

Annual Report | 2016

**Because We Care**



Oklahoma  
**HealthCare**  
Authority

**Nondiscrimination Notice**

OHCA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. OHCA does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

OHCA:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Alyssa Lee. If you believe that OHCA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Alyssa Lee, OHCA civil rights and HIPAA compliance officer  
4345 N. Lincoln, Oklahoma City, Oklahoma 73105  
Phone: 405-522-7658  
Fax: 405-530-3444  
Email: Alyssa.Lee@okhca.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, OHCA Civil Rights and HIPAA Compliance Officer Alyssa Lee is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-987-7767.
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-987-7767.
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-987-7767。
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-987-7767.
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-987-7767.
- لصيتا. ناجل اب لئل رفوتت تويو غللا تدع اسمل تا مدخ ناف ، لغللا رلندا ت دحتت تنك اذا : عظوح لم 1-800-987-7767 (مؤرب مؤرب
- LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-987-7767.
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-987-7767.
- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-987-7767.
- ໂປດ ຊາບ: ຖ້າ ຂ້າ ທ່ານ ເວາ ພາ ສາ ລາວ, ການ ບ ລໍ ກິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາ ສາ, ໂດຍ ບ ແລ້ວ ຄ່າ, ຄວນ ມ ື ພອ ມ ທີ ທ່ານ. ໂທ ໑ 1-800-987-7767.
- മിത: ദ്വീപുതലുക്കാരായവർക്ക് സൗജന്യമായി ഭാഷാസഹായം ലഭിക്കും. ഞങ്ങൾ 1-800-987-7767.
- Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-800-987-7767.
- اب دشارف يم مهارف امش يارب ناگي ار تروصب ينابز تال هصت ، دى نك يم وگتفنگ ي سراف نابز هب رگا : هجوت 1-800-987-7767 دى رى گب سرامت.
- لاک - رى - بيا ي سمد رى ستم تامدخ يک دم يک نابز وک بآ وت ، رى - بے لوب ودر ا بآ رگا : زار بڅ 1-800-987-7767 رى رک
- သတိပြုရန် - သတင်းနှင့် မြန်မာစကား ကို မပြောသော ဘာသာစကား စကားစဉ်း သို့မဟုတ် သင့်စကားကို မပြောသော ဘာသာစကားဖြင့် စကားပြောခြင်းသည် နှစ်ဦးစလုံးအတွက် အထောက်အကူပြုမှုမရှိပါ။ ဖုန်းနံပါတ် 1-800-987-7767 သို့ ဝေါ့ဆို့ပါ။

This publication is authorized by the Oklahoma Health Care Authority (OHCA) in accordance with state and federal regulations and printed by the Oklahoma University Printing Services. Cost of the printing was \$6,100 for 500 copies. OHCA is in compliance with Title VI and Title VII of the 1964 Civil Rights Act and the Rehabilitation Act of 1973. This document can be viewed on OHCA's website, [www.okhca.org](http://www.okhca.org), under Research/Reports. The Oklahoma Health Care Authority does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

# 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

Innovation | Integrity | Accountability | Engagement | Inclusiveness

## Our Behavior

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.

Oklahoma Health Care Authority offices are located at:

4345 North Lincoln Boulevard  
Oklahoma City, OK 73105  
405-522-7300

Visit our websites at:

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

You can also follow us on:

[facebook.com/ok.soonercare](https://facebook.com/ok.soonercare)

[twitter.com/oksoonercare](https://twitter.com/oksoonercare)

[youtube.com/user/soonercare](https://youtube.com/user/soonercare)



**Mary Fallin**  
Governor  
State of Oklahoma

**Executive Branch**

Todd Lamb | Lieutenant Governor  
Terry Cline, Ph.D. | Secretary of Health & Human Services



**Legislative Branch**

2<sup>nd</sup> Session of the 55<sup>th</sup> Legislature

Brian Bingman  
President Pro Tempore, State Senate

Jeff Hickman  
Speaker, House of Representatives

**OHCA Board Members**  
as of June 2016



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 Joel Nico Gomez



Message *from the* Chief Executive Officer

# Values *SPEAK* volumes

Most of us have gained wisdom from our life experiences. Underlying our work at the Oklahoma Health Care Authority (OHCA) is the knowledge that each of us, at some point in our lives, needs help. For the millions of Oklahomans served by the OHCA, that need is access to quality health care, regardless of ability to pay. Furthermore, it is important that the fulfillment of this need be handled with care and respect.

Everyone is important, and we make dramatic impacts when we operate as a group. OHCA staff works hard every day to ensure that our collective impacts are positive for our members, their health, and our community at large. Operating under five guiding values - inclusiveness, accountability, engagement, innovation and integrity – OHCA provides fiscally responsible, well-executed programs and services through SoonerCare (Oklahoma Medicaid) and Insure Oklahoma. These programs help qualified Oklahomans improve their health and enable them to care for their families, attend school regularly, and live better lives. Even in the midst of shrinking budgets and growing need, we continue to collaborate with contracted providers, community partners and other state agencies to connect our families, friends and neighbors to quality health care and peace of mind. We give the very best we have to offer. You will find more about these efforts in the pages that follow.

Show people they really matter and they can do incredible things. Let us all continue to be vigilant in removing the barriers that may keep others from success. Good health should be a goal for everyone in our state. If we want to improve our state's current health status, as individuals we are important; but as a group we can be an unstoppable force.



Thank you for your continued support.

Joel Nico Gomez

## Table of Contents

OHCA Reports	8	Figure 8 – Age of Enrollees	49
OHCA Overview	9	Figure 9 – Federal Matching Dollar Impact	
SFY2016 Highlights	10	Figure 10 – Enrollees Served and Expenditures - State Fiscal Years 2005-2016	50
Care management delivers results, healthier pregnancies	12	Figure 11 – FMAP for Oklahoma - Federal Fiscal Years 2005-2018	
Innovation	14	Figure 12 – Expenditures and Revenue Sources	51
Health Management Program continues to be a success	15	Enrollees	52
Pain Management Program	17	Expenditures	
Insure Oklahoma looks to the future with eligibility, system changes	18	Figure 13 – OHCA Enrollees and Expenditures	
SoonerQuit helps snuff out tobacco use	19	Figure 14 – OHCA Expenditures and Served by Benefit Plan	53
Harrison	20	Figure 15 – Enrollees and Expenditures by Age	
Integrity	21	Figure 16 – Top 20 OHCA Expenditures	
Community Forums	22	Figure 17 – OHCA Expenditure and Administrative Percentages	55
Smart Start/Success by 6	23	Figure 18 – OHCA Administrative Expenses	
Accountability	24	Table A – Revenue Source Summary	56
Riverside Dental Event	25	Table B – Hospital Payments	
OHCA signs data sharing agreement to better serve members	26	Table I – OHCA Expenditures by Payor	57
OHCA complies with National Voter Registration Act		Table II – Statewide OHCA Figures by County	59
Engagement	27	Table III – Expenditures Paid to Providers and Members by County	63
Savannah's story	28	Table IV – Expenditures by Type of Service Percent of Change	65
Inclusiveness	30	Table V – Expenditures by Type of Service by Adult and Child	68
Pharmacy partnership is prescription for success	31	Table VI – Expenditures by Type of Service by Benefit Type	70
Member Advisory Task Force	32	Table VII – Expenditures by Type of Service by Aid Category	73
Text4Baby continues success	34	Table VIII – Children (under 21) Expenditures by Type of Service by Aid Category	74
Agency awards	35	Table IX – Home & Community-Based Services Waiver	76
OHCA staff honors	36	Table X – Behavioral Health Expenditures by Type of Service by Children and Adults	78
Giving back	38	Appendix XI – SoonerCare Provider Network	80
CAHPS Quality Measures	39	IMPORTANT TELEPHONE NUMBERS	82
APPENDICES	45		
Figure 3 – OHCA Population by Race	46		
Figure 4 – Capitation Payments	47		
Figure 5 – Budgeted SoonerExcel Incentive Payment Components	48		
Figure 6 – Care Coordination Fee by Tier			
Figure 7 – Long-Term Care Facility Usage and Costs			

## OHCA Reports

### ANNUAL REPORT

The Oklahoma Health Care Authority's Annual Report includes updates, projects, accomplishments, awards and highlights that occurred during the 2016 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 Oklahoma Medicaid program. Medicaid language and terms specific to the SoonerCare program are defined and discussed. The robust Primer report covers the history of the 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 are available online at [www.okhca.org/reports](http://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](http://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 (OHCA) 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 OHCA 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. This includes 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, the 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), a SoonerCare Member Advisory Task Force (MATF), State Plan Amendment Rate Committee (SPARC), Living Choice Advisory Committee (LCAC), and Tribal consultation meetings. These groups of health professionals, providers, members, advocates, community partners and tribal leaders 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. Also, in much the same way a manufacturing plant does, it brings in money, provides jobs and wages to residents, and offers 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.

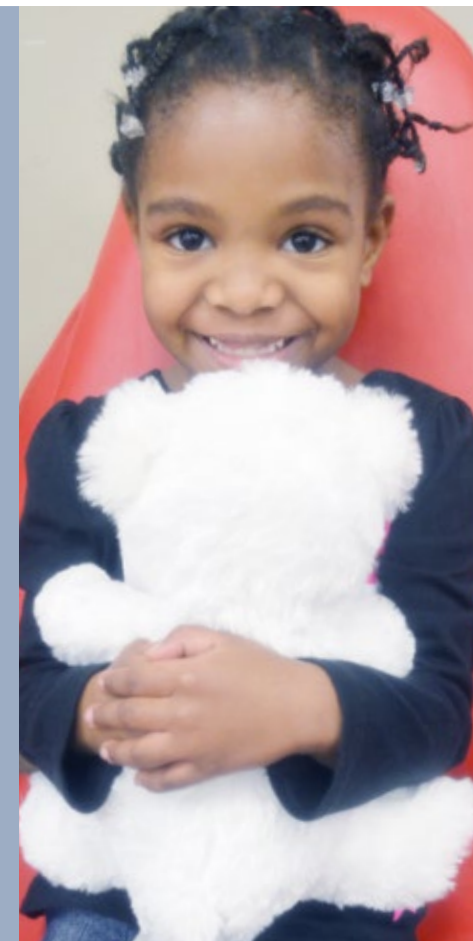
# SFY2016 Highlights



## Expenditures



- Aged, blind or disabled enrollees made up 16.2 percent of SoonerCare. These enrollees accounted for 46 percent of SoonerCare expenditures.
- SoonerCare funded 66.6 percent of Oklahoma's total long-term care occupied bed days.
- OHCA expended \$12.5 million on behalf of the breast and cervical cancer enrollees and \$3.5 million on SoonerPlan enrollees.
- 49,269,428 claims were processed.
- Nursing facility Quality of Care revenues totaled \$76,129,937.
- Federal and state drug rebate collections, including interest, totaled \$291,372,940.
- By limiting the amount paid for generic drugs, OHCA saved more than \$111 million through the State Maximum Allowable Cost program.



## Members



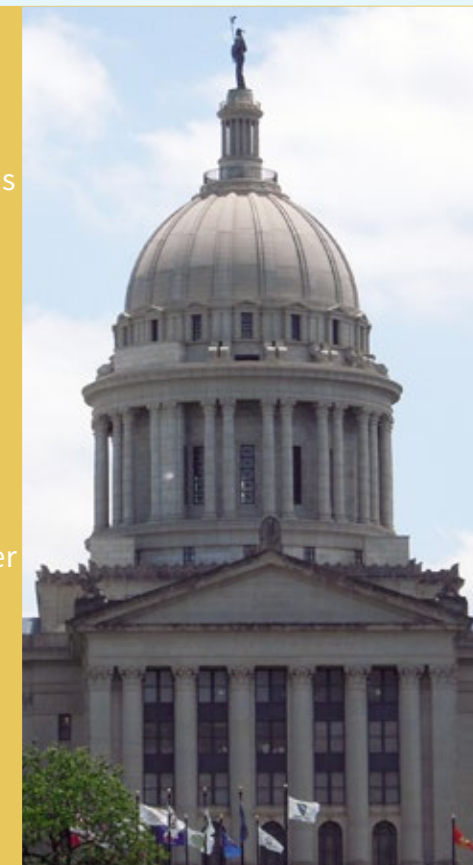
- There were 1,052,826 unduplicated members enrolled in SoonerCare (including Insure Oklahoma) during SFY2016 (July 2015 through June 2016).
- A total of 1,018,836 SoonerCare members had services paid for in SFY2016.
- As of June 2016, there were 18,176 enrollees and 3,825 businesses participating in the Insure Oklahoma program.
- OHCA provided coverage to 77,347 SoonerPlan enrollees and 847 women needing further diagnosis or treatment for breast and/or cervical cancer through the Oklahoma Cares program.
- SoonerCare covers approximately 57.4 percent of the births in Oklahoma. For calendar year 2015, SoonerCare deliveries accounted for 30,518 of the 53,132 overall state births (Oklahoma State Department of Health final figures accessed 8/10/2016).



## Administration



- OHCA processed 14 emergency rules, 11 permanent rules and 32 state plan amendments.
- There were 23 provider training sessions attended by more than 4,200 providers. OHCA and Hewlett Packard Enterprises (HPE) held 8,474 individual, on-site provider training sessions.
- OHCA received and investigated 28 SoonerCare member complaints. This represents less than 0.01 percent of the 1,052,826 SoonerCare enrollees.
- There were 94 provider and 461 member formal appeals filed.
- All SoonerCare program administration is 4.6 percent. OHCA operating costs represented 43.8 percent of OHCA administrative costs and the other 56.2 percent were contract costs.



# Care management delivers results, healthier pregnancies

The OHCA Population Care Management (PCM) department operates a variety of programs and services for SoonerCare members.

In January 2016, Pacific Health Policy Group finalized an independent evaluation of our PCM programs. This study included a multi-year, in-depth review of many programs operated by the Case Management unit, one of three functional units within the PCM department. The complete text, "2016 - Population Care Management Independent Evaluation," is available at [www.okhca.org/research](http://www.okhca.org/research).

While many positive results are discussed in the study, the High-Risk Obstetrical (OB) Case Management Program is one of the more successful programs that impacts the



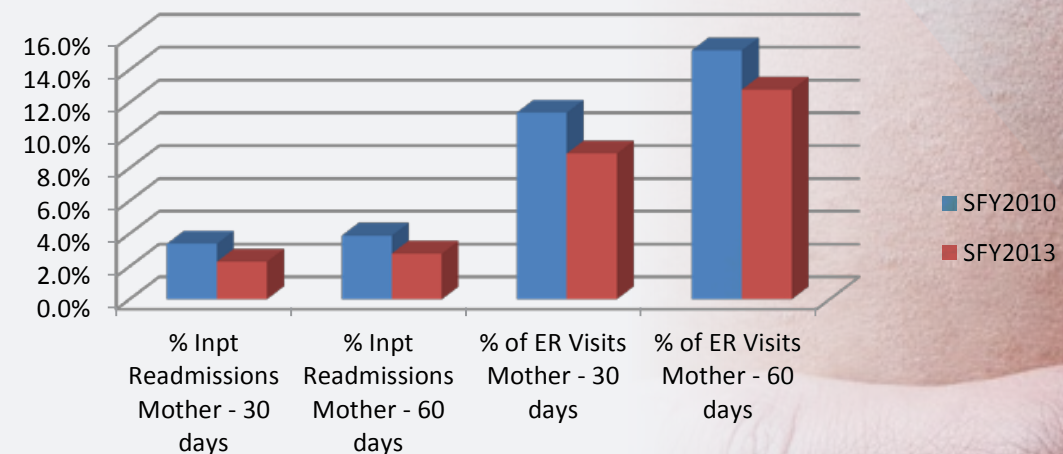
care of our members. The study evaluated approximately 5,200 women who received services through this program between 2010 and 2013. Results show that women managed in the High-Risk OB Case Management Program improved both 30- and 60-day hospital readmission rates (by more than one percentage point each) and emergency room utilization rates (changes of 2.5 and 2.4 percentage points, respectively). The evaluation also reflected that the High-Risk OB Case Management Program correlates to a decrease in early gestation/low birth weight babies (from 21.6 percent in 2010 to 16.2 percent in 2013).

Results show that women managed in the High-Risk OB Case Management Program improved both 30- and 60-day hospital readmission rates.

High-Risk OB Program:  
Impact on Delivery Outcomes



High-Risk OB Program:  
Impact on Readmissions and ER Utilization



# Innovation

*in·no·va·tion*

The act of introducing something new |

“SoonerCare has helped my son get the specialized spinal cord injury therapy that he so desperately needs ... giving him a chance at a brighter future!! Thank you, SoonerCare, for always going above and beyond!”  
– Sonya M., Ardmore, Okla.

## 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 HMP began health coaching by phone in addition to face-to-face case management within targeted primary care practices. Health coaches use motivational interviewing and member-driven action planning to encourage behavior change and impact health outcomes. The HMP also offers practice facilitation to primary care practices, with services ranging from chronic disease-focused academic detailing to implementing team-based care for treatment of chronic conditions.

Each year, the Pacific Health Policy Group (PHPG) evaluates the HMP to measure the program's impact on quality of care. PHPG assesses participating members and

providers for adherence to clinical and preventive guidelines. The study measures six prime targeted chronic conditions: asthma, congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, diabetes and hypertension.

Findings from the SFY2015 analysis are very promising, which show the health coach participant compliance rate exceeds the comparison group rate for 12 of the 17 diagnosis-specific measures. Ten of those

12 measures show statistically significant differences. Findings show improved compliance rates for health coaching participants for 10 measures between SFY2014 and SFY2015.

Members aligned with providers participating in practice facilitation but not being health coached also exceed the comparison group rate on eight of the seventeen diagnosis-specific measures. The difference is statistically significant

***Findings from the SFY2015 analysis are very promising, which shows the health coach participant compliance rate exceeds the comparison group rate for 12 of the 17 diagnosis-specific measures.***



on five of the eight. Compliance rates improved on 14 measures between SFY2014 and SFY2015.

These outcomes suggest that the SoonerCare HMP is having a positive effect on quality of care for our members.

The evaluation reveals a return on investment of 249 percent. This equates to nearly \$3 in medical savings for every dollar spent on the program.

To view the full “2016 – SoonerCare Health Management Program Evaluation SFY2015,” including satisfaction rates and cost-effectiveness, please visit [www.okhca.org/research](http://www.okhca.org/research).

## Pain Management Program

The SoonerCare Pain Management Program equips SoonerCare providers with the knowledge and skills to appropriately treat members with chronic pain.

To accomplish this, the OHCA developed a proper prescribing toolkit, which contains recommendations from national guidelines and evidence-based research on how to treat chronic pain patients. The SoonerCare Pain Management Program has two practice facilitators, both registered nurses, who assist with implementing the components of the toolkit into SoonerCare-contracted practices.

This program also includes two behavioral health specialists (both licensed alcohol and drug counselors) who are available by phone to help practices link members with substance use disorder (or other behavioral health needs) to appropriate treatment.

Since January 2016, practice facilitators have worked with more than 20 practices, and behavioral health specialists have received more than 30 referrals.

Additionally, the Pain Management Program staff has given multiple educational presentations discussing the components of this program. These presentations have occurred at a variety of venues, including the Oklahoma medical licensing boards and the Oklahoma Bureau of Narcotics and Dangerous Drugs.

To learn more about this program, please visit [www.okhca.org/pain-management](http://www.okhca.org/pain-management).



“Without SoonerCare, I wouldn’t be here today because I couldn’t afford any of my medications or to go to the doctor. “SoonerCare has done more for me and Emmy than anything ever has. It’s done everything for us. SoonerCare has come through for me every time I needed it.” – Laura C., Cameron, Okla.



# Insure Oklahoma looks to the future with eligibility, system changes

Insure Oklahoma, the state's premium assistance program for employers and low- to middle-income working adults, rolled out several program updates during SFY2016:

- **Increased employer size limit** – More Oklahoma businesses qualify for subsidies under Insure Oklahoma's new employer size limit, which was raised from 99 to 250 employees in September 2015. This was the third time the size limit was increased as authorized under the program's federal waiver.
- **Changed eligibility methodology** – Beginning Jan. 1, 2016, Insure Oklahoma began evaluating applicants using the modified adjusted gross income (MAGI) eligibility methodology. This methodology is consistent with federal standards.
- **Streamlined online enrollment system** – In March 2016, Insure Oklahoma completed a months-long, agencywide project to combine the Insure Oklahoma and SoonerCare online enrollment systems. Oklahoma families can use one application and member portal to apply for and manage their benefits. Insure Oklahoma employers now have access to a self-service portal that reduces paper use and allows them to make real-time changes to their accounts.



Through its two options, Employer-Sponsored Insurance and the Individual Plan, Insure Oklahoma covered 32,378 Oklahomans and 4,443 employers in SFY2016. The program is funded by state tobacco tax and matching federal dollars and operates under the federal Health Insurance Flexibility and Accountability (HIFA) waiver. The Centers for Medicare & Medicaid Services (CMS) has authorized Insure Oklahoma to operate through Dec. 31, 2017, and state leaders continue to seek a long-term funding agreement.



## SoonerQuit helps snuff out tobacco use

SoonerQuit programs focus on health promotion and tobacco cessation through collaboration with local, state and national partners as well as health care providers.

Using statewide health promotion strategists, OHCA works to promote SoonerCare benefits, access to care, and reduction of multiple key public health issues (e.g., infant mortality and obesity).

The SoonerQuit Provider Engagement program uses practice facilitation methodology to infuse tobacco cessation within the practice setting. Our staff works one-on-one with SoonerCare primary care providers in regard to best practice integration, promotion of obesity prevention and treatment, and cessation services such as the Oklahoma Tobacco Helpline (OTH). We follow-up with clinics after initial facilitation (over the course of nine months) and incentivize providers monetarily to participate in the SoonerQuit program.

Additionally, the SoonerCare tobacco cessation benefit includes seven FDA pharmacotherapy products with no copays for members, no duration limits (with the exception of Chantix) and no prior authorizations. SoonerCare members may also access 5 As counseling with no copay or prior authorization.

SoonerCare reimburses providers who use the "5 As" approach to tobacco cessation counseling, developed by the Agency for Healthcare Research and Quality and endorsed by the U.S. Public Health Service.

The 5 As are:

- ASK every patient about tobacco use
- ADVISE all smokers/tobacco users of the consequences of tobacco use
- ASSESS tobacco user's willingness to quit
- ASSIST with treatment and referrals
- ARRANGE for follow-ups to help the patient QUIT for good

Outcomes:

- Reduced smoking rate among SoonerCare members by 3.6 percent, to 33.4 percent, from SFY2015
- Trained 42 providers on 5 As, pharmacotherapy and OTH - including a 60 percent increase in OTH fax referrals
- Received 19,257 inbound SoonerCare Helpline referrals between July 2015 and February 2016
- Registered 2,839 SoonerCare members for OTH services in the first two quarters of SFY2016, a 67 percent increase, from SFY2015 (Source: Pacific Health Policy Group, December 2015)
- Produced an average of 17.4 5 As counseling per month, according to SoonerCare billing claims
- Registered 213 pregnant SoonerCare members to the OTH (July 1 – Jan. 30, 2016)
- Reviewed 285 fax referrals to the OTH from OHCA referral partners during the first six months of SFY2016, a 130 percent increase over the number received in SFY2015 during the same time period

# Harrison

Harrison Howell is an amazing 14-year-old who is able to overcome his disabilities to share his beautiful music and personality with us.



Visit [www.okhca.org/mysoonerCare](http://www.okhca.org/mysoonerCare) to see a video of Harrison playing the piano.

**H**arrison suffers from a severe form of autism called Autism Savant. He has gone through a lot in his 14 years, battling health issues like a brain deformity (Chiari Malformation), a tethered spinal cord that required surgery, Spina Bifida (a birth defect in which the spine is not formed properly) and asthma. He also has a device placed in his stomach to empty out his stomach because he has no bowel function. Despite all of his health issues (and more), Harrison has some unique talents, including his ability to play any song on the piano by ear after hearing it only once.

Harrison's parents took him to see Christmas lights when he was 3 years old. They took him to a home that played lots of Christmas music, including the Trans Siberia Orchestra. When they got back home, Harrison went to the family keyboard and played perfectly the songs he had heard. Since then, he has gotten his own piano and is able to play most songs, even TV commercial jingles, after hearing them only one time.

*When they got back home, Harrison went to the family keyboard and played perfectly the songs he had heard.*

We are so thankful that SoonerCare has been able to help keep Harrison healthy by covering his doctors' visits, surgeries, medication and more, so that he can continue to share his amazing gift with everyone.

# Integrity

*in·teg·ri·ty*

Steadfast adherence to a strict moral or ethical code |

"I found myself unable to cope with daily life. Thanks to SoonerCare, I have begun counseling and medication and once again enjoying my life and family!"  
– Tamra Y., Stigler, Okla.

# Community Forums

OHCA community partnerships are vital to connecting members to our programs. Our role within these community coalitions, work groups, and collaborative efforts is to provide data regarding our population, answer policy and process questions, help make additional connections across community work and promote agency goals.

*The most valuable part of this forum was...  
“Having our voices heard by people who have the authority to make changes.”*

## Hugo, Oklahoma

In October 2015, staff from OHCA, Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) and Logisticare (SoonerRide) traveled to Hugo to host a Community Forum focused on perinatal and early childhood issues. Choctaw County is one of the top counties in the state for fetal and infant mortality. Community members and organizations learned about the different programs offered by OHCA. In turn, OHCA learned about issues within the community creating barriers for SoonerCare members to easily access health care. Community members

learned about the two levels of coverage for pregnant women (full coverage and Soon-to-be Sooners) and discussed how the differences in coverage can often influence the barriers members face. For example, women covered under Soon-to-be Sooners do not have access to SoonerRide, making it more difficult to receive prenatal care if those women do not have transportation resources. Understanding the nuances of each program helps communities collaborate with OHCA to produce solutions to issues that arise.

## Smart Start/Success by 6

OHCA is also involved with the Smart Start/Success by 6 Cleveland County coalition, a group focused on increasing school readiness. Studies show a child’s health is directly tied to their school readiness. OHCA

*100 percent of survey responses agreed the information shared at the Smart Start/Success by 6 forum was needed and useful*

presented county-level data on EPSDT (well-child checkups), as well as qualitative information from our members and community partners. The coalition conducted surveys at school functions, parent groups and community events in an attempt to identify why so many children don’t get well-child checkups. They also wanted to better understand our members’ knowledge and perspective of well-child checkups. After collecting the results, OHCA partnered with Smart Start Cleveland County to facilitate a community forum with providers, community nonprofits and other state agencies. Subsequently, a

subcommittee formed to develop solutions to the barriers defined by forum attendees. The OHCA Office of Health Promotion is now partnering with local Head Start agencies to increase the rates of children receiving well-child checkups.

## Guymon, Oklahoma

OHCA hosts annual forums in Guymon to share with our

*“The OHCA has found that one of the best ways to facilitate two-way conversations between the agency and the community is through our community forums.” - Hillary Burkholder, assistant director of OHCA’s Office of Health Promotion.*

members in the panhandle the opportunities and resources that are more readily accessible to the rest of the state. Our northwest OHCA community strategist worked with our Provider Services unit to schedule a provider training the morning before the forum. Due to high attendance at the trainings, Guymon is now an official location for Provider Training workshops. In addition, OHCA and Logisticare staff discussed how the entire community can address health care challenges, specifically transportation.

## Ardmore, Oklahoma

A SoonerRide Community Forum was held in Ardmore to bring OHCA, Logisticare, local SoonerRide transportation contractors and partnering community agencies together to discuss transportation barriers for our members. The forum, presented in conjunction with the Carter County Health Department,

allowed OHCA and Logisticare to actively listen and provide education on obstacles and issues preventing members from accessing SoonerRide. Forum participants learned the basic rules for SoonerRide, including requirements for scheduling transportation for routine appointments and how to schedule transportation for unexpected health appointments deemed medically necessary. Community Forums address individual questions and concerns and create a broader relationship between OHCA and the communities we serve.

# Accountability

ac·count·a·bil·i·ty

The state of being accountable, liable, or answerable |

“SoonerCare helps my son, Jeremy, stay healthy and able to progress to the best of his ability ... Because my son gets private duty nursing, he stays healthier and it allows me, as a single mom, to work.”

– Lora R., Sapulpa, Okla.

## Riverside Dental Event

On August 28, 2015, the OHCA Tribal Government Relations unit, in cooperation with Indian Health Service (IHS), Southern Plains Health Board and private partners, participated in the 9th Annual Riverside Dental Event in Anadarko, Okla.

Once again, the Tribal Government Relations staff secured a generous donation from the Colgate-Palmolive company to supply dental products such as toothbrushes, toothpaste and dental floss for Riverside students. A total of 472 students at Riverside Indian School received dental evaluations by IHS. (IHS also coordinated any necessary follow-up care.) Thirty-one of those students had urgent dental needs that required medical care within 24 hours. Additionally, nurses from IHS, OHCA and Absentee Shawnee clinic were on-hand to provide wellness and preventive education for all students. This included showing them the proper ways to care for

their teeth. Riverside Indian School provides housing and education for children in grades 4-12.

*Since the inception of this event, nearly 3,000 dental evaluations have been provided to Riverside students, helping them to make great improvements in oral health.*



## OHCA complies with National Voter Registration Act

Together with other state agencies, the OHCA now offers voter registration services for our members.

State officials and voter advocacy groups developed an agreement to comply with the federal National Voter Registration Act (NVRA). The agreement covers state agencies that offer public assistance programs, specifically the Department of Human Services, Oklahoma State Department of Health and OHCA. The NVRA requires these agencies also offer their clients voter registration services.

Officials with each of the state's public assistance agencies worked with the state election board and attorneys for the voter advocacy groups. The result is a comprehensive plan that addresses staffing, training, statistical reporting and other issues related to voter registration services at Oklahoma's public assistance agencies.

SoonerCare and Insure Oklahoma members may receive voter registration services in the OHCA lobby. Additionally, links to online voter registration are available on our public website ([www.okhca.org](http://www.okhca.org)) and each member's MySoonerCare account.

## OHCA signs data sharing agreement to better serve members

The OHCA is one of several Oklahoma government agencies that collaborated to develop rules for sharing data with each other. The ability to share data will allow participating agencies to maximize their impact to the public, avoid duplication and waste, and deliver programs and services that best meet the needs of Oklahomans.

The following agencies are our partners in the data sharing agreement: Oklahoma Department of Human Services (DHS), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Department of Corrections (DOC), Oklahoma Office of Juvenile Affairs (OJA), Oklahoma Commission on Children and Youth (OCCY), Oklahoma State Department of Health



(OSDH) and Oklahoma Department of Rehabilitation Services (DRS).

Long-term goals for this project include a focus on prevention to improve the quality of life of Oklahomans and minimize their need for future, more costly services.

An executive from each agency signed the agreement, recognizing that collaboration is essential to achieving the goal of evaluating and improving outcomes for individuals who receive services from multiple agencies.

# Engagement

*en·gage·ment*

*The action of engaging or the state of being engaged: engagement in diplomacy |*

“Thanks to SoonerCare, my boys have received the asthma medication that without they wouldn't be able to breathe, and we could not afford. [We] cannot thank SoonerCare enough!”  
– Michael and Brandy T., Edmond, Okla.



## Savannah's story

My husband and I were preparing for our first baby. We started talking about names, nursery themes and everything else that goes with preparing for a baby.

**W**e had our first doctor's appointment when I was eight weeks along. I was so anxious and excited when they got me ready for my first ultrasound - I was going to see my baby for the first time. But, my ultrasound showed my uterus was filled with fluid, and the doctor told me I would more than likely miscarry. I did. At twelve weeks, I lost my baby. After that, I had eight more miscarriages. My husband and I thought maybe our dream of having a family would not become a reality.

*"My sister said that is what SoonerCare is here for - to help people who are going through a rough time and need assistance."*

But, our prayers were answered on May 31, 2014, when Kane was born - weighing 9lbs and 6oz. Right before I got pregnant, I started a new job that would only allow me six weeks off without pay for my maternity leave. While I was on leave, they called me to tell me that they were going to have to let me go - leaving me with a newborn and no health insurance. My husband's job didn't offer health insurance. I was devastated. I wouldn't even be able to afford to take my baby to his one-month checkup.

My sister said I needed to apply for SoonerCare. I didn't want to do that. There were people out there that needed more help than

I did. My sister said that is what SoonerCare is here for - to help people who are going through a rough time and need assistance. So, I applied, and Kane was covered. He was able to have his

pregnancy and delivery. To live in a state that offers assistance to people when they really need it, makes me proud to be an Oklahoman. I'm thankful to SoonerCare for being an extra support system that keeps me and my babies healthy.

Share your #mySoonerCare story at [www.okhca.org/mysoonerCare](http://www.okhca.org/mysoonerCare)

### #mySoonerCare

one-month checkup! Since then, our family has grown even more. On November 12, 2015, I gave birth to healthy twin boys and had a healthy



# Pharmacy partnership is prescription for success

# Inclusiveness

*in·clu'sive·ness*

*Taking a great deal or everything within its scope; comprehensive |*



“When we had SoonerCare, my child was able to receive the speech services not covered by our insurance, and I believe without those services he would not have progressed to the level he has verbally reached.”

– Theresa S., Lahoma, Okla.

**F**or more than 20 years, OHCA has worked with Pharmacy Management Consultants (PMC) – a division of the University of

Oklahoma College of Pharmacy (COP), which provides a pharmacy help desk, prior authorization processing, and

support of the OHCA Drug Utilization Review (DUR). PMC also serves as an academic training ground for pharmacy and graduate students, with OHCA supporting up to three graduate research assistants per year. This relationship gives OHCA the ability to research our Pharmacy program to determine outcomes, as well as administrative effectiveness and efficiency. This arrangement is unique among Medicaid programs, in that OHCA not only receives these services from the COP, we benefit from their willingness and ability

to perform academic research using SoonerCare claims data.

***579,416 SoonerCare members (55 percent of total enrollees) used OHCA Pharmacy services in SFY2016.***

SFY2016 saw PMC and OHCA Pharmacy staff published in a number of academic journals, including: Journal of Managed Care & Specialty Pharmacy; Research in Social & Administrative Pharmacy; Journal of Mental Health; and American Journal of Drug and Alcohol Abuse. In addition, they developed several academic posters featured at prominent conferences and expositions across the United States.



# Member Advisory Task Force

OHCA launched the Member Advisory Task Force (MATF) in October 2010 to gain insight from SoonerCare members.

The goal was to elicit consumer engagement, dialogue and leadership in the identification of issues and solutions to help inform agency policy and programmatic decision making.

OHCA is committed to addressing the needs and challenges of its members, and MATF has been instrumental in achieving this goal. MATF members have been involved in guiding advancements in SoonerRide policy and communication strategies. Another positive outcome is an improved design of the agency's Strategic Planning Conference.

In SFY2016, MATF (made up of 18 members plus OHCA staff) was recognized both locally and nationally as an important model for engaging families. The Joining Forces Conference acknowledged the work of the MATF by presenting OHCA with a Partnership Award from the Oklahoma UCEDD – LEND Consumer Advisory



*"... when I found out that SoonerCare was going to help us, and that Jonah was going to be able to get the quality treatment he needed and the therapies he needed to survive, I felt so blessed. We are so thankful for SoonerCare!" – Amy W., Tulsa, Okla.*

Committee. The agency was also asked to present at two national conferences about our success with the MATF. OHCA Chief Communications Officer Ed Long represented MATF from the agency's perspective at both the 2016 Family Leadership Conference (Rockville, Maryland) and at the Learning Collaborative on Improving Quality and Access to Care in Maternal and Child Health (Westminster, Colorado).

*In SFY2016, MATF was recognized both locally and nationally as an important model for engaging families.*

These opportunities have garnered attention from other states that would like to use Oklahoma's model for gaining member input.

Some of MATF's notable achievements for the year include: helping OHCA reduce the size of the new member packet (resulting in cost savings for the agency); organizing a SoonerCare Member Day at the State Capitol; and contributing their stories for inclusion in our agency newsletters and videos.





## text4baby<sup>SM</sup> continues success

In July 2016, Text4baby (T4b) enrolled its 1 millionth participant with the help of more than 40,000 Oklahoma moms-to-be and new moms.

T4b ([www.text4baby.org](http://www.text4baby.org)) is the nation's largest free mobile health messaging service for pregnant women and mothers of infants younger than age one. T4b participants receive three free text messages per week throughout pregnancy and/or their infant's first year of life. Personalized to the mother's due date or baby's birth date, these messages contain a variety of important maternal and child health topics, including safety, immunizations, well-child checks, developmental milestones and more.

In October 2014, OHCA became the first and only

*In SFY2016 alone, there were 8,775  
SoonerCare moms enrolled into T4b.*

state Medicaid agency to implement an automatic notification process for SoonerCare members to easily opt-in to receive T4b messages. Approximately 30,000 pregnant women and SoonerCare mothers with infants were sent a text message about T4b and how to opt-in directly through the text. In SFY2016 alone, there were 8,775 SoonerCare moms enrolled into T4b.

Oklahoma won the national T4b State Enrollment Contest in 2015. States competed in three groups based on the number of new pregnancies and new infants for each state. The population-adjusted rate of new T4b enrollment from June to October 2015 was used to determine contest winners. Oklahoma won the Medium State Category by enrolling 106 per 1,000 estimated new pregnant women and moms into the service.

Oklahoma now leads the nation in T4b enrollments per 1,000 live births. OHCA is working to fully automate enrollment into T4b by adding consent language to our online enrollment application. Once this change is implemented, eligible SoonerCare members will automatically enroll in T4b upon successful completion of the SoonerCare online enrollment form.

## Agency awards

**TOP  
WORK  
PLACES  
2015**

**THE OKLAHOMAN**

### What employees say

OHCA was listed as a Top Workplace by The Oklahoman for 2015. OHCA came in at number 12 on the list of businesses with 350 or more employees, ranking highest among other government agencies.

This designation listed OHCA alongside some of Oklahoma's most admired public and private companies, such as Devon, Paycom, OnCue and Dell.

To create the list, The Oklahoman partnered with WorkplaceDynamics, a research firm that specializes in employee surveys and workplace improvement. The 22-question survey measured employee engagement, motivation, connection and execution. After the surveys were completed, the statistical data was reviewed, and companies were put into three size categories.

Within each size category, the organizations were ranked according to how they scored on the employee feedback survey. Finally, the top employers within each size category were selected as 2015 Oklahoman Top Workplaces.

*"OHCA is a great place to work because of the people. Not only the amazing and inventive co-workers that I have the privilege of working alongside each day but the people that we help through the our programs."*

*"OHCA is my family. I know that I am valued not only as an employee, but as an individual who contributes to our mission."*

*"We care about one another and are always volunteering to help our community. This agency is made up of some of the most caring people that will always lend a hand no matter what the situation."*



OHCA received the Certified Healthy Business Award of Excellence for our work to improve the health of our employees. The Certified Healthy Oklahoma program ([www.certifiedhealthyok.com](http://www.certifiedhealthyok.com)) began in 2003 as a collaborative initiative with four founding partners – the Oklahoma Turning Point Council, the Oklahoma Academy for State Goals, the Oklahoma State Chamber, and the Oklahoma State Department of Health. The Award of Excellence is the top honor given.

# OHCA staff honors



**D**r. Leon Bragg, OHCA chief dental officer, was recognized by Delta Dental of Oklahoma for his service as president of the Medicaid Medicare CHIP (Children’s Health Insurance Program) Services Dental Association (MSDA). The award, presented during a luncheon at the annual MSDA Symposium in Washington, D.C., included a \$10,000 sponsorship to the symposium in recognition of Dr. Bragg’s service and leadership. MSDA serves to develop and promote evidence-based Medicaid/CHIP oral health best

*“I am grateful for the opportunity to partner with colleagues to provide oral health care to our many Oklahomans that need and deserve the care.”*  
– Dr. Bragg

practices and policies. Dr. Bragg has also served the organization as vice president.



*“Great 100 Nurse” for 2015 in Oklahoma*

**C**indi Bryan, R.N., senior exceptional needs coordinator, was named a “Great 100 Nurse” for 2015 in Oklahoma. The award letter states that it recognizes Bryan for her “... concern of humanity” and her “... significant contribution to the profession of nursing and the mentoring of others...” Ms. Bryan, a nurse for 38 years, has worked in various areas including labor and delivery, an adolescent psychiatric unit, population care management, a pediatric telephone triage at OU Medical Center, and as a school nurse and a tissue donor coordinator.

**P**harmacy Director Nancy Nesser, Pharm.D., J.D., received the Generation RX award by the Oklahoma Pharmacists Association (OPhA) in September 2015. This award recognizes a pharmacist who has demonstrated excellence in community-based prescription drug abuse prevention. Dr. Nesser was honored for her work on behalf of the OHCA, most notably in the area of opioid abuse prevention.



**I**n August 2015, OHCA CEO Nico Gomez and Stan Ruffner, DME (durable medical equipment) director, accepted an award on behalf of the agency from NeuroResources, PLLC ([www.neuroresources.com](http://www.neuroresources.com)). The award was presented in regard to OHCA’s support of complex rehab technology (CRT) legislation that allowed for continued access to CRT products. CRT products and services include medically-necessary, individually-designed manual and power wheelchair systems and other mobility devices that require evaluation, fitting, configuration, adjustment or programming. Legislation also gave OHCA an option to exempt these products from future budget cuts.

# Giving back

OHCA employees demonstrate the values of the agency in service to our members and the community at-large. Here is a sampling of how made a difference in SFY 2016 (July 1, 2015 – June 30, 2016).

## OHCA Staff:

### \$13,000 to the SCC



raised nearly \$13,000 for the State Charitable Campaign (SCC), through payroll deductions, one-time gifts and various fundraisers. The SCC gives state employees an opportunity to extend their public service through voluntary donations to private nonprofit organizations. (<http://www.unitedwayokc.org/workplace-campaigns/state-charitable-campaign>)



### \$900+ for March of Dimes

collected more than \$900 for the March of Dimes. Fundraisers included a bake sale, a fruit and donuts sale, t-shirt design contest, and t-shirt sale. In addition, OHCA was named Outstanding New Company Team for the 2016 March of Dimes Walk in Oklahoma City.



### 280 hours volunteered

gave more than 280 hours in service to various community organizations, including Feed the Children, Ronald McDonald House, Infant Crisis Center and Habitat for Humanity (hours recorded since April 2015).



sold t-shirts, OKC Dodgers tickets and conducted other fundraisers for a total collection of \$3,464 to Susan G. Komen Race for the Cure against breast cancer.



### 60 student checkups

provided no-cost dental screenings and fluoride varnish applications for 60 students at Pleasant Hill Elementary (Oklahoma City), in celebration of National Children's Dental Health Month (February).



### \$1700+ for homeless children

raised \$1,700 for and donated 881 school, personal care and food items to Positive Tomorrows (<http://www.positivetomorrows.org>). Positive Tomorrows helps to educate homeless children and their families in an effort to break the cycle of poverty.

# CAHPS Quality Measures

## CAHPS® Child member satisfaction survey results

OHCA Annually conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey designed for children. We only sample members enrolled via the Children's Health Insurance Program (CHIP) for this survey. For comprehensive CAHPS® survey results, please visit [www.okhca.org/CAHPS](http://www.okhca.org/CAHPS).

CAHPS® Child Survey (CHIP)	2014 Rate	2015 Rate	2016 Rate
2016 Key Measure			
Getting Care Quickly	92%	92%	93%
Shared Decision Making	Not Applicable	78%	78%
How Well Doctors Communicate	97%	96%	97%
Getting Needed Care	89%	85%	89%
Customer Service	88%	86%	86%
Rating of Health Care	85%	87%	88%
Rating of Personal Doctor	88%	89%	89%
Rating of Specialist	89%	88%	83%
Rating of Health Plan	86%	87%	86%

## CAHPS® adult member satisfaction survey shows improvement

Compared to SFY2015, SoonerCare adult member satisfaction rates held steady or increased slightly in all key measures other than Rating of Specialist. For comprehensive CAHPS® survey results, please visit [www.okhca.org/CAHPS](http://www.okhca.org/CAHPS).

CAHPS® Adult Survey	2014 Rate	2015 Rate	2016 Rate
2016 Key Measure			
Getting Care Quickly	82%	86%	84%
Shared Decision Making	Not Applicable	77%	77%
How Well Doctors Communicate	90%	90%	91%
Getting Needed Care	82%	85%	85%
Customer Service	82%	92%	87%
Rating of Health Care	68%	72%	74%
Rating of Personal Doctor	79%	80%	81%
Rating of Specialist	83%	78%	83%
Rating of Health Plan	73%	73%	67%

Although we provide data from previous years, criteria for quality measures and CAHPS® surveys can change from year to year. 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 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 compare their overall performance with other states and report progress on major health issues of interest. The Oklahoma Healthcare Effectiveness Data and Information Set (HEDIS®) is a proportion of the Soonercare members who are eligible for the particular measure. The Prevention Quality Indicators (PQIs) are reported per 100,000 member months. OHCA submits both to the Centers for Medicare & Medicaid Services (CMS) annually.

The measures are based on the available data from the previous year. Therefore, 2015 results are information claimed during the 2014 calendar year. In general, each measure uses the member age as of Dec. 31, 2014. This includes those members who were enrolled in Soonercare but 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). Not all increases and decreases are statistically significant.

The list of the completed quality measures is included in charts below. The full 2015 Quality of Care in the Soonercare Program report is available at [www.okhca.org/research](http://www.okhca.org/research).

### 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 using their services.

Children and Adolescents' Access to PCP	2013*	2014	2015
Ages 12-24 months	96.3%	96.2%	96.1%
Ages 25 months-6 years	90.2%	89.0%	89.6%
Ages 7-11 years	92.2%	90.9%	91.8%
Ages 12-19 years	92.8%	92.7%	92.9%
Total	92.0%	91.2%	91.7%

Although we provide data from previous years, criteria for quality measures and CAHPS® surveys can change from year to year. Direct comparisons are not always applicable. \*Some 2013 rates have been revised due to changes in methodology.

### Adults' access to preventive/ambulatory health services

This measure is the percentage of adults age 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	2013*	2014	2015
Ages 20-44 years	83.4%	82.4%	81.0%
Ages 45-64 years	89.8%	89.9%	90.1%
Ages 65 years and older	83.5%	78.2%	77.4%
Total	85.6%	84.7%	84.1%

### Ambulatory Care

Ambulatory care visits are not exclusive to outpatient facilities and include most office visit types. Emergency department (ED) visits are sometimes also included in ambulatory care. Below are rates for outpatient and ED visits per 1,000 member months.

Ambulatory Care (AMB)	2013*	2014	2015
<b>Outpatient Visits/1,000 Member Months (by ages)</b>			
Ages <1 years	710.24	810.59	800.77
Ages 1-9 years	305.35	333.59	346.64
Ages 10-19 years	256.93	262.80	266.90
Ages 20-44 years	398.48	428.98	441.14
Ages 45-64 years	476.67	774.67	769.38
Ages 65-74 years	151.49	645.38	514.93
Ages 75-84 years	116.96	367.00	348.30
Ages 85 years and older	78.12	192.25	183.58
<b>Total:</b>	<b>331.08</b>	<b>362.11</b>	<b>370.00</b>
<b>ED Visits/1,000 Member Months (by ages)</b>			
Ages <1 years	118.04	90.08	97.94
Ages 1-9 years	61.98	56.46	74.95
Ages 10-19 years	55.74	44.70	49.66
Ages 20-44 years	162.73	139.77	156.39
Ages 45-64 years	121.27	111.64	110.20
Ages 65-74 years	68.94	55.85	55.21
Ages 75-84 years	64.14	25.85	26.01
Ages 85 years and older	53.49	18.46	17.98
<b>Total:</b>	<b>83.87</b>	<b>68.64</b>	<b>81.00</b>

Although we provide data from previous years, criteria for quality measures and CAHPS® surveys can change from year to year. Direct comparisons are not always applicable. \*Some 2013 rates have been revised due to changes in methodology.

### Well-child visits in the first 15 months of life

The well-child visits measure is the percentage of SoonerCare members, age 21 and younger, who went to their PCP for a well-child visit. During a well-child visit, providers check a child's hearing, sight, and growth. The well-child checkup also 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	2013*	2014	2015
Ages <15 months 1+ visits	97.3%	96.3%	94.3%
Ages <15 months 6+ visits	59.7%	55.8%	68.5%
Ages 3-6 years 1+ visits	57.6%	58.5%	57.1%
Ages 12-21 years 1+ visits	22.5%	21.8%	22.1%

### Appropriate medications for the treatment of asthma

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

Medications for the Treatment of Asthma	2013*	2014	2015
Ages 5-11 years	91.5%	89.7%	90.2%
Ages 12-18 years	86.4%	82.6%	82.5%
Ages 19-50 years	63.2%	61.7%	61.9%
Ages 51-64 years	67.3%	62.5%	61.8%
Total	84.9%	81.5%	81.2%

### 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	2015
Ages 18-39 years	NA	10.93	13.93
Ages 18-64 years	18.82	16.30	13.98
Ages 65 years and older	2.89	3.73	3.17

### 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	2015
Ages 5-20 years	67.4%	61.9%	59.6%
Total (Ages 5-64 years)	67.8%	62.4%	61.3%

Medication Management for People w/ Asthma (75%)	2013*	2014	2015
Total (Ages 5-20 years)	42.8%	38.7%	37.6%
Total (Ages 5-64 years)	43.8%	39.6%	38.6%

### Breast cancer screening

This measure records the percentage of women between 50-74 years of age who had a mammogram to screen for breast cancer. Early detection and treatment is important to help prevent the spread of cancer.

Breast Cancer Screening	2013*	2014	2015
Ages 50-74 years	36.5%	36.5%	38.5%

### Cervical cancer screening

This measure reflects the percentage of women 21-64 years of age 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	2013*	2014	2015
Ages 21-64 years	46.0%	47.5%	37.7%

### Comprehensive diabetes care

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

Comprehensive Diabetes Care (Ages 18-75 years)	2013*	2014	2015
Hemoglobin A1C Testing	71.6%	71.9%	72.1%
Eye Exam (Retinal)	32.0%	26.3%	27.3%
LDL-C Screening	63.1%	63.4%	63.9%
Medical Attention for Nephropathy	58.7%	53.4%	52.4%

Although we provide data from previous years, criteria for quality measures and CAHPS® surveys can change from year to year. Direct comparisons are not always applicable. \*Some 2013 rates have been revised due to changes in methodology.

Although we provide data from previous years, criteria for quality measures and CAHPS® surveys can change from year to year. 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 age 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	2015
Ages 18-64 years	26.36	27.57	28.13
Ages 65 years and older	1.33	1.32	1.69

**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.

PQI 08: Congestive Heart Failure (CHF) Admission Rate (per 100,000 member months)	2013*	2014	2015
Ages 18-64 years	25.77	25.24	24.25
Ages 65 years and older	16.23	16.04	17.11

**PQI 05: Chronic obstructive pulmonary disease (COPD) admission rate**

COPD is a chronic inflammatory lung disease that causes blocked 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.

PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (per 100,000 member months)	2013*	2014	2015
Ages 18-64 years	37.33	35.67	34.94
Ages 40 years and older	68.07	58.97	56.46
Ages 65 years and older	15.79	21.53	22.81

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation and Screening Rates	1995	2005	2014
Participation Rate	27.6	50.5	59.6
Screening Rate	23.1	66.9	84.4

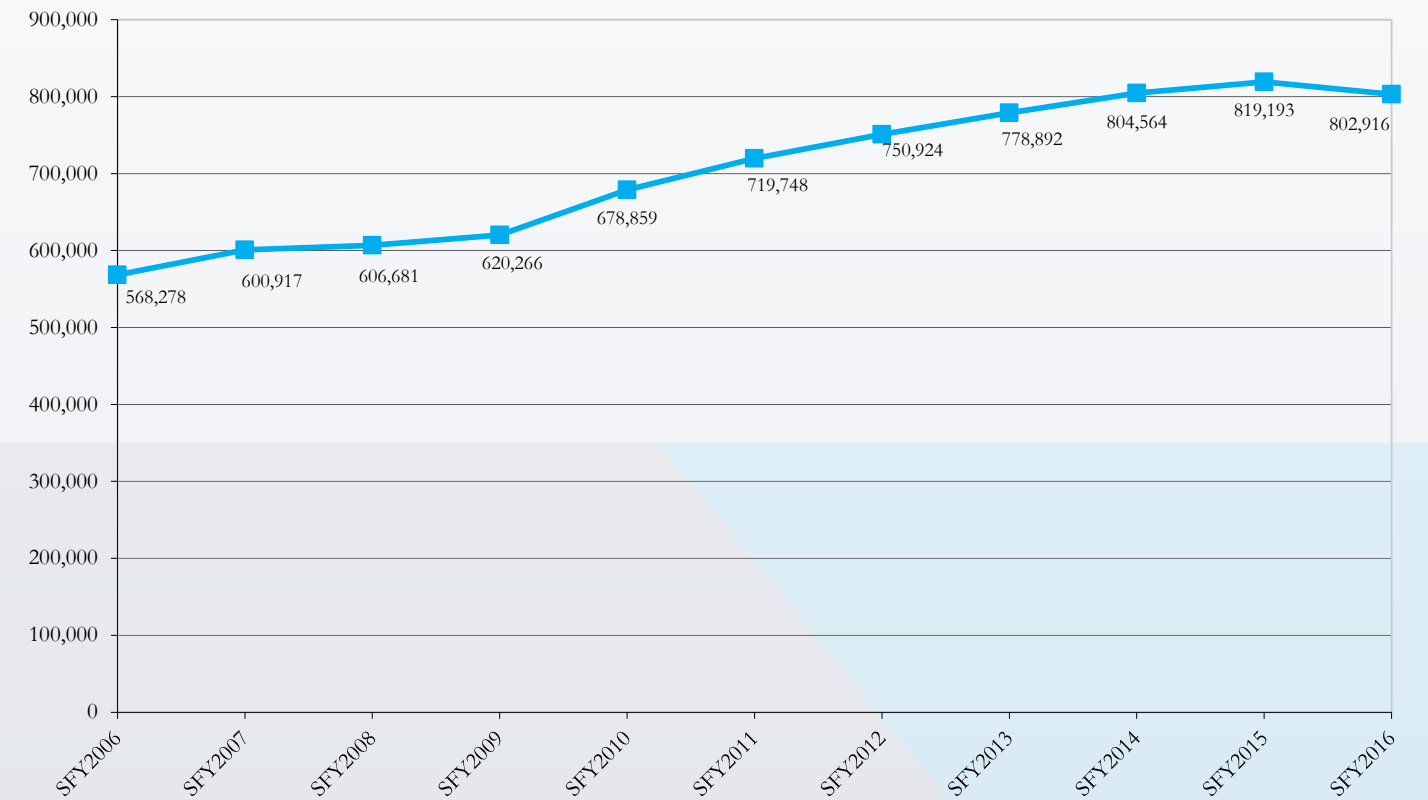
Although data from previous years are provided, criteria for EPSDT participation and screening rates can change from year to year. Direct comparisons are not always applicable.

Although we provide data from previous years, criteria for quality measures and CAHPS® surveys can change from year to year. Direct comparisons are not always applicable. \*Some 2013 rates have been revised due to changes in methodology.

# APPENDICES

Please note: Unless otherwise stated, OHCA refers to both SoonerCare and Insure Oklahoma.

FIGURE 1 – HISTORIC SOONERCARE MONTHLY AVERAGE ENROLLMENT PER FISCAL YEAR



State Fiscal Year (SFY) is July - June. In SFY2006 OHCA implemented 12 month certifications and TEFRA.

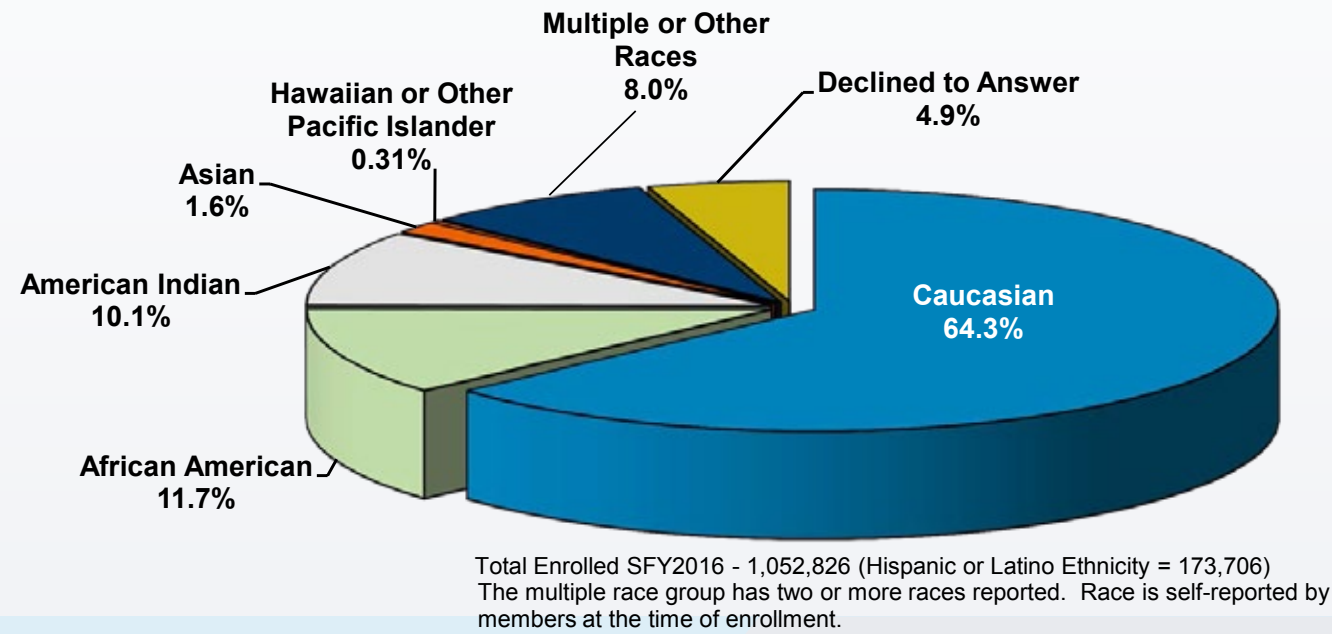
Figures do not include Insure Oklahoma enrollees.

FIGURE 2 – ENROLLED CHILDREN UNDER 21

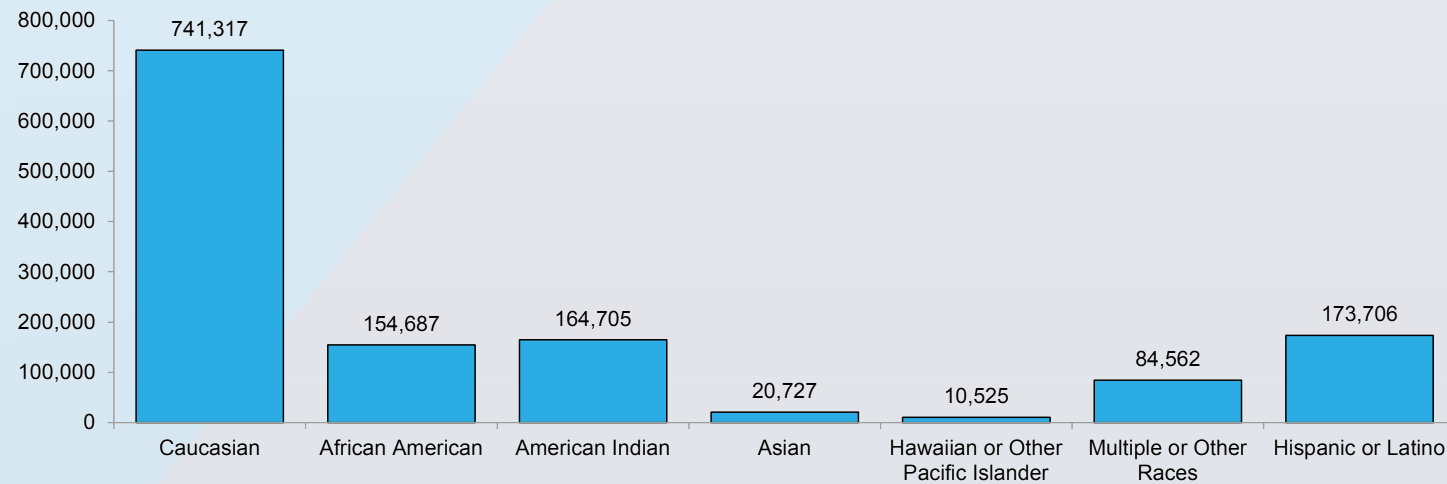
SoonerCare Children under 21 - SFY 2016	
Total unduplicated children under 21	649,904
Children qualified under Children & Parents (TANF)	551,389
Children qualified under Blind or Disabled	21,235
Children qualified under TEFRA	699
Children qualified under Insure Oklahoma	1,727
Children qualified under CHIP	187,350

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

FIGURE 3 – OHCA 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 7/11/2016. 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.

FIGURE 4 – CAPITATION PAYMENTS

Capitation helps to control health care costs by setting a pre-arranged, fixed fee that providers (or provider groups) receive for each member assigned to them.

Aged, Blind and Disabled (ABD)	Member Months	Capitation Payments
IHS Adults	14,946	\$44,838
IHS Children	6,604	\$19,812
<b>TOTAL</b>	<b>21,550</b>	<b>\$64,650</b>

Children/Parents (TANF)*	Member Months	Capitation Payments
IHS Adults	15,310	\$30,620
IHS Children	170,655	\$363,920
<b>TOTAL</b>	<b>185,965</b>	<b>\$394,540</b>

SoonerCare Choice Medical Home	Member Months	Care Coordination Payments
Medical Home - Open to All Ages	3,179,868	\$17,341,115
Medical Home - Open to Child Only	1,644,327	\$7,642,071
Medical Home - Open to Adults Only	21,857	\$121,936
<b>TOTAL</b>	<b>4,846,052</b>	<b>\$25,105,122</b>

**"Other" Capitation Payments**

Miscellaneous Capitation (not SoonerCare Choice)	Member Months	Capitation Payments
Insure Oklahoma - Individual Plan	138,226	\$414,678
Non-Emergency Transportation (ABD)	1,523,739	\$23,450,343
Non-Emergency Transportation (TANF)	6,370,012	\$2,930,206
Non-Emergency Transportation (SoonerPlan)	381,076	\$3,811
Program of All-Inclusive Care for the Elderly (PACE)	3,216	\$8,920,924

**Health Access Network Payments**

Health Access Network	Member Months	Capitation Payments
Oklahoma State University	140,650	\$0
Oklahoma University Tulsa	1,229,460	\$6,147,300
Canadian County	42,369	\$211,845
<b>TOTAL</b>	<b>1,412,479</b>	<b>\$6,359,145</b>

GME - Payments to Medical Schools	Capitation Payments
University of Oklahoma - OKC and Tulsa	\$43,917,630
OSU College of Osteopathic Medicine - Tulsa	\$32,158,768
<b>TOTAL</b>	<b>\$76,076,398</b>

\* 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.



FIGURE 5 – BUDGETED SOONEREXCEL INCENTIVE PAYMENT COMPONENTS

SoonerExcel is one component of the three-part medical home (SoonerCare Choice) payment structure. It is a performance-based reimbursement that recognizes excellence in improving quality of care and providing effective care.

SoonerExcel Incentive Program	SFY 2016 Payments <sup>1</sup>
Emergency Department Utilization -based on emergency department utilization of panel members	\$488,750
Breast and Cervical Cancer Screenings -based on breast and cervical cancer screenings of panel members	\$341,910
Behavioral Health Screenings -based on Behavioral Health screenings of panel members	\$208,373
Inpatient Admits / Visits -based on inpatient admits / visits to SoonerCare Choice members	\$830,875
EPSDT & 4th DTaP- Well-Child Checks -based on meeting the EPSDT screening compliance rate and 4th DTaP administration	\$998,201
<b>Total</b>	<b>\$2,868,109</b>

Source: OHCA Financial Services Division, September 2016.

1. SFY2016 payments are an estimate, at time of reporting SFY2016 4th quarter payments had not been calculated

2. SoonerExcel payments reported elsewhere are actual SFY 2016 expenditures which will include SFY 2015 payments.

FIGURE 6 – CARE COORDINATION FEE BY TIER

The care coordination fee is based on the number of members in the SoonerCare Choice primary care manager's panel. It is a visit-based component of the medical home payment structure and pays under the fee-for-service schedule.

Type of Panel	Tier 1	Tier 2	Tier 3
Children Only	\$3.36	\$4.37	\$5.81
All Ages	\$4.06	\$5.30	\$7.04
Adults Only	\$4.70	\$6.13	\$8.16

FIGURE 7 – LONG-TERM CARE FACILITY USAGE AND COSTS

Nursing Facilities Only	Bed Days
SoonerCare Funded Bed Days	4,603,288
Total Occupied Bed Days	6,908,780
Total Licensed Bed days	9,668,120
SoonerCare % of Occupied Bed Days	66.6%
Occupancy Rate*	71.5%

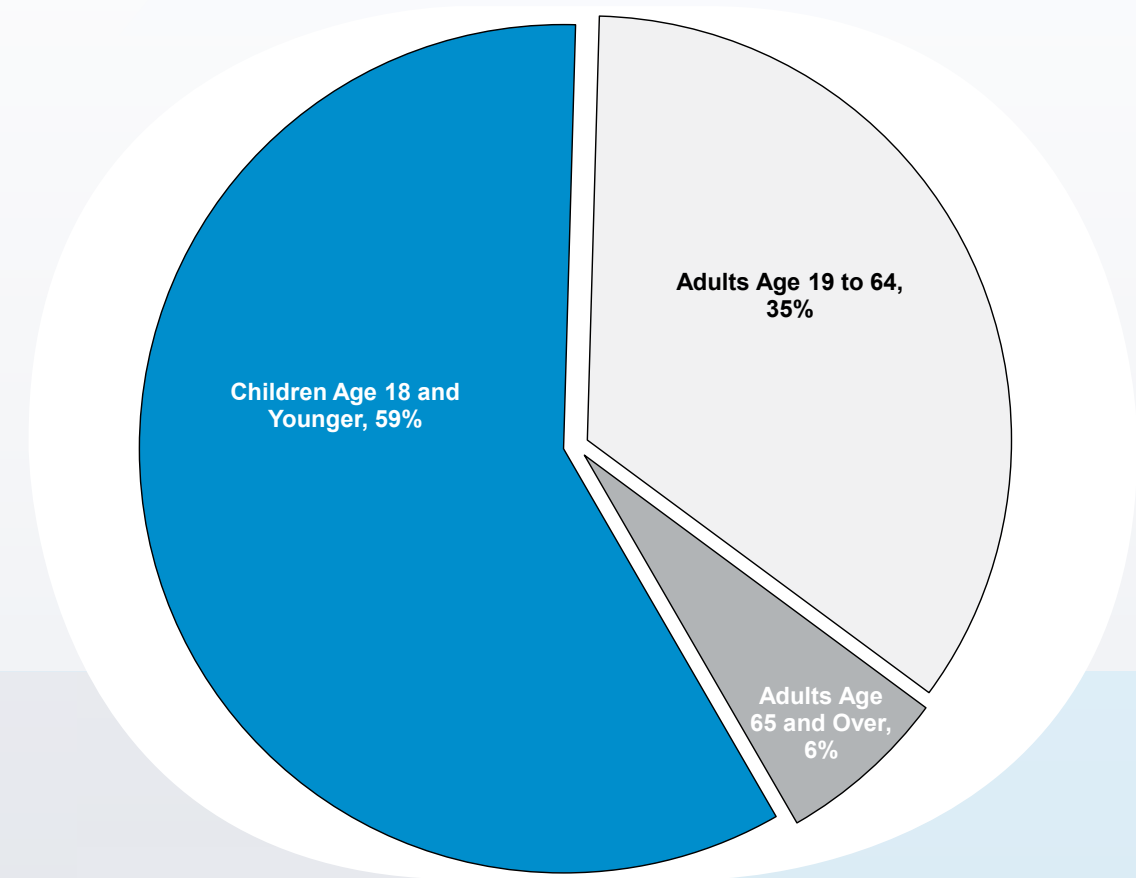
\*Occupancy rate is unadjusted for semiprivate rooms rented privately, and for hospital and therapeutic leave days.

Facility	Unduplicated members	Bed Days	Reimbursement	Yearly Average Per Person	Average Per Day
Nursing Facilities *	19,306	4,603,288	\$536,428,801	\$27,786	\$117
ICF/IDs (ALL)	1,495	502,002	\$85,450,723	\$57,158	\$170
ICF/IDs (Private)	1,434	484,127	\$59,794,529	\$41,698	\$124
ICF/IDs (Public)**	61	17,875	\$25,656,194	\$420,593	\$1,435

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 (average nursing facility \$28.01/day; private \$16.73 and for Public ICF/ID's \$16.72). \*\*This does not include Crossover claims paid to nursing facilities of \$16,864,940. This would add 2,106 additional unduplicated members and 296,537 days.

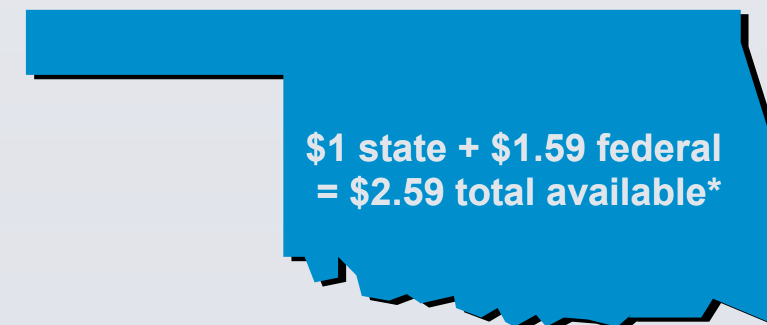
Source: Annual summaries of LTC Reports from Business Objects reports from Finance (Fred Mensah)

FIGURE 8 – AGE OF ENROLLEES



1,052,826 individual Oklahomans were enrolled in SoonerCare or Insure Oklahoma at some point during SFY2016.

FIGURE 9 – FEDERAL MATCHING DOLLAR IMPACT



\* Available for direct medical services and administrative costs.

FIGURE 10 – ENROLLEES SERVED AND EXPENDITURES – STATE FISCAL YEARS 2005-2016

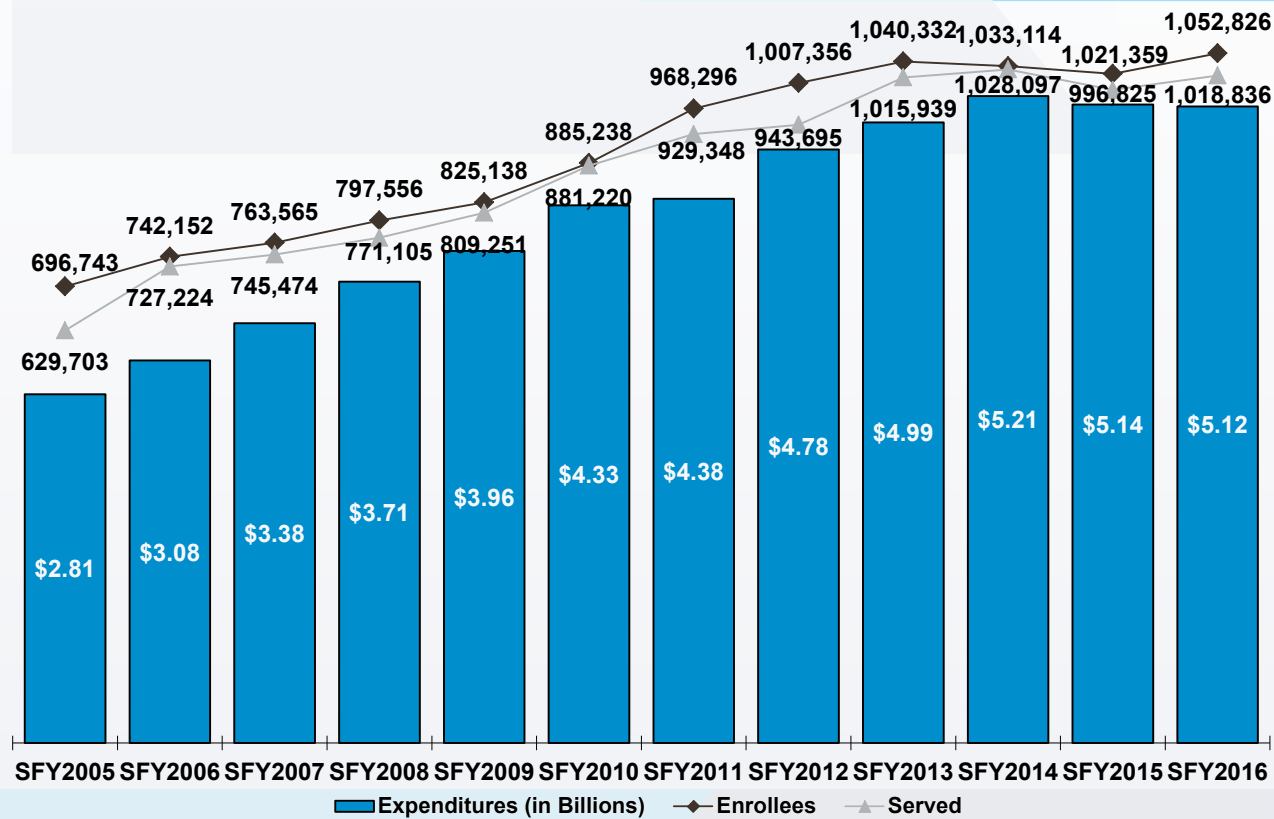
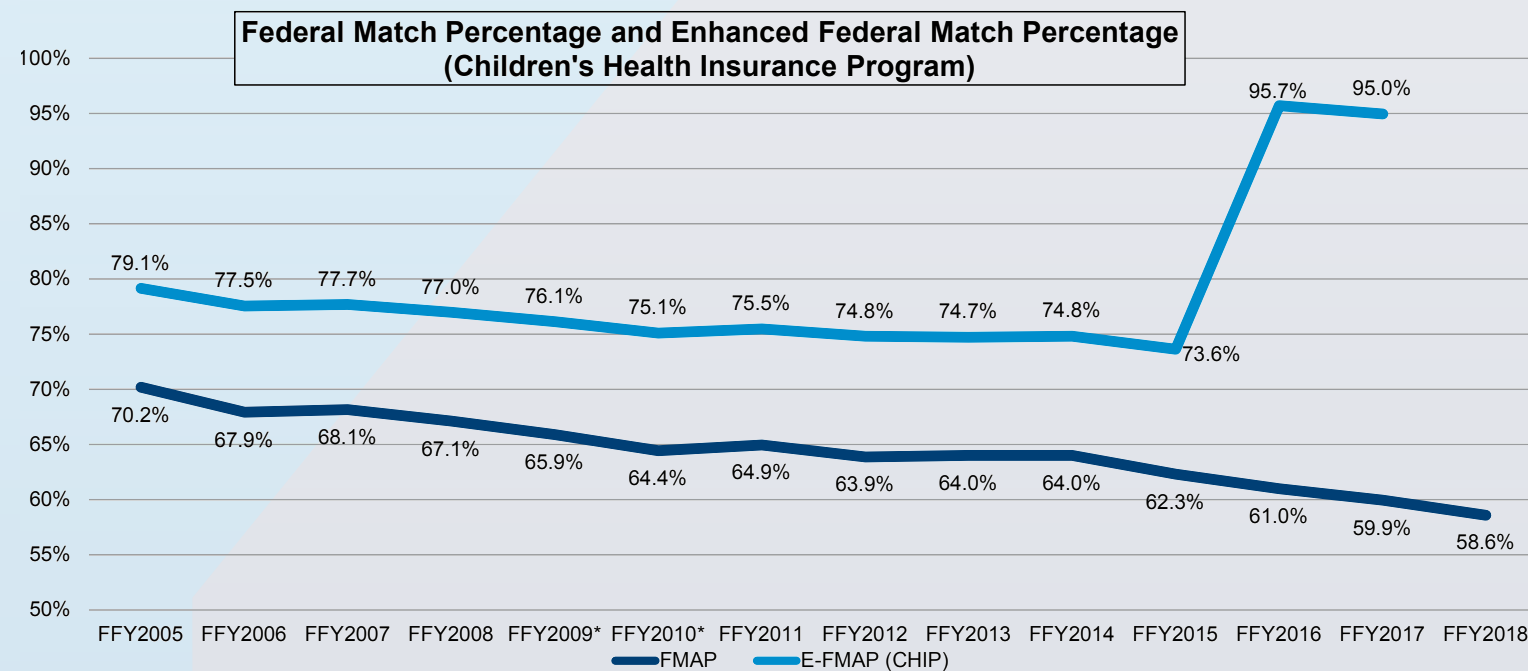


FIGURE 12 – EXPENDITURES AND REVENUE SOURCES

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
2016	5,118,089,773	2,977,533,696	449,692,375	1,101,785,174	589,078,528

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

FIGURE 11 – FMAP FOR OKLAHOMA - FEDERAL FISCAL YEARS 2005-2018



\*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). The CHIP Oklahoma FMAP base was 71.96% (FFY2017)

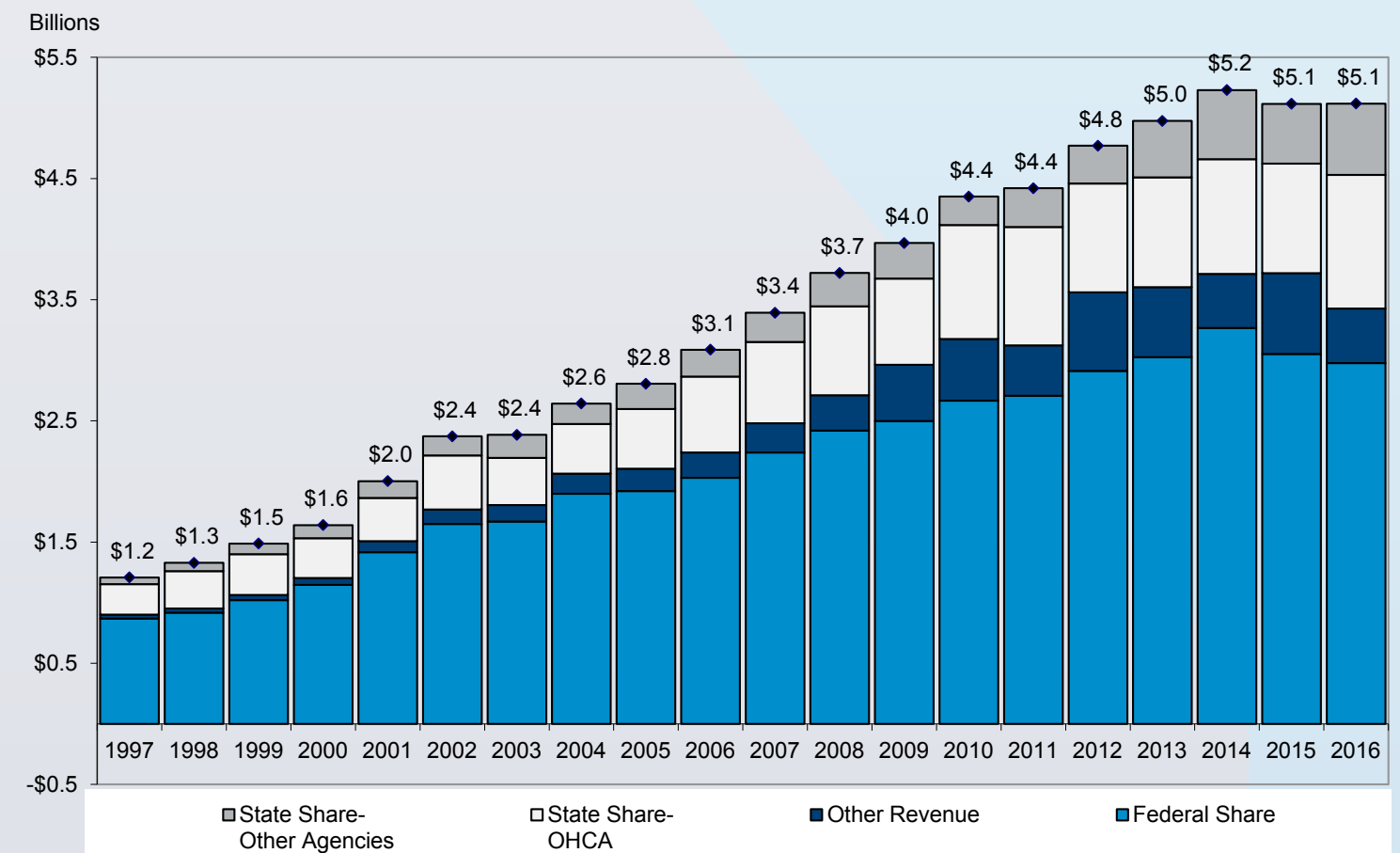
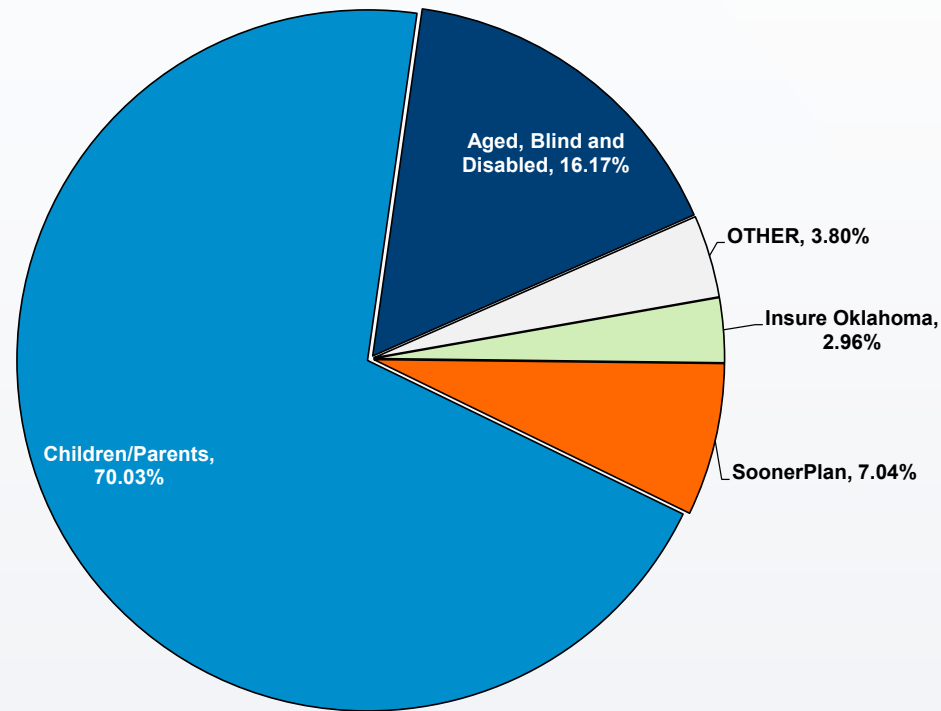


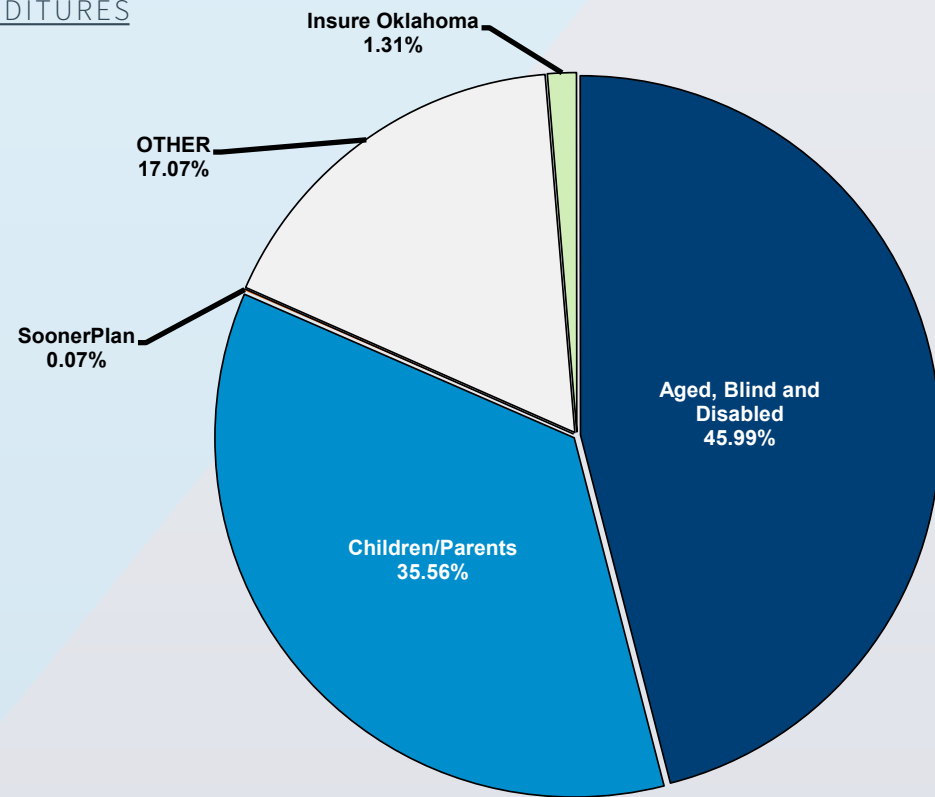
FIGURE 13 – OHCA ENROLLEES AND EXPENDITURES

ENROLLEES



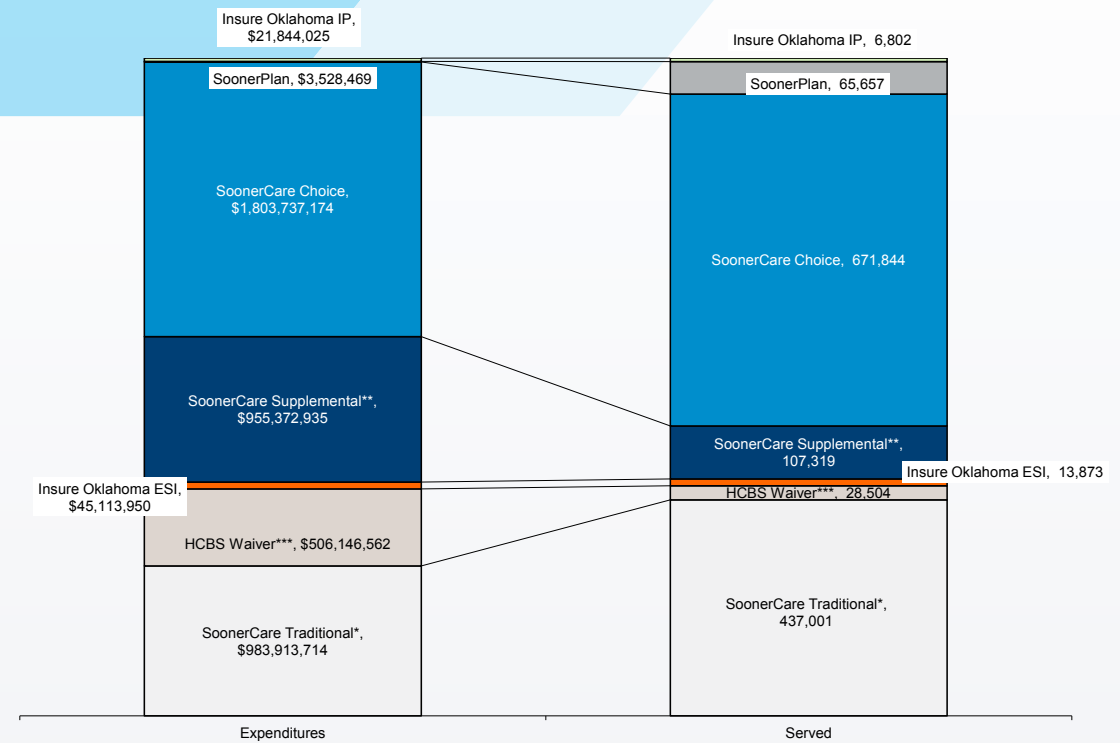
\*Children/Parents includes child custody and Oklahoma Cares (Breast & Cervical Cancer)

EXPENDITURES



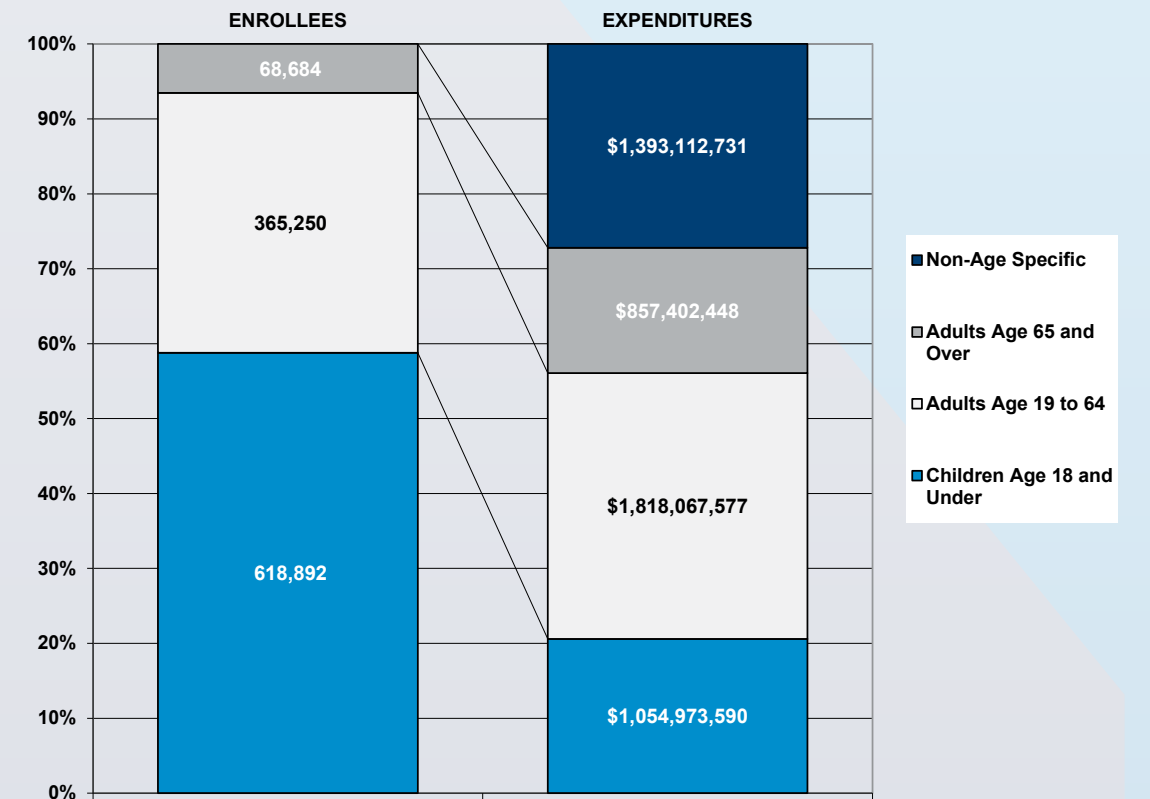
Other enrollees and expenditures include -- Refugee, PKU, Qualifying Individual Group One, Service Limited Medicare Beneficiary, Developmental Disabilities Services Division, Supported Living, Soon-to-be Sooners and Tuberculosis members. Children/Parents include child custody. Aged, Blind, Disabled include 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 – OHCA 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 – ENROLLEES AND EXPENDITURES BY AGE

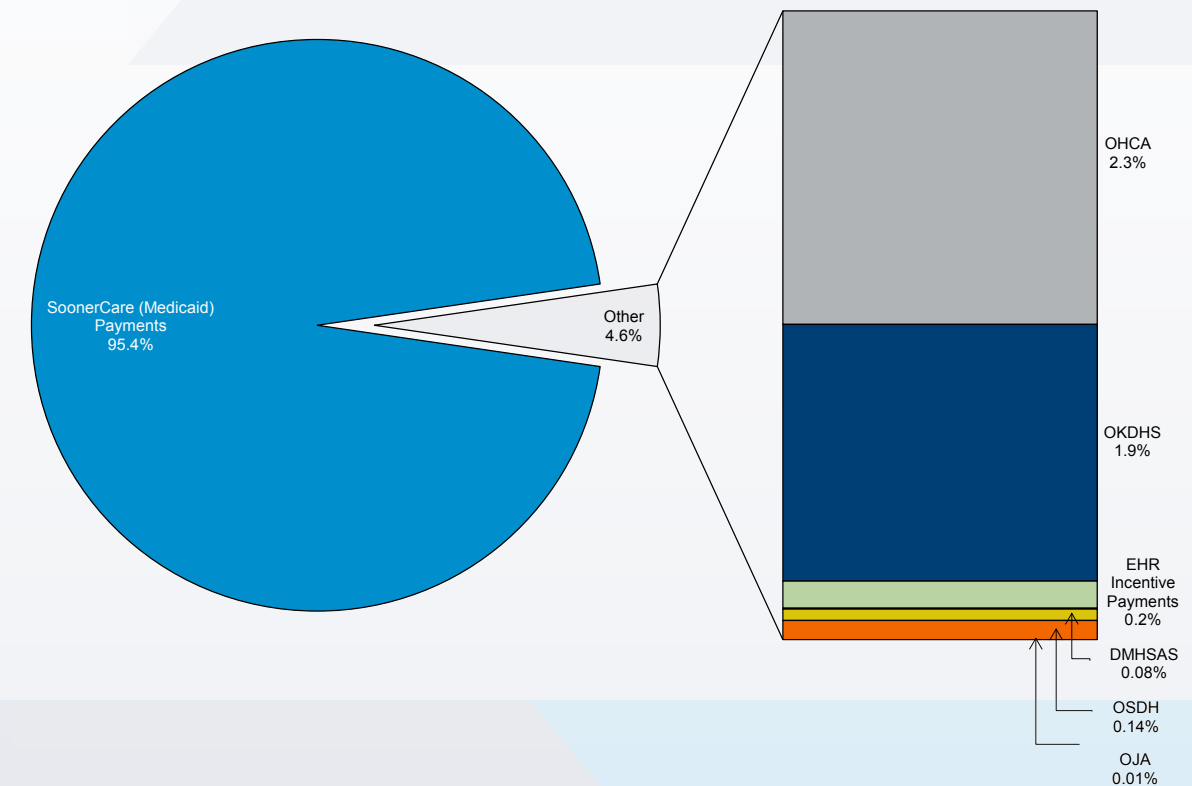


Non-age specific payments include Supplemental Hospital Offset payments; Hospital Supplemental Payments (HSP) (includes DSH, GME and IME); Outpatient Behavioral Health Supplemental payments; SoonerExcel payments; EHR incentive payments; GME payments to Medical schools; non-member specific provider adjustments.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

FIGURE 16 – TOP 20 OHCA EXPENDITURES



FIGURE 17 – OHCA EXPENDITURE AND ADMINISTRATIVE PERCENTAGES



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 18 – OHCA ADMINISTRATIVE EXPENSES

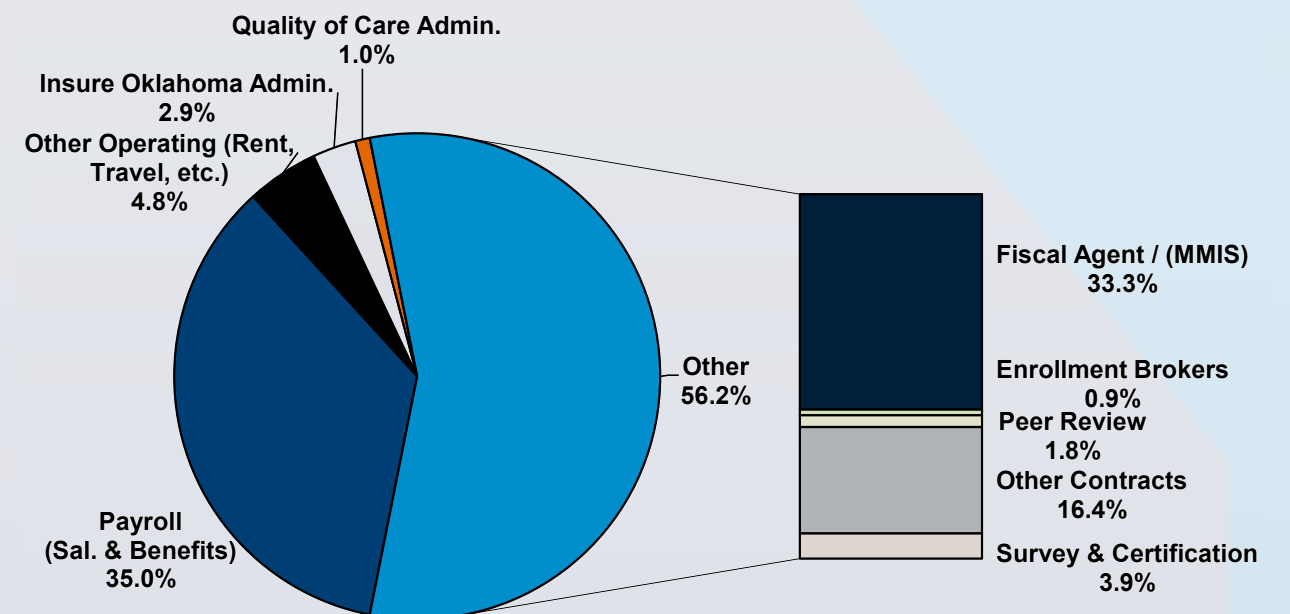


TABLE A – REVENUE SOURCE SUMMARY

Revenue Source	Actual Revenues
State Appropriations	\$882,224,477
Federal Funds—OHCA	\$2,227,640,583
Federal Funds for Other State Agencies	\$851,460,266
Refunds from Other State Agencies	\$590,116,406
Tobacco Tax Funds	\$90,432,696
Drug Rebate	\$291,466,957
Medical Refunds	\$46,091,204
Quality of Care Fees	\$76,129,937
SHOPP Assessment Fees	\$202,973,635
Prior Year Carryover	\$72,016,727
Other Revenue	\$16,592,534
<b>Total Revenue</b>	<b>\$5,347,145,422</b>

Source: Oklahoma Health Care Authority (OHCA) Financial Services Division, September 2016. 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	SFY15	SFY16
Inpatient - Acute and Critical Access	\$512,113,837	\$481,400,548
Inpatient Rehabilitation - Freestanding	\$12,517,345	\$12,606,352
Inpatient - Indian Health Services	\$17,925,832	\$22,136,579
Inpatient - LTAC Children's	\$27,213,000	\$27,726,522
Inpatient Behavioral Health - Freestanding	\$9,785,105	\$8,260,395
Psychiatric Residential Treatment Facilities <sup>1</sup>	\$89,445,595	\$80,200,090
Outpatient Services	\$278,367,876	\$289,341,212
Medicare Crossovers	\$39,591,481	\$39,970,607
Hospital Supplemental Payments	\$86,119,635	\$160,436,275
EHR Incentive Payments	\$20,048,670	\$2,749,756
Supplemental Hospital Offset Payment Program <sup>3</sup>	\$449,854,873	\$441,657,505
Indirect Medical Education (IME)	\$31,865,924	\$32,248,316
Graduate Medical Education (GME)	\$11,640,656	\$5,201,364
Disproportionate Share Hospitals <sup>2</sup>	\$43,066,487	\$44,064,040
<b>Total</b>	<b>\$1,629,556,315</b>	<b>\$1,647,999,561</b>

Source: OHCA Finance Division, September 2016. 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](http://www.okhca.org/reports). OHCA core functions and other information can be found at [www.okhca.org/about-us](http://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](http://www.okhca.org/reports).

TABLE I – OHCA EXPENDITURES BY PAYOR

Category of Service	Total	Health Care Authority	Other State Agencies	Quality of Care Fund
ADvantage Waiver	\$179,431,936	\$0	\$179,431,936	\$0
Ambulatory Surgery Centers	\$7,073,154	\$6,931,949	\$0	\$0
Behavioral Health - Case Management	\$17,198,620	\$0	\$17,198,620	\$0
Behavioral Health - Inpatient	\$49,162,397	\$11,275,534	\$11,686,635	\$0
Behavioral Health - Outpatient	\$26,423,232	\$0	\$26,423,232	\$0
Behavioral Health - PRTF	\$80,200,090	\$0	\$80,200,090	\$0
Behavioral Health - Psychiatrist	\$9,352,875	\$8,061,863	\$0	\$0
Behavioral Health Facility- Rehab	\$237,980,470	\$0	\$237,980,470	\$0
Behavioral Health-Health Home	\$24,249,799	\$0	\$24,249,799	\$0
Clinic Services	\$131,139,566	\$123,429,710	\$6,974,605	\$0
CMS Payments	\$227,875,903	\$227,145,644		\$730,259
Dentists	\$125,402,706	\$125,372,436	\$0	\$0
Electronic Health Records Incentive Payments	\$10,611,425	\$10,611,425	\$0	\$0
Family Planning/Family Planning Waiver	\$5,246,087	\$0	\$5,246,087	\$0
GME/IME/DME	\$111,541,078	\$0	\$111,541,078	\$0
Home and Community Based Waiver	\$196,011,774	\$0	\$196,011,774	\$0
Home Health Care	\$18,846,264	\$18,824,483	\$0	\$0
Homeward Bound Waiver	\$83,930,394	\$0	\$83,930,394	\$0
ICF/IID Private	\$59,798,145	\$48,899,361	\$0	\$10,898,783
ICF/IID Public	\$25,656,194	\$0	\$25,656,194	\$0
In-Home Support Waiver	\$24,928,339	\$0	\$24,928,339	\$0
Inpatient Acute Care	\$1,087,375,713	\$602,786,721	\$163,327,204	\$486,687
Lab & Radiology	\$56,209,410	\$54,671,526	\$0	\$0
Medical Supplies	\$45,498,743	\$42,515,930	\$0	\$2,711,532
Mid Level Practitioners	\$2,601,680	\$2,585,358	\$0	\$0
Miscellaneous Medical Payments	\$178,254	\$174,986	\$0	\$0
Money Follows the Person	\$4,086,485	\$342,713	\$3,743,772	\$0
Nursing Facilities	\$552,957,144	\$345,021,411	\$0	\$207,928,213
Other Practitioners	\$39,990,598	\$39,463,690	\$0	\$446,364
Outpatient Acute Care	\$391,877,697	\$285,936,435		\$41,604
Personal Care Services	\$12,307,892	\$0	\$12,307,892	\$0
Physicians	\$518,337,566	\$453,976,947	\$58,665,049	\$58,101
Premium Assistance*	\$44,510,087	\$0	\$0	\$0
Prescription Drugs	\$521,105,652	\$507,688,904	\$0	\$0
Residential Behavioral Management	\$20,760,451	\$0	\$20,760,451	\$0
SoonerCare Choice	\$38,749,674	\$38,613,474	\$0	\$0
Targeted Case Management	\$67,923,841	\$0	\$67,923,841	\$0
Telligen	\$6,674,228	\$6,674,228	\$0	\$0
Therapeutic Foster Care	\$214,773	\$214,773	\$0	\$0
Transportation	\$65,280,859	\$62,612,918	\$0	\$2,626,055
<b>Total</b>	<b>\$5,128,701,198</b>	<b>\$3,023,832,422</b>	<b>\$1,358,187,464</b>	<b>\$225,927,597</b>

TABLE I – OHCA EXPENDITURES BY PAYOR, CONT.

Category of Service	Health Employee and Economy Improvement Act	Supplemental Hospital Offset Payment Program Fund	BCC Revolving Fund
ADvantage Waiver	\$0	\$0	\$0
Ambulatory Surgery Centers	\$126,633	\$0	\$14,572
Behavioral Health - Case Management	\$0	\$0	\$0
Behavioral Health - Inpatient	\$235,468	\$25,964,760	\$0
Behavioral Health - Outpatient	\$0	\$0	\$0
Behavioral Health - PRTF	\$0	\$0	\$0
Behavioral Health - Psychiatrist	\$0	\$1,291,012	\$0
Behavioral Health Facility- Rehab	\$0	\$0	\$68,464
Behaviorial Health-Health Home	\$0	\$0	\$0
Clinic Services	\$584,618	\$0	\$150,632
CMS Payments	\$0	\$0	\$0
Dentists	\$17,280	\$0	\$12,989
Electronic Health Records Incentive Payments	\$0	\$0	\$0
Family Planning/Family Planning Waiver	\$0	\$0	\$0
GME/IME/DME	\$0	\$0	\$0
Home and Community Based Waiver	\$0	\$0	\$0
Home Health Care	\$12,176	\$0	\$9,605
Homeward Bound Waiver	\$0	\$0	\$0
ICF/IID Private	\$0	\$0	\$0
ICF/IID Public	\$0	\$0	\$0
In-Home Support Waiver	\$0	\$0	\$0
Inpatient Acute Care	\$3,457,161	\$315,633,482	\$1,684,457
Lab & Radiology	\$1,185,814	\$0	\$352,070
Medical Supplies	\$240,533	\$0	\$30,748
Mid Level Practitioners	\$15,617	\$0	\$705
Miscellaneous Medical Payments	\$0	\$0	\$3,268
Money Follows the Person	\$0	\$0	\$0
Nursing Facilities	\$0	\$0	\$7,521
Other Practitioners	\$75,226	\$0	\$5,318
Outpatient Acute Care	\$3,768,230	\$98,768,249	\$3,363,178
Personal Care Services	\$0	\$0	\$0
Physicians	\$735,926	\$0	\$4,901,544
Premium Assistance*	\$44,510,087	\$0	\$0
Prescription Drugs	\$11,631,744	\$0	\$1,785,003
Residential Behavioral Management	\$0	\$0	\$0
SoonerCare Choice	\$124,389	\$0	\$11,811
Targeted Case Management	\$0	\$0	\$0
Telligen	\$0	\$0	\$0
Therapeutic Foster Care	\$0	\$0	\$0
Transportation	\$0	\$0	\$41,887
<b>Total</b>	<b>\$66,720,904</b>	<b>\$441,657,504</b>	<b>\$12,443,771</b>

TABLE II – STATEWIDE OHCA FIGURES BY COUNTY

County	Population Est. July 2015*	Rank	Unduplicated Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
ADAIR	22,004	39	10,532	29	48%	1
ALFALFA	5,868	68	1,021	70	17%	73
ATOKA	13,793	49	4,165	51	30%	35
BEAVER	5,427	70	919	72	17%	75
BECKHAM	23,768	38	6,201	40	26%	53
BLAINE	9,833	60	3,224	56	33%	24
BRYAN	44,884	21	14,672	17	33%	25
CADDO	29,343	34	10,399	30	35%	13
CANADIAN	133,378	4	21,290	7	16%	76
CARTER	48,689	16	15,784	13	32%	27
CHEROKEE	48,447	17	14,349	18	30%	37
CHOCTAW	14,997	46	5,703	42	38%	8
CIMARRON	2,216	77	625	77	28%	41
CLEVELAND	274,458	3	46,517	3	17%	74
COAL	5,651	69	1,963	64	35%	17
COMANCHE	124,648	5	30,787	4	25%	56
COTTON	5,996	67	1,659	68	28%	43
CRAIG	14,818	47	4,865	45	33%	23
CREEK	70,892	10	20,844	8	29%	38
CUSTER	29,744	33	7,367	36	25%	55
DELAWARE	41,459	24	12,009	26	29%	39
DEWEY	4,995	71	1,033	69	21%	64
ELLIS	4,231	73	796	74	19%	70
GARFIELD	63,569	12	17,493	11	28%	45
GARVIN	27,755	35	8,872	33	32%	29
GRADY	54,648	13	11,849	27	22%	61
GRANT	4,523	72	841	73	19%	71
GREER	6,070	66	1,846	65	30%	32
HARMON	2,788	76	972	71	35%	16
HARPER	3,754	75	794	75	21%	63
HASKELL	12,845	51	4,830	47	38%	9
HUGHES	13,735	50	4,440	49	32%	28
JACKSON	25,574	36	6,989	37	27%	46
JEFFERSON	6,276	65	2,538	63	40%	4
JOHNSTON	10,980	56	3,963	53	36%	11
KAY	45,366	20	15,603	14	34%	19
KINGFISHER	15,584	45	3,460	55	22%	59
KIOWA	9,144	62	3,129	57	34%	20
LATIMER	10,483	58	4,121	52	39%	6
LEFLORE	49,605	15	17,874	9	36%	12
LINCOLN	35,042	30	9,399	31	27%	48
LOGAN	45,996	19	8,422	34	18%	72

Source: OHCA Financial Services Division, September 2016. \*HEEIA includes \$44,200,365 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.

TABLE II – STATEWIDE OHCA FIGURES BY COUNTY, CONT.

County	Population Est. July 2015*	Rank	Unduplicated Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
LOVE	9,870	59	2,759	61	28%	42
MCCLAIN	38,066	29	8,263	35	22%	60
MCCURTAIN	33,048	31	13,876	19	42%	3
MCINTOSH	19,990	42	6,613	38	33%	22
MAJOR	7,771	63	1,673	67	22%	62
MARSHALL	16,232	44	5,282	43	33%	26
MAYES	40,887	26	12,358	24	30%	34
MURRAY	13,936	48	3,687	54	26%	51
MUSKOGEE	69,699	11	24,584	5	35%	15
NOBLE	11,554	54	2,919	59	25%	54
NOWATA	10,539	57	2,794	60	27%	49
OKFUSKEE	12,181	52	4,302	50	35%	14
OKLAHOMA	776,864	1	211,289	1	27%	47
OKMULGEE	39,187	27	13,481	21	34%	18
OSAGE	47,887	18	6,378	39	13%	77
OTTAWA	31,981	32	12,550	23	39%	7
PAWNEE	16,436	43	5,142	44	31%	30
PAYNE	80,850	7	15,542	15	19%	68
PITTSBURG	44,610	22	13,521	20	30%	33
PONTOTOC	38,194	28	11,352	28	30%	36
POTTAWATOMIE	71,875	9	22,473	6	31%	31
PUSHMATAHA	11,183	55	4,840	46	43%	2
ROGER MILLS	3,788	74	756	76	20%	65
ROGERS	90,802	6	17,578	10	19%	66
SEMINOLE	25,548	37	9,365	32	37%	10
SEQUOYAH	41,153	25	16,199	12	39%	5
STEPHENS	44,581	23	12,809	22	29%	40
TEXAS	21,489	41	5,929	41	28%	44
TILLMAN	7,515	64	2,571	62	34%	21
TULSA	639,242	2	169,135	2	26%	50
WAGONER	76,559	8	14,790	16	19%	67
WASHINGTON	52,021	14	12,061	25	23%	57
WASHITA	11,661	53	3,044	58	26%	52
WOODS	9,304	61	1,780	66	19%	69
WOODWARD	21,559	40	4,804	48	22%	58
Out of State			9,586			
OTHER <sup>0</sup>			2,582			
<b>TOTAL</b>	<b>3,911,338</b>		<b>1,052,826</b>		<b>27%</b>	

TABLE II – STATEWIDE OHCA FIGURES BY COUNTY, CONT.

County	Expenditures	Rank	Annual Per Capita	Rank	Monthly Average Per Enrollee	Rank
ADAIR	\$36,384,511	32	\$1,654	10	\$288	56
ALFALFA	\$4,497,871	70	\$767	58	\$367	19
ATOKA	\$16,343,605	49	\$1,185	34	\$327	32
BEAVER	\$1,907,613	76	\$352	77	\$173	75
BECKHAM	\$22,269,525	43	\$937	52	\$299	48
BLAINE	\$11,435,547	56	\$1,163	37	\$296	50
BRYAN	\$54,391,542	19	\$1,212	33	\$309	40
CADDO	\$32,495,353	35	\$1,107	39	\$260	65
CANADIAN	\$73,110,862	11	\$548	73	\$286	59
CARTER	\$60,763,287	16	\$1,248	32	\$321	33
CHEROKEE	\$63,968,750	13	\$1,320	25	\$372	16
CHOCTAW	\$27,021,359	39	\$1,802	3	\$395	11
CIMARRON	\$824,445	77	\$372	76	\$110	77
CLEVELAND	\$171,083,789	3	\$623	68	\$306	43
COAL	\$9,930,810	60	\$1,757	4	\$422	7
COMANCHE	\$92,818,927	5	\$745	61	\$251	70
COTTON	\$4,488,134	71	\$749	60	\$225	73
CRAIG	\$27,761,106	38	\$1,873	2	\$476	3
CREEK	\$88,553,317	7	\$1,249	29	\$354	24
CUSTER	\$25,344,151	41	\$852	54	\$287	57
DELAWARE	\$42,029,459	29	\$1,014	44	\$292	52
DEWEY	\$2,952,693	72	\$591	71	\$238	72
ELLIS	\$2,452,179	73	\$580	72	\$257	68
GARFIELD	\$79,359,391	8	\$1,248	31	\$378	12
GARVIN	\$38,571,806	30	\$1,390	20	\$362	20
GRADY	\$44,116,046	27	\$807	57	\$310	39
GRANT	\$5,252,803	67	\$1,161	38	\$520	1
GREER	\$6,340,372	66	\$1,045	42	\$286	58
HARMON	\$4,802,640	69	\$1,723	5	\$412	9
HARPER	\$2,354,881	74	\$627	67	\$247	71
HASKELL	\$19,126,975	46	\$1,489	16	\$330	30
HUGHES	\$22,841,749	42	\$1,663	7	\$429	5
JACKSON	\$21,761,819	45	\$851	55	\$259	66
JEFFERSON	\$8,388,021	63	\$1,337	24	\$275	61
JOHNSTON	\$15,958,417	50	\$1,453	18	\$336	28
KAY	\$53,431,072	20	\$1,178	35	\$285	60
KINGFISHER	\$11,254,239	58	\$722	62	\$271	62
KIOWA	\$12,374,037	55	\$1,353	22	\$330	31
LATIMER	\$14,250,206	53	\$1,359	21	\$288	55
LEFLORE	\$73,406,170	10	\$1,480	17	\$342	26
LINCOLN	\$32,987,377	34	\$941	51	\$292	51

TABLE II – STATEWIDE OHCA FIGURES BY COUNTY, CONT.

County	Expenditures	Rank	Annual Per Capita	Rank	Monthly Average Per Enrollee	Rank
LOGAN	\$37,524,211	31	\$816	56	\$371	17
LOVE	\$9,791,333	61	\$992	47	\$296	49
MCCLAIN	\$28,585,177	36	\$751	59	\$288	54
MCCURTAIN	\$52,956,353	22	\$1,602	13	\$318	36
MCINTOSH	\$33,195,710	33	\$1,661	8	\$418	8
MAJOR	\$5,195,380	68	\$669	66	\$259	67
MARSHALL	\$19,074,989	47	\$1,175	36	\$301	46
MAYES	\$53,035,684	21	\$1,297	27	\$358	22
MURRAY	\$14,129,701	54	\$1,014	43	\$319	35
MUSKOGEE	\$110,986,380	4	\$1,592	14	\$376	14
NOBLE	\$14,873,804	51	\$1,287	28	\$425	6
NOWATA	\$11,359,108	57	\$1,078	40	\$339	27
OKFUSKEE	\$25,408,436	40	\$2,086	1	\$492	2
OKLAHOMA	\$779,222,384	1	\$1,003	45	\$307	42
OKMULGEE	\$66,007,643	12	\$1,684	6	\$408	10
OSAGE	\$28,566,547	37	\$597	70	\$373	15
OTTAWA	\$45,777,813	25	\$1,431	19	\$304	45
PAWNEE	\$21,983,198	44	\$1,338	23	\$356	23
PAYNE	\$57,500,491	18	\$711	64	\$308	41
PITTSBURG	\$58,661,303	17	\$1,315	26	\$362	21
PONTOTOC	\$61,343,626	15	\$1,606	12	\$450	4
POTTAWATOMIE	\$89,752,310	6	\$1,249	30	\$333	29
PUSHMATAHA	\$18,216,757	48	\$1,629	11	\$314	37
ROGER MILLS	\$2,002,037	75	\$529	74	\$221	74
ROGERS	\$77,481,939	9	\$853	53	\$367	18
SEMINOLE	\$42,398,702	28	\$1,660	9	\$377	13
SEQUOYAH	\$62,226,611	14	\$1,512	15	\$320	34
STEPHENS	\$44,707,444	26	\$1,003	46	\$291	53
TEXAS	\$9,677,269	62	\$450	75	\$136	76
TILLMAN	\$8,095,447	64	\$1,077	41	\$262	64
TULSA	\$610,574,946	2	\$955	49	\$301	47
WAGONER	\$47,206,023	24	\$617	69	\$266	63
WASHINGTON	\$50,073,050	23	\$963	48	\$346	25
WASHITA	\$11,132,712	59	\$955	50	\$305	44
WOODS	\$6,640,921	65	\$714	63	\$311	38
WOODWARD	\$14,774,186	52	\$685	65	\$256	69
Out of State	\$1,815,479					
OTHER <sup>o</sup>	\$1,152,194,386					
<b>TOTAL</b>	<b>\$5,123,556,347</b>		<b>\$1,310</b>		<b>\$406</b>	

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	\$13,168,235	\$36,384,511	36%
ALFALFA	\$2,291,221	\$4,497,871	51%
ATOKA	\$11,612,811	\$16,343,605	71%
BEAVER	\$1,518,961	\$1,907,613	80%
BECKHAM	\$16,539,436	\$22,269,525	74%
BLAINE	\$8,039,160	\$11,435,547	70%
BRYAN	\$48,505,731	\$54,391,542	89%
CADDO	\$15,803,668	\$32,495,353	49%
CANADIAN	\$42,419,629	\$73,110,862	58%
CARTER	\$51,111,713	\$60,763,287	84%
CHEROKEE	\$68,111,873	\$63,968,750	106%
CHOCTAW	\$17,183,056	\$27,021,359	64%
CIMARRON	\$229,959	\$824,445	28%
CLEVELAND	\$128,759,577	\$171,083,789	75%
COAL	\$4,057,394	\$9,930,810	41%
COMANCHE	\$88,478,224	\$92,818,927	95%
COTTON	\$803,249	\$4,488,134	18%
CRAIG	\$21,262,869	\$27,761,106	77%
CREEK	\$65,260,256	\$88,553,317	74%
CUSTER	\$22,647,902	\$25,344,151	89%
DELAWARE	\$29,501,336	\$42,029,459	70%
DEWEY	\$1,485,612	\$2,952,693	50%
ELLIS	\$1,887,968	\$2,452,179	77%
GARFIELD	\$61,333,055	\$79,359,391	77%
GARVIN	\$19,576,783	\$38,571,806	51%
GRADY	\$28,161,906	\$44,116,046	64%
GRANT	\$4,088,066	\$5,252,803	78%
GREER	\$3,452,724	\$6,340,372	54%
HARMON	\$2,912,580	\$4,802,640	61%
HARPER	\$1,421,434	\$2,354,881	60%
HASKELL	\$21,853,344	\$19,126,975	114%
HUGHES	\$12,679,478	\$22,841,749	56%
JACKSON	\$17,261,640	\$21,761,819	79%
JEFFERSON	\$2,882,675	\$8,388,021	34%
JOHNSTON	\$18,582,556	\$15,958,417	116%
KAY	\$43,293,305	\$53,431,072	81%
KINGFISHER	\$6,791,472	\$11,254,239	60%
KIOWA	\$9,869,641	\$12,374,037	80%
LATIMER	\$6,404,510	\$14,250,206	45%
LEFLORE	\$52,381,950	\$73,406,170	71%
LINCOLN	\$14,949,809	\$32,987,377	45%
LOGAN	\$18,441,462	\$37,524,211	49%
LOVE	\$2,795,450	\$9,791,333	29%
MCCLAIN	\$12,539,037	\$28,585,177	44%
MCCURTAIN	\$29,114,677	\$52,956,353	55%

\*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). ENROLLEES from Unduplicated Client Count †Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the intellectually disabled causing the average dollars per SoonerCare enrollee to be higher than the norm. † Non-member specific payments include \$441,657,505 in SHOPP payments; \$241,949,994 in Hospital Supplemental payments; \$143,369,4252 in Medicare Part A & B (Buy-In) payments; \$85,481,968 in Medicare Part D (clawback) payments; \$76,076,398 in GME payments to medical schools; \$44,771,943 in Insure Oklahoma ESI premiums; \$147,802 in Insure Oklahoma ESI out-of-pocket payments; \$10,640,175 in EHR incentive payments; \$33,575,446 in outpatient behavioral health supplemental payments; \$2,884,908 in SoonerExcel payments; \$6,359,145 in Health Access Network payments; \$29,573,005 in NET payments; \$16,155,003 in ICF/MR payments; \$6,674,228 in self-directed Care and \$1,845,629 in non-member specific provider adjustments. Additionally, other includes \$15,281,020 paid on behalf of custody children within the state office county code.



TABLE III – EXPENDITURES PAID TO PROVIDERS AND MEMBERS BY COUNTY, CONT.

County	Total Dollars Paid by Provider County	Total Dollars Paid by Member County	% of Dollars Staying in County
MCINTOSH	\$30,754,358	\$33,195,710	93%
MAJOR	\$2,702,965	\$5,195,380	52%
MARSHALL	\$9,173,680	\$19,074,989	48%
MAYES	\$19,558,577	\$53,035,684	37%
MURRAY	\$7,681,689	\$14,129,701	54%
MUSKOGEE	\$97,547,017	\$110,986,380	88%
NOBLE	\$8,895,745	\$14,873,804	60%
NOWATA	\$5,199,606	\$11,359,108	46%
OKFUSKEE	\$16,585,448	\$25,408,436	65%
OKLAHOMA	\$1,135,087,124	\$779,222,384	146%
OKMULGEE	\$34,870,189	\$66,007,643	53%
OSAGE	\$10,774,550	\$28,566,547	38%
OTTAWA	\$37,618,531	\$45,777,813	82%
PAWNEE	\$11,462,590	\$21,983,198	52%
PAYNE	\$39,634,562	\$57,500,491	69%
PITTSBURG	\$45,725,903	\$58,661,303	78%
PONTOTOC	\$74,044,598	\$61,343,626	121%
POTTAWATOMIE	\$59,260,178	\$89,752,310	66%
PUSHMATAHA	\$24,195,326	\$18,216,757	133%
ROGER MILLS	\$227,433	\$2,002,037	11%
ROGERS	\$47,894,641	\$77,481,939	62%
SEMINOLE	\$23,023,156	\$42,398,702	54%
SEQUOYAH	\$40,201,628	\$62,226,611	65%
STEPHENS	\$37,130,054	\$44,707,444	83%
TEXAS	\$6,170,292	\$9,677,269	64%
TILLMAN	\$2,532,404	\$8,095,447	31%
TULSA	\$841,868,043	\$610,574,946	138%
WAGONER	\$15,463,411	\$47,206,023	33%
WASHINGTON	\$32,007,746	\$50,073,050	64%
WASHITA	\$5,014,175	\$11,132,712	45%
WOODS	\$3,251,520	\$6,640,921	49%
WOODWARD	\$10,979,158	\$14,774,186	74%
OUT OF STATE	\$194,402,356	\$1,815,479	
NON-COUNTY SPECIFIC	\$1,141,150,299	\$1,152,194,386	
<b>TOTAL</b>	<b>\$5,123,556,347</b>	<b>\$5,123,556,347</b>	

TABLE IV – EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE

Type of Service	SFY2015 TOTAL			SFY2016 TOTAL		
	Expenditures	Members	Avg Per Member Served	Expenditures	Members	Avg Per Member Served
Adult Day Care	\$4,952,078	858	\$5,772	\$5,210,286	838	\$6,218
Advanced Practice Nurse	\$2,585,060	11,673	\$221	\$2,290,911	11,163	\$205
ADvantage Home Delivered Meals	\$17,567,360	15,098	\$1,164	\$18,264,578	15,830	\$1,154
Ambulatory Surgical Services	\$7,851,964	15,763	\$498	\$6,813,642	15,300	\$445
Architectural Modification	\$403,866	184	\$2,195	\$367,263	162	\$2,267
Audiology Services	\$236,825	2,706	\$88	\$249,135	2,575	\$97
Behavioral Health Services	\$240,062,459	112,869	\$2,127	\$238,880,445	114,189	\$2,092
Capitated Services	\$42,496,757	680,293	\$62	43,663,864.7	702,746	\$62
Chiropractic Services	\$7,025	105	\$67	\$6,023	117	\$51
Clinic	\$92,418,928	143,232	\$645	\$96,267,121	146,044	\$659
Clinics - OSA Services	\$9,564,748	78,625	\$122	\$8,167,623	74,167	\$110
Community Mental Health	\$35,681,147	34,972	\$1,020	\$44,965,576	36,447	\$1,234
Dental	\$122,008,776	314,711	\$388	\$120,614,020	323,267	\$373
Direct Support	\$220,470,617	4,532	\$48,648	\$217,150,740	4,538	\$47,852
Employee Training Specialist	\$30,757,726	2,927	\$10,508	\$30,532,329	2,863	\$10,664
End-Stage Renal Disease	\$9,061,515	2,460	\$3,684	\$7,679,324	2,394	\$3,208
Eye Care and Exams	\$24,408,156	139,096	\$175	\$23,082,977	147,345	\$157
Eyewear	\$5,899,133	46,838	\$126	\$5,059,515	44,857	\$113
Self-Directed Care	\$7,630,361	968	\$7,883	\$16,441,076	1,208	\$13,610
Group Home	\$23,628,493	659	\$35,855	\$22,364,945	651	\$34,355
Home Health	\$19,061,142	5,883	\$3,240	\$17,911,735	5,527	\$3,241
Homemaker Services	\$2,260,289	344	\$6,571	\$2,153,218	359	\$5,998
Hospice	\$596,182	78	\$7,643	\$1,049,173	105	\$9,992
ICF-ID Services	\$100,320,275	1,564	\$64,143	\$85,450,723	1,516	\$56,366
Inpatient Services	\$602,058,228	134,404	\$4,479	\$574,381,095	131,619	\$4,364
Laboratory Services	\$60,310,437	242,010	\$249	\$43,908,289	237,871	\$185
Medicare Part A & B (Buy-In) Payments	\$134,053,819	-	\$0	\$143,369,425	-	\$0
Medicare Part D Payments	\$77,299,141	-	\$0	\$85,481,968	-	\$0
Mid-Level Practitioner	\$270,306	2,028	\$133	\$254,919	1,519	\$168
Medical Supplies/DMEPOS	\$61,820,367	88,501	\$699	\$67,270,229	89,931	\$748
Nursing Facility	\$562,888,414	20,172	\$27,904	\$553,426,957	20,325	\$27,229
Nursing Services	\$9,202,524	18,377	\$501	\$10,783,915	19,677	\$548
Nutritionist Services	\$1,152,980	890	\$1,295	\$1,040,013	838	\$1,241
Insure Oklahoma ESI Out-of-Pocket	\$290,854	-	\$0	\$152,157	-	\$0
Insure Oklahoma ESI Premium	\$41,196,628	19,526	\$2,110	\$44,961,793	13,878	\$3,240
Other Practitioner	\$139	3	\$46	\$673	9	\$75
Outpatient Hospital	\$290,389,059	459,622	\$632	\$301,447,253	452,734	\$666
Personal Care	\$87,648,702	20,697	\$4,235	\$86,126,802	21,011	\$4,099
Physician	\$566,732,969	734,824	\$771	\$544,461,334	729,687	\$746
Podiatry	\$2,839,347	14,924	\$190	\$2,402,443	14,503	\$166
Prescribed Drugs	\$477,848,832	584,400	\$818	\$505,109,303	579,416	\$872
Psychiatric Services	\$100,819,927	5,721	\$17,623	\$88,458,906	5,593	\$15,816

\*Non-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.

TABLE IV – EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE, CONT.

Type of Service	SFY2015 TOTAL			SFY2016 TOTAL		
	Expenditures	Members	Avg Per Member Served	Expenditures	Members	Avg Per Member Served
Residential Behavior Mgmt	\$22,987,975	2,004	\$11,471	\$20,550,866	1,974	\$10,411
Respite Care	\$340,608	265	\$1,285	\$351,644	238	\$1,477
Room and Board	\$324,423	479	\$677	\$177,142	330	\$537
School-Based Services	\$6,728,350	8,041	\$837	\$814,836	2,123	\$384
Specialized Foster Care/ID Services	\$3,233,733	211	\$15,326	\$2,926,562	179	\$16,350
Targeted Case Manager	\$107,965,184	47,701	\$2,263	\$116,047,211	49,214	\$2,358
Therapy Services	\$17,059,847	13,114	\$1,301	\$21,559,474	15,544	\$1,387
Transportation - Emergency	\$46,958,656	88,012	\$534	\$43,942,660	83,695	\$525
Transportation - Non-Emergency	\$29,721,186	888,003	\$33	\$29,573,005	937,554	\$32
X-Ray Services	\$17,801,572	230,565	\$77	\$15,466,479	229,764	\$67
Uncategorized Services	\$613,453	70,143	\$9	\$573,233	66,900	\$9
<b>TOTAL</b>	<b>\$4,350,488,542</b>	<b>996,825</b>	<b>\$4,364</b>	<b>\$4,319,656,828</b>	<b>1,018,836</b>	<b>\$4,240</b>

Non-Member Specific Payments						
HSP - Indirect Medical Education (IME)	\$31,865,924	-	-	\$32,248,316	-	-
HSP - Graduate Medical Education (GME)	\$11,640,656	-	-	\$5,201,364	-	-
HSP - Acute DSH	\$43,066,387	-	-	\$44,064,040	-	-
HSP - Supplemental Payments	\$86,119,635	-	-	\$160,436,275	-	-
HSP - SHOPP	\$449,854,873	-	-	\$441,657,505	-	-
Behavioral Health Supplemental Payments	\$35,851,334	-	-	33,575,446.1	-	-
EHR Incentive Payments	32,559,849.9	-	-	10,640,175.5	-	-
Capitated Services - GME to Medical Schools	\$97,424,987	-	-	76,076,398.2	-	-
<b>TOTAL</b>	<b>\$5,138,872,188</b>	<b>996,825</b>	<b>\$4,364</b>	<b>\$5,123,556,347</b>	<b>1,018,836</b>	<b>\$4,240</b>

Non-Member Specific Payments				Percent Change		
Type of Service	Expenditures	Members	Avg Per Member Served	Expenditures	Members	Avg Per Member Served
HSP - Indirect Medical Education (IME)	1%					
HSP - Graduate Medical Education (GME)	-55%					
HSP - Acute DSH	2%					
HSP - Supplemental Payments	86%					
HSP - SHOPP	-2%					
Behavioral Health Supplemental Payments	-6%					
EHR Incentive Payments	-67%					
Capitated Services - GME to Medical Schools	-22%					
<b>TOTAL</b>	<b>-64%</b>	<b>2%</b>	<b>-3%</b>			
Adult Day Care	5%	-2%	8%			
Advanced Practice Nurse	-11%	-4%	-7%			
ADvantage Home Delivered Meals	4%	5%	-1%			
Ambulatory Surgical Services	-13%	-3%	-11%			
Architectural Modification	-9%	-12%	3%			
Audiology Services	5%	-5%	11%			
Behavioral Health Services	-0%	1%	-2%			
Capitated Services	3%	3%	-1%			

Type of Service	Expenditures	Members	Member Served
Chiropractic Services	-14%	11%	-23%
Clinic	4%	2%	2%
Clinics - OSA Services	-15%	-6%	-9%
Community Mental Health	26%	4%	21%
Dental	-1%	3%	-4%
Direct Support	-2%	0%	-2%
Employee Training Specialist	-1%	-2%	1%
End-Stage Renal Disease	-15%	-3%	-13%
Eye Care and Exams	-5%	6%	-11%
Eyewear	-14%	-4%	-10%
Self-Directed Care	115%	25%	73%
Group Home	-5%	-1%	-4%
Home Health	-6%	-6%	0%
Homemaker Services	-5%	4%	-9%
Hospice	76%	35%	31%
ICF-ID Services	-15%	-3%	-12%
Inpatient Services	-5%	-2%	-3%
Laboratory Services	-27%	-2%	-26%
Medicare Part A & B (Buy-In) Payments	7%	0	0%
Medicare Part D Payments	11%	0%	0%
Mid-Level Practitioner	-6%	-25%	26%
Medical Supplies/DMEPOS	9%	2%	7%
Nursing Facility	-2%	1%	-2%
Nursing Services	17%	7%	9%
Nutritionist Services	-10%	-6%	-4%
Insure Oklahoma ESI Out-of-Pocket	-48%	0%	0%
Insure Oklahoma ESI Premium	9%	-29%	54%
Other Practitioner	385%	200%	62%
Outpatient Hospital	4%	-1%	5%
Personal Care	-2%	2%	-3%
Physician	-4%	-1%	-3%
Podiatry	-15%	-3%	-13%
Prescribed Drugs	6%	-1%	7%
Psychiatric Services	-12%	-2%	-10%
Residential Behavior Mgmt	-11%	-1%	-9%
Respite Care	3%	-10%	15%
Room and Board	-45%	-31%	-21%
School-Based Services	-88%	-74%	-54%
Specialized Foster Care/ID Services	-9%	-15%	7%
Targeted Case Manager	7%	3%	4%
Therapy Services	26%	19%	7%
Transportation - Emergency	-6%	-5%	-2%
Transportation - Non-Emergency	-0%	6%	-6%
X-Ray Services	-13%	-0%	-13%
Uncategorized Services	-7%	-5%	-2%
<b>TOTAL</b>	<b>-1%</b>	<b>2%</b>	<b>-3%</b>

Source: OHCA Financial Service Division, August 2016. 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.

TABLE V – EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD

SFY2016	Adult Totals			Children Totals		
Type of Service	Expenditures	Members Served	Avg per Adult	Expenditures	Members Served	Avg per Child <sup>1</sup>
Adult Day Care	\$5,210,286	838	\$6,218	\$0	-	\$0
Advanced Practice Nurse	\$281,367	1,809	\$156	\$2,009,544	9,354	\$215
ADvantage Home Delivered Meals	\$18,264,578	15,830	\$1,154	\$0	-	\$0
Ambulatory Surgical Services	\$2,854,539	7,391	\$386	\$3,959,103	7,909	\$501
Architectural Modification	\$342,057	153	\$2,236	\$25,206	9	\$2,801
Audiology Services	\$14,933	367	\$41	\$234,202	2,208	\$106
Behavioral Health Services	\$72,063,242	30,477	\$2,365	\$166,817,203	83,712	\$1,993
Capitated Services	\$14,476,200	147,566	\$98	\$29,187,665	555,179	\$53
Chiropractic Services	\$6,023	117	\$51	\$0	-	\$0
Clinic	\$31,479,098	51,030	\$617	\$64,788,023	95,014	\$682
Clinics - OSA Services	\$1,260,340	11,441	\$110	\$6,907,283	62,726	\$110
Community Mental Health	\$22,252,419	21,040	\$1,058	\$22,713,158	15,407	\$1,474
Dental	\$10,190,964	28,804	\$354	\$110,423,056	294,463	\$375
Direct Support	\$204,994,933	3,962	\$51,740	\$12,155,808	576	\$21,104
Employee Training Specialist	\$29,855,833	2,744	\$10,880	\$676,496	119	\$5,685
End-Stage Renal Disease	\$7,537,250	2,378	\$3,170	\$142,073	16	\$8,880
Eye Care and Exams	\$1,529,544	20,234	\$76	\$21,553,433	127,111	\$170
Eyewear	\$17,466	308	\$57	\$5,042,049	44,549	\$113
Self-Directed Care	\$16,440,821	1,206	\$13,633	\$256	1	\$256
Group Home	\$21,550,117	626	\$34,425	\$814,828	25	\$32,593
Home Health	\$3,900,846	3,582	\$1,089	\$14,010,889	1,945	\$7,204
Homemaker Services	\$1,810,751	285	\$6,354	\$342,467	74	\$4,628
Hospice	\$946,619	89	\$10,636	\$102,554	16	\$6,410
ICF-ID Services	\$82,625,412	1,436	\$57,539	\$2,825,310	80	\$35,316
Inpatient Services	\$322,744,430	74,099	\$4,356	\$251,636,665	57,520	\$4,375
Laboratory Services	\$30,456,210	105,975	\$287	\$13,452,078	131,896	\$102
Medicare Part A & B (Buy-In) Payments	\$143,369,425	-	\$0	\$0	-	\$0
Medicare Part D Payments	\$85,481,968	-	\$0	\$0	-	\$0
Mid-Level Practitioner	\$89,765	326	\$275	\$165,154	1,193	\$138
Medical Supplies/DMEPOS	\$43,987,946	55,773	\$789	\$23,282,283	34,157	\$682
Nursing Facility	\$552,823,192	20,310	\$27,219	\$603,765	15	\$40,251
Nursing Services	\$10,704,280	19,674	\$544	\$79,635	3	\$26,545
Nutritionist Services	\$1,026,856	799	\$1,285	\$13,156	39	\$337
Insure Oklahoma ESI Out-of-Pocket	\$152,157	-	\$0	\$0	-	\$0
Insure Oklahoma ESI Premium	\$44,961,793	13,878	\$3,240	\$0	-	\$0
Other Practitioner	\$458	7	\$65	\$215	2	\$108
Outpatient Hospital	\$158,348,733	184,235	\$859	\$143,098,519	268,499	\$533

TABLE V – EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD, CONT.

SFY2016	Adult Totals			Children Totals		
Type of Service	Expenditures	Members Served	Avg per Adult	Expenditures	Members Served	Avg per Child <sup>1</sup>
Personal Care	\$85,487,100	20,873	\$4,096	\$639,702	138	\$4,636
Physician	\$241,776,905	242,058	\$999	\$302,684,429	487,628	\$621
Podiatry	\$1,598,517	12,200	\$131	\$803,925	2,303	\$349
Prescribed Drugs	\$269,094,513	152,699	\$1,762	\$236,014,791	426,717	\$553
Psychiatric Services	\$314,441	387	\$813	\$88,144,465	5,206	\$16,931
Residential Behavior Mgmt	\$0	-	\$0	\$20,550,866	1,974	\$10,411
Respite Care	\$331,268	219	\$1,513	\$20,376	19	\$1,072
Room and Board	\$85,197	141	\$604	\$91,946	189	\$486
School-Based Services	\$0	-	\$0	\$814,836	2,123	\$384
Specialized Foster Care/ID Services	\$2,046,509	124	\$16,504	\$880,053	55	\$16,001
Targeted Case Manager	\$80,069,187	26,799	\$2,988	\$35,978,024	22,415	\$1,605
Therapy Services	\$1,789,193	2,746	\$652	\$19,770,281	12,798	\$1,545
Transportation - Emergency	\$32,412,520	61,717	\$525	\$11,530,140	21,978	\$525
Transportation - Non-Emergency	\$23,798,051	296,418	\$80	\$5,774,955	641,136	\$9
X-Ray Services	\$11,093,838	126,263	\$88	\$4,372,642	103,501	\$42
Uncategorized Services	\$496,923	60,831	\$8	\$76,309	6,066	\$13
<b>Total</b>	<b>\$2,694,447,011</b>	<b>360,913</b>	<b>\$7,466</b>	<b>\$1,625,209,817</b>	<b>664,934</b>	<b>\$2,444</b>

Non-Member Specific Payments						
HSP - Indirect Medical Education (IME)	\$32,248,316	-	-	\$0	-	-
HSP - Graduate Medical Education (GME)	\$2,600,682	-	-	\$2,600,682	-	-
HSP - Acute DSH	\$0	-	-	\$44,064,040	-	-
HSP - Supplemental Payments	\$0	-	-	\$160,436,275	-	-
HSP - SHOPP	\$0	-	-	\$441,657,505	-	-
Behavioral Health Supplemental Payments	\$0	-	-	\$33,575,446	-	-
EHR Incentive Payments	\$0	-	-	\$10,640,175	-	-
Capitated Services - GME to Medical Schools	\$0	-	-	\$76,076,398	-	-
<b>Total</b>	<b>\$2,729,296,009</b>			<b>\$2,394,260,338</b>		

Source: OHCA Financial Service Division, September 2016. 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.

TABLE VI – EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP and ESI	SoonerPlan	SoonerCare Supplemental	HCBS Waivers
Adult Day Care	\$0	\$0	\$0	\$0	\$0	\$5,210,286
Advanced Practice Nurse	\$156,116	\$2,112,118	\$12,423	\$2,626	\$7,628	\$0
ADvantage Home Delivered Meals	\$0	\$0	\$0	\$0	\$0	\$18,264,578
Ambulatory Surgical Services	\$907,182	\$5,204,099	\$120,771	\$10,269	\$570,856	\$465
Architectural Modification	\$0	\$0	\$0	\$0	\$0	\$367,263
Audiology Services	\$35,843	\$209,964	\$485	\$0	\$2,630	\$213
Behavioral Health Services	\$46,657,790	\$155,736,069	\$154,607	\$0	\$29,639,837	\$6,692,141
Capitated Services	\$2,659,785	\$32,912,636	\$120,285	\$0	\$7,971,159	\$0
Chiropractic Services	\$0	\$0	\$0	\$0	\$6,023	\$0
Clinic	\$20,092,599	\$71,731,062	\$527,980	\$387,598	\$3,526,841	\$1,042
Clinics - OSA Services	\$1,666,789	\$6,064,781	\$6,220	\$388,872	\$40,961	\$0
Community Mental Health	\$7,657,995	\$28,075,376	\$70,257	\$0	\$9,161,949	\$0
Dental	\$17,207,278	\$99,431,002	\$9,559	\$0	\$3,017,698	\$948,483
Direct Support	\$0	\$0	\$0	\$0	\$0	\$217,150,740
Employee Training Specialist	\$0	\$0	\$0	\$0	\$0	\$30,532,329
End-Stage Renal Disease	\$2,578,872	\$2,404,182	\$18,824	\$4,323	\$2,671,581	\$1,542
Eye Care and Exams	\$3,566,674	\$19,034,201	\$30,612	\$0	\$451,458	\$33
Eyewear	\$838,843	\$4,201,284	\$0	\$0	\$19,382	\$7
Self-Directed Care	\$6,674,228	\$0	\$0	\$0	\$0	\$9,766,849
Group Home	\$0	\$0	\$0	\$0	\$0	\$22,364,945
Home Health	\$9,060,961	\$7,451,812	\$12,105	\$0	\$457,278	\$929,579
Homemaker Services	\$0	\$0	\$0	\$0	\$0	\$2,153,218
Hospice	\$19,029	\$84,370	\$0	\$0	\$0	\$945,773
ICF-ID Services	\$41,297,106	\$105,715	\$0	\$0	\$44,047,902	\$0
Inpatient Services	\$285,755,804	\$253,874,591	\$3,280,180	\$64,580	\$31,389,927	\$16,013
Laboratory Services	\$8,781,041	\$33,480,047	\$824,481	\$235,017	\$587,681	\$22
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$0	\$0	\$143,369,425	\$0
Medicare Part D Payments	\$0	\$0	\$0	\$0	\$85,481,968	\$0
Mid-Level Practitioner	\$27,147	\$223,327	\$2,100	\$44	\$2,301	\$0
Medical Supplies/DMEPOS	\$11,759,660	\$23,654,134	\$202,390	\$0	\$7,243,710	\$24,410,334
Nursing Facility	\$66,227,517	\$664,565	\$0	\$1,103	\$486,282,658	\$251,114
Nursing Services	\$0	\$0	\$0	\$0	\$0	\$10,783,915
Nutritionist Services	\$65,949	\$4,856	\$0	\$0	\$212,109	\$757,099
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$152,157	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$44,961,793	\$0	\$0	\$0
Other Practitioner	\$0	\$673	\$0	\$0	\$0	\$0
Outpatient Hospital	\$65,667,364	\$216,670,302	\$3,464,650	\$428,768	\$15,212,630	\$3,539
Personal Care	\$933,046	\$2,390,741	\$0	\$0	\$8,003,422	\$74,799,593
Physician	\$109,744,400	\$399,883,486	\$4,785,148	\$718,348	\$27,310,617	\$2,019,334
Podiatry	\$380,010	\$1,475,974	\$37,783	\$28	\$508,129	\$519
Prescribed Drugs	\$115,417,133	\$368,609,312	\$7,854,019	\$1,282,774	\$2,159,369	\$9,786,697
Psychiatric Services	\$80,823,590	\$7,180,874	\$0	\$0	\$454,442	\$0

TABLE VI – EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE, CONT.

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP and ESI	SoonerPlan	SoonerCare Supplemental	HCBS Waivers
Residential Behavior Mgmt	\$20,268,937	\$281,929	\$0	\$0	\$0	\$0
Respite Care	\$0	\$0	\$0	\$0	\$0	\$351,644
Room and Board	\$60,569	\$90,090	\$0	\$0	\$26,482	\$0
School-Based Services	\$178,318	\$633,582	\$0	\$0	\$2,936	\$0
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0	\$0	\$2,926,562
Targeted Case Manager	\$39,809,194	\$1,948,758	\$0	\$0	\$19,536,264	\$54,752,996
Therapy Services	\$3,833,148	\$15,947,423	\$46	\$0	\$174,656	\$1,604,201
Transportation - Emergency	\$9,796,972	\$18,132,350	\$67	\$0	\$7,660,275	\$8,352,996
Transportation - Non-Emergency	\$0	\$13,446,011	\$0	\$0	\$16,126,995	\$0
X-Ray Services	\$3,183,622	\$10,303,119	\$309,033	\$871	\$1,669,697	\$137
Uncategorized Services	\$123,204	\$82,360	\$0	\$3,249	\$364,059	\$361
<b>TOTAL</b>	<b>\$983,913,714</b>	<b>\$1,803,737,174</b>	<b>\$66,957,975</b>	<b>\$3,528,469</b>	<b>\$955,372,935</b>	<b>\$506,146,562</b>
Unduplicated Members Served	437,001	671,844	20,675	65,657	107,319	28,504
Average Cost Per Member Served	\$2,252	\$2,685	\$3,239	\$54	\$8,902	\$17,757
Unduplicated Members Enrolled	NA	704,543	32,378	77,347	128,027	27,466
Average Per Enrolled	NA	\$2,560	\$2,068	\$46	\$7,462	\$18,428
<b>State Fiscal Year Average Cost Per Member Served with Supplemental Payments Removed*</b>	<b>SoonerCare Traditional</b>	<b>SoonerCare Choice</b>	<b>Insure Oklahoma IP and ESI</b>	<b>SoonerPlan</b>	<b>SoonerCare Supp.</b>	<b>HCBS Waivers</b>
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
SFY2016	\$2,252	\$2,685	\$3,239	\$54	\$8,902	\$17,757

Source: OHCA Financial Service Division, September 2016. \*Insure Oklahoma IP and ESI includes includes Insure Oklahoma ESI out-of-pocket and Insure Oklahoma ESI Premium payments. \*\*House and Community-based services 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. 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.

TABLE VII – EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY

Type of Service	Aged	Blind / Disabled	Children & Parents (TANF)	Oklahoma Cares (BCC)
Adult Day Care	\$2,007,237	\$3,203,049	\$0	\$0
Advanced Practice Nurse	\$3,936	\$173,184	\$2,096,392	\$573
ADvantage Home Delivered Meals	\$9,396,287	\$8,868,291	\$0	\$0
Ambulatory Surgical Services	\$356,338	\$1,587,616	\$4,713,837	\$18,217
Architectural Modification	\$59,796	\$307,468	\$0	\$0
Audiology Services	\$1,845	\$20,866	\$225,656	\$0
Behavioral Health	\$5,250,333	\$71,456,368	\$161,817,954	\$43,976
Capitated Services	\$8,929,067	\$2,556,392	\$31,976,153	\$14,516
Chiropractic Services	\$2,663	\$3,361	\$0	\$0
Clinic	\$1,587,010	\$15,879,755	\$75,598,309	\$175,135
Clinics - OSA Services	\$793	\$628,943	\$7,023,471	\$9,144
Community Mental Health	\$559,825	\$21,188,839	\$23,059,514	\$37,398
Dental	\$732,943	\$9,262,258	\$110,530,742	\$14,869
Direct Support	\$9,418,638	\$207,732,103	\$0	\$0
Employee Training Specialist	\$696,409	\$29,835,920	\$0	\$0
End-Stage Renal Disease	\$926,050	\$6,497,691	\$228,784	\$0
Eye Care and Exams	\$253,533	\$1,678,462	\$21,103,830	\$4,290
Eyewear	\$7,307	\$306,951	\$4,734,325	\$0
Self Directed Care	\$3,992,838	\$5,774,011	\$0	\$0
Group Home	\$1,324,509	\$21,040,436	\$0	\$0
Home Health	\$290,787	\$13,361,186	\$1,893,392	\$11,460
Homemaker Services	\$7,062	\$2,146,155	\$0	\$0
Hospice	\$60,860	\$900,361	\$86,100	\$0
ICF-ID Services	\$6,912,013	\$78,384,943	\$153,766	\$0
Inpatient Services	\$21,733,488	\$232,762,452	\$310,814,727	\$1,864,466
Laboratory Services	\$342,153	\$11,334,221	\$29,867,978	\$279,570
Medicare Part A & B (Buy-In) Payments	\$107,724,788	\$0	\$0	\$0
Medicare Part D Payments	\$72,259,932	\$0	\$0	\$0
Mid-Level Practitioner	\$1,289	\$51,749	\$199,311	\$266
Medical Supplies/DMEPOS	\$14,498,194	\$39,583,347	\$11,906,084	\$32,766
Nursing Facility	\$407,845,543	\$145,325,564	\$245,852	\$8,895
Nursing Services	\$2,201,987	\$8,581,928	\$0	\$0
Nutritionist Services	\$53,133	\$980,515	\$6,126	\$0
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0
Other Practitioner	\$0	\$81	\$592	\$0
Outpatient	\$7,600,577	\$80,582,337	\$204,394,284	\$3,390,171
Personal Care	\$46,282,476	\$39,800,674	\$28,504	\$0
Physician	\$14,716,823	\$121,605,997	\$391,835,849	\$4,947,626
Podiatry	\$297,245	\$1,078,868	\$985,592	\$2,071
Prescribed Drugs	\$5,477,116	\$237,275,277	\$249,072,204	\$1,418,744
Psychiatric Services	\$529,079	\$16,634,142	\$71,282,136	\$0
Residential Behavior Mgmt	\$0	\$1,050,901	\$19,499,965	\$0

TABLE VII – EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY, CONT.

Type of Service	SoonerPlan	TEFRA	Other Total*
Adult Day Care	\$0	\$0	\$0
Advanced Practice Nurse	\$2,626	\$99	\$14,101
ADvantage Home Delivered Meals	\$0	\$0	\$0
Ambulatory Surgical Services	\$10,269	\$3,622	\$123,742
Architectural Modification	\$0	\$0	\$0
Audiology Services	\$0	\$283	\$485
Behavioral Health	\$0	\$77,865	\$233,949
Capitated Services	\$0	\$4,822	\$182,914
Chiropractic Services	\$0	\$0	\$0
Clinic	\$387,598	\$22,263	\$2,617,051
Clinics - OSA Services	\$388,872	\$99,502	\$16,898
Community Mental Health	\$0	\$16,128	\$103,872
Dental	\$0	\$37,284	\$35,923
Direct Support	\$0	\$0	\$0
Employee Training Specialist	\$0	\$0	\$0
End-Stage Renal Disease	\$4,323	\$0	\$22,476
Eye Care and Exams	\$0	\$5,659	\$37,203
Eyewear	\$0	\$9,452	\$1,481
Self Directed Care	\$0	\$0	\$6,674,228
Group Home	\$0	\$0	\$0
Home Health	\$0	\$2,342,804	\$12,105
Homemaker Services	\$0	\$0	\$0
Hospice	\$0	\$1,851	\$0
ICF-ID Services	\$0	\$0	\$0
Inpatient Services	\$64,580	\$383,685	\$6,757,696
Laboratory Services	\$235,017	\$7,533	\$1,841,816
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$35,644,637
Medicare Part D Payments	\$0	\$0	\$13,222,035
Mid-Level Practitioner	\$44	\$15	\$2,245
Medical Supplies/DMEPOS	\$62	\$896,580	\$353,196
Nursing Facility	\$1,103	\$0	\$0
Nursing Services	\$0	\$0	\$0
Nutritionist Services	\$0	\$0	\$239
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$152,157
Insure Oklahoma ESI Premium	\$0	\$0	\$44,961,793
Other Practitioner	\$0	\$0	\$0
Outpatient	\$428,768	\$233,796	\$4,817,320
Personal Care	\$0	\$15,148	\$0
Physician	\$719,240	\$927,581	\$9,708,216
Podiatry	\$28	\$856	\$37,783
Prescribed Drugs	\$1,282,774	\$1,175,474	\$9,407,714
Psychiatric Services	\$0	\$4,587	\$8,962
Residential Behavior Mgmt	\$0	\$0	\$0

TABLE VII – EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY, CONT.

Type of Service	Aged	Blind / Disabled	Children & Parents (TANF)	Oklahoma Cares (BCC)	SoonerPlan	TEFRA	Other Total*
Respite Care	\$193,853	\$157,791	\$0	\$0	\$0	\$0	\$0
Room and Board	\$3,043	\$81,718	\$87,225	\$3,727	\$0	\$1,430	\$0
School-Based Services	\$0	\$362,927	\$428,774	\$0	\$0	\$23,134	\$0
Specialized Foster Care/MR Services	\$35,700	\$2,890,862	\$0	\$0	\$0	\$0	\$0
Targeted Case Manager	\$30,691,755	\$52,569,649	\$32,785,301	\$0	\$0	\$460	\$47
Therapy Services	\$162,632	\$6,056,513	\$14,772,938	\$0	\$0	\$567,346	\$46
Transportation - Emergency	\$4,425,572	\$24,592,362	\$14,830,877	\$48,846	\$0	\$10,911	\$34,092
Transportation - Non-Emergency	\$7,787,080	\$18,734,169	\$2,927,962	\$1,998	\$604	\$107,608	\$13,586
X-Ray Services	\$1,025,845	\$5,720,685	\$8,168,076	\$127,856	\$871	\$3,844	\$419,301
Uncategorized Services	-\$72,345	\$2,601	\$59,527	\$0	\$3,237	\$0	\$580,212
<b>TOTAL</b>	<b>\$798,595,040</b>	<b>\$1,550,611,938</b>	<b>\$1,809,442,110</b>	<b>\$12,456,581</b>	<b>\$3,530,015</b>	<b>\$6,981,622</b>	<b>\$138,039,522</b>
Unduplicated Members Served	59,997	144,207	969,942	1,082	72,087	735	31,895
Average Cost Per Member Served	\$13,311	\$10,753	\$1,866	\$11,513	\$49	\$9,499	\$4,328
Unduplicated SoonerCare Enrollees	55,048	137,955	769,532	847	77,347	699	NA
Average Cost Per Enrolled	\$14,507	\$11,240	\$2,351	\$14,707	\$46	\$9,988	NA

Source: OHCA Financial Service Division, September 2016. \*Other includes the Other aid category (Refugee, PKU, Qualifying Individual Group One, Service Limited Medicare Beneficiary, Developmental Disabilities Services Division, Supported Living, Soon-to-be Sooners and Tuberculosis members) and Insure Oklahoma. 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.

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

Type of Service	Blind/Disabled/TEFRA	State Custody	CHIP	Children and Parents (TANF)	Other Aid Categories*
Adult Day Care	\$0	\$0	\$0	\$0	\$0
Advanced Practice Nurse	\$69,634	\$65,882	\$271,011	\$1,601,671	\$1,347
Ambulatory Surgical Services	\$182,449	\$201,082	\$541,070	\$3,031,671	\$2,831
Architectural Modification	\$12,935	\$12,271	\$0	\$0	\$0
Audiology Services	\$13,504	\$25,009	\$35,772	\$159,918	\$0
Behavioral Health Services	\$18,415,541	\$25,642,389	\$18,788,902	\$103,935,393	\$34,978
Capitated Services	\$893,148	\$19,040	\$5,487,683	\$22,768,142	\$19,651
Clinic	\$2,429,518	\$2,786,802	\$11,093,904	\$48,108,688	\$369,111
Clinics - OSA Services	\$615,811	\$664,939	\$653,409	\$4,880,522	\$92,602
Community Mental Health	\$3,684,716	\$2,597,081	\$2,957,023	\$13,464,686	\$9,652
Dental	\$3,940,968	\$6,298,792	\$22,629,256	\$77,536,547	\$17,492
Direct Support	\$6,815,825	\$5,339,982	\$0	\$0	\$0
Employee Training Specialist	\$585,168	\$91,328	\$0	\$0	\$0
End-Stage Renal Disease	\$137,484	\$0	\$2,336	\$2,253	\$0
Eye Care and Exams	\$863,538	\$1,468,404	\$4,498,365	\$14,716,996	\$6,131

TABLE VIII – CHILDREN (UNDER 21) EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY, CONT.

Type of Service	Blind/Disabled/TEFRA	State Custody	CHIP	Children and Parents (TANF)	Other Aid Categories*
Eyewear	\$290,022	\$363,295	\$1,072,082	\$3,315,275	\$1,376
Group Home	\$782,189	\$32,639	\$0	\$0	\$0
Home Health	\$11,358,274	\$1,631,961	\$59,083	\$961,571	\$0
Homemaker Services	\$144,207	\$198,260	\$0	\$0	\$0
Hospice	\$16,454	\$976	\$3,055	\$82,069	\$0
ICF-MR Services	\$2,359,343	\$421,781	\$20,536	\$23,650	\$0
Inpatient Services	\$40,025,589	\$23,037,271	\$9,513,488	\$178,721,203	\$339,115
Laboratory Services	\$754,525	\$564,387	\$1,770,950	\$10,169,499	\$192,717
Mid-Level Practitioner	\$4,745	\$9,680	\$22,679	\$128,050	\$0
Medical Supplies/ DMEPOS	\$12,457,135	\$2,222,333	\$1,737,425	\$6,853,585	\$11,805
Nursing Facility	\$587,525	\$0	\$0	\$16,240	\$0
Nursing Services	\$24,088	\$55,547	\$0	\$0	\$0
Nutritionist Services	\$4,799	\$5,537	\$594	\$2,226	\$0
Other Practitioner	\$0	\$0	\$0	\$215	\$0
Outpatient	\$10,180,112	\$7,911,591	\$21,398,153	\$103,366,466	\$242,197
Personal Care	\$600,431	\$23,798	-\$963	\$16,437	\$0
Physician	\$22,985,378	\$18,847,002	\$38,551,385	\$221,665,773	\$634,892
Podiatry	\$72,331	\$43,826	\$206,136	\$480,583	\$1,049
Prescribed Drugs	\$51,323,124	\$26,232,489	\$34,285,054	\$123,669,347	\$504,777
Psychiatric Services	\$13,274,435	\$35,001,128	\$9,094,368	\$30,765,571	\$8,962
Residential Behavior Mgmt	\$47,235	\$20,227,962	\$16,399	\$259,270	\$0
Respite Care	\$14,961	\$5,416	\$0	\$0	\$0
Room and Board	\$20,396	\$283	\$3,060	\$68,207	\$0
School-Based Services	\$369,804	\$74,098	-\$21,756	\$392,689	\$0
Self-Directed Care	\$256	\$0	\$0	\$0	\$0
Specialized Foster Care/ID Services	\$225,850	\$654,203	\$0	\$0	\$0
Targeted Case Manager	\$1,846,062	\$31,788,297	\$472,536	\$1,871,402	-\$273
Therapy Services	\$4,819,061	\$1,904,404	\$2,732,197	\$10,314,619	\$0
Transportation - Emergency	\$1,350,043	\$882,821	\$986,081	\$8,300,474	\$10,721
Transportation - Non-Emergency	\$3,095,435	\$263,508	\$492,098	\$1,923,155	\$758
X-Ray Services	\$342,538	\$221,570	\$829,825	\$2,959,758	\$18,951
Uncategorized Services	\$2,152	\$14,652	\$11,382	\$36,206	\$11,917
<b>GRAND TOTAL</b>	<b>\$218,038,738</b>	<b>\$217,853,714</b>	<b>\$190,214,578</b>	<b>\$996,570,030</b>	<b>\$2,532,757</b>
Unduplicated Members Served	24,629	35,684	201,424	573,012	11,674
Average Cost Per Member Served	\$8,853	\$6,105	\$944	\$1,739	\$217

Source: OHCA Financial Service Division, September 2016. 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.

TABLE IX – HOME & COMMUNITY-BASED SERVICES WAIVER  
EXPENDITURES BY TYPE OF SERVICE

Type of Service	Total	ADvantage	Community	Homeward Bound	In-Home Support
Adult Day Care	\$5,210,286	\$2,842,298	\$1,497,253	\$44,799	\$793,885
ADvantage Home Delivered Meals	\$18,264,578	\$18,189,192	\$0	\$0	\$0
Ambulatory Surgical Services	\$465	\$465	\$0	\$0	\$0
Architectural Modification	\$367,263	\$159,561	\$118,222	\$30,511	\$40,961
Audiology Services	\$213	\$0	\$165	\$0	\$48
Behavioral Health	\$6,692,141	\$0	\$5,618,300	\$821,413	\$205,627
Clinic	\$1,042	\$1,042	\$0	\$0	\$0
Community Mental Health	\$0	\$0	\$0	\$0	\$0
Dental	\$948,483	\$0	\$522,092	\$321,818	\$100,258
Direct Support	\$217,150,740	\$0	\$123,359,967	\$73,027,921	\$18,455,125
Employee Training Specialist	\$30,532,329	\$0	\$22,717,413	\$3,909,969	\$3,835,246
End Stage Renal Disease	\$1,542	\$1,542	\$0	\$0	\$0
Eye Care and Exam	\$33	\$33	\$0	\$0	\$0
Eyewear Services	\$7	\$0	\$7	\$0	\$0
Self-Directed Care	\$9,766,849	\$8,958,469	\$0	\$0	\$0
Group Home	\$22,364,945	\$0	\$22,045,391	\$71,962	\$0
Home Health (HH) Services	\$929,579	\$0	\$0	\$0	\$970
Homemaker Services	\$2,153,218	\$0	\$1,824,833	\$148,555	\$179,830
Hospice	\$945,773	\$936,364	\$0	\$0	\$0
Inpatient Services	\$16,013	\$15,068	\$0	\$0	\$945
Laboratory Services	\$22	\$22	\$0	\$0	\$0
Medical Supplies/DMEPOS	\$24,410,334	\$18,890,436	\$3,461,895	\$838,631	\$656,332
Nursing Facility	\$251,114	\$240,674	\$6,458	\$0	\$0
Nursing Services	\$10,783,915	\$3,525,620	\$3,502,883	\$1,438,691	\$6,635
Nutritionist Services	\$757,099	\$0	\$548,653	\$193,945	\$3,240
Outpatient	\$3,539	\$3,109	\$297	\$15	\$117
Personal Care	\$74,799,593	\$73,858,359	\$0	\$0	\$0
Physician	\$2,019,334	\$10,578	\$1,383,268	\$550,192	\$46,314
Podiatry	\$519	\$519	\$0	\$0	\$0
Prescribed Drugs	\$9,786,697	\$7,449,259	\$1,348,429	\$188,817	\$412,849
Respite Care	\$351,644	\$277,001	\$45,277	\$731	\$272
Specialized Foster Care/ID Services	\$2,926,562	\$0	\$2,836,885	\$89,678	\$0
Targeted Case Manager	\$54,752,996	\$54,264,169	\$0	\$0	\$0
Therapy Services	\$1,604,201	\$664	\$1,216,214	\$286,969	\$63,296
Transportation Services	\$8,352,996	\$4,495	\$5,497,341	\$2,155,645	\$636,625
X-Ray Services	\$137	\$135	\$0	\$0	\$2
Uncategorized Services	\$361	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$506,146,562</b>	<b>\$189,629,074</b>	<b>\$197,551,243</b>	<b>\$84,120,262</b>	<b>\$25,438,577</b>
Unduplicated Members Served	28,508	22,457	3,103	654	1,886
Average Cost Per Member Served	\$17,755	\$8,444	\$63,665	\$128,624	\$13,488

TABLE IX – HOME & COMMUNITY-BASED SERVICES WAIVER  
EXPENDITURES BY TYPE OF SERVICE, CONT.

Type of Service	Living Choice	Medically Fragile	My Life My Choice	Sooner Seniors
Adult Day Care	\$32,050	\$0	\$0	\$0
ADvantage Home Delivered Meals	\$20,543	\$27,223	\$20,750	\$6,871
Ambulatory Surgical Services	\$0	\$0	\$0	\$0
Architectural Modification	\$4,966	\$12,651	\$0	\$392
Audiology Services	\$0	\$0	\$0	\$0
Behavioral Health	\$46,801	\$0	\$0	\$0
Clinic	\$0	\$0	\$0	\$0
Community Mental Health	\$0	\$0	\$0	\$0
Dental	\$4,315	\$0	\$0	\$0
Direct Support	\$2,307,727	\$0	\$0	\$0
Employee Training Specialist	\$69,701	\$0	\$0	\$0
End Stage Renal Disease	\$0	\$0	\$0	\$0
Eye Care and Exam	\$0	\$0	\$0	\$0
Eyewear Services	\$0	\$0	\$0	\$0
Self-Directed Care	\$19,118	\$688,924	\$73,765	\$26,574
Group Home	\$247,592	\$0	\$0	\$0
Home Health (HH) Services	\$0	\$928,609	\$0	\$0
Homemaker Services	\$0	\$0	\$0	\$0
Hospice	\$0	\$9,409	\$0	\$0
Inpatient Services	\$0	\$0	\$0	\$0
Laboratory Services	\$0	\$0	\$0	\$0
Medical Supplies/DMEPOS	\$132,715	\$404,564	\$19,835	\$5,926
Nursing Facility	\$0	\$3,982	\$0	\$0
Nursing Services	\$733,853	\$1,565,835	\$4,130	\$6,268
Nutritionist Services	\$11,261	\$0	\$0	\$0
Outpatient	\$0	\$0	\$0	\$0
Personal Care	\$86,673	\$687,377	\$130,431	\$36,753
Physician	\$28,981	\$0	\$0	\$0
Podiatry	\$0	\$0	\$0	\$0
Prescribed Drugs	\$23,182	\$355,568	\$8,140	\$453
Respite Care	\$2,777	\$24,364	\$1,223	\$0
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0
Targeted Case Manager	\$179,721	\$229,867	\$59,295	\$19,944
Therapy Services	\$37,059	\$0	\$0	\$0
Transportation Services	\$58,891	\$0	\$0	\$0
X-Ray Services	\$0	\$0	\$0	\$0
Uncategorized Services	\$361	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$4,048,285</b>	<b>\$4,938,372</b>	<b>\$317,567</b>	<b>\$103,181</b>
Unduplicated Members Served	187	89	94	38
Average Cost Per Member Served	\$21,649	\$55,487	\$3,378	\$2,715

Source: OHCA Financial Service Division, September 2016. 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.

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

All Ages			
Expenditures for Behavioral Health Services - SFY 2016			
Type of Service	Expenditures <sup>1</sup>	Members Served <sup>2</sup>	Avg per Member Served
Inpatient (Acute - General)	\$11,283,149	3,708	\$3,043
Inpatient (Acute - Freestanding)	\$9,525,562	2,404	\$3,962
Psychiatric Residential Treatment Facility (PRTF)	\$80,137,102	3,923	\$20,428
Outpatient	\$246,529,191	116,846	\$2,110
Psychologist	\$17,279,830	20,271	\$852
Psychiatrist	\$8,065,267	23,400	\$345
Residential Behavior Mgmt Services (Group)	\$8,585,913	1,030	\$8,336
Residential Behavior Mgmt Services (TFC)	\$13,087,905	1,047	\$12,500
SMI/SED Case Management	\$17,207,660	44,088	\$390
Other OP Behavioral Hlth Services	\$4,154,178	1,560	\$2,663
Psychotropic Drugs <sup>3</sup>	\$113,307,612	696,732	\$163
<b>TOTAL</b>	<b>\$529,163,368</b>	<b>154,542</b>	<b>\$3,424</b>

Children Younger than Age 21			
Type of Service	Expenditures <sup>1</sup>	Members Served <sup>2</sup>	Avg per Member Served
Inpatient (Acute - General)	\$2,347,201	1,091	\$2,151
Inpatient (Acute - Freestanding)	\$9,131,890	2,373	\$3,848
Psychiatric Residential Treatment Facility (PRTF)	\$80,137,102	3,923	\$20,428
Outpatient	\$161,664,017	74,537	\$2,169
Psychologist	\$14,686,733	18,194	\$807
Psychiatrist	\$4,414,785	10,373	\$426
Residential Behavior Mgmt Services (Group)	\$8,585,913	1,030	\$8,336
Residential Behavior Mgmt Services (TFC)	\$13,087,905	1,047	\$12,500
SMI/SED Case Management	\$13,212,538	26,398	\$501
Other OP Behavioral Hlth Services	\$466,083	198	\$2,354
Psychotropic Drugs <sup>3</sup>	\$75,884,408	68,699	\$1,105
<b>TOTAL</b>	<b>\$383,618,576</b>	<b>100,813</b>	<b>\$3,805</b>

TABLE X – BEHAVIORAL HEALTH EXPENDITURES  
BY TYPE OF SERVICE BY CHILDREN AND ADULTS, CONT.

Adults Ages 21 and Older			
Type of Service	Expenditures <sup>1</sup>	Members Served <sup>2</sup>	Avg per Member Served
Inpatient (Acute - General)	\$8,935,948	2,617	\$3,415
Inpatient (Acute - Freestanding)	\$393,671	31	\$12,699
Psychiatric Residential Treatment Facility (PRTF)	\$0	-	\$0
Outpatient	\$84,865,174	42,309	\$2,006
Psychologist	\$2,593,097	2,077	\$1,248
Psychiatrist	\$3,650,481	13,027	\$280
Residential Behavior Mgmt Services (Group)	\$0	-	\$0
Residential Behavior Mgmt Services (TFC)	\$0	-	\$0
SMI/SED Case Management	\$3,995,122	17,690	\$226
Other OP Behavioral Hlth Services	\$3,688,095	1,362	\$2,708
Psychotropic Drugs <sup>3</sup>	\$37,423,204	628,033	\$60
<b>TOTAL</b>	<b>\$145,544,792</b>	<b>53,729</b>	<b>\$2,709</b>

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 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 diagnosis information and drugs used to treat behavioral health conditions may be used for some physical health conditions as well. This figure includes all uses of the drugs included within the behavioral health categories.



## APPENDIX XI – SOONERCARE PROVIDER NETWORK

## APPENDIX XI – SOONERCARE PROVIDER NETWORK, CONT.

ANNUAL REPORT GROUPING - Provider Network Type	TOTAL
Adult Day Care	48
Advance Practice Nurse	2,488
Advantage Home Delivery Meal	19
Ambulatory Surgical Center (ASC)	60
Anesthesiology Assistant	25
Audiologist	110
Behavioral Health Provider	11,974
Capitation Provider - IHS (Indian Health Services) Case Manager	84
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	2
Case Manager	75
Certified Registered Nurse Anesthetist (CRNA)	1,202
Chiropractor	35
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	3
Clinic - Family Planning Clinic	3
Clinic - Federally Qualified Health Clinic (FQHC)	90
Clinic - Native American	65
Clinic - Rural Health	69
Clinic - Tuberculosis	3
Community Mental Health Center (CMHC)	99
County/City Health Department	7
DDSD - Architectural Modification	26
DDSD - Community Transition Services	57
DDSD - Employee Training Specialist	82
DDSD - Group Home	44
DDSD - Homemaker Services	81
DDSD - Volunteer Transportation Provider	269
Dentist	1,494
Direct Support Services	252
DME/Medical Supply Dealer	1,217
End-Stage Renal Disease Clinic	110
Extended Care and Skilled Nursing Facilities	253
Extended Care Facility - Facility Based Respite Care	104
Extended Care Facility - ICF/MR	89
Genetic Counselor	15
Home Health Agency	249
Hospital - Acute Care	932
Hospital - Critical Access	118
Hospital - Native American	13
Hospital - Psychiatric	25
Hospital - Resident Treatment Center	43
Laboratory	359

ANNUAL REPORT GROUPING - Provider Network Type	TOTAL
Lactation Consultant	54
Long Term Care Authority Hospice	73
Maternal/Child Health LCSW	11
Nursing Agency - Non-Skilled	33
Nursing Agency - Skilled	101
Nutritionist	213
Optician	79
Optometrist	694
Outpatient Behavioral Health Agency	589
Personal Care Services	697
Pharmacy	1,308
Physician - Allergist	101
Physician - Anesthesiologist	1,271
Physician Assistant	1,727
Physician - Cardiologist	671
Physician - General/Family Medicine	3,228
Physician - General Pediatrician	1,797
Physician - General Surgeon	820
Physician - Internist	2,549
Physician - Obstetrician/Gynecologist	851
Physician - Other Specialist	6,958
Physician - Pediatric Specialist	1,957
Physician - Radiologist	1,644
Preadmission Screening and Resident Review (PASRR)	6
Program for Assertive Community Treatment (PACT)	11
Psychologist	408
Registered Nurse	20
Residential Behavior Management Services (RBMS)	22
Respite Care	86
Room and Board	7
School Corporation	348
Specialized Foster Care/MR	155
Therapist - Occupational	297
Therapist - Physical	719
Therapist - Speech/Hearing	788
Transportation Provider	335
X-Ray Clinic	52

Provider Network is providers who 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 specialties. Whether the provider is an individual or an institution, if the count is based on location code, and if the provider has multiple location code (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 SFY2013, 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. Due to federal regulations, the OHCA must have an approved agreement on file for all providers providing care to our members. To meet this requirement we are directly contracting with providers that refer/order services and/or prescribe prescriptions and provides who previously billed through a group or agency. The behavioral health providers licensed behavioral health practitioners and mental health providers contributed to the increase in the provider counts.

## IMPORTANT TELEPHONE NUMBERS

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

<b>MEMBER SERVICES</b>	405-522-7171 or 800-522-0310	<b>PROVIDER SERVICES</b>	405-522-6205 or 800-522-0114
------------------------	---------------------------------	--------------------------	---------------------------------

- |                           |                              |  |                          |
|---------------------------|------------------------------|--|--------------------------|
| 1 — BCC/SoonerPlan        | 5 — PIN Reset for SoonerCare | 1 — Policy Questions                     | 5 — Provider Contracts   |
| 2 — Claim Status          | 6 — OKDHS                    | 2 — PIN Reset/EDI/SoonerCare             | 6 — Prior Authorizations |
| 3 — SoonerCare Enrollment | 9 — Repeat Options           | Secure Site Assistance                   |                          |
| 4 — Pharmacy Inquiries    |                              | 3 — Third Party Liability or Adjustments | 9 — Repeat Options       |
|                           |                              | 4 — Pharmacy Help Desk                   |                          |



[facebook.com/ok.soonercare](https://facebook.com/ok.soonercare)



[twitter.com/oksoonercare](https://twitter.com/oksoonercare)



[youtube.com/user/soonercare](https://youtube.com/user/soonercare)

OHCA INTERNET RESOURCES	
Oklahoma Health Care Authority	<a href="http://www.okhca.org">www.okhca.org</a>
Insure Oklahoma	<a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a>
Oklahoma Department of Human Services	<a href="http://www.okdhs.org">www.okdhs.org</a>
Medicaid Fraud Control Unit	<a href="http://www.ok.gov/oag">www.ok.gov/oag</a>
Oklahoma State Department of Health	<a href="http://www.ok.gov/health">www.ok.gov/health</a>
Oklahoma State Auditor and Inspector	<a href="http://www.sai.state.ok.us">www.sai.state.ok.us</a>
Centers for Medicare & Medicaid Services	<a href="http://www.cms.gov">www.cms.gov</a>
Office of Inspector General of the Department of Health and Human Services	<a href="http://www.oig.hhs.gov">www.oig.hhs.gov</a>
SoonerFit	<a href="http://www.soonerfit.org">www.soonerfit.org</a>

OHCA REPORT REFERENCES	
Fast Fact Reports (periodic statistical bulletins including counts and dollars)	<a href="http://www.okhca.org/research/data">www.okhca.org/research/data</a>
Reports (Annual Reports, Primer, Service Efforts and Accomplishments, etc.)	<a href="http://www.okhca.org/reports">www.okhca.org/reports</a>
Studies (program evaluations, focused studies, quality and satisfaction reports)	<a href="http://www.okhca.org/studies">www.okhca.org/studies</a>