

OKLAHOMA HEALTH CARE AUTHORITY

annual report



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An extraordinary year

Extraordinary. No other word could better capture the past year in the state of Oklahoma.

Two extraordinary legislative sessions, convened to tackle unusually challenging fiscal times for our state and for our agency. Paired with historic action from our state's educators with long-reaching impact and a brave decision by our legislative branch to increase revenue through changes to our tax structure, our political system had an extraordinary year in every sense of the word. But here at the Oklahoma Health Care Authority, we are no stranger to the extraordinary. It's not just a superlative, but the term also signals the "extra-ordinary" situation in which our nearly 1 million members and Oklahoma residents who are mostly children, elderly, disabled or pregnant find themselves.

Our extraordinary staff here at OHCA works to efficiently and transparently utilize taxpayer dollars to ensure these vulnerable Oklahomans receive access to health care, regardless of their ability to pay. Our mission at OHCA to administer the Oklahoma Medicaid program and our commitment to our values of innovation, integrity, accountability, engagement and inclusiveness does not change, no matter the fiscal situation.

The events of SFY 2018, despite these extraordinary circumstances, contributed to the agency's SFY 2019 achievements so far, including:

- Savings from the federal pharmacy rebate program and administrative efficiency led to the first provider rate increases in almost a decade,
- In our preparation to file the waiver amendment per HB 2932, we held more than 40 meetings across the state to explore how to best implement community engagement eligibility requirements,
- We held seven strategy forums around the state to update our five-year strategic plan, and we'll travel to additional communities particularly concerned about rural health care,
- In order to proactively address the opioid crisis in our state, our agency instated morphine milligram equivalency policy changes and prescription tracking,
- We became the first state agency to move forward with negotiating value-based or outcomes-based contracts with pharmaceutical companies.

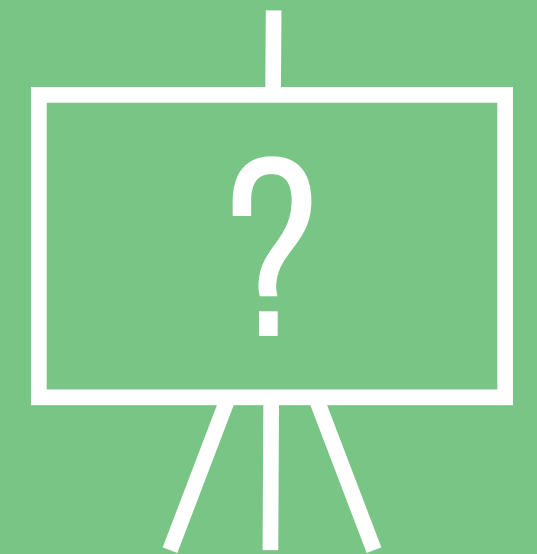
In other words, although SFY 2018 certainly presented challenges, it enabled OHCA to enter the next fiscal year on firm financial footing. Through it all, we maintained our commitment to excellence and accountability and responsible stewardship of taxpayer dollars.

In the following pages, we take you through the fundamentals of our agency expenditures and costs, which draws from both state and federal revenue sources. We also highlight the existing program integrity and auditing measures to which the agency is subject, both internally and federally. And then we take you through state regional profiles to demonstrate how our agency impacts every county in Oklahoma. Perhaps when we show you the Medicaid footprint at the local level, it can become more clear just how extraordinary the Oklahoma Health Care Authority is, far from our home on Lincoln Boulevard.

Sincerely,



Rebecca Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority



FUNDAMENTALS & FAQs

Introduction

What is OHCA?

The Oklahoma Health Care Authority (OHCA) is the single state agency administrator of **SoonerCare, the Oklahoma Medicaid program, as well as Insure Oklahoma**. It is a state-federal program created through state legislation in 1993. In SFY 2018, OHCA touched the lives of more than 1 million of our state's residents, or 26 percent of all Oklahomans!

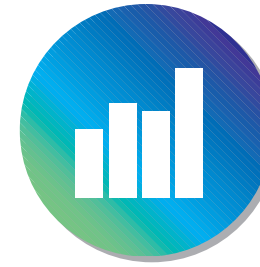
Despite the size of our program, our agency's commitment to ensuring public funds are spent appropriately and efficiently can be seen in our focus on innovation. As a state-federal partnership, this begins with our 1115(a) Demonstration Waiver, which is monitored by the federal government's Center for Medicare & Medicaid Services (CMS). It continues with our Payment Error Rate Measurement (PERM), which, at 3.82 percent, is below the national average of 5.7 percent.

In addition, **our agency undergoes a total of six external audits** from both the federal government, including the CMS 64 quarterly audit, the Medicaid Eligibility Quality Control (MEQC) audit, and the Health and Human Services Inspector General and CMS period audits, as well as an annual audit by the Oklahoma State Auditor.

Our administrative costs, for an agency with a nearly \$5.5 billion budget, are only 4.35 percent of our total budget. **These are just a few examples of how OHCA operates a robust Medicaid program typified by innovation, efficiency and fiscal responsibility.**

Overall, the majority of our members are children, but eligible adults for our program include parents or caretakers and the aged, blind or disabled. Started in 2004, SoonerCare Choice is Oklahoma's **primary care case management (PCCM)** program. Choice is an enhanced **patient-centered medical home (PCMH)**, meaning each member has a medical home in which a primary care provider (PCP) organizes and monitors all of their health care services. This care coordination is a cornerstone of SoonerCare services. PCMHs increase access to services that are available 24 hours a day, seven days a week, while minimizing the number of resources needed to provide quality care, such as reduced ER visits and fewer hospital admissions. **As of June 2018, 67 percent of SoonerCare members were enrolled in SoonerCare Choice.**

OHCA also offers managed care coordination through the SoonerCare **Health Management Program (HMP)** and **Health Access Networks (HANs)**. The SoonerCare HMP is an innovative, comprehensive program that aims to benefit SoonerCare Choice members who have or are at risk for developing chronic or long-lasting conditions. It also helps the SoonerCare Choice PCPs who care for these members by providing health coaches and practice facilitators. The HMP as a whole generated a return on investment of 287.5 percent, which equates to nearly \$3 in medical savings for every \$1 spent on the program. During SFY 2017, our per member per month (PMPM) cost was \$284.12 with the use of HANs, while PMPM without HANs was \$305.99.



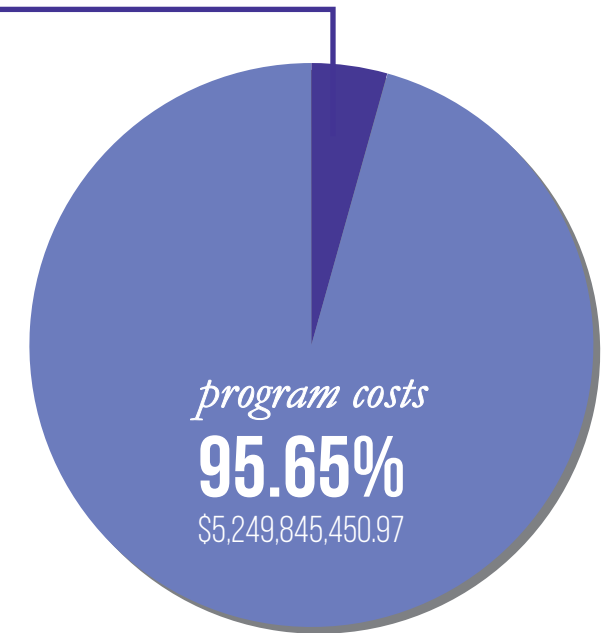
BREAKDOWN OF EXPENDITURES SFY 2018

OHCA touches the lives of more than **1 million Oklahomans** each year. Nonetheless, our agency administers the largest public insurance purchasing program in the state, but with relatively small administrative costs and multiple funding sources. **Only 4.35 percent of our \$5.48 billion annual expenditures go to salaries and other administrative costs, which are shared between multiple state agencies.**

administrative costs

4.35%

\$238,588,654.90

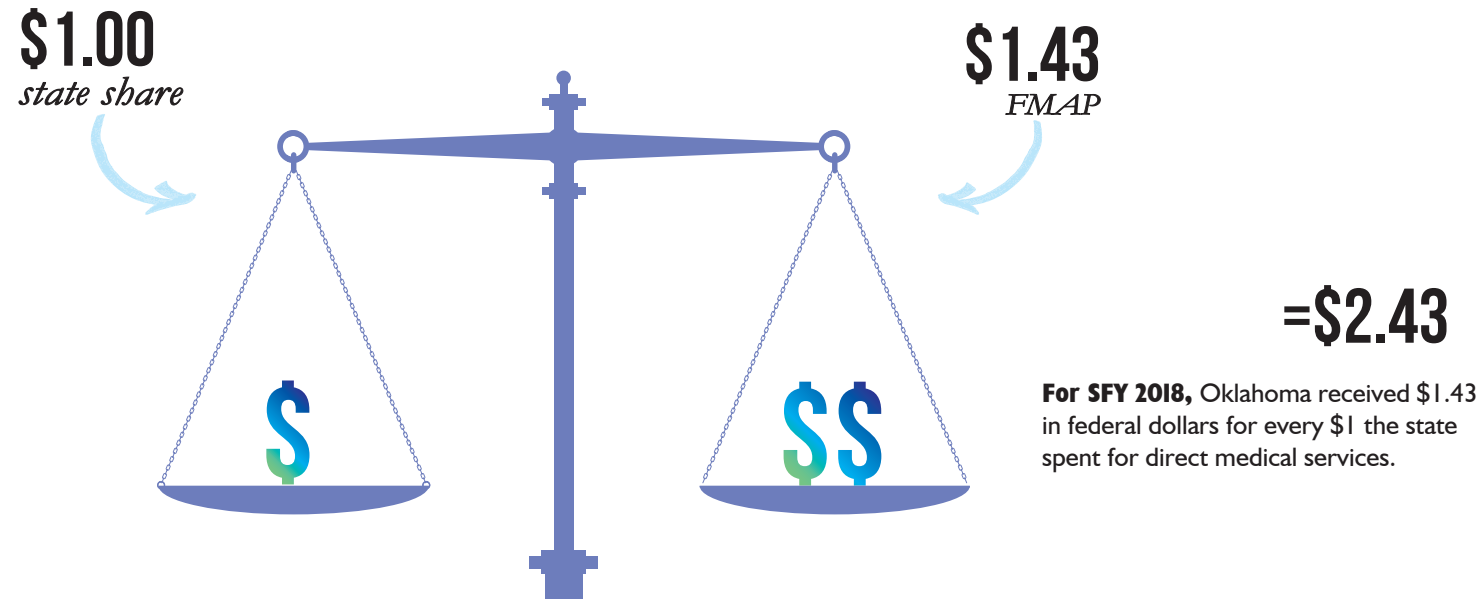


EXPENDITURES BY FEDERAL AND STATE SHARES



FMAP: BALANCING STATE & FEDERAL DOLLARS

Federal Medical Assistance Percentage (FMAP) is the federal government's share of the cost of covered services in state Medicaid programs. The FMAP varies by state, and routinely fluctuates based on a rolling, three-year average of the per capita income of each state as compared to the national average. As a state-federal partnership, OHCA's budget reflects a relationship between state dollars, other state revenue sources like taxes and fees, as well as federal appropriations. **In short, the state must spend money on Medicaid to receive the federal money.** But, when the FMAP increases, fewer state dollars are required. Reductions in state appropriations reduce the federal share.



COST AVOIDANCE MEASURES

Our staff actively pursue numerous cost avoidance strategies to maximize resources, as part of our dedication to transparency and accountability to the taxpayers of our state. Together with our care coordination efforts, **these strategies maximize the quality of care our members receive as well as the agency's financial resources.**



TELLIGEN

chronic condition management

Our contractor, Telligen, embeds registered nurses within primary care practices to provide one-on-one health coaching, telephone support and home visits.



PRIOR AUTHORIZATION

and medical review

Reviewing requested services for medical necessity and appropriateness prior to rendering helps OHCA prevent overutilization and remain fiscally responsible.



FEDERAL DRUG REBATE

an agency initiative

OHCA recovers expenses through the federal drug rebate program, saving the state millions of dollars each year.



PROGRAM INTEGRITY & MEDICAL REVIEW

Navigating compliance with both state and federal requirements, the OHCA **Program Integrity** division is responsible for ensuring SoonerCare payments are made **to legitimate providers for appropriate and compliant services provided to eligible members.** It uses industry standard statistical analysis and robust auditing methodologies to perform its function with a high degree of statistical certainty. This ensures taxpayer dollars are being spent in a manner compliant with statute.

Housed in the agency's Medical Professional Service unit and led by our chief medical officer and his team of physicians, nurses and medical professionals, the **Quality Assurance and Quality Improvement** units work to ensure services to our members are medically necessary and cost effective, based on evidence-based guidelines and accepted standards of practice.

MEMBER AUDITS

The Member Audit unit screens and investigates referrals from a dedicated hotline to report current members who are enrolled in SoonerCare and potentially shouldn't be, as well as to report alleged abuse of SoonerCare benefits. It supports our federal eligibility auditing requirement by reviewing audit findings for accuracy and rebuttal, and making corrective action recommendations or seeks further remedy when appropriate. The team also works with the Oklahoma Department of Human Services to support its Medicaid-related functions.

SYSTEMS INTEGRITY

Critical to our accuracy in determining whether or not a SoonerCare applicant meets eligibility criteria, OHCA's Oklahoma Medicaid Management Information Systems (OKMMIS) reference subsystem determines appropriate final adjudication of submitted claims to either suspend for further review, to pay or to deny. The Systems Integrity unit is responsible for the maintenance and identification of any necessary changes for the OKMMIS reference subsystem to be in accordance with federal and state policies. There are both federal and state mandated yearly, quarterly and sometimes impromptu changes/updates made and this unit ensures compliance.

DATA ANALYTICS & PAYMENT ACCURACY

Auditors in Data Analytics and Payment Accuracy review our contracted health care provider data to identify overpayments through an annual internal payment accuracy review that mimics the federal Payment Error Rate Review (PERM) that is conducted every three years. Additionally, the team works with the State Auditor & Inspector with their yearly medical review of claims, accepts self-disclosures from providers and audits confirmations from providers. The Data Analytics team accepts referrals on any potential billing error seen by outside sources.

QUALITY ASSURANCE & IMPROVEMENT

Staff in this unit provide technical support in developing and reporting federally required quality assurance/improvement activities of the agency. The unit reviews all quality of care concerns submitted to the agency from any source. The staff also oversees the contract of the Quality Improvement Organization (QIO) vendor, currently Telligen, who conducts utilization reviews on inpatient and outpatient admissions and observation services on behalf of OHCA.



CARE MANAGEMENT PROGRAMS

Our agency is committed to innovation in health care because it is often the most effective, both medically and fiscally, and **care coordination is a hallmark of our programs** at the Oklahoma Health Care Authority. OHCA employs two specific approaches as part of care coordination to drive effective health outcomes and control costs: our Health Management Program (**HMP**) and Population Care Management (**PCM**). We work with partners across the state to ensure the appropriate members in our SoonerCare Choice program receive wrap-around care and services, as one way to maximize health outcomes and cost efficiency.

HMP

health management program

This unit in OHCA provides health coaches to members who have or are at risk of developing a chronic disease. Coaches educate, support and train members on self-management techniques to improve health. Why? This lowers more expensive health care costs, such as ER utilization, through preventive care.



HAN

health access network

Our HANs support care coordination by increasing the flow of health information among participating providers. They positively impact statewide health outcomes by helping to build trust between members and providers, as well as assisting members in reaching health goals.



PCM

population care management

Offers providers and members more ways to help control chronic and acute health conditions and improve quality of life through practice facilitation, nurse case management, self-management and/or behavior modification techniques. It also helps to improve health literacy and medication adherence.

PCMH

patient-centered medical home

Also called SoonerCare Choice, our enhanced patient-centered medical home program means each member has a medical home in which a primary care provider (PCP) organizes and monitors all of their health care services.

SFY 2018 FREQUENTLY REQUESTED DATA

The Oklahoma Health Care Authority receives numerous information and data requests from the public, advocates, legislators, other elected officials and journalists. Here is the information for which the agency receives the most requests.

EXPENDITURES

administrative costs, 4.35%

program costs, 95.65%

FMAP

federal medical assistance percentage

\$1.43

For every \$1 Oklahoma has spent on SoonerCare in SFY 2018, the federal government matched \$1.43 for a total of \$2.43.

BY THE NUMBERS

*total number of Oklahomans**

3,930,864

number of unduplicated members served

1,020,726

total number of children

638,248

total number of aged/blind/disabled

179,160

provider network

52,087

Indian Health Services/Tribal Programs/Urban Indian Clinics

233

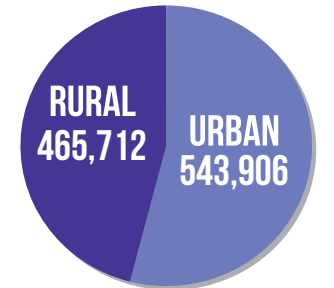
total Insure Oklahoma members

32,186

Insure Oklahoma individual plan

4,907

MEMBER POPULATION



AVERAGE COST PER PERSON annually



pregnant woman
\$3,640



child
\$2,587



parent-caretaker
\$2,768



aged/blind/disabled
\$12,202

LONG-TERM CARE annually

average cost per member
\$27,238

beds covered by Medicaid
67.8%

Total state population based on July 2017 census estimate. Urban includes Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner counties. Excludes state office or out of state. Providers are counted multiple times if they have multiple locations. Average costs exclude non-member specific payments. Members can move between ESI and IP during SFY.

Who we cover

Individuals apply for SoonerCare services online at mysooner.org or at local county Department of Human Services (DHS) offices. To be eligible for SoonerCare, an individual must first meet the description of a member eligibility group. OHCA administrative rules detail specific criteria for each group at okhca.org/policies-and-rules.

- Member categories include:**
- Children and parents (TANF), or children, parents and caretaker/relatives
 - The aged, blind and disabled (ABD) and TEFRA (Tax Equity and Fiscal Responsibility Act of 1982)
 - SoonerPlan
 - Breast and cervical cancer (BCC) treatment program
 - Other, including Soon-To-Be-Sooners and former foster care children

WHO IS COVERED IN THIS GROUP?	CHILDREN <i>and Parent/Caretakers (TANF)</i>	ABD <i>Aged/Blind/Disabled</i>	SOONERPLAN	BCC <i>“Oklahoma Cares”</i>	OTHER
TOTAL MEMBERS	741,238	179,160	61,581	862	46,711
COST PER MEMBER PER YEAR	<ul style="list-style-type: none"> • Ages 0 to 20: \$2,587 • Parent/Caretaker: \$2,786 • Pregnant woman: \$3,724 	\$12,202	\$56	\$12,335	STBS: \$1,684
FEDERAL POVERTY LEVEL PERCENTAGE (FPL) LIMIT	<ul style="list-style-type: none"> • For children, household income is 185% FPL • Parent/Caretakers can make up to 45% FPL • Up to 200% FPL for CHIP ESI recipients 	100% FPL	133% FPL	185% (higher for Kaw and Cherokee Tribal programs)	<ul style="list-style-type: none"> • Maternity Only coverage: 134-185% • Full-scope maternity coverage can fall under the “Children” category up to 133% FPL
KEY DATES IN COVERAGE CATEGORY	<ul style="list-style-type: none"> • July 1996: Creation of TANF (Temporary Assistance for Needy Families), changing eligibility for Medicaid • Nov. 1997: Creation of CHIP ESI (Children’s Health Insurance Program) 	<ul style="list-style-type: none"> • July 1999: Aged, blind, and disabled (ABD) members added to managed care • Oct. 2005: TEFRA members added to SoonerCare program 	<ul style="list-style-type: none"> • April 2005: Start of SoonerPlan program 	<ul style="list-style-type: none"> • Jan. 2005: Start of Oklahoma Cares/ BCC program by legislative mandate 	<ul style="list-style-type: none"> • April 2008: STBS adds prenatal care for pregnant immigrants • Jan. 2014: differentiated FPL rules for full and maternity-only care
OTHER ELIGIBILITY CRITERIA	<ul style="list-style-type: none"> • Residency verification • Verification of income (SS or OESC) • Up to 200% FPL for CHIP ESI recipients 	<ul style="list-style-type: none"> • Supplemental Security Income (SSI) designation 	<ul style="list-style-type: none"> • SSI designation 	<ul style="list-style-type: none"> • Less than age 65 with valid SSN • Not eligible for SoonerCare • Qualifying low income 	<ul style="list-style-type: none"> • Citizenship verification
KEY FACTS	<ul style="list-style-type: none"> • In SFY 2017, SoonerCare covered approximately 57.8% of births in Oklahoma. There were 28,787 deliveries in SFY18. • This group makes up 69.9% of SoonerCare members. • This is our largest population of members, but it only accounts for 35.7% of expenditures. 	<ul style="list-style-type: none"> • The ABD SoonerCare population accounts for 46.3% of SoonerCare expenditures, but they are only 16.9% of our total members. • SoonerCare covers 67.8% of the long-term care (LTC) beds in Oklahoma, at an average cost of \$27,238 per member per year. 	<ul style="list-style-type: none"> • SoonerPlan covers eligible women and men aged 19 and older. • SoonerPlan constitutes 5.8% of all members. • Only individuals not eligible for SoonerCare can receive SoonerPlan benefits. 	<ul style="list-style-type: none"> • Established with National Breast and Cervical Cancer Prevention and Treatment Act of 2000. • Partnership with OSDH, OHCA, the Cherokee Nation, the Kaw Nation of Oklahoma and DHS. 	<ul style="list-style-type: none"> • In SFY 2018, 9,856 people enrolled in STBS.

Insure Oklahoma

Insure Oklahoma (IO) is a unique premium assistance program administered by OHCA which provides insurance for low-income Oklahomans who, due to income limitations, might otherwise not have access to the services they need to get and stay healthy. Insure Oklahoma was formerly called OEPIC. **In SFY 2018, IO helped more than 32,000 Oklahomans bridge the gap in health care coverage.**

IO offers two different plans – Employer-Sponsored Insurance (ESI) and the Individual Plan (IP). ESI offers premium assistance to help Oklahoma small businesses cover their qualified staff. **In SFY 2018, there were 4,907 businesses enrolled in IO-ESI, covering 22,156 employees.** The IP helped cover an additional 10,162 Oklahomans who were not qualified for ESI, temporarily unemployed, working disabled or had qualifying income. Please visit insureoklahoma.org for more information about the program.

Who is covered?

Oklahomans making between 0 to 200 percent of the federal poverty level, who work at an eligible business enrolled in IO-ESI, or Oklahomans making between 48 percent and 100 percent of the federal poverty level who are unemployed, working disabled or had qualifying income.

How is IO funded?

IO is funded through tobacco taxes.

How was IO started?

After Gov. Brad Henry signed into law the authorizing legislation, OHCA submitted and received approval from CMS an 1115(a) demonstration waiver in September 2005. In fall 2018, OHCA recently received a five-year approval for IO.

KEY EVENTS & MILESTONES

Insure OK-ESI – for businesses with 25 or fewer employees/185% FPL	Nov. 2005
Insure OK-ESI increased to businesses with up to 50 employees	Nov. 2006
IO-IP begins	March 2007
IO-ESI FPL increase to 200%	Nov. 2007
IO expands to all 77 counties	May 2008
IO expands to larger businesses (up to 99 employees)	March 2009
IO-ESI adds dependent coverage-185% to 200%	Aug. 2010
IO-IP adds dependent coverage-185% to 200%	Sept. 2010
U.S. Supreme Court upholds ACA mandate; rules Medicaid expansion as optional for states	July 2012
IO extended 1 year	Sept. 2013
Membership dropped to its lowest level since 2009 (25,734)	Dec. 2013
IP income reduced to 100% FPL. This was due to new regulations, based on provisions of the ACA.	Jan. 2014
IO had 18,776 members. Participating small businesses dropped from 4,483 in December 2013, to 3,966, potentially due to year-to-year reauthorization of IO waiver	May 2014
Increased employer size limit to 250	Sept. 2015
Changed eligibility methodology; IO began evaluation application using the modified adjusted gross income (MAGI) to align with federal standards	Jan. 2016
IO monthly enrollment stands at 19,485 (14,100 – ESI and 5,385 – IP) ; Total lives covered in SFY18 = 32,186	June 2018
IO renewed through Dec. 31, 2023	Aug. 2018

Provider network

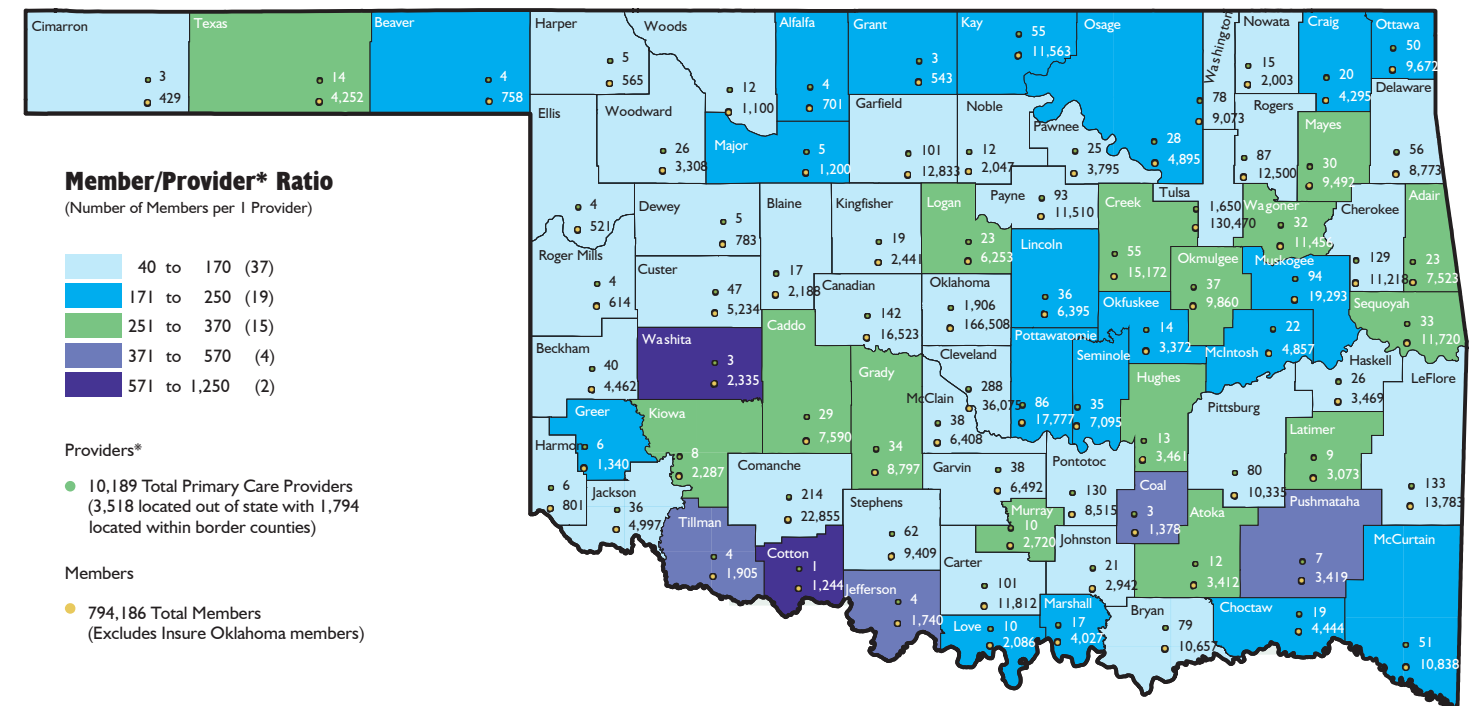
OHCA contracts directly with doctors and other health care professionals to create a provider network our members can use. Our providers are also very active in helping to guide the work and policy-making of the agency.

SoonerCare and Insure Oklahoma benefit plans are required to provide all covered services deemed medically necessary for our members. SFY 2018 saw 52,087 providers enrolled in our network.*

Provider advisory groups offer valuable insight and input into issues that affect their work and the members they serve. Such advisory bodies include the OHCA Medical Advisory Committee (MAC), Drug Utilization Review (DUR) and Dental Focus Group (DFG). The input and feedback the agency receives from these advisory groups shapes the agency and helps ensure our success.

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

SOONERCARE MEMBER TO PROVIDER* RATIO, JUNE 2018



Primary care providers (PCPs) consist of all providers contracted as an Certified Registered Nurse Practitioner, Family Practitioner, General Pediatrician, General Practitioner, Internist, General Internist, and Physician Assistant. They are not necessarily a Choice/Medical Home Provider. Count is based on Provider Network which is defined on previous page. Data is valid as July 11, 2018. 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. PCPs consist of all providers contracted as a certified registered nurse practitioner, family practitioner, general pediatrician, general practitioner, internist, general internist, and physician assistant. They are not necessarily a Choice/medical home provider. *This does not necessarily indicate participation or that a provider has rendered services.

Our history

From the beginning, our agency has been dedicated to cost control and efficient management as a public payor of insurance. As this timeline of OHCA's history demonstrates, our agency has undergone a number of changes since its creation with one constant over 25 years: **our dedication to responsible financial stewardship and access to quality health care.**

Our enrollment numbers and coverage have increased throughout the years, but the enrollment numbers stated here include unduplicated enrollment and not actual utilization of services.

OHCA Created

HB 1573, the Oklahoma Health Care Authority Act, established the OHCA with the mandate to purchase Medicaid benefits and more; SB 76, the Oklahoma Medicaid Health Care Options Act, mandated the conversion of the Medicaid program to a managed care from a fee-for-service program.

SoonerCare Plus Implemented

OHCA SoonerCare Plus contracted with managed care organization/HMOs to provide all medically-necessary services to recipients residing in Oklahoma City, Tulsa, Lawton and the counties immediately surrounding these urban areas. This program ended in 2003.



CMS approved Oklahoma's III5(a) waiver for SoonerCare Choice

SCHIP Expansion

Medicaid expanded to children up to 185 percent FPL, in accordance with SCHIP and SB 639. Eligibility was granted for pregnant women and capped at age 14.



Children aged 15-17 phased into Medicaid

ABD population transitioned to managed care

The initial postponement of the transition to MCO for ABD population from 1997 to 1999. By SB 76.

1993

PCMH Began

PCMH primary delivery system began, incorporating a managed care component with traditional fee-for-service and incentive payments for all SoonerCare Choice members.

1995

enrollment: 468,750



Soon-To-Be-Sooners created

1996

enrollment: 437,969

Programs Added

- Oklahoma Cares coverage
- SoonerPlan
- Tax Equity and Fiscal Responsibility Act (TEFRA)
- Physician fee increased to 100 percent of Medicare

1997

enrollment: 468,750



SoonerCare Choice went statewide

1998

enrollment: 451,210

Coverage expanded to include children up to 18 years old

1999

enrollment: 490,282



Quality of Care legislation; fees and provider rates impacted

2009

enrollment: 825,138

Budget Cuts

OHCA Board voted to cut a total of \$69.6 million (\$17 million state funds) from SFY 2010 budget to meet state-mandated 5 percent funding reduction. OHCA also launched CMS grant Sooner Enroll for eligible but uninsured Oklahoma children.

2008

enrollment: 797,556

Further Cuts

State appropriation reduced another \$5 million. To accommodate, the OHCA Board approved provider rate reductions of 3.25 percent, effective April 1.

2005

enrollment: 696,743

Eligibility Changes

Eligibility scaled back for SoonerPlan, pregnant women and CHIP. Budget cuts, including a 7.75 percent reduction with a few services exempt. Provider rates dropped from 96.75 percent to 89.25 percent.

2004

enrollment: 670,797

3 Percent Budget Cuts

Budget cuts 3 percent across the board, dropping the physician provider rate to 86.57 percent of the Medicare fee schedule. More than \$400 million state and federal dollars having been cut from the program since SFY 2014.

2001

enrollment: 603,537

Extraordinary Sessions

OHCA weathered budget constraints during two special sessions of the state legislature.

2000

enrollment: 545,111

Provider Rate Increases

OHCA implemented across the board provider rate increases in partnership with the legislature after SB 1605 passes.

2009

enrollment: 825,138

2010

enrollment: 885,238

2014

enrollment: 1,033,114

2016

enrollment: 1,052,826

2017

enrollment: 1,014,983

2018

enrollment: 1,020,726

What we cover

Federal law requires SoonerCare to cover certain core services. These mandatory benefits are monitored by the Centers for Medicare & Medicaid Services (CMS). In addition, SoonerCare offers several critical but optional benefits that enrich the lives of our members and improve health outcomes while being fiscally sound.

MANDATORY

- Inpatient hospital services
- Outpatient hospital 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
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services

OPTIONAL

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

Pharmacy

OHCA STARTS INNOVATIVE VALUE-BASED CONTRACTS FOR PHARMACY BENEFITS

In June 2018, the agency received a first-of-its-kind approval from CMS to enter into value-based or outcomes-based agreements with pharmaceutical manufacturers. As a supplemental rebate, the goals of the program are to learn if these type of agreements will work for a Medicaid fee-for-service population, what kind of value proposition or outcomes we are able to track, and how to structure the contracts.

While the State Plan Amendment enabling these contracts and the contract template were just approved in June, the work to recruit manufacturers started at least one year earlier. The pharmacy department, along with our partners at Pharmacy Management Consultants reached out to dozens of companies, meeting with more than 25 of them in more than 12 months. From those contacts, we have four companies ready to sign agreements.

All of the contracts are structured differently for a better learning opportunity. For example, one focuses on adherence to the medication as measured from claims data, another tracks hospitalizations and yet a third tracks total cost for an episode of care. Tracking the data is a very important consideration for this type of arrangement, which is significantly different from the other types of rebate contracts we process. In the normal supplemental rebate, the manufacturer owes a rebate for every unit (pill) of that drug that is dispensed.

Both the pharmaceutical companies and the state of Oklahoma benefit from these contracts. Generally, there are fairly tight prior authorization criteria for the drugs, so the agency agrees to ease up on the criteria to allow more of the product to be used. In some cases, the prior authorization is removed completely. So the companies get better access for their products, a bigger market share and also increase the goodwill between the company and the state.

The pharmacy department and Pharmacy Management Consultants hope to have a report available in the third or fourth quarter of Calendar Year (CY) 2019.

by Nancy Nesser, Senior Director of Pharmacy Services

DRUG REBATE PROGRAM SAVES STATE MILLIONS

OHCA administers five drug rebate programs. The largest program is the Federal Medicaid Drug Rebate Program. Under the Federal program, OHCA receives a rebate for every unit of drug that we reimburse. In exchange for the rebate, OHCA agrees to cover all products which are FDA approved and that participate in the program by signing a rebate with CMS. OHCA invoices the manufacturers quarterly.

The second and third programs are state supplemental rebates. For these rebates, we joined the Sovereign States Drug Consortium (SSDC) to maximize our rebate opportunities. For the second program, we get rebates on brand name drugs in exchange for preferred positioning in the pharmacy benefit. This comes as either removal or reduction of a prior authorization or other restriction. The third rebate is collected on preferred diabetic testing supplies which are available through the pharmacy benefit.

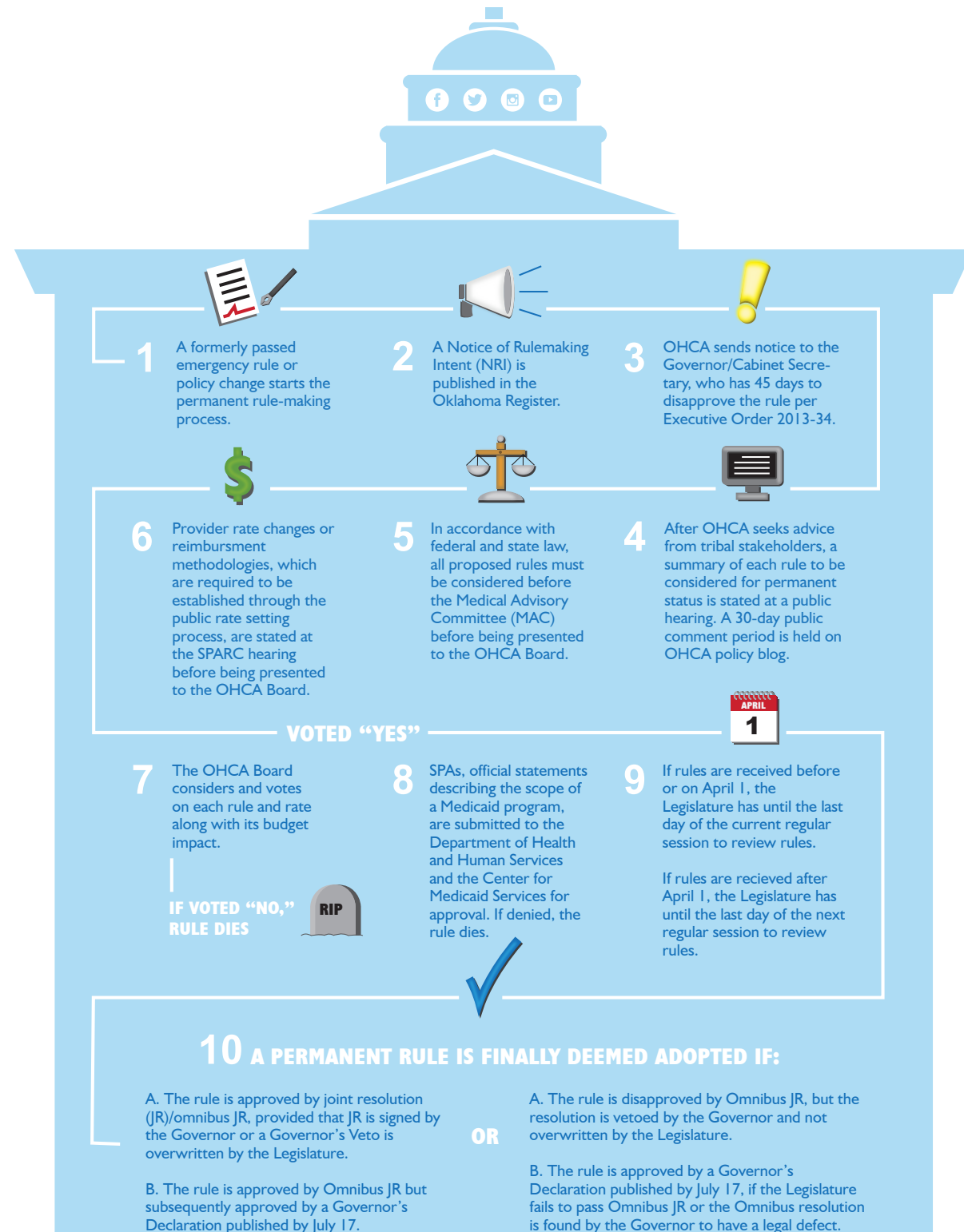
The fourth and fifth rebate programs are efforts where OHCA is pioneering the way for the country. The fourth program is the 340B or PHS pricing rebate program. Under the 340B program, certain facilities qualify to purchase drugs at the Medicaid discount. Because those drugs have such a large discount up front, we cannot submit the utilization to the manufacturers so we take back the rebate amount from the facilities. This shared savings approach was worked out with the facilities in advance of the first invoices.

The fifth rebate program is value-based supplemental rebates. Contracts are just beginning to be signed for this program, and we are hopeful to show positive results in another year or two.

by Nancy Nesser, Senior Director of Pharmacy Services

Policy process

The Oklahoma Health Care Authority (OHCA) follows very specific procedures when implementing new policies. OHCA is transparent in our process and invites public input to ensure informed decision making. The flowchart below outlines the paths that a proposed policy change may take from beginning to end, including opportunities for providing feedback. This chart provides only a summary of the process and should not be relied on as a legal document. The agency invites the public to review proposed policy changes on our blog and offer input during the appropriate public comment period. Any approved comments on a proposed policy change will be available for public view on the policy blog.



Legislative update

Just six weeks into SFY 2018, OHCA's state funding for the year was reduced by \$70 million. A \$1.50 cigarette fee, intended to fund state health agencies, was overturned by the Oklahoma Supreme Court. The agency, already lean from years of federal funding reductions, faced the grim task of preparing drastic program and rate reduction scenarios in case the funding wasn't replaced. But, after lawmakers worked tirelessly through two special sessions to find solutions for the health agencies hit hard by the loss, OHCA's SFY 2018 budget outlook brightened.

Together, we overcame the unexpected.

With the help of additional appropriations from the legislature – and OHCA's tight financial management – the agency not only protected Oklahoma's much-needed health care providers from serious losses, but also realized some administrative savings. OHCA directed those savings toward the first provider rate increase since 2009.

In the end, we delivered the extraordinary.

by Cate Jeffries
OHCA Legislative Liaison

KEY 2018 LEGISLATION

- SB 1605** by Sen. Kim David and Rep. Kevin Wallace – Directs OHCA to increase long-term care provider reimbursement rates by three percent and other provider rates by two percent.
Action Taken: OHCA increased long-term care provider rates by four percent and other provider rates by three percent on Oct. 1, 2018. The additional increase was funded with SFY 2018 budget savings.
- SB 2932** by Rep. Glen Mulready and Sen. Adam Pugh – Directs OHCA to seek waiver authority from CMS to modify Medicaid eligibility criteria to include education, skills, training, work or job activities, mirroring work requirements for the Supplemental Nutrition Assistance Program (SNAP).
Actions Taken: OHCA prepared its community engagement and work requirements proposal for CMS in October 2018. Prior to the submission, OHCA staff conducted statewide meetings to gather feedback from members who may be affected and the medical and social services agencies that support them. OHCA staff used this feedback in the proposal.
- SB 1270** (HOPE Act) by Rep. Terry O'Donnell and Sen. James Leewright – Requires OHCA to contract with a private vendor to conduct certain eligibility checks and directs OHCA to publish a report by May 1, 2019, detailing the number of eligibility cases reviewed and closed, and the number of fraud investigation referrals and amount of savings.
Actions Taken: OHCA is proposing administrative rules changes to comply with the act and exploring data sharing opportunities with other state and federal agencies. In addition, the agency plans to release a request for proposal in early 2019 to solicit bids from private vendors for additional data sources to strengthen OHCA's existing eligibility and enrollment system.
- HB 972** by Sen. Frank Simpson and Rep. Pat Ownbey – Requires OHCA to examine the feasibility of a state plan amendment for diabetes self-management training (DSMT) and submit a report on its findings to the legislature by Dec. 1, 2018.
Actions Taken: OHCA produced the requested report and included \$288,114 total dollars in its SFY 2020 budget request for the benefit. If funded, OHCA will draft a state plan amendment.
- HB 1591** by Sen. Kim David and Rep. Kevin Wallace – Provides authority for OHCA to establish a supplemental reimbursement program for certain ground emergency medical transportation services.
Action Taken: OHCA collaborated with the service providers to develop a state plan amendment, which must be submitted no later than Dec. 31, 2018 to keep our proposed Oct. 1, 2018 effective date.



REGIONAL PROFILES

Regions and results

The following pages present a look at OHCA members, providers and efforts broken down into several distinct regions. The Northwest, Southwest, Northeast and Southeast Oklahoma regions represent the quadrants of our state to which OHCA outreach is focused. We also offer a detailed look at both the Tulsa and OKC metropolitan areas as health care access, utilization and cost in these urban areas are affected by different social and physical environmental factors, as well as different health behaviors. These infographics were created to help you find relevant statistics quickly and easily, but also to show how **OHCA's extraordinary mission impacts every corner of our state.**

Data disclaimer: Child is defined as member aged 0-20. Average costs exclude non-member specific payments. Tribal members are self-reported. Population estimate determined by Population Division, U.S. Census Bureau. Estimates rounded to nearest 100. American Fast Fact Finder PEPANNRES table using the advanced search options. Enrollees listed in tables are the unduplicated count per last county on the enrollee record for the entire state fiscal year (July-June).

AVERAGE COST PER PERSON SERVED ANNUALLY



pregnant woman
\$2,951



child
\$2,157

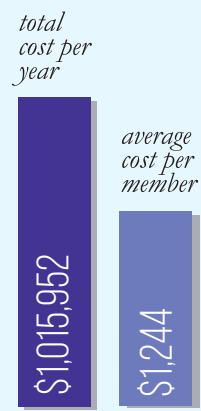


parent-caretaker
\$2,343



aged/blind/disabled
\$12,429

SOON-TO-BE SOONERS



INSURE OKLAHOMA

3,231

total members from one of

519

businesses enrolled

BY THE NUMBERS

total number of members

76,517

total number of providers

2,008

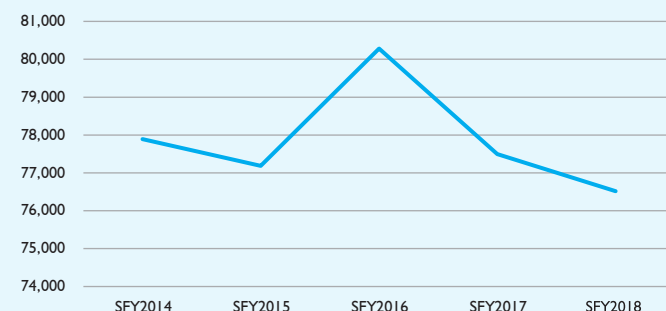
total number of tribal clinics

15

total number of tribal members

5,129

ENROLLMENT



TOP DIAGNOSES



intellectual disabilities



mental disorder



essential hypertension

TOP SERVICES



nursing homes



prescribed drugs



physician services

LONG-TERM INTERMEDIATE CARE

avg. cost per member per year
\$29,528

total number of facilities
55

MEDICAL HOMES

medical home providers
101

17,982
WELL CHILD CHECKUPS

PRESCRIPTION DRUGS

COST TO STATE
\$38,013,946

AVERAGE COST PER MEMBER
\$875

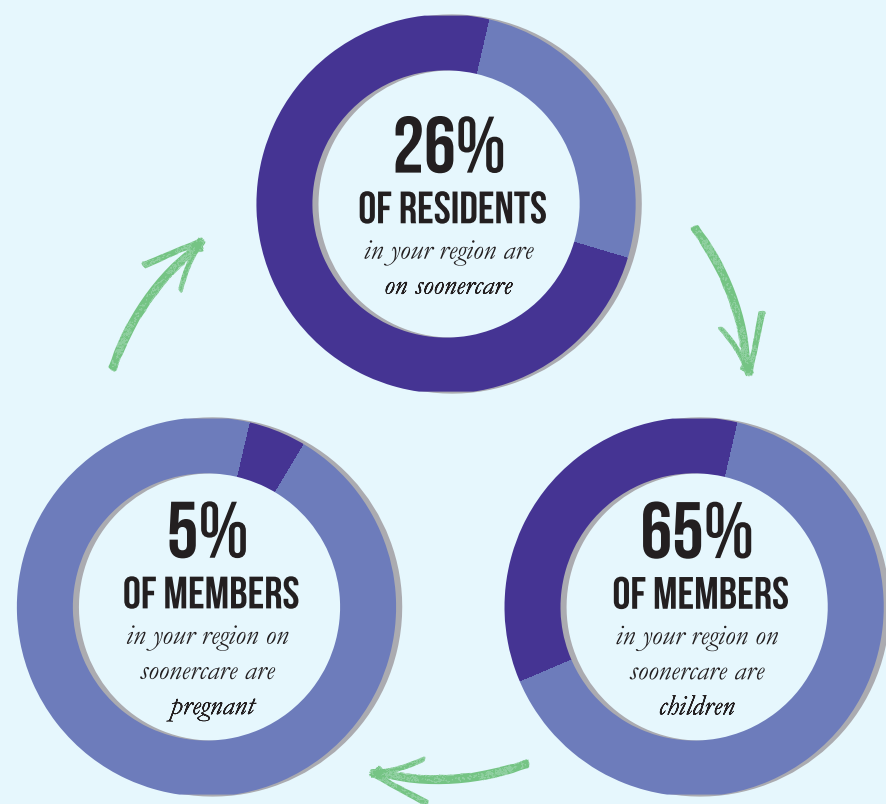
Northwest

Twenty counties make up the northwest region of OHCA's coverage – a region that includes Cimarron, Texas and Beaver counties in the Oklahoma Panhandle. The northwest accounts for OHCA's lowest enrollment across the board (overall enrollment, SoonerCare Choice, children, pregnant women, Insure Oklahoma, etc.); however, the area ranks first in average cost per ABD member. In addition, mental disorders rank in the area's top three diagnoses, which is unique among our coverage regions.

One of the major health care challenges faced in northwest Oklahoma is the large number of culturally unique populations. Enid and Garfield County are home to a significant number of Micronesians who are governed by the Compact of Free Association (COFA) Treaty. The U.S. Bureau of Citizenship and Immigration Services considers COFA citizens as "permanent, non-immigrants." Therefore, COFA citizens are not eligible for Medicaid and other social services. Additionally, they do not have the right to vote.

The panhandle is also home to a large number of immigrants, most of whom are from Mexico and Central America, but there are also immigrants from northern Africa and the Philippines. In fact, there 24 different languages are spoken in the homes of Guymon students, as identified by Guymon Public Schools.

However, despite these obstacles, the 2018 County Health Rankings Report also shows the northwest performing well for health factors, which include health behaviors (tobacco/drug/alcohol use, diet, exercise and sexual activity), clinical care, social and economic factors and the physical environment (water/air quality, housing and transit).



COUNTY	POPULATION EST. (JULY 2017)	UNDUPLICATED MEMBERS	% ENROLLED IN SOONERCARE	EXPENDITURES (BY MEMBER)	ANNUAL PER CAPITA	MONTHLY AVG. PER MEMBER
ALFALFA	5,907	931	16%	\$3,433,016	\$581	\$307
BEAVER	5,315	1,013	19%	\$2,506,738	\$472	\$206
BECKHAM	21,793	6,005	28%	\$23,866,524	\$1,095	\$331
BLAINE	9,498	2,864	30%	\$9,443,888	\$994	\$275
CIMARRON	2,154	566	26%	\$694,817	\$323	\$102
CUSTER	28,800	7,049	24%	\$24,285,665	\$843	\$287
DEWEY	4,878	1,022	21%	\$3,572,798	\$732	\$291
ELLIS	3,966	763	19%	\$2,652,109	\$669	\$290
GARFIELD	61,581	16,712	27%	\$86,901,962	\$1,411	\$433
GRANT	4,395	731	17%	\$2,256,786	\$513	\$257
HARPER	3,808	731	19%	\$1,880,077	\$494	\$214
KAY	44,544	15,064	34%	\$58,304,325	\$1,309	\$323
KINGFISHER	15,669	3,245	21%	\$10,341,015	\$660	\$266
MAJOR	7,693	1,611	21%	\$5,106,699	\$664	\$264
NOBLE	11,277	2,695	24%	\$14,823,104	\$1,314	\$458
ROGER MILLS	3,716	840	23%	\$2,211,326	\$595	\$219
TEXAS	20,900	5,615	27%	\$9,680,691	\$463	\$144
WASHITA	11,134	3,053	27%	\$11,139,732	\$1,001	\$304
WOODS	9,031	1,533	17%	\$6,611,859	\$732	\$359
WOODWARD	20,459	4,474	22%	\$16,191,820	\$791	\$302
NW Region Total	296,518	76,517	26%	\$295,904,952	\$998	\$322

COUNTY	EXPENDITURES (BY PROVIDER)	EXPENDITURES (BY MEMBER)	% OF DOLLARS STAYING IN COUNTY
ALFALFA	\$1,927,363	\$3,433,016	56%
BEAVER	\$1,475,647	\$2,506,738	59%
BECKHAM	\$17,334,631	\$23,866,524	73%
BLAINE	\$7,207,782	\$9,443,888	76%
CIMARRON	\$231,149	\$694,817	33%
CUSTER	\$24,390,784	\$24,285,665	100%
DEWEY	\$2,150,543	\$3,572,798	60%
ELLIS	\$1,791,392	\$2,652,109	68%
GARFIELD	\$60,506,216	\$86,901,962	70%
GRANT	\$3,556,826	\$2,256,786	158%
HARPER	\$1,460,128	\$1,880,077	78%
KAY	\$46,396,774	\$58,304,325	80%
KINGFISHER	\$8,111,010	\$10,341,015	78%
MAJOR	\$2,516,904	\$5,106,699	49%
NOBLE	\$9,404,938	\$14,823,104	63%
ROGER MILLS	\$341,742	\$2,211,326	15%
TEXAS	\$5,918,095	\$9,680,691	61%
WASHITA	\$5,167,964	\$11,139,732	46%
WOODS	\$3,588,329	\$6,611,859	54%
WOODWARD	\$10,445,885	\$16,191,820	65%
NW Region Total	\$213,924,104	\$295,904,952	72%



Theresa's story



"I was first introduced to SoonerCare years ago, when I was pregnant with my first son in 1988," Theresa Sharp said. "It provided all of my medical care, and his also, which was a blessing because I was 18 and he was stillborn. So, having our medical covered was very good at that time." SoonerCare covered Theresa's subsequent pregnancies – a daughter in 1991 and another son in 1999. Her youngest son was born with several health challenges that required not only medical services but therapy as well, primarily for speech.

"SoonerCare stepped in and covered the cost of speech therapy several times a week and even paid for his communication device," Theresa said. "With this all combined, they gave my son his voice."

Theresa's family has and continues to receive SoonerCare benefits as a supplement to their primary medical insurance. When family finances improved, they became ineligible for SoonerCare for a time. However, they have since regained access for her son, who is now 19 and has disabilities.

"When my son was little, life would have been a lot more challenging than it was had we not been able to provide him the speech service, his devices and the health care [he] needed to thrive," Theresa said. "Now, as an adult, he has used [SoonerCare] for some dental and also medical care that is not covered on our insurance. Since he is on the disability side, this will probably be his primary source of care."

Theresa says that she wishes more people understood the value of the SoonerCare program.

"I think people need to understand that SoonerCare provides important services for all walks of life," she said. "It provides nutritional supplements, it provides safety items, such as helmets; it assures routine care is covered that helps to eliminate more severe illnesses. I just would like people to see beyond the stigma that surrounds it – that everyone is jobless and just using the system – and see that it gives life and hope to our families. My family and I are forever grateful for it."

AVERAGE COST PER PERSON SERVED ANNUALLY



pregnant woman
\$3,360



child
\$2,282

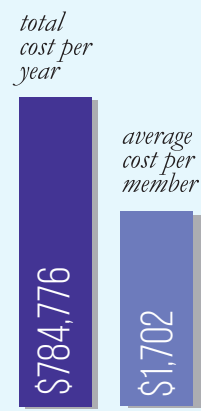


parent-caretaker
\$2,493



aged/ blind/ disabled
\$9,888

SOON-TO-BE SOONERS



INSURE OKLAHOMA

3,366

total members from one of

373

businesses enrolled

BY THE NUMBERS

total number of members

101,752

total number of providers

2,432

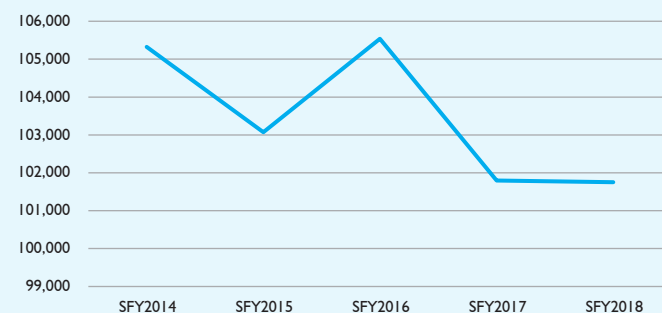
total number of tribal clinics

35

total number of tribal members

13,053

ENROLLMENT



TOP DIAGNOSES



intellectual disabilities



essential hypertension



mild intellectual disabilities

TOP SERVICES



nursing homes



prescribed drugs



inpatient services

Southwest

Ten counties make up the southwest region of Oklahoma: Caddo, Kiowa, Comanche, Stephens, Jefferson, Cotton, Tillman, Jackson, Harmon and Greer. Major industries in this area are oil and gas, as well as wind farms. Cattle production is also key. The region is home to both Cameron University and Southwestern Oklahoma State University and includes OHCA's third-largest number of I/T/U providers. The southwest region has the lowest number of long-term care facilities in the state, as well as the lowest number of businesses participating in Insure Oklahoma.

Several issues affect health outcomes in this region, including high rates of poverty and access to care. Some areas in the region may have too few health care providers or they are simply too far away for many people to visit. The latter problem is further affected by a lack of transportation services in the area.

However, internet access is stable and widespread in this region of the state. Whereas many rural areas of the state are unable to receive health information and services electronically, most areas in southwest Oklahoma do not experience problems with connectivity. This creates a viable avenue for member outreach and even telehealth opportunities.

OHCA works collaboratively to tackle the health care concerns in the southwest part of our state. Local partners help to inform and educate the community about preventive services and OHCA coverage. In turn, OHCA has assisted these partners with grants, creating resource guides and other projects to improve health outcomes in the region.

LONG-TERM INTERMEDIATE CARE

avg. cost per member per year
\$26,412

total number of facilities
42

MEDICAL HOMES

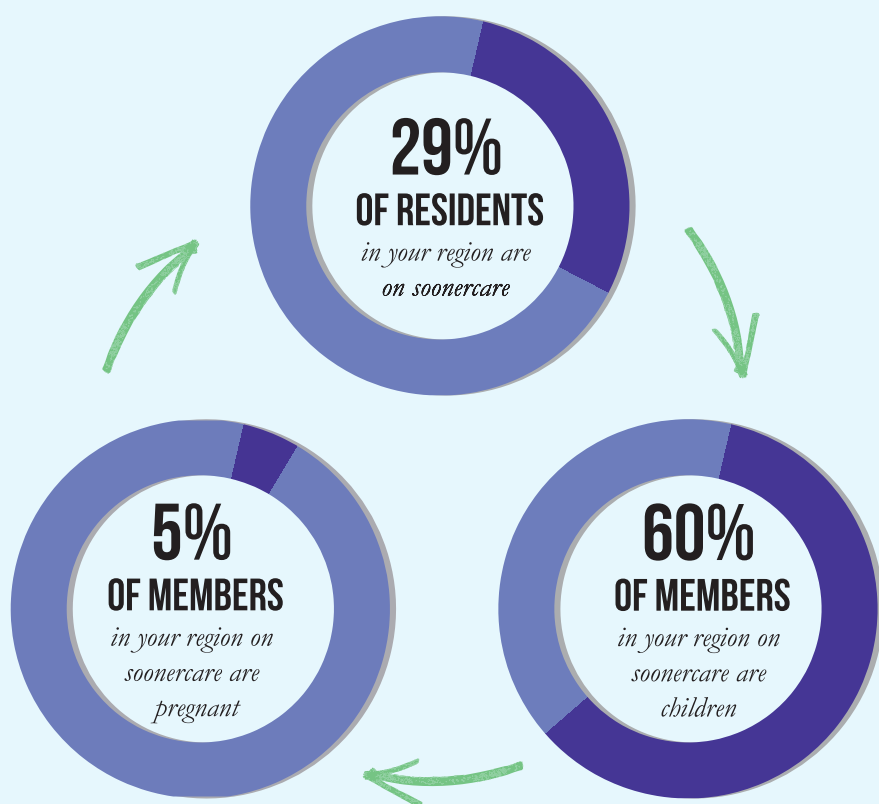
medical home providers
122

21,003
WELL CHILD CHECKUPS

PRESCRIPTION DRUGS

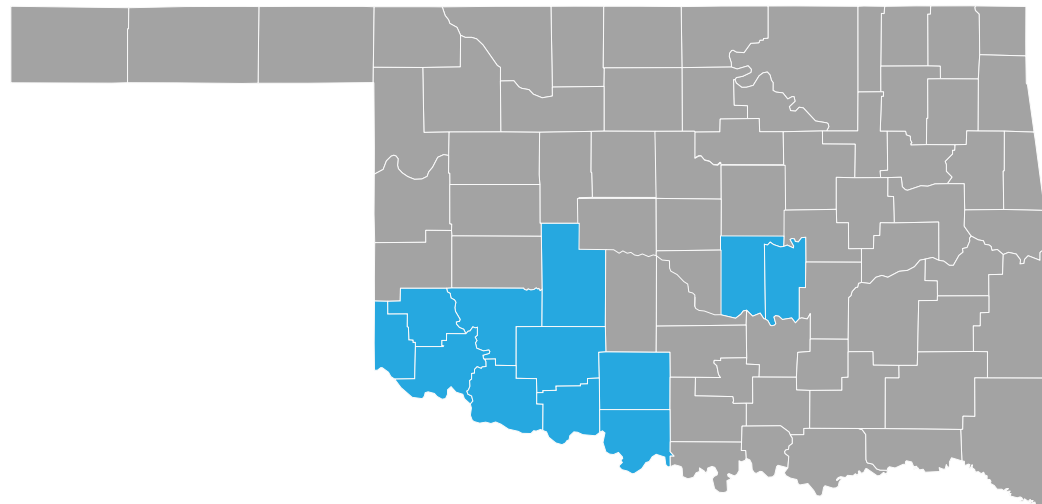
COST TO STATE
\$62,344,811

AVERAGE COST PER MEMBER
\$1,072



COUNTY	POPULATION EST. (JULY 2017)	UNDUPLICATED MEMBERS	% POPULATION ENROLLED IN SOONERCARE	EXPENDITURES (BY MEMBER)	ANNUAL PER CAPITA	MONTHLY AVG. PER MEMBER
CADDO	29,173	9,896	34%	\$39,055,094	\$1,339	\$329
COMANCHE	121,526	29,743	24%	\$99,303,881	\$817	\$278
COTTON	5,823	1,603	28%	\$5,353,356	\$919	\$278
GREER	5,843	1,746	30%	\$7,295,608	\$1,249	\$348
HARMON	2,689	987	37%	\$5,354,960	\$1,991	\$452
JACKSON	25,125	6,484	26%	\$21,582,418	\$859	\$277
JEFFERSON	6,183	2,248	36%	\$6,704,437	\$1,084	\$249
KIOWA	8,893	2,896	33%	\$13,982,155	\$1,572	\$402
POTTAWATOMIE	72,226	22,310	31%	\$95,702,224	\$1,325	\$357
SEMINOLE	24,878	8,934	36%	\$43,400,317	\$1,745	\$405
STEPHENS	43,332	12,507	29%	\$48,185,634	\$1,112	\$321
TILLMAN	7,433	2,398	32%	\$7,715,874	\$1,038	\$268
SW Region Total	353,124	101,752	29%	\$393,635,958	\$1,115	\$322

COUNTY	EXPENDITURES (BY PROVIDER)	EXPENDITURES (BY MEMBER)	% OF DOLLARS STAYING IN COUNTY
CADDO	\$20,244,822	\$39,055,094	52%
COMANCHE	\$92,492,852	\$99,303,881	93%
COTTON	\$1,524,852	\$5,353,356	28%
GREER	\$3,686,504	\$7,295,608	51%
HARMON	\$2,793,931	\$5,354,960	52%
JACKSON	\$17,536,106	\$21,582,418	81%
JEFFERSON	\$2,687,283	\$6,704,437	40%
KIOWA	\$9,869,317	\$13,982,155	71%
POTTAWATOMIE	\$63,490,145	\$95,702,224	66%
SEMINOLE	\$23,329,381	\$43,400,317	54%
STEPHENS	\$38,115,996	\$48,185,634	79%
TILLMAN	\$1,979,733	\$7,715,874	26%
SW Region Total	\$277,750,923	\$393,635,958	71%



Staci's story



Staci Hinshaw's SoonerCare story began in 2015, when she became the foster parent to an 8-year-old boy with special needs. Carlos was diagnosed with petit seizures and needed intensive counseling.

Later, Staci adopted Carlos and finds SoonerCare to be indispensable in helping her to care for him. In fact, she credits SoonerCare with making her new family possible.

"I am a single parent with limited resources," Staci said. "Adding him to my personal insurance is not affordable. Without SoonerCare providing for his medical care I could not have adopted my son."

SoonerCare enables Carlos to receive weekly counseling, medical care and prescription medication. This includes a name brand seizure medication that greatly affects his quality of life.

"Since diagnosis of seizures, Carlos has been on numerous seizure medications in order to find just the right combination that works for him," Staci said. "SoonerCare has accepted all his medication recommendations without any delay in his medical care."

Staci is thankful for the services provided by SoonerCare and says the program has been a "lifesaver" to her family.

"SoonerCare has helped provide quality of everyday living for Carlos," she said. "It is a great help to me knowing that his medical needs are taken care of through this program."

AVERAGE COST PER PERSON SERVED ANNUALLY



pregnant woman
\$3,814



child
\$2,755

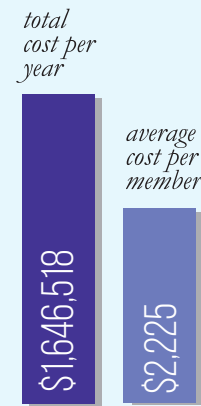


parent-caretaker
\$2,768



aged/blind/disabled
\$10,318

SOON-TO-BE SOONERS



INSURE OKLAHOMA

4,651

total members from one of

620

businesses enrolled

BY THE NUMBERS

total number of members

139,075

total number of providers

3,739

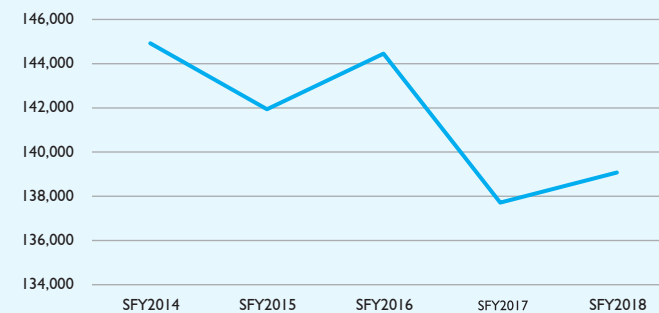
total number of tribal clinics

67

total number of tribal members

30,199

ENROLLMENT



TOP DIAGNOSES



intellectual disabilities



essential hypertension



pulmonary disease

TOP SERVICES



prescribed drugs



nursing homes



inpatient services

LONG-TERM INTERMEDIATE CARE

avg. cost per member per year
\$23,390

total number of facilities
65

MEDICAL HOMES

medical home providers
126

31,950
WELL CHILD CHECKUPS

PRESCRIPTION DRUGS

COST TO STATE
\$98,586,349

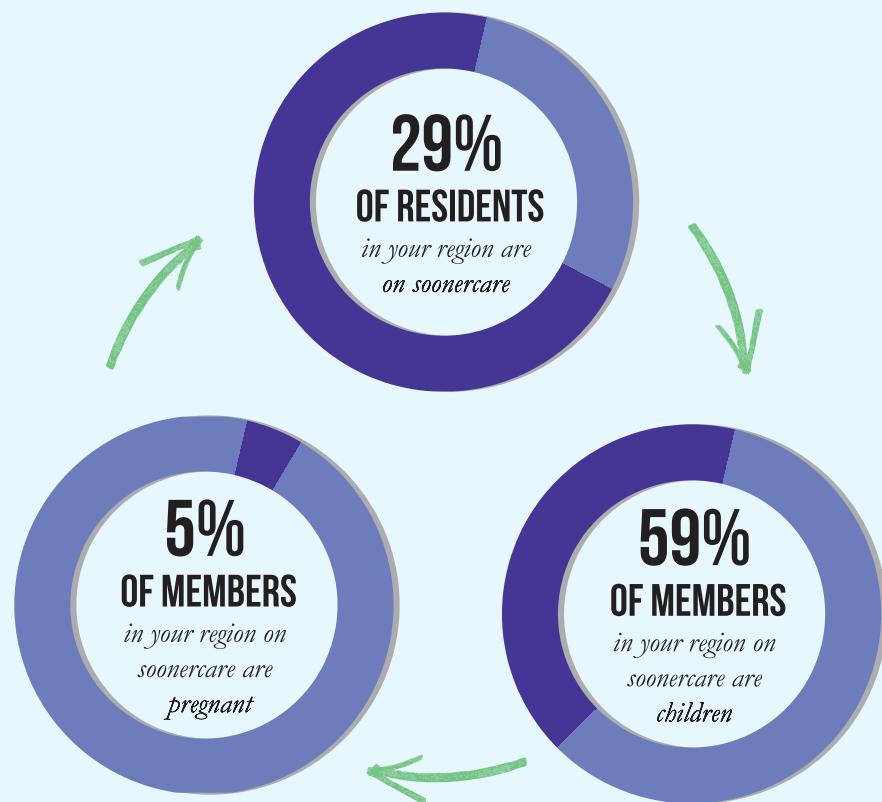
AVERAGE COST PER MEMBER
\$1,215

Northeast

The northeast region of OHCA's coverage area includes 19 counties. However, for the purpose of this report, we will address the Tulsa Metropolitan area separately in another section. The remaining counties that make up our northeast region are Adair, Cherokee, Craig, Delaware, McIntosh, Mayes, Muskogee, Nowata, Ottawa, Payne, Sequoyah and Washington. This includes the cities of Checotah, Eufuala, Fort Gibson, Gore, Grove, Hominy, Miami, Muskogee, Pryor, Sallisaw, Tahlequah, Vian and Vinita. The area, nicknamed "Green Country," is known for its many lakes, rivers, hills and prairies. It is the third most populous region in the state.

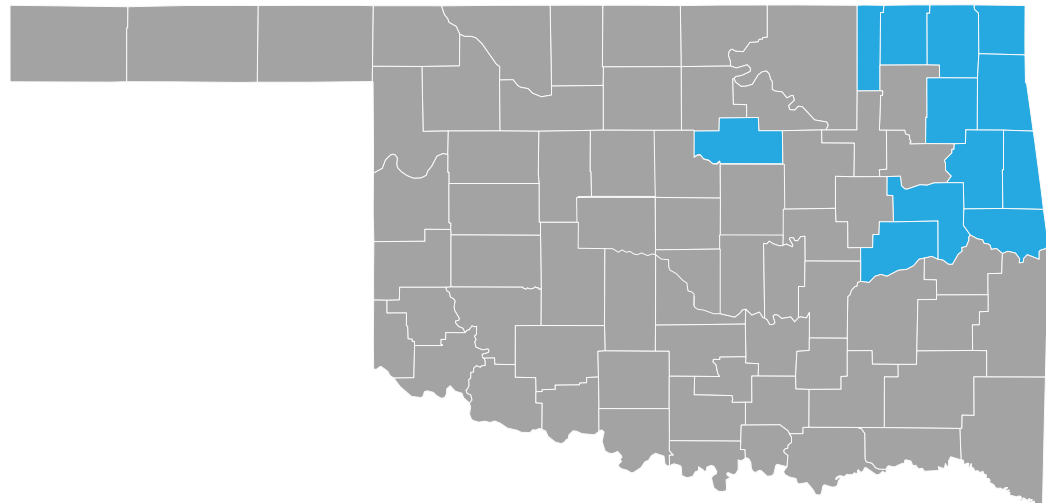
Northeast Oklahoma is home to OHCA's largest membership of Native American citizens (30,199). The region also boasts the largest number of I/T/U providers. In addition, three of Oklahoma's primary Federally Qualified Health Centers (FQHCs) are found here, with 19 additional satellite locations. FQHCs provide comprehensive primary care in medically underserved areas, must meet strict federal requirements and offer services on a sliding scale based on ability to pay. This makes them an important safety net in rural areas like northeast Oklahoma.

This is especially important in the northeast's current health care environment. In the last few years, several area hospitals have closed or filed for bankruptcy. Not only does this create an access to care issue but an economic one as well, as rural hospitals often provide some of the highest-paying jobs in their communities.

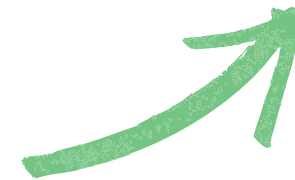


COUNTY	POPULATION EST. (JULY 2017)	UNDUPLICATED MEMBERS	% POPULATION ENROLLED IN SOONERCARE	EXPENDITURES (BY MEMBER)	ANNUAL PER CAPITA	MONTHLY AVG. PER MEMBER
ADAIR	21,909	9,471	43%	\$38,079,167	\$1,738	\$335
CHEROKEE	48,888	14,029	29%	\$82,619,007	\$1,690	\$491
CRAIG	14,327	5,348	37%	\$34,251,348	\$2,391	\$534
DELAWARE	42,602	11,268	26%	\$45,880,836	\$1,077	\$339
MAYES	40,921	12,207	30%	\$57,541,665	\$1,406	\$393
MCINTOSH	19,742	6,203	31%	\$27,036,955	\$1,370	\$363
MUSKOGEE	69,086	24,027	35%	\$118,049,577	\$1,709	\$409
NOWATA	10,306	2,644	26%	\$10,395,300	\$1,009	\$328
OTTAWA	31,312	12,386	40%	\$52,132,514	\$1,665	\$351
PAYNE	81,575	15,109	19%	\$60,085,586	\$737	\$331
SEQUOYAH	41,252	14,764	36%	\$57,239,379	\$1,388	\$323
WASHINGTON	51,932	11,619	22%	\$50,046,737	\$964	\$359
NE Region Total	473,852	139,075	29%	\$633,358,070	\$1,337	\$380

COUNTY	EXPENDITURES (BY PROVIDER)	EXPENDITURES (BY MEMBER)	% OF DOLLARS STAYING IN COUNTY
ADAIR	\$15,104,011	\$38,079,167	40%
CHEROKEE	\$73,918,665	\$82,619,007	89%
CRAIG	\$24,685,777	\$34,251,348	72%
DELAWARE	\$31,946,617	\$45,880,836	70%
MAYES	\$22,681,932	\$57,541,665	39%
MCINTOSH	\$25,759,835	\$27,036,955	95%
MUSKOGEE	\$97,167,789	\$118,049,577	82%
NOWATA	\$6,861,020	\$10,395,300	66%
OTTAWA	\$41,655,347	\$52,132,514	80%
PAYNE	\$41,308,958	\$60,085,586	69%
SEQUOYAH	\$40,095,573	\$57,239,379	70%
WASHINGTON	\$36,007,378	\$50,046,737	72%
NE Region Total	\$457,192,901	\$633,358,070	72%



Keri's story



A friend of a friend introduced Keri Hale to the benefits of SoonerCare. The two women had similar family circumstances, as they were both mothers of children with special needs. Through SoonerCare, children with disabilities can access medical assistance via the TEFRA program.

“At that time I had no idea about all of the medical needs my child would have,” Keri said. “My child was behind on meeting milestones his first year of life, and we were seeking medical attention to look into what we could do to make improvements.”

Keri obtained TEFRA when her son, Henry, was 1 ½ years old. Subsequently, Henry was diagnosed with cerebral palsy (CP) at age 2. CP affects one’s ability to control movement, balance and posture. It also affects muscle tone. CP is caused by abnormal brain development or damage to the part of the brain that controls motor functions.

SoonerCare covers physical, occupational and speech therapy for Henry, which are the majority of his appointments. In May 2018, Henry had spine surgery, and his therapy needs increased to several times a week. While Keri’s family does have some out-of-pocket costs associated with his care, she says SoonerCare enables them to afford the services and equipment that allow Henry to improve.

“I don’t think we would be able to afford or have the great therapy services available to us without SoonerCare,” Keri said. “By having TEFRA, we can afford to rehab my child and help him continue to get stronger daily!”

Although Henry currently uses a walker and a wheel chair for mobility, he is a happy, active 5-year-old. Keri is grateful to SoonerCare and his provider network for the gains he’s made and the progress yet to come.

“Our therapy team has become a part of our family, and we depend on them greatly to help us make the best decisions for Henry and his future!”

AVERAGE COST PER PERSON SERVED ANNUALLY



pregnant woman
\$4,035



child
\$2,588

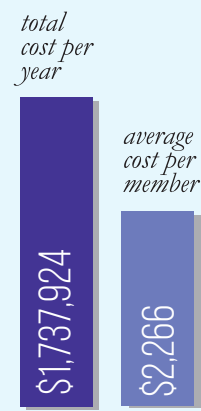


parent-caretaker
\$2,673



aged/blind/disabled
\$10,310

SOON-TO-BE SOONERS



INSURE OKLAHOMA

4,250

total members from one of

563

businesses enrolled

BY THE NUMBERS

total number of members

140,886

total number of providers

4,091

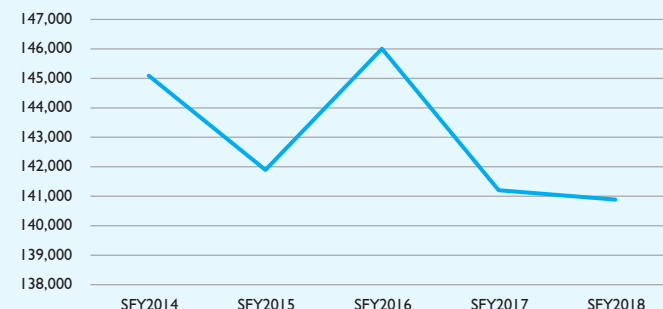
total number of tribal clinics

61

total number of tribal members

20,413

ENROLLMENT



TOP DIAGNOSES



intellectual disabilities



essential hypertension



pulmonary disease

TOP SERVICES



prescribed drugs



nursing homes



inpatient services

Southeast

Nineteen counties make up the southeast region of Oklahoma: Atoka, Bryan, Carter, Choctaw, Coal, Garvin, Haskell, Hughes, Johnson, Latimer, Leflore, Love, Marshall, McCurtain, McIntosh, Murray, Pittsburg, Pontotoc and Pushmataha. Major cities within the region include Ada, Ardmore, Durant, McAlester and Poteau. Tribal and federal governments are the leading employers in the region.

Health disparities in southeast Oklahoma include poverty, chronic disease, obesity, mental health, substance abuse, suicide, access to healthy foods, access to health care and childhood safety/security. Local area coalitions in each county are committed to tackling these issues through projects like farmers markets, creating opportunities for physical exercise, development and strengthening of resource directories, training on mental health and suicide issues, providing access to free dental for the uninsured, drug take-back events and education on opioid addiction.

Additional barriers creating challenges in southeast Oklahoma include transportation and poor internet access/connectivity. SoonerCare members living in Pushmataha County have limited access to dependable internet access. Our partnership with Antlers Public Library was created to offer easier access to mysoonerCare.com and okhca.org by adding the icons to startup screens on all library public computers.

OHCA is actively engaged at a community level and has collaborated with community agencies on projects addressing health-related issues such as infant mortality, two-generational approach to poverty, access to and promotion of child developmental screenings, education on opioid prescribing and community health improvement plans that address prominent health disparities.

LONG-TERM INTERMEDIATE CARE

avg. cost per member per year
\$26,944

total number of facilities
104

MEDICAL HOMES

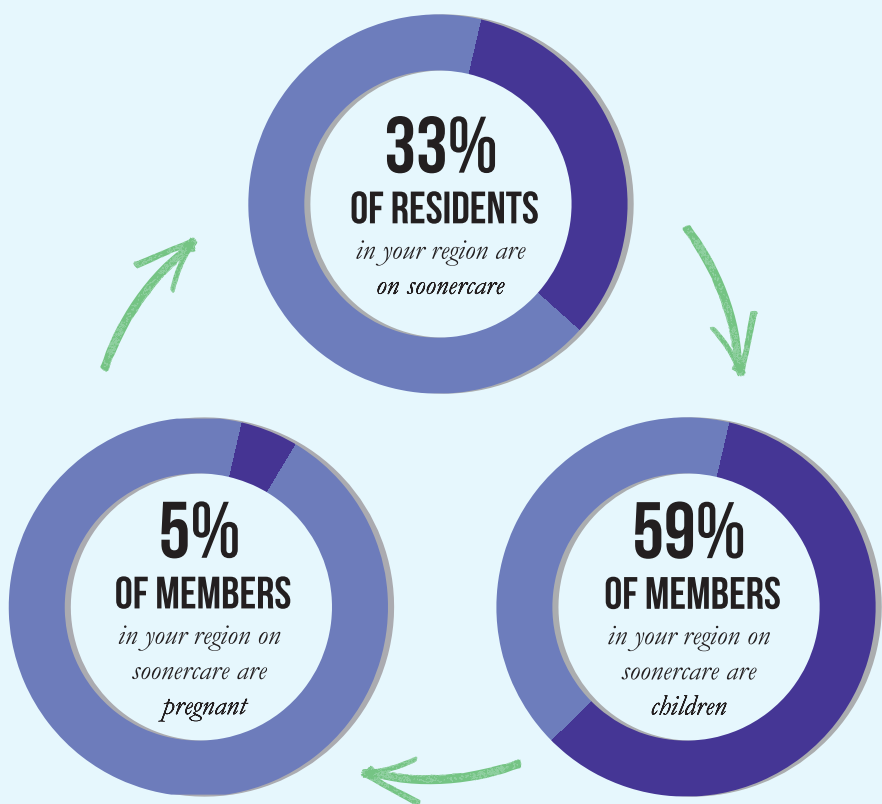
medical home providers
144

28,440
WELL CHILD CHECKUPS

PRESCRIPTION DRUGS

COST TO STATE
\$97,827,071

AVERAGE COST PER MEMBER
\$1,170

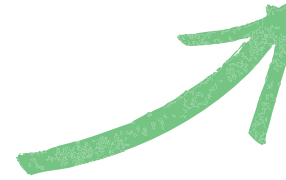


COUNTY	POPULATION EST. (JULY 2017)	UNDUPLICATED MEMBERS	% ENROLLED IN SOONERCARE	EXPENDITURES (BY MEMBER)	ANNUAL PER CAPITA	MONTHLY AVG. PER MEMBER
ATOKA	13,887	4,253	31%	\$18,861,801	\$1,358	\$370
BRYAN	46,319	13,825	30%	\$53,007,513	\$1,144	\$320
CARTER	48,190	15,325	32%	\$58,697,860	\$1,218	\$319
CHOCTAW	14,863	5,710	38%	\$25,092,382	\$1,688	\$366
COAL	5,642	1,784	32%	\$9,044,535	\$1,603	\$422
GARVIN	27,909	8,501	30%	\$36,235,171	\$1,298	\$355
HASKELL	12,763	4,362	34%	\$17,826,450	\$1,397	\$341
HUGHES	13,302	4,413	33%	\$22,116,021	\$1,663	\$418
JOHNSTON	11,060	3,899	35%	\$18,035,588	\$1,631	\$385
LATIMER	10,411	3,912	38%	\$26,633,545	\$2,558	\$567
LEFLORE	49,731	17,332	35%	\$64,603,918	\$1,299	\$311
LOVE	10,034	2,772	28%	\$8,386,296	\$836	\$252
MARSHALL	16,434	5,261	32%	\$18,593,113	\$1,131	\$295
MCCURTAIN	32,808	13,472	41%	\$55,011,414	\$1,677	\$340
MURRAY	13,853	3,534	26%	\$16,075,760	\$1,160	\$379
OKFUSKEE	12,140	4,224	35%	\$26,052,219	\$2,146	\$514
PITTSBURG	44,184	13,116	30%	\$60,218,783	\$1,363	\$383
PONTOTOC	38,224	10,903	29%	\$64,724,678	\$1,693	\$495
PUSHMATAHA	11,173	4,288	38%	\$19,516,468	\$1,747	\$379
SE Region Total	432,927	140,886	33%	\$618,733,516	\$1,429	\$366

COUNTY	EXPENDITURES (BY PROVIDER)	EXPENDITURES (BY MEMBER)	% OF DOLLARS STAYING IN COUNTY
ATOKA	\$9,326,246	\$18,861,801	49%
BRYAN	\$51,078,186	\$53,007,513	96%
CARTER	\$50,983,058	\$58,697,860	87%
CHOCTAW	\$16,441,590	\$25,092,382	66%
COAL	\$3,615,665	\$9,044,535	40%
GARVIN	\$16,972,248	\$36,235,171	47%
HASKELL	\$21,020,525	\$17,826,450	118%
HUGHES	\$12,311,461	\$22,116,021	56%
JOHNSTON	\$28,877,929	\$18,035,588	160%
LATIMER	\$5,463,427	\$26,633,545	21%
LEFLORE	\$61,248,678	\$64,603,918	95%
LOVE	\$3,057,178	\$8,386,296	36%
MARSHALL	\$9,064,129	\$18,593,113	49%
MCCURTAIN	\$28,713,008	\$55,011,414	52%
MURRAY	\$10,284,469	\$16,075,760	64%
OKFUSKEE	\$17,009,530	\$26,052,219	65%
PITTSBURG	\$48,254,893	\$60,218,783	80%
PONTOTOC	\$80,121,686	\$64,724,678	124%
PUSHMATAHA	\$21,815,693	\$19,516,468	112%
SE Region Total	\$495,659,599	\$618,733,516	80%



Tamra's story



Tamra Young's SoonerCare story began with a new chapter in her life – learning she was about to become a mother for the first time. Tamra applied for SoonerCare through DHS and was happy to learn she qualified. “I was able to get the care I needed as my baby grew,” she said.

Following her wedding, Tamra and her husband anxiously awaited the birth of their child. However, happiness turned to panic when Tamra went into labor a month before her due date. To make things worse, it was storming, the hospital was 50 miles away and the baby was breach. With the aid of an emergency C-section, Samuel was born. However, the new family's first moments together were brief. Samuel was experiencing labored breathing, and the pediatrician soon discovered the baby's lungs had collapsed.

“It is possible that Samuel could have lifelong problems from birth when his lungs collapsed,” Tamra said. “[He] maybe even would have died while trying to decide what could be done with no medical coverage.”

But, the new mother didn't have to worry. SoonerCare covered Samuel's emergency flight to Tulsa. Three days later, Tamra was able to hold her son for the first time when they reunited – on Mother's Day. Tamra says she doesn't know how things would have played out if not for SoonerCare. “SoonerCare was a godsend to me, and for Samuel. A lifesaver,” she said.

Today, at age 21, SoonerCare continues to play a part in Samuel's life. Samuel has severe hearing loss. He has received hearing services since he was 21 months old and has worn hearing aids since age 2. Without SoonerCare, Tamra says her family could have never afforded the services that help him to be a more self-sufficient adult. Tamra holds SoonerCare in high regard for always being there and letting members know they care.

“I believe SoonerCare to be the best [Medicaid program] in the nation!” she said. “From the forward-thinking idea of MATF (Member Advisory Task Force), to the way OHCA employees think about and treat their clients with respect and passion.”

AVERAGE COST PER PERSON SERVED ANNUALLY



pregnant woman
\$3,504



child
\$2,535



parent-caretaker
\$2,825



aged/blind/disabled
\$11,291

SOON-TO-BE SOONERS



INSURE OKLAHOMA

6,705

total members from one of

1,223

businesses enrolled

BY THE NUMBERS

total number of members

239,112

total number of providers

9,720

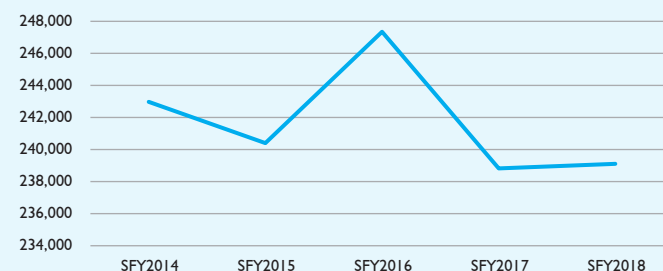
total number of tribal clinics

34

total number of tribal members

20,021

ENROLLMENT



TOP DIAGNOSES



intellectual disabilities



mild intellectual disabilities



routine child check-up

TOP SERVICES



physician services



prescribed drugs



inpatient services

Tulsa

Home to beautiful art deco architecture and sweeping views of the Arkansas River, the Tulsa Metropolitan Area is Oklahoma's gateway to Green Country, reaching into Tulsa, Rogers, Wagoner, Osage, Creek, Okmulgee and Pawnee counties. Only a 90-minute drive from Oklahoma City, Tulsa has a thriving music scene and two renowned museums, Gilcrease Museum and the Philbrook. A few of the cities in the Tulsa area include Broken Arrow, Bartlesville, Owasso, Bixby, Jenks, Claremore, Sand Springs and Sapulpa.

Home to the University of Tulsa, the University of Oklahoma also has a health sciences-focused campus and Oklahoma State University's Health Sciences Center (OSU-HSC) are located in downtown Tulsa. Because the graduate medical programs at the state's two teaching colleges are key partners in OHCA's Health Access Network (HAN) program, it is no coincidence that the largest representation of HANs is in the Tulsa area.

With nearly 1 million residents, the Tulsa area has more than 200,000 SoonerCare members and the largest number of tribal providers in the state. The City of Tulsa has a rich philanthropic community, as seen in the recent opening of the \$350 million, 100-acre Gathering Place. The city also has a continued connection to oil barons of the past and the modern energy industry.

LONG-TERM INTERMEDIATE CARE

avg. cost per member per year
\$25,448

total number of facilities
83

MEDICAL HOMES

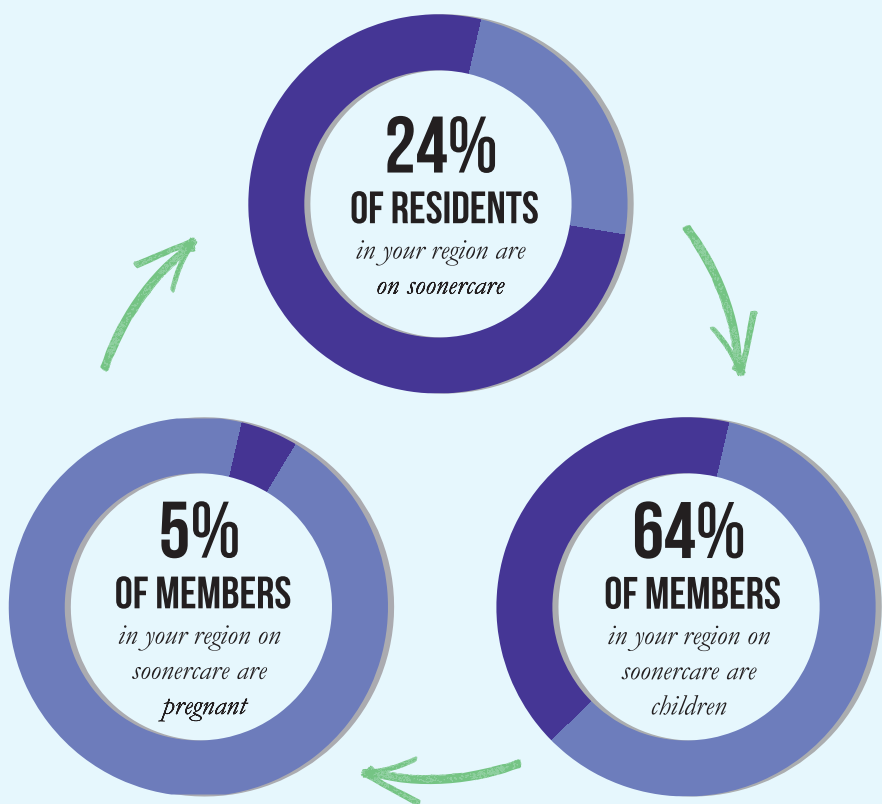
medical home providers
205

68,835
WELL CHILD CHECKUPS

PRESCRIPTION DRUGS

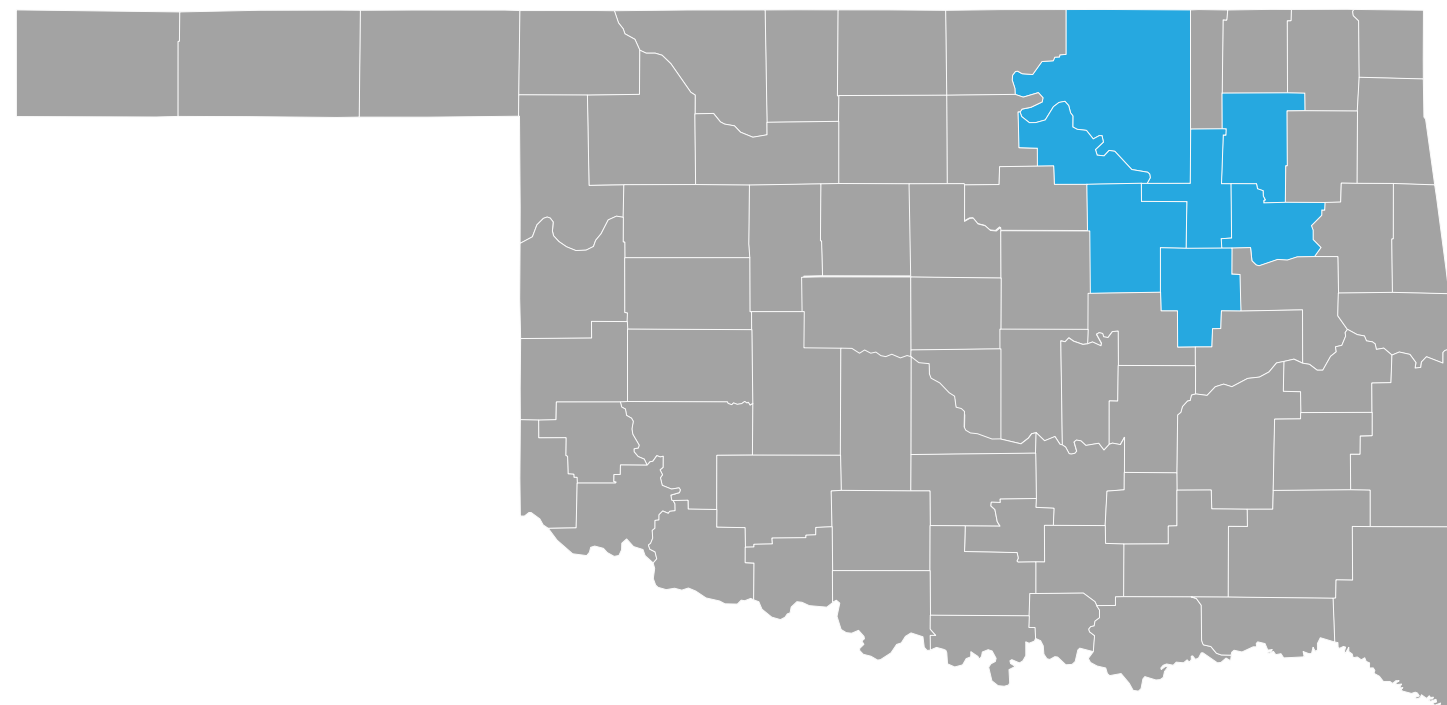
COST TO STATE
\$132,508,662

AVERAGE COST PER MEMBER
\$978



COUNTY	POPULATION EST. (JULY 2017)	UNDUPLICATED MEMBERS	% POPULATION ENROLLED IN SOONERCARE	EXPENDITURES (BY MEMBER)	ANNUAL PER CAPITA	MONTHLY AVG. PER MEMBER
CREEK	71,704	19,495	27%	\$87,422,643	\$1,219	\$374
OKMULGEE	38,930	12,554	32%	\$64,378,135	\$1,654	\$427
OSAGE	47,233	6,066	13%	\$28,798,478	\$610	\$396
PAWNEE	16,472	4,847	29%	\$21,958,622	\$1,333	\$378
ROGERS	91,444	16,445	18%	\$76,588,712	\$838	\$388
TULSA	646,266	165,085	26%	\$632,754,481	\$979	\$319
WAGONER	78,657	14,620	19%	\$50,512,141	\$642	\$288
Tulsa Metro Region Total	990,706	239,112	24%	\$962,413,212	\$971	\$335

COUNTY	EXPENDITURES (BY PROVIDER)	EXPENDITURES (BY MEMBER)	% OF DOLLARS STAYING IN COUNTY
CREEK	\$62,837,732	\$87,422,643	72%
OKMULGEE	\$39,327,304	\$64,378,135	61%
OSAGE	\$11,709,853	\$28,798,478	41%
PAWNEE	\$12,670,382	\$21,958,622	58%
ROGERS	\$52,194,983	\$76,588,712	68%
TULSA	\$831,864,658	\$632,754,481	131%
WAGONER	\$19,136,058	\$50,512,141	38%
Tulsa Metro Region Total	\$1,029,740,969	\$962,413,212	107%



Gina's story



Gina Barnhart's SoonerCare story began shortly after the adoption of her youngest son, Jacob. Her family of seven moved to Oklahoma in 2015.

"We adopted our son in California after fostering him for just over a year," Gina said. "He was born with a medical condition called laryngomalacia that requires surgery, if not corrected, by age 6."

Laryngomalacia is the most common birth defect affecting the larynx (voice box). It causes a child's airway to collapse and can lead to difficulty with breathing, eating and weight gain. In most cases, laryngomalacia resolves on its own by 20 months of age. However, more severe cases, like Jacob's, require medication or surgery.

Jacob turned 6 in March 2018, and surgery took place in June. Gina was blown away by the care he received and the peace of mind knowing that the procedure was paid in full.

"SoonerCare was incredible to work with, and the entire surgery was completely covered," she said.

In addition to surgery, SoonerCare covers therapy for Jacob's attention deficit hyperactivity disorder (ADHD).

Gina says that without SoonerCare, medical care for her son would be expensive and stressful. SoonerCare is the only health care coverage for Jacob, and she couldn't be more grateful for the program.

"This is a huge support for our family to have access to quality health care in order for our son to live a healthy life," she said. "SoonerCare has been such a blessing to us!"

AVERAGE COST PER PERSON SERVED ANNUALLY



pregnant woman
\$3,288



child
\$2,473



parent-caretaker
\$2,763



aged/ blind/ disabled
\$11,010

SOON-TO-BE SOONERS

total cost per year

\$6,425,174

total cost per year

\$1,647

INSURE OKLAHOMA

9,932

total members from one of

1,609

businesses enrolled

BY THE NUMBERS

total number of members

312,276

total number of tribal clinics

20

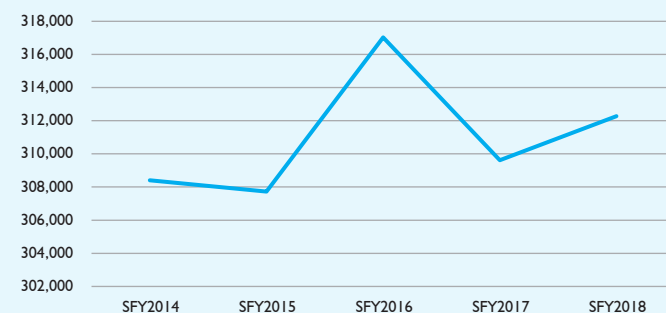
total number of providers

13,300

total number of tribal members

14,453

ENROLLMENT



TOP DIAGNOSES



intellectual disabilities



routine child check-up



essential hypertension

TOP SERVICES



inpatient services



physician services



prescribed drugs

Oklahoma City

The Oklahoma City Metropolitan Area (or Greater OKC) consists of seven counties: Canadian, Cleveland, Grady, Lincoln, Logan, McClain and the county seat of Oklahoma County. Some of the largest cities in the region are Norman, Edmond, Moore, Midwest City, Yukon, Del City, El Reno and the capital – Oklahoma City – the largest city in the state.

Oil and gas is the major industry in Oklahoma City, and large numbers of federal workers are employed at Tinker Air Force Base and the United States Department of Transportation's Mike Monroney Aeronautical Center. In addition, the region is home to several colleges and universities, including Oklahoma City University, University of Oklahoma and University of Central Oklahoma, as well as Langston University, the state's only historically black college.

Being the largest metropolitan area in the state, widespread internet access, public transportation and the availability of SoonerRide (non-emergency transportation by appointment) make enrollment and access to health care services easier for members who live here. OKC boasts the largest percentage of lives that we cover (31 percent), including our largest numbers of both children and pregnant women. Additionally, OKC covers the most individuals under Insure Oklahoma, even though Tulsa had a similar number of businesses enrolled in SFY 2018.

Moreover, OKC also has the largest SoonerCare provider network in the state. Social determinants impacting health care in this region include low income, homelessness and lack of insurance. OHCA collaborates with our regional partners to tackle issues such as food deserts, child abuse and infant mortality to help increase the odds of positive health outcomes.

LONG-TERM INTERMEDIATE CARE



avg. cost per member per year

\$26,537



total number of facilities

104

MEDICAL HOMES



medical home providers

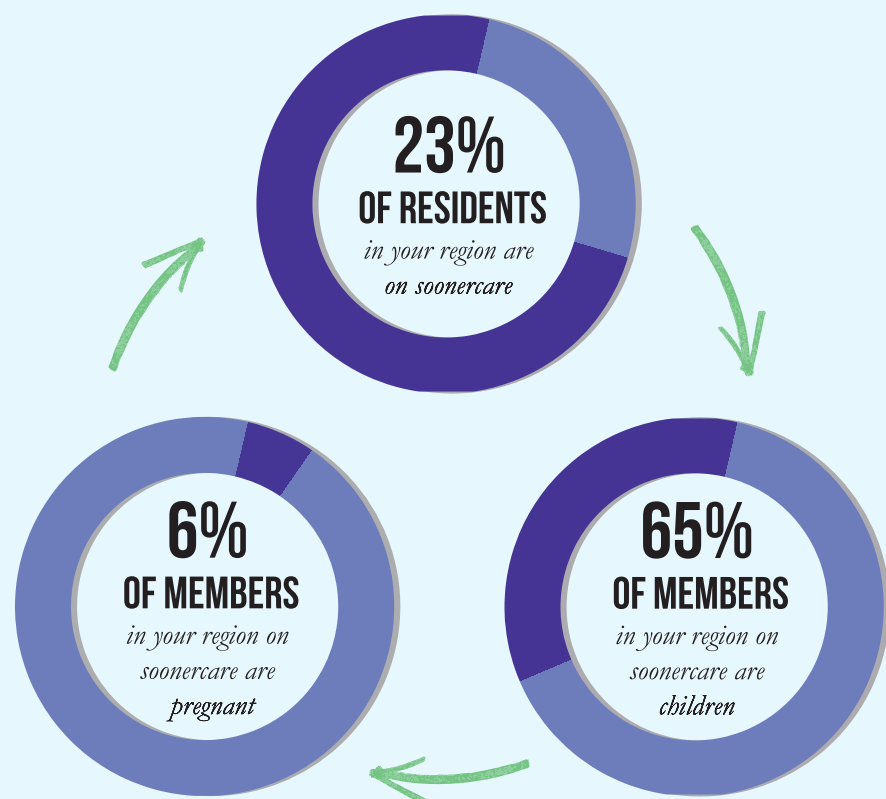
278

87,228
WELL CHILD CHECKUPS

PRESCRIPTION DRUGS

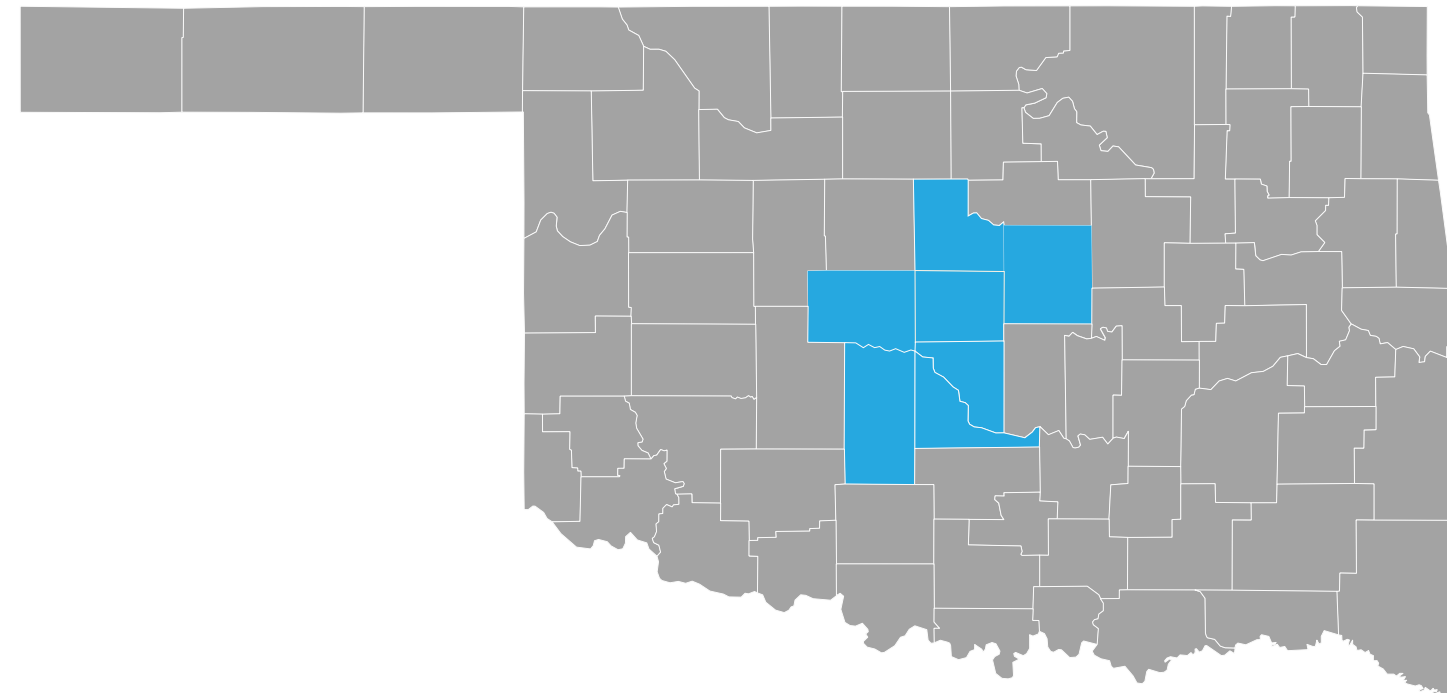
COST TO STATE
\$171,895,770

AVERAGE COST PER MEMBER
\$959

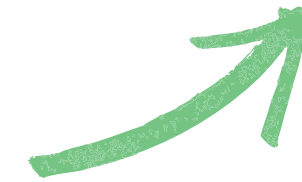


COUNTY	POPULATION EST. (JULY 2017)	UNDUPLICATED MEMBERS	% POPULATION ENROLLED IN SOONERCARE	EXPENDITURES (BY MEMBER)	ANNUAL PER CAPITA	MONTHLY AVG. PER MEMBER
CANADIAN	139,926	21,643	15%	\$80,983,917	\$579	\$312
CLEVELAND	279,641	46,596	17%	\$177,740,514	\$636	\$318
GRADY	54,943	11,419	21%	\$46,051,917	\$838	\$336
LINCOLN	35,142	8,405	24%	\$29,038,198	\$826	\$288
LOGAN	46,784	8,047	17%	\$36,672,071	\$784	\$380
MCCLAIN	39,343	8,349	21%	\$29,595,624	\$752	\$295
OKLAHOMA	787,958	207,817	26%	\$782,070,172	\$993	\$314
OKC Region Total	1,383,737	312,276	23%	\$1,182,152,413	\$854	\$315

COUNTY	EXPENDITURES (BY PROVIDER)	EXPENDITURES (BY MEMBER)	% OF DOLLARS STAYING IN COUNTY
CANADIAN	\$49,098,268	\$80,983,917	61%
CLEVELAND	\$140,360,479	\$177,740,514	79%
GRADY	\$27,485,254	\$46,051,917	60%
LINCOLN	\$13,995,033	\$29,038,198	48%
LOGAN	\$19,379,055	\$36,672,071	53%
MCCLAIN	\$13,669,809	\$29,595,624	46%
OKLAHOMA	\$1,141,551,777	\$782,070,172	146%
OKC Metro Region Total	\$1,405,539,675	\$1,182,152,413	119%



Lori's story



Lori Wathen has a special relationship with SoonerCare. In her work, she assists families who are raising children with special needs, and SoonerCare plays a major role. In her personal life, she is mother to 16-year-old Reis, who has Down syndrome. Lori says SoonerCare provides Reis with better access to the medical and therapeutic services that he needs to have a good quality of life.

“Reis has SoonerCare and is on the In-Home Community Support Waiver,” Lori said. “After being approved for benefits, we were able to access outside speech therapy for Reis. He has also had dental surgery that SoonerCare has assisted in covering.”

Lori does have private insurance, but the benefits are not enough to pay for all of the care Reis requires. The copays and deductibles would be unmanageable.

“Reis would not have been able to get private speech therapy [without SoonerCare] because the cost was like paying a car payment every month,” she said.

Lori says SoonerCare is “vitaly important” in the lives of families who are raising children with special health care needs. She works as a coordinator for the Sooner SUCCESS program, which seeks to advance a comprehensive system of health, social and educational services for young Oklahomans with special needs through community resources. Every day she sees the positive impact that SoonerCare has on families far beyond her own.

“For the people that I assist in my job, it would be very detrimental to their child’s life to not have SoonerCare,” Lori said. “I really couldn’t [do without it] and don’t want to imagine what those families would do if SoonerCare didn’t exist.”

Extraordinary milestones

OHCA IS A LEADER IN HEALTH CARE DELIVERY TRANSFORMATION

Out-of-the-box thinking and collective resilience continue to propel our work forward, even in the worst of circumstances. Starting with the release of the agency's strategic plan to tobacco cessation strategies and our innovative value-based contracting, join us for a look at some of the milestones and moments, the challenges and triumphs that made SFY 2018 an extraordinary year.

FIVE-YEAR STRATEGIC PLAN RELEASED

Agency's strategic plan will guide focus of the Oklahoma Health Care Authority in years to come

OHCA prepares an updated strategic plan each year in accordance with Oklahoma law to guide its operations and projects. For this plan, OHCA leadership developed a new approach focused on getting maximum input from all stakeholders.

Their objectives for the process included addressing current budget uncertainty, developing actionable plans, ensuring that stakeholders felt heard, and improving understanding of OHCA's external constraints. The seven OHCA goals would form the plan's foundation, but leadership also developed a set of focus areas to address key current issues, including legislative and budget innovation, rural access, healthy behaviors, economic and racial disparities, and quality improvement. Therefore, the plan's strategies, performance measures and action plans address both long-term goals and current focus areas.

To obtain maximum input, OHCA invited 100 key stakeholders to a two-day brainstorming and planning session at the agency in October 2017. Stakeholders rated the session 4.8 (out of 5) for the statement "This is a better way for stakeholders to participate" and 4.7 for "My opinions and ideas were heard." An online survey of 3,000 SoonerCare members demonstrated their interest in preventive care, rural access, and cultural sensitivity. The plan also incorporated ideas from the October 2017 Tribal Consultation as well as a December 2017 session with 100 employees.

Participants developed a "vision of success" for Oklahoma which included culture and behavior changes resulting in healthier Oklahomans, a stable and coordinated provider network, a focus on preventive care and care coordination, and an outstanding agency fully funded because of its administrative excellence and clear contribution to health outcomes. To achieve this vision, the plan includes ten strategies with related actions and performance measures on the topics of preventive care, enhanced OHCA care management, new rural services and providers, a continuum of insurance options, increased youth health literacy, SoonerCare advocacy, improved cultural sensitivity, streamlined online enrollment, quality improvement and value-based reimbursement. For more information, see okhca.org/reports.

*by Beth Van Horn,
Director of OHCA Planning and Project Management*



MILESTONES & MOMENTS

Notable programs

SOONERQUIT PROGRAM, WITH TSET, TACKLES STATE SMOKING RATES, TOBACCO CESSATION

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 6.1 percent to 27.3 percent, from SFY 2016
- Trained 41 providers on 5 As (“ask, advise, assess, assist and arrange”), pharmacotherapy and the Oklahoma Tobacco Helpline (OTH) in SFY 2018
- Registered 4,059 SoonerCare members for OTH services in SFY 2018
- Registered 197 pregnant SoonerCare members to the OTH in SFY 2018
- Reviewed 228 referrals to the OTH from OHCA referral partners during the first three quarters of SFY2018 (July 1, 2017 – March 31, 2018)

PAIN MANAGEMENT UNIT ARMS PROVIDERS WITH TOOLKIT, BEST PRACTICES

The SoonerCare Pain Management Program equips SoonerCare providers with the knowledge and skills to treat members with chronic pain by providing toolkits at no cost. The toolkits contain recommendations from national and state guidelines and evidence-based research on how to treat chronic pain patients. The toolkit is 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 primary care 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 treatments.

From January 2016 through June 2018, the practice facilitators worked with nearly 90 practices (124 providers) and the behavioral health resource specialists received nearly 130 referrals.

OHCA WORKS WITH CROSS-SECTOR PARTNERS IN LONG-ACTING REVERSIBLE CONTRACEPTION INITIATIVE

Provider training offered for LARCs, in partnership with Oklahoma’s three medical schools

The Focus Forward Oklahoma program is an example of State, universities and private partners working together collaboratively to positively impact women’s health. Established in 2016 with a mission of decreasing unintended pregnancies in Oklahoma, the Focus Forward Oklahoma Program developed and launched a Long-Acting Reversible Contraceptive (LARC) Provider Training Program. Experts from the University of Oklahoma Health Sciences Center and OU-Tulsa came together to create a comprehensive LARC training program that includes a focus on patient-centered contraceptive counseling and hands-on skills in LARC insertion and removal.

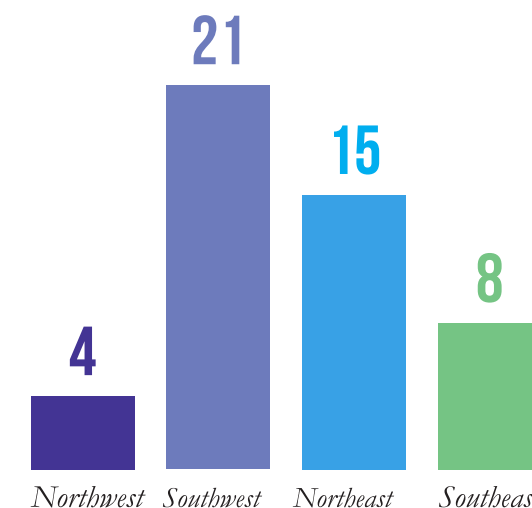
Through our claims data, we were able to identify a targeted list of 225 providers that we thought could benefit from and would be interested in our initial LARC training. Because we have three teams within Provider Services dedicated to providing on-site education with providers, we were able to personally deliver flyers and have conversations with each of the practices about this opportunity. In the end, 81 percent of the providers inquired further about the training via reaching out by either phone, email or directly registering for the training. Although trainings were held in Oklahoma City and Tulsa, provider service representatives successfully recruited providers from all corners of the state including Buffalo in the northwest, Lawton in the southwest, Jay in the northeast, and Durant in the southeast. There was an 83 percent attendance rate at the trainings, with seven of the eleven sessions held being completely full.

We had great success, and are excited for the opportunity to expand in SFY 2019. The provider sessions will be expanded to include clinical and administrative staff, and OSU will be added as a training site. OSU will host their first training in November. We are proud to report that all three medical schools in Oklahoma are now participating in this training for Oklahoma providers, by Oklahoma providers to reduce the rate of unplanned pregnancies in our state.

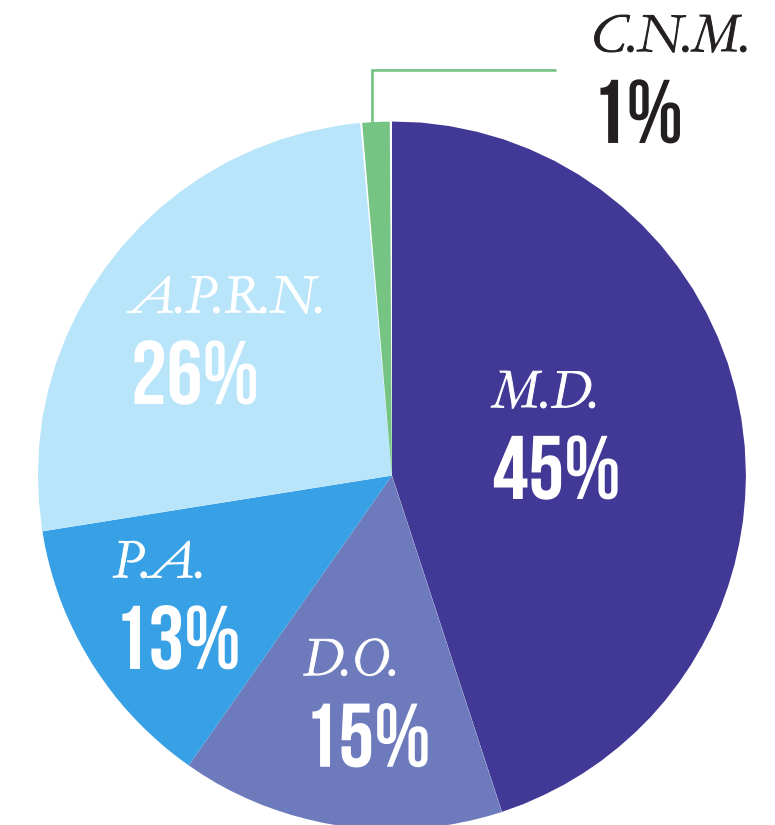
ENROLLEES BY PRACTICE LOCATION



RURAL ENROLLEES BY REGION



PERCENT OF ENROLLEES BY CREDENTIALS



MEMBER TRANSPORTATION CONCERNS EASED THROUGH SOONERRIDE

Members eligible to receive transportation to medically-necessary appointments through SoonerRide

No-shows don't help SoonerCare members or their providers, but lack of transportation is a major barrier to many in our state. Since 1999, the SoonerRide program has helped SoonerCare members get to and from their health care appointments.

In SFY 2018, SoonerRide made 793,004 trips statewide, providing rides for 10,567 individuals.

Some important features of SoonerRide are:

- **SoonerRide arranges to take members to medically-necessary services covered by SoonerCare.**
- **It is not for emergency transport.**
- **Members must call at least three business days before their appointment to arrange for a ride.**
- **A trip authorization number must be obtained in advance through the reservation line for gas/mileage reimbursement.**

SoonerRide is available at no cost to members in SoonerCare and nursing home residents in the Medicaid program. The benefit for nursing home residents is funded by legislative mandate .

SoonerRide reservations can be made by calling toll free 877-404-4500 and TDD 800-722-0353. Complete details about the service are at okhca.org/soonerride.

Similar to how members use SoonerRide to schedule rides for their non-emergency health care visits, TripCare allows providers to schedule patient transportation at no cost. This new provider service began late spring 2018.

Providers interested in utilizing TripCare will need an electronic data interchange (EDI) form to get started, which is available for download at okhca.org/soonerride-providers. After submitting the EDI form, providers will receive a username and password to log in to the TripCare website and start making reservations.

Logisticare operates both TripCare and SoonerRide on behalf of OHCA. These contracts provide the most cost-effective and appropriate forms of transportation for our members.



In the news

OHCA RECEIVES OK FOR DRUG PRICING INITIATIVE

The OHCA was notified June 27, 2018, that their proposal to become the first state Medicaid agency to move forward with negotiating value-based or outcomes-based contracts with pharmaceutical companies was approved by the federal government.

OHCA submitted the state plan amendment proposal to the Centers for Medicare & Medicaid Services (CMS) on March 29. It was approved with an effective date of Jan. 1, 2018.

“In essence, this means that if a drug does not perform as claimed, the manufacturer will rebate the cost of the drug or another negotiated amount. For example, if a drug claims to keep people out of the hospital and doesn't, the manufacturer may be liable for the cost of the hospitalization,” said OHCA Pharmacy Director Nancy Nesser.

Value-based contracts tie provider payments to successful clinical outcomes and effectiveness rather than simply paying for the medication. Rising prescription drug costs is one of the catalysts for the OHCA to find innovative ways to reduce Medicaid costs.

“We're pleased that CMS is allowing us to explore this innovative way of purchasing prescription medication,” said OHCA CEO Becky Pasternik-Ikard. “Our agency's goal is to provide the best care possible for our SoonerCare members and we believe one way of accomplishing this is by linking outcomes to our health care expenditures.”

June 28, 2018

AMGEN, OKLAHOMA HEALTH CARE AUTHORITY AND UNIVERSITY OF OKLAHOMA'S PHARMACY MANAGEMENT CONSULTANTS PARTNER TO IMPROVE MEDICAID OUTCOMES

Amgen's First Public-Private Partnership with a State Medicaid Agency to Help Improve Patient Health Care Needs Through Data, Science and Information

The OHCA, Pharmacy Management Consultants (PMC) and Amgen (NASDAQ:AMGN) announced June 6, 2019, a new collaborative agreement to help improve clinical outcomes, experience and satisfaction for Oklahoma's 796,000 SoonerCare members. Results from the projects also could lay the groundwork for innovative ways to look at patient outcomes and measures for medication reimbursement.

“I look forward to this collaboration providing valuable insights that will help improve patient outcomes and save money. It fully aligns with our goal to foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma,” said Nancy Nesser, J.D., Pharm.D., OHCA Pharmacy director.

The parties intend for initial research projects to use de-identified claims data to gain insights about medication adherence, missed diagnoses, heightened disease risk and other clinical indicators in Oklahoma's SoonerCare population. Disease states of special interest to each participant include autoimmune diseases, bone health/osteoporosis, migraine and oncology care. The expectation is that findings from the research will help support the development of preventive measures – for instance, identifying post fracture patients and working to educate them on the importance of disease management. In many cases, the cost of preventive therapy is a fraction of the cost of hospitalization, and valuable to the patient's health and well-being. Collectively, this information can help optimize overall patient outcomes and minimize unnecessary healthcare spending across the country.

June 6, 2018

News items

OHCA REVERSES PROVIDER RATE REDUCTIONS DECISION

The OHCA board met in special session on Dec. 29, 2017, and voted to reverse provider rate reductions which were approved on December 1 and scheduled to go into effect January 1.

During the second special session, the Oklahoma legislature passed an additional appropriation providing the agency with \$17.7 million. These funds coupled with the \$22.8 million that was provided when Governor Mary Fallin approved sections of the appropriations bill on November 17 give the agency enough funds to operate at current levels until April.

The OHCA had already taken several budget balancing actions preparing for the agency's \$70 million reduction to its appropriation due to the loss of the smoking cessation fee and in order to submit a balanced budget. Several program changes have been implemented in state fiscal year (SFY) 2018 that produce savings of approximately \$3.2 million for SFY18. In addition, \$4.65 million in 2017 general revenue was returned to the agency in SFY18 and the agency had \$12 million in carryover from SFY17.

On December 1, the OHCA board approved across-the-board provider rate reductions of 6 percent and 1 percent for nursing facilities as well as eliminating Medicare crossover coinsurance and deductible payments for nursing facilities to be effective Jan. 1, 2018. These actions were taken to help cover the remainder of the \$70 million base reduction.

"We are thankful to state leadership for continuing to work toward a solution to protect our providers and the Medicaid program," said OHCA CEO Becky Pasternik-Ikard. "The OHCA has long held a commitment to our providers to pay rates that ensure access to care for our SoonerCare members. The additional appropriation we received allows us to continue that

Dec. 29, 2017

OHCA LOOKS TO INCREASE PRIVATE DUTY NURSING RATES

On July 25, 2016, Avery Anderson's life changed drastically. The 17-year-old was in a car accident that resulted in her being flown to Oklahoma City for treatment and left her in a minimally conscious state with a traumatic brain injury. About a year later, Avery was finally able to go home to Ada, Okla., to continue healing due largely to private duty nursing (PDN) benefits provided by SoonerCare.

"Since Avery is on a ventilator, she can't be left alone. We were approved for PDN benefits of 16 hours a day, 7 days a week," said Tiffany Anderson, Avery's mother, who left her job as a children's pastor to care for Avery. "However, we've only been able to secure two nurses who each work 40 hours a week. That leaves us 32 hours short, which is the weekend, so for now I'm taking care of that."

To address the shortage of nurses working in the PDN field, the OHCA Board voted at their September 27 meeting to increase the rates paid to PDN providers to \$30.20 per hour from \$25.20 per hour. It was the first rate increase for the provider type since January 2007. The rate change went into effect Oct. 1, 2018.

"We believe the rate increase will enable providers to hire more nurses and thus have a positive impact on access to care," said OHCA CEO Becky Pasternik-Ikard.

Without nurses who are available to care for the patients, facilities are unable to discharge the patients to go home.

Not only is moving patients home a potential savings for the state, but it's also a positive move reuniting the patient and their family.

"We've seen progress since Avery's been home," said Anderson. "She's back with her family under one roof. The alarms don't go off in the middle of the night, her vitals have improved and she's more at ease. We are so encouraged with this new season of healing for Avery. She's back to familiar sounds and faces, she's HOME."

Sept. 18, 2017

News items

CHECKUPS FOR SOONERCARE KIDS ON THE RISE

On July 10, 2017, OHCA announced that more children covered under SoonerCare are receiving preventive health screenings. The data comes from the OHCA's annual report on childhood screenings to CMS.

Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, SoonerCare members under the age of 21 can receive annual preventive screenings, including developmental checks, immunizations, and blood lead tests, as well as vision, hearing and dental screenings.

In its 2016 Annual EPSDT Participation Report (CMS) to CMS, OHCA data showed that during federal fiscal year 2016, EPSDT participation increased an average of 2.6 percent from the previous year for all children under the age of 21. While newborn and toddler participation has been consistently high, some of the biggest gains in participation include:

- 6- to 9-year-olds: 4 percent
- 10- to 14-year-olds: 4 percent
- 15- to 18- year-olds: 4 percent

Since 2010, OHCA staff has worked across the state to encourage well-child visits by engaging providers, schools and other community partners.

"Prevention is key when it comes to ensuring children grow up healthy," said Becky Pasternik-Ikard, Oklahoma Health Care Authority CEO. "Early and periodic screenings can help parents and caregivers keep track of their child's development and catch and treat any conditions early."

More information about SoonerCare's child health services is available online at okhca.org/childhealth. The EPSDT report can be found at okhca.org/fastfacts under the 'Studies and Evaluations' tab.

July 10, 2017

Leadership

Board members are appointed by state leadership and are charged to direct the actions and oversee the operation of the agency.

Each board member brings a wealth of expertise, knowledge and personal contributions that enable OHCA to positively impact lives around us every day. Their support and vision help shape a healthier Oklahoma. To read more, visit okhca.org/board.

OHCA BOARD AS OF MAY 2018

Tony Armstrong, Board Chair*

Muskogee, OK

Appointed by Senate President Pro-Tempore

Term expires Sept. 1, 2019

Alex Yaffe, Vice Chair*

Oklahoma City, OK

Appointed by Speaker of the House

Term expires Aug. 31, 2021

Ann Bryant

Enid, OK

Appointed by Governor

Term expires Sept. 1, 2022

Tanya Case

Duncan, OK

Appointed by Speaker of the House

Term expires Sept. 1, 2019

Stanley Hupfeld

Oklahoma City

Appointed by Governor

Term expires Sept. 1, 2019

Melvin R. McVay, Jr.

Oklahoma City

Appointed by Senate President Pro-Tempore

Term expires Sept. 1, 2020

Marc Nuttle

Norman, OK

Appointed by Governor

Term expires Sept. 1, 2020



AGENCY OVERVIEW

**effective Feb. 8, 2018*

Executive leadership

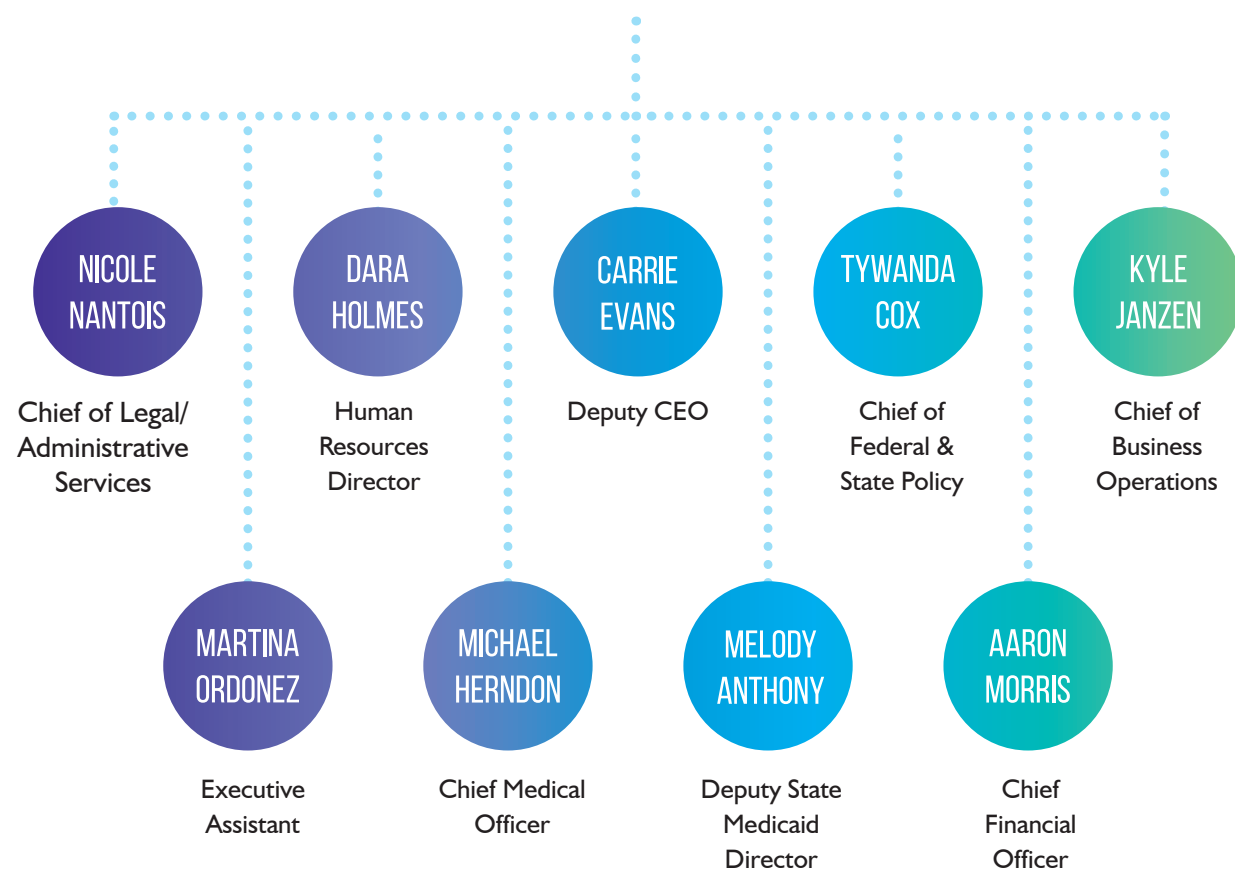
Executive leaders at OHCA are devoted to public health and public service. Together, they have worked a total of 150 years at the agency and have 167 years combined service to the state of Oklahoma.

This team guides the work of nearly 600 employees across 16 divisions. This extraordinary experience and commitment are the driving forces behind OHCA's innovation, integrity and mission.

As of May, 2018

REBECCA PASTERNIK-IKARD

Chief Executive Officer/State Medicaid Director



Agency staff

At OHCA, we know who we are and who we serve. And we bring our best. Every time.

We work daily to fulfill our promise to build a healthier state. We also work hard to maintain and grow a healthy, productive environment for our staff to serve whole-heartedly, flourish professionally and be true advocates for the mission of the agency – both inside and outside its four walls.

OHCA provides many personal development, wellness and social activities. This includes our Connect Committee, a dedicated group of employees tasked with planning and implementing events to promote community; agency sports, including our championship basketball, softball and soccer teams; and longevity awards that recognize staff for milestones in their state service. Additionally, staff show their spirit of service to our state by taking on many volunteer and fundraising opportunities. Our staff gives of their time and resources to various community groups each year including Infant Crisis Services, Jesus House, Oklahoma Blood Institute, the Winter Special Olympics and many others.

Extraordinary people giving extraordinary effort. This is the heart of the OHCA.

OHCA AT A GLANCE

- Created by HB 1573 of the 1993 legislature
- 559 full-time employees (as of Dec. 31, 2017) across 16 departments
- 9.06 years average staff service time

RECOGNITIONS

The OHCA would like to congratulate the following staff members for the honors they received in SFY 2018:

- OHCA Chief Executive Officer Rebecca Pasternik-Ikard, Assistant Director of Patient Care Management Carolyn Reconnu-Shoffner and Exceptional Needs Coordinator Maria Gutierrez were named among the “Great 100 Nurses” for 2017. The Great 100 Nurses foundation selects recipients “based on their concern for humanity, their contributions to the profession of Nursing, and their mentoring of others.”
- Anataya Rucker, nurse supervisor for the Money Follows the Person Program, was selected as the March of Dimes Oklahoma Chapter Nurse of the Year Award winner. Rucker won in the Managed Care category.
- OHCA Dentist Dr. Courtney Barrett, was selected as a representative to the Oral Health Technical Advisory Group (OTAG). This group provides Dr. Barrett an opportunity to discuss emerging issues with her peers in other states, and to learn about new developments in oral health policy.

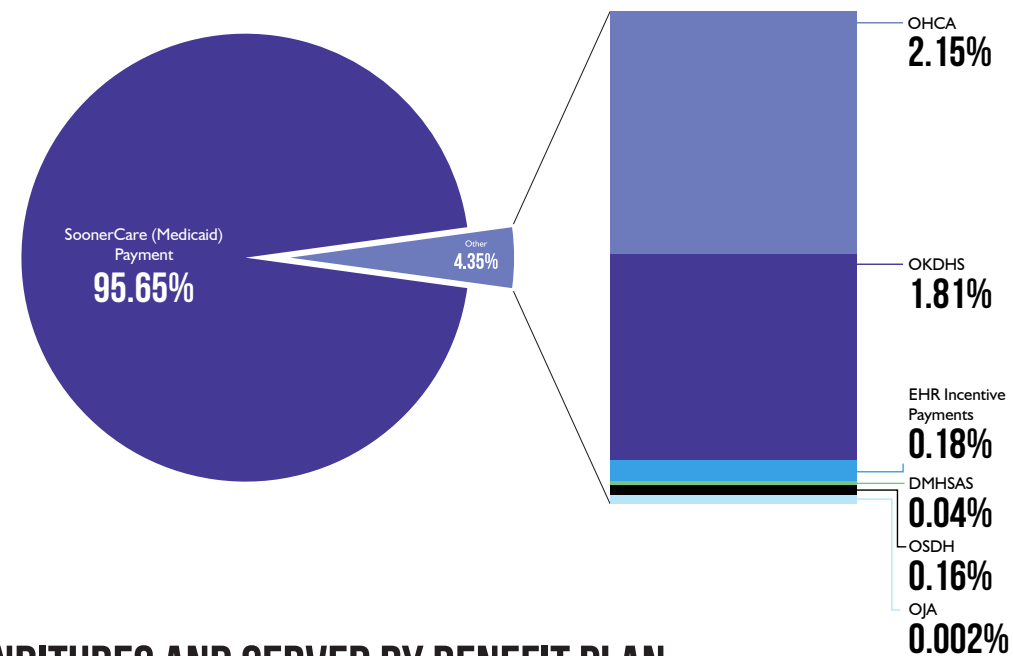
RETIREMENTS

Several long-time public servants closed out their careers at OHCA in SFY 2018, including senior and executive staff members.

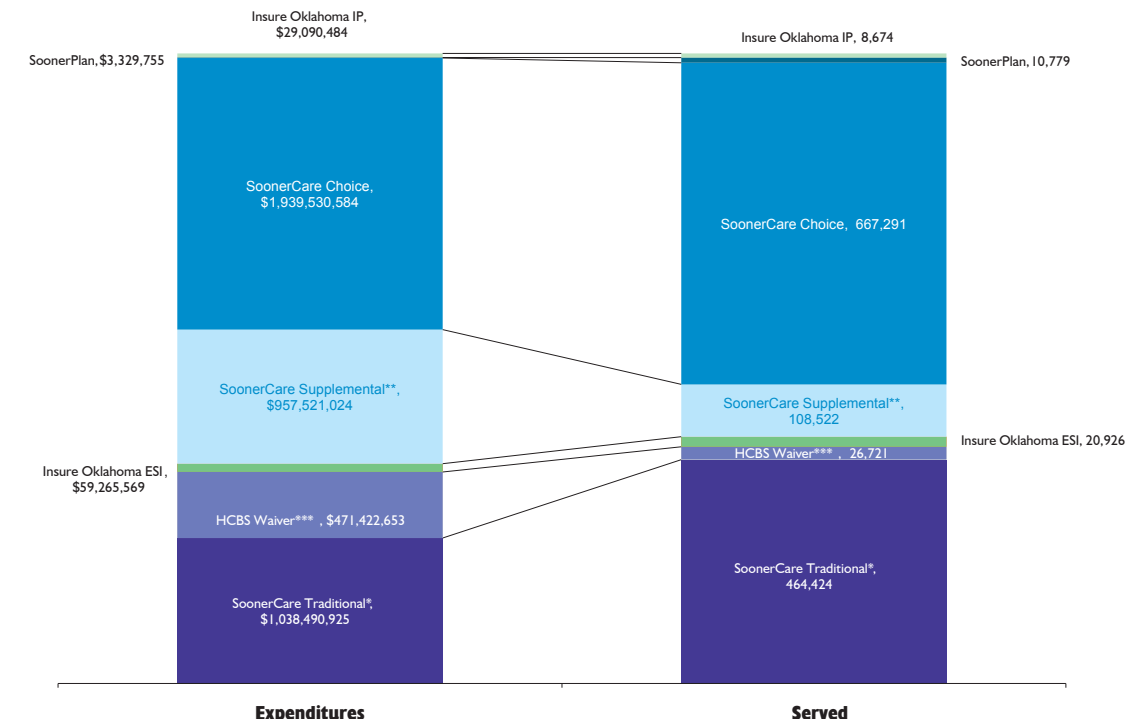
- Garth Splinter, M.D., MBA, retired from the OHCA in May 2018 having served as the agency’s first CEO, the state Medicaid director and most recently as deputy CEO.
- Leon Bragg, D.D.S, M.Ed., retired as chief dental officer in July 2017. Dr. Bragg became the agency’s first full-time dentist in February 2004.

Administration

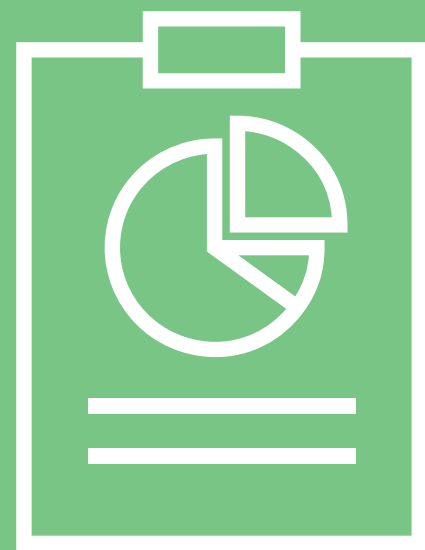
ADMINISTRATION BY AGENCY



OHCA EXPENDITURES AND SERVED BY BENEFIT PLAN



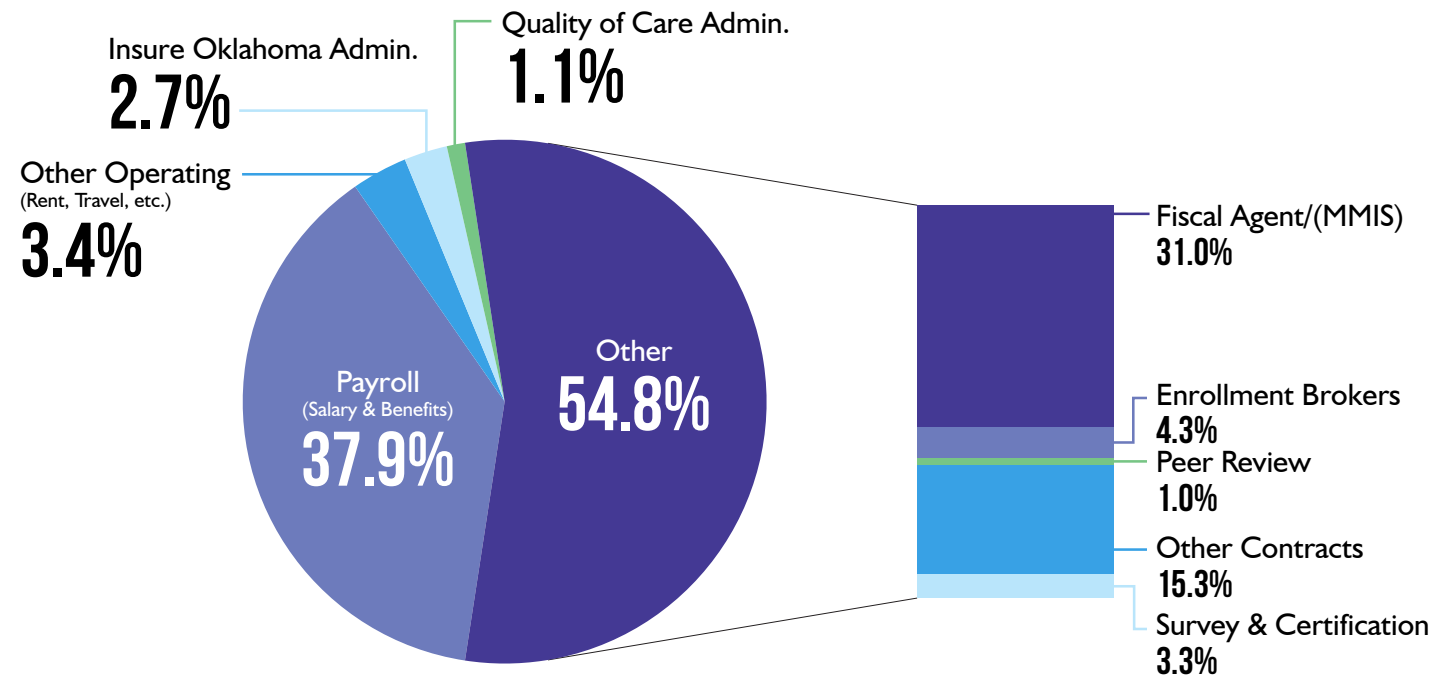
*SoonerCare Choice members are enrolled/served under SoonerCare Traditional until their SoonerCare Choice becomes effective. Therefore, members may be counted in both categories. **SoonerCare Supplemental and ***Home and Community-Based Services (HCBS) waiver served members may also be included in the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



APPENDIX

Administration (cont.)

OHCA ADMINISTRATION



REVENUE SOURCES

A summary of the agency's sources of revenue.

REVENUE SOURCE	ACTUAL REVENUES
State Appropriations	\$1,014,364,399
Federal Funds—OHCA	\$2,284,520,183
Federal Funds for Other State Agencies	\$751,274,112
Refunds from Other State Agencies	\$613,031,226
Tobacco Tax Funds	\$98,036,758
Drug Rebate	\$364,704,500
Medical Refunds	\$35,317,357
Quality of Care Fees	\$77,518,193
SHOPP Assessment Fees	\$230,340,666
Prior Year Carryover	\$44,249,967
Other Revenue	\$21,122,518
Total Revenue	\$5,534,479,878

Administration (cont.)

FEDERAL-STATE SHARE

A historic table showing the agency's total expenditures since 1997, broken down between federal share and state share.

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.

FEDERAL FISCAL YEAR	TOTAL EXPENDITURES	FEDERAL SHARE	OTHER REVENUE	STATE SHARE-OHCA	STATE SHARE-OTHER AGENCIES
1997	1,207,875,885	869,474,048	32,220,702	250,131,050	56,050,085
1998	1,328,847,600	917,107,356	35,692,842	308,012,119	68,035,283
1999	1,487,064,240	1,021,093,307	42,768,741	335,408,642	87,793,550
2000	1,639,609,396	1,147,484,713	56,170,892	328,705,610	107,248,181
2001	2,002,335,338	1,416,570,113	90,213,424	358,174,870	137,376,931
2002	2,372,098,884	1,649,376,278	119,799,311	445,842,697	157,080,598
2003	2,384,136,980	1,669,197,685	136,781,999	388,181,072	189,976,224
2004	2,642,481,484	1,897,667,825	166,596,539	408,889,974	169,327,146
2005	2,805,599,500	1,920,731,328	183,584,054	492,641,139	208,642,979
2006	3,086,916,991	2,029,524,772	210,005,646	626,418,336	220,968,237
2007	3,391,417,550	2,238,775,881	240,533,188	671,201,181	240,907,299
2008	3,719,999,267	2,419,909,782	290,956,731	734,195,329	274,937,424
2009	3,967,791,899	2,498,199,599	463,954,197	712,114,305	293,523,798
2010	4,350,788,295	2,667,539,569	508,946,267	938,718,686	235,583,773
2011	4,419,400,740	2,707,196,795	414,614,124	978,015,721	319,574,101
2012	4,770,055,106	2,912,698,984	647,058,594	898,907,968	311,389,560
2013	4,974,580,067	3,024,867,483	577,749,094	906,983,007	464,980,484
2014	5,229,376,869	3,267,139,805	444,857,405	946,812,805	570,566,854
2015	5,116,208,204	3,052,334,755	666,527,145	902,948,977	494,397,327
2016	5,118,089,773	2,977,533,696	449,692,375	1,101,785,174	589,078,528
2017	5,292,148,089	3,076,929,283	435,083,205	1,197,368,765	582,766,836
2018	5,249,845,451	3,052,820,094	317,852,841	1,266,940,277	612,232,239

Who and what we cover

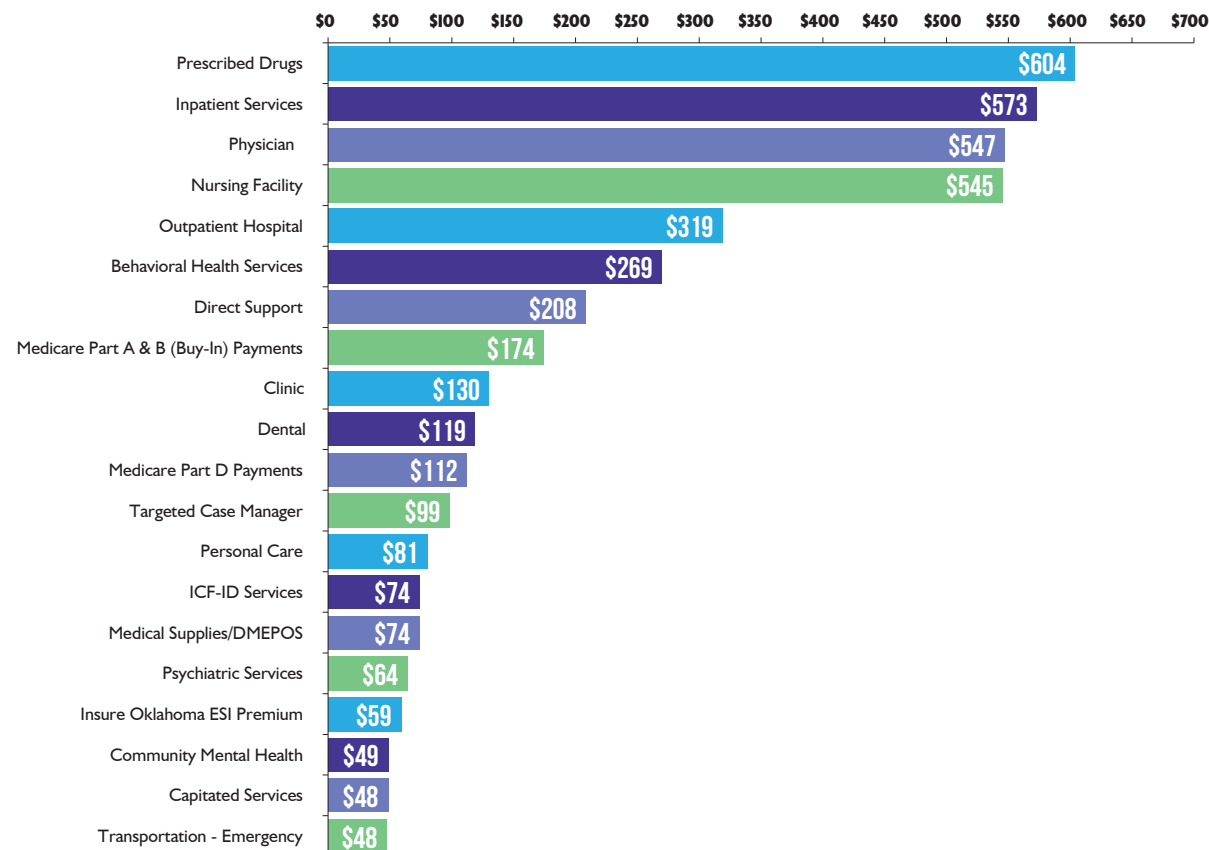
EXPENDITURE HISTORY

	SFY EXPENDITURES	SFY EXPENDITURES WITHOUT SUPPLEMENTAL PAYMENTS	POPULATION	ENROLLEES	SERVED	PER ENROLLEE WITHOUT SUPP	PER SERVED WITHOUT SUPP	PER SERVED	PER ENROLLEES	PER POPULATION
SFY1995				468,750				\$0.00	\$0	\$0
SFY1996				458,023				\$0.00	\$0	\$0
SFY1997	\$1,140,200,719			437,969	414,201			\$2,752.77	\$2,603	\$0
SFY1998	\$1,291,869,458			451,210	469,389			\$2,752.24	\$2,863	\$0
SFY1999	\$1,435,359,259			490,282	529,858			\$2,708.95	\$2,928	\$0
SFY2000	\$1,629,079,690		3,454,058	545,111	543,628			\$2,996.68	\$2,989	\$472
SFY2001	\$2,008,546,074		3,464,818	603,537	594,219			\$3,380	\$3,328	\$580
SFY2002	\$2,256,187,080		3,460,097	626,077	620,263			\$3,637	\$3,604	\$652
SFY2003	\$2,099,410,781		3,493,700	648,820	635,844			\$3,302	\$3,236	\$601
SFY2004	\$2,116,575,700		3,511,800	670,797	669,102			\$3,163	\$3,155	\$603
SFY2005	\$2,805,599,500		3,523,553	696,743	687,451			\$4,081	\$4,027	\$796
SFY2006	\$3,077,780,653		3,548,000	742,152	727,224			\$4,232	\$4,147	\$867
SFY2007	\$3,377,085,329		3,579,212	763,565	745,474			\$4,530	\$4,423	\$944
SFY2008	\$3,713,543,704		3,617,316	797,556	771,105			\$4,816	\$4,656	\$1,027
SFY2009	\$3,959,130,141		3,642,361	825,138	809,251			\$4,892	\$4,798	\$1,087
SFY2010	\$4,327,974,101		3,687,050	885,238	881,220			\$4,911	\$4,889	\$1,174
SFY2011	\$4,379,387,533	\$4,019,868,307	3,751,351	968,296	929,348	\$4,151	\$4,325	\$4,712	\$4,523	\$1,167
SFY2012	\$4,777,344,727	\$4,105,453,932	3,791,508	1,007,356	943,695	\$4,075	\$4,350	\$5,062	\$4,742	\$1,260
SFY2013	\$4,994,749,021	\$4,240,915,548	3,814,820	1,040,332	1,015,939	\$4,077	\$4,174	\$4,916	\$4,801	\$1,309
SFY2014	\$5,206,484,966	\$4,397,896,751	3,850,568	1,033,114	1,028,097	\$4,257	\$4,278	\$5,064	\$5,040	\$1,352
SFY2015	\$5,138,872,188	\$4,350,488,542	3,878,051	1,021,359	996,825	\$4,260	\$4,364	\$5,155	\$5,031	\$1,325
SFY2016	\$5,123,556,347	\$4,319,656,828	3,911,338	1,052,826	1,018,836	\$4,103	\$4,240	\$5,029	\$4,866	\$1,310
SFY2017	\$5,303,169,414	\$4,435,467,695	3,923,561	1,014,983	989,916	\$4,370	\$4,481	\$5,357	\$5,225	\$1,352
SFY2018	\$5,308,124,649	\$4,498,650,993	3,930,864	1,020,726	1,004,629	\$4,407	\$4,478	\$5,284	\$5,200	\$1,350

Who and what we cover

TOP 20 EXPENDITURES BY TYPE OF SERVICE

*Dollars in millions



EXPENDITURE BY SOURCE

PAYOR	EXPENDITURES
Oklahoma Health Care Authority	\$3,205,399,360
Other State Agencies	\$1,234,079,289
Quality of Care Fund	\$231,807,315
Health Employee & Economy Improvement Act (HEEIA) Revolving Fund	\$89,155,823
Supplemental Hospital Offset Payment Program (SHOPP) Fund	\$487,096,331
BCC (Oklahoma Cares) Revolving Fund	\$12,472,114
Total	\$5,259,932,055

Source: OHCA Financial Services Division, September 2018. *Health Employee and Economy Improvement Act (HEEIA) Revolving Fund includes \$59,192,619 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.

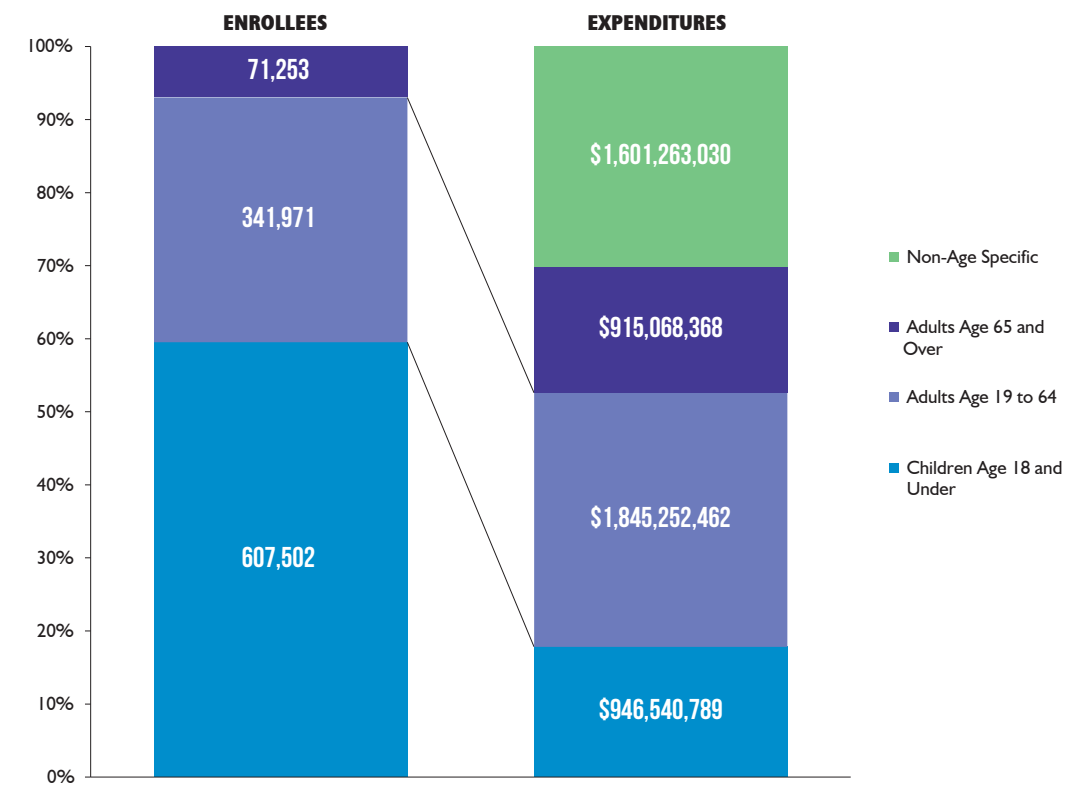
Who and what we cover

EXPENDITURES BY AGE

ANNUAL REPORT AGE GROUP	EXPENDITURES	ENROLLEES SERVED	ENROLLEES
Children Age 18 and Under	\$946,540,789	638,248	607,502
Adults Age 19 to 64	\$1,845,252,462	310,102	341,971
Adults Age 65 and Over	\$915,068,368	61,649	71,253
Non-Age Specific	\$1,601,263,030		-
Total	\$5,308,124,649		1,020,726

*Non-age specific payments include \$487,126,283 in SHOPP payments; \$208,655,731 in Hospital Supplemental payments (includes Hospital Supplemental Payments, DSH, GME and IME); \$49,400,417 in Outpatient Behavioral Health Supplemental payments; \$2,879,428 in SoonerExcel payments; \$10,235,649 in EHR incentive payments; \$54,990,574 in supplemental payments to medical schools; and \$1,068,449 in non-member specific provider adjustments. \$174,067,603 in Medicare Part A & B (Buy-In) payments and \$111,778,467 in Medicare Part D (clawback) payments are included in Ages 65 and over.

ENROLLEES AND EXPENDITURES 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.

Who and what we cover

LONG-TERM CARE OVERVIEW

NURSING FACILITIES ONLY	BED DAYS
SoonerCare Funded Bed Days	4,549,444
Total Occupied Bed Days	6,705,963
Total Licensed Bed Days	9,905,735
SoonerCare % of Occupied Bed Days	67.8%
Occupancy Rate*	67.7%

FACILITY	UNDUPLICATED MEMBERS	BED DAYS	REIMBURSEMENT	AVERAGE PER MEMBER SERVED	AVERAGE PER DAY
Nursing Facilities *	19,663	4,549,444	\$537,352,921	\$27,328	\$118
ICF/IDs (ALL)	1,531	509,099	\$74,019,587	\$48,347	\$145
ICF/IDs (Private)	1,477	491,179	\$61,315,715	\$41,514	\$125
ICF/IDs (Public)**	54	17,920	\$12,703,873	\$235,257	\$709

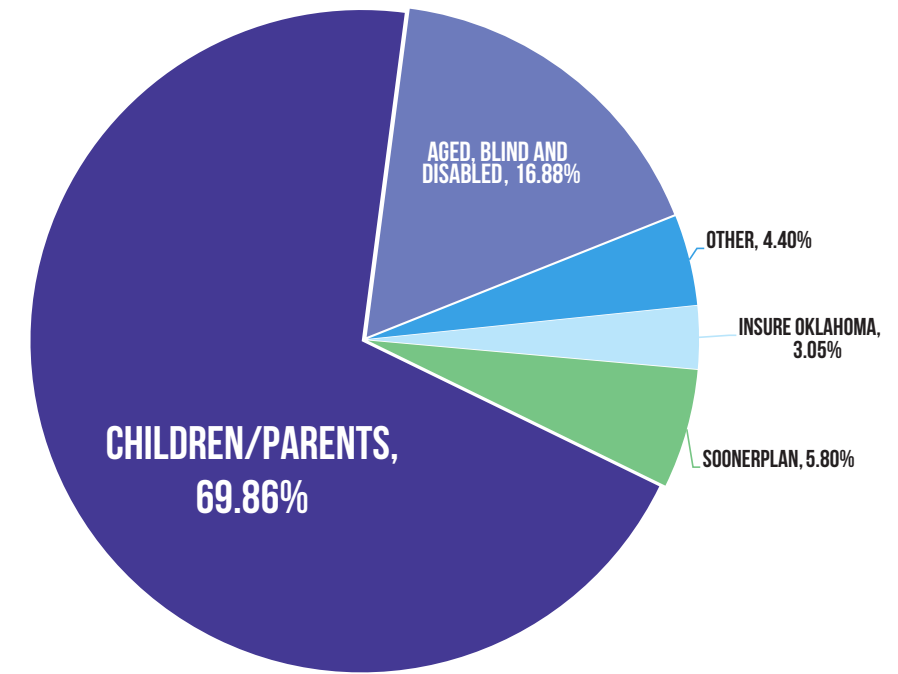
*Occupancy rate is unadjusted for semiprivate rooms rented privately, and for hospital and therapeutic leave days. ICFs/ID = Intermediate Care Facilities for the Intellectually Disabled. *Average Per Person figures do not include the patient liability that the member pays to the nursing facility (average nursing facility \$27.93/day; private \$16.61 and for Public ICF/ID's \$14.73). **This does not include Crossover claims paid to nursing facilities of \$7,764,145. This would add 2,325 additional unduplicated members and 222,392 days.

EXPENDITURES BY AID CATEGORY

AID CATEGORY	SFY DOLLAR TOTALS	% OF TOTAL	SERVED
Aged	\$885,081,997	16.67%	60,589
Blind/Disabled	\$1,566,445,577	29.51%	140,316
Children & Parents (TANF)	\$1,884,480,437	35.50%	925,980
Breast and Cervical Cancer	\$12,593,531	0.24%	1,021
Family Planning Waiver	\$3,334,009	0.06%	59,727
O-EPIC	\$88,582,093	1.67%	29,600
TEFRA	\$7,638,556	0.14%	757
Other	\$859,968,449	16.20%	42,823
TOTAL	\$5,308,124,649	100%	1,004,629

*Soon-To-BeSooners, Graduate Medical Education (GME)/IME/DSH/SHOPP and Hospital Supplemental Payments included in "Other".

ENROLLEES



*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.

HOSPITAL EXPENDITURES BY TYPE

TYPES OF HOSPITAL PAYMENTS	SFY17	SFY18
Inpatient - Acute and Critical Access	\$471,269,894	\$465,232,142
Inpatient Rehabilitation - Freestanding	\$13,063,641	\$12,829,644
Inpatient - Indian Health Services	\$21,722,439	\$25,154,219
Inpatient - Long Term Acute Care (LTAC) Children's	\$35,503,153	\$36,139,298
Inpatient Behavioral Health - Freestanding	\$10,788,517	\$10,107,215
Psychiatric Residential Treatment Facilities I	\$67,779,270	\$53,674,644
Outpatient Services	\$299,664,328	\$304,750,525
Medicare Crossovers	\$41,773,148	\$41,779,284
Hospital Supplemental Payments	\$139,494,764	\$123,246,841
Electronic Health Records (EHR) Incentive Payments	\$7,040,837	\$2,164,109
Supplemental Hospital Offset Payment Program 3	\$482,694,592	\$486,886,331
Indirect Medical Education (IME)	\$33,086,772	\$34,013,202
Graduate Medical Education (GME)	\$2,464,614	\$5,811,373
Disproportionate Share Hospitals 2	\$42,861,793	\$45,584,465
Total	\$1,669,207,763	\$1,647,373,292

Source: OHCA Finance Division, September 2018. 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.

Who and what we cover

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	\$1,669,099	\$3,071,472	\$0	\$0	\$0	\$0	\$0
Advanced Practice Nurse	\$5,735	\$166,953	\$1,977,222	\$981	\$194	\$11	\$9,761
ADvantage Home Delivered Meals	\$9,566,263	\$9,041,353	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgical Services	\$449,776	\$1,768,254	\$4,495,574	\$8,552	\$15,045	\$2,688	\$154,083
Architectural Modification	\$190,363	\$339,576	\$0	\$0	\$0	\$0	\$0
Audiology Services	\$2,441	\$23,564	\$224,537	\$75	\$0	\$137	\$285
Behavioral Health	\$6,066,617	\$87,014,713	\$175,893,178	\$71,056	\$0	\$73,277	\$379,804
Capitated Services	\$12,133,235	\$5,104,133	\$31,123,780	\$13,100	\$0	\$3,027	\$122,284
Chiropractic Services	\$816	\$622	\$0	\$0	\$0	\$0	\$0
Clinic	\$2,283,065	\$21,104,264	\$102,686,576	\$198,718	\$301,498	\$43,922	\$3,429,294
Clinics - OSA Services	\$30	\$644,999	\$6,587,224	\$4,004	\$318,455	\$31,177	\$17,353
Community Mental Health	\$484,790	\$19,686,669	\$28,333,439	\$23,734	\$0	\$3,007	\$144,162
Dental	\$592,459	\$8,187,100	\$109,657,750	\$9,716	\$0	\$51,263	\$79,605
Direct Support	\$12,020,792	\$196,043,921	\$0	\$0	\$0	\$0	\$0
Employee Training Specialist	\$769,861	\$28,670,381	\$0	\$0	\$0	\$0	\$0
End-Stage Renal Disease	\$1,368,587	\$8,520,651	\$282,569	\$0	\$0	\$0	\$25,518
Eye Care and Exams	\$302,212	\$1,572,170	\$19,324,551	\$5,267	\$0	\$5,373	\$58,163
Eyewear	\$3,772	\$158,556	\$2,596,534	\$0	\$0	\$3,845	\$918
Self Directed Care	\$4,697,981	\$6,793,236	\$0	\$0	\$0	\$0	\$11,300,327
Group Home	\$1,511,262	\$20,273,524	\$0	\$0	\$0	\$0	\$0
Home Health	\$179,782	\$13,393,699	\$2,869,445	\$12,074	\$0	\$2,693,462	\$11,766
Homemaker Services	\$9,293	\$1,926,128	\$0	\$0	\$0	\$0	\$0
Hospice	\$12,029	\$552,149	\$41,475	\$0	\$0	\$15,767	\$0
ICF-ID Services	\$7,523,871	\$66,316,266	\$179,450	\$0	\$0	\$0	\$0
Inpatient Services	\$23,325,724	\$242,448,530	\$297,622,814	\$965,442	\$61,023	\$385,377	\$7,724,212
Laboratory Services	\$280,448	\$6,371,301	\$21,744,555	\$231,262	\$332,641	\$18,665	\$1,623,202

TYPE OF SERVICE	AGED	BLIND / DISABLED	CHILDREN & PARENTS (TANF)	OKLAHOMA CARES (BCC)	SOONERPLAN	TEFRA	OTHER TOTAL*
Medicare Part A & B (Buy-In) Payments	\$159,653,883	\$0	\$0	\$0	\$0	\$0	\$14,413,721
Medicare Part D Payments	\$111,778,468	\$0	\$17,490	\$0	\$0	\$0	\$0
Mid-Level Practitioner	\$233	\$28,509	\$82,577	\$0	\$99	\$0	\$2,647
Medical Supplies/ DMEPOS	\$15,271,483	\$42,818,541	\$14,222,977	\$31,896	\$0	\$1,182,552	\$419,843
Nursing Facility	\$399,947,265	\$144,830,747	\$331,865	\$20,012	\$4,718	\$0	-\$878
Nursing Services	\$1,968,459	\$8,011,100	\$0	\$0	\$0	\$0	\$0
Nutritionist Services	\$60,018	\$832,108	\$14,576	\$0	\$0	\$430	\$0
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$0	\$0	\$0	\$0	\$181,467
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$59,084,101
Other Practitioner	\$0	\$0	\$81	\$0	\$0	\$0	\$0
Outpatient	\$8,447,918	\$89,763,810	\$210,030,897	\$3,569,281	\$330,890	\$200,266	\$6,403,182
Personal Care	\$43,059,458	\$37,372,911	\$20,365	\$0	\$0	\$61,527	\$0
Physician	\$17,617,137	\$124,179,373	\$387,216,975	\$4,949,129	\$525,359	\$675,954	\$11,855,785
Podiatry	\$302,069	\$1,025,432	\$1,033,556	\$4,710	\$0	\$56	\$35,186
Prescribed Drugs	\$6,465,032	\$261,737,821	\$316,824,157	\$2,299,899	\$1,439,289	\$1,438,939	\$13,393,512
Psychiatric Services	\$291,764	\$11,423,445	\$52,761,830	\$0	\$0	\$0	-\$106,276
Residential Behavior Mgmt	\$0	\$726,513	\$12,945,328	\$0	\$0	\$0	\$0
Respite Care	\$158,552	\$99,867	\$0	\$0	\$0	\$0	\$0
Room and Board	\$2,932	\$46,251	\$80,388	\$6,197	\$0	\$0	\$0
School-Based Services	\$0	\$134,080	\$304,473	\$0	\$0	\$3,242	\$0
Specialized Foster Care/MR Services	\$35,350	\$2,534,410	\$0	\$0	\$0	\$0	\$0
Targeted Case Manager	\$21,153,979	\$35,622,263	\$41,783,309	\$0	\$0	\$184	\$0
Therapy Services	\$216,490	\$7,852,081	\$22,684,809	\$100	\$0	\$618,939	\$1,670
Transportation - Emergency	\$5,135,749	\$25,430,143	\$16,019,768	\$34,110	\$1,164	\$21,958	\$885,192
Transportation - Non-Emergency (NET)**	\$7,097,249	\$17,163,510	\$2,372,221	\$1,503	\$3,250	\$100,071	\$11,194
X-Ray Services	\$968,208	\$5,618,008	\$7,563,117	\$132,712	\$382	\$3,439	\$462,954
Uncategorized Services	\$0	\$468	-\$7,470,997	\$0	\$0	\$0	\$6,952,846
Total	\$885,081,997	\$1,566,445,577	\$1,884,480,437	\$12,593,531	\$3,334,009	\$7,638,556	\$139,076,886

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.

OHCA FIGURES BY COUNTY

COUNTY	POPULATION EST. (JULY 2017*)	UNDUPLICATED MEMBERS**	% POPULATION ENROLLED IN SOONERCARE	EXPENDITURES	ANNUAL PER CAPITA	MONTHLY AVERAGE PER MEMBERS
ADAIR	21,909	9,471	43%	\$38,079,167	\$1,738	\$335
ALFALFA	5,907	931	16%	\$3,433,016	\$581	\$307
ATOKA	13,887	4,253	31%	\$18,861,801	\$1,358	\$370
BEAVER	5,315	1,013	19%	\$2,506,738	\$472	\$206
BECKHAM	21,793	6,005	28%	\$23,866,524	\$1,095	\$331
BLAINE	9,498	2,864	30%	\$9,443,888	\$994	\$275
BRYAN	46,319	13,825	30%	\$53,007,513	\$1,144	\$320
CADDO	29,173	9,896	34%	\$39,055,094	\$1,339	\$329
CANADIAN	139,926	21,643	15%	\$80,983,917	\$579	\$312
CARTER	48,190	15,325	32%	\$58,697,860	\$1,218	\$319
CHEROKEE	48,888	14,029	29%	\$82,619,007	\$1,690	\$491
CHOCTAW	14,863	5,710	38%	\$25,092,382	\$1,688	\$366
CIMARRON	2,154	566	26%	\$694,817	\$323	\$102
CLEVELAND	279,641	46,596	17%	\$177,740,514	\$636	\$318
COAL	5,642	1,784	32%	\$9,044,535	\$1,603	\$422
COMANCHE	121,526	29,743	24%	\$99,303,881	\$817	\$278
COTTON	5,823	1,603	28%	\$5,353,356	\$919	\$278
CRAIG	14,327	5,348	37%	\$34,251,348	\$2,391	\$534
CREEK	71,704	19,495	27%	\$87,422,643	\$1,219	\$374
CUSTER	28,800	7,049	24%	\$24,285,665	\$843	\$287
DELAWARE	42,602	11,268	26%	\$45,880,836	\$1,077	\$339
DEWEY	4,878	1,022	21%	\$3,572,798	\$732	\$291
ELLIS	3,966	763	19%	\$2,652,109	\$669	\$290
GARFIELD	61,581	16,712	27%	\$86,901,962	\$1,411	\$433
GARVIN	27,909	8,501	30%	\$36,235,171	\$1,298	\$355
GRADY	54,943	11,419	21%	\$46,051,917	\$838	\$336
GRANT	4,395	731	17%	\$2,256,786	\$513	\$257
GREER	5,843	1,746	30%	\$7,295,608	\$1,249	\$348
HARMON	2,689	987	37%	\$5,354,960	\$1,991	\$452
HARPER	3,808	731	19%	\$1,880,077	\$494	\$214
HASKELL	12,763	4,362	34%	\$17,826,450	\$1,397	\$341
HUGHES	13,302	4,413	33%	\$22,116,021	\$1,663	\$418
JACKSON	25,125	6,484	26%	\$21,582,418	\$859	\$277
JEFFERSON	6,183	2,248	36%	\$6,704,437	\$1,084	\$249
JOHNSTON	11,060	3,899	35%	\$18,035,588	\$1,631	\$385
KAY	44,544	15,064	34%	\$58,304,325	\$1,309	\$323
KINGFISHER	15,669	3,245	21%	\$10,341,015	\$660	\$266
KIOWA	8,893	2,896	33%	\$13,982,155	\$1,572	\$402
LATIMER	10,411	3,912	38%	\$26,633,545	\$2,558	\$567
LEFLORE	49,731	17,332	35%	\$64,603,918	\$1,299	\$311
LINCOLN	35,142	8,405	24%	\$29,038,198	\$826	\$288
LOGAN	46,784	8,047	17%	\$36,672,071	\$784	\$380
LOVE	10,034	2,772	28%	\$8,386,296	\$836	\$252

MCCLAIN	39,343	8,349	21%	\$29,595,624	\$752	\$295
MCCURTAIN	32,808	13,472	41%	\$55,011,414	\$1,677	\$340
MCINTOSH	19,742	6,203	31%	\$27,036,955	\$1,370	\$363
MAJOR	7,693	1,611	21%	\$5,106,699	\$664	\$264
MARSHALL	16,434	5,261	32%	\$18,593,113	\$1,131	\$295
MAYES	40,921	12,207	30%	\$57,541,665	\$1,406	\$393
MURRAY	13,853	3,534	26%	\$16,075,760	\$1,160	\$379
MUSKOGEE	69,086	24,027	35%	\$118,049,577	\$1,709	\$409
NOBLE	11,277	2,695	24%	\$14,823,104	\$1,314	\$458
NOWATA	10,306	2,644	26%	\$10,395,300	\$1,009	\$328
OKFUSKEE	12,140	4,224	35%	\$26,052,219	\$2,146	\$514
OKLAHOMA	787,958	207,817	26%	\$782,070,172	\$993	\$314
OKMULGEE	38,930	12,554	32%	\$64,378,135	\$1,654	\$427
OSAGE	47,233	6,066	13%	\$28,798,478	\$610	\$396
OTTAWA	31,312	12,386	40%	\$52,132,514	\$1,665	\$351
PAWNEE	16,472	4,847	29%	\$21,958,622	\$1,333	\$378
PAYNE	81,575	15,109	19%	\$60,085,586	\$737	\$331
PITTSBURG	44,184	13,116	30%	\$60,218,783	\$1,363	\$383
PONTOTOC	38,224	10,903	29%	\$64,724,678	\$1,693	\$495
POTTAWATOMIE	72,226	22,310	31%	\$95,702,224	\$1,325	\$357
PUSHMATAHA	11,173	4,288	38%	\$19,516,468	\$1,747	\$379
ROGER MILLS	3,716	840	23%	\$2,211,326	\$595	\$219
ROGERS	91,444	16,445	18%	\$76,588,712	\$838	\$388
SEMINOLE	24,878	8,934	36%	\$43,400,317	\$1,745	\$405
SEQUOYAH	41,252	14,764	36%	\$57,239,379	\$1,388	\$323
STEPHENS	43,332	12,507	29%	\$48,185,634	\$1,112	\$321
TEXAS	20,900	5,615	27%	\$9,680,691	\$463	\$144
TILLMAN	7,433	2,398	32%	\$7,715,874	\$1,038	\$268
TULSA	646,266	165,085	26%	\$632,754,481	\$979	\$319
WAGONER	78,657	14,620	19%	\$50,512,141	\$642	\$288
WASHINGTON	51,932	11,619	22%	\$50,046,737	\$964	\$359
WASHITA	11,134	3,053	27%	\$11,139,732	\$1,001	\$304
WOODS	9,031	1,533	17%	\$6,611,859	\$732	\$359
WOODWARD	20,459	4,474	22%	\$16,191,820	\$791	\$302
Out of State		9,094		\$2,919,385		
OTHER		2,014		\$1,219,007,142		
Total	3,930,864	1,020,726	26%	\$5,308,124,649	\$1,350	\$433

*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 \$487,126,283 in SHOPP payments; \$208,655,731 in Hospital Supplemental payments; \$174,067,603 in Medicare Part A & B (Buy-In) payments; \$111,778,467 in Medicare Part D (clawback) payments; \$54,990,574 in GME payments to medical schools; \$59,722,490 in Insure Oklahoma ESI premiums; \$179,987 in Insure Oklahoma ESI Out-Of-Pocket payments; \$10,235,649 in EHR incentive payments; \$49,400,417 in Outpatient Behavioral Health Supplemental payments; \$2,879,428 in SoonerExcel payments; \$8,424,185 in Health Access Network payments; \$26,748,999 in NET payments; \$3,160,176 in ICF/MR payments; \$11,300,327 in Self-Directed Care and \$-5102,839 in non-member specific provider adjustments.

EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE

TYPE OF SERVICE	SFY2017TOTAL			SFY2018 TOTAL			PERCENT CHANGE		
	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED	EXPENDITURES	MEMBERS	AVG PER MEMBER SERVED
Adult Day Care	\$5,183,122	813	\$6,375	\$4,740,570	782	\$6,062	-9%	-4%	-5%
Advanced Practice Nurse	\$2,526,887	11,004	\$230	\$2,160,858	9,319	\$232	-14%	-15%	1%
ADvantage Home Delivered Meals	\$19,219,967	15,786	\$1,218	\$18,607,615	15,161	\$1,227	-3%	-4%	1%
Ambulatory Surgical Services	\$7,181,914	16,101	\$446	\$6,893,972	14,030	\$491	-4%	-13%	10%
Architectural Modification	\$405,349	190	\$2,133	\$529,939	162	\$3,271	31%	-15%	53%
Audiology Services	\$158,903	1,970	\$81	\$251,039	3,238	\$78	58%	64%	-4%
Behavioral Health Services	\$232,363,472	113,426	\$2,049	\$269,498,645	122,361	\$2,202	16%	8%	8%
Capitated Services	\$49,437,395	684,721	\$72	\$48,499,560	692,080	\$70	-2%	1%	-3%
Chiropractic Services	\$1,821	95	\$19	\$1,438	40	\$36	-21%	-58%	88%
Clinic	\$115,445,457	157,522	\$733	\$130,047,338	171,961	\$756	13%	9%	3%
Clinics - OSA Services	\$6,154,916	50,022	\$123	\$7,603,243	57,182	\$133	24%	14%	8%
Community Mental Health	\$50,386,421	38,312	\$1,315	\$48,675,802	40,756	\$1,194	-3%	6%	-9%
Dental	\$121,236,794	325,113	\$373	\$118,577,893	320,933	\$369	-2%	-1%	-1%
Direct Support	\$218,094,074	4,434	\$49,187	\$208,064,713	4,304	\$48,342	-5%	-3%	-2%
Employee Training Specialist	\$30,586,840	2,784	\$10,987	\$29,440,241	2,680	\$10,985	-4%	-4%	-0%
End-Stage Renal Disease	\$8,059,921	2,482	\$3,247	\$10,197,325	2,611	\$3,906	27%	5%	20%
Eye Care and Exams	\$22,093,154	150,024	\$147	\$21,267,737	148,476	\$143	-4%	-1%	-3%
Eyewear	\$3,393,850	41,926	\$81	\$2,763,625	39,805	\$69	-19%	-5%	-14%
Self-Directed Care	\$22,497,947	1,428	\$15,755	\$22,791,544	1,466	\$15,547	1%	3%	-1%
Group Home	\$22,045,298	640	\$34,446	\$21,784,786	636	\$34,253	-1%	-1%	-1%
Home Health	\$16,427,022	4,825	\$3,405	\$19,160,230	4,739	\$4,043	17%	-2%	19%
Homemaker Services	\$2,023,686	312	\$6,486	\$1,935,420	314	\$6,164	-4%	1%	-5%
Hospice	\$490,287	66	\$7,429	\$621,421	74	\$8,398	27%	12%	13%
ICF-ID Services	\$74,011,558	1,518	\$48,756	\$74,019,587	1,547	\$47,847	0%	2%	-2%
Inpatient Services	\$572,451,939	127,926	\$4,475	\$572,533,122	125,554	\$4,560	0%	-2%	2%
Laboratory Services	\$32,710,572	233,299	\$140	\$30,602,073	229,628	\$133	-6%	-2%	-5%
Medicare Part A & B (Buy-In) Payments	\$168,452,322	-	\$0	\$174,067,604	-	\$0	3%	0	0%
Medicare Part D Payments	\$99,411,265	-	\$0	\$111,795,958	-	\$0	12%	0%	0%
Mid-Level Practitioner	\$121,840	709	\$172	\$114,066	771	\$148	-6%	9%	-14%
Medical Supplies/DMEPOS	\$71,571,302	87,379	\$819	\$73,947,293	87,987	\$840	3%	1%	3%
Nursing Facility	\$551,274,092	19,998	\$27,566	\$545,133,729	20,394	\$26,730	-1%	2%	-3%
Nursing Services	\$9,930,254	19,361	\$513	\$9,979,559	18,986	\$526	0%	-2%	2%
Nutritionist Services	\$914,819	845	\$1,083	\$907,132	745	\$1,218	-1%	-12%	12%
Insure Oklahoma ESI Out-of-Pocket	\$123,259	-	\$0	\$181,467	-	\$0	47%	0%	0%
Insure Oklahoma ESI Premium	\$61,444,628	21,827	\$2,815	\$59,084,101	20,926	\$2,823	-4%	-4%	0%
Other Practitioner	\$350	5	\$70	\$81	3	\$27	-77%	-40%	-62%
Outpatient Hospital	\$313,057,508	446,933	\$700	\$318,746,244	443,886	\$718	2%	-1%	3%
Personal Care	\$88,688,727	20,708	\$4,283	\$80,514,261	19,818	\$4,063	-9%	-4%	-5%
Physician	\$546,589,910	722,989	\$756	\$547,019,712	722,236	\$757	0%	-0%	0%
Podiatry	\$2,392,043	14,373	\$166	\$2,401,009	14,227	\$169	0%	-1%	1%
Prescribed Drugs	\$554,150,988	580,448	\$955	\$603,598,649	578,712	\$1,043	9%	-0%	9%
Psychiatric Services	\$78,946,609	5,721	\$13,799	\$64,370,763	5,459	\$11,792	-18%	-5%	-15%

Residential Behavior Mgmt	\$16,641,777	1,665	\$9,995	\$13,671,841	1,502	\$9,102	-18%	-10%	-9%
Respite Care	\$328,879	213	\$1,544	\$258,419	163	\$1,585	-21%	-23%	3%
Room and Board	\$168,168	260	\$647	\$135,767	292	\$465	-19%	12%	-28%
School-Based Services	\$504,039	861	\$585	\$441,795	558	\$792	-12%	-35%	35%
Specialized Foster Care/ID Services	\$2,715,650	164	\$16,559	\$2,569,760	156	\$16,473	-5%	-5%	-1%
Targeted Case Manager	\$118,261,120	47,984	\$2,465	\$98,559,735	44,303	\$2,225	-17%	-8%	-10%
Therapy Services	\$24,719,088	19,991	\$1,237	\$31,374,089	25,574	\$1,227	27%	28%	-1%
Transportation - Emergency	\$46,105,098	83,556	\$552	\$47,528,085	84,554	\$562	3%	1%	2%
Transportation - Non-Emergency	\$27,846,157	933,526	\$30	\$26,748,999	943,831	\$28	-4%	1%	-5%
X-Ray Services	\$15,907,713	210,573	\$76	\$14,748,820	221,504	\$67	-7%	5%	-12%
Uncategorized Services	\$611,526	1,580	\$387	(\$517,683)	-	\$0	-185%		
Total	\$4,435,467,695	989,916	\$4,481	\$4,498,650,993	1,004,629	\$4,478	1%	1%	-0%

NON-MEMBER SPECIFIC PAYMENTS									
HSP - Indirect Medical Education (IME)	\$33,086,772	-	-	\$34,013,202	-	-	3%		
HSP - Graduate Medical Education (GME)	\$2,464,614	-	-	\$5,811,373	-	-	136%		
HSP - Acute DSH	\$42,861,793	-	-	\$45,584,315	-	-	6%		
HSP - Supplemental Payments	\$139,494,764	-	-	\$123,246,841	-	-	-12%		
HSP - SHOPP	\$482,694,592	-	-	\$487,126,284	-	-	1%		
Behavioral Health Supplemental Payments	\$44,410,331	-	-	49,400,417.00	-	-	11%		
EHR Incentive Payments	17,238,062.48	-	-	10,235,649.29	-	-	-41%		
Capitated Services - GME to Medical Schools	\$105,450,790	-	-	54,055,574.48	-	-	-49%		
Total	\$5,303,169,414	989,916	\$4,481	\$5,308,124,649	1,004,629	\$4,478	58%	1%	-0%

Source: OHCA Financial Service Division, September 2018. 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.

EXPENDITURES BY ADULT AND CHILDREN

SFY2018 TYPE OF SERVICE	ADULT TOTALS			CHILDREN TOTALS			TOTAL		
	EXPENDITURES	MEMBERS SERVED	AVG PER ADULT	EXPENDITURES	MEMBERS SERVED	AVG PER CHILD 1	EXPENDITURES	MEMBERS SERVED	AVERAGE
Adult Day Care	\$4,740,570	782	\$6,062	\$0	-	\$0	\$4,740,570	782	\$6,062
Advanced Practice Nurse	\$233,036	1,213	\$192	\$1,927,822	8,106	\$238	\$2,160,858	9,319	\$232
ADvantage Home Delivered Meals	\$18,607,615	15,161	\$1,227	\$0	-	\$0	\$18,607,615	15,161	\$1,227
Ambulatory Surgical Services	\$3,120,500	7,356	\$424	\$3,773,472	6,674	\$565	\$6,893,972	14,030	\$491
Architectural Modification	\$527,208	160	\$3,295	\$2,730	2	\$1,365	\$529,939	162	\$3,271
Audiology Services	\$18,433	436	\$42	\$232,606	2,802	\$83	\$251,039	3,238	\$78
Behavioral Health Services	\$88,733,431	34,715	\$2,556	\$180,765,214	87,646	\$2,062	\$269,498,645	122,361	\$2,202
Capitated Services	\$19,574,886	143,107	\$137	\$28,924,673	548,973	\$53	\$48,499,560	692,080	\$70
Chiropractic Services	\$1,438	40	\$36	\$0	-	\$0	\$1,438	40	\$36
Clinic	\$41,081,986	55,828	\$736	\$88,965,352	116,133	\$766	\$130,047,338	171,961	\$756
Clinics - OSA Services	\$898,985	9,754	\$92	\$6,704,258	47,428	\$141	\$7,603,243	57,182	\$133
Community Mental Health	\$21,320,923	22,809	\$935	\$27,354,879	17,947	\$1,524	\$48,675,802	40,756	\$1,194
Dental	\$8,292,770	25,910	\$320	\$110,285,123	295,023	\$374	\$118,577,893	320,933	\$369
Direct Support	\$198,115,533	3,845	\$51,525	\$9,949,180	459	\$21,676	\$208,064,713	4,304	\$48,342
Employee Training Specialist	\$28,963,854	2,608	\$11,106	\$476,388	72	\$6,616	\$29,440,241	2,680	\$10,985
End-Stage Renal Disease	\$10,090,837	2,595	\$3,889	\$106,488	16	\$6,656	\$10,197,325	2,611	\$3,906
Eye Care and Exams	\$1,652,758	21,061	\$78	\$19,614,979	127,415	\$154	\$21,267,737	148,476	\$143
Eyewear	\$9,210	200	\$46	\$2,754,415	39,605	\$70	\$2,763,625	39,805	\$69
Self-Directed Care	\$22,791,544	1,465	\$15,557	\$0	-	\$0	\$22,791,544	1,465	\$15,557
Group Home	\$20,760,723	615	\$33,757	\$1,024,063	21	\$48,765	\$21,784,786	636	\$34,253
Home Health	\$3,449,304	3,291	\$1,048	\$15,710,927	1,448	\$10,850	\$19,160,230	4,739	\$4,043
Homemaker Services	\$1,696,486	260	\$6,525	\$238,934	54	\$4,425	\$1,935,420	314	\$6,164
Hospice	\$459,607	54	\$8,511	\$161,814	20	\$8,091	\$621,421	74	\$8,398
ICF-ID Services	\$70,645,081	1,463	\$48,288	\$3,374,506	84	\$40,173	\$74,019,587	1,547	\$47,847
Inpatient Services	\$322,731,712	72,134	\$4,474	\$249,801,410	53,418	\$4,676	\$572,533,122	125,552	\$4,560
Laboratory Services	\$19,035,952	99,826	\$191	\$11,566,121	129,802	\$89	\$30,602,073	229,628	\$133
Medicare Part A & B (Buy-In) Payments	\$174,067,604	-	\$0	\$0	-	\$0	\$174,067,604	-	\$0
Medicare Part D Payments	\$111,795,958	-	\$0	\$0	-	\$0	\$111,795,958	-	\$0
Mid-Level Practitioner	\$48,877	183	\$267	\$65,189	588	\$111	\$114,066	771	\$148
Medical Supplies/DMEPOS	\$45,844,845	55,543	\$825	\$28,102,448	32,444	\$866	\$73,947,293	87,987	\$840
Nursing Facility	\$544,840,973	20,383	\$26,730	\$292,756	11	\$26,614	\$545,133,729	20,394	\$26,730
Nursing Services	\$9,785,095	18,982	\$515	\$194,464	4	\$48,616	\$9,979,559	18,986	\$526
Nutritionist Services	\$886,441	639	\$1,387	\$20,691	106	\$195	\$907,132	745	\$1,218
Insure Oklahoma ESI Out-of-Pocket	\$181,467	-	\$0	\$0	-	\$0	\$181,467	-	\$0
Insure Oklahoma ESI Premium	\$59,084,101	20,926	\$2,823	\$0	-	\$0	\$59,084,101	20,926	\$2,823
Other Practitioner	\$81	3	\$27	\$0	-	\$0	\$81	3	\$27
Outpatient Hospital	\$168,566,593	181,284	\$930	\$150,179,651	262,602	\$572	\$318,746,244	443,886	\$718
Personal Care	\$80,028,877	19,720	\$4,058	\$485,385	98	\$4,953	\$80,514,261	19,818	\$4,063
Physician	\$247,233,925	239,243	\$1,033	\$299,785,787	482,993	\$621	\$547,019,712	722,236	\$757
Podiatry	\$1,574,998	11,891	\$132	\$826,010	2,336	\$354	\$2,401,009	14,227	\$169
Prescribed Drugs	\$315,420,686	150,776	\$2,092	\$288,177,963	427,936	\$673	\$603,598,649	578,712	\$1,043
Psychiatric Services	\$469,134	389	\$1,206	\$63,901,629	5,070	\$12,604	\$64,370,763	5,459	\$11,792
Residential Behavior Mgmt	\$0	-	\$0	\$13,671,841	1,502	\$9,102	\$13,671,841	1,502	\$9,102

Respite Care	\$254,417	157	\$1,620	\$4,002	6	\$667	\$258,419	163	\$1,585
Room and Board	\$53,591	96	\$558	\$82,176	196	\$419	\$135,767	292	\$465
School-Based Services	\$0	4	\$0	\$441,795	554	\$797	\$441,795	558	\$792
Specialized Foster Care/ID Services	\$1,810,260	108	\$16,762	\$759,500	48	\$15,823	\$2,569,760	156	\$16,473
Targeted Case Manager	\$54,751,821	25,809	\$2,121	\$43,807,914	18,494	\$2,369	\$98,559,735	44,303	\$2,225
Therapy Services	\$2,091,542	3,501	\$597	\$29,282,546	22,073	\$1,327	\$31,374,089	25,574	\$1,227
Transportation - Emergency	\$35,009,451	62,424	\$561	\$12,518,635	22,130	\$566	\$47,528,085	84,554	\$562
Transportation - Non-Emergency	\$21,723,072	309,054	\$70	\$5,025,927	634,777	\$8	\$26,748,999	943,831	\$28
X-Ray Services	\$10,708,468	120,224	\$89	\$4,040,352	101,280	\$40	\$14,748,820	221,504	\$67
Uncategorized Services	\$6,940,704	(179)	-\$38,775	(\$7,458,387)	179	-\$41,667	(\$517,683)	-	\$0
Total	\$2,800,727,366	348,252	\$8,042	\$1,697,923,628	656,377	\$2,587	\$4,498,650,993	1,004,629	\$4,478

NON-MEMBER SPECIFIC PAYMENTS									
HSP - Indirect Medical Education (IME)	\$34,013,202	-	-	\$0	-	-	\$34,013,202	-	-
HSP - Graduate Medical Education (GME)	\$2,905,687	-	-	\$2,905,687	-	-	\$5,811,373	-	-
HSP - Acute DSH	\$0	-	-	\$45,584,315	-	-	\$45,584,315	-	-
HSP - Supplemental Payments	\$0	-	-	\$123,246,841	-	-	\$123,246,841	-	-
HSP - SHOPP	\$0	-	-	\$487,126,284	-	-	\$487,126,284	-	-
Behavioral Health Supplemental Payments	\$0	-	-	\$49,400,417	-	-	\$49,400,417	-	-
EHR Incentive Payments	\$0	-	-	\$10,235,649	-	-	\$10,235,649	-	-
Capitated Services - GME to Medical Schools	\$0	-	-	\$54,055,574	-	-	\$54,055,574	-	-
Total	\$2,837,646,254			\$2,470,478,395			\$5,308,124,649		

Source: OHCA Financial Service Division, September 2017. Children are under age 21. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

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

EXPENDITURES BY TYPE OF SERVICE BY BENEFIT TYPE

TYPE OF SERVICE	SOONERCARE TRADITIONAL	SOONERCARE CHOICE	INSURE OKLAHOMA IP & ESI*	SOONERPLAN	SOONERCARE SUPPLEMENTAL	HCBS WAIVERS**	TOTAL
Adult Day Care	\$0	\$0	\$0	\$0	\$0	\$4,740,570	\$4,740,570
Advanced Practice Nurse	\$125,936	\$2,017,810	\$9,505	\$194	\$7,412	\$0	\$2,160,858
ADvantage Home Delivered Meals	\$0	\$0	\$0	\$0	\$0	\$18,607,615	\$18,607,615
Ambulatory Surgical Services	\$902,145	\$5,007,911	\$154,083	\$15,045	\$814,788	\$0	\$6,893,972
Architectural Modification	\$0	\$0	\$0	\$0	\$0	\$529,939	\$529,939
Audiology Services	\$32,253	\$214,504	\$285	\$0	\$3,411	\$586	\$251,039
Behavioral Health Services	\$49,719,420	\$175,551,618	\$232,545	\$0	\$37,241,883	\$6,753,180	\$269,498,645
Capitated Services	\$3,811,882	\$30,907,381	\$106,500	\$0	\$13,673,796	\$0	\$48,499,560
Chiropractic Services	\$0	\$0	\$0	\$0	\$1,438	\$0	\$1,438
Clinic	\$25,553,352	\$97,965,104	\$1,199,096	\$301,498	\$5,013,994	\$14,294	\$130,047,338
Clinics - OSA Services	\$1,519,633	\$5,740,747	\$10,598	\$318,455	\$13,810	\$0	\$7,603,243
Community Mental Health	\$7,825,627	\$32,854,760	\$99,997	\$0	\$7,895,418	\$0	\$48,675,802
Dental	\$16,755,357	\$98,543,304	\$49,007	\$0	\$2,409,436	\$820,790	\$118,577,893
Direct Support	\$0	\$0	\$0	\$0	\$0	\$208,064,713	\$208,064,713
Employee Training Specialist	\$0	\$0	\$0	\$0	\$0	\$29,440,241	\$29,440,241
End-Stage Renal Disease	\$3,567,076	\$2,553,588	\$25,518	\$0	\$4,021,232	\$29,911	\$10,197,325
Eye Care and Exams	\$2,896,365	\$17,788,698	\$51,562	\$0	\$531,113	\$0	\$21,267,737
Eyewear	\$411,145	\$2,342,227	\$0	\$0	\$10,253	\$0	\$2,763,625
Self-Directed Care	\$11,300,327	\$0	\$0	\$0	\$0	\$11,491,217	\$22,791,544
Group Home	\$0	\$0	\$0	\$0	\$0	\$21,784,786	\$21,784,786
Home Health	\$9,913,761	\$7,999,750	\$11,766	\$0	\$410,670	\$824,282	\$19,160,230
Homemaker Services	\$0	\$0	\$0	\$0	\$0	\$1,935,420	\$1,935,420
Hospice	\$68,531	\$93,282	\$0	\$0	\$0	\$459,607	\$621,421
ICF-ID Services	\$73,965,442	\$54,146	\$0	\$0	\$0	\$0	\$74,019,587
Inpatient Services	\$288,999,309	\$247,688,126	\$3,778,051	\$61,023	\$31,988,691	\$17,923	\$572,533,122
Laboratory Services	\$6,781,752	\$22,624,858	\$715,413	\$332,641	\$147,409	\$0	\$30,602,073
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$0	\$0	\$174,067,604	\$0	\$174,067,604
Medicare Part D Payments	\$0	\$0	\$0	\$0	\$111,795,958	\$0	\$111,795,958
Mid-Level Practitioner	\$16,535	\$94,365	\$2,647	\$99	\$419	\$0	\$114,066
Medical Supplies/DMEPOS	\$14,073,624	\$26,993,521	\$230,449	\$0	\$7,558,253	\$25,091,445	\$73,947,293
Nursing Facility	\$68,382,707	\$586,397	\$0	\$4,718	\$476,073,374	\$86,533	\$545,133,729
Nursing Services	\$0	\$0	\$0	\$0	\$0	\$9,979,559	\$9,979,559
Nutritionist Services	\$241,677	\$15,789	\$0	\$0	\$0	\$649,666	\$907,132
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$181,467	\$0	\$0	\$0	\$181,467
Insure Oklahoma ESI Premium	\$0	\$0	\$59,084,101	\$0	\$0	\$0	\$59,084,101
Other Practitioner	\$0	\$81	\$0	\$0	\$0	\$0	\$81
Outpatient Hospital	\$69,984,973	\$226,393,844	\$4,835,553	\$330,890	\$17,135,484	\$65,499	\$318,746,244
Personal Care	\$850,646	\$2,216,647	\$0	\$0	\$7,288,893	\$70,158,076	\$80,514,261
Physician	\$108,212,155	\$396,523,498	\$6,262,952	\$524,355	\$33,705,792	\$1,790,959	\$547,019,712
Podiatry	\$453,582	\$1,441,784	\$33,916	\$0	\$471,727	\$0	\$2,401,009
Prescribed Drugs	\$138,012,741	\$444,598,333	\$10,817,727	\$1,439,289	\$0	\$8,730,559	\$603,598,649
Psychiatric Services	\$55,248,473	\$8,774,947	\$4,057	\$0	\$343,286	\$0	\$64,370,763
Residential Behavior Mgmt	\$13,443,306	\$228,535	\$0	\$0	\$0	\$0	\$13,671,841
Respite Care	\$0	\$0	\$0	\$0	\$0	\$258,419	\$258,419

Room and Board	\$60,578	\$75,189	\$0	\$0	\$0	\$0	\$135,767
School-Based Services	\$264,265	\$177,529	\$0	\$0	\$0	\$0	\$441,795
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0	\$0	\$2,569,760	\$2,569,760
Targeted Case Manager	\$46,007,451	\$1,541,579	\$0	\$0	\$13,940,680	\$37,070,025	\$98,559,735
Therapy Services	\$5,666,433	\$23,637,628	\$1,484	\$0	\$240,792	\$1,827,752	\$31,374,089
Transportation - Emergency	\$11,100,205	\$19,905,534	\$106,126	\$1,164	\$8,785,733	\$7,629,324	\$47,528,085
Transportation - Non-Emergency (NET)***	\$0	\$26,748,999	\$0	\$0	\$0	\$0	\$26,748,999
X-Ray Services	\$3,216,780	\$9,591,351	\$351,647	\$382	\$1,588,660	\$0	\$14,748,820
Uncategorized Services	-\$894,518	\$37,221	\$0	\$0	\$339,614	\$0	-\$517,683
TOTAL	\$1,038,490,925	\$1,939,530,584	\$88,356,052	\$3,329,755	\$957,521,024	\$471,422,653	\$4,498,650,993
Unduplicated Members Served	464,424	667,291	29,600	10,779	108,522	26,721	1,004,629
Average Cost Per Member Served	\$2,236	\$2,907	\$2,985	\$309	\$8,823	\$17,642	\$4,478
Unduplicated Members Enrolled	NA	685,869	32,186	61,581	131,645	26,580	1,020,726
Average Per Enrolled	NA	\$2,828	\$2,745	\$54	\$7,274	\$17,736	\$4,407

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.

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

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 \$487,126,283 in SHOPP payments; \$208,655,731 in Hospital Supplemental payments (includes Hospital Supplemental Payments, DSH, GME and IME); \$49,400,417 in Outpatient Behavioral Health Supplemental payments; \$2,897,857 in SoonerExcel payments; \$10,235,649 in EHR incentive payments; \$54,055,574 in GME payments to medical schools; and \$1,068,449 in non-member specific provider adjustments. \$174,067,603 in Medicare Part A & B (Buy-In) payments and \$111,778,467 in Medicare Part D (clawback) payments are included in Ages 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.

Who and what we cover

PROVIDER NETWORK

PROVIDER TYPE	NUMBER
Adult Day Care	45
Advance Practice Nurse	3,780
ADvantage Home Delivery Meal	18
Ambulatory Surgical Center (ASC)	58
Anesthesiology Assistant	23
Audiologist	136
Capitation Provider - IHS (Indian Health Services) Case Manager	85
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	2
Case Manager	84
Certified Community Behavioral Health Centers (CCBHC)	35
Certified Registered Nurse Anesthetist (CRNA)	1,594
Chiropractor	26
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	2
Clinic - Family Planning Clinic	2
Clinic - Federally Qualified Health Clinic (FQHC)	110
Clinic - Native American	63
Clinic - Rural Health	100
Clinic - Tuberculosis	2
Community Mental Health Center (CMHC)	95
County/City Health Department	6
DDSD (Developmental Disability Service Division) - Architectural Modification	22
DDSD (Developmental Disability Service Division) - Community Transition Services	38
DDSD (Developmental Disability Service Division) - Employee Training Specialist	81
DDSD (Developmental Disability Service Division) - Group Home	41
DDSD (Developmental Disability Service Division) - Homemaker Services	64
DDSD (Developmental Disability Service Division) - Volunteer Transportation Provider	222
DDSD (Developmental Disability Service Division) - Waiver Behavioral Health Provider	588
Dentist	1,740
Direct Support Services	218
DME (Durable Medical Equipment)/Medical Supply Dealer	1,238
End-Stage Renal Disease Clinic	110
Extended Care and Skilled Nursing Facilities	356
Extended Care Facility - Facility Based Respite Care	91
Extended Care Facility - ICF/MR	90
Genetic Counselor	16
Health Home	135
Home Health Agency	175
Hospice	73

Hospital - Acute Care	701
Hospital - Critical Access	99
Hospital - Native American	13
Hospital - Psychiatric	22
Hospital - Resident Treatment Center	47
Laboratory	479
Lactation Consultant	78
Licensed Behavioral Health Professional	4,332
Licensure Candidates	2,061
Maternal/Child Health LCSW	12
Nursing Agency - Non-Skilled	30
Nursing Agency - Skilled	101
Nutritionist	296
Optician	58
Optometrist	650
Outpatient Behavioral Health Agency	427
Outpatient Behavioral Health Agency - DMHSAS Contracted	105
Para Professional	3,350
Partial Hospitalization	8
Personal Care Services	1,840
Pharmacy	1,396
Physician - Allergist	88
Physician - Anesthesiologist	1,262
Physician Assistant	1,789
Physician - Cardiologist	656
Physician - General/Family Medicine	3,121
Physician - General Pediatrician	1,860
Physician - General Surgeon	828
Physician - Internist	2,402
Physician - Obstetrician/Gynecologist	898
Physician - Other Specialist	7,443
Physician - Pediatric Specialist	2,016
Physician - Radiologist	1,605
Physician - Resident in Training	250
Preadmission Screening and Resident Review (PASRR)	9
Program for Assertive Community Treatment (PACT)	12
Psychiatric Residential Treatment Facility (PRTF)	39
Psychologist	357
Registered Nurse	12
Residential Behavior Management Services (RBMS)	28
Respite Care	72
Room and Board	14
School Based Para Professional	100
School Corporation	74
Specialized Foster Care/MR	121
Therapist - Occupational	434
Therapist - Physical	1,006
Therapist - Speech/Hearing	1,080
Transportation Provider	390
X-Ray Clinic	72
Total Provider Network [Unduplicated]	52,087

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	Option 1
Claim Status	Option 2
SoonerCare Enrollment	Option 3
Pharmacy Inquiries	Option 4
PIN Reset for SoonerCare	Option 5
DHS	Option 6
Repeat Options	Option 9

Provider Services

405-522-6205 or 800-522-0114

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

