	\$9,202,524	18,377	\$501	8%	-3%	11%
Nutritionist Services	\$997,872	814	\$1,226	\$1,152,980	890	\$1,295	16%	9%	6%
Insure Oklahoma ESI Out-of-Pocket	\$408,189	-	\$0	\$290,854	-	\$0	-29%	0%	0%
Insure Oklahoma ESI Premium	\$44,708,863	21,325	\$2,097	\$41,196,628	19,526	\$2,110	-8%	-8%	1%
Other Practitioner	\$1,277	9	\$142	\$139	3	\$46	-89%	-67%	-67%

Appendix C Type of Service Expenditures (continued)

TABLE IV EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE (CONTINUED)

Type of Service	SFY2014			SFY2015			Percent Change		
	Expenditures	Members	Avg Per Member Served	Expenditures	Members	Avg Per Member Served	Expenditures	Members	Average
Outpatient Hospital	\$290,569,503	475,868	\$611	\$290,389,059	459,622	\$632	0%	-3%	3%
Personal Care	\$97,630,357	21,108	\$4,625	\$87,648,702	20,697	\$4,235	-10%	-2%	-8%
Physician	\$590,457,795	760,400	\$777	\$566,732,969	734,824	\$771	-4%	-3%	-1%
Podiatry	\$3,568,799	15,076	\$237	\$2,839,347	14,924	\$190	-20%	-1%	-20%
Prescribed Drugs	\$457,228,437	604,847	\$756	\$477,848,832	584,400	\$818	5%	-3%	8%
Psychiatric Services	\$102,521,146	5,743	\$17,851	\$100,819,927	5,721	\$17,623	-2%	0%	-1%
Residential Behavior Mgmt	\$22,840,483	2,039	\$11,202	\$22,987,975	2,004	\$11,471	1%	-2%	2%
Respite Care	\$499,727	282	\$1,772	\$340,608	265	\$1,285	-32%	-6%	-27%
Room and Board	\$214,624	502	\$428	\$324,423	479	\$677	51%	-5%	58%
School-Based Services	\$6,451,354	8,218	\$785	\$6,728,350	8,041	\$837	4%	-2%	7%
Specialized Foster Care/ID Services	\$3,547,005	225	\$15,764	\$3,233,733	211	\$15,326	-9%	-6%	-3%
Targeted Case Manager	\$106,256,440	46,561	\$2,282	\$107,965,184	47,701	\$2,263	2%	2%	-1%
Therapy Services	\$14,286,396	12,075	\$1,183	\$17,059,847	13,114	\$1,301	19%	9%	10%
Transportation - Emergency	\$44,199,147	87,998	\$502	\$46,958,656	88,012	\$534	6%	0%	6%
Transportation - Non-Emergency	\$28,822,757	885,217	\$33	\$29,721,186	888,003	\$33	3%	0%	3%
X-Ray Services	\$19,227,540	237,208	\$81	\$17,801,572	230,565	\$77	-7%	-3%	-5%
Uncategorized Services	\$520,424	85,443	\$6	\$613,453	70,143	\$9	18%	-18%	44%
Total	\$4,397,896,751	1,028,097	\$4,278	\$4,350,488,542	996,825	\$4,364	-1%	-3%	2%
Non-Member Specific Payments									
HSP - Indirect Medical Education (IME)	\$31,088,706	-	-	\$31,865,924	-	-			
HSP - Graduate Medical Education (GME)	\$16,241,932	-	-	\$11,640,656	-	-			
HSP - Acute DSH	\$43,348,467	-	-	\$43,066,387	-	-			
HSP - Supplemental Payments	\$150,752,968	-	-	\$86,119,635	-	-			
HSP - SHOPP	\$406,660,323	-	-	\$449,854,873	-	-			
Behavioral Health Supplemental Payments	\$38,750,454	-	-	35,851,334.00	-	-			
EHR Incentive Payments	32,287,962.68	-	-	32,559,849.89	-	-			
Capitated Services - GME to Medical Schools	\$68,032,833	-	-	97,424,987.31	-	-			
Total	\$5,185,060,397	1,028,097	\$4,278	\$5,138,872,188	996,825	\$4,364		-3%	2%

Source: OHCA Financial Service Division, August 2015, based on claims paid within the state fiscal year. Graduate Medical Education (GME) payments are made on a quarterly base, due to the availability of funds and other factors (GME) payments may be processed for prior fiscal years.

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 C Type of Service Expenditures (continued)

TABLE V EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD

Type of Service	Adult Totals			Children Totals		
	Expenditures	Members Served	Avg per Adult	Expenditures	Members Served	Avg per Child
Adult Day Care	\$4,952,078	858	\$5,772	\$0	-	\$0
Advanced Practice Nurse	\$508,211	2,280	\$223	\$2,076,848	9,393	\$221
ADvantage Home Delivered Meals	\$17,567,360	15,098	\$1,164	\$0	-	\$0
Ambulatory Surgical Services	\$3,384,095	8,135	\$416	\$4,467,870	7,628	\$586
Architectural Modification	\$359,920	172	\$2,093	\$43,946	12	\$3,662
Audiology Services	\$15,609	442	\$35	\$221,216	2,264	\$98
Behavioral Health Services	\$70,014,474	29,920	\$2,340	\$170,047,985	82,949	\$2,050
Capitated Services	\$11,456,895	144,623	\$79	\$31,039,862	535,669	\$58
Chiropractic Services	\$7,025	105	\$67	\$0	-	\$0
Clinic	\$30,389,465	49,197	\$618	\$62,029,463	94,035	\$660
Clinics - OSA Services	\$1,876,186	15,356	\$122	\$7,688,562	63,269	\$122
Community Mental Health	\$19,622,047	20,243	\$969	\$16,059,100	14,729	\$1,090
Dental	\$10,528,577	29,798	\$353	\$111,480,198	284,913	\$391
Direct Support	\$207,693,716	3,963	\$52,408	\$12,776,901	569	\$22,455
Employee Training Specialist	\$30,143,387	2,819	\$10,693	\$614,339	108	\$5,688
End-Stage Renal Disease	\$8,861,626	2,434	\$3,641	\$199,890	26	\$7,688
Eye Care and Exams	\$1,516,471	19,523	\$78	\$22,891,685	119,573	\$191
Eye wear	\$22,320	302	\$74	\$5,876,813	46,536	\$126
Self-Directed Care	\$7,619,097	967	\$7,879	\$11,265	1	\$11,265
Group Home	\$22,774,326	637	\$35,752	\$854,167	22	\$38,826
Home Health	\$4,417,407	4,071	\$1,085	\$14,643,735	1,812	\$8,082
Homemaker Services	\$1,929,912	278	\$6,942	\$330,376	66	\$5,006
Hospice	\$583,352	76	\$7,676	\$12,830	2	\$6,415
ICF-ID Services	\$96,872,869	1,482	\$65,366	\$3,447,407	82	\$42,042
Inpatient Services	\$338,271,783	75,844	\$4,460	\$263,786,445	58,559	\$4,505
Laboratory Services	\$46,681,199	110,727	\$422	\$13,629,238	131,283	\$104
Medicare Part A & B (Buy-In) Payments	\$134,053,819	-	\$0	\$0	-	\$0
Medicare Part D Payments	\$77,299,141	-	\$0	\$0	-	\$0
Mid-Level Practitioner	\$83,076	399	\$208	\$187,230	1,629	\$115
Medical Supplies/DMEPOS	\$42,875,810	55,570	\$772	\$18,944,557	32,929	\$575
Nursing Facility	\$562,311,691	20,153	\$27,902	\$576,723	19	\$30,354
Nursing Services	\$9,202,429	18,375	\$501	\$95	2	\$47
Nutritionist Services	\$1,146,061	865	\$1,325	\$6,919	25	\$277
Insure Oklahoma ESI Out-of-Pocket	\$290,854	-	\$0	\$0	-	\$0
Insure Oklahoma ESI Premium	\$41,196,628	50	\$823,933	\$0	-	\$0
Other Practitioner	\$139	1	\$139	\$0	-	\$0

Appendix C Type of Service Expenditures (continued)

TABLE V EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD (CONTINUED)

Type of Service	Adult Totals			Children Totals		
	Expenditures	Members Served	Avg per Adult	Expenditures	Members Served	Avg per Child
Outpatient	\$155,977,922	186,720	\$835	\$134,411,137	272,901	\$493
Personal Care	\$86,978,999	20,575	\$4,227	\$669,703	122	\$5,489
Physician	\$261,356,512	244,711	\$1,068	\$305,376,457	490,110	\$623
Podiatry	\$1,960,653	12,588	\$156	\$878,694	2,336	\$376
Prescribed Drugs	\$240,199,167	159,070	\$1,510	\$237,649,665	425,330	\$559
Psychiatric Services	\$170,063	303	\$561	\$100,649,864	5,418	\$18,577
Residential Behavior Mgmt	\$0	-	\$0	\$22,987,975	2,004	\$11,471
Respite Care	\$303,499	235	\$1,291	\$37,109	30	\$1,237
Room and Board	\$126,146	190	\$664	\$198,276	289	\$686
School-Based Services	\$0	-	\$0	\$6,728,350	8,041	\$837
Specialized Foster Care/ID Services	\$2,229,255	138	\$16,154	\$1,004,478	73	\$13,760
Targeted Case Manager	\$72,999,117	25,850	\$2,824	\$34,966,067	21,851	\$1,600
Therapy Services	\$1,601,215	2,738	\$585	\$15,458,632	10,376	\$1,490
Transportation - Emergency	\$33,708,855	63,514	\$531	\$13,249,800	24,498	\$541
Transportation - Non-Emergency	\$23,505,561	268,520	\$88	\$6,215,626	619,483	\$10
X-Ray Services	\$13,101,931	127,090	\$103	\$4,699,641	103,475	\$45
Uncategorized Services	\$472,042	-	\$0	\$141,411	-	\$0
Total	\$2,701,219,993	358,087	\$7,543	\$1,649,268,549	647,095	\$2,549
Totals Per Unduplicated Enrollees	\$2,701,219,993	392,756	\$6,878	\$1,649,268,549	628,603	\$2,624

Non-Member Specific Payments						
HSP - Indirect Medical Education (IME)	\$31,865,924	-	-	\$0	-	-
HSP - Graduate Medical Education (GME)	\$5,820,328	-	-	\$5,820,328	-	-
HSP - Acute DSH	\$0	-	-	\$43,066,387	-	-
HSP - Supplemental Payments	\$0	-	-	\$86,119,635	-	-
HSP - SHOPP	\$0	-	-	\$449,854,873	-	-
Behavioral Health Supplemental Payments	\$0	-	-	\$35,851,334	-	-
EHR Incentive Payments	\$0	-	-	\$32,559,850	-	-
Capitated Services - GME to Medical Schools	\$0	-	-	\$97,424,987	-	-
Total	\$2,738,906,245			\$2,399,965,943		

Source: OHCA Financial Service Division, September 2015, based on claims paid within the state fiscal year. 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 C Type of Service Expenditures (continued)**TABLE VI EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE**

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI*	SoonerPlan	SoonerCare Supplemental	HCBS Waivers**
Adult Day Care	\$0	\$0	\$0	\$0	\$0	\$4,952,078
Advanced Practice Nurse	\$220,772	\$2,333,260	\$13,618	\$1,657	\$15,753	\$0
ADvantage Home Delivered Meals	\$0	\$0	\$0	\$0	\$0	\$17,567,360
Ambulatory Surgical Services	\$1,049,916	\$5,934,080	\$173,360	\$16,358	\$677,807	\$444
Architectural Modification	\$0	\$0	\$0	\$0	\$0	\$403,866
Audiology Services	\$29,405	\$202,571	\$375	\$0	\$4,015	\$459
Behavioral Health Services	\$47,059,118	\$158,119,107	\$186,615	\$0	\$28,632,647	\$6,064,971
Capitated Services	\$2,740,981	\$35,047,114	\$147,669	\$0	\$4,560,993	\$0
Chiropractic Services	\$0	\$0	\$0	\$0	\$7,025	\$0
Clinic	\$17,918,487	\$70,473,974	\$657,055	\$482,393	\$2,885,983	\$1,035
Clinics - OSA Services	\$1,867,162	\$6,793,106	\$6,125	\$836,498	\$61,857	\$0
Community Mental Health	\$6,150,824	\$21,387,621	\$74,973	\$0	\$8,067,728	\$0
Dental	\$16,433,801	\$101,747,324	\$17,995	\$0	\$3,033,152	\$776,504
Direct Support	\$0	\$0	\$0	\$0	\$0	\$220,470,617
Employee Training Specialist	\$0	\$0	\$0	\$0	\$0	\$30,757,726
End-Stage Renal Disease	\$3,331,044	\$2,709,170	\$13,543	\$0	\$3,006,211	\$1,547
Eye Care and Exams	\$3,661,526	\$20,237,733	\$43,353	\$0	\$465,507	\$37
Eye wear	\$801,543	\$5,074,607	\$86	\$0	\$22,791	\$106
Self-Directed Care	\$0	\$0	\$0	\$0	\$0	\$7,630,361
Group Home	\$0	\$0	\$0	\$0	\$0	\$23,628,493
Home Health	\$8,627,092	\$8,976,543	\$6,140	\$0	\$566,508	\$884,858
Homemaker Services	\$0	\$0	\$0	\$0	\$0	\$2,260,289
Hospice	\$0	\$12,830	\$0	\$0	\$0	\$583,352
ICF-ID Services	\$48,922,456	\$106,995	\$0	\$0	\$51,290,824	\$0
Inpatient Services	\$297,585,612	\$269,803,777	\$3,918,450	\$63,298	\$30,668,225	\$18,867
Laboratory Services	\$10,546,822	\$47,373,456	\$1,167,027	\$530,978	\$692,128	\$26
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$0	\$0	\$134,053,819	\$0
Medicare Part D Payments	\$0	\$0	\$0	\$0	\$77,299,141	\$0
Mid-Level Practitioner	\$27,412	\$231,857	\$2,745	\$87	\$8,205	\$0
Medical Supplies/DMEPOS	\$9,791,457	\$20,565,555	\$266,105	\$0	\$7,817,382	\$23,379,867
Nursing Facility	\$66,416,175	\$593,975	\$0	\$0	\$495,587,327	\$290,937
Nursing Services	\$0	\$0	\$0	\$0	\$0	\$9,202,524
Nutritionist Services	\$78,682	\$4,518	\$0	\$0	\$238,171	\$831,610
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$290,854	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$41,196,628	\$0	\$0	\$0
Other Practitioner	\$0	\$139	\$0	\$0	\$0	\$0
Outpatient	\$60,023,540	\$211,361,714	\$4,232,092	\$549,719	\$14,218,530	\$3,464

Appendix C Type of Service Expenditures (continued)

TABLE VI EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE (CONTINUED)

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI*	SoonerPlan	SoonerCare Supplemental	HCBS Waivers**
Personal Care	\$1,029,897	\$2,505,098	\$0	\$0	\$8,136,379	\$75,977,327
Physician	\$110,649,998	\$418,750,637	\$5,883,665	\$798,406	\$28,740,300	\$1,909,963
Podiatry	\$506,077	\$1,660,446	\$41,921	\$0	\$630,189	\$713
Prescribed Drugs	\$108,998,602	\$347,132,160	\$8,445,406	\$1,682,291	\$2,453,158	\$9,137,216
Psychiatric Services	\$88,722,647	\$11,918,000	\$0	\$0	\$179,279	\$0
Residential Behavior Mgmt	\$22,717,471	\$270,504	\$0	\$0	\$0	\$0
Respite Care	\$0	\$0	\$0	\$0	\$0	\$340,608
Room and Board	\$67,882	\$222,952	\$0	\$0	\$33,589	\$0
School-Based Services	\$1,530,954	\$5,195,904	\$0	\$0	\$1,491	\$0
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0	\$0	\$3,233,733
Targeted Case Manager	\$37,954,852	\$2,140,986	\$0	\$0	\$16,896,411	\$50,972,936
Therapy Services	\$2,781,330	\$12,680,669	\$165	\$0	\$185,840	\$1,411,842
Transportation - Emergency	\$10,786,539	\$20,317,069	\$0	\$0	\$7,267,952	\$8,587,096
Transportation - Non-Emergency	\$0	\$13,889,022	\$0	\$69	\$15,832,095	\$0
X-Ray Services	\$3,799,779	\$11,828,465	\$372,664	\$2,826	\$1,797,674	\$164
Uncategorized Services	\$185,956	\$111,571	-\$9,728	\$9,088	\$316,566	\$0
Total	\$993,015,811	\$1,837,714,512	\$67,148,903	\$4,973,669	\$946,352,654	\$501,282,995
Unduplicated Members Served	402,650	685,296	27,256	67,750	106,334	27,594
Average Cost Per Member Served	\$2,466	\$2,682	\$2,464	\$73	\$8,900	\$18,166
Unduplicated SoonerCare Enrollees	NA	676,926	40,193	71,713	126,892	27,441
Average Cost Per Enrolled	NA	\$2,715	\$1,671	\$69	\$7,458	\$18,268

Source: OHCA Financial Service Division, September 2015, based on dates paid within the state fiscal year. *Insure Oklahoma IP and ESI includes Insure Oklahoma ESI Out-of-Pocket and Insure Oklahoma ESI Premium payments. **HCBS expenditures include all services paid to waiver members. HCBS members may receive services paid through Title XIX funds.

In order to provide a more accurate average cost per member, non-member specific supplemental payments have been removed from the above. These figures can be found on page 55.

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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY.

State Fiscal Year Average Cost Per Member Served with Supplemental Payments Removed*	SoonerCare Traditional **	SoonerCare Choice	Insure Oklahoma IP & ESI	SoonerPlan	SoonerCare Supplemental	HCBS Waivers
SFY2010	\$2,370	\$2,421	\$2,326	\$273	\$8,013	\$16,647
SFY2011	\$2,327	\$2,325	\$2,406	\$270	\$9,008	\$16,950
SFY2012	\$1,907	\$2,422	\$2,677	\$291	\$8,896	\$16,597
SFY2013	\$1,994	\$2,449	\$2,670	\$131	\$9,216	\$17,035
SFY2014	\$2,290	\$2,591	\$2,511	\$94	\$9,318	\$18,205
SFY2015	\$2,466	\$2,682	\$2,464	\$73	\$8,900	\$18,166

Source: OHCA Financial Service Division, September 2015, based on dates paid within the state fiscal year. *Non-member specific supplemental payments have been removed to obtain actual per member served costs. **The SoonerCare Traditional unduplicated member served count in prior Annual Reports was inflated due to members belonging to multiple benefit packages. Additionally, in previous Annual Reports, Medicare Part A & B and D costs were in the Traditional category and later moved to SoonerCare Supplemental; SoonerCare Supplemental was redefined and all dual eligible services were moved to the SoonerCare Supplemental category in 2011. To be comparable, all per member served costs above have been adjusted to the current categories. A historic comparison with the corrected data is presented above.

Appendix C Type of Service Expenditures (continued)

TABLE VII EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY

Type of Service	Aged	Blind / Disabled	Children & Parents (TANF)	Oklahoma Cares	SoonerPlan	TEFRA	Other Total*
Adult Day Care	\$1,866,970	\$3,085,108	\$0	\$0	\$0	\$0	\$0
Advanced Practice Nurse	\$10,864	\$282,800	\$2,270,718	\$1,440	\$1,657	\$42	\$17,538
ADvantage Home Delivered Meals	\$9,073,818	\$8,493,542	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgical Services	\$424,153	\$1,872,432	\$5,328,952	\$27,190	\$16,358	\$3,610	\$179,269
Architectural Modification	\$54,419	\$349,447	\$0	\$0	\$0	\$0	\$0
Audiology Services	\$2,476	\$20,172	\$212,579	\$107	\$0	\$991	\$500
Behavioral Health	\$5,143,232	\$69,244,344	\$165,239,798	\$50,461	\$0	\$62,631	\$321,993
Capitated Services	\$4,949,201	\$2,839,496	\$34,289,755	\$16,987	\$0	\$4,966	\$396,353
Chiropractic Services	\$3,862	\$3,163	\$0	\$0	\$0	\$0	\$0
Clinic	\$1,285,393	\$15,599,259	\$72,963,579	\$221,030	\$482,393	\$15,313	\$1,851,961
Clinics - OSA Services	\$971	\$674,058	\$7,892,783	\$11,707	\$836,498	\$117,328	\$31,402
Community Mental Health	\$521,108	\$17,625,722	\$17,379,426	\$47,479	\$0	\$1,581	\$105,831
Dental	\$715,556	\$9,212,315	\$111,909,883	\$20,571	\$0	\$42,995	\$107,456
Direct Support	\$8,440,479	\$212,030,138	\$0	\$0	\$0	\$0	\$0
Employee Training Specialist	\$668,406	\$30,089,320	\$0	\$0	\$0	\$0	\$0
End-Stage Renal Disease	\$1,040,728	\$7,577,313	\$428,888	\$1,043	\$0	\$0	\$13,543
Eye Care and Exams	\$261,339	\$1,758,430	\$22,313,436	\$3,967	\$0	\$9,428	\$61,556
Eye wear	\$10,533	\$369,796	\$5,502,685	\$0	\$0	\$11,381	\$4,739
Self Directed Care	\$3,136,850	\$4,493,511	\$0	\$0	\$0	\$0	\$0
Group Home	\$1,279,946	\$22,348,547	\$0	\$0	\$0	\$0	\$0
Home Health	\$324,917	\$14,228,457	\$2,008,109	\$22,759	\$0	\$2,470,760	\$6,140
Homemaker Services	\$13,705	\$2,246,584	\$0	\$0	\$0	\$0	\$0
Hospice	\$23,463	\$559,889	\$12,830	\$0	\$0	\$0	\$0
ICF-ID Services	\$7,377,254	\$92,664,681	\$278,341	\$0	\$0	\$0	\$0
Inpatient Services	\$21,381,594	\$245,855,224	\$325,663,372	\$1,586,512	\$63,298	\$483,769	\$7,024,459
Laboratory Services	\$387,579	\$19,110,449	\$37,823,129	\$375,367	\$530,978	\$10,354	\$2,072,580
Medicare Part A & B (Buy-In) Payments	\$133,213,257	\$0	\$0	\$0	\$0	\$0	\$840,562
Medicare Part D Payments	\$70,676,981	\$0	\$0	\$0	\$0	\$0	\$6,622,160
Mid-Level Practitioner	\$2,722	\$52,693	\$211,361	\$543	\$87	\$0	\$2,900
Medical Supplies/DMEPOS	\$14,218,273	\$36,933,757	\$9,607,110	\$79,318	\$0	\$704,798	\$277,111
Nursing Facility	\$415,671,783	\$146,657,096	\$557,332	\$2,204	\$0	\$0	\$0
Nursing Services	\$1,901,731	\$7,300,726	\$0	\$0	\$0	\$0	\$68
Nutritionist Services	\$60,421	\$1,088,951	\$3,608	\$0	\$0	\$0	\$0
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$0	\$0	\$0	\$0	\$290,854
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$41,196,628
Other Practitioner	\$0	\$0	\$139	\$0	\$0	\$0	\$0

Appendix C Type of Service Expenditures (continued)

TABLE VII EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY (CONTINUED)

Type of Service	Aged	Blind / Disabled	Children & Parents (TANF)	Oklahoma Cares	SoonerPlan	TEFRA	Other Total*
Outpatient	\$6,881,968	\$77,210,740	\$196,191,421	\$4,024,742	\$549,719	\$248,617	\$5,281,852
Personal Care	\$47,211,901	\$40,366,006	\$50,380	\$0	\$0	\$20,415	\$0
Physician	\$14,751,218	\$130,119,992	\$403,076,945	\$6,248,254	\$798,406	\$960,877	\$10,777,276
Podiatry	\$404,080	\$1,250,548	\$1,137,884	\$3,976	\$0	\$0	\$42,859
Prescribed Drugs	\$4,538,959	\$216,533,086	\$242,602,819	\$1,374,966	\$1,682,291	\$1,470,152	\$9,646,558
Psychiatric Services	\$221,576	\$22,684,004	\$77,894,022	\$0	\$0	\$13,122	\$7,203
Residential Behavior Mgmt	\$0	\$1,035,337	\$21,946,171	\$0	\$0	\$0	\$6,468
Respite Care	\$190,190	\$150,419	\$0	\$0	\$0	\$0	\$0
Room and Board	\$6,929	\$90,248	\$203,343	\$22,587	\$0	\$1,316	\$0
School-Based Services	\$0	\$2,327,938	\$4,185,251	\$0	\$0	\$215,161	\$0
Specialized Foster Care/ID Services	\$27,700	\$3,206,033	\$0	\$0	\$0	\$0	\$0
Targeted Case Manager	\$28,733,564	\$47,211,288	\$32,015,631	\$0	\$0	\$1,010	\$3,691
Therapy Services	\$137,396	\$4,860,330	\$11,668,547	\$50	\$0	\$387,666	\$5,859
Transportation - Emergency	\$4,163,123	\$25,349,593	\$17,280,999	\$75,823	\$0	\$24,198	\$64,919
Transportation - Non-Emergency	\$7,702,508	\$18,458,272	\$3,447,969	\$2,585	\$69	\$97,676	\$12,106
X-Ray Services	\$1,127,740	\$6,854,593	\$9,104,321	\$201,792	\$2,826	\$8,197	\$502,103
Uncategorized Services	\$25,708	\$3,369	\$50,498	\$0	\$9,088	\$0	\$524,790
Total	\$820,268,542	\$1,572,379,214	\$1,842,754,016	\$14,423,459	\$4,973,669	\$7,388,354	\$88,301,288
Unduplicated Members Served	59,508	144,547	926,491	1,207	67,750	668	47,229
Average Cost Per Member Served	\$13,784	\$10,878	\$1,989	\$11,950	\$73	\$11,060	\$1,870
Unduplicated SoonerCare Enrollees	54,667	138,130	743,046	959	71,713	646	NA
Average Cost Per Enrolled	\$15,005	\$11,383	\$2,480	\$15,040	\$69	\$11,437	NA

Source: OHCA Financial Service Division, September 2015. *Other includes non-member specific supplemental payments; these specific figures can be found on page 55.

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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY.

Appendix C Type of Service Expenditures (continued)**TABLE VIII CHILDREN (UNDER 21) EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY**

Type of Service	Blind/Disabled/ TEFRA	State Custody	CHIP	Children & Parents (TANF)	Other Aid Categories*
Adult Day Care	\$68,409	\$76,279	\$296,961	\$1,632,922	\$2,277
Advanced Practice Nurse	\$215,149	\$302,669	\$750,101	\$3,188,092	\$11,859
Ambulatory Surgical Services	\$30,196	\$13,750	\$0	\$0	\$0
Architectural Modification	\$13,739	\$14,029	\$33,472	\$159,910	\$67
Audiology Services	\$18,131,793	\$26,324,515	\$22,054,210	\$103,440,725	\$96,742
Behavioral Health Services	\$947,179	\$21,423	\$5,600,302	\$24,425,066	\$45,891
Capitated Services	\$2,360,491	\$2,664,237	\$10,883,077	\$45,823,060	\$298,597
Clinic	\$658,700	\$669,286	\$780,233	\$5,396,650	\$183,694
Clinics - OSA Services	\$2,342,005	\$2,070,178	\$2,339,294	\$9,291,053	\$16,570
Community Mental Health	\$4,080,457	\$6,237,361	\$24,036,581	\$77,042,252	\$83,548
Dental	\$6,953,120	\$5,823,781	\$0	\$0	\$0
Direct Support	\$506,534	\$107,805	\$0	\$0	\$0
Employee Training Specialist	\$129,662	\$0	\$4,351	\$65,877	\$0
End-Stage Renal Disease	\$945,732	\$1,558,476	\$5,041,160	\$15,327,936	\$18,380
Eye Care and Exams	\$351,837	\$417,169	\$1,292,314	\$3,810,839	\$4,653
Eye wear	\$741,810	\$112,357	\$0	\$0	\$0
Group Home	\$12,157,693	\$1,317,894	\$183,491	\$984,658	\$0
Home Health	\$106,725	\$223,652	\$0	\$0	\$0
Homemaker Services	\$0	\$0	\$0	\$12,830	\$0
Hospice	\$2,955,649	\$423,422	\$8,254	\$60,082	\$0
ICF-ID Services	\$43,094,192	\$24,674,066	\$16,229,143	\$179,473,766	\$315,278
Inpatient Services	\$801,543	\$585,689	\$1,642,798	\$10,347,426	\$251,782
Laboratory Services	\$5,269	\$10,535	\$28,883	\$142,542	\$0
Mid-Level Practitioner	\$10,146,056	\$1,811,672	\$1,498,479	\$5,470,135	\$18,215
Medical Supplies/DMEPOS	\$556,495	\$5,158	\$0	\$15,070	\$0
Nursing Facility	\$95	\$0	\$0	\$0	\$0
Nursing Services	\$4,089	\$402	\$820	\$1,607	\$0
Nutritionist Services	\$9,722,164	\$6,366,601	\$21,394,358	\$96,692,753	\$235,261
Outpatient	\$603,240	\$26,155	\$71	\$40,238	\$0
Personal Care	\$23,214,392	\$18,206,591	\$42,429,224	\$220,778,177	\$748,073
Physician	\$89,933	\$44,769	\$202,652	\$540,402	\$938
Podiatry	\$51,027,222	\$25,584,856	\$35,145,290	\$124,828,229	\$1,064,068
Prescribed Drugs	\$18,722,664	\$39,499,251	\$9,223,588	\$33,197,158	\$7,203
Psychiatric Services	\$47,910	\$22,838,884	\$29,168	\$67,694	\$4,319
Residential Behavior Mgmt	\$14,052	\$23,057	\$0	\$0	\$0

Appendix C Type of Service Expenditures (continued)

TABLE VIII CHILDREN (UNDER 21) EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY (CONTINUED)

Type of Service	Blind/Disabled/ TEFRA	State Custody	CHIP	Children & Parents (TANF)	Other Aid Categories*
Respite Care	\$25,622	\$749	\$19,164	\$152,742	\$0
Room and Board	\$2,438,778	\$565,246	\$850,775	\$2,873,552	\$0
School-Based Services	\$295,400	\$709,078	\$0	\$0	\$0
Specialized Foster Care/ID Services	\$1,728,551	\$30,775,962	\$383,187	\$2,074,677	\$3,691
Targeted Case Manager	\$3,641,387	\$1,476,605	\$2,401,784	\$7,933,163	\$5,693
Therapy Services	\$1,469,701	\$892,076	\$1,177,814	\$9,701,253	\$8,957
Transportation - Emergency	\$3,096,347	\$272,568	\$554,682	\$2,288,942	\$3,086
Transportation - Non-Emergency	\$388,100	\$226,497	\$830,393	\$3,229,465	\$25,187
X-Ray Services	\$23,621	\$11,644	\$16,390	\$67,801	\$21,955
Uncategorized Services	\$32,982	\$3,496	\$10,862	\$29,256	\$40,361
Total	\$224,853,703	\$222,986,391	\$207,362,462	\$990,578,743	\$3,475,985
Unduplicated Members Served	25,292	34,821	171,777	561,332	15,820
Average Cost Per Member Served	\$8,890	\$6,404	\$1,207	\$1,765	\$220

Source: OHCA Financial Service Division, September 2015. Child figures are for individuals under the age of 21.

*Other Aid Categories include Oklahoma Cares, SoonerPlan, STBS and Insure Oklahoma college members and dependents younger than 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 per aid category that received a service. A member may be counted in more than one aid category.

Appendix C Type of Service Expenditures (continued)

TABLE IX 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	\$4,952,078	\$2,638,460	\$1,383,168	\$45,868	\$787,144
ADvantage Home Delivered Meals	\$17,567,360	\$17,392,768	\$0	\$0	\$0
Ambulatory Surgical Services	\$444	\$444	\$0	\$0	\$0
Architectural Modification	\$403,866	\$97,149	\$124,125	\$33,195	\$30,693
Audiology Services	\$507	\$0	\$186	\$195	\$77
Behavioral Health	\$6,063,974	\$0	\$4,919,531	\$802,756	\$178,167
Clinic	\$1,035	\$1,027	\$0	\$0	\$7
Community Mental Health	\$0	\$0	\$0	\$0	\$0
Dental	\$776,504	\$0	\$417,950	\$255,480	\$87,011
Direct Support	\$220,470,617	\$0	\$116,532,152	\$76,881,969	\$18,472,448
Employee Training Specialist	\$30,757,726	\$0	\$22,313,224	\$4,185,689	\$3,865,159
End Stage Renal Disease	\$1,547	\$1,547	\$0	\$0	\$0
Eye Care and Exam	\$37	\$37	\$0	\$0	\$0
Eye wear Services	\$106	\$106	\$0	\$0	\$0
Self-Directed Care	\$7,630,361	\$6,922,771	\$0	\$0	\$0
Group Home	\$23,628,493	\$0	\$23,166,899	\$120,598	\$0
Home Health Services	\$884,858	\$0	\$0	\$0	\$0
Homemaker Services	\$2,260,289	\$0	\$1,918,193	\$182,388	\$159,708
Hospice	\$583,352	\$583,352	\$0	\$0	\$0
Inpatient Services	\$18,867	\$17,955	\$912	\$0	\$0
Laboratory Services	\$26	\$15	\$0	\$0	\$10
Medical Supplies/DMEPOS	\$23,357,987	\$18,162,044	\$2,886,111	\$769,618	\$755,439
Nursing Facility	\$291,079	\$290,937	\$0	\$0	\$0
Nursing Services	\$9,202,456	\$3,237,881	\$1,920,086	\$1,480,290	\$3,434
Nutritionist Services	\$831,610	\$0	\$544,487	\$216,728	\$4,903
Outpatient	\$3,464	\$3,038	\$284	\$9	\$133
Personal Care	\$75,977,398	\$74,464,840	\$0	\$0	\$0
Physician	\$1,909,963	\$10,449	\$1,232,384	\$496,743	\$41,132
Podiatry	\$713	\$713	\$0	\$0	\$0
Prescribed Drugs	\$9,137,216	\$6,772,870	\$1,320,841	\$225,395	\$389,942
Respite Care	\$340,608	\$261,512	\$61,931	\$2,352	\$0
Specialized Foster Care/ID Services	\$3,233,733	\$0	\$3,143,233	\$90,500	\$0
Targeted Case Manager	\$50,972,936	\$50,133,410	\$0	\$0	\$0
Therapy Services	\$1,411,842	\$9,940	\$903,551	\$283,601	\$66,577
Transportation Services	\$8,587,096	\$1,416	\$5,400,253	\$2,325,621	\$668,484
X-Ray Services	\$164	\$178	-\$14	\$0	\$0
Total	\$501,260,312	\$181,004,859	\$188,189,488	\$88,398,996	\$25,510,468
Unduplicated Members Served	27,594	21,395	3,058	675	1,902
Average Cost Per Member Served	\$18,166	\$8,460	\$61,540	\$130,961	\$13,412

Appendix C Type of Service Expenditures (continued)

TABLE IX 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	\$97,437	\$0	\$0	\$0
ADvantage Home Delivered Meals	\$27,743	\$21,379	\$92,559	\$32,911
Ambulatory Surgical Services	\$0	\$0	\$0	\$0
Architectural Modification	\$115,867	\$160	\$2,453	\$224
Audiology Services	\$48	\$0	\$0	\$0
Behavioral Health	\$163,520	\$0	\$0	\$0
Clinic	\$0	\$0	\$0	\$0
Community Mental Health	\$0	\$0	\$0	\$0
Dental	\$16,063	\$0	\$0	\$0
Direct Support	\$8,584,048	\$0	\$0	\$0
Employee Training Specialist	\$393,654	\$0	\$0	\$0
End Stage Renal Disease	\$0	\$0	\$0	\$0
Eye Care and Exam	\$0	\$0	\$0	\$0
Eye wear Services	\$0	\$0	\$0	\$0
Self-Directed Care	\$36,256	\$455,190	\$151,890	\$64,254
Group Home	\$340,997	\$0	\$0	\$0
Home Health Services	\$0	\$884,858	\$0	\$0
Homemaker Services	\$0	\$0	\$0	\$0
Hospice	\$0	\$0	\$0	\$0
Inpatient Services	\$0	\$0	\$0	\$0
Laboratory Services	\$0	\$0	\$0	\$0
Medical Supplies/DMEPOS	\$409,046	\$260,596	\$80,913	\$34,220
Nursing Facility	\$0	\$142	\$0	\$0
Nursing Services	\$1,017,801	\$1,495,213	\$32,903	\$14,850
Nutritionist Services	\$65,491	\$0	\$0	\$0
Outpatient	\$0	\$0	\$0	\$0
Personal Care	\$210,444	\$593,623	\$501,975	\$206,516
Physician	\$129,255	\$0	\$0	\$0
Podiatry	\$0	\$0	\$0	\$0
Prescribed Drugs	\$43,052	\$340,828	\$43,411	\$877
Respite Care	\$1,995	\$9,623	\$3,196	\$0
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0
Targeted Case Manager	\$279,703	\$204,901	\$239,364	\$115,559
Therapy Services	\$147,733	\$440	\$0	\$0
Transportation Services	\$191,323	\$0	\$0	\$0
X-Ray Services	\$0	\$0	\$0	\$0
Total	\$12,271,475	\$4,266,953	\$1,148,662	\$469,410
Unduplicated Members Served	320	83	105	56
Average Cost Per Member Served	\$38,348	\$51,409	\$10,940	\$8,382

Source: OHCA Financial Service Division, September 2015. In SFY2014 the Northern Oklahoma Resource Center (NORC) of Enid and the Southern Oklahoma Resource Center (SORC) in Pauls Valley were closed and its members transitioned into the community which accounts for the increase in per member cost when compared to SFY2013. 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 C Type of Service Expenditures (continued)

TABLE X BEHAVIORAL HEALTH EXPENDITURES BY TYPE OF SERVICE BY CHILDREN AND ADULTS

Children Younger than Age 21 Type of Service	Expenditures ¹	Members Served ²	Average per Member Served
Inpatient (Acute - General)	\$2,806,205	1,231	\$2,280
Inpatient (Acute - Freestanding)	\$10,083,087	2,236	\$4,509
Psychiatric Residential Treatment Facility (PRTF)	\$89,434,321	4,114	\$21,739
Outpatient	\$260,609,344	97,470	\$2,674
Psychologist	\$20,503,322	22,284	\$920
Psychiatrist	\$10,547,535	8,982	\$1,174
Residential Behavior Management Services (Group)	\$9,162,276	1,022	\$8,965
Residential Behavior Management Services (TFC)	\$14,597,668	1,067	\$13,681
SMI/SED Case Management	\$16,325,389	36,048	\$453
Other Outpatient Behavioral Health Services	\$374,187	160	\$2,339
Psychotropic Drugs ³	\$79,183,328	66,794	\$1,185
Total⁴	\$513,626,662	126,293	\$4,067

Adults Aged 21 and Older Type of Service	Expenditures ¹	Members Served ²	Average per Member Served
Inpatient (Acute - General)	\$8,821,233	2,713	\$3,251
Inpatient (Acute - Freestanding)	\$184,261	21	\$8,774
Psychiatric Residential Treatment Facility (PRTF)	\$0	-	\$0
Outpatient	\$112,671,917	50,679	\$2,223
Psychologist	\$4,289,423	4,285	\$1,001
Psychiatrist	\$3,380,326	11,941	\$283
Residential Behavior Management Services (Group)	\$0	-	\$0
Residential Behavior Management Services (TFC)	\$0	-	\$0
SMI/SED Case Management	\$7,016,184	27,659	\$254
Other Outpatient Behavioral Health Services	\$4,764,558	1,328	\$3,588
Psychotropic Drugs ³	\$37,601,613	64,366	\$584
Total⁴	\$178,729,514	64,317	\$2,779

Total Behavioral Health Services Listed Above⁴	\$692,356,176	190,610	\$3,632
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Source: OHCA Financial Service Division, September 2015. 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. Residential behavior management services (TFC) represents therapeutic foster care.

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. 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 psychotropic drugs included within the behavioral health categories.

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

Appendix D SoonerCare Provider Network

Provider Network	SFY2015	Provider Network	SFY2015	Provider Network	SFY2015
Adult Day Care	53	Dentist	1,350	Physician - Allergist	51
Advance Practice Nurse	1,952	Direct Support Services	245	Physician - Anesthesiologist	1,169
Advantage Home Delivery Meal	20	DME/Medical Supply Dealer	1,178	Physician Assistant	1,532
Ambulatory Surgical Center	58	End-Stage Renal Disease Clinic	107	Physician - Cardiologist	632
Anesthesiology Assistant	15	Extended Care and Skilled Nursing Facilities	258	Physician - General/Family Medicine	2,935
Audiologist	105	Extended Care Facility - Facility Based Respite Care	102	Physician - General Pediatrician	1,593
Behavioral Health Provider	10,433	Extended Care Facility - ICF/ID	89	Physician - General Surgeon	712
Capitation Provider - IHS (Indian Health Services) Case Manager	85	Genetic Counselor	11	Physician - Internist	2,230
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	4	Home Health Agency	240	Physician - Obstetrician/Gynecologist	751
Case Manager	78	Hospital - Acute Care	829	Physician - Other Specialist	5,986
Certified Registered Nurse Anesthetist (CRNA)	1,046	Hospital - Critical Access	101	Physician - Pediatric Specialist	1,682
Chiropractor	32	Hospital - Native American	11	Physician - Radiologist	1,430
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	2	Hospital - Psychiatric	23	Preadmission Screening and Resident Review (PASRR)	5
Clinic - Family Planning Clinic	3	Hospital - Resident Treatment Center	42	Program for Assertive Community Treatment (PACT)	11
Clinic - Federally Qualified Health Clinic (FQHC)	78	Laboratory	300	Psychologist	364
Clinic - Native American	65	Lactation Consultant	47	Registered Nurse	17
Clinic - Rural Health	66	Long Term Care Authority Hospice	81	Residential Behavior Management Services (RBMS)	22
Clinic - Tuberculosis	2	Maternal/Child Health LCSW	10	Respite Care	97
Community Mental Health Center (CMHC)	96	Nursing Agency - Non-Skilled	40	Room and Board	7
County/City Health Department	3	Nursing Agency - Skilled	105	School Corporation	250
DDSD - Architectural Modification	31	Nutritionist	175	Specialized Foster Care/ID	172
DDSD - Community Transition Services	56	Optician	72	Therapist - Occupational	250
DDSD - Employee Training Specialist	82	Optometrist	660	Therapist - Physical	603
DDSD - Group Home	43	Outpatient Behavioral Health Agency	565	Therapist - Speech/Hearing	592
DDSD - Homemaker Services	79	Personal Care Services	1,521	Transportation Provider	290
DDSD - Volunteer Transportation Provider	256	Pharmacy	1,246	X-Ray Clinic	49

* Provider Network is providers who are contracted to provide health care services by locations, programs, types and specialties. Providers are being counted multiple times if they have multiple locations, programs, types and/or specialties. Whether the provider is an individual or an institution, if the provider has multiple location codes (last digit of the provider ID) they are being counted that many times. The term "contracted" is defined as a provider that was enrolled with Oklahoma SoonerCare within SFY2015, 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 E Quality Measure Outcomes

Report Year Measures: (based on data from the previous calendar year)	Comparison Year	2013	2014
Annual Dental Visit	2001	2013*	2014
Ages 2-3 years	NA	40.4%	39.5%
Ages 4-6 years	NA	65.7%	63.4%
Ages 7-10 years	NA	70.9%	68.8%
Ages 11-14 years	NA	68.7%	66.9%
Ages 15-18 years	NA	62.0%	59.9%
Ages 19-21 years	NA	40.6%	38.2%
Total	41.6%	63.0%	61.0%
Adults' Access to Preventive/Ambulatory Health Services	2001	2013*	2014
Ages 20-44 years	68.4%	83.4%	82.4%
Ages 45-64 years	80.3%	89.8%	89.9%
Ages 65 years and older	NA	83.5%	78.2%
Total	NA	85.6%	84.7%
Appropriate Medications for the Treatment of Asthma		2013*	2014
Ages 5-11 years	NA	91.5%	89.7%
Ages 12-18 years	NA	86.4%	82.6%
Ages 19-50 years	NA	63.2%	61.7%
Ages 51-64 years	NA	67.3%	62.5%
Total	NA	84.9%	81.5%
Comprehensive Diabetes Care	2000	2013*	2014
Hemoglobin A1C Testing	60.6%	71.6%	71.9%
Ages 18-64 years	NA	70.8%	71.1%
Ages 65-75 years	NA	73.5%	74.3%
Eye Exam (Retinal)	32.1%	32.0%	26.3%
LDL-C Screening	23.3%	63.1%	63.4%
Ages 18-64 years	NA	62.3%	62.5%
Ages 65-75 years	NA	65.2%	66.2%
Medical Attention for Nephropathy	20.9%	58.7%	53.4%
Lead Screening in Children	2007	2013*	2014
By 2 years of age	34.4%	48.2%	47.6%
Appropriate Treatment for Children with URI	2006	2013*	2014
Ages 3 months-18 years	64.3%	73.1%	72.5%
Cholesterol Management for Patients with Cardiovascular Conditions	2006	2013*	2014
Ages 18-75 years	35.6%	49.9%	45.2%

Report Year Measures: (based on data from the previous calendar year)	Comparison Year	2013	2014
Race/Ethnicity Diversity of Membership		2013	2014
American Indian/Alaskan Native	NA	11.3%	10.9%
Asian	NA	1.4%	1.3%
Black/African American	NA	13.2%	12.5%
Native Hawaiian/Pacific Islander	NA	0.3%	0.3%
White	NA	66.6%	64.4%
Multiple Race	NA	7.3%	8.0%
Declined to Answer	NA	NA	2.6%
Hispanic (percentage of total)	NA	15.1%	15.6%
Not Hispanic (percentage of total)	NA	84.9%	84.4%
Outpatient Visits/1,000 Member Months	2010	2013*	2014
Ages <1 years	738.10	710.24	810.59
Ages 1-9 years	286.40	305.35	333.59
Ages 10-19 years	255.40	256.93	262.80
Ages 20-44 years	425.90	398.48	428.98
Ages 45-64 years	467.60	476.67	774.67
Ages 65-74 years	121.10	151.49	645.38
Ages 75-84 years	86.20	116.96	367.00
Ages 85 years and older	64.20	78.12	192.25
Total:	321.50	331.08	362.11
ED Visits/1,000 Member Months	2010	2013*	2014
Ages <1 years	125.20	118.04	90.08
Ages 1-9 years	65.70	61.98	56.46
Ages 10-19 years	57.60	55.74	44.70
Ages 20-44 years	144.30	162.73	139.77
Ages 45-64 years	100.90	121.27	111.64
Ages 65-74 years	58.20	68.94	55.85
Ages 75-84 years	50.20	64.14	25.85
Ages 85 years or older	45.30	53.49	18.46
Total:	78.60	83.87	68.64
Prenatal & Postpartum Care: Timeliness of Prenatal Care**		2013*	2014
Measure Specifications Rate	NA	18.9%	22.1%
Including Global Codes	NA	69.1%	70.2%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

**Reviews of administrative claims have indicated an under reporting of selected procedures and diagnoses, or billing codes are not included in the official measure specifications.

Appendix E Quality Measure Outcomes (continued)

Report Year Measures: (based on data from the previous calendar year)	Comparison Year	2013	2014
Frequency of Ongoing Prenatal Care**			
		2013*	2014
<21% of expected visits	NA	23.7%	25.3%
21% to 40% of expected visits	NA	7.8%	9.2%
41% to 60% of expected visits	NA	2.2%	2.5%
61% to 80% of expected visits	NA	1.1%	1.2%
>= 81% of expected visits	NA	1.4%	1.4%
Frequency of Ongoing Prenatal Care Including Global Codes**			
		2013*	2014
<21% of expected visits	NA	57.6%	56.5%
21% to 40% of expected visits	NA	13.0%	14.3%
41% to 60% of expected visits	NA	3.3%	3.8%
61% to 80% of expected visits	NA	1.3%	1.5%
>= 81% of expected visits	NA	3.2%	3.0%
Percent of Live Births Weighing <2,500 grams	NA	9.0%	9.0%
Cesarean Rate for Nulliparous Singleton Vertex	NA	25.4%	Hybrid
Childhood Immunization Status**			
		2013*	2014
Dtap	NA	22.7%	22.8%
IPV	NA	33.5%	32.9%
MMR	NA	41.5%	43.3%
HiB	NA	36.2%	35.9%
Hep B	NA	9.5%	10.3%
VZV	NA	41.0%	43.8%
PCV	NA	22.2%	23.0%
Hep A	NA	46.1%	46.2%
RV	NA	25.6%	25.0%
Flu	NA	12.5%	15.5%
Combo 2	NA	5.3%	6.3%
Combo 3	NA	4.6%	5.8%
Combo 4	NA	4.5%	5.6%
Combo 5	NA	3.1%	3.6%
Combo 6	NA	1.4%	2.3%
Combo 7	NA	3.0%	3.4%
Combo 8	NA	1.4%	2.2%
Combo 9	NA	1.0%	1.4%
Combo 10	NA	1.0%	1.4%

Report Year Measures: (based on data from the previous calendar year)	Comparison Year	2013	2014
Immunizations for Adolescents**			
		2013*	2014
Both	NA	18.1%	19.8%
Meningococcal	NA	20.8%	22.0%
Tdap/Td	NA	26.8%	28.0%
BMI Assessment for Children & Adolescents**			
		2013*	2014
Ages 3-11 years	NA	2.3%	1.9%
Ages 12-17 years	NA	2.5%	2.3%
Total	NA	2.3%	2.0%
Developmental Screening in the First Three Years of Life			
		2013*	2014
Total	NA	13.2%	14.6%
0-12 months	NA	10.3%	11.6%
Ages 2 years	NA	17.6%	19.4%
Ages 3 years	NA	13.7%	14.6%
Chlamydia Screening in Women			
		2013*	2014
Total (Ages 16-24 years)	NA	49.3%	48.0%
Ages 16-20 years	NA	45.5%	43.8%
Ages 21-24 years	NA	59.5%	59.1%
Well-Child Visits in the First 15 Months of Life			
	2001	2013*	2014
Ages <15 months 1+ visits	87.6%	97.3%	96.3%
Ages <15 months 6+ visits	NA	59.7%	55.8%
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life			
	2001	2013*	2014
Ages 3-6 years 1+ visits	35.3%	57.6%	58.5%
Adolescent Well-Child Visits			
	2003	2013*	2014
Ages 12-21 years 1+ visits	23.7%	22.5%	21.8%
Child & Adolescent Access to PCP's			
	2001	2013*	2014
Total (Ages 12 months-19 years)	NA	92.0%	91.2%
Ages 12-24 months	88.1%	96.3%	96.2%
Ages 25 months-6 years	74.1%	90.2%	89.0%
Ages 7-11 years	76.7%	92.2%	90.9%
Ages 12-19 years	77.4%	92.8%	92.7%
Appropriate Testing for Children with Pharyngitis			
	2007	2013*	2014
Total	20.9%	50.5%	51.6%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

**Reviews of administrative claims have indicated an under reporting of selected procedures and diagnoses, or billing codes are not included in the official measure specifications.

Appendix E Quality Measure Outcomes (continued)

Report Year Measures: (based on data from the previous calendar year)	Comparison Year	2013	2014
Follow-Up Care for Children Prescribed ADHD Medication		2013*	2014
Initiation Phase	NA	62.6%	61.8%
C&M Phase	NA	60.9%	60.8%
Follow-Up After Hospitalization for Mental Illness		2013*	2014
7 Day Follow Up (Ages 6-20 years)	NA	26.3%	25.8%
30 Day Follow Up (Ages 6-20 years)	NA	48.4%	47.9%
HPV for Female Adolescents	NA	7.1%	7.0%
Medication Management for People w/ Asthma (50%)		2013*	2014
Total (Ages 5-20 years)	NA	67.4%	61.9%
Total (Ages 5-64 years)	NA	67.8%	62.4%
Medication Management for People w/ Asthma (75%)		2013*	2014
Total (Ages 5-20 years)	NA	42.8%	38.7%
Total (Ages 5-64 years)	NA	43.8%	39.6%
Flu Shots for Adults		2013*	2014
Ages 50-64 years	NA	51.5%	Updated
Flu Vaccinations		2013*	2014
Ages 18-64 years	NA	NA	44.6%
Adult Body Mass Index (BMI) Assessment**		2013*	2014
Ages 18-64 years	NA	3.7%	11.2%
Ages 65 -74 years	NA	3.7%	12.4%
Breast Cancer Screening	2003	2013*	2014
Total	29.8%	36.5%	36.5%
Ages 42-64 years	NA	36.9%	NA
Ages 65-69 years	NA	34.6%	NA
Ages 50-64 years	NA	NA	37.5%
Ages 65-74 years	NA	NA	27.8%
Cervical Cancer Screening	2003	2013*	2014
Total	32.6%	46.0%	47.5%
Medical Assistance with Smoking and Tobacco Use	2003	2013	2014
Advising Smokers and Tobacco Users to Quit	55.6%	76.3%	75.0%
Discussing Cessation Medications	NA	45.2%	47.9%
Discussing Cessation Strategies	NA	41.7%	44.1%

Report Year Measures: (based on data from the previous calendar year)	Comparison Year	2013	2014
PQI 01: Diabetes Short- Term Complications Admission Rate (per 100,000 member months)		2013*	2014
Ages 18-64 years	NA	26.36	27.57
Ages 65 years and older	NA	1.33	1.32
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (per 100,000 member months)		2013*	2014
Ages 18-64 years	NA	37.33	35.67
Ages 40 years and older	NA	68.07	58.97
Ages 65 years and older	NA	15.79	21.53
PQI 08: Congestive Heart Failure (CHF) Admission Rate (per 100,000 member months)		2013*	2014
Ages 18-64 years	NA	25.77	25.24
Ages 65 years and older	NA	16.23	16.04
PQI 15: Adult Asthma Admission Rate (per 100,000 member months)		2013*	2014
Ages 18-39 years	NA	NA	10.93
Ages 18-64 years	NA	18.82	16.30
Ages 65 years and older	NA	2.89	3.73
Annual HIV/AIDS Medical Visit		2013*	2014
Total (90 days) (Ages 18 years and older)	NA	35.5%	Retired
Total (180 days) (Ages 18 years and older)	NA	7.6%	Retired
Postpartum Care Rate**		2013*	2014
Measure Specifications Rate	NA	24.7%	21.7%
Including Global Codes	NA	68.6%	67.9%
Contraception Utilization		2013	2014
Rate 1			
Ages 15-20 years	NA	NA	32.4%
Ages 21-44 years	NA	NA	55.5%
Rate 2			
Ages 15-20 years	NA	NA	4.0%
Ages 21-44 years	NA	NA	31.2%

Note criteria for quality measures and CAHPS® surveys can change from year to year; data is provided for information only. Direct comparisons are not always applicable.

*Some 2013 rates have been revised due to changes in methodology.

**Reviews of administrative claims have indicated an under reporting of selected procedures and diagnoses, or billing codes are not included in the official measure specifications.

Appendix F Board Approved Rules

Board Approval Date	Rule Description + APA WF# at the end	Savings/Total Cost/State Share	Effective Date (or Governor's Approval/ Signature)
EMERGENCY RULES			
Sep-11-2014	Rules are amended at OAC 317:50-1-14, OAC 317:50-3-14, and OAC 317:50-5-14 to include all 1915(c) waiver programs to comply with 42 CFR 441.301 regarding conflict of interest provisions for case management services. These emergency changes are necessary as the regulation states providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, must not provide case management services or develop the person centered service plan. Without the recommended changes, the State is out of compliance with CMS and may be at risk of losing federal funding. APA WF# 14-14	Budget Neutral	Nov-3-2014
Sep-11-2014	Rules are amended at OAC 317:35-5-41.2, OAC 317:35-5-41.3, and OAC 317:35-5-42 to come into compliance with federal regulations regarding eligibility determinations for Aged, Blind, and Disabled (ABD) individuals applying for Medicaid services. OHCA is transitioning from a 209(b) State to the Supplemental Security Income (SSI) Criteria administrative option. This change includes amending current policy, the State Plan, and 1915(c) Home and Community Based Services Waivers pertaining to financial criteria for determining countable income and resources for ABD populations and matching that to current Social Security Administration regulations for persons receiving SSI. APA WF# 14-17	Total Savings: \$10,988,587 / State Savings: \$4,142,697	Jan-1-2015
Sep-11-2014	Rules are amended at OAC 317:30-5-241, OAC 317:30-5-276, and OAC 317:30-5-281 to limit the number of hours that outpatient behavioral health rendering providers can be reimbursed to 35 hours per week. Without the recommended revisions, ODMHSAS is at risk of exhausting its State appropriated dollars required to maintain the State's Medicaid Behavioral Health Program. APA WF# 14-15	Total Savings: \$14,335,949 / State Savings: \$5,404,652	Nov-3-2014
Oct-9-2014	Rules are added at OAC 317:30-5-250, OAC 317:30-5-251, OAC 317:30-5-252, OAC 317:30-5-253, and OAC 317:30-5-254 to create coverage guidelines for Health Homes. Health Homes are created to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. APA WF# 14-16	Total Savings: \$1,900,000 / State Savings: \$716,300	Jan-1-2015
Dec-11-2014	Rules are amended to implement policy changes recommended during the Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) annual policy review process. Home and Community-Based Services (HCBS) Waiver's rules for persons with intellectual disabilities or certain persons with related conditions are amended to: (1) include timeframes for how long psychological evaluations are considered valid to determine eligibility for DDS HCBS Waiver services; (2) include timeframes for reporting any address changes or other contact information to DHS; and (3) provide timeframes when an individual is removed from the Request for Waiver Services List when the individual fails to respond or does not provide DHS requested information. APA WF# 14-34	Budget Neutral	Jan-20-2015
Dec-11-2014	Rules are amended to comply with 29 CFR 552.109 regarding domestic service employees employed by third-party employers, or employers other than the individual receiving services, or his or her family, or household. The regulation precludes third party employers from claiming the companion exemption. APA WF# 14-23	Budget Neutral	Feb-9-2015
Jun-25-2015	Rules are amended to clarify the reimbursement methodology for DRG hospitals. Proposed policy revisions clarify that compensable inpatient services provided to SoonerCare eligible members admitted to acute care and critical access hospitals will be reimbursed the lesser of the billed charges OR the DRG amount. APA WF# 15-03	Total Savings: \$11,181,897 / State Savings: \$3,964,760	July-01-2015
Jun-25-2015	Rules are amended to eliminate coverage for the removal of benign skin lesions for adults. In addition, the proposed policy revisions eliminate coverage for adult sleep studies. APA WF# 15-04	BENIGN SKIN LESIONS - Total Savings: \$106,832 / State Savings: \$37,879 ADULT SLEEP STUDIES - Total Savings: \$1,459,302 / State Savings: \$517,420	July-01-2015

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Board Approval Date	Rule Description + APA WF# at the end	Savings/Total Cost/State Share	Effective Date (or Governor's Approval/ Signature)
Jun-25-2015	High Risk Obstetrical (HROB) program rules are amended to update provider qualifications to allow certain Board Eligible or Board Certified obstetrical providers to refer and render services for members eligible for the HROB program; revisions also include amendments to the number of units allowed for ultrasounds. The change will decrease the allowed units for ultrasounds from six to three. Additionally, ultrasounds to assist in the diagnosis of a high risk condition are revised to one from six. Further, revisions include decreasing the number of units from 12 for a singleton fetus for biophysical profiles/non-stress tests or any combination thereof to a total of five, with one test per week beginning at 34 weeks gestation and continuing to 38 weeks. These changes align with the current standards of care and reflect the current number of ultrasounds and biophysical profiles that are being utilized by SoonerCare pregnant women. APA WF# 15-05	Total Savings: \$292,433 / State Savings: \$103,687	July-01-2015
Jun-25-2015	Rules are amended regarding coverage for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) to restrict coverage for continuous positive airway pressure devices (CPAP) to children only. APA WF# 15-06	Total Savings: \$506,630 / State Savings: \$179,634	July-01-2015
Jun-25-2015	Rules are amended at OAC 317:30-5-20 and rules are added at OAC 317:30-5-20.1 to establish policy for the appropriate administration of urine drug screening and testing to align with recommended allowances based on clinical evidence and standards of care. Criteria include: purpose for urine testing, coverage requirements, non-covered testing, provider qualifications, and medical record documentation requirements necessary to support medical necessity. Additionally, revisions include clean-up to reimbursement language from general laboratory services policy. The effective date of this emergency rule will be July 1, 2015 or immediately upon governor's signature. APA WF# 15-08	Total Savings: \$11,703,400 / State Savings: \$4,149,635	July-01-2015
Jun-25-2015	Rules are added at OAC 317:30-3-11, 317:30-3-11.1, 317:30-5-44, 317:30-5-744, 317:30-5-893, 317:30-5-973, 317:30-5-993, and 317:30-5-1045 to restrict the timely filing of claims for reimbursement from 12 months to six months. In addition, policy regarding resubmission is revised to update the deadline from 24 months to 12 months. Changes to the timely filing restrictions are in accordance with federal authority. Timely filing for crossover claims will remain one year. In addition, language corrections are included at 317:30-5-44 to reflect current practice. The effective date of this emergency rule will be July 1, 2015 or immediately upon governor's signature. APA WF# 15-09	Total Savings: \$3,330,000 / State Savings: \$1,288,044	July-01-2015
EMERGENCY RULES with Changes			
Jun-25-2015	High Risk Obstetrical (HROB) program rules are amended at OAC 317:30-5-22 and 317:30-5-22.1 to update provider qualifications to allow certain Board Eligible or Board Certified obstetrical providers to refer and render services for members eligible for the HROB program; revisions also include amendments to the number of units allowed for ultrasounds. The change will decrease the allowed units for ultrasounds from six to three. Additionally, ultrasounds to assist in the diagnosis of a high risk condition are revised to one from six. Further, revisions include decreasing the number of units from 12 for a singleton fetus for biophysical profiles/non-stress tests or any combination thereof to a total of five, with one test per week beginning at 34 weeks gestation and continuing to 38 weeks. These changes align with the current standards of care and reflect the current number of ultrasounds and biophysical profiles that are being utilized by SoonerCare pregnant women. The effective date of this emergency rule will be August 27, 2015 or immediately upon governor's signature, whichever is later. APA WF# 15-07	Budget Neutral	Sep-1-2015
EMERGENCY RULES that went to PERMANENT session without changes			
Feb-12-2015	Rules are amended at OAC 317:30-3-57, 317:30-3-65.7, and 317:30-5-432.1 to limit the number of payment for glasses to two per year. Any additional glasses beyond this limit must be prior authorized and determined to be medically necessary. APA WF# 14-08	Total Savings: \$347,055 / State Savings: \$129,347	Sep-1-2015
Feb-12-2015	Rules are amended at OAC 317:30-5-126 to eliminate payment for hospital leave to nursing facilities and ICF/IIDs. Hospital leave is planned or unplanned leave when the patient is admitted to a licensed hospital. APA WF# 14-12	Total Savings: \$1,615,367 / State Savings: \$608,993	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-355.1, 317:30-5-356, 317:30-5-357, 317:30-5-361, 317:30-5-664.3, and 317:30-5-664.12 and revoked at OAC 317:30-5-664.4 to limit encounters within Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to one encounter per member per day as well as limit encounters to a total of four visits per member per month for adults. APA WF# 14-02	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-56 to reduce/deny payment for preventable readmissions that occur within 30 days from discharge. The current policy reviews readmissions occurring within 15 days of prior acute care admissions or a related condition to determine medical necessity and appropriateness of care. If it is determined either or both admissions may be inappropriate, payment for either or both admissions may be denied. APA WF# 14-04	Budget Neutral	Sep-1-2015

Board Approval Date	Rule Description + APA WF# at the end	Savings/Total Cost/State Share	Effective Date (or Governor's Approval/ Signature)
Mar-30-2015	Cost-sharing rules are amended at OAC 317:30-3-5 to permit an increase of copays to the federal maximum. Additionally, policy is amended to add diabetic supplies and smoking cessation counseling and products to the service copayment exemption list in order to ensure member have access to necessary services that improve member health outcomes. APA WF# 14-05	Budget Neutral	Sep-1-2015
Mar-30-2015	Oxygen and oxygen equipment rules are amended at OAC 317:30-5-211.11 and 317:30-5-211.12 to require a prior authorization after the initial three months. In addition, rules are revised to clarify arterial blood gas analysis (ABG) and pulse oximetry testing and Certificate of Medical Necessity requirements. Rules for rental oxygen are amended to clarify that reimbursement for rented oxygen concentrators includes both stationary and portable oxygen systems. APA WF# 14-07	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:50-1-14 and 317:35-17-14 to ensure all 1915(c) waiver programs comply with federal regulation regarding conflict of interest provisions for case management services. The regulation states providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, must not provide case management or develop the person centered service plan. APA WF# 14-14A & B	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are added at OAC 317:30-5-250, 317:30-5-251, 317:30-5-252, 317:30-5-253, and 317:30-5-254 to create coverage guidelines for Health Homes. Health Homes are created to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. The purpose of the Health Home is to improve the health status of SoonerCare members with Serious Mental Illness or Serious Emotional Disturbance by promoting wellness and prevention and to improve access and continuity in healthcare for these members by supporting coordination and integration of primary care services in specialty behavioral healthcare settings. Additionally, rules are added to create a distinction between LBHPs and Licensure Candidates. APA WF# 14-16	Budget Neutral	Sep-1-2015
Mar-30-2015	Eligibility determinations for Aged, Blind, and Disabled (ABD) individuals applying for Medicaid services rules are amended at OAC 317:35-5-41.2, 317:35-5-41.3, and 317:35-5-42 in order to come into compliance with federal regulations. Policy changes include adding new language regarding the Asset Verification System to check the income or resources of ABD applicants held at financial institutions, updating how resources are counted towards the maximum resource limit, exempting the value of one automobile regardless of its value from the maximum resource limit, expanding the income disregards list, and disregarding \$20 of unearned income. Rules regarding income received from capital resources and rental property are amended to deduct the severance tax from the gross income for ABD applicants. Rules regarding infrequent or irregular income are amended to better match the Social Security Administration rules for determining Supplemental Security Income. APA WF# 14-17	Budget Neutral	Sep-1-2015
Mar-30-2015	Developmental Disabilities Services (DDS) rules are amended at OAC 317:40-1-1 to implement policy changes recommended during the Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) annual policy review process. The recommended policy revisions will position DDS to utilize best practice in the administration of the statewide Request for Waiver Services list. APA WF # 14-34	Budget Neutral	Sep-1-2015
EMERGENCY RULES that went to PERMANENT session with changes			
Feb-12-2015	Agency SoonerCare Choice enrollment ineligibility rules are amended at OAC 317:25-7-13 and 317:25-7-28 to include making individuals with other forms of creditable health insurance coverage ineligible for SoonerCare Choice; individuals in the former foster care eligibility group are also ineligible for SoonerCare Choice. Additionally, members who are currently enrolled in SoonerCare Choice who have or gain other forms of creditable insurance will be disenrolled from the program. Children who are known to be in OKDHS custody are now eligible to participate in SoonerCare Choice. APA WF# 14-09	Total Savings: \$3,887,634 / State Savings: \$1,448,921	Sep-1-2015

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Board Approval Date	Rule Description + APA WF# at the end	Savings/Total Cost/State Share	Effective Date (or Governor's Approval/ Signature)
Mar-30-2015	Rules are amended at OAC 317:30-5-241.2 and 317:30-5-241.3 to add eligibility criteria required in order to receive psychosocial rehabilitation (PSR) services. Adult PSR services will be limited to members with a history of psychiatric hospitalization or admissions to crisis centers; have been determined disabled by the Social Security Administration for mental health reasons; or who are residing in residential care facilities. Children's PSR services will be limited to members with a history of psychiatric hospitalization or admissions to crisis centers; have been determined disabled by the Social Security Administration for mental health reasons; or have a current Individual Education Plan (IEP) for emotional disturbance. The aforementioned changes were approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed: revisions to outpatient behavioral health rules are also made to clarify that daily or weekly summary notes and related requirements are for rehab day programs only and that all other rehab should follow general progress note requirements, to create a distinction in terminology between Licensed Behavioral Health Professionals (LBHPs) who are fully licensed by their respective licensing board and those individuals who are under supervision for licensure from an approved licensing board (Licensure Candidates). Additionally, rules are amended to clarify that group psychotherapy is not reimbursable for children younger than three years of age. The aforementioned clarification was an oversight in last year's rule promulgation cycle. Revisions also include minor clean-up. APA WF# 14-13	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-241, 317:30-5-276, and 317:30-5-281 to limit the number of hours that outpatient behavioral health rendering providers can be reimbursed to 35 hours per week. The aforementioned change was approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed: rules are revised to correct scrivener's errors made during the 2014 permanent rulemaking session. The 2014 permanent rules clarified that individual and group psychotherapy services as well as testing cannot be provided to children ages 0-3. APA WF# 14-15	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:40-5-3, 317:40-5-5, 317:40-5-6 317:40-5-11, 317:40-5-13, and 317:40-5-40 and rules are revoked at OAC 317:40-5-4, 317:40-5-9, and 317:40-5-10 to implement policy changes recommended during the annual Developmental Disabilities Services (DDS) policy review process. The policy changes recommended will assist DDS in becoming compliant with the new regulations of the Fair Labor Standards Act (FLSA) for "domestic service" employees, who provide "companionship services" to members. The Department of Labor has issued a new final ruling that precludes third party employers from claiming the companion exemption. APA WF# 14-23	Budget Neutral	Sep-1-2015
PERMANENT RULES			
Feb-12-2015	Rules are added at OAC 317:30-5-579 to outline special provisions and contracting requirements for providers participating in the 340B Drug Discount Program per federal regulation. APA WF# 14-24	Budget Neutral	Sep-1-2015
Feb-12-2015	Agency nurse aide training program rules are amended at 317:30-5-134 to specify that payment for training will be directly reimbursed to qualified nurse aides on a quarterly basis for every quarter the individual is employed in a nursing facility. Rules are also revised to establish a maximum rate for reimbursement for nurse aides who have paid for training and competency examination fees. APA WF# 14-26	Total Savings: \$1,509,000 / State Savings: \$529,500	Sep-1-2015
Feb-12-2015	Agency Private Duty Nursing (PDN) rules are amended at OAC 317:30-5-559, 317:30-5-560, and 317:30-5-560.1 to reflect an OHCA physician will be responsible for utilizing the acuity grid to help make a determination for medical necessity. The Care Management nurses' responsibility will be to gather, summarize, and present the individual cases to the physician. APA WF# 14-27	Budget Neutral	Sep-1-2015
Feb-12-2015	Rules are amended at OAC 317:30-3-14 and 317:35-3-1 to lock members in to a single pharmacy and prescriber rather than a single physician and pharmacy. As a result the member is not restricted to one physician; however, the member will be locked in to one pharmacy and must receive prescriptions from an identified and approved lock-in prescriber. APA WF # 14-29A & B	Budget Neutral	Sep-1-2015
Feb-12-2015	Rules are amended regarding SoonerCare member's freedom of choice to select their provider of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) at OAC 317:30-5-211.7 to state that providers must inform members of this right when filling or ordering DMEPOS. APA WF# 14-35	Budget Neutral	Sep-1-2015
Feb-12-2015	Rules are amended at OAC 317:25-7-7 to convey that electronic referrals will eliminate the need of paper referral documentation within members' medical records. APA WF# 14-41	Budget Neutral	Sep-1-2015

Board Approval Date	Rule Description + APA WF# at the end	Savings/Total Cost/State Share	Effective Date (or Governor's Approval/Signature)
Mar-30-2015	State Plan Personal Care rules are amended at OAC 317:35-15-1, 317:35-15-2, 317:35-15-3, 317:35-15-4, 317:35-15-7, 317:35-15-8, 317:35-15-8.1, 317:35-15-9, 317:35-15-10, 317:35-15-13.1, 317:35-15-13.2, 317:35-15-14, and 317:35-15-15 to align with current procedures that are in place at DHS. Changes include policy clean up to remove unnecessary language regarding personal care service settings and criteria for persons eligible to serve as Personal Care Assistants. Rules also clarify the service eligibility criteria to match the terms and standards of the Uniform Comprehensive Assessment Tool (UCAT), and minor changes to language regarding the administration of State Plan Personal Care services are made to match current processes and protocol currently in place at DHS. APA WF# 14-18	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-3-39 and 317:30-3-41 and rules are revoked at OAC 317:50-3-1 through 317:50-3-16 and 317:50-5-1 through 317:50-5-16 to transition the operational functions of two of OHCA's internal 1915c Waiver services and responsibilities as the waiver are set to expire. The two (2) internal waivers include: (a) My Life My Choice and (b) Sooner Seniors. Members will be served in the Advantage waiver in the future. APA WF# 14-19A & B	Budget Neutral	Oct-1-2015
Mar-30-2015	Rules are added at OAC 317:35-6-38 to implement Hospital Presumptive Eligibility (HPE) per federal regulation. HPE allows participating hospitals to make presumptive eligibility (PE) determinations, on behalf of the agency, for applicants who are deemed eligible for Medicaid services based on preliminary information provided by the applicant. Hospitals may then provide services under HPE and bill OHCA. Hospitals are guaranteed payment for HPE services, regardless of whether or not the applicant is later found eligible for SoonerCare. The rules will delineate the parameters of the HPE program, eligibility guidelines, and hospital participation rules. APA WF# 14-20	Total Impact: \$5,607,000 / State Share: \$2,113,839	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-211.1, 317:30-5-211.3, 317:30-5-211.4, 317:30-5-211.5, 317:30-5-211.9, 317:30-5-211.10, 317:30-5-211.17, 317:30-5-217, and 317:30-5-218 to clarify rules for durable medical equipment (DME) services. Changes include: updating billing and PA requirements for DME items, updating the list of DME items that require a certificate of medical necessity, clarifying that repairs for rental DME items are not covered, and revising the definition of invoice. APA WF# 14-22	Budget Neutral	Sep-1-2015
Mar-30-2015	Dental rules are amended at OAC 317:30-5-696, 317:30-5-698, 317:30-5-699, 317:30-5-700, and 317:30-5-700.1 to align practice with the Code on Dental Procedures and Nomenclature (CDT) and to ensure the delivery of dental services meets the standard of care. Proposed revisions include guidelines for x-rays, comprehensive and periodic oral evaluations, and dental sealants. Revisions also include clean-up to remove language regarding composite and amalgam restorations as it is referenced in a different section. Proposed revisions outline guidelines for stainless steel crowns to clarify that placement is allowed once for a minimum period of 24 months as well as other clean-up for clarity. In addition, policy is revised to ensure root canal therapy is performed only when medically necessary. Proposed revisions clarify utilization parameters for restorations, observation time prior to making a referral for an orthodontic consultation, and the start of the treatment year for orthodontic services. Policy is revised to clarify the treatment year for orthodontic services begin on the date of the placement of the bands. Orthodontic policy is also revised to increase observation time prior to allowing a child to be referred for a consultation. APA WF# 14-25	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-14 and rules are added at OAC 317:30-5-14.1 to establish policy for the appropriate administration of allergy testing and immunotherapy services. Criteria include: definition of allergy testing and immunotherapy, coverage requirements, non-covered services, reimbursement conditions, appropriate delivery sites, provider qualifications, and documentation requirements for home administration of immunotherapy. Additionally, revisions include clean-up to remove allergy reimbursement language from injection policy as it is referenced in the new section. APA WF# 14-28	Total Savings: \$5,180,000 / State Savings: \$3,200,000	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:35-1-2, 317:35-5-4, and 317:35-5-4.1, 317:35-7-61.1 and 317:35-9-48.1 and rules are added at OAC 317:35-5-4.2 and 317:35-5-4.3 to change the TEFRA program eligibility rules to match federal guidelines for level of care (LOC). Changes include replacing all TEFRA language regarding mental retardation or ICF/MR to individuals with intellectual disabilities or ICF/IID. Rules regarding ICF/IID LOC eligibility will change to match current DSM-5 and SSA guidelines regarding intellectual disabilities. Specific LOC criteria for determining both hospital and nursing facility will be added to coincide with the ICF/IID criteria. TEFRA rules will also allow one additional psychological evaluation after the age of six, as medically needed. Finally, the "Definitions" section is updated to include the term "Ineligible Spouse". APA WF# 14-33	Budget Neutral	Sep-1-2015

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Board Approval Date	Rule Description + APA WF# at the end	Savings/Total Cost/State Share	Effective Date (or Governor's Approval/Signature)
Mar-30-2015	Inpatient psychiatric hospital rules are amended at OAC 317:30-5-95.4, 317:30-5-95.14, and 317:30-5-95.33 to clarify that the member's signature on the Individual Plan of Care is required at the time of completion. However, if the member was too physically ill or their acuity level precluded them from signing the plan of care and/or the plan of care review at the time of completion, the member must sign the plan when their condition improves but before discharge. Rules are also revised to indicate that the individual plan of care must adhere to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). APA WF# 14-38	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-742.2 to indicate a 1.5 hours daily limit on services billed by the Treatment Parent Specialist (TPS) within the Therapeutic Foster Care (TFC) setting. This change in policy aligns with limitations delineated within the State Plan for this particular provider and setting. Additionally, rules are revised to make a distinction between LBHPs and Licensure Candidates. APA WF# 14-39	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-95.6, 317:30-5-95.16, 317:30-5-95.37, and 317:30-5-95.42 to reflect that the History and Physical (H&P) should be completed within 24 hours after admission into an inpatient psychiatric hospital. Rules are also amended to clarify that the psychiatric evaluation is performed by a psychiatrist. Further, rules are amended to clarify that the psychiatric evaluation is completed within 60 hours of admission. Rules are amended to clarify recoupment methodology when documentation is not in the member's file. Additionally, rules are amended to reflect a distinction between LBHPs and Licensure Candidates. APA WF# 14-42	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:35-6-62.1 to allow electronic notices to be sent to SoonerCare members' designated email addresses. Members may actively select that they wish to receive electronic communications from the agency through the SoonerCare application. The agency will confirm that the member is informed of their right to change this election at any time, ensure that members receive mailed notice of this election, and that all notices are posted on the SoonerCare application for member viewing within one business day. In instances of failed electronic communications, the agency will notify the member, through the mail, of this failed correspondence and that action is necessary. APA WF# 44	Budget Neutral	Sep-1-2015
Mar-30-2015	Inpatient psychiatric hospital rules are amended at OAC 317:30-5-95.24 to indicate that non-specialty Psychiatric Residential Treatment Facilities (PRTF) should have a staff to member ratio of 1:6 during routine awake hours and 1:8 during sleeping hours. Additionally, changes are made to clarify that staffing ratios should always be present for each individual unit not by facility or program. Other minor grammatical changes were made to the rule. APA WF# 14-45	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-412, 317:30-5-422, 317:30-5-482, 317:40-5-100, 317:40-5-103, 317:40-5-152 and 317:40-7-15 and rules are added at OAC 317:40-1-3 to implement policy changes recommended during the Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services (DDS) annual policy review process. APA WF# 14-46A & B	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-95.34 to indicate that when the History and Physical (H&P) or a combined H&P and psychiatric evaluation are completed by an allopathic or osteopathic physician with a current license and a board certification/eligible in psychiatry, the assessment(s) may count as the first visit by the physician in active treatment. Additionally, rules are revised to include a distinction between LBHPs and Licensure Candidates. APA WF# 14-47	Budget Neutral	Sep-1-2015
Mar-30-2015	Behavioral health case management rules are amended at OAC 317:30-5-595 and 317:30-5-596 to add the State Plan authorized billing limits of 25 units per month for regular TCM and 54 units for intensive TCM. Rules are also amended to create a distinction between LBHPs and licensure candidates. Additionally, rules are revised to include CM II certification requirements; this change in rules is to correct scrivener's errors made during the 2014 permanent rulemaking session. APA WF # 14-48	Budget Neutral	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:35-5-25, 317:45-1-3, 317:45-9-1, 317:45-11-20, and 317:45-11-21 to change the methodology for determining Insure Oklahoma (IO) eligibility, for both IP and ESI, to the Modified Gross Adjustment Income (MAGI) methodology. The MAGI methodology will supersede previous IO eligibility criteria. The new rules will reference the MAGI methodology rules already established at OAC 317:35-6-39 through 317:35-6-54. Additional changes include amending the requirement that members notify the agency of changes in household circumstances from within 30 calendar days to 10 days. Rules will be added to indicate changes in the member's household circumstances may require an eligibility redetermination for IO. References to IO's various FPLs will be removed; IO's income standards will now be published online using standard IO Income forms. Additionally, the reasonable opportunity for SoonerCare members to obtain citizenship or alienage documentation is changed from 60 days to 90 days. APA WF# 14-49A & B	***Budget neutral for program costs. \$10,000,000 for system changes; the federal share is \$9,000,000; state share is \$1,000,000 and is provided by non-appropriated tobacco tax dollars.	Sep-1-2015

Board Approval Date	Rule Description + APA WF# at the end	Savings/Total Cost/State Share	Effective Date (or Governor's Approval/Signature)
Mar-30-2015	Telemedicine rules are amended at OAC 317:30-3-27 to clarify the definition for telemedicine, and to remove the definitions sections for consistency. Proposed changes also remove coverage guidelines to expand the scope of the telemedicine delivery method. Revisions remove requirements for a presenter at the originating site to align with the Oklahoma Medical Licensure rules, and guidelines regarding the required use of OHCA-approved telemedicine networks. Proposed revisions also eliminate the originating site fee payment. Additional clean-up ensures no restrictions on services rendered using the telemedicine delivery model. APA WF# 14-50	Budget Neutral	Sep-1-2015
Mar-30-2015	SoonerRide rules are amended at OAC 317:30-3-64, 317:30-5-327, 317:30-5-327.1, 317:30-5-327.3, and 317:35-3-2 to remove coverage for transport to state Veterans Affairs hospitals as these facilities are not contracted with the Oklahoma Health Care Authority. Rules also clarify coverage guidelines for escorts, and rules remove mention of the My Life, My Choice and Sooner Senior groups as the waivers are set to expire. APA WF# 14-52A & B	Budget Neutral	Sep-1-2015
Mar-30-2015	Outpatient behavioral health rules are amended at OAC 317:30-5-241.1 to add service coverage for mental health/substance use disorder screening for SoonerCare adult and child members within an outpatient behavioral health agency setting. Additionally, rules are revised to create a distinction between LBHPs and Licensure Candidates. APA WF# 14-53	Budget Neutral	Sep-1-2015
Mar-30-2015	Outpatient behavioral health rules are amended at OAC 317:30-5-95.9, 317:30-5-95.19, 317:30-5-95.36, 317:30-5-95.39, 317:30-5-95.41, 317:30-5-240.2, 317:30-5-240.3, 317:30-5-241.4, 317:30-5-241.5, 317:30-5-740.1, and 317:30-5-741 to create distinction between licensed behavioral health professionals and licensure candidates. Additionally, other minor grammatical errors were corrected and outdated references were removed. APA WF# 14-55	Budget Neutral	Sep-1-2015
Mar-30-2015	High risk obstetrical (HROB) services rules are amended at OAC 317:30-5-22 and 317:30-5-22.1 to increase access in rural areas. Currently high risk obstetrical services are allowed only after an evaluation with Maternal Fetal Medicine (MFM) doctor and the member is deemed high risk; enhanced services are allowed only after a prior authorization request and treatment plan are initiated and submitted by the MFM. The initial intent of the HROB program was to promote the establishment of a relationship between the MFMs in urban areas with mothers located in rural communities. However, it appears that pregnant women in rural communities rarely travel to the urban areas to receive services. Allowing the general OB to request the HROB services/package for pregnant women will ensure pregnant women with high risk conditions receive HROB services. APA WF# 14-58	Total Impact: \$258,000 / State Share: \$99,801	Sep-1-2015
Mar-30-2015	Rules are amended at OAC 317:30-5-660.1 to allow Federally Qualified Health Centers (FQHC) to be reimbursed at the PPS rate immediately upon receiving their Health Resources and Services Administration (HRSA) grant award letter. Currently, OHCA requires the facility to submit the award letter and their Medicare certification number. In the interim, facilities contract as a clinic and are paid the fee for service (FFS) rate. APA WF# 14-60	Budget Neutral	Sep-1-2015

SFY2015 Total Budget Savings: \$68,344,086; State Savings: \$26,383,590

SFY2015 Total Budget Cost/Impact: \$14,865,000 ; State Cost/Impact: \$3,213,640

*** \$9 million of the Total Budget Cost and \$1 million of the State Cost are one time costs.

Important Telephone Numbers

OHCA Main Number

405-522-7300

SoonerCare Helpline

800-987-7767

SoonerRide

877-404-4500

MEMBER SERVICES	405-522-7171 OR 800-522-0310
1 — BCC/SoonerPlan	5 — PIN Reset for SoonerCare
2 — Claim Status	6 — OKDHS
3 — SoonerCare Enrollment	9 — Repeat Options
4 — Pharmacy Inquiries	

PROVIDER SERVICES	405-522-6205 OR 800-522-0114
1 — Policy Questions	5 — Provider Contracts
2 — PIN Reset/EDI/SoonerCare Secure Site Assistance	6 — Prior Authorizations
3 — Third Party Liability or Adjustments	9 — Repeat Options
4 — Pharmacy Help Desk	



OHCA INTERNET RESOURCES

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

OHCA REPORT REFERENCES

Fast Fact Reports (periodic statistical bulletins including counts and dollars)	www.okhca.org/research/data
Reports (Annual Reports, Primer, Service Efforts and Accomplishments, etc.)	www.okhca.org/reports
Studies (program evaluations, focused studies, quality and satisfaction reports)	www.okhca.org/studies

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