

A MILLION REASONS

2017 Annual Report



FAST FACTS

MEMBERS

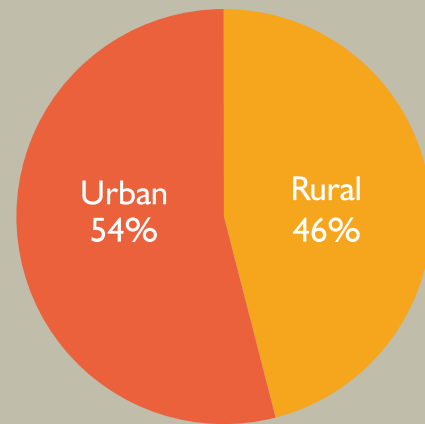
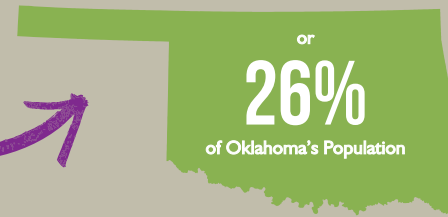


62% CHILDREN, AGES 0-20

38% ADULTS

1,014,983

Unduplicated Members
Enrolled in SoonerCare and Insure
Oklahoma



Children

578,667 children from the state of Oklahoma are enrolled in SoonerCare and Insure Oklahoma. This is 60.2 percent of all children aged 17 and younger.

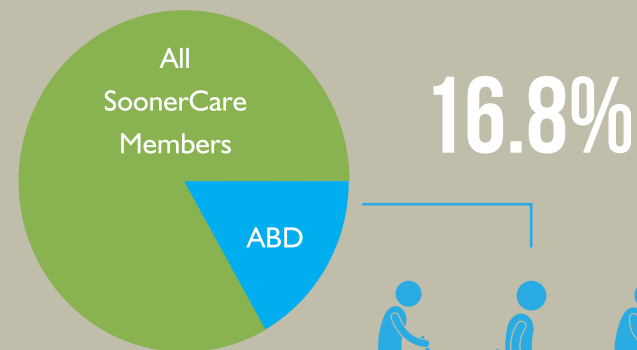
578,667
CHILDREN

58.9 percent of children aged 0-17 enrolled in SoonerCare are under the poverty level.



Aged, Blind, and Disabled

ABD enrollees made up 16.8 percent of SoonerCare members and accounted for 46 percent of all expenditures.

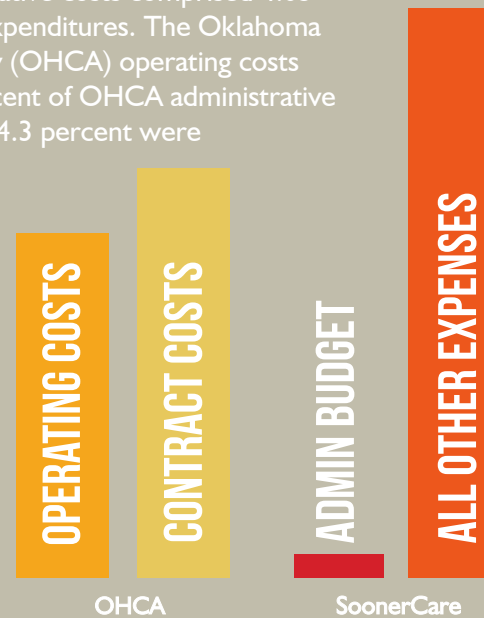


AGENCY

Administrative Costs

SoonerCare administrative costs comprised 4.05 percent of the total expenditures. The Oklahoma Health Care Authority (OHCA) operating costs represented 45.7 percent of OHCA administrative costs, and the other 54.3 percent were contract costs.

4.05%



Category

Most-used category

ADULTS: NURSING FACILITY

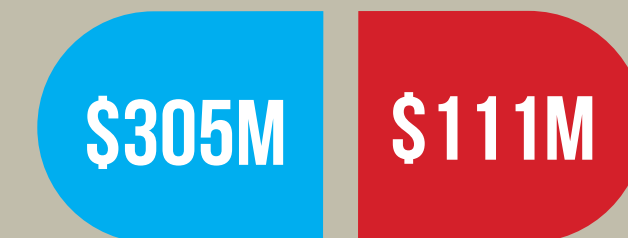
\$550,753,495

CHILDREN: PHYSICIAN

\$302,541,777



SoonerCare funded 67.8 percent of the total long-term care-occupied bed days.



Drug Rebate Cost Savings

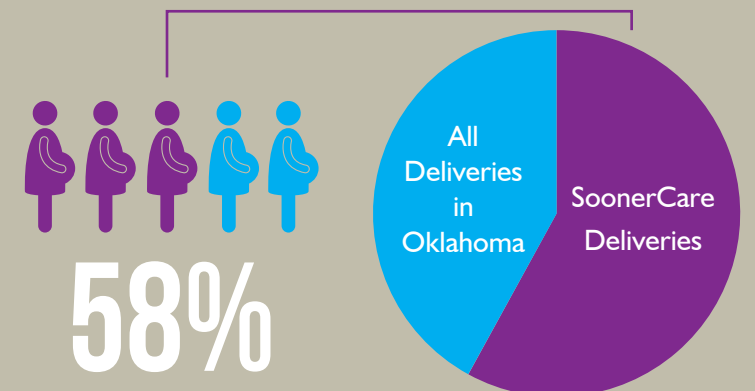
Federal and state prescription drug rebate collections led to a total of \$305,676,273 in cost savings for OHCA in SFY 2017.

Generic Drugs

By limiting the amount paid for generic drugs, OHCA saved more than \$111.6 million through the State Maximum Allowable Cost Program.

Pregnancy

SoonerCare covers approximately 58.0 percent of births in Oklahoma. In SFY 2017, SoonerCare deliveries accounted for 30,490 of the 52,607 births in Oklahoma.



*State fiscal year (SFY)=July 1, 2016 - June 30, 2017

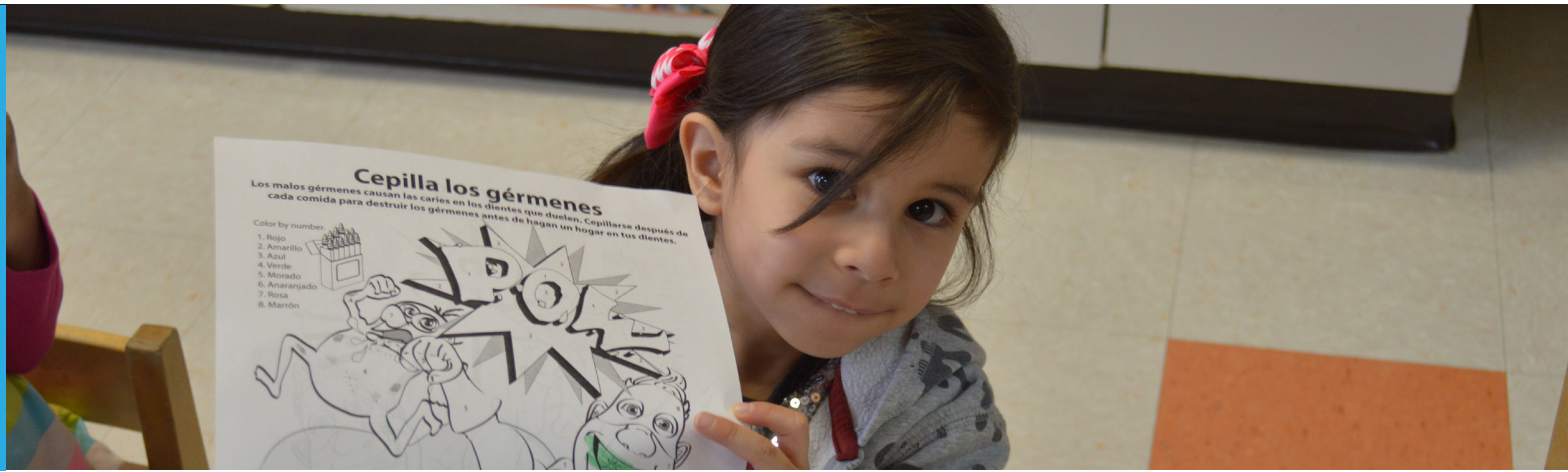


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WHO WE ARE



OUR MISSION

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 VISION

For Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

OUR VALUES

Innovation | Integrity | Accountability | Engagement | Inclusiveness

Executive Branch

Mary Fallin | Governor, State of Oklahoma

Todd Lamb | Lieutenant Governor

Terry Cline, Ph.D. | Secretary of Health and Human Services

Legislative Branch

First Session of the 56th Legislature

Mike Schulz | President Pro Tempore, State Senate

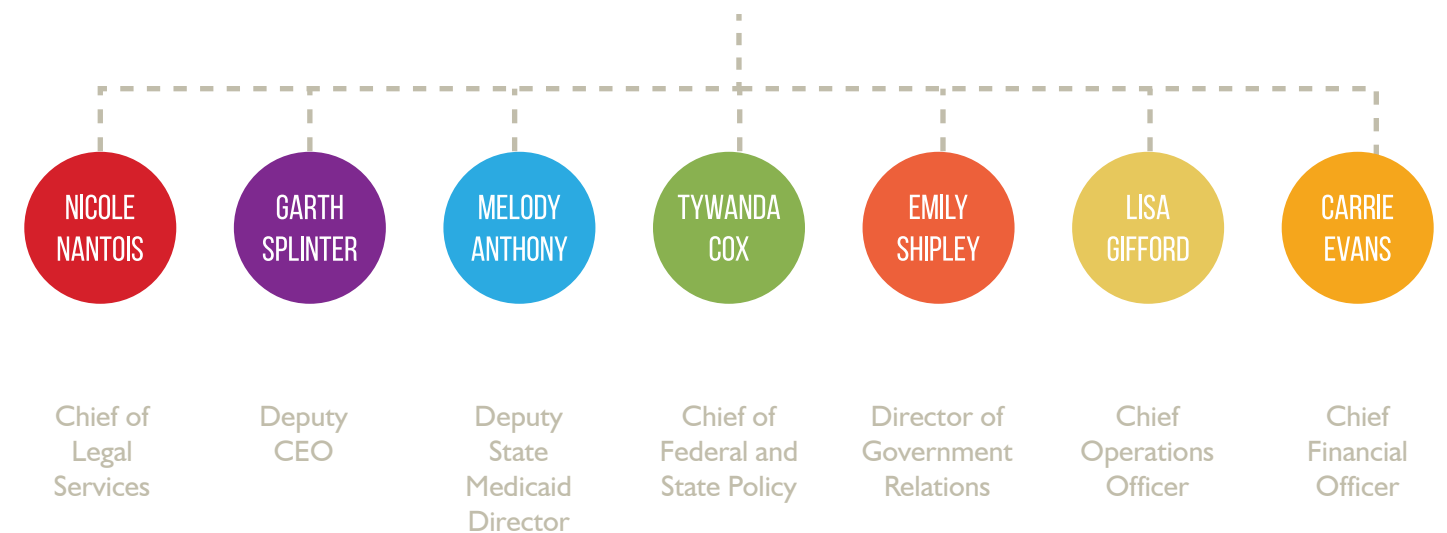
Charles McCall | Speaker, House of Representatives

Agency Leadership

State Fiscal Year 2017 Organizational Chart



Chief Executive Officer/State Medicaid Director



A MILLION REASONS TO CARE



For more than 20 years, the Oklahoma Health Care Authority (OHCA) has provided health care benefits to our state's most vulnerable populations. In state fiscal year (SFY) 2017*, we covered more than one million Oklahomans, mainly children, but also qualified pregnant women, the aged, blind and disabled and low income employees through SoonerCare (Oklahoma Medicaid) and Insure Oklahoma (our premium assistance program). These programs not only connect Oklahomans to vital services but also deliver hope to those who cannot afford health coverage on their own.

Making an Impact

- On average, we estimate that more than 50 percent of Oklahomans younger than age 18 have been enrolled in SoonerCare at some point in their life.**
- OHCA helps Oklahomans retain their independence through our Medically Fragile and Living Choice programs, which offer home and community-based alternatives to hospital or nursing facility placement.
- OHCA contracts with thousands of doctors, hospitals, nursing facilities, pharmacists and other provider types to ensure everyone enrolled in SoonerCare and Insure Oklahoma has access to the services they need to get and stay healthy.
- SoonerCare plays an important role in the health care of our children, helping to keep them healthy which decreases absenteeism from school thus increasing their chance for success.

Whether it is through our own experiences or those of our family, friends and colleagues, the work of the OHCA affects us all. We all win when we make strides in improving the health outcomes of our members.

The OHCA must stay the course, work earnestly, and manage our brand of health care delivery with integrity, innovation and efficiency. OHCA staff prides itself on the agency's transparency and commitment to protect taxpayer dollars. Our mission, vision and values are paramount in all we do. As my first year as CEO ends, I cannot be more proud as the evidence of this work appears on the pages of this report.

Yet, these achievements are not ours alone. They would not be possible without the continued support of our providers and partners, advocacy groups, concerned citizens, legislators and state leadership.

We thank all of our stakeholders for prioritizing health care in Oklahoma. Your contributions help sustain our good work and truly make a positive impact in the lives of our members. Read exactly how, in their words, at www.okhca.org/stories.

I am honored to lead this agency, and we stand firm in our commitment to ensure Oklahomans are cared for in a positive and progressive health care system. Won't you join us?

There are a million reasons why you should.

Sincerely,

Rebecca Pasternik-Ikard
Chief Executive Officer

*SFY17 ran July 1, 2016 – June 30, 2017.

**Oklahoma population under 18 from <https://www.census.gov/quickfacts/fact/table/OK/PST045216>.



REBECCA
PASTERNIK-IKARD
CEO

Brief Overview

Medicaid was created as Title XIX of the Social Security Act in 1965. It is a federal and state partnership program that makes access to basic health and long-term care services available to those who qualify based upon income and/or resources.

The Centers for Medicare & Medicaid Services (CMS) oversees the Medicaid program at the federal level. CMS is within the Department of Health and Human Services.

SoonerCare is Oklahoma's Medicaid program, and the Oklahoma Health Care Authority (OHCA) is the state agency that administers it. Medicaid looks different in each state, and the OHCA works to ensure that SoonerCare meets the specific health care needs of Oklahomans.

SoonerCare was the largest public purchaser of health care in Oklahoma for state fiscal year 2016.

The OHCA also administers Insure Oklahoma - a unique program that helps businesses, qualified employees, other qualified adults and their dependents obtain health insurance coverage at a more affordable rate.

SFY17 Highlights

Census estimate for Oklahoma: 3,923,561*

Total OHCA annual enrollment: 1,014,983

Percentage of Oklahoma lives covered by OHCA: 26 percent

*SFY17 = July 1, 2016 - June 30, 2017

More About Us

To learn more about the OHCA, SoonerCare and Insure Oklahoma, please refer to the following reports at www.okhca.org/reports.

Primer

Our robust Primer covers the history of SoonerCare and provides in-depth information on eligibility, benefits and program activities. The Primer also defines and explains Medicaid language as well as terms specific to the SoonerCare program.

Service Efforts and Accomplishments

This report highlights the OHCA's initiatives in key performance areas. SEAs give the public the ability to measure and assess the agency's progress in fulfilling its goals and mission.

Strategic Plan

A compilation of specific action plans developed by the agency to meet strategic goals.

Fast Facts and Dashboards

Monthly, quarterly and yearly reports that provide the big picture of enrollment, demographics, service utilization and other aspects of OHCA programs and services.

*Census estimate from July 2016



WHAT WE COVER



SoonerCare covers many health care services for our members in the most fiscally responsible way. There are limits in place to ensure that only medically-necessary services are provided and, in some cases, particular benefits are for children only.

There is no cost for those who meet the SoonerCare income guidelines; however, copays may apply to some services for adults.

Mandatory and Optional Services

Mandatory services are required under federal law and are monitored by the Centers for Medicare & Medicaid Services (CMS). SoonerCare also offers several critical but optional benefits to maintain or increase health status and quality of life.

IMPLEMENT



Mandatory services are required by federal law.

MONITOR



The Centers for Medicare & Medicaid Services (CMS) monitors activity.

PROVIDE



SoonerCare increases health status and quality of life for members.

MANDATORY BENEFITS

- Inpatient hospital services
- Outpatient hospital services
- [EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services](#)
- [Nursing facility services](#)
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse midwife services
- Certified pediatric and family nurse practitioner services
- Freestanding birth center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- [Tobacco cessation counseling for pregnant women](#)

OPTIONAL BENEFITS

- [Prescription drugs](#)
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, [preventive](#) and rehabilitative services
- Podiatry services
- Optometry services
- [Dental services](#)
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Other practitioner services
- Private duty nursing services
- Personal care
- [Hospice](#)
- Case management
- [Services for individuals age 65 or older in an institution for mental disease \(IMD\)](#)
- [Services in an intermediate care facility for the mentally retarded](#)
- [State Plan home and community-based services - 1915\(i\)](#)
- [Self-directed personal assistance services - 1915\(j\)](#)
- [Community First Choice option - 1915\(k\)](#)
- [Tuberculosis-related services](#)
- [Inpatient psychiatric services for individuals under age 21](#)
- Other services approved by the Health and Human Services Secretary
- [Health Homes for Enrollees with Chronic Conditions - section 1945](#)

Benefit Packages

The health care needs of Oklahomans can be many and complex, and the OHCA offers various health benefit packages to accommodate them.

SoonerCare

- **SoonerCare Choice** is a patient-centered medical home program. In this health care model each member has a medical home, where a primary care provider (PCP) organizes their health care services.
- **SoonerCare Traditional** is a comprehensive health care plan for members who do not qualify for SoonerCare Choice. SoonerCare Traditional members access services from contracted providers, whom OHCA pays on a fee-for-service basis.
- **SoonerCare Supplemental** is a benefit plan for individuals who are enrolled in both Medicare and Medicaid (also known as dual eligibles). SoonerCare Supplemental pays both the Medicare coinsurance and deductible. It also provides medical benefits to supplement services covered by Medicare.
- **Long-term Care** services offer additional benefits to certain members who are enrolled in SoonerCare Traditional or SoonerCare Supplemental plans. These benefits may include long-term care facility services, in-home personal care services and/or home and community-based services (HCBS)*.
- **SoonerPlan** covers limited services related to family planning. SoonerPlan members do not choose or typically qualify for full SoonerCare benefits.
- **Soon-to-be-Sooners** is a limited benefit plan that provides pregnancy-related medical services to women who do not qualify for full benefits.

Insure Oklahoma

- **Insure Oklahoma Employer-Sponsored Insurance (ESI)** offers premium assistance to help Oklahoma businesses cover their qualified staff. Businesses must have 250 or fewer employees to qualify (no more than 500 employees for nonprofits). They must also be enrolled (or in the process of enrolling) in a qualified health plan. The state, the employer and the employee share in the premium costs.
- **Insure Oklahoma Individual Plan (IP)** helps to cover Oklahomans who are not qualified for ESI, temporarily unemployed, working disabled and have qualifying income.

For more details on these benefit packages, please refer to the OHCA Primer at www.okhca.org/reports.

*The HCBS benefit provides medical and other supportive services as alternatives to a member entering a nursing facility or hospital setting.

MEDICAID VS. MEDICARE

How is Medicaid different from Medicare?

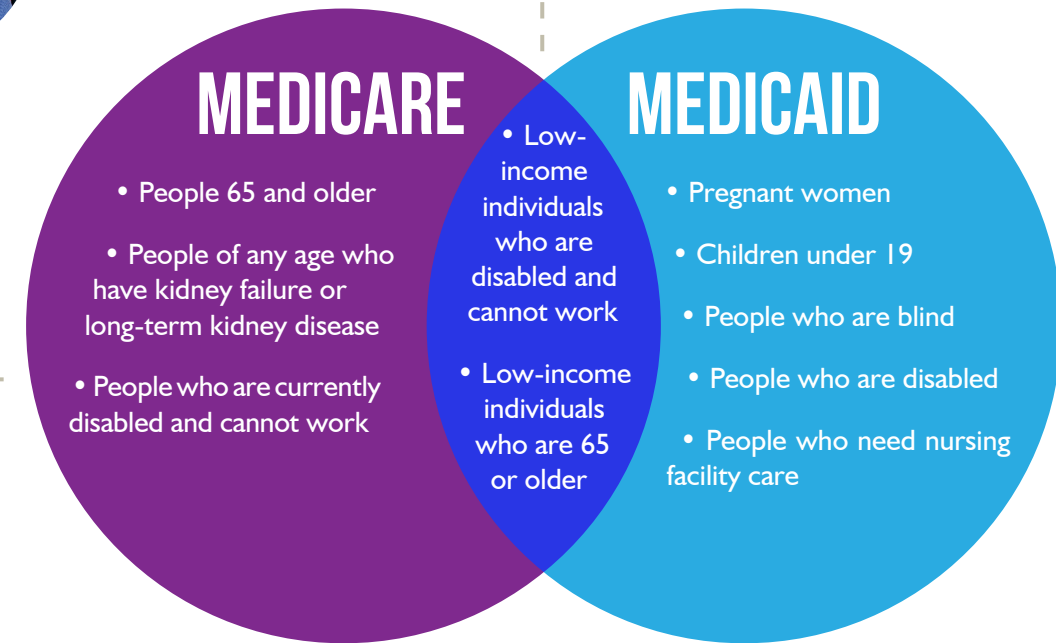
Both Medicaid and Medicare are government programs (with oversight by CMS) that help cover health care costs for millions of Americans, but there are some key differences.

Medicare is a federal health insurance program and is basically the same across the U.S. It provides coverage mostly to individuals age 65 or older, regardless of income, as well as some people with disabilities.

In contrast, Medicaid is a federal-state program that assists low-income individuals of every age with their health care needs. Those covered by Medicaid must meet eligibility requirements, and state and local governments administer their own Medicaid programs within federal guidelines. In addition, waivers give states flexibility to offer optional services, evaluate new methods for health care service delivery and more.



DUAL ELIGIBILITY



What is CHIP?

Signed into law in 1997, the Children's Health Insurance Program (CHIP) provides federal matching funds to states to provide health coverage to children in families with incomes too high to qualify for Medicaid, but who can't afford private health coverage.

Like Medicaid, CHIP is a federal-state program. It provides benefits to eligible children, through both Medicaid and separate CHIP programs.

In Oklahoma, CHIP is operated as part of SoonerCare.

TABLE 1: SOONERCARE AND INSURE OKLAHOMA CHILDREN UNDER 21

SOONERCARE CHILDREN UNDER 21 - SFY17	
Total unduplicated children under 21	632,529
Children qualified under Children & Parents (TANF)	528,973
Children qualified under Blind or Disabled	20,802
Children qualified under TEFRA	688
Children qualified under Insure Oklahoma	2,013
Children qualified under CHIP	191,544

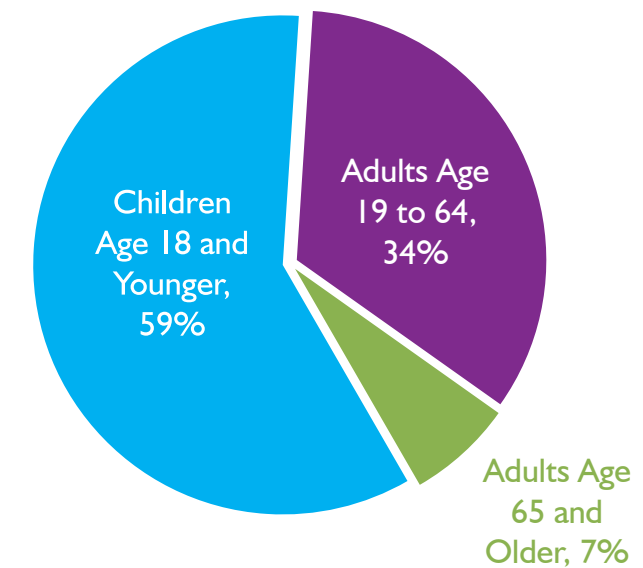


FIGURE 1: AGE OF ENROLLEES

WHAT WE DO



Administration

OHCA purchases medically-necessary health services for more than one million Oklahomans enrolled in SoonerCare and Insure Oklahoma. In SFY17, the cost of running these programs totaled more than \$5.3 billion in funding from the state and federal government.

The OHCA strives to be a responsible steward of these funds. The agency operates in the most efficient, innovative and cost-effective manner possible. This helps us to connect members to quality care, maintain appropriate rates, and continue to strengthen Oklahoma's health care infrastructure.

Agency administrative costs totaled \$117,429,436 in SFY17, or 2.1 percent of the total budget.

FIGURE 2: OHCA EXPENDITURE AND ADMINISTRATIVE PERCENTAGES

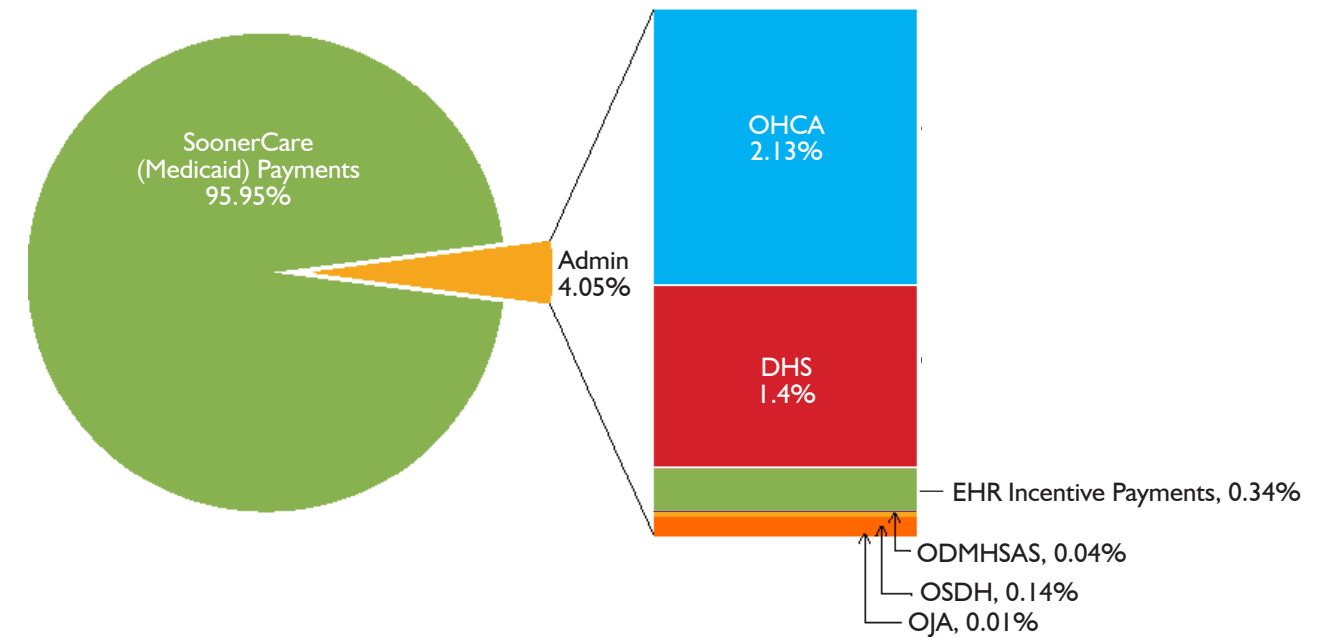
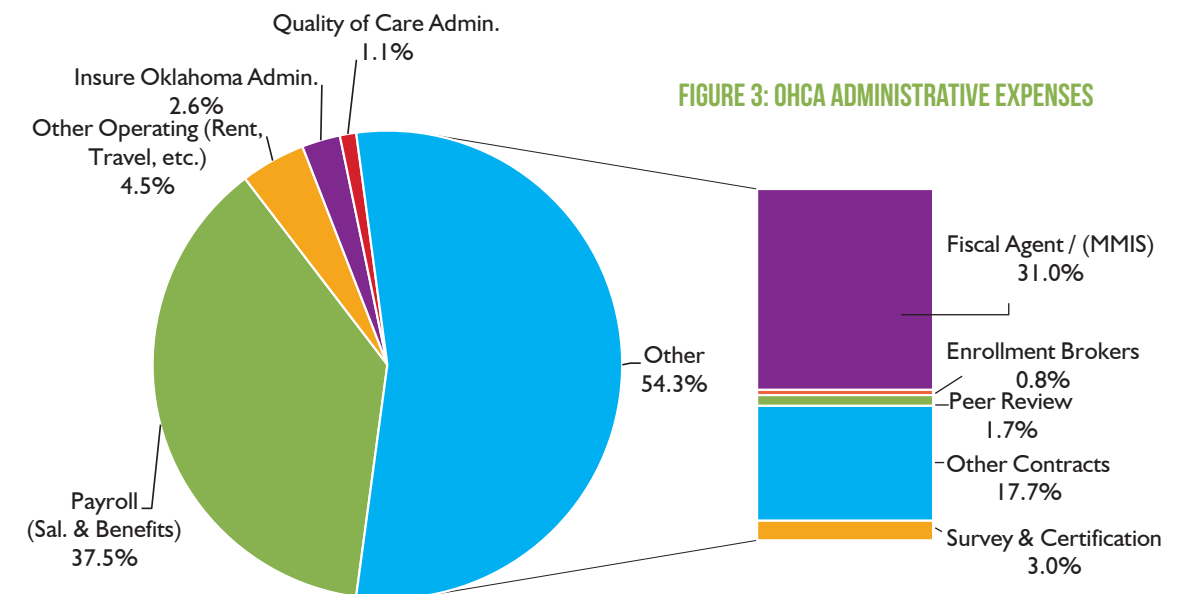


FIGURE 3: OHCA ADMINISTRATIVE EXPENSES



The administrative cost of the SoonerCare program is divided among the Oklahoma Health Care Authority (OHCA), the Oklahoma Department of Human Services (DHS), the Oklahoma State Department of Health (OSDH), the Office of Juvenile Affairs (OJA), Electronic Health Record (EHR) incentive payments and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

MMIS = Medicaid Management Information System

Our Budget: What Is FMAP?

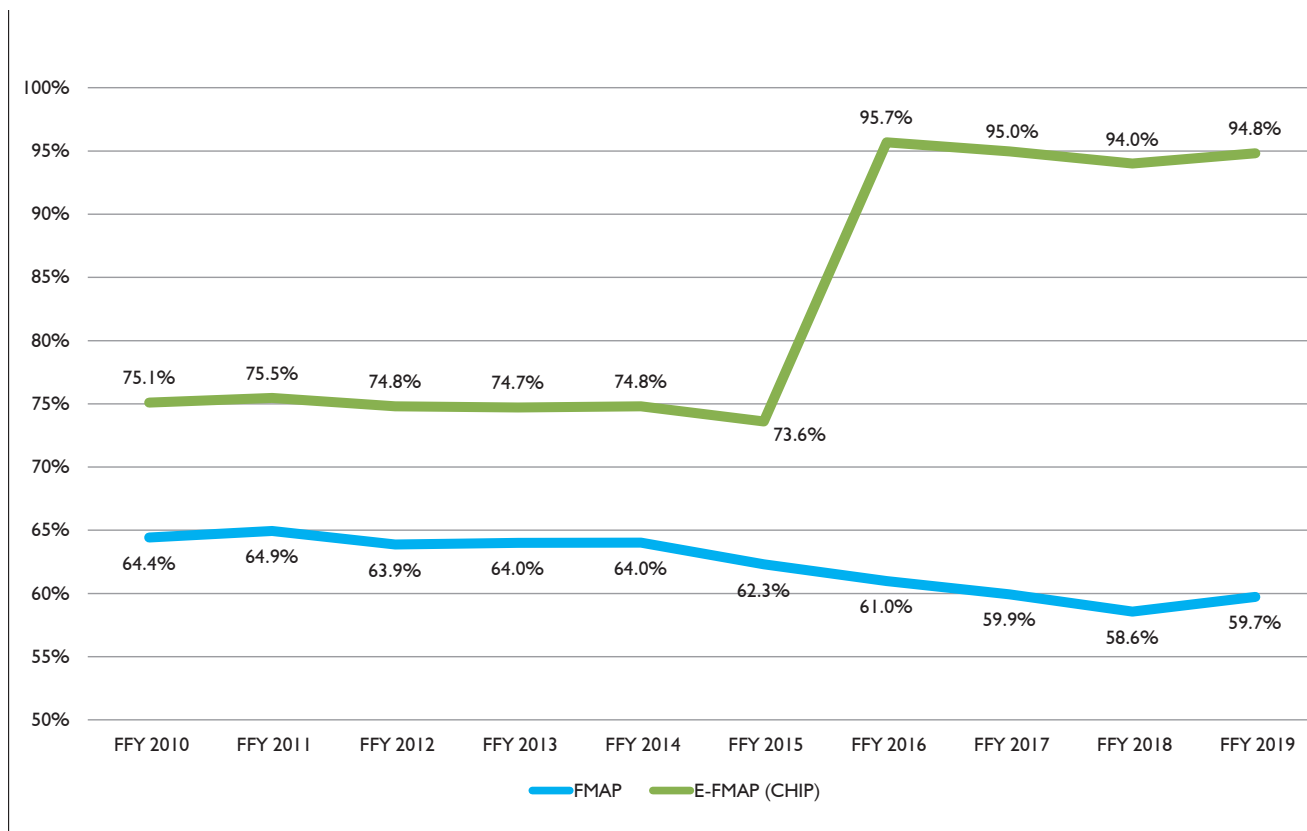
The Federal Medical Assistance Percentage (FMAP) helps the government to determine its share of the cost of covered services in state Medicaid programs.

The FMAP is not a static number. Its formula is based on the average per capita income of each state as compared to the national average, but an FMAP cannot be less than 50 percent by law. Section 1905(b) of the Social Security Act specifies how to determine FMAP.

The average FMAP is 57 percent; however, states with lower per capita income can have a regular FMAP of up to 82 percent. Oklahoma's FMAP for federal fiscal year* (FFY) 2017 was 59.9 percent and is 58.6 percent for FFY18.

There is an enhanced FMAP (EFMAP) rate for the Children's Health Insurance Program (CHIP) as an incentive for states to expand health care coverage for children. The enhanced rate is generally about 15 percentage points higher than a state's base FMAP rate. The national average is 71 percent; Oklahoma's EFMAP rate in FFY17 was 71.96 percent. Under the Affordable Care Act (ACA), the EFMAP was increased by approximately 23 percent, raising Oklahoma's rate in FFY17 to 94.96 percent.

FIGURE 4: FEDERAL MATCH PERCENTAGE AND ENHANCED FEDERAL MATCH PERCENTAGE



*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 periodic 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). Source: <http://aspe.hhs.gov/health/fmap.htm>.

FIGURE 5: FEDERAL MATCHING DOLLAR IMPACT

Calculated and released annually, FMAPs also adjust on a three-year cycle for each state. This means the amount of federal funding a state receives is affected by how well that state's economy is performing at the time of the adjustment. This also means that a state's FMAP may not accurately reflect its current economic condition, which can prove problematic during a funding shortfall. In such a case, a Medicaid program's benefits and/or provider payments could be jeopardized.

Since Oklahoma's economy was doing well comparatively, the state received another reduction in federal matching funds for Medicaid, starting Oct. 1, 2017, resulting in a decrease in federal matching funds.

DID YOU KNOW?



FOR EVERY DOLLAR THE STATE SPENT ON SOONERCARE IN SFY17, THE FEDERAL GOVERNMENT MATCHED \$1.51 FOR A TOTAL OF \$2.51

Oklahoma's FMAP has been on a steady decline - a major factor in OHCA's budget woes. Since Oklahoma's economy was doing well comparatively, the state will receive another reduction in federal matching funds for Medicaid, starting Oct. 1, 2017, resulting in a decrease in federal matching funds.

We expect a loss of some \$41.4 million in federal matching funds.

OHCA is unable to cut SoonerCare eligibility criteria and many other services due to federal mandates by the Centers for Medicare & Medicaid Services (CMS). Therefore, administrative and programs cuts alone are not likely to fill the gap in the reduction of funds. The agency continues to work diligently to assess our budget situation, consider our options, and determine the most conscientious and fiscally responsible decisions possible.

For every dollar the state spent on SoonerCare in SFY17, the federal government matched \$1.51 for a total of \$2.51.

TABLE 2: EXPENDITURES AND REVENUE SOURCES

FEDERAL FISCAL YEAR	TOTAL EXPENDITURES	FEDERAL SHARE	OTHER REVENUE	STATE SHARE - OHCA	STATE SHARE - OTHER AGENCIES
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
2017	\$5,292,148,089	\$3,076,929,283	\$435,083,205	\$1,197,368,765	\$582,766,836

Source: OHCA Financial Services Division. Federal fiscal years are between October 1 and September 30. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments. For revenue details, go to page 39 of this report.

*Information current as of Aug. 11, 2017



OHCA OVERVIEW



Our History

The Oklahoma Health Care Authority (OHCA) was created by House Bill 1573 of the 1993 legislature to be the single state Medicaid agency effective Jan. 1, 1995. The agency is the largest public purchaser of health care in the state and, in terms of covered lives, we are close to being the largest insurer of health care, public or private. Our programs serve more than 800,000 people each month and more than one million individual Oklahomans each year. The agency also contracts with more than 54,000 providers for health care-related services.

Since its creation, the OHCA has tried to pay its providers an adequate rate for their services to ensure accessibility for our members. At their July 2005 meeting, the OHCA Board voted to increase the SoonerCare physician fee schedule to 100 percent of the Medicare rate effective Aug. 1, 2005. House Bill 1088 provided \$25 million in funding to the agency to increase provider reimbursement for Medicaid services and Medicare co-insurance and deductible payments for SFY06.

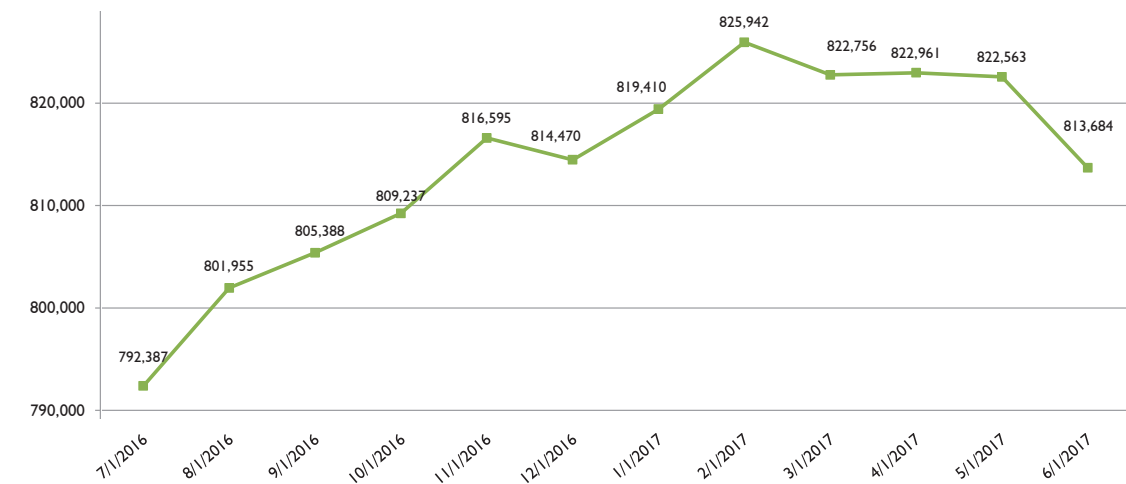
The OHCA also began a number of technological improvements aimed at increasing provider and member satisfaction by reducing paperwork, staff time and delays in claim payments for its contracted providers. The agency also launched an electronic newborn enrollment system that allowed hospitals to enroll babies for benefits at birth. This change helped both providers and members by reducing paperwork, as well as the time it took to enroll the babies.

In late 2009, the state began to experience budget woes. At its Dec. 10, 2009, meeting, the OHCA Board voted to cut a total of \$69.6 million (\$17 million state funds) from the program's 2010 budget to meet a state-mandated 5 percent funding reduction. The reduction represented \$16.8 million in state funds while the balance was matching federal funds. The changes included:

- reductions to administrative costs at the agency;
- pricing adjustments for oxygen, nebulizers and other durable medical equipment (DME) products;
- higher copays for adults;
- adults prescriptions were limited to two brand-name prescriptions in addition to four generics; and
- reducing payments for some resin dental fillings.

In January 2010, the agency's state appropriation was reduced another \$5 million. To accommodate this decrease, the OHCA Board approved provider rate reductions of 3.25 percent, effective April 1.

FIGURE 6: SOONERCARE MONTHLY ENROLLMENT SFY 2017



Figures exclude Insure Oklahoma. Data valid as of 7/1/2017.

Additional savings were found by:

- again decreasing the agency's administrative budget;
- increasing scrutiny of adult dental emergency extractions;
- reducing Medicare crossover coinsurance and deductible to freestanding end-stage renal disease (ESRD) facilities; and
- reducing the rate paid for diabetic supplies.

In September 2010, OHCA launched an online enrollment system. The system allows applicants to apply for SoonerCare and Insure Oklahoma beginning in 2016 from any location that has internet access. Real-time eligibility determinations are made, allowing applicants to know immediately if they qualify for SoonerCare or Insure Oklahoma. This system also improved the paperwork burden on providers, members and agency staff and saved state and federal dollars with eligibility verification checks.

The OHCA marked a milestone in SFY12 by providing more than one million Oklahomans with access to health care at some point during the year. Total enrollment for SoonerCare and Insure Oklahoma reached a historic high with 1,007,356 Oklahomans – 396,860 adults and 610,496 children – or 1 in 4 Oklahomans.

Substantial changes were made to the Medicaid program at the national level in late 2013 and early 2014 with the implementation of the Affordable Care Act (ACA). States were required to use modified adjusted gross income to determine federal poverty level (FPL) with income disregards; Medicaid coverage was extended to specific former foster care members until age 26; the family planning benefit (SoonerPlan) was reduced to 133 percent FPL from 185 percent FPL; benefits for pregnant women between 133 and 185 percent FPL were limited to pregnancy-related benefits only; and the financial qualifications for Insure Oklahoma Individual Plan (IP) was reduced from 200 percent to 100 percent FPL. Eligibility was scaled back in the listed categories as those members became eligible to purchase private market coverage from the federally-facilitated marketplace.

For SFY15, OHCA was notified it would receive a "flat" appropriation. In other words, the agency was being funded at the same level it was funded for SFY14. The agency had requested \$132 million above what was received in 2014 in order to

In SFY12, OHCA provided more than one million Oklahomans with access to health care at some point during the year. Total enrollment for SoonerCare and Insure Oklahoma reached a historic high with 1,007,356 Oklahomans – 396,860 adults and 610,496 children – or 1 in 4 Oklahomans.

DID YOU KNOW?

maintain the program. The \$132 million request included the loss of about \$45 million in federal matching funds and \$44 million in normal growth and utilization rates. To meet the flat budget, OHCA implemented targeted program cuts:

- administrative reductions, including the renegotiating of contracts with vendors;
- eliminating dental benefits for pregnant women;
- adding prior authorization (PA) restrictions to items such as back and spinal surgeries;
- limitations on controlled substances;
- reduced hospital readmissions occurring within 30 days (mirroring Medicare policy);
- reduced payment of Medicare crossovers and coinsurance;
- increased cost-sharing amounts to the federal limit (copays to \$4 even on generics, which formerly had no copays);
- excluded members with third party liability (TPL) from medical homes; and
- implemented PA of oxygen after 90 days.

Finally, an across-the-board provider rate reduction was approved to balance the budget. All providers, with the exception of nursing facilities, emergency transportation and private duty nursing, received a rate reduction of approximately 7.75 percent, effective July 1, 2014. This further dropped the rate paid to SoonerCare providers from 96.75 percent to approximately 89.25 percent of the Medicare rate. In November 2015, then-CEO Nico Gomez told members of the board that the agency was advised not to expect any additional state dollars in SFY17. Further, in January 2016, the state declared a revenue failure of 3 percent, followed by a 4 percent reduction in March requiring the agency to take action in order to submit a balanced budget for SFY16. The agency estimated a need of an additional \$37.5 million in state dollars over SFY16's base appropriation to operate the program at current levels. This was due in large part to a decline in federal matching dollars for a second consecutive year to a level not seen since the mid-1980s, and a conservative estimate of 1 percent growth to cover increased enrollment, utilization and medical inflation.

During their Dec. 10, 2015, meeting the OHCA board approved a 3 percent across-the-board provider rate reduction to be effective Jan. 1, 2016. OHCA also reduced what is paid for nursing facility Medicare Part A coinsurance and deductibles on crossover claims from 75 to 20 percent. Rate reductions did not include federally qualified health centers, rural health centers, complex rehabilitation technology products and services, SoonerCare services that are funded by other state agencies, Insure Oklahoma, or Health Access Networks. This dropped the physician provider rate to 86.57 percent of the Medicare fee schedule with more than \$400 million state and federal dollars having been cut from the program since SFY14.

Throughout these years, the agency continued looking for savings through efficiencies such as implementing an electronic payable system/invoicing, provider portal and electronic provider contracts that allow the OHCA to review and pay one million claims per week electronically. When preparing for the SFY17 budget, the OHCA presented a series of scenarios to leadership demonstrating different provider rate reductions in the event of an appropriation reduction. The agency received an increase in state appropriated funds (\$20M) which, coupled with lower than expected claims expenditures, enabled it to limp through to the end of the fiscal year.

As SFY18 begins, the agency faces numerous financial obstacles including the reauthorization of the federal Children's Health Insurance Program (CHIP) and its enhanced federal match rate; the Oklahoma Supreme Court's overturning of the cigarette cessation fee; which provided the agency about 7 percent of its base appropriation; and yet another reduction of the Federal Medical Assistance Percentages (FMAP) rate.

State Plan

State plans govern how a state administers its Medicaid and CHIP programs. Through these plans, states agree to follow federal rules and guidelines in order to receive federal matching funds for programs. This includes details about who is covered, which services are provided, and payment methodologies for provider reimbursement. Sometimes it is necessary to make changes to program policy or operations. When this occurs, a state must send state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) for review and approval. SPAs are also required to correct or update

a state plan with new information. In SFY17, Oklahoma submitted 10 Medicaid SPAs to CMS; nine of those were CMS-approved. These changes include:

- adding new supplemental payments to qualifying non-state government nursing facilities (denied);
- changing the rate and methodology for the reimbursement of eyeglasses;
- increasing the nursing facility pool amounts and the base rate components for nursing facilities serving adults and AIDS patients;
- retracting the 3 percent private duty nursing rate reduction which was implemented on Jan. 1, 2016;
- retracting the 3 percent emergency transportation rate reduction which was implemented on Jan. 1, 2016;
- removing outdated information and providing clarification on hospital bed size and the compilation of managed care encounter data in relation to the diagnosis-related group (DRG) relative weights payment computation;
- revising the methodology for supplemental payments for hospitals participating in the supplemental hospital offset payment program (SHOPP);
- bringing Oklahoma into compliance with the reimbursement requirements in the Covered Outpatient Drug Final Rule with Comment;
- updating language on current state plan pages and documenting Oklahoma's participation in the Public Assistance Reporting Information System (PARIS) interstate match to comply with federal regulations; and
- allowing members access to genetic counseling outside of the clinic setting.

For more in-depth information on the state plans, please visit www.okhca.org/plans-waivers.

Tribal Consultation

Section 1902(a)(73) of the Social Security Act (the Act) requires a state in which one or more Indian health programs or urban Indian organizations supply health care services to establish a process for the state Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs. In addition, Section 2107(e)(1) of the Act applies these same requirements to the Children's Health Insurance Program (CHIP). Tribal consultation is required for Medicaid and CHIP matters that directly affect Indian health programs and Urban Indian organizations.

Oklahoma has three different tribal health care provider types including 638 tribal facilities, facilities operated by the Indian Health Services (IHS), and urban Indian clinics. This collective group is referred to as I/T/Us.

OHCA has quarterly meetings with all of the IHS business office managers and meets on an as-needed basis with any of the three tribal provider types. Additionally, the agency conducts site visits and trainings as well as hosts an annual tribal consultation meeting in which all tribal provider types are invited.

The I/T/Us are encouraged to offer feedback on proposed changes to rules, waiver implementations or renewals, the state plan and demonstrations projects. OHCA provides a tribal consultation notice at least 60 days prior to a rule change or waiver/SPA submission under normal circumstances. In the event of abnormal circumstances (e.g., federal regulatory changes, judgments from lawsuits, etc.), I/T/Us are given as much notice for consultation as possible.

For more on the Title XIX state plan, please refer to www.okhca.org/state-plan.



10TH
ANNUAL TRIBAL
CONSULTATION



LEADERSHIP



OHCA Board

The OHCA Board directs the actions and oversees the operation of the agency. The Board meets monthly and is tasked with establishing policies, adopting and issuing rules, and appointing the CEO of the agency, when necessary.

The Board is composed of seven appointed members. Of these seven, three are appointed by the governor, two are appointed by the President Pro Tempore of the Senate, and two are appointed by the Speaker of the House of Representatives.

Appointed members have experience in health care and health insurance. Appointments are given with consideration to urban, rural, gender and minority representation. Board members serve a four-year term without compensation.

Special Recognition - OHCA Board chair named Rural Health Advocate of the Year

The chairman of the OHCA Board, Charles 'Ed' McFall, was named Rural Health Advocate of the Year by the Rural Health Association of Oklahoma.

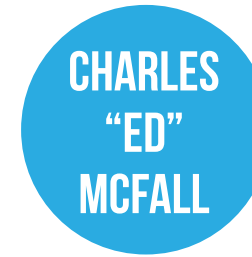
McFall received the award on May 25 at the 2017 Oklahoma Rural Health Conference held in Norman.

The award recognizes McFall as "a tireless advocate for rural health issues." The Rural Health Advocate of the Year inspires others to understand the significance rural health care plays for Oklahomans across the state by engaging elected officials in discussions and promoting policies that support rural health care.

McFall's nomination said "he exemplifies a level of commitment to health care in rural Oklahoma that sets the bar high. He has not only spent his career working in rural Oklahoma, but volunteering tirelessly to improve access and services for all Oklahomans."

Read more about Chairman McFall at www.okhca.org/news.

CHAIRMAN



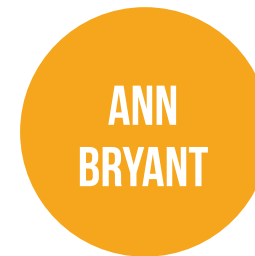
**CHARLES
"ED"
MCFALL**

Porum, OK

Appointed by Speaker
of the House

Term expires:
9-1-2017

VICE-CHARIMAN



**ANN
BRYANT**

Enid, OK

Appointed by
Governor

Term expires:
9-1-2018



**TONY
ARMSTRONG**

Muskogee, OK

Appointed by
Senate President
Pro-Tempore

Term expires:
9-1-2019



**MELVIN R.
MCVAY, JR.**

Oklahoma City, OK

Appointed by
Senate President
Pro-Tempore

Term expires:
9-1-2020

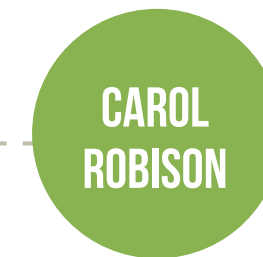


**TANYA
CASE**

Duncan, OK

Appointed by Speaker
of the House

Term expires:
9-1-2018



**CAROL
ROBISON**

Oologah, OK

Appointed by
Governor

Term expires:
9-1-2019



**MARC
NUTTLE**

Norman, OK

Appointed by
Governor

Term expires:
9-1-2020

Our Staff

The chief executive officer (CEO) is head of the agency and is responsible for managing and directing the operations and activities of more than 500 employees to achieve the agency's mission and goals. Duties of the CEO include coordinating and circulating current and long-range goals and budgets, as well as supervising daily operations of the OHCA through direct consultation and coordination with OHCA executives and line management. Seven additional executive officers, all of whom report to the CEO, oversee the divisions that make up the agency's organizational structure.

Please refer to our Core Functions at www.okhca.org/about-us to learn more about each OHCA unit, its work and responsibilities.

See pages 42-46 of this Annual Report to read more about our workforce.



From Left:
Dr. Mike Herndon,
Nicole Nantois,
Lisa Gifford,
Carrie Evans,
Becky Pasternik-Ikard,
Tywanda Cox,
Melody Anthony,
Dr. Garth Splinter

**EXECUTIVE
STAFF**



Gregory's SOONERCARE STORY

Gregory Stockstell suffers from type 2 diabetes. He was homeless and living in downtown Oklahoma City when an infection in his right leg and kidney failure sent him to the hospital. Gregory ended up needing his left leg amputated. When he no longer needed hospital level of care, Gregory was placed in a nursing facility at the age of 53.

Gregory said he was always an independent man who enjoyed the freedom of being able to go where he wanted to.

"I spent over two years in a nursing facility," Gregory said. "It felt like I was in a prison."

Gregory regained his independence through the OHCA's Living Choice Program, which helps Oklahomans who are ready to move out of a nursing facility to rejoin the community and get back to a home of their own. Additionally, Living Choice helps to connect individuals with services like home-delivered meals, transportation, skilled nursing, therapy services, dental and vision services, counseling, personal care, medication management and more.

Additionally, the Living Choice Program helps qualified individuals get furnishings for their new home; line up the individual's help (nurse, counselors, physical therapist, aides, etc.); and just make sure the individual is taken care of during the transition process. Living Choice staff also helped Stockstell get an Oklahoma Housing Finance Agency voucher so he could receive financial assistance for his rent.

"It is very rewarding to be able to help someone get their independence back, but most importantly, their dignity," said Irene Perez, Living Choice housing specialist. "People in the nursing facility deserve the opportunity to live where they want while receiving services to help them stay healthy and safe."

Stockstell is now able to listen to his favorite 70's music and turn the volume up as loud as he wants, and take a long walk on a nice day.

"I am now able to do what I want to and go where I want to go," said Gregory. "It is such a good program, and they make sure I have everything I need - from delivery of my medications to my nurse coming and checking on me."

To learn more about the Oklahoma Living Choice Program, please visit www.oklivingchoice.org or call 1-888-287-2443 toll free.

WHO WE SERVE



BY THE NUMBERS

SFY17
Highlights
and Total
Enrollment

FIGURE 7



OHCA covered

1,014,983*

unduplicated members in

SFY17

356,477 ADULTS + 631,531 CHILDREN

*SoonerCare only

THE TOP FIVE SERVICE CATEGORIES FOR ADULTS WERE



NURSING FACILITY



INPATIENT SERVICES



PRESCRIBED DRUG



PHYSICIAN



DIRECT SUPPORT

THE TOP FIVE SERVICE CATEGORIES FOR CHILDREN WERE



PHYSICIAN



PRESCRIBED DRUG



INPATIENT SERVICES



BEHAVIORAL HEALTH SERVICES



OUTPATIENT HOSPITAL

A total of



989,916

SoonerCare members had services paid for



4,430

businesses were participating in the Insure Oklahoma program as of June 2017



19,517

enrollees were participating in the Insure Oklahoma program as of June 2017

*Total enrollment includes SoonerCare and Insure Oklahoma members. Children age 0-20.

Who Qualifies?

Individuals certify as eligible for SoonerCare services by enrolling online through the MySoonerCare portal (www.mysooner.org) or local county Department of Human Services (DHS) offices. Most people who qualify for SoonerCare are:

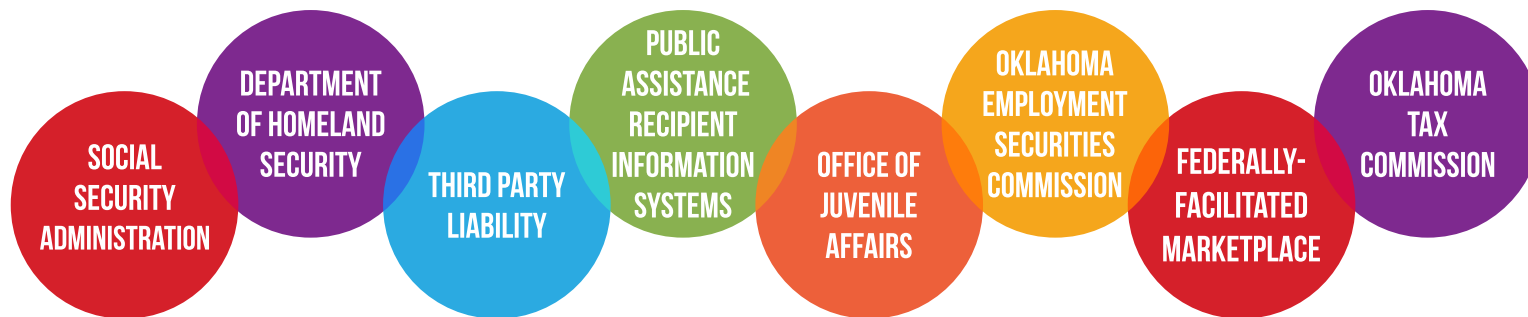
- children under age 19;
- pregnant women;
- under age 21 and in foster care;
- a former foster care individual between the ages of 18 and 26 who aged out of the Oklahoma Foster Care program;
- age 65 and older;
- blind or disabled;
- the parent or relative who is the caretaker of a child;
- living in a nursing facility;
- in medical need of certain home and community-based services

Some individuals who may qualify for limited SoonerCare coverage are those older than 19 and in need of family planning services. Persons receiving family planning do not receive full-scope SoonerCare benefits.

Eligibility

To be eligible for SoonerCare, an individual must first meet the description of a member eligibility group. Member groups include the aged, blind and disabled (ABD), pregnancy, children, parents and caretaker relatives, refugee, breast and cervical cancer treatment program, SoonerPlan*, Soon to be Sooners**, and former foster care children. Specific criteria for each group are detailed in the OHCA administrative rules found at www.okhca.org/policies-and-rules.

To ensure members meet the necessary income and categorical requirements, OHCA collaborates with various state and federal agencies to exchange data on SoonerCare applicants. This is part of the agency's commitment to be fiscally responsible with state and federal dollars. Entities with whom we work include:



Data sharing agreements and data exchanges with our external partners have helped OHCA to save the state of Oklahoma more than \$245,777,175 in SFY17. This amounts to a per member per month savings of \$435.

* Family planning program

**Limited-scope pregnancy benefits

Federal Poverty Guidelines

The federal poverty level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services. FPL is one factor used to help determine if individuals or families qualify for SoonerCare.

Federal law requires the OHCA to cover certain groups of individuals in order to receive federal matching funds. The mandatory groups are pregnant women; children ages 18 and younger with qualifying family income; children ages 18 and under below 100 percent FPL; parents below cash-assistance eligibility levels; and ABDs* who receive Supplemental Security Income (SSI). Insure Oklahoma (IO) is a premium assistance program that helps employers and employees bridge the gap in the health care coverage for low-income Oklahomans. It provides benefits for members on the Individual Plan who have qualifying incomes at or below 100 percent of the FPL. For IO members under the Employer-Sponsored Insurance option, qualifying incomes are at or below 185 to 200 percent of the FPL.

Below are the monthly income levels individuals and families must meet to qualify for SoonerCare and Insure Oklahoma, current as of June 30, 2017. Current income guidelines are always available at www.okhca.org/income-guidelines.

TABLE 3: INCOME GUIDELINES

*ABDs are persons who are aged, blind or disabled.

SOONERCARE INCOME GUIDELINES		
Family Size	Monthly Income	Annual Income
1	\$2,111	\$25,332
2	\$2,841	\$34,092
3	\$3,547	\$42,888
4	\$4,305	\$51,660
5	\$5,036	\$60,432
6	\$5,796	\$69,228
7	\$6,500	\$78,000
8	\$7,230	\$86,760

PREGNANT WOMEN: FULL-SCOPE BENEFITS AND SOONERPLAN		
Family Size	Monthly Income	Annual Income
1	\$1,337	\$16,044
2	\$1,799	\$21,588
3	\$2,264	\$27,168
4	\$2,727	\$32,724
5	\$3,189	\$38,268
6	\$3,654	\$43,848
7	\$4,116	\$49,392
8	\$4,579	\$54,948

INSURE OKLAHOMA EMPLOYEE INCOME GUIDELINES	
Family Size	Annual Income
1	\$27,372
2	\$36,852
3	\$46,368
4	\$55,848
5	\$65,316
6	\$74,832

INSURE OKLAHOMA INDIVIDUAL PLAN INCOME GUIDELINES	
Family Size	Annual Income
1	\$12,660
2	\$17,052
3	\$21,444
4	\$25,836
5	\$30,216
6	\$34,608

ADULT CARETAKER/RELATIVE WITH CHILD		
Family Size	Monthly Income	Annual Income
1	\$462	\$5,544
2	\$622	\$7,464
3	\$783	\$9,396
4	\$943	\$11,316
5	\$1,103	\$13,236
6	\$1,264	\$15,168
7	\$1,424	\$17,088
8	\$1,584	\$19,008



SERVICE UTILIZATION



Serving Our Members: Program Spotlights

The OHCA utilizes an enhanced primary care case management (PCCM) delivery system to provide active, comprehensive care management to members and to improve health outcomes important to the State of Oklahoma. To accomplish these goals, the agency administers programs specifically designed for targeted populations of SoonerCare members, such as the SoonerCare Health Management program (HMP), SoonerQuit Provider Engagement, SoonerRide and the SoonerCare Pain Management program.

SoonerCare Health Management

The SoonerCare HMP addresses the health needs of our chronically-ill members while reducing unnecessary health care cost. The program provides health coaching by phone in addition to face-to-face case management within targeted primary care practices. 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 SFY16 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. Ten of those 12 measures show statistically significant differences. Findings also show improved compliance rates for health coaching participants for 15 measures between SFY15 and SFY16.

These outcomes suggest that the SoonerCare HMP is having a positive effect on quality of care for our members. The evaluation reveals a net savings* in expenditures of nearly \$73 million dollars SFY14 through SFY16, which would have been incurred without the program. The HMP as a whole generated a return on investment of 275 percent. This equates to nearly \$3 in medical savings for every \$1 spent on the program.

*Medical savings incurred was \$99 million - \$26 million administrative cost = net savings or costs avoided

SoonerQuit

The SoonerQuit Provider Engagement program uses practice facilitation methodology to assimilate tobacco cessation within the practice setting. This enables members to receive counseling as well as prescription and over-the-counter medications to help them stop using tobacco.

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.

SoonerQuit program outcomes:

- Reduced smoking rate among SoonerCare members by 3.6 percent, to 33.4 percent, from SFY15
- Trained 38 providers on 5 As, pharmacotherapy and the Oklahoma Tobacco Helpline (OTH) in SFY17
- Registered 4,899 SoonerCare members for OTH services in SFY17
- Registered 264 pregnant SoonerCare members to the OTH in SFY17
- Reviewed 353 fax referrals to the OTH from OHCA referral partners during the first three quarters of SFY17 (July 1, 2016 - March 31, 2017)

SoonerCare Pain Management

The SoonerCare Pain Management Program equips SoonerCare providers with the knowledge and skills to treat members with chronic pain by providing prescribing toolkits at no cost. The toolkits contain recommendations from national guidelines and evidence-based research on how to treat chronic pain patients. The toolkit is also available electronically at www.okhca.org/pain-management.

In addition, the SoonerCare Pain Management Program has three practice facilitators, all registered nurses, who assist with implementing the components of the toolkit into SoonerCare-contracted practices.

This program also includes two behavioral health resource 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.

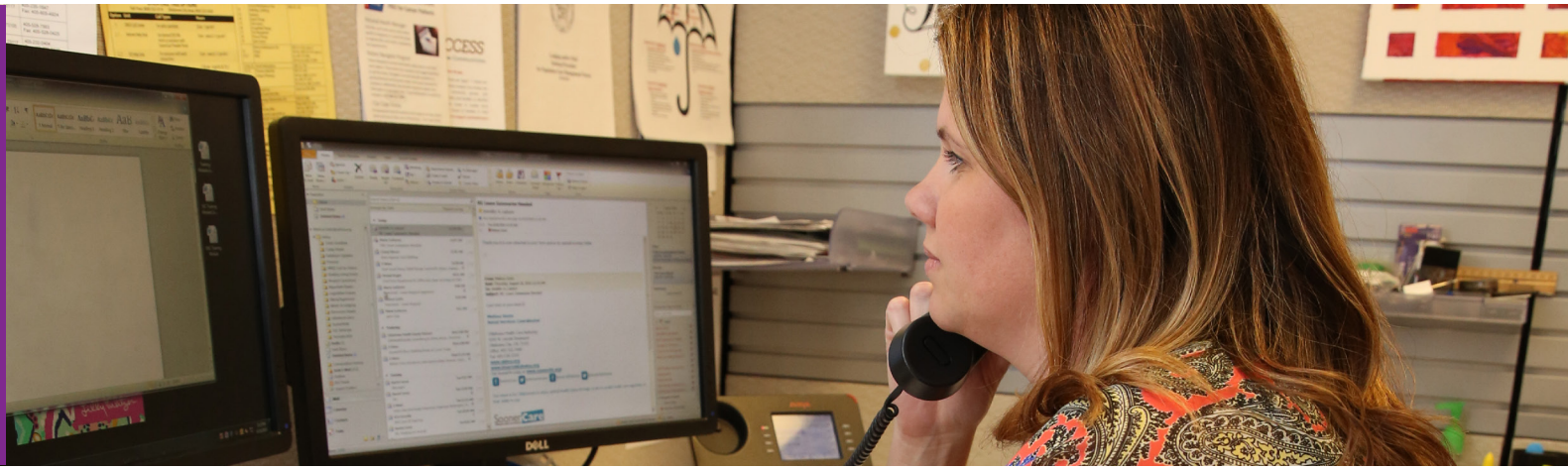
From January 2016 through June 2017, the practice facilitators worked with more than 40 practices, and the behavioral health resource specialists received more than 70 referrals.

SoonerRide

SoonerRide is a statewide, non-emergency transportation (NET) program. It is the most appropriate and least costly way to get SoonerCare members to essential health care appointments when transportation is a concern. This increases access to care. SoonerRide is made possible by contract through LogistiCare, which utilizes local transportation networks.

In SFY17:

- SoonerRide transported 10,567 members to medically-necessary appointments.
- 793,004 rides were provided to SoonerCare members.
- The average transportation cost was \$35.13 per trip.
- OHCA reimbursed SoonerRide \$27,846,585.



MEMBER SERVICES



The OHCA Member Services department is the gatekeeper for most member-related concerns. Staff takes calls from SoonerCare members regarding eligibility, specialty care, coordination of care and many other issues. Calls are also received from non-SoonerCare members in reference to available resources, as well as from individuals denied SoonerCare coverage.

Member Services coordinates with the agency's Enrollment Automation & Data Integrity unit on eligibility and enrollment issues, taking lead on the operational process. Staff helps members to apply for or renew SoonerCare enrollment, addresses questions and concerns related to determination status and handles inquiries regarding state and federal policy.

Staff also work with other departments within OHCA to help resolve member concerns. They assist with coordination and referral of third party liability when it affects eligibility determination, access to care or claims payment. Member Services makes referrals for members to Population Care Management, who may indicate they may need case management assistance. Staff also coordinate with Provider Services when members have concerns about current or past services rendered by providers and assist with access to care issues related to behavioral health.

For SFY17, Member Services performed the following:



129,653

Eligibility & Enrollment Calls Taken



125,550

Workflow Tasks Performed



72,237

Member Service Calls Taken

Tier II SoonerRide calls are for travel requests for services outside of distance guidelines, including out-of-state travel requests, and member complaints related to SoonerRide. Workflow tasks are internal requests where tasks, information or documents are pending review or completion by staff.



17,275

Tier II SoonerRide Calls

Member Outreach

OHCA works with tribal and community partners dedicated to empowering and improving their communities. OHCA's partnerships are vital to connecting our members to resources and ensuring we meet state and federal health goals. OHCA actively participates in community events with tribes and community coalitions across Oklahoma to connect our members to services, answer policy and process questions, and address concerns.

In cooperation with Indian Health Services (IHS), Southern Plains Health Board and private partners, OHCA Tribal Relations and Provider Services supplied donated dental products to more than 500 students of Riverside Indian School on Sept. 2, 2016. Additionally, nurses from IHS, OHCA and Indian clinics provided wellness and preventive education for all students.

In February 2017, OHCA staff took part in Give Kids a Smile, an annual volunteer initiative providing free educational, preventive and restorative dental services to children from low-income families.

OHCA dentist Dr. Courtney Barrett and other OHCA staff members treated 19 children, ages 1-5, at Sustainable Science Academy in the heart of Oklahoma City. The children received dental screenings, fluoride varnish treatments, oral hygiene instruction and nutritional counseling. Toothpaste, toothbrushes and dental floss were distributed to the children at no cost, as well as donated stuffed animals, stickers and coloring sheets.

In total, OHCA staff of outreach coordinators, medical and support personnel participated in a total of 30 community health fairs, conferences, roundtable discussions, and service events across 19 Oklahoma counties in SFY17.



The Member Advisory Task Force (MATF) seeks to improve the SoonerCare Choice program by receiving input and feedback from members and their families. OHCA is committed to addressing the needs and challenges of its members, and the MATF helps the agency achieve this goal.





WHO WE WORK WITH



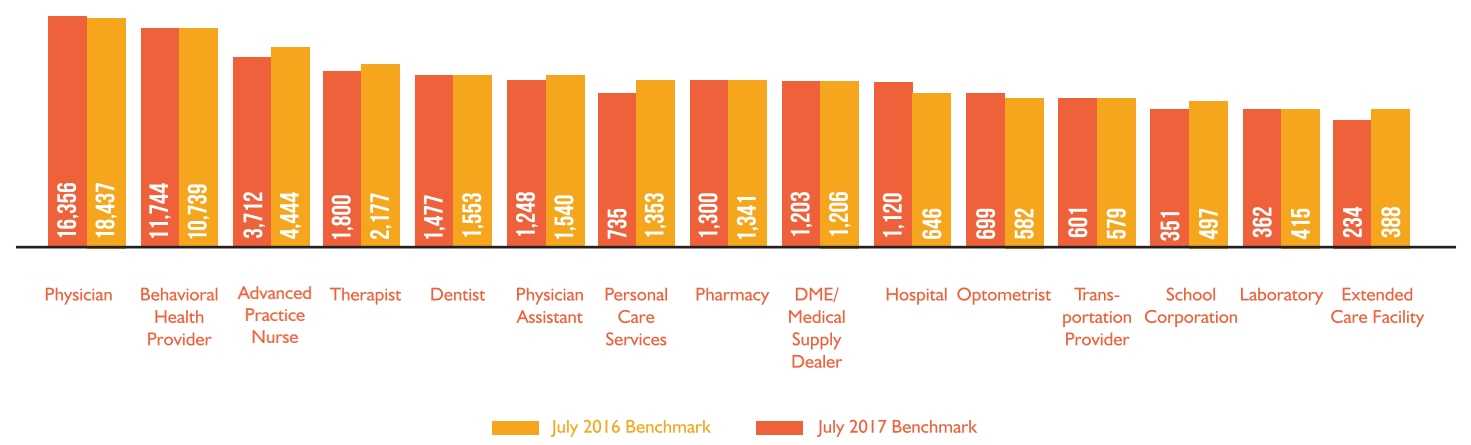
Our Providers

The OHCA provider network consists of professionals contracted with the agency to provide health care services by locations, programs, types and specialties. This includes services provided by dentists, pharmacies, long-term care facilities and behavioral health professionals, among others.

SFY17 saw nearly 55,000 providers enrolled in our network.*

Figure 8 represents the Top 15 provider networks, based on provider type, as of June 30, 2017.

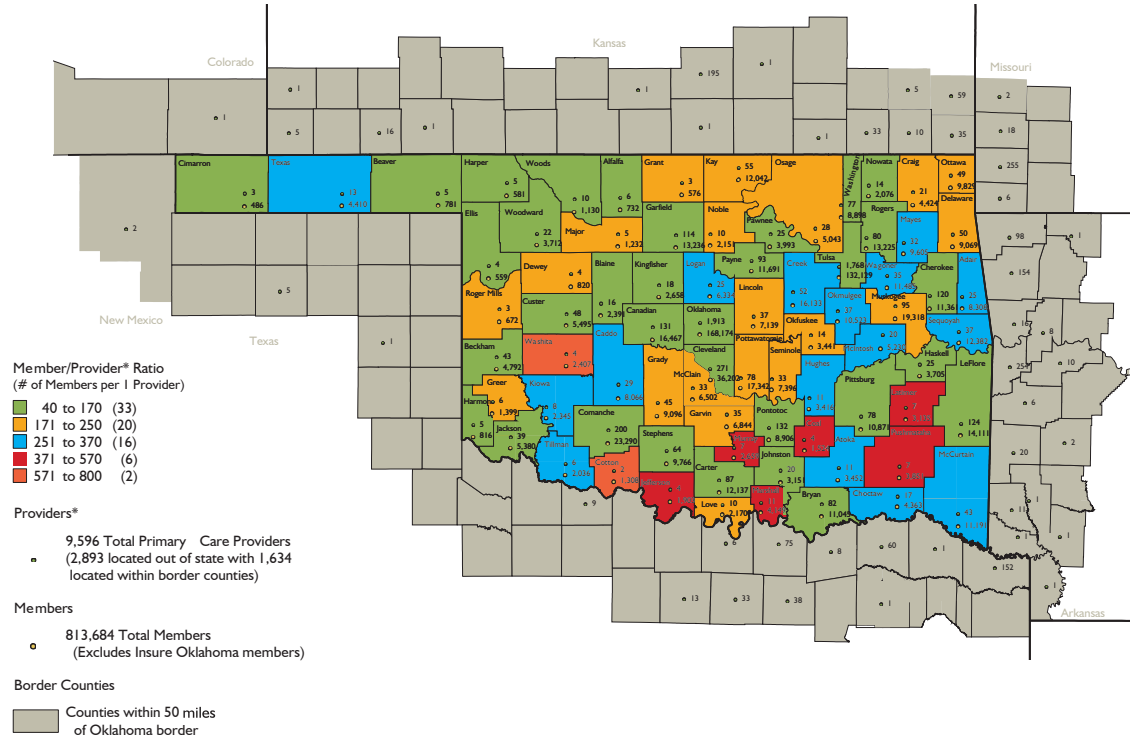
FIGURE 8: TOP 15 PROVIDER NETWORK BY TYPES



Providers are counted multiple times if they have multiple locations, programs, types and/or specialties. Some provider counts are grouped by subcategory of provider specialty; therefore, providers may be counted multiple times if they have multiple provider types and/or specialties.

*This does not necessarily indicate participation or that a provider has rendered services.

FIGURE 9: SOONERCARE MEMBER TO PROVIDER RATIO AS OF JUNE 2017



Primary care providers consist of all providers contracted as a certified registered nurse practitioner, family practitioner, general pediatrician, general internist, and physician assistant. They are not necessarily a Choice/medical home provider.

Provider Services

Services rendered by the OHCA provider network are invaluable. As such, OHCA provides a multitude of support functions to assist these partners in providing quality health care for our members. These include:

- Live group trainings and webinars
- Office visits and educational outreach in regard to correct claim submissions and resolution
- Clinical expertise from our medical staff
- Care management with practice facilitation (for complex or chronic health issues)
- Streamlined online contracting
- Eco-friendly electronic notification process
- Secure Provider Portal for conducting agency business
- Incentive programs directly tied to service quality and outcome performance
- Fair hearings for audit appeals (conducted by an administrative law judge)
- Toll-free Provider Helpline to inquire about policy, billing or other issues

In SFY17, OHCA Provider Services:



Electronic Health Records

The EHR Incentive Program provides financial assistance to eligible providers who adopt, implement, upgrade, and/or demonstrate meaningful use of certified EHR technology.

Providers who transition to EHRs are able to coordinate care more efficiently, reduce errors in patient health records, decrease duplicative services, and better engage patients in their own health care.

2016 was the final year that providers could start the program. For additional information on the EHR Incentive Programs please visit www.okhca.org/EHR-Incentive or www.cms.gov/EHRIncentivePrograms.

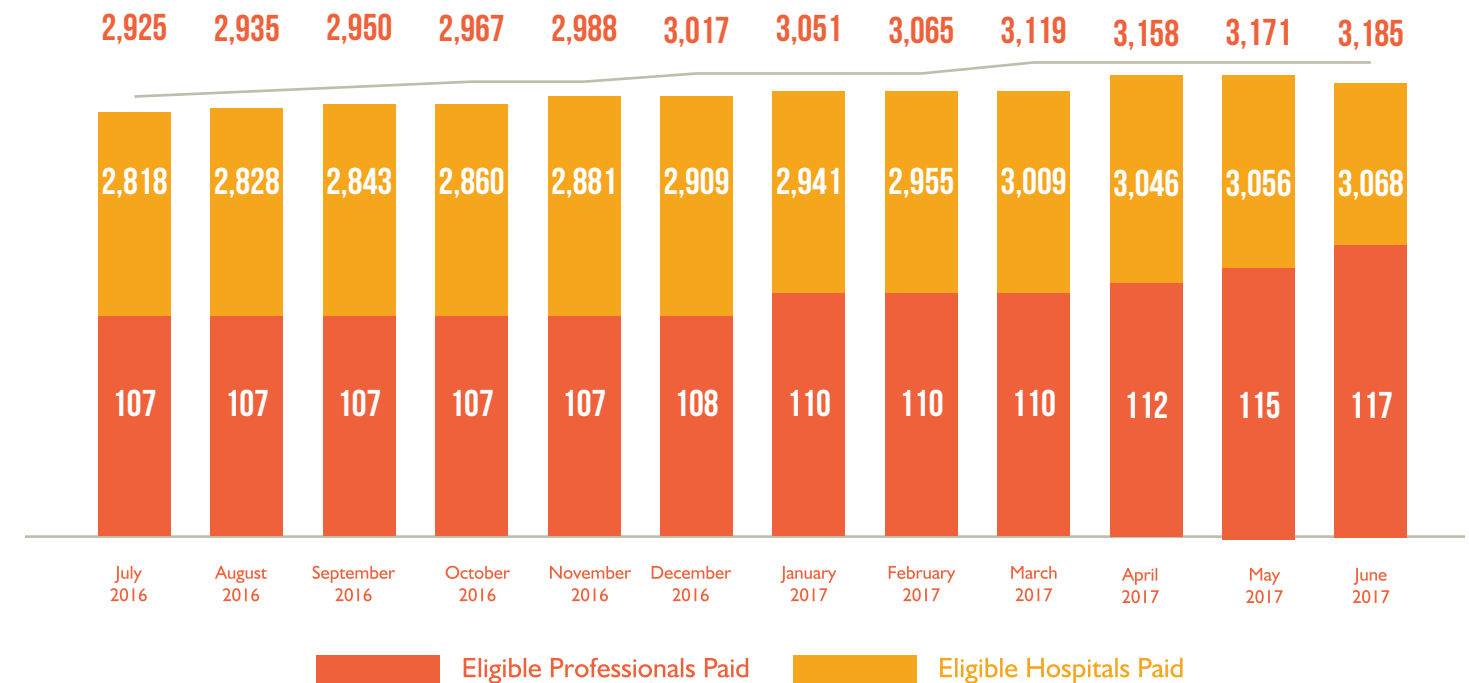
As of June 30, 2017:

TABLE 4: ELECTRONIC HEALTH RECORDS SUMMARY

SOONERCARE (MEDICAID) EHR PROGRAM	TOTAL ELIGIBLE*	TOTAL REGISTERED	TOTAL ATTESTED	TOTAL PAID	TOTAL PAID AMOUNT	PERCENT OF PARTICIPATION**
Eligible professional	12,086	3,927	3,353	3,068	\$84,914,442	27.74%
Eligible hospital	141	131	119	117	\$125,246,330	84.40%
Total	12,227	4,057	3,472	3,185	\$210,160,772	---

Data is valid as of July 10, 2017 (date of the report), and is subject to change. *Total eligible represents the total number of SoonerCare providers with a qualifying provider type (physician, nurse practitioner, certified nurse-midwife, dentist, physician assistant [PA] in a PA-led FQHC/RHC, acute care and children's hospitals). **Percent of participation represents the total number of providers attested versus the total number of providers eligible.

FIGURE 10: SOONERCARE EHR INCENTIVES PAID



Provider Advisory Groups

Providers are very active in helping to guide the work of the OHCA. Provider groups offer valuable insight and input into issues that affect their work and the members they serve.

Medical Advisory Committee (MAC) – The MAC assists the OHCA in policy issues and quality standards of the SoonerCare program. Alongside health care professionals, this board of volunteers includes SoonerCare members and representatives from consumer organizations that represent the interests of the economically disadvantaged, children, elderly, people with mental illness, people who are developmentally disabled and people with alcohol and substance abuse problems.

By state statute, the MAC must at all times include at least one physician from each of the following six classes of physicians: podiatry, chiropractic, osteopathy, dental, medicine/surgery and optometry. These members must be board-certified and participating in the state Medicaid plan.

The MAC meets bimonthly starting in January. The committee typically meets in the Oklahoma Health Care Authority boardroom at 1 p.m. on the third Thursday of the month.

Drug Utilization Review (DUR) – The DUR advises OHCA about the appropriate and optimal use of prescription medications to improve health outcomes for SoonerCare members. The DUR accomplishes this goal primarily by educating physicians and pharmacists to ensure that drug therapy is suitable, safe and effective. DUR board meetings are held the second Wednesday of each month in the OHCA boardroom.

Durable Medical Equipment (DME) Advisory Committee – The OHCA provides durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) benefits to SoonerCare and Insure Oklahoma members. This includes items such as wheelchairs, oxygen and a wide variety of medical equipment suitable for use within the home. A DME Advisory Committee, consisting of providers and stakeholders, meets periodically to provide input on the DMEPOS program at OHCA.

Dental Focus Group (DFG) – An informal group of contracted partners who represent various areas of the state and its community of dentists. The overarching goal of the DFG is to develop specific strategies that the OHCA might utilize to ensure the continuation of a dominant public health dental program for Oklahoma. Functions include updating of guidelines; development of best practice descriptions and identification of research and/or practice evaluation and policy implications. Meetings are quarterly.

A complete list of boards and committees is available at www.okhca.org/boards.



LEGISLATIVE ACTIVITY



2nd Session of the 55th Legislature (2016)

House Bill 2962 directed the Oklahoma Health Care Authority (OHCA) and partnering state agencies Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma State Department of Education (OSDE), and the Oklahoma State Department of Health (OSDH) to study and prepare a report concentrating on the use of applied behavior analysis (ABA) therapy treatment for children with autism spectrum disorder (ASD) within the state’s Medicaid program. An interagency workgroup developed a comprehensive report examining the current landscape of treatment options available to ASD children through state services, the medical evidence behind ABA treatment, services offered by other states, and the fiscal impact to Oklahoma if ABA treatment is included as a covered Medicaid benefit. This report was submitted to the governor and the Oklahoma State Legislature in December 2016.

Medicaid Rebalancing Act

Then-CEO Nico Gomez proposed to restructure SoonerCare by creating a new option under the Insure Oklahoma program. This generated two bills to establish the structure and funding source. Neither bill passed, and the SoonerCare program remained unchanged.

House Bill 2803 proposed the Medicaid Rebalancing Act of 2020. It sought to limit Oklahoma’s Medicaid coverage to 133 percent of the federal poverty level (FPL) for nondisabled children and pregnant women when the federal maintenance-of-effort expires in 2019. It sought to create a new individual Insure Oklahoma commercial insurance plan for adults between the ages of 19 and 64 whose incomes do not exceed 133 percent of the FPL requirement. The plan included an incentive account that would be suspended if the federal matching rate for the plan dropped below 90 percent.

House Bill 3210 sought to increase the cigarette excise tax by \$1.50 per pack of cigarettes. Revenue collected from the increase would have been credited to the Healthcare Revolving Fund and appropriated at the discretion of the Legislature to agencies for activities eligible to be matched with federal Medicaid dollars or mental health safety net services.

1st Session of the 56th Legislature (2017)

Senate Bill 773 directed OHCA to issue a request for information (RFI) for care coordination models to serve children in state custody. The legislation directs the OHCA to collaborate with the Department of Human Services (DHS) and the ODMHSAS and submit findings to the Legislature and governor by Jan. 1, 2018. An interagency workgroup has been established to develop the RFI.

Senate Bill 819 modified the agency’s homestead lien process. Previously, the agency could only file a lien for the amount of uncompensated care provided after a person has been in a long-term care facility for longer than one year. This bill allows the OHCA to include the first year of uncompensated care in the lien amount and assign the liens to interested third parties.

Senate Bill 828 created the Nursing Facility Supplemental Payment Program Revolving Fund. This fund was to be used to increase Medicaid payments to the upper payment limit (UPL) for participating providers with the state portion funded by the intergovernmental transfer. In addition, a portion of the supplemental payment was to be redistributed to the Oklahoma nursing facility base rates for all Oklahoma nursing facilities.

OHCA submitted a state plan amendment request to the Centers for Medicare & Medicaid Services (CMS), which was denied.

House Bill 1579 permitted the agency to exchange state identification data with the Department of Public Safety (DPS) for the purposes of verifying SoonerCare eligibility. OHCA and DPS are collaborating on the exchange process.

House Bill 2311 created the Agency Performance and Accountability Commission to conduct performance audits of the largest 15 agencies at least once every four years. The Commission would identify inefficiencies and recommend changes to address its concerns. If an audit report is received, the agency would have one year to implement recommendations made by the Commission.

TABLE 5: REVENUE SOURCE SUMMARY

REVENUE SOURCE	ACTUAL REVENUES
State Appropriations	\$1,007,923,715
Federal Funds—OHCA	\$2,286,501,925
Federal Funds for Other State Agencies	\$841,912,859
Refunds from Other State Agencies	\$583,804,140
Tobacco Tax Funds	\$90,411,503
Drug Rebate	\$305,682,952
Medical Refunds	\$42,839,942
Quality of Care Fees	\$77,336,221
SHOPP Assessment Fees	\$220,309,661
Prior Year Carryover	\$7,583,782
Other Revenue	\$19,112,377
Total Revenue	\$5,483,419,077

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.



WORKING TOGETHER: EMBRACING PARTNERSHIPS



OHCA launches texting programs for SoonerCare members

OHCA, George Kaiser Family Foundation and Wellpass have partnered to implement a two-year pilot program called Connect4health to provide important health and administrative text messages to SoonerCare members. Pregnant women, caregivers of children ages newborn to 18 and adults covered by SoonerCare are eligible to receive these mobile health messages. The messages were customized by OHCA staff and partners to promote free resources, preventive health benefits, well-child visits, immunizations, medication compliance, appropriate ER utilization, SoonerCare eligibility renewal reminders and more. The pilot program launched in January 2015 and continues through December 2017.

In SFY17, more than 127,600 members opted to receive these health-related text messages. Connect4Health has resulted in a cost savings by reducing printing and mailing costs associated with newsletters, member handbooks, letters and other notices.

Interagency collaborations to improve the health of Oklahomans

The Tobacco Settlement Endowment Trust (TSET) has awarded grants to OHCA to improve access to tobacco cessation services, improve nutrition and increase physical activity among SoonerCare members.

SoonerQuit Provider Engagement

This grant focuses on improving tobacco cessation within clinic settings using best practice methods. SoonerQuit Provider Engagement works to ensure doctors are educated on a proven method to talk to patients about quitting and are able to refer patients successfully to the Oklahoma Tobacco Helpline (OTH). Referrals are either by fax or in a real-time data sharing with OTH.

SoonerQuit Health Promotion

The objective of this grant is to work with partners and providers on how to integrate wellness within the SoonerCare population and increase access to care. The program focuses on reducing barriers to tobacco cessation through policy changes. The SoonerQuit Health Promotion also aims to increase utilization of nutritional services; increase identification and documentation of obesity; and engage members in healthier behaviors.

Additionally, TSET partners with OHCA to improve the health outcomes of all Oklahomans through the following programs:

- Oklahoma Tobacco Helpline cost sharing - Through Oklahoma Tobacco Research Center, OHCA pays for calls to the OTH by SoonerCare members.
- SoonerQuit for Women mass media intervention - Features eight Oklahoma women of childbearing age telling their real-life stories of how they quit tobacco by talking to their doctors and utilizing the OTH.
- Physician Manpower Training Commission - OHCA uses federal matching funds to incentivize providers to practice in rural areas of the state and see SoonerCare members for four years. In return, participants can receive up to four years of tuition reimbursement.
- Oklahoma State University Doctor of Osteopathic Medicine resident program - OHCA is able to use federal match to reimburse student loans for medical residents who finish their physician training practice in rural clinics that are part of a hospital system.
- University of Oklahoma Health Sciences Center: Evaluation/Medicaid Surveillance - Evaluation to deliver accurate tobacco prevalence for the SoonerCare population. Surveillance also gauges knowledge, attitudes and beliefs on wellness including physical activity and nutrition.

Focus Forward Oklahoma

The Focus Forward Oklahoma program launched in April 2016 to help address the issue of unintended pregnancy in Oklahoma. Its mission is to decrease unintended pregnancies in the state by increasing access to and utilization of long-acting reversible contraceptives (LARCs). The program operates through a combination of state and federal funds. Three funders provide the state share: George Kaiser Family Foundation, David and Jean McLaughlin, and an anonymous donor.

Focus Forward Oklahoma promotes education to the 18 and younger targeted age group. Additionally, this initiative provides training and education for other payers, medical schools, health departments and stakeholders to increase availability and usage of LARC devices. Ultimately, these efforts will help to decrease the number of unwanted pregnancies in the state as well as decrease costs to the Medicaid program.

Opioid overdose prevention

Oklahoma leads the nation in non-medical use of prescription painkillers, or opioids, with more than 8 percent of the population aged 12 and older abusing/misusing them. Oklahoma is also one of the leading states in prescription painkiller sales per capita. Both behaviors have resulted in a large number of hospitalizations and overdose deaths among the state's residents.

An increasingly popular medication that can prevent the hospitalizations and deaths is naloxone, which reverses the effects of an opioid overdose and is completely safe to use. The state identified 13 high-risk counties to provide naloxone rescue kits to at-risk individuals 19 years of age and younger. The rescue kits are distributed by comprehensive community addiction recovery centers and opioid treatment programs within the identified communities. These two entities contract with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), which provides funding and training. OHCA and ODMHSAS jointly monitor the program.

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DID YOU KNOW?
KNOW?

AGENCY CULTURE



OHCA AT A GLANCE

FIGURE 11



Created in 1995



Top Workplace for 2016



Certified Healthy Business 2016

7

Agency Divisions

558

Full-Time Employees

8.23

Years Average Staff Service Time

Certified Healthy Business

For the fourth consecutive year, OHCA was named a Certified Healthy Business by the Oklahoma Turning Point Council and the Oklahoma State Department of Health, Center for the Advancement of Wellness. This program honors businesses that are working to improve Oklahoma's health status by providing health and wellness opportunities for their employees.

Certification requirements include providing employee health screenings, workplace health education and opportunities for physical exercise activities. Providing an on-site exercise facility, conducting flu vaccination events and organizing group physical activity programs are just a few of the ways OHCA strives to create a healthy work environment for employees.

OHCA Named Top Workplace for 2016

OHCA was listed as a Top Workplace by The Oklahoman for the second year in a row. OHCA came in at number 10 of Workplace Dynamic's "Top Workplaces," a list of the best places to work in Oklahoma. The winning companies are chosen based on survey results completed by their employees earlier in the year.

The employee survey measures organizational effectiveness, connection and leadership. Other items considered are employee engagement, pay, benefits and workplace flexibility.

This designation listed OHCA among some of Oklahoma's most admired public and private companies, such as Paycom and Express Services. OHCA was one of only a few state agencies on the list.

STAFF HIGHLIGHTS

Staff Honors

CEO Becky Pasternik-Ikard was chosen to represent Oklahoma on the Board of Directors for the National Association of Medicaid directors (NAMD). She was chosen by fellow Medicaid Directors to guide NAMD's work and interests over the next two years. Additionally, CEO Pasternik-Ikard was nominated for the Special Achievement – Individual Award for the 26th Annual TARC Advocacy Awards. TARC awards recognize volunteers who provide outstanding service and advocacy for Oklahomans with developmental disabilities.

Dr. Robert Evans, senior medical director, was honored with a Lifetime Achievement Award by the Oklahoma Ambulance Association during its spring 2017 conference. The award recognizes Dr. Evans for 45 years of service in the improvement and development of Emergency Medical Services (EMS) across three states.

Rebekah Gossett, Care Management supervisor, was recognized as part of the 2016 Great 100 Nurses of Oklahoma. She was also nominated for the March of Dimes Nurse of the Year award for Oklahoma. Gossett works to connect SoonerCare members who have high-risk and complex medical conditions to the services they need.

OHCA congratulates Chief of Federal and State Policy Tywanda Cox on being named Corporate Woman of the Year by the Women of Color Expo.

Anataya Rucker, Money Follows the Person (MFP) nurse supervisor, was awarded a spot on the Top 40 Under 40 list by okc.biz. The website acknowledged Rucker for her work helping people in nursing facilities to regain independence.



BECKY PASTERNIK-IKARD



DR. ROBERT EVANS



REBEKAH GOSSETT



TYWANDA COX



ANATAYA RUCKER

All Stars

OHCA All Stars are exceptional staff members who are recognized for their professional skills and their unique contributions to the agency. All Stars are also team players with the ability to unite others under a common mission.

July 2016 – Johnney Johnson, Tribal Relations coordinator, Tribal Relations

“WHENEVER A CRISIS OR UNEXPECTED ISSUE ARISES, I KNOW 100% THAT HE WILL STEP-UP WITHOUT BEING ASKED AND PICK UP THE SLACK WITH ENTHUSIASM.”

August 2016 – Natasha Kester, medical administrative lead, Medical Professional Services

“SHE IS THE FIRST TO VOLUNTEER TO ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF A NEW PROCESS AND, IN FACT, INITIATES MANY OF THEM ON THEIR OWN.”

September 2016 – Mary Ann Dimery, behavioral health specialist, Behavioral Health Services

“IT IS A RARE DAY WHEN YOU DON'T SEE MARY ANN'S BEAUTIFUL, SMILING FACE IN PROVIDER SERVICES. SHE IS ALWAYS HERE AND ALWAYS WILLING TO HELP SOMEONE ...”

October 2016 – Canielle Preston, provider representative II, Provider Services

“I'VE NEVER ONCE HEARD HER COMPLAIN. IT'S THIS ATTITUDE THAT MAKES HER AS POPULAR INTERACTING OUT WITH THE COMMUNITY AS SHE IS INTERNALLY.”

November 2016 – Nelson Solomon, digital media specialist, Office of Creative Media & Design

“NELSON WEARS MANY HATS. YOU CAN ALWAYS FIND HIM WORKING HARD IN THE BACKGROUND OF ANY AGENCY-SPONSORED EVENT ... RATHER THAN GETTING TO RELAX AND ENJOY THE FESTIVITIES LIKE THE REST OF US. HOWEVER, I AM WILLING TO GUESS THAT NO ONE HAS EVER HEARD HIM COMPLAIN!”

December 2016 – Fred Mensah, director, Financial Management

“WE REFER TO HIM AS OUR ‘GENTLE GIANT.’ HE THINKS GIANT AND IS PROFESSIONAL, KIND AND LISTENS.”

January 2017 – Efren Herrera, MS manager, Member Services

“EFREN HAS SHOWN PROFESSIONALISM AND WILLINGNESS TO LEARN AND UNDERSTAND OUR PROCESSES TO HELP US BETTER ASSIST MEMBER SERVICES, AND TO BE ABLE TO PROVIDE QUALITY INSIGHT INTO PROCEDURES THAT ARE MOST APPROPRIATE FOR BOTH TEAMS, AND FOR OUR MEMBERS.”

February 2017 – Bryan Younger, system analyst III, Business Enterprises

“HE IS VERY APPROACHABLE AND WILL ALWAYS ANSWER ANY QUESTION YOU MAY HAVE. IF HE DOESN'T KNOW THE ANSWER (WHICH ISN'T VERY OFTEN), HE WILL FIND IT. HE IS TRULY AN ASSET TO OHCA AND WE ARE VERY LUCKY TO HAVE HIM.”

March 2017 – Danielle Mills, MS coordinator, Member Services

“... NO MATTER WHAT, SHE TAKES EACH CALLER AS A FRESH OPPORTUNITY TO ASSIST AND EDUCATE ON HOW THE PROGRAM CAN WORK FOR THAT CALLER. SHE IS ALSO A TEAM PLAYER, ALWAYS TRYING TO SEE THE OTHER PERSON'S POINT OF VIEW AND HOW SHE CAN BE A PART OF MAKING THINGS BETTER.”



April 2017 – Jayna Sims, finance analyst II, Third Party Liability

“JAYNA HAS A HEAVY WORK LOAD AND DEALS WITH A GREAT DEAL OF EXTERNAL ATTORNEYS, WHO CAN BE VERY DEMANDING. NEVERTHELESS, JAYNA IS ALWAYS WILLING TO HANDLE AN EXPEDITED REQUEST WHEN I MAKE IT.”

May 2017 – Halley Kinder, system analyst III, Business Enterprises

“THIS INDIVIDUAL WENT ABOVE AND BEYOND BY SETTING UP A VIRTUAL MEETING SO I COULD VIEW HER COMPUTER SCREEN AS SHE WALKED THROUGH THE STEPS NECESSARY TO FIND THE RELEVANT INFORMATION IN MMIS. BEYOND LOCATING THE INFORMATION SHE ALSO ASSISTED IN INTERPRETING THIS INTO JARGON THAT SOMEONE WITHOUT ANY SYSTEMS KNOWLEDGE COULD UNDERSTAND! THAT’S A HIGHLY IMPRESSIVE FEAT!”

June 2017 – Lisa Montgomery, financial analyst III, Financial Management

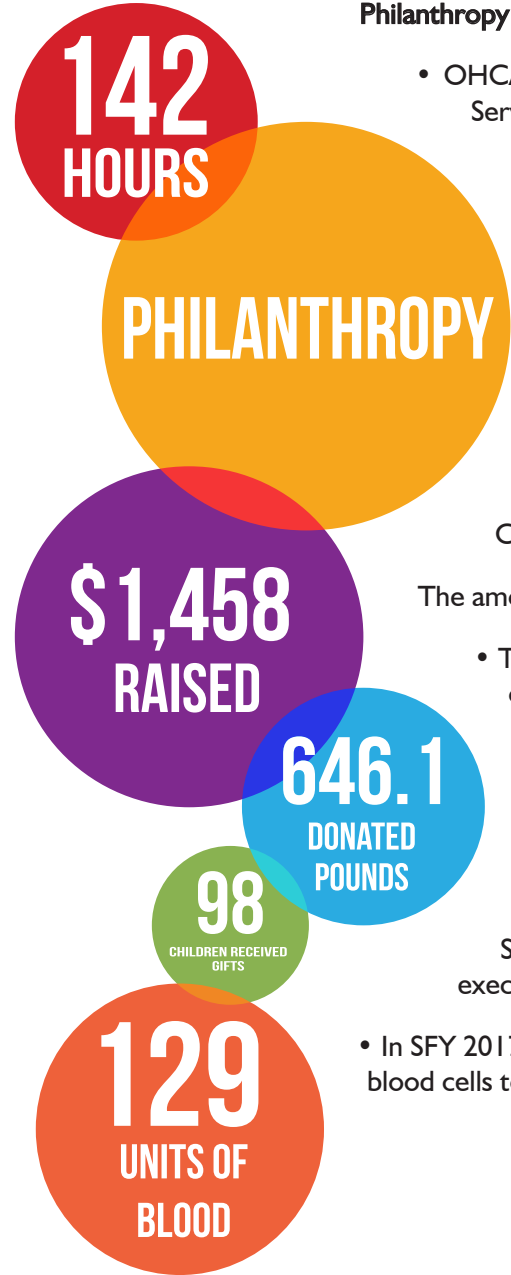
“SHE ALWAYS IS WILLING TO HELP. IF SHE DOESN’T KNOW THE ANSWER FOR SOMETHING, SHE WILL RESEARCH AND FIND OUT THE ANSWER. SHE’S A HARD WORKER & IS ALWAYS WILLING TO LEARN NEW THINGS (EVEN IF IT ISN’T IN HER AREA).”

Philanthropy

- OHCA staff helped provide gifts for 98 children through the Department of Human Services (DHS) Foster Wishes program in November 2016.
- The agency raised \$250 for the March of Dimes, and staff participated in the annual Oklahoma City walk.
- As a part of the “Strengthen Their Start” campaign for Infant Crisis Services, OHCA staff gave 646.1 pounds of donations to meet the needs of babies in Oklahoma in September 2016.
- OHCA staff took action to help fellow Oklahomans by volunteering at Infant Crisis Services and the Regional Food Bank of Oklahoma.

The amount of time contributed to these organizations totaled 142 hours.

- Through various fundraisers, OHCA staff members raised \$1,208 to support breast cancer research and awareness through Susan G. Komen®.
- OHCA staff raised funds to participate in the 2017 OU Medicine Corporate Challenge in June 2017.
- In SFY 2017, OHCA employees donated 105 units of whole blood and 24 units of double red blood cells to the Oklahoma Blood Institute.



Stephanie's SOONERCARE STORY

Stephanie Miller is a member of the OHCA's Member's Task Advisory Board. She and her husband have been foster parents for six years and have adopted two boys from Oklahoma's foster care system.

When they first started this journey, Stephanie says the couple was unprepared not only for the initial amount of paperwork and follow-ups but also for unexpected health issues that hit them head on.

“Two days after we got our first placement, we ended up being in the hospital for three days,” Stephanie said.

“Our oldest was in the NICU for the first 30 days,” she said, explaining that the baby boy had pancreatic issues his first year of life. The same child was hospitalized a year later due to an abscessed tonsil.

However, Stephanie said that her family did not let these setbacks panic them because they could rely on SoonerCare.

“Because we had SoonerCare, we didn't worry about it,” said Stephanie. “He was able to see the doctors he needed that specialized in what he had.”

Stephanie credits SoonerCare with allowing her to focus on the well-being of her children instead of stressing about their health care needs. She says it also helps the children not to worry.

“Being removed from home is very traumatic,” Stephanie said. “The fact that that [SoonerCare] is there is just very reassuring, especially for the kids – knowing that they will be cared for.”

Stephanie is grateful for the opportunity to provide a loving, safe environment for children who have had a rough start in life. Being able to connect them with quality health care has been an invaluable part of the process.

“SoonerCare has meant peace of mind for me and my family,” said Stephanie.

“We've used the ER at least three different times, all of them resulting in extended hospital stays,” she said. “I've had three sets of kids that have had tonsils out. I've had kids that have had to have counseling, which has allowed them to actually see real improvement and changes in their behavior that I really feel will carry with them lifelong.”

CAHPS® QUALITY MEASURES

CAHPS® Quality Measures

Both Medicaid and private insurers use the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction surveys to gauge how well their members feel about the health care they receive.

CAHPS® Child Member Satisfaction Survey Results

The OHCA annually conducts the child version of the CAHPS® survey designed for children. Only members enrolled through the Children’s Health Insurance Program (CHIP) are sampled for this survey.

CAHPS® CHILD SURVEY (CHIP)			
Key Measure	2015 Rate	2016 Rate	2017 Rate
Getting Care Quickly	92%	93%	92%
Shared Decision Making	78%	78%	80%
How Well Doctors Communicate	96%	97%	96%
Getting Needed Care	85%	89%	81%
Customer Service	86%	86%	91%
Rating of Health Care	87%	88%	84%
Rating of Personal Doctor	89%	89%	88%
Rating of Specialist	88%	83%	81%
Rating of Health Plan	87%	86%	87%

CAHPS® Adult Member Satisfaction Survey Results

The OHCA conducts the adult version of the CAHPS® survey during even numbered state fiscal years (SFY); however, additional funding allowed the survey to be conducted in SFY15.

CAHPS® ADULT SURVEY			
Key Measure	2014 Rate	2015 Rate	2016 Rate
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%

View our comprehensive CAHPS® survey results at www.okhca.org/CAHPS.

Core Quality Measure Outcomes

Quality measures allow states to compare their overall performance with other states and report progress on major health issues of interest. These measures score preventive health care tasks, rate access to condition-specific care and evaluate quality enhancement efforts.

OHCA utilizes measures from the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) tool is used by a majority of health plans to measure their performance. CMS provides similar measures in its core sets of adult and child health care quality measures.

In general, a quality measure is expressed as a proportion of SoonerCare members who are eligible to be included based on the measure's specifications. Some measures, such as the Prevention Quality Indicators (PQI), are reported per 100,000 member months.

Measures are submitted to CMS annually and are based on available data from the previous year. Therefore, 2016 results come from claims with dates of service during the 2015 calendar year. In general, each measure uses the member's age as of December 31, 2015. They also include those members who were enrolled in SoonerCare but were not enrolled in any home and community-based services (HCBS) waiver. Members must also have had 320 days of enrollment (this equates to allowing for any 45-day gap). Not all increases and decreases of the measure are statistically significant.

The full "2016 Quality of Care in the SoonerCare Program" report is available at www.okhca.org/studies.

Access to a Primary Care Provider

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

CHILDREN AND ADOLESCENTS' ACCESS TO PCP	2014	2015	2016
Ages 12-24 months	96.2%	96.1%	96.2%
Ages 25 months - 6 years	89.0%	89.6%	89.8%
Ages 7-11 years	90.9%	91.8%	92.1%
Ages 12-19 years	92.7%	92.9%	92.8%
Total	91.2%	91.7%	91.8%

Adult 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 preventive health care are more likely to develop an advanced or preventable disease.

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES	2014	2015	2016
Ages 20-44 years	82.4%	81.0%	80.3%
Ages 45-64 years	89.9%	90.1%	90.0%
Ages 65 years and older	78.2%	77.4%	77.5%
Total	84.7%	84.1%	83.6%

Well-Child Visits in the First 15 Months of Life

The well-child visits measure is the percentage of SoonerCare members ages 21 and younger who went to their PCP for a well-child visit.

During a well-child visit, providers check a child's hearing, vision, growth and any health concerns. The well-child checkup offers an opportunity for a provider to address health concerns early and deliver therapy or beneficial treatment to meet that child's needs.

WELL-CHILD VISITS	2014	2015	2016
Ages <15 months 1+ visits	96.3%	94.3%	96.4%
Ages <15 months 6+ visits	55.8%	68.5%	68.1%
Ages 3-6 years 1+ visits	58.5%	57.1%	56.7%
Ages 12-21 years 1+ visits	21.8%	22.1%	22.4%

Ambulatory Care

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

AMBULATORY CARE (AMB)	2014	2015	2016
Outpatient Visits/1,000 Member Months (by ages)			
Ages <1 years	810.59	800.77	802.40
Ages 1-9 years	333.59	346.64	345.60
Ages 10-19 years	262.80	266.90	266.89
Ages 20-44 years	428.98	441.14	441.20
Ages 45-64 years	774.67	769.38	766.97
Ages 65-74 years	645.38	514.93	513.44
Ages 75-84 years	367.00	348.30	348.99
Ages 85 years and older	192.25	183.58	181.66
Total:	362.11	370.00	369.52
ED Visits/1,000 Member Months (by ages)			
Ages <1 years	90.08	97.94	98.34
Ages 1-9 years	56.46	74.95	74.96
Ages 10-19 years	44.70	49.66	49.81
Ages 20-44 years	139.77	156.39	156.82
Ages 45-64 years	111.64	110.20	110.26
Ages 65-74 years	55.85	55.21	55.28
Ages 75-84 years	25.85	26.01	25.72
Ages 85 years and older	18.46	17.98	17.27
Total:	68.64	81.00	81.15

Appropriate Medications for the Treatment of Asthma

This measure looks at members ages 5 through 64 identified as having persistent asthma and who were appropriately prescribed medication. Correct use of prescribed asthma medicines can reduce the number of asthma attacks and improve quality of life through proper management.

MEDICATIONS FOR THE TREATMENT OF ASTHMA	2014	2015	2016
Ages 5-11 years	89.7%	90.2%	90.3%
Ages 12-18 years	82.6%	82.5%	82.3%
Ages 19-50 years	61.7%	61.9%	62.0%
Ages 51-64 years	62.5%	61.8%	62.0%
Total	81.5%	81.2%	81.3%

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)	2014	2015	2016
Ages 18-39 years	10.93	13.93	14.82
Ages 40-64 years	NA	13.92	14.12
Ages 65 years and older	3.73	3.17	2.82

Medication Management for People with Asthma

Asthma can be controlled with proper care for most people.

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%)	2014	2015	2016
Ages 5-20 years	61.9%	59.0%	59.2%
Total (Ages 5-64 years)	62.4%	59.9%	60.0%

MEDICATION MANAGEMENT FOR PEOPLE W/ ASTHMA (75%)	2014	2015	2016
Total (Ages 5-20 years)	38.7%	37.6%	37.6%
Total (Ages 5-64 years)	39.6%	38.6%	38.4%

Breast Cancer Screening

This measure records the percentage of women between 50 and 74 years of age who had a mammogram to screen for breast cancer.

Early detection and treatment of breast cancer is important to help prevent the spread of cancer.

BREAST CANCER SCREENING	2014	2015	2016
Ages 50-74 years	36.5%	38.5%	39.0%

Cervical Cancer Screening

This measure shows the percentage of women ages 21 through 64 years who received one or more Pap tests to screen for cervical cancer. Results exclude women who have already had a hysterectomy.

Early detection of cervical cancer is proven to have a positive impact on cancer treatment outcomes.

CERVICAL CANCER SCREENING	2014	2015	2016
Ages 21-64 years	47.5%	37.7%	41.2%

Comprehensive Diabetes Care

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

COMPREHENSIVE DIABETES CARE (AGES 18-75 YEARS)	2014	2015	2016
Hemoglobin HbA1c Testing	71.9%	72.1%	72.2%
Eye Exam (Retinal)	26.3%	27.3%	27.6%
LDL-C Screening	63.4%	63.9%	64.2%
Medical Attention for Nephropathy	53.4%	52.4%	52.5%

PQI 01: Diabetes Short-Term Complications Admission Rate

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

PQI 01: DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE (PER 100,000 MEMBER MONTHS)	2014	2015	2016
Ages 18-64 years	27.57	28.13	28.24
Ages 65 years and older	1.32	1.69	1.52

PQI 08: Congestive Heart Failure Admission Rate

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

PQI 08: CONGESTIVE HEART FAILURE (CHF) ADMISSION RATE (PER 100,000 MEMBER MONTHS)	2014	2015	2016
Ages 18-64 years	25.24	24.25	24.42
Ages 65 years and older	16.04	17.11	16.90

PQI 05: Chronic Obstructive Pulmonary Disease Admission Rate

Chronic Obstructive Pulmonary Disease (COPD) is a long-lasting 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 of COPD, per 100,000 member months.

PQI 05: CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ADMISSION RATE (PER 100,000 MEMBER MONTHS)	2014	2015	2016
Ages 18-64 years	35.67	34.94	35.06
Ages 40 years and older	58.97	53.72	53.69
Ages 65 years and older	21.53	22.81	22.96

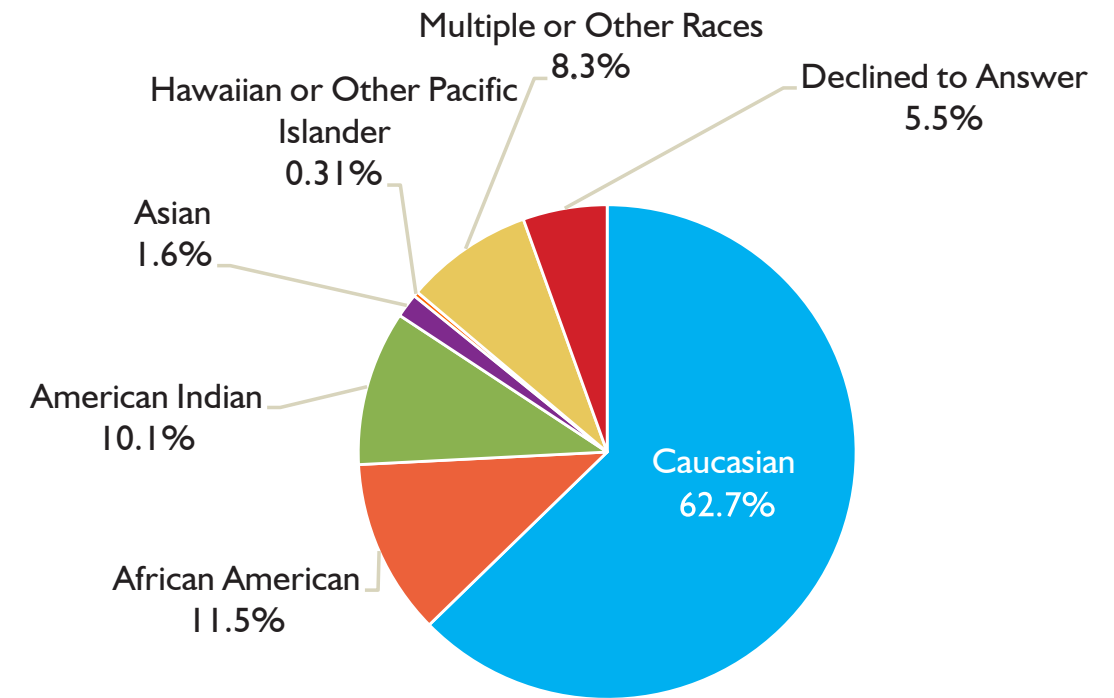
Although data from previous years are provided, criteria for quality measures and CAHPS® surveys can change from year to year. Direct comparisons are not always applicable.

APPENDICES

STATISTICS AND REPORTING

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

FIGURE 12: SOONERCARE AND INSURE OKLAHOMA POPULATION BY RACE



Total Enrolled SFY 2017 - 1,014,983 (Hispanic or Latino Ethnicity = 169,102). The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.

TABLE 6: 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 2017 PAYMENTS ¹
Emergency Department Utilization	\$485,000
-based on emergency department utilization of panel members	
Breast and Cervical Cancer Screenings	\$339,500
-based on breast and cervical cancer screenings of panel members	
Behavioral Health Screenings	\$231,445
-based on behavioral health screenings of panel members	
Inpatient Admits / Visits	\$824,500
-based on inpatient admits / visits to SoonerCare Choice members	
EPSDT and 4th DTaP- Well Child Checks	\$991,198
-based on meeting the EPSDT screening compliance rate and 4th DTaP administration	
Total	\$2,871,644

Source: OHCA Financial Services Division, September 2017.

The Early and Periodic Screening, Diagnostic, and Treatment. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides health care services to children under age 21.

TABLE 7: CAPITATION PAYMENTS

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

AGED, BLIND AND DISABLED (ABD)	MEMBER MONTHS	CAPITATION PAYMENTS
IHS Adults	15,103	\$45,309
IHS Children	6,826	\$20,478
TOTAL	21,929	\$65,787

CHILDREN/PARENTS (TANF)*	MEMBER MONTHS	CAPITATION PAYMENTS
IHS Adults	16,782	\$33,564
IHS Children	174,945	\$373,777
TOTAL	191,727	\$407,341

SOONERCARE CHOICE MEDICAL HOME	MEMBER MONTHS	CARE COORDINATION PAYMENTS
Medical Home - Open to All Ages	2,835,507	\$15,490,392
Medical Home - Open to Child Only	2,125,435	\$9,822,799
Medical Home - Open to Adults Only	16,595	\$90,220
TOTAL	4,977,537	\$25,403,411

MISCELLANEOUS CAPITATION (NOT SOONERCARE CHOICE)	MEMBER MONTHS	CAPITATION PAYMENTS
Insure Oklahoma - Individual Plan	160,826	\$482,478
Non-Emergency Transportation (ABD)	1,544,808	\$22,229,787
Non-Emergency Transportation (TANF)	6,695,176	\$2,611,119
Non-Emergency Transportation (SoonerPlan)	357,954	\$3,580
Program of All-Inclusive Care for the Elderly (PACE)	4,385	\$12,198,296

HEALTH ACCESS NETWORK (HAN)	MEMBER MONTHS	CAPITATION PAYMENTS
Oklahoma State University	240,650	\$957,060
Oklahoma University Tulsa	1,295,662	\$6,478,310
Central Communities	45,999	\$229,995
TOTAL	1,582,311	\$7,665,365

GRADUATE MEDICAL EDUCATION (GME)	CAPITATION PAYMENTS
University of Oklahoma - OKC and Tulsa	\$57,235,460
OSU College of Osteopathic Medicine - Tulsa	\$48,215,329
TOTAL	\$105,450,790

*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. Graduate Medical Education (GME) is payments to medical schools.

TABLE 8: LONG-TERM CARE FACILITY USAGE AND COSTS

NURSING FACILITIES ONLY	BED DAYS
SoonerCare Funded Bed Days	4,616,824
Total Occupied Bed Days	6,807,903
Total Licensed Bed days	9,773,970
SoonerCare % of Occupied Bed Days	67.8%
Occupancy Rate*	69.7%

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

FACILITY	UNDUPLICATED MEMBERS	BED DAYS	REIMBURSEMENT**	AVERAGE PER MEMBER SERVED	AVERAGE PER DAY
Nursing Facilities *	19,344	4,616,824	\$544,044,081	\$28,125	\$118
ICF/IDs (ALL)	1,523	510,767	\$74,011,558	\$48,596	\$145
ICF/IDs (Private)	1,461	492,377	\$61,095,333	\$41,817	\$124
ICF/IDs (Public)	62	18,390	\$12,916,226	\$208,326	\$702

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 \$27.39/day; private \$16.39 and for Public ICF/ID's \$15.56). **This does not include crossover claims paid to nursing facilities of \$7,113,652. This would add 2,114 additional unduplicated members and 238,132 days. Source: Annual summaries of LTC Reports from Finance.

TABLE 9: HOSPITAL PAYMENTS

TYPES OF HOSPITAL PAYMENTS	SFY 16	SFY 17
Inpatient - Acute and Critical Access	\$481,400,548	\$471,269,894
Inpatient Rehabilitation - Freestanding	\$12,606,352	\$13,063,641
Inpatient - Indian Health Services	\$22,136,579	\$21,722,439
Inpatient - Long-Term Acute Care (LTAC) Children's	\$27,726,522	\$35,503,153
Inpatient Behavioral Health - Freestanding	\$8,260,395	\$10,788,517
Psychiatric Residential Treatment Facilities ¹	\$80,200,090	\$67,779,270
Outpatient Services	\$289,341,212	\$299,664,328
Medicare Crossovers	\$39,970,607	\$41,773,148
Hospital Supplemental Payments	\$160,436,275	\$139,494,764
Electronic Health Records (EHR) Incentive Payments	\$2,749,756	\$7,040,837
Supplemental Hospital Offset Payment Program ³ (SHOPP)	\$441,657,505	\$482,694,592
Indirect Medical Education (IME)	\$32,248,316	\$33,086,772
Graduate Medical Education (GME)	\$5,201,364	\$2,464,614
Disproportionate Share Hospitals ²	\$44,064,040	\$42,861,793
Total	\$1,647,999,561	\$1,669,207,763

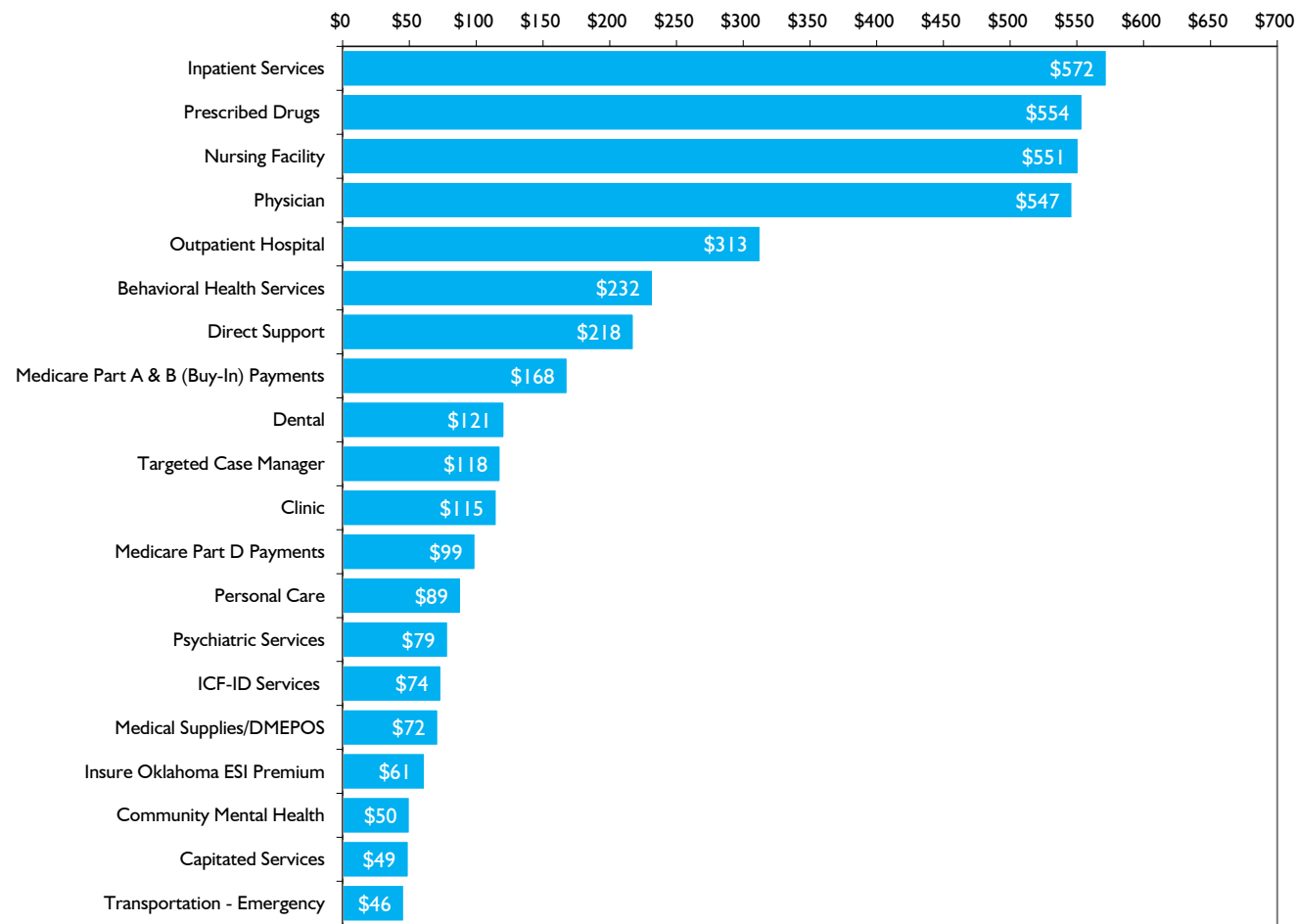
Source: OHCA Finance division, September 2017. 1. Includes only outpatient services performed at a hospital. 2. EHR incentive payments to hospitals only, excludes other provider types which may have received EHR payments such as physicians. For a full accounting of agency recovery and cost avoidance efforts refer to the service efforts and accomplishments report at www.okhca.org/reports. OHCA core functions and other information can be found at www.okhca.org/aboutus. 3. For descriptions/explanations of programs, enrollment criteria and limitations, or service basics go to the OHCA primer at www.okhca.org/reports.

TABLE 10: CARE COORDINATION PAYMENT BY TIER

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

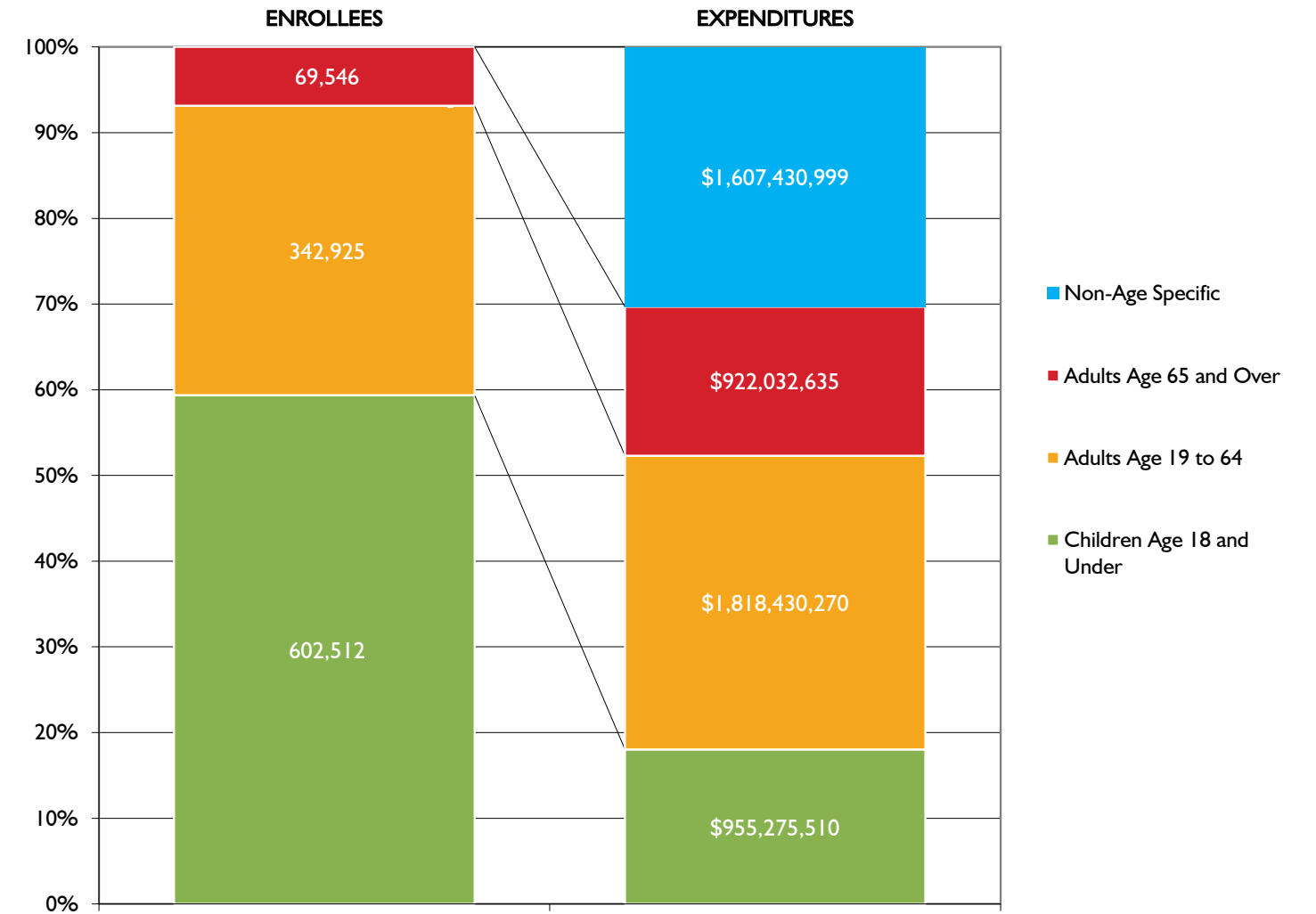
TYPE OF PANEL	TIER 1	TIER 2	TIER 3
Children Only	\$3.36	\$4.37	\$5.81
Adults Only	\$4.70	\$6.13	\$8.16
All Ages	\$4.06	\$5.30	\$7.04

FIGURE 13: TOP 20 OHCA EXPENDITURES



Dollars in millions.

FIGURE 14: OHCA EXPENDITURES AND SERVED BY AGE



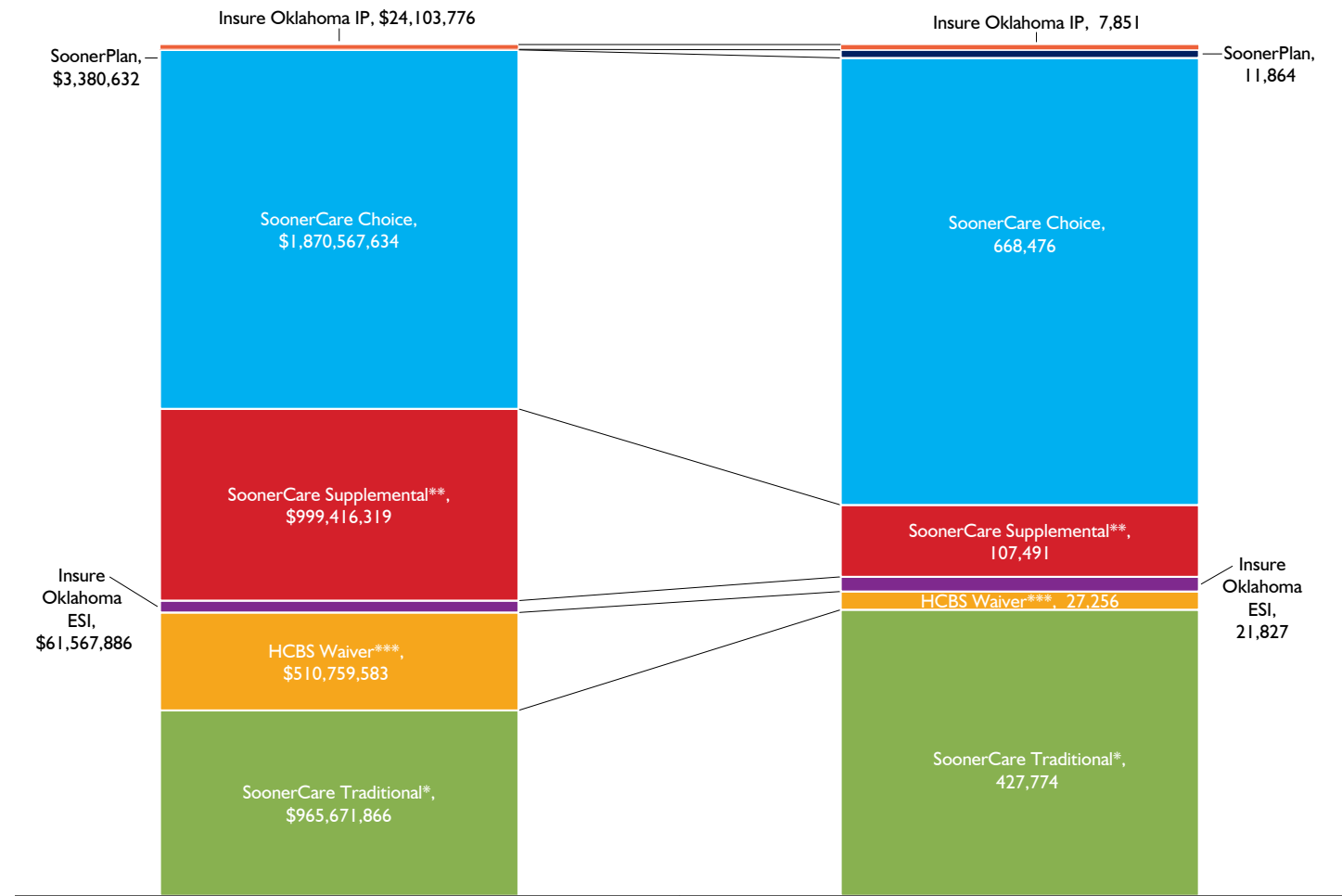
Non-age specific payments include supplemental hospital offset payments (SHOPP); hospital supplemental payments (HSP), (includes DSH, GME and IME); outpatient behavioral health supplemental payments; SoonerExcel payments; EHR incentive payments; GME payments to Medical schools; non-member specific provider adjustments. Medicare part A & B (buy-in) payments and Medicare part D (clawback) payments are included in ages 65 and older.

TABLE 11: OHCA EXPENDITURE BY PAYOR

PAYOR	EXPENDITURES
Oklahoma Health Care Authority	\$3,137,474,240
Other State Agencies	\$1,361,919,152
Quality of Care Fund	\$231,285,407
Health Employee & Economy Improvement Act (HEEIA) Revolving Fund	\$84,244,064
Supplemental Hospital Offset Payment Program (SHOPP) Fund	\$482,985,755
BCC (Oklahoma Cares) Revolving Fund	\$12,849,082
Total	\$5,310,702,177

Source: OHCA Financial Services Division, September 2017. *Health Employee and Economy Improvement Act (HEEIA) Revolving Fund includes \$59,308,779 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 Revolving Fund and the BCC (Oklahoma Cares) Revolving Fund are all funded by tobacco tax collections.

FIGURE 15: OHCA EXPENDITURES AND SERVED BY BENEFIT PLAN

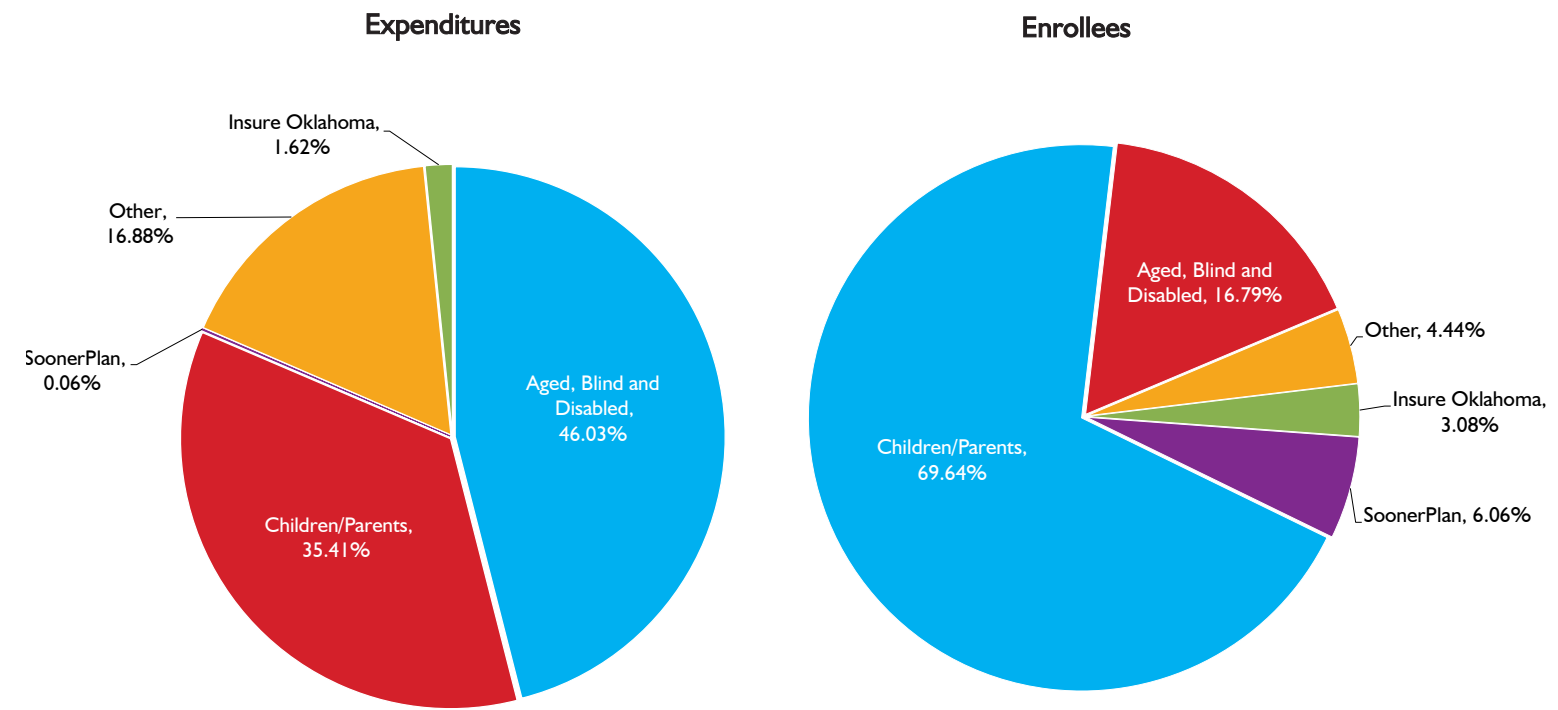


*SoonerCare Choice members are enrolled/served under SoonerCare Traditional until their SoonerCare Choice becomes effective. Therefore, members may be counted in both categories. **SoonerCare Supplemental and ***Home and Community-Based Services (HCBS) waiver served members may also be included in the 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.

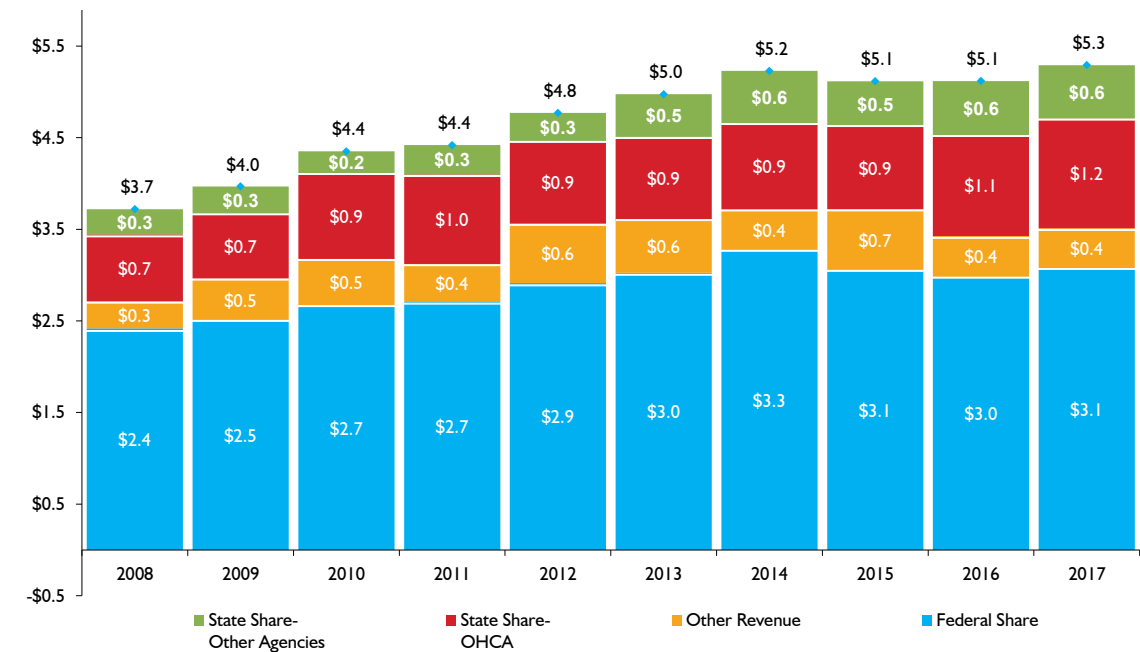
FIGURE 16: ENROLLEES AND EXPENDITURES



*Children/parents includes child custody and Oklahoma Cares (breast and cervical cancer)

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 (SHOPP), GME/IME/DSH and hospital supplemental payments.

FIGURE 17: EXPENDITURES AND REVENUE SOURCES



*Numbers are in billions

TABLE 12: OHCA FIGURES BY COUNTY

COUNTY	POPULATION EST. (JULY 2016*)	UNDUPLICATED MEMBERS**	% POPULATION ENROLLED IN SOONERCARE	EXPENDITURES	ANNUAL PER CAPITA	MONTHLY AVERAGE PER MEMBER	% OF DOLLARS STAYING IN COUNTY
ADAIR	22,098	9,915	45%	\$39,098,604	\$1,769	\$329	38%
ALFALFA	5,827	936	16%	\$3,726,480	\$640	\$332	60%
ATOKA	13,810	4,234	31%	\$17,886,129	\$1,295	\$352	53%
BEAVER	5,382	979	18%	\$2,030,164	\$377	\$173	83%
BECKHAM	22,519	6,161	27%	\$23,308,587	\$1,035	\$315	75%
BLAINE	9,643	3,073	32%	\$13,436,580	\$1,393	\$364	59%
BRYAN	45,573	13,840	30%	\$54,692,645	\$1,200	\$329	91%
CADDO	29,557	10,306	35%	\$36,953,477	\$1,250	\$299	49%
CANADIAN	136,532	21,218	16%	\$73,160,381	\$536	\$287	64%
CARTER	48,556	15,377	32%	\$60,949,440	\$1,255	\$330	85%
CHEROKEE	48,700	13,666	28%	\$68,250,855	\$1,401	\$416	107%
CHOCTAW	14,885	5,450	37%	\$22,684,318	\$1,524	\$347	73%
CIMARRON	2,162	603	28%	\$941,812	\$436	\$130	28%
CLEVELAND	278,655	45,747	16%	\$177,202,766	\$636	\$323	75%
COAL	5,651	1,886	33%	\$9,270,766	\$1,641	\$410	38%
COMANCHE	122,136	29,356	24%	\$95,834,538	\$785	\$272	95%
COTTON	5,941	1,620	27%	\$5,190,743	\$874	\$267	36%
CRAIG	14,625	5,371	37%	\$30,178,573	\$2,063	\$468	69%
CREEK	71,312	20,079	28%	\$90,838,731	\$1,274	\$377	72%
CUSTER	29,293	7,069	24%	\$25,658,944	\$876	\$302	94%
DELAWARE	41,598	11,244	27%	\$43,770,054	\$1,052	\$324	72%
DEWEY	4,819	1,026	21%	\$2,960,149	\$614	\$240	71%
ELLIS	4,080	772	19%	\$2,385,107	\$585	\$257	69%
GARFIELD	62,603	16,735	27%	\$86,665,769	\$1,384	\$432	71%
GARVIN	27,838	8,603	31%	\$37,175,922	\$1,335	\$360	50%
GRADY	54,655	11,517	21%	\$44,558,578	\$815	\$322	61%
GRANT	4,465	769	17%	\$2,281,280	\$511	\$247	190%
GREER	5,998	1,789	30%	\$6,978,097	\$1,163	\$325	52%
HARMON	2,704	973	36%	\$4,498,891	\$1,664	\$385	64%
HARPER	3,717	754	20%	\$1,811,730	\$487	\$200	77%
HASKELL	12,747	4,549	36%	\$19,581,513	\$1,536	\$359	112%
HUGHES	13,566	4,189	31%	\$21,072,365	\$1,553	\$419	59%
JACKSON	25,497	6,663	26%	\$21,783,582	\$854	\$272	82%
JEFFERSON	6,230	2,357	38%	\$7,798,268	\$1,252	\$276	38%
JOHNSTON	11,087	3,942	36%	\$17,426,664	\$1,572	\$368	149%
KAY	44,943	15,220	34%	\$60,160,442	\$1,339	\$329	75%
KINGFISHER	15,638	3,360	21%	\$11,767,263	\$752	\$292	64%
KIOWA	9,077	2,919	32%	\$13,657,569	\$1,505	\$390	75%
LATIMER	10,414	3,921	38%	\$29,006,644	\$2,785	\$616	20%
LEFLORE	49,873	17,140	34%	\$59,155,907	\$1,186	\$288	94%
LINCOLN	35,129	9,098	26%	\$31,767,567	\$904	\$291	47%
LOGAN	46,588	8,053	17%	\$36,819,920	\$790	\$381	50%
LOVE	9,997	2,687	27%	\$8,351,855	\$835	\$259	35%
MCCLAIN	38,682	8,222	21%	\$28,220,102	\$730	\$286	43%
MCCURTAIN	32,822	13,456	41%	\$54,735,711	\$1,668	\$339	56%

COUNTY	POPULATION EST. (JULY 2016*)	UNDUPLICATED MEMBERS**	% POPULATION ENROLLED IN SOONERCARE	EXPENDITURES	ANNUAL PER CAPITA	MONTHLY AVERAGE PER MEMBERS	% OF DOLLARS STAYING IN COUNTY
MCINTOSH	19,815	6,349	32%	\$29,300,173	\$1,479	\$385	96%
MAJOR	7,772	1,597	21%	\$5,133,394	\$660	\$268	52%
MARSHALL	16,191	5,217	32%	\$19,201,419	\$1,186	\$307	53%
MAYES	40,920	11,867	29%	\$51,090,447	\$1,249	\$359	39%
MURRAY	13,918	3,540	25%	\$15,359,497	\$1,104	\$362	58%
MUSKOGEE	69,477	23,487	34%	\$117,783,997	\$1,695	\$418	82%
NOBLE	11,384	2,732	24%	\$15,262,185	\$1,341	\$466	64%
NOWATA	10,419	2,549	24%	\$9,630,771	\$924	\$315	59%
OKFUSKEE	12,167	4,266	35%	\$25,914,604	\$2,130	\$506	65%
OKLAHOMA	782,970	205,762	26%	\$779,532,613	\$996	\$316	147%
OKMULGEE	39,213	12,882	33%	\$65,915,185	\$1,681	\$426	57%
OSAGE	47,806	6,058	13%	\$26,775,210	\$560	\$368	42%
OTTAWA	31,691	12,077	38%	\$43,975,343	\$1,388	\$303	83%
PAWNEE	16,485	5,019	30%	\$24,022,866	\$1,457	\$399	53%
PAYNE	81,131	14,831	18%	\$57,126,113	\$704	\$321	72%
PITTSBURG	44,173	13,286	30%	\$59,308,707	\$1,343	\$372	81%
PONTOTOC	38,330	10,946	29%	\$62,699,111	\$1,636	\$477	121%
POTTAWATOMIE	72,290	21,625	30%	\$91,385,743	\$1,264	\$352	66%
PUSHMATAHA	11,057	4,672	42%	\$22,737,012	\$2,056	\$406	107%
ROGER MILLS	3,640	821	23%	\$2,102,800	\$578	\$213	16%
ROGERS	91,766	16,650	18%	\$73,112,509	\$797	\$366	66%
SEMINOLE	25,207	9,095	36%	\$43,814,613	\$1,738	\$401	53%
SEQUOYAH	41,294	15,038	36%	\$61,903,447	\$1,499	\$343	69%
STEPHENS	44,090	12,641	29%	\$48,530,658	\$1,101	\$320	82%
TEXAS	21,098	5,620	27%	\$11,422,467	\$541	\$169	53%
TILLMAN	7,465	2,455	33%	\$7,934,035	\$1,063	\$269	25%
TULSA	642,940	163,642	25%	\$634,963,250	\$988	\$323	134%
WAGONER	77,679	14,494	19%	\$50,922,262	\$656	\$293	34%
WASHINGTON	52,087	11,320	22%	\$46,882,740	\$900	\$345	67%
WASHITA	11,447	3,010	26%	\$11,483,263	\$1,003	\$318	46%
WOODS	9,201	1,541	17%	\$5,367,878	\$583	\$290	61%
WOODWARD	20,814	4,719	23%	\$16,206,239	\$779	\$286	67%
Out of State		5,965		\$1,945,926			
Non-County Specific		2,366		\$1,258,737,454			
Total	3,923,561	1,014,983	26%	\$5,303,169,414	\$1,352	\$435	

*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 \$482,694,592 in SHOPP payments; \$217,907,943 in hospital supplemental payments; \$168,452,322 in Medicare Part A & B (Buy-In) payments; \$99,411,265 in Medicare Part D (clawback) payments; \$105,605,790 in GME payments to medical schools; \$56,553,529 in Insure Oklahoma ESI premiums; \$120,997 in Insure Oklahoma ESI out-of-pocket payments; \$17,238,0625 in EHR incentive payments; \$44,410,331 in outpatient behavioral health supplemental payments; \$2,871,644 in SoonerExcel payments; \$7,665,365 in Health Access Network payments; \$27,846,157 in NET payments; \$3,118,474 in ICF/MR payments; \$10,773,850 in self-directed care and \$-558,328 in non-member specific provider adjustments.

TABLE 13: EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE

TYPE OF SERVICE	SFY2016 TOTAL			SFY 2017 TOTAL			PERCENT CHANGE		
	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED
Adult Day Care	\$5,210,286	838	\$6,218	\$5,183,122	813	\$6,375	-1%	-3%	3%
Advanced Practice Nurse	\$2,290,911	11,163	\$205	\$2,526,887	11,004	\$230	10%	-1%	12%
ADvantage Home-Delivered Meals	\$18,264,578	15,830	\$1,154	\$19,219,967	15,786	\$1,218	5%	-0%	6%
Ambulatory Surgical Services	\$6,813,642	15,300	\$445	\$7,181,914	16,101	\$446	5%	5%	0%
Architectural Modification	\$367,263	162	\$2,267	\$405,349	190	\$2,133	10%	17%	-6%
Audiology Services	\$249,135	2,575	\$97	\$158,903	1,970	\$81	-36%	-23%	-17%
Behavioral Health Services	\$238,880,445	114,189	\$2,092	\$232,363,472	113,426	\$2,049	-3%	-1%	-2%
Capitated Services	\$43,663,865	702,746	\$62	\$49,437,395	684,721	\$72	13%	-3%	16%
Chiropractic Services	\$6,023	117	\$51	\$1,821	95	\$19	-70%	-19%	-63%
Clinic	\$96,267,121	146,044	\$659	\$115,445,457	157,522	\$733	20%	8%	11%
Clinics - OSA Services	\$8,167,623	74,167	\$110	\$6,154,916	50,022	\$123	-25%	-33%	12%
Community Mental Health	\$44,965,576	36,447	\$1,234	\$50,386,421	38,312	\$1,315	12%	5%	7%
Dental	\$120,614,020	323,267	\$373	\$121,236,794	325,113	\$373	1%	1%	0%
Direct Support	\$217,150,740	4,538	\$47,852	\$218,094,074	4,434	\$49,187	0%	-2%	3%
Employee Training Specialist	\$30,532,329	2,863	\$10,664	\$30,586,840	2,784	\$10,987	0%	-3%	3%
End-Stage Renal Disease	\$7,679,324	2,394	\$3,208	\$8,059,921	2,482	\$3,247	5%	4%	1%
Eye Care and Exams	\$23,082,977	147,345	\$157	\$22,093,154	150,024	\$147	-4%	2%	-6%
Eyewear	\$5,059,515	44,857	\$113	\$3,393,850	41,926	\$81	-33%	-7%	-28%
Self-Directed Care	\$16,441,076	1,208	\$13,610	\$22,497,947	1,428	\$15,755	37%	18%	16%
Group Home	\$22,364,945	651	\$34,355	\$22,045,298	640	\$34,446	-1%	-2%	0%
Home Health	\$17,911,735	5,527	\$3,241	\$16,427,022	4,825	\$3,405	-8%	-13%	5%
Homemaker Services	\$2,153,218	359	\$5,998	\$2,023,686	312	\$6,486	-6%	-13%	8%
Hospice	\$1,049,173	105	\$9,992	\$490,287	66	\$7,429	-53%	-37%	-26%
ICF-ID Services	\$85,450,723	1,516	\$56,366	\$74,011,558	1,518	\$48,756	-13%	0%	-14%
Inpatient Services	\$574,381,095	131,619	\$4,364	\$572,451,939	127,926	\$4,475	0%	-3%	3%
Laboratory Services	\$43,908,289	237,871	\$185	\$32,710,572	233,299	\$140	-26%	-2%	-24%
Medicare Part A & B (Buy-In) Payments	\$143,369,425	-	\$0	\$168,452,322	-	\$0	17%	0%	0%
Medicare Part D Payments	\$85,481,968	-	\$0	\$99,411,265	-	\$0	16%	0%	0%
Mid-Level Practitioner	\$254,919	1,519	\$168	\$121,840	709	\$172	-52%	-53%	2%
Medical Supplies/DMEPOS	\$67,270,229	89,931	\$748	\$71,571,302	87,379	\$819	6%	-3%	10%
Nursing Facility	\$553,426,957	20,325	\$27,229	\$551,274,092	19,998	\$27,566	0%	-2%	1%
Nursing Services	\$10,783,915	19,677	\$548	\$9,930,254	19,361	\$513	-8%	-2%	-6%
Nutrition Services	\$1,040,013	838	\$1,241	\$914,819	845	\$1,083	-12%	1%	-13%
Insure Oklahoma ESI Out-of-Pocket	\$152,157	-	\$0	\$123,259	-	\$0	-19%	0%	0%
Insure Oklahoma ESI Premium	\$44,961,793	13,878	\$3,240	\$61,444,628	21,827	\$2,815	37%	57%	-13%
Other Practitioner	\$673	9	\$75	\$350	5	\$70	-48%	-44%	-6%
Outpatient Hospital	\$301,447,253	452,734	\$666	\$313,057,508	446,933	\$700	4%	-1%	5%
Personal Care	\$86,126,802	21,011	\$4,099	\$88,688,727	20,708	\$4,283	3%	-1%	4%
Physician	\$544,461,334	729,687	\$746	\$546,589,910	722,989	\$756	0%	-1%	1%
Podiatry	\$2,402,443	14,503	\$166	\$2,392,043	14,373	\$166	0%	-1%	0%
Prescribed Drugs	\$505,109,303	579,416	\$872	\$554,150,988	580,448	\$955	10%	0%	10%
Psychiatric Services	\$88,458,906	5,593	\$15,816	\$78,946,609	5,721	\$13,799	-11%	2%	-13%
Residential Behavior Mgmt	\$20,550,866	1,974	\$10,411	\$16,641,777	1,665	\$9,995	-19%	-16%	-4%
Respite Care	\$351,644	238	\$1,477	\$328,879	213	\$1,544	-6%	-11%	5%
School-Based Services	\$814,836	2,123	\$384	\$504,039	861	\$585	-38%	-59%	53%
Specialized Foster Care/ID Services	\$2,926,562	179	\$16,350	\$2,715,650	164	\$16,559	-7%	-8%	1%

TABLE 13: EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE (CONT.)

TYPE OF SERVICE	SFY 2016 TOTAL			SFY 2017 TOTAL			PERCENT CHANGE		
	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED
Targeted Case Manager	\$116,047,211	49,214	\$2,358	\$118,261,120	47,984	\$2,465	2%	-2%	5%
Therapy Services	\$21,559,474	15,544	\$1,387	\$24,719,088	19,991	\$1,237	15%	29%	-11%
Transportation - Emergency	\$43,942,660	83,695	\$525	\$46,105,098	83,556	\$552	5%	0%	5%
Transportation - Non-Emergency	\$29,573,005	937,554	\$32	\$27,846,157	933,526	\$30	-6%	0%	-5%
X-Ray Services	\$15,466,479	229,764	\$67	\$15,907,713	210,573	\$76	3%	-8%	12%
Uncategorized Services	\$573,233	66,900	\$9	\$611,526	1,580	\$387	7%	-98%	4417%
Total	\$4,319,656,828	1,018,836	\$4,240	\$4,435,467,695	989,916	\$4,481	3%	-3%	6%

NON-MEMBER SPECIFIC PAYMENTS									
HSP - Indirect Medical Education (IME)	\$32,248,316	-	-	\$33,086,772	-	-	3%		
HSP - Graduate Medical Education (GME)	\$5,201,364	-	-	\$2,464,614	-	-	-53%		
HSP - Acute DSH	\$44,064,040	-	-	\$42,861,793	-	-	-3%		
HSP - Supplemental Payments	\$160,436,275	-	-	\$139,494,764	-	-	-13%		
HSP - SHOPP	\$441,657,505	-	-	\$482,694,592	-	-	9%		
Behavioral Health Supplemental Payments	\$33,575,446	-	-	44,410,331.00	-	-	32%		
EHR Incentive Payments	\$10,640,175.45	-	-	17,238,062.48	-	-	62%		
Capitated Services - GME to Medical Schools	\$76,076,398	-	-	105,450,789.64	-	-	39%		
Total	\$5,123,556,347	1,018,836	\$4,240	\$5,303,169,414	989,916	\$4,481	79%	-3%	6%

Source: OHCA Financial Service Division, October 2017. 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 14: EXPENDITURES BY ADULT AND CHILDREN

SFY 2017	ADULT TOTALS			CHILDREN TOTALS			TOTAL		
TYPE OF SERVICE	EXPENDITURES	MEMBERS SERVED	AVG PER ADULT	EXPENDITURES	MEMBERS SERVED	AVG PER CHILD	EXPENDITURES	MEMBERS SERVED	AVERAGE
Adult Day Care	\$5,183,122	813	\$6,375	\$0	-	\$0	\$5,183,122	813	\$6,375
Advanced Practice Nurse	\$326,835	1,610	\$203	\$2,200,052	9,394	\$234	\$2,526,887	11,004	\$230
ADvantage Home-Delivered Meals	\$19,219,967	15,786	\$1,218	\$0	-	\$0	\$19,219,967	15,786	\$1,218
Ambulatory Surgical Services	\$2,884,904	7,645	\$377	\$4,297,010	8,456	\$508	\$7,181,914	16,101	\$446
Architectural Modification	\$392,972	184	\$2,136	\$12,377	6	\$2,063	\$405,349	190	\$2,133
Audiology Services	\$12,866	296	\$43	\$146,038	1,674	\$87	\$158,903	1,970	\$81
Behavioral Health Services	\$69,567,126	30,080	\$2,313	\$162,796,346	83,346	\$1,953	\$232,363,472	113,426	\$2,049
Capitated Services	\$18,122,345	141,480	\$128	\$31,315,051	543,241	\$58	\$49,437,395	684,721	\$72
Chiropractic Services	\$1,821	95	\$19	\$0	-	\$0	\$1,821	95	\$19
Clinic	\$37,088,266	52,348	\$708	\$78,357,191	105,174	\$745	\$115,445,457	157,522	\$733
Clinics - OSA Services	\$1,245,451	10,540	\$118	\$4,909,465	39,482	\$124	\$6,154,916	50,022	\$123
Community Mental Health	\$22,819,984	21,860	\$1,044	\$27,566,437	16,452	\$1,676	\$50,386,421	38,312	\$1,315
Dental	\$9,878,968	28,192	\$350	\$111,357,826	296,921	\$375	\$121,236,794	325,113	\$373
Direct Support	\$206,258,265	3,904	\$52,833	\$11,835,809	530	\$22,332	\$218,094,074	4,434	\$49,187
Employee Training Specialist	\$29,965,211	2,679	\$11,185	\$621,629	105	\$5,920	\$30,586,840	2,784	\$10,987
End-Stage Renal Disease	\$7,964,256	2,465	\$3,231	\$95,665	17	\$5,627	\$8,059,921	2,482	\$3,247
Eye Care and Exams	\$1,520,537	19,925	\$76	\$20,572,618	130,099	\$158	\$22,093,154	150,024	\$147
Eyewear	\$13,270	301	\$44	\$3,380,580	41,625	\$81	\$3,393,850	41,926	\$81
Self-Directed Care	\$22,497,947	1,428	\$15,755	\$0	-	\$0	\$22,497,947	1,428	\$15,755
Group Home	\$21,246,887	615	\$34,548	\$798,411	25	\$31,936	\$22,045,298	640	\$34,446
Home Health	\$3,345,711	3,227	\$1,037	\$13,081,311	1,598	\$8,186	\$16,427,022	4,825	\$3,405
Homemaker Services	\$1,789,386	257	\$6,963	\$234,300	55	\$4,260	\$2,023,686	312	\$6,486
Hospice	\$339,792	54	\$6,292	\$150,495	12	\$12,541	\$490,287	66	\$7,429
ICF-ID Services	\$70,434,410	1,438	\$48,981	\$3,577,148	80	\$44,714	\$74,011,558	1,518	\$48,756
Inpatient Services	\$321,556,188	72,208	\$4,453	\$250,895,751	55,718	\$4,503	\$572,451,939	127,926	\$4,475
Laboratory Services	\$20,626,551	100,089	\$206	\$12,084,021	133,210	\$91	\$32,710,572	233,299	\$140
Medicare Part A & B (Buy-In) Payments	\$168,452,322	-	\$0	\$0	-	\$0	\$168,452,322	-	\$0
Medicare Part D Payments	\$99,411,265	-	\$0	\$0	-	\$0	\$99,411,265	-	\$0
Mid-Level Practitioner	\$52,876	189	\$280	\$68,964	520	\$133	\$121,840	709	\$172
Medical Supplies/DMEPOS	\$46,108,226	56,166	\$821	\$25,463,076	31,213	\$816	\$71,571,302	87,379	\$819
Nursing Facility	\$550,753,495	19,983	\$27,561	\$520,597	15	\$34,706	\$551,274,092	19,998	\$27,566
Nursing Services	\$9,779,642	19,357	\$505	\$150,612	4	\$37,653	\$9,930,254	19,361	\$513
Nutrition Services	\$892,966	740	\$1,207	\$21,853	105	\$208	\$914,819	845	\$1,083
Insure Oklahoma ESI Out-of-Pocket	\$123,259	-	\$0	\$0	-	\$0	\$123,259	-	\$0
Insure Oklahoma ESI Premium	\$61,444,628	21,827	\$2,815	\$0	-	\$0	\$61,444,628	21,827	\$2,815
Other Practitioner	\$350	3	\$117	\$0	2	\$0	\$350	5	\$70
Outpatient Hospital	\$164,414,705	181,681	\$905	\$148,642,803	265,252	\$560	\$313,057,508	446,933	\$700
Personal Care	\$88,094,243	20,576	\$4,281	\$594,484	132	\$4,504	\$88,688,727	20,708	\$4,283
Physician	\$244,048,133	238,271	\$1,024	\$302,541,777	484,718	\$624	\$546,589,910	722,989	\$756
Podiatry	\$1,554,467	11,966	\$130	\$837,575	2,407	\$348	\$2,392,043	14,373	\$166
Prescribed Drugs	\$287,533,433	151,460	\$1,898	\$266,617,555	428,988	\$622	\$554,150,988	580,448	\$955
Psychiatric Services	\$578,046	365	\$1,584	\$78,368,563	5,356	\$14,632	\$78,946,609	5,721	\$13,799
Residential Behavior Mgmt	\$0	-	\$0	\$16,641,777	1,665	\$9,995	\$16,641,777	1,665	\$9,995
Respite Care	\$323,243	202	\$1,600	\$5,636	11	\$512	\$328,879	213	\$1,544
Room and Board	\$76,021	92	\$826	\$92,147	168	\$548	\$168,168	260	\$647
School-Based Services	\$0	-	\$0	\$504,039	861	\$585	\$504,039	861	\$585

TABLE 14: EXPENDITURES BY ADULT AND CHILDREN (CONT.)

SFY 2017	ADULT TOTALS			CHILDREN TOTALS			TOTAL		
TYPE OF SERVICE	EXPENDITURES	MEMBERS SERVED	AVG PER ADULT	EXPENDITURES	MEMBERS SERVED	AVG PER CHILD	EXPENDITURES	MEMBERS SERVED	AVERAGE
Specialized Foster Care/ID Services	\$2,014,500	116	\$17,366	\$701,150	48	\$14,607	\$2,715,650	164	\$16,559
Targeted Case Manager	\$76,004,396	26,710	\$2,846	\$42,256,724	21,274	\$1,986	\$118,261,120	47,984	\$2,465
Therapy Services	\$1,916,514	3,026	\$633	\$22,802,575	16,965	\$1,344	\$24,719,088	19,991	\$1,237
Transportation - Emergency	\$34,106,378	61,611	\$554	\$11,998,720	21,945	\$547	\$46,105,098	83,556	\$552
Transportation - Non-Emergency	\$22,524,239	305,530	\$74	\$5,321,919	627,996	\$8	\$27,846,157	933,526	\$30
X-Ray Services	\$11,332,309	109,931	\$103	\$4,575,404	100,642	\$45	\$15,907,713	210,573	\$76
Uncategorized Services	\$584,756	1,369	\$427	\$26,770	211	\$127	\$611,526	1,580	\$387
Total	\$2,766,427,447	342,285	\$8,082	\$1,669,040,248	647,631	\$2,577	\$4,435,467,695	989,916	\$4,481

NON-MEMBER SPECIFIC PAYMENTS									
HSP - Indirect Medical Education (IME)	\$33,086,772	-	-	\$0	-	-	\$33,086,772	-	-
HSP - Graduate Medical Education (GME)	\$1,232,307	-	-	\$1,232,307	-	-	\$2,464,614	-	-
HSP - Acute DSH	\$0	-	-	\$42,861,793	-	-	\$42,861,793	-	-
HSP - Supplemental Payments	\$0	-	-	\$139,494,764	-	-	\$139,494,764	-	-
HSP - SHOPP	\$0	-	-	\$482,694,592	-	-	\$482,694,592	-	-
Behavioral Health Supplemental Payments	\$0	-	-	\$44,410,331	-	-	\$44,410,331	-	-
EHR Incentive Payments	\$0	-	-	\$17,238,062	-	-	\$17,238,062	-	-
Capitated Services - GME to Medical Schools	\$0	-	-	\$105,450,790	-	-	\$105,450,790	-	-
Total	\$2,800,746,526			\$2,502,422,888			\$5,303,169,414		

Source: OHCA Financial Service Division, September 2017. Children are aged 21 and younger. 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 15: EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE

TYPE OF SERVICE	SOONERCARE TRADITIONAL	SOONERCARE CHOICE	INSURE OKLAHOMA IP & ESI*	SOONERPLAN	SOONERCARE SUPPLEMENTAL	HCBS WAIVERS**
Adult Day Care	\$0	\$0	\$0	\$0	\$0	\$5,183,122
Advanced Practice Nurse	\$160,056	\$2,330,714	\$22,074	\$6,386	\$7,657	\$0
ADvantage Home-Delivered Meals	\$0	\$0	\$0	\$0	\$0	\$19,219,967
Ambulatory Surgical Services	\$919,852	\$5,378,714	\$122,536	\$12,949	\$747,362	\$501
Architectural Modification	\$0	\$0	\$0	\$0	\$0	\$405,349
Audiology Services	\$19,853	\$136,754	\$150	\$0	\$2,068	\$78
Behavioral Health Services	\$42,765,829	\$153,781,644	\$189,248	\$0	\$28,548,503	\$7,078,247
Capitated Services	\$3,026,551	\$35,098,654	\$118,686	\$0	\$11,193,505	\$0
Chiropractic Services	\$0	\$0	\$0	\$0	\$1,821	\$0
Clinic	\$22,254,042	\$87,840,597	\$796,439	\$247,125	\$4,294,447	\$12,807
Clinics - OSA Services	\$1,173,925	\$4,489,750	\$9,337	\$452,157	\$29,747	\$0
Community Mental Health	\$8,130,691	\$33,126,726	\$80,584	\$0	\$9,048,420	\$0
Dental	\$16,232,742	\$101,039,373	\$23,240	\$0	\$3,025,543	\$915,896
Direct Support	\$0	\$0	\$0	\$0	\$0	\$218,094,074
Employee Training Specialist	\$0	\$0	\$0	\$0	\$0	\$30,586,840
End-Stage Renal Disease	\$2,908,636	\$1,874,759	\$28,136	\$304	\$3,216,056	\$32,029
Eye Care and Exams	\$3,151,951	\$18,429,460	\$39,804	\$0	\$471,939	\$0
Eyewear	\$496,991	\$2,883,010	\$0	\$0	\$13,849	\$0
Self-Directed Care	\$10,773,850	\$0	\$0	\$0	\$0	\$11,724,097
Group Home	\$0	\$0	\$0	\$0	\$0	\$22,045,298
Home Health	\$8,712,863	\$6,572,194	\$9,370	\$0	\$399,850	\$732,746
Homemaker Services	\$0	\$0	\$0	\$0	\$0	\$2,023,686
Hospice	\$77,885	\$72,609	\$0	\$0	\$0	\$339,792
ICF-ID Services	\$29,448,992	\$47,028	\$0	\$0	\$44,515,538	\$0
Inpatient Services	\$282,984,458	\$253,884,324	\$3,205,819	\$49,698	\$32,317,954	\$9,687
Laboratory Services	\$6,752,403	\$24,559,269	\$686,137	\$252,566	\$460,197	\$0
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$0	\$0	\$168,452,322	\$0
Medicare Part D Payments	\$0	\$0	\$0	\$0	\$99,411,265	\$0
Mid-Level Practitioner	\$13,498	\$105,910	\$2,109	\$22	\$301	\$0
Medical Supplies/DMEPOS	\$12,977,166	\$25,767,456	\$232,885	\$0	\$7,371,557	\$25,222,238
Nursing Facility	\$67,535,563	\$530,367	\$0	\$0	\$483,044,428	\$163,734
Nursing Services	\$0	\$0	\$0	\$0	\$0	\$9,930,254
Nutrition Services	\$49,847	\$18,901	\$695	\$0	\$196,882	\$648,493
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$123,259	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$61,444,628	\$0	\$0	\$0
Other Practitioner	\$0	\$350	\$0	\$0	\$0	\$0
Outpatient Hospital	\$64,643,956	\$227,169,295	\$4,173,439	\$478,502	\$16,519,836	\$72,479
Personal Care	\$883,334	\$2,515,037	\$0	\$0	\$7,843,200	\$77,447,156
Physician	\$105,662,280	\$401,498,885	\$5,303,345	\$535,959	\$31,632,250	\$1,957,193
Podiatry	\$325,866	\$1,464,270	\$38,686	\$0	\$563,146	\$74
Prescribed Drugs	\$123,449,127	\$408,088,926	\$8,618,732	\$1,343,232	\$3,154,412	\$9,496,559
Psychiatric Services	\$70,851,008	\$7,743,697	\$0	\$0	\$351,739	\$165
Residential Behavior Mgmt	\$16,376,063	\$265,713	\$0	\$0	\$0	\$0
Respite Care	\$0	\$0	\$0	\$0	\$0	\$328,879
Room and Board	\$41,921	\$93,473	\$0	\$0	\$32,774	\$0
School-Based Services	\$86,237	\$417,802	\$0	\$0	\$0	\$0
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0	\$0	\$2,715,650

TABLE 15: EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE (CONT.)

TYPE OF SERVICE	SOONERCARE TRADITIONAL	SOONERCARE CHOICE	INSURE OKLAHOMA IP & ESI*	SOONERPLAN	SOONERCARE SUPPLEMENTAL	HCBS WAIVERS**
Targeted Case Manager	\$45,225,106	\$1,762,655	\$0	\$0	\$16,801,093	\$54,472,266
Therapy Services	\$4,467,556	\$18,356,688	\$20	\$0	\$218,876	\$1,675,949
Transportation - Emergency	\$9,646,453	\$19,666,818	\$50,075	\$0	\$8,517,554	\$8,224,197
Transportation - Non-Emergency (NET)***	\$0	\$12,559,814	\$0	\$0	\$15,286,344	\$0
X-Ray Services	\$3,234,891	\$10,962,398	\$352,229	\$1,732	\$1,356,381	\$82
Uncategorized Services	\$210,422	\$33,600	\$0	\$0	\$367,504	\$0
TOTAL	\$965,671,866	\$1,870,567,634	\$85,671,662	\$3,380,632	\$999,416,319	\$510,759,583
Unduplicated Members Served	427,774	668,476	29,678	11,864	107,491	27,256
Average Cost Per Member Served	\$2,257	\$2,798	\$2,887	\$285	\$9,298	\$18,739
Unduplicated Members Enrolled	NA	682,554	32,356	64,042	128,607	26,940
Average Per Enrolled	NA	\$2,741	\$2,648	\$53	\$7,771	\$18,959

Source: OHCA Financial Service Division, September 2017. *Insure Oklahoma IP and ESI includes Insure Oklahoma ESI Out-of-Pocket and Insure Oklahoma ESI Premium payments.

**Home & Community Based Services (HCBS) expenditures include all services paid to waiver members. HCBS members may receive services paid through Title XIX funds.

In order to provide a more accurate average cost per member, non-member specific supplemental payments have been removed from the above. Those payments include \$482,694,592 in SHOPP payments; \$217,907,943 in Hospital Supplemental payments (includes Hospital Supplemental Payments, DSH, GME and IME); \$44,410,331 in Outpatient Behavioral Health Supplemental payments; \$2,871,644 in SoonerExcel payments; \$17,238,0625 in EHR incentive payments; \$105,605,790 in GME payments to medical schools; and \$7,393,792 in non-member specific provider adjustments. \$168,452,322 in Medicare Part A & B (Buy-In) payments and \$99,411,265 in Medicare Part D (clawback) payments are included in Aged 65 and over.

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.

***NET is only included in choice and Supplemental categories.

TABLE 16: EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY

TYPE OF SERVICE	AGED	BLIND / DISABLED	CHILDREN & PARENTS (TANF)	OKLAHOMA CARES (BCC)	SOONERPLAN	TEFRA	OTHER TOTAL*
Adult Day Care	\$1,948,894	\$3,234,227	\$0	\$0	\$0	\$0	\$0
Advanced Practice Nurse	\$4,806	\$189,246	\$2,301,458	\$764	\$6,386	\$14	\$24,213
ADvantage Home-Delivered Meals	\$9,825,147	\$9,394,820	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgical Services	\$435,634	\$1,609,876	\$4,981,040	\$13,555	\$12,949	\$1,361	\$127,498
Architectural Modification	\$136,831	\$268,518	\$0	\$0	\$0	\$0	\$0
Audiology Services	\$1,267	\$15,231	\$141,976	\$0	\$0	\$262	\$168
Behavioral Health	\$5,350,372	\$69,268,024	\$157,335,753	\$36,085	\$0	\$72,658	\$300,579
Capitated Services	\$10,143,126	\$4,803,218	\$34,338,562	\$14,187	\$0	\$3,766	\$134,537
Chiropractic Services	\$803	\$1,018	\$0	\$0	\$0	\$0	\$0
Clinic	\$1,942,764	\$18,831,077	\$91,355,294	\$174,880	\$247,125	\$33,529	\$2,860,787
Clinics - OSA Services	\$16	\$384,418	\$5,253,253	\$10,686	\$452,157	\$37,137	\$17,249
Community Mental Health	\$606,016	\$21,556,355	\$28,076,610	\$29,416	\$0	\$9,698	\$108,326
Dental	\$782,915	\$8,925,746	\$111,410,503	\$14,923	\$0	\$39,916	\$62,791
Direct Support	\$10,832,608	\$207,261,466	\$0	\$0	\$0	\$0	\$0
Employee Training Specialist	\$720,957	\$29,865,883	\$0	\$0	\$0	\$0	\$0
End-Stage Renal Disease	\$1,085,079	\$6,471,781	\$474,216	\$0	\$304	\$0	\$28,541
Eye Care and Exams	\$271,140	\$1,552,444	\$20,215,027	\$3,813	\$0	\$3,796	\$46,935
Eyewear	\$6,065	\$196,079	\$3,186,717	\$103	\$0	\$3,973	\$912
Self Directed Care	\$4,802,128	\$6,921,969	\$0	\$0	\$0	\$0	\$10,773,850
Group Home	\$1,451,882	\$20,593,417	\$0	\$0	\$0	\$0	\$0
Home Health	\$191,375	\$11,654,117	\$2,406,611	\$11,040	\$0	\$2,154,510	\$9,370
Homemaker Services	\$13,754	\$2,009,932	\$0	\$0	\$0	\$0	\$0
Hospice	\$22,748	\$381,553	\$85,986	\$0	\$0	\$0	\$0
ICF-ID Services	\$6,995,600	\$66,962,240	\$53,717	\$0	\$0	\$0	\$0
Inpatient Services	\$22,069,194	\$234,544,403	\$307,068,615	\$1,393,002	\$49,698	\$216,548	\$7,110,478
Laboratory Services	\$297,591	\$6,707,259	\$23,539,081	\$230,528	\$252,566	\$8,725	\$1,674,823
Medicare Part A & B (Buy-In) Payments	\$168,452,322	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part D Payments	\$99,411,265	\$0	\$0	\$0	\$0	\$0	\$0
Mid-Level Practitioner	\$654	\$31,335	\$87,720	\$0	\$22	\$0	\$2,109
Medical Supplies/ DMEPOS	\$15,130,328	\$41,729,500	\$13,287,590	\$33,183	\$0	\$963,493	\$427,208
Nursing Facility	\$406,458,930	\$144,516,858	\$294,228	\$0	\$0	\$4,076	\$0
Nursing Services	\$2,096,682	\$7,833,572	\$0	\$0	\$0	\$0	\$0
Nutrition Services	\$55,095	\$839,721	\$19,165	\$0	\$0	\$114	\$724
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$0	\$0	\$0	\$0	\$123,259
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$61,444,628
Other Practitioner	\$0	\$0	\$350	\$0	\$0	\$0	\$0

TYPE OF SERVICE	AGED	BLIND / DISABLED	CHILDREN & PARENTS (TANF)	OKLAHOMA CARES (BCC)	SOONERPLAN	TEFRA	OTHER TOTAL*
Outpatient	\$8,048,848	\$83,339,053	\$211,395,656	\$4,028,031	\$479,502	\$197,931	\$5,568,487
Personal Care	\$47,311,305	\$41,323,796	\$14,177	\$0	\$0	\$39,449	\$0
Physician	\$16,222,703	\$121,844,056	\$391,842,521	\$4,753,971	\$537,894	\$742,952	\$10,645,812
Podiatry	\$345,265	\$985,950	\$1,019,435	\$2,257	\$13	\$84	\$39,039
Prescribed Drugs	\$5,915,740	\$242,670,056	\$290,510,033	\$1,874,306	\$1,343,232	\$1,302,078	\$10,535,543
Psychiatric Services	\$521,360	\$13,819,912	\$64,601,337	\$0	\$0	\$4,001	\$0
Residential Behavior Mgmt	\$0	\$784,065	\$15,857,711	\$0	\$0	\$0	\$0
Respite Care	\$195,647	\$133,232	\$0	\$0	\$0	\$0	\$0
Room and Board	\$4,293	\$54,301	\$106,692	\$2,882	\$0	\$0	\$0
School-Based Services	\$0	\$288,727	\$208,145	\$0	\$0	\$7,167	\$0
Specialized Foster Care/MR Services	\$35,850	\$2,679,800	\$0	\$0	\$0	\$0	\$0
Targeted Case Manager	\$30,641,430	\$48,090,883	\$39,528,032	\$0	\$0	\$396	\$379
Therapy Services	\$189,030	\$6,492,532	\$17,365,829	\$0	\$0	\$668,489	\$3,208
Transportation - Emergency	\$4,804,901	\$25,475,536	\$15,579,488	\$51,051	\$0	\$4,526	\$189,597
Transportation - Non-Emergency (NET)**	\$7,376,228	\$17,741,531	\$2,609,358	\$1,627	\$3,578	\$105,551	\$8,284
X-Ray Services	\$870,242	\$5,904,323	\$8,566,124	\$117,789	\$1,732	\$3,007	\$444,496
Uncategorized Services	-\$5,557	-\$435	\$17,497	\$0	\$0	\$0	\$600,021
Total	\$894,021,274	\$1,540,182,620	\$1,865,135,510	\$12,798,079	\$3,387,157	\$6,629,205	\$113,313,851
Unduplicated Members Served	59,425	140,938	907,676	1,021	60,308	722	42,518
Average Cost Per Member Served	\$15,045	\$10,928	\$2,055	\$12,535	\$56	\$9,182	\$2,665
Unduplicated SoonerCare Enrollees	55,312	135,765	736,355	838	64,042	688	NA
Average Cost Per Enrolled	\$16,163	\$11,344	\$2,533	\$15,272	\$53	\$9,635	NA

Source: OHCA Financial Service Division, September 2017.

*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 aid category.

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.

**NET is included in all categories.

TABLE 17: EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY BY CHILDREN UNDER 21

TYPE OF SERVICE	BLIND/ DISABLED/ TEFRA	STATE CUSTODY	CHIP	CHILDREN & PARENTS (TANF)	OTHER AID CATEGORIES*
Adult Day Care	\$0	\$0	\$0	\$0	\$0
Advanced Practice Nurse	\$75,738	\$45,665	\$354,383	\$1,719,587	\$4,679
Ambulatory Surgical Services	\$144,645	\$148,331	\$780,630	\$3,218,493	\$4,912
Architectural Modification	\$8,282	\$4,095	\$0	\$0	\$0
Audiology Services	\$7,933	\$8,086	\$26,242	\$103,759	\$18
Behavioral Health Services	\$18,321,115	\$14,250,284	\$24,115,427	\$106,032,441	\$77,077
Capitated Services	\$931,625	\$19,217	\$6,426,546	\$23,922,157	\$15,505
Clinic	\$2,888,393	\$2,204,697	\$16,098,074	\$56,840,770	\$325,258
Clinics - OSA Services	\$334,132	\$368,745	\$600,020	\$3,496,878	\$109,690
Community Mental Health	\$4,172,204	\$1,599,411	\$4,488,548	\$17,288,315	\$17,960
Dental	\$3,807,766	\$3,280,460	\$28,912,840	\$75,319,581	\$37,179
Direct Support	\$5,373,452	\$6,462,357	\$0	\$0	\$0
Employee Training Specialist	\$508,331	\$113,298	\$0	\$0	\$0
End-Stage Renal Disease	\$93,826	\$3,679	\$0	-\$1,839	\$0
Eye Care and Exams	\$773,605	\$769,301	\$5,239,506	\$13,782,726	\$7,479
Eyewear	\$186,928	\$108,554	\$874,147	\$2,209,935	\$1,016
Group Home	\$667,694	\$130,717	\$0	\$0	\$0
Home Health	\$10,703,840	\$1,076,946	\$257,931	\$1,042,523	\$71
Homemaker Services	\$92,613	\$141,686	\$0	\$0	\$0
Hospice	\$64,509	\$88,486	\$3,725	-\$6,225	\$0
ICF-MR Services	\$3,452,229	\$118,785	\$0	\$6,135	\$0
Inpatient Services	\$42,293,361	\$27,356,708	\$17,521,465	\$163,378,707	\$345,510
Laboratory Services	\$646,901	\$404,934	\$2,040,115	\$8,789,443	\$202,629
Mid-Level Practitioner	\$1,912	\$2,259	\$11,458	\$53,336	\$0
Medical Supplies/DMEPOS	\$13,907,493	\$1,714,583	\$2,153,976	\$7,673,738	\$13,285
Nursing Facility	\$520,597	\$0	\$0	\$0	\$0
Nursing Services	\$76,015	\$74,597	\$0	\$0	\$0
Nutrition Services	\$5,150	\$2,097	\$4,783	\$9,823	\$0
Other Practitioner	\$0	\$0	\$0	\$0	\$0
Outpatient	\$11,752,941	\$5,485,369	\$28,432,621	\$102,626,186	\$345,686
Personal Care	\$591,166	\$2,665	\$0	\$653	\$0
Physician	\$22,277,626	\$13,652,896	\$47,611,724	\$218,236,289	\$763,242
Podiatry	\$77,338	\$15,304	\$238,687	\$505,893	\$353
Prescribed Drugs	\$54,587,188	\$13,209,917	\$49,485,089	\$148,705,257	\$630,103
Psychiatric Services	\$11,074,911	\$29,640,866	\$10,760,591	\$26,892,196	\$0
Residential Behavior Mgmt	-\$151,497	\$23,147,018	-\$246,212	-\$6,107,532	\$0
Respite Care	\$2,631	\$3,005	\$0	\$0	\$0
Room and Board	\$2,905	\$200	-\$911	\$89,953	\$0
School-Based Services	\$278,961	\$23,367	\$33,429	\$168,282	\$0
Specialized Foster Care/ID Services	\$70,000	\$631,150	\$0	\$0	\$0
Targeted Case Manager	\$1,065,162	\$48,773,549	\$284,105	-\$7,865,714	-\$379
Therapy Services	\$5,321,045	\$1,137,745	\$3,349,349	\$12,991,672	\$2,763
Transportation - Emergency	\$1,475,341	\$793,933	\$1,472,246	\$8,189,163	\$68,037
Transportation - Non-Emergency	\$2,974,906	\$119,504	\$476,715	\$1,749,860	\$934
X-Ray Services	\$376,373	\$153,905	\$1,075,956	\$2,942,161	\$27,009
Uncategorized Services	-\$6,168	\$26,714	-\$103	-\$8,697	\$15,024

TABLE 17: CHILDREN (UNDER 21) EXPENDITURES BY TYPE OF SERVICE BY AID CATEGORY (CONT.)

TOTAL	\$221,831,115	\$197,315,083	\$252,883,103	\$993,995,905	\$3,015,042
Unduplicated Members Served	24,012	37,159	195,777	544,914	8,689
Average Cost Per Member Served	\$9,238	\$5,310	\$1,292	\$1,824	\$347

Source: OHCA Financial Service Division, September 2017. Child figures are for individuals younger than 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.

Providers are counted multiple times if they have multiple locations, programs, types and/or specialties. Some provider counts are grouped by subcategory of provider specialty; therefore, providers may be counted multiple times if they have multiple provider types and/or specialties.

*This does not necessarily indicate participation or that a provider has rendered services.

TABLE 18: PROVIDER NETWORK

ANNUAL REPORT GROUPING	PROVIDER NETWORK
Adult Day Care	48
Advance Practice Nurse	3,128
Advantage Home-Delivered Meal	18
Ambulatory Surgical Center (ASC)	56
Anesthesiology Assistant	22
Audiologist	120
Capitation Provider - IHS (Indian Health Services) Case Manager	85
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	2
Case Manager	81
Certified Community Behavioral Health Centers (CCBHC)	35
Certified Registered Nurse Anesthetist (CRNA)	1,402
Chiropractor	47
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	2
Clinic - Family Planning Clinic	2
Clinic - Federally Qualified Health Clinic (FQHC)	107
Clinic - Native American	65
Clinic - Rural Health	75
Clinic - Tuberculosis	2
Community Mental Health Center (CMHC)	105
County/City Health Department	6
DDSD (Developmental Disability Service Division) - Architectural Modification	26
DDSD (Developmental Disability Service Division) - Community Transition Services	58
DDSD (Developmental Disability Service Division) - Employee Training Specialist	84
DDSD (Developmental Disability Service Division) - Group Home	44
DDSD (Developmental Disability Service Division) - Homemaker Services	81
DDSD (Developmental Disability Service Division) - Volunteer Transportation Provider	283
DDSD (Developmental Disability Service Division) - Waiver Behavioral Health Provider	587
Dentist	1,647
Direct Support Services	252
DME (Durable Medical Equipment)/Medical Supply Dealer	1,243
End-Stage Renal Disease Clinic	116
Extended Care and Skilled Nursing Facilities	321
Extended Care Facility - Facility Based Respite Care	97
Extended Care Facility - ICF/MR	88
Genetic Counselor	15
Health Home	147
Home Health Agency	171
Hospice	70
Hospital - Acute Care	1,041
Hospital - Critical Access	135
Hospital - Native American	13
Hospital - Psychiatric	28
Hospital - Resident Treatment Center	44
Laboratory	419
Lactation Consultant	74
Licensed Behavioral Health Professional	3,782
Licensure Candidates	2,087

ANNUAL REPORT GROUPING (CONTD.)	PROVIDER NETWORK
Maternal/Child Health LCSW	11
Nursing Agency - Non-Skilled	32
Nursing Agency - Skilled	109
Nutritionist	261
Optician	83
Optometrist	736
Outpatient Behavioral Health Agency	519
Outpatient Behavioral Health Agency - ODMHSAS-Contracted	119
Para Professional	5,486
Partial Hospitalization	8
Personal Care Services	1,383
Pharmacy	1,357
Physician - Allergist	90
Physician - Anesthesiologist	1,471
Physician Assistant	1,574
Physician - Cardiologist	759
Physician - General/Family Medicine	3,659
Physician - General Pediatrician	2,092
Physician - General Surgeon	964
Physician - Internist	2,937
Physician - Obstetrician/Gynecologist	977
Physician - Other Specialist	8,314
Physician - Pediatric Specialist	2,321
Physician - Radiologist	1,915
Physician - Resident in Training	168
Preadmission Screening and Resident Review (PASRR)	12
Program for Assertive Community Treatment (PACT)	12
Psychologist	443
Registered Nurse	20
Residential Behavior Management Services (RBMS)	27
Respite Care	86
Room and Board	9
School Based Para Professional	239
School Corporation	259
Specialized Foster Care/MR	156
Therapist - Occupational	378
Therapist - Physical	888
Therapist - Speech/Hearing	973
Transportation Provider	372
X-Ray Clinic	57

Providers are counted multiple times if they have multiple locations, programs, types and/or specialties. Some provider counts are grouped by subcategory of provider specialty; therefore, providers may be counted multiple times if they have multiple provider types and/or specialties.

*This does not necessarily indicate participation or that a provider has rendered services.

TABLE 19: BEHAVIORAL HEALTH EXPENDITURES BY TYPE OF SERVICE BY CHILDREN AND ADULTS

TYPE OF SERVICE	EXPENDITURES ¹	MEMBERS SERVED ²	AVG PER MEMBER SERVED
ALL AGES			
Inpatient (Acute - General)	\$11,481,335	3,805	\$3,017
Inpatient (Acute - Freestanding)	\$10,509,583	2,579	\$4,075
Psychiatric Residential Treatment Facility (PRTF)	\$67,730,648	3,848	\$17,602
Outpatient	\$244,583,457	119,335	\$2,050
Psychologist	\$15,386,403	20,099	\$766
Psychiatrist	\$8,706,668	25,528	\$341
Residential Behavior Mgmt Services (Group)	\$6,948,049	868	\$8,005
Residential Behavior Mgmt Services (TFC)*	\$10,767,108	860	\$12,520
SMI/SED Case Management	\$17,185,969	43,647	\$394
Other OP Behavioral Hlth Services	\$4,370,328	1,568	\$2,787
Psychotropic Drugs ³	\$98,645,011	132,228	\$746
Total	\$496,314,559	157,765	\$3,146

CHILDREN AGED 21 AND YOUNGER			
Inpatient (Acute - General)	\$2,595,832	1,201	\$2,161
Inpatient (Acute - Freestanding)	\$10,147,297	2,549	\$3,981
Psychiatric Residential Treatment Facility (PRTF)	\$67,730,648	3,848	\$17,602
Outpatient	\$160,940,119	76,427	\$2,106
Psychologist	\$12,798,053	18,017	\$710
Psychiatrist	\$4,557,665	10,916	\$418
Residential Behavior Mgmt Services (Group)	\$6,948,049	868	\$8,005
Residential Behavior Mgmt Services (TFC)	\$10,767,108	860	\$12,520
SMI/SED Case Management	\$13,158,048	26,660	\$494
Other OP Behavioral Hlth Services	\$579,443	193	\$3,002
Psychotropic Drugs ³	\$67,246,817	68,678	\$979
Total	\$357,469,078	102,466	\$3,489

ADULTS AGES 21 AND OLDER			
Inpatient (Acute - General)	\$8,885,503	2,604	\$3,412
Inpatient (Acute - Freestanding)	\$362,286	30	\$12,076
Psychiatric Residential Treatment Facility (PRTF)	\$0	-	\$0
Outpatient	\$83,643,338	42,908	\$1,949
Psychologist	\$2,588,350	2,082	\$1,243
Psychiatrist	\$4,149,004	14,612	\$284
Residential Behavior Mgmt Services (Group)	\$0	-	\$0
Residential Behavior Mgmt Services (TFC)	\$0	-	\$0
SMI/SED Case Management	\$4,027,921	16,987	\$237
Other OP Behavioral Hlth Services	\$3,790,885	1,375	\$2,757
Psychotropic Drugs ³	\$31,398,194	63,550	\$494
Total	\$138,845,481	55,299	\$2,511

*Source: OHCA Financial Service Division, September 2017. 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. SMI/SED stands for Serious Mental illness and Severe Emotional Disturbance. 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.

RESOURCES

Telephone Numbers

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

Member Services

405-522-7171 or 800-522-0310

Oklahoma Cares (BBC)/SoonerPlan	1
Claim Status	2
SoonerCare Enrollment	3
Pharmacy Inquiries	4
PIN Reset for SoonerCare	5
DHS	6
Repeat Options	9

Provider Services

405-522-6205 or 800-522-0114

Policy Questions	1
PIN Reset/EDI/SoonerCare Provider Portal Assistance	2
Third Party Liability or Adjustments	3
Pharmacy Help Desk	4
Provider Contracts	5
Prior Authorizations	6
Repeat Options	9

Online Resources

Oklahoma Health Care Authority	okhca.org
Insure Oklahoma	insureoklahoma.org
Oklahoma Department of Human Services	okdhs.org
Medicaid Fraud Control Unit	ok.gov/oag
Oklahoma State Department of Health	ok.gov/health
Oklahoma State Auditor and Inspector	sal.state.ok.us
Centers for Medicare & Medicaid Services	cms.gov
Office of Inspector General of the Department of Health and Human Services	oig.hhs.gov
SoonerFit	soonerfit.org
Fast Fact Reports (Periodic Statistical Bulletins, Including Counts and Dollars)	okhca.org/research/data
Reports (Annual Reports, Primer, Service Efforts and Accomplishments, etc.)	okhca.org/reports
Studies (Program Evaluations, Focused Studies, Quality and Satisfaction Reports)	okhca.org/studies

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 - information written in other languages

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OHCA civil rights and HIPAA compliance officer
 4345 N. Lincoln, Oklahoma City, Oklahoma 73105
 Email: hipaa@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 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>.

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- **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.
- **ໂບດ ຊາວ:** ຖ້າ ວ່າ ທ່ານ ເວົ້າ ພາ ສາ ລາວ, ການ ບໍ່ ຈຳ ກັນ ຊ່ວຍ ຕຫຼື ດ້ານ ພາ ສາ, ໂດຍ ບໍ່ ສັງ ຄ່າ, ແມ່ນ ມີ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ ໙ 1-800-987-7767.
- **ထိစား:** သိန္နဲပူဇော်သောစကားများကို အကူအညီပေးနိုင်ရန်အတွက် ဘက်စုံ အကူအညီ ဖုန်း 1-800-987-7767.
- **Hagsesda:** iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-800-987-7767.
- **دی ری گب س ا ب ت 1-800-987-7767** ا ب د ش ا ب ی م ہ ا ر ف ا ش ی ا ر ب ا گ ی ا ت ر و ص ب ی ن ا ب ز ت ا ل ی س ت ، د ی ن ک ی م و گ ت ف گ ی س ر ا ف ن ا ب ز ہ ر گ ا : س ج و ت
- **1-800-987-7767** ی ر ک ل ا ک . ی ہ ہ ا ی ت س د ی م ی ت ف م ت ا م د خ ی ک د م ی ک ن ا ب ز و ک پ ا و ت ، ی ہ ی ہ ت ل و ب و د ر ا پ ا ر گ ا : ر ا د ر ب خ
- **အကူအညီပေးခြင်း - အကူအညီပေးရန် သင့်အတွက် ကိုယ်တိုင် အကူအညီပေးခြင်း အခမဲ့ ဖုန်းအတွက်**
 စီမံခန့်ခွဲရေးအဖွဲ့သည် 1-800-987-7767 သို့ ခေါ်ဆိုပါ။
 ဖုန်းနံပါတ် 1-800-987-7767 သို့ ခေါ်ဆိုပါ။

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