OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
August 21, 2013 at 1:00 P.M.
Quartz Mountain Conference Center
22469 Lodge Road
Lone Wolf, Oklahoma

A G E N D A

Items to be presented by Ed McFall, Chairman

1. Call to Order / Determination of Quorum

2. Action Item – Approval of June 27, 2013 OHCA Board Minutes

3. Discussion Item – Reports to the Board by Board Committees

    a) Audit/Finance Committee – Member Miller
    b) Strategic Planning Committee – Vice Chairman Armstrong

Item to be presented by Nico Gomez, Chief Executive Officer

4. Discussion Item – Chief Executive Officer's Report

    a) Financial Update – Carrie Evans, Chief Financial Officer
    b) Medicaid Director's Update – Garth Splinter, State Medicaid Director

Item to be introduced by Buffy Heater, Planning and Development Manager and presented by Dr. Donna Spencer, Senior Research Associate, Deputy Director & Dr. Kathleen Thiede Call, Professor and DGS of State Health Access Data Assistance Center (SHADAC) & University of Minnesota, School of Public Health

5. Discussion Item – Presentation from the University of Minnesota, School of Public Health, State Health Access Data Assistance Center (SHADAC) staff and their findings from the 2013 Oklahoma Health Insurance Survey. This will include interim results on the current status of Oklahomans sources of health insurance coverage, be it private, public or uninsured.

Item to be presented by Howard Pallotta, General Counsel

6. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

Item to be presented by Nancy Nesser, Pharmacy Director

7. Action Item – Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under Title 63 § 5030.3.

    a) Consideration and vote to add **Oxtellar XR™ (Oxcarbazepine ER); Sabril® (Vigabatrin); Kynamro™ (Mipomersen); Vecamyl™ (Mecamylamine);** and **Fulyzaq™ (crofelemer)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Chairman McFall

8. Discussion Item – Proposed Executive Session as Recommended by the Director of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4), (7) and (9).

    a) Discussion of Pending Litigation, Investigations and Claims

RECESS

RECONVENE BOARD MEETING/RETREAT AT 2:30PM, WEDNESDAY, AUGUST 21, 2013

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
June 27, 2013
Held at the SAMIS Educational Center, OUHSC
1200 Children's (Phillips Ave)
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A public notice was placed on the front door of the Oklahoma Health Care Authority on June 26th, 2012, 1:00 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman McFall called the meeting to order at 1:00 PM.

BOARD MEMBERS PRESENT: Member McVay, Member Bryant, Member Miller, Member Nuttle, Member Robison, Chairman McFall, and Vice-Chairman Armstrong

OTHERS PRESENT:

Senator Connie Johnson
Sandra Puebla, OHCA-Policy
Catina Baker, OHCA-Policy
Megan Haddock, OKDHS
Bill Hancock, CommunityCare
Emily Summars, eCapital
Donna Dorr, OKCAP/OID
Julie Cox-Kain, OSDH
Marion K
David Dude, American Cancer Society
Will Widman, HP
Tanye Cox, PPH
Patti Davis, OHA
Marla Lobo, VOICE
Sean Murphy, AP
Katie Reichert, VOICE
Marie Moore, OKDHS
Bruce Bell, Self
Debbie Spaeth, Quest MHSA
Tasha Black, OHCA – Finance
Reginald Mason, OHCA-Policy
Blake Jackson, Saxum
Brent Wilborn, OKPCA
Laura Broding, OAHP
Glenn Hightower, OK Chptr Natl Lupus Assn.
Dean N. Baudy, UHAT
Jay Kumar, OHCA-Provider Services
Jaclyn Cosgrove, The Oklahoman
Karen Massey, Choctaw Nation
Mike Fogarty, General Public
Jane Anderson, Change Oklahoma
Wanda Stapleton, So. OKC Democrats
Mary Brinkly, Leading Age OK
John Johnstone, VOICE
Dick Clark, VOICE
Tiece Dempsey, Oklahoma Policy Institute
Jonathan Small, OCPA
Rebecca A. Ross, OID, Tulsa
Rep. Doug Cox, OK House

OTHERS PRESENT:

Katherine Scheirman, M.D., Doctors for America
Trevlyn Cross, Chickasaw Nation
Dana Miller, OHCA-Tribal Relations
Nancy Nesser, OHCA-Pharmacy
Sue Robertson, OHCA-Child Health
Terry Cothran, OU College of Pharmacy
John Giles, OSDH
Shellie Keast, OU College of Pharmacy
Mark L. Jones, OKDHS
Jamie Billingsley, Allied Physicians Group
Charles Brodt, HP
Warren Vieth, Oklahoma Watch
Jonathan Buxton, State Chamber
Dena Thayer, OKDHS
Craig W. Jones, OHA
Mary Sue Sparkman, VOICE
Diddy Nelson, OCALTHB
Arnold Hamilton, The Oklahoma Observer
Susan J. Hakel, M.D., VOICE
Lakita Gunn, OHCA-Policy
Ryan Kilpatrick, FKG
Kim Meyer, Saxum
Kathy Pendarvis, OMES
Mary Hernandez, VOICE
Susan McCann, Coalition for Medicaid Expansion
Beth VanHorn, OHCA-Legal
Casey Dunham, OHCA-Provider Services
Sally Carter, OSDH
Kristen King, VOICE
Judy Goforth Parker, Chickasaw Nation
Jim Huff, So. OKC Democrats
Evelyn Moore, So. OKC Democrats
Alice Parker, Change.org / VOICE
Dianne McDaniel, VOICE
Linda Clark, VOICE
Traylor Rains, ODMHSAS
Baxter Lewallen, OCPA
Danielle Cox, Senator Bingman's Office
Maud

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING HELD May 9, 2013.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION:	Member Robison moved for approval of the May 9, 2013 board minutes as published. Member Nuttle seconded.
FOR THE MOTION:	Member Bryant, Member Miller, Chairman McFall, and Vice-Chairman Armstrong
MEMBER ABSTAINING:	Member McVay

ITEM 3 / REPORTS TO THE BOARD BY BOARD COMMITTEES

Member Miller reported that the Audit Finance Committee did not meet.

Member McVay reported that the Rules Committee did not meet.

Member Bryant reported that the Legislative Committee met and received a brief overview of bills affecting the Agency at the end of the legislative session. She will let Carter Kimble elaborate in his presentation.

Vice-Chairman Armstrong reported that the Strategic Planning Committee met and briefly discussed the Leavitt Report to be presented later. Also discussed, was the upcoming board retreat to be held at Quartz Mountain Resort Arts and Conference Center, August 21st-23rd, everyone is welcome and encouraged to attend.

ITEM 4 / CHIEF EXECUTIVE OFFICER'S REPORT
Nico Gomez, Chief Executive Officer

4a. FINANCIAL UPDATE
Carrie Evans, Chief Financial Officer

Ms. Evans reported that the Agency is under budget with a variance of $25 million state, under budget in the Medicaid program spending as well as Administration, under budget in the Tobacco Tax collections and Federal Funds which is due to the timing of the drawdowns and over budget on all other revenue items. The Oklahoma Health Care Authority has set aside $11 million for DMHSAS as per the Memorandum of Understanding. As things currently stand May and June could also be under budget. There were no questions. For a detailed report, see Item 4a of the June 27, 2013 board packet.

Senator Miller stated that even though the Finance Committee did not meet, he did speak with Ms. Evans. As her report to the Board shows the Agency's finances are in excellent condition.

4b. MEDICAID DIRECTOR'S UPDATE
Garth Splinter, MD, State Medicaid Director

Dr. Splinter reviewed the data sheet highlighting the SoonerCare Program. For a detailed report, see Item 4b of the online June 27, 2013 board packet.

4c. LEGISLATIVE UPDATE
Carter Kimble, Government Affairs Liaison

Mr. Kimble reviewed the outcomes of the 54th Oklahoma Legislative Session which adjourned on May 24, 2013. He then thanked Barbara Gibbons, Holli Brown, and Nico Gomez for their guidance and assistance during the session. For more detailed information see Item 4c of the June 27, 2013 board packet.

4d. DISASTER RESPONSE UPDATE
Ed Long and Marlene Asmussen

Ms. Asmussen and Mr. Long updated the Board on the assistance provided to members, providers, and staff affected by the recent storms. For more detailed information, see Item 4.d. of the June 27, 2013 board packet posted on the public website.

Mr. Gomez recognized and praised the agency staff in their willingness to help, in any way possible, fellow staff members affected by the tornadoes.

Mr. Gomez expressed his thanks to the SAMIS Education Center, Dean Gandy, Savannah, and Patti for their assistance in providing a great location for the meeting.

ITEM 5 / UPDATE ON OHCA'S PROGRAM INTEGRITY
Kelly Shropshire, Program Integrity and Accountability Director

Mr. Shropshire presented a PowerPoint presentation regarding Program Integrity. For a detailed report, please see Item 5 of the June 27, 2013 board packet posted on the public website.

ITEM 6 / Presentation of Final Findings Report by Leavitt Partners
Buffy Heater, Planning & Development Manager

Ms. Heater who has been the contact for Leavitt Partners thanked them for providing the product on time and below budget at a cost of $248,000. She then introduced the team to present the Final Findings Report: Laura Summers, Director of State Intelligence, Michael Deily, Senior Advisor, and Charlene Frizzera, Senior Advisor.

Ms. Summers provided only a limited summary of the evaluation of the SoonerCare program and focused on the Proposal for Demonstration part of the report. She reviewed the target population, the risk factors, the need for behavioral health services, and the need to develop a more cost-effective approach to providing care to this targeted population. She reviewed the economic impact of the additional spending on health care and the overall effect on Oklahoma's budget with an estimate of the cumulative effect on the state budget over ten years.

Chairman Ed McFall stated that the program activities were rated as very high and that we compare favorably to other agencies you (Leavitt) has reviewed in other states; however, we keep reading in the newspaper that the Medicaid Program in Oklahoma is broken. Does Leavitt see it as such? Ms. Summers stated that this is a much broader program itself is it completing what it is intended to do, some fine-tuning needed, but the program itself is doing a very fine job. Mr. Deily stated that there are issues around the quality of care, that the population which Medicaid covers is a much lower income there is not a way to fix Medicaid without fixing this population.

Foundation for recommendations to gain efficiencies in 2014:
- ❖ Streamline current Medicaid eligibility system
  - ➢ Move everyone above 138% FPL into the exchange
    - ▪ Discussion of Maintenance of effort and that an exception for children continues for several years.

Chairman McFall pointed out that every one of the categories was mandated by a law as was the percentages of the FPL, so the Oklahoma Health Care Authority was following the direction of the legislature. Mr. Deily pointed out that the report does indicate that changes would require either a rule change or a statutory change.

- ❖ Utilizing the IO framework for the program

Recommended Approach
- ✓ Maintain the current ESI program.

- ✓ Leverage premium assistance to enable the purchase of commercial insurance in the individual market.
- ✓ Modify the IO Individual Plan currently in place
- ✓ Include a blended health home/medical home model
- ✓ Include basic benefits required for Medicaid coverage and add additional health home benefits to the alternative option
- ✓ Use care coordination and behavioral health services
- ✓ Impose maximum allowable cost sharing and utilize appropriate reductions in the cost-sharing requirements to incentivize positive health behaviors and promote personal responsibility.
- ✓ Implement new payment strategies that incentivize providers in conjunction with their patients
  - o Establish metrics to reflect outcomes in a variety of ways
  - o Use shared savings to help drive the formation of the coordinated care model
- ✓ Integrate public health initiatives to maintain a broader focus on health outcomes and improving the states' overall health
- ✓ Work toward multi-payer models
- ✓ Create a steering committee to implement the proposal
- ✓ Develop a strong evaluation component
- ✓ Demonstrate cost effectiveness
- ✓ Leverage current program initiatives

Ms.Summers stated that for most of the recommendations OHCA should consider an implementation date of 2015. The complete Leavitt Report can be found on-line at www.okhca.org/leavitt.

ITEM 7 / Presentation of the Insure Oklahoma Expiration Plan
Tywanda Cox, Health Policy Director

Ms. Cox gave a PowerPoint presentation regarding the Insure Oklahoma Expiration Plan which must be sent to CMS on July 1, 2013 for approval. The PowerPoint gave key dates related to the transition. For more detailed information see Item 7 of the June 27, 2013 board packet posted on the public website.

Vice-Chairman Armstrong asked what would happen to those Insure Oklahoma members who are current received treatment. Ms. Cox responded that the Agency's Population Care Management nurses are working with those members are under care and provide outreach for a smoother transition. However, if the adult members do not qualify for Medicaid services there is nothing the agency can do. Children are another matter and fall under the *maintenance of effort* rule.

ITEM 8 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS REGARDING THIS BOARD MEETING

Mr. Howard Pallotta stated that the Conflicts of Interest Panel met and found no conflicts regarding action items.

ITEM 9 / CONSIDERATION AND APPROVAL OF THE STATE FISCAL YEAR 2014 BUDGET WORK PROGRAM, VICKIE KERSEY, DIRECTOR OF FISCAL PLANNING & PROCUREMENT

Ms. Kersey presented the SFY'2014 budget work program. There were no questions.

Senator Miller commented that it was good that DMHSAS was appropriated funds and that OHCA doesn't have to pay a large amount of the agency's budget.

MOTION: Member Miller moved for approval of the 2014 Budget Work Program. Vice-Chairman Armstrong seconded.

FOR THE MOTION: Member McVay, Member Bryant, Member Robison, Chairman McFall, and Member Nuttle

ITEM 10/ ITEMS TO BE PRESENTED BY CINDY ROBERTS, DEPUTY CEO, PLANNING, POLICY & INTEGRITY DIVISION

10. Action Item – Consideration and Vote Upon the Recommendations of the State Plan Amendment Rate Committee.

a) Consideration and Vote for a 6% Rate Increase for the following services provided in the In-Home Support Waiver, Home and Community Based Waiver, Homeward Bound Waiver, and Children In-Home Support Waiver (all per rate brief):

1. Homemaker
2. Habilitation Training
3. Self-Directed Service
4. Intensive Supports
5. Daily Living Supports
6. Community Based Services
7. Center Based Pre Vocational
8. Community Based Pre Vocational
9. Employment Specialist
10. Enhanced Community Based Pre Vocational
11. Enhanced Job Coaching
12. Enhanced Job Coaching individual
13. Job Coaching service
14. Job Stabilization
15. Pre Vocational Habilitation Training Services

MOTION: Member Bryant moved for approval of the rate increases. Member McVay seconded.

FOR THE MOTION: Member Miller, Member Nuttle, Member Robison, Chairman McFall, and Vice-Chairman Armstrong

b) Consideration and Vote for a 5% to 6% (per rate brief) Not To Exceed rate for the following services:

1. Group Home Alternative
2. Group Home; 6-12 Beds inclusive
3. Group Home Community living Bed; 6 -12 Beds inclusive
4. Respite/Group Home; 6 – 12 Beds inclusive
5. Respite/Community living Home; 6 – 12 Beds inclusive

MOTION: Member Bryant moved for approval of the rate increases. Member McVay seconded.

FOR THE MOTION: Member Miller, Member Nuttle, Member Robison, Chairman McFall, and Vice-Chairman Armstrong

c) Consideration and Vote to change the State Medicaid Plan Methodology for Indirect Medical Education Costs from paying “hospitals” to paying “qualifying facilities”;

MOTION: Vice-Chairman Armstrong moved for approval of the Methodology change. Member Miller seconded.

FOR THE MOTION: Member McVay, Member Bryant, Member Nuttle, Member Robison, and Chairman McFall

d) Consideration and Vote to change the State Medicaid Plan Methodology for Indirect Medical Education to eliminate the sunset provision regarding hospitals that qualify because they experience a significant volume decrease in Medicaid days;

MOTION: Member McVay moved for approval of the Method change. Vice-Chairman Armstrong seconded.

FOR THE MOTION: Member Bryant, Member Miller, Member Nuttle, Member Robison, and Chairman McFall

e) Consideration and Vote to change the State Medicaid Plan Methodology for Nursing Facilities as follows:

1. Increase the Base Rate for 16 Bed or Less Intermediate Care Facilities for the Intellectually Disabled under OAC 317:30-3-43 from $154.81 per day to $155.28 per day.

2. Increase the Base rate for Regular Nursing Facilities under OAC 317:30-3-42 from $106.29 to $107.24 per day.

3. Increase the "Pool amount" from which Direct Care and other Care Components of the Regular Nursing Home Facilities Rate can be derived from $147,230,204.00 to $162,205,189.00.

4. Alter threshold levels for acquiring points under the Focus on Excellence Program under 56 § 1011.5(3) and (5) for Resident/Family Surveys and Employee Surveys per rate briefs.

5. Alter total points earned for the Focus & Excellence Program under 63 §§ 1925.2(I) sub. sec. (2)(e) by lowering points for person Centered Case & Increasing Points for Certified Nurse Aide & Licensed Nursing Retention Rates.

6. Increase the Base Rate for Intermediate Care Facilities for the Intellectually Disabled under OAC 317:30-3-43 from $120.40 to $121.08 per day.

7. Increase the Rate paid to Nursing Facilities under OAC 317:30-5-133 (a) (1) (B) who serves persons with Acquired Immune Deficiency Syndrome from $193.04 to $196.95 per day.

MOTION: Member Bryant moved for approval of the Methodology change. Member Robison seconded.

FOR THE MOTION: Member McVay, Member Miller, Member Nuttle, Chairman McFall, and Vice-Chairman Armstrong

f) Consideration and Vote for a 6.2% or 6.3% increase to the following Rates (per rate brief) under the ADvantage Waiver Program and the State Plan Personal Care Services as follows:

1. ADvantage Personal Care
2. Supportive/Restorative Care
3. In-Home Respite
4. Personal Services Assistance (PSA)
5. Advanced PSA
6. Assisted Living Tier 1
7. Assisted Living Tier 2
8. Assisted Living Tier 3
9. State Plan Personal Care

MOTION: Member McVay moved for approval of the rate increases. Vice-Chairman Armstrong seconded.

FOR THE MOTION: Member Bryant, Member Miller, Member Nuttle, Member Robison, and Chairman McFall

g) Consideration and Vote for an Increase in the Rate paid for Program for Assertive Community Treatment (PACT) from $24.28 per 15 minute of services to $32.11 per 15 minute of services.

MOTION: Member Robison moved for approval. Member McVay seconded.

FOR THE MOTION: Member Bryant, Member Miller, Member Nuttle, Chairman McFall, and Vice-Chairman Armstrong

h) Consideration and Vote for a 6.2% increase in the following Rates for the Medically Fragile, Sooner Senior, My Life-My Choice and Living Choice Waiver/Demonstrations:

1. Personal Care
2. Advance Supportive Restorative
3. In-Home Respite
4. Assisted Living Tier 1
5. Assisted Living Tier 2
6. Assisted Living Tier 3
7. Self-Directed Personal Care
8. Self-Directed Advance Supportive Restorative
9. Self-Directed Respite

MOTION: Vice-Chairman Armstrong moved for approval. Member Nuttle seconded.

FOR THE MOTION: Member McVay, Member Bryant, Member Miller, Member Robison, Chairman McFall

Item to be presented by Beth VanHorn, Legal Operations Director

11. Action Item – Authority for Expenditure of Funds for Independent Evaluation of the Health Management Program.

MOTION: Vice-Chairman Armstrong moved for approval of the expenditure of funds. Member Robison seconded.

FOR THE MOTION: Member McVay, Member Bryant, Member Miller, Member Nuttle, and Chairman McFall

Item to be presented by Chairman McFall

12. Discussion Item – Proposed Executive Session as Recommended by the Director of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4), (7) and (9).

a) Discussion of Pending Litigation, Investigations and Claims
b) Discussion of CEO Evaluation for 2014

MOTION: Member Nuttle moved for approval. Member McVay seconded.

FOR THE MOTION: Member McVay, Member Bryant, Member Miller, Member Nuttle, Member Robison, Chairman McFall, and Vice-Chairman Armstrong

13. New Business

There was no new business.

14. ADJOURNMENT

MOTION: Member Nuttle moved for approval. Member Robison seconded.

FOR THE MOTION: Member McVay, Member Bryant, Member Miller, Chairman McFall, and Vice-Chairman Armstrong

Meeting adjourned at 3:59 p.m., 6/27/2013

NEXT BOARD MEETING
August 21, 2013
BOARD RETREAT
August 22 & 23, 2013
Quartz Mountain Conference Center
Lone Wolf, OK

Kay Davis
Acting Board Secretary

Minutes Approved: _____

Initials: _____

FINANCIAL REPORT

For the Fiscal Year Ended June 30, 2013
Submitted to the CEO & Board
August 21, 2013

- Revenues for OHCA through June, accounting for receivables, were **$3,685,696,908** or **(1.8%) under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$3,668,549,350 or 2.9% under** budget.
- The state dollar budget variance through June is **$42,966,790 positive.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Medicaid Program Variance		39.5
Administration		7.7
Contingent Liability		(11.0)
Revenues:		
Taxes and Fees		(2.9)
Drug Rebate		8.3
Overpayments/Settlements		1.4
Total FY 13 Variance	**$**	**43.0**

ATTACHMENTS

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
For the Fiscal Year Ended June 30, 2013

REVENUES	FY13 Budget YTD	FY13 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 906,983,007	$ 906,983,007	$ -	0.0%
Federal Funds	2,031,433,211	1,951,972,728	(79,460,483)	(3.9)%
Tobacco Tax Collections	59,803,622	57,728,101	(2,075,521)	(3.5)%
Quality of Care Collections	65,498,717	64,679,143	(819,574)	(1.3)%
Prior Year Carryover	66,575,735	66,575,735	-	0.0%
Federal Deferral - Interest	144,766	144,766	-	0.0%
Contingent Liability	-	(11,000,000)	(11,000,000)	0.0%
Drug Rebates	172,134,268	195,082,200	22,947,932	13.3%
Medical Refunds	48,430,941	52,075,414	3,644,473	7.5%
SHOPP	383,380,761	383,380,761	-	0.0%
Other Revenues	17,866,054	18,075,053	208,999	1.2%
TOTAL REVENUES	**$ 3,752,251,082**	**$ 3,685,696,908**	**$ (66,554,174)**	**(1.8)%**

EXPENDITURES	FY13 Budget YTD	FY13 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 46,927,545**	**$ 42,441,024**	**$ 4,486,521**	**9.6%**
ADMINISTRATION - CONTRACTS	**$ 133,538,768**	**$ 118,437,046**	**$ 15,101,722**	**11.3%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	34,141,517	33,614,916	526,600	1.5%
Acute Fee for Service Payments:				
Hospital Services	920,206,695	871,207,263	48,999,433	5.3%
Behavioral Health	19,635,474	20,100,557	(465,083)	(2.4)%
Physicians	477,192,649	475,260,089	1,932,561	0.4%
Dentists	148,649,630	145,256,891	3,392,739	2.3%
Other Practitioners	75,375,944	68,910,291	6,465,652	8.6%
Home Health Care	22,432,397	21,263,490	1,168,906	5.2%
Lab & Radiology	59,992,100	59,522,427	469,673	0.8%
Medical Supplies	51,047,838	50,648,863	398,976	0.8%
Ambulatory/Clinics	111,529,115	106,321,133	5,207,982	4.7%
Prescription Drugs	401,294,560	396,194,646	5,099,914	1.3%
OHCA TFC	3,225,077	2,420,685	804,392	0.0%
Other Payments:				
Nursing Facilities	548,637,147	535,973,299	12,663,848	2.3%
ICF-MR Private	58,036,262	58,151,524	(115,262)	(0.2)%
Medicare Buy-In	131,728,088	131,025,519	702,568	0.5%
Transportation	62,676,020	60,673,751	2,002,269	3.2%
MFP-OHCA	1,595,278	1,568,962	26,316	0.0%
EHR-Incentive Payments	38,968,791	38,968,791	-	0.0%
Part D Phase-In Contribution	78,256,064	77,694,210	561,854	0.7%
SHOPP payments	352,893,974	352,893,974	-	0.0%
Total OHCA Medical Programs	**3,597,514,619**	**3,507,671,280**	**89,843,339**	**2.5%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	**$ 3,778,070,314**	**$ 3,668,549,350**	**$ 109,520,964**	**2.9%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ (25,819,232)**	**$ 17,147,558**	**$ 42,966,790**	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
For the Fiscal Year Ended June 30, 2013

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	Medicaid Program Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 34,068,753	$ 33,595,682	$ -	$ 453,837	$ -	$ 19,235	$ -
Inpatient Acute Care	747,350,743	545,615,673	486,687	9,985,733	51,724,464	2,066,221	137,471,965
Outpatient Acute Care	278,802,215	263,433,838	41,604	10,487,997	-	4,838,776	-
Behavioral Health - Inpatient	23,805,769	12,403,158	-	637,431	-		10,765,179
Behavioral Health - Psychiatrist	7,697,398	7,697,398	-	-	-	-	-
Behavioral Health - Outpatient	21,991,697	-	-	-	-	-	21,991,697
Behavioral Health Facility- Rehab	279,337,419	-	-	-	-	99,458	279,337,419
Behavioral Health - Case Management	8,157,277	-	-	-	-	-	8,157,277
Behavioral Health - PRTF	98,945,793	-	-	-	-	-	98,945,793
Residential Behavioral Management	19,330,239	-	-	-	-	-	19,330,239
Targeted Case Management	69,776,470	-	-	-	-	-	69,776,470
Therapeutic Foster Care	2,420,685	2,420,685	-	-	-	-	-
Physicians	529,917,964	405,212,266	58,101	14,043,328	63,282,105	6,707,618	40,614,548
Dentists	145,340,702	137,133,043	-	83,811	8,075,106	48,742	-
Mid Level Practitioners	3,890,770	3,794,676	-	91,215	-	4,880	-
Other Practitioners	65,373,269	63,632,878	446,364	262,533	1,016,493	15,001	-
Home Health Care	21,263,525	21,240,612	-	35	-	22,878	-
Lab & Radiology	62,977,747	58,755,615	-	3,455,321	-	766,812	-
Medical Supplies	51,429,126	48,005,691	2,582,415	780,264	-	60,757	-
Clinic Services	110,953,733	96,070,821	-	1,498,766	-	270,743	13,113,403
Ambulatory Surgery Centers	10,448,374	9,953,816	-	468,805	-	25,753	-
Personal Care Services	12,543,813	-	-	-	-	-	12,543,813
Nursing Facilities	535,973,299	320,183,243	175,152,041	-	40,620,312	17,702	-
Transportation	60,392,297	54,624,111	2,564,264	-	3,144,992	58,930	-
GME/IME/DME	126,057,898	-	-	-	-	-	126,057,898
ICF/MR Private	58,151,524	47,298,309	10,023,001	-	830,214	-	-
ICF/MR Public	53,223,008	-	-	-	-	-	53,223,008
CMS Payments	208,719,729	206,896,874	1,822,855	-	-	-	
Prescription Drugs	416,190,550	348,780,378	-	19,995,903	45,728,022	1,686,247	-
Miscellaneous Medical Payments	282,981	276,465	-	1,527	-	4,989	-
Home and Community Based Waiver	163,083,612	-	-	-	-	-	163,083,612
Homeward Bound Waiver	87,888,659	-	-	-	-	-	87,888,659
Money Follows the Person	3,507,431	1,568,962	-	-	-	-	1,938,469
In-Home Support Waiver	22,902,226	-	-	-	-	-	22,902,226
ADvantage Waiver	177,994,016	-	-	-	-	-	177,994,016
Family Planning/Family Planning Waiver	11,236,581	-	-	-	-	-	11,236,581
Premium Assistance*	51,290,007	-	-	51,290,007		-	-
EHR Incentive Payments	38,968,791	38,968,791	-	-	-	-	-
SHOPP Payments**	352,893,974	352,893,974	-	-	-	-	-
Total Medicaid Expenditures	**$ 4,974,580,067**	**$2,727,562,984**	**$ 193,177,331**	**$ 113,536,514**	**$ 214,421,708**	**$ 16,714,742**	**$1,356,372,273**

* Includes $50,917,023.11 paid out of Fund 245 and **$352,893,974.23 paid out of Fund 205

OKLAHOMA HEALTH CARE AUTHORITY

Summary of Revenues & Expenditures:
Other State Agencies
For the Fiscal Year Ended June 30, 2013

		FY13 Actual YTD
REVENUE		
Revenues from Other State Agencies	$	539,306,924
Federal Funds		870,974,463
TOTAL REVENUES	**$**	**1,410,281,387**
EXPENDITURES		**Actual YTD**
Department of Human Services		
Home and Community Based Waiver	$	163,083,612
Money Follows the Person		1,938,469
Homeward Bound Waiver		87,888,659
In-Home Support Waivers		22,902,226
ADvantage Waiver		177,994,016
ICF/MR Public		53,223,008
Personal Care		12,543,813
Residential Behavioral Management		15,335,389
Targeted Case Management		51,064,018
Total Department of Human Services		**585,973,210**
State Employees Physician Payment		
Physician Payments		40,614,548
Total State Employees Physician Payment		**40,614,548**
Education Payments		
Graduate Medical Education		74,644,444
Graduate Medical Education - PMTC		4,737,374
Indirect Medical Education		30,449,271
Direct Medical Education		16,226,809
Total Education Payments		**126,057,898**
Office of Juvenile Affairs		
Targeted Case Management		3,257,907
Residential Behavioral Management		3,994,851
Total Office of Juvenile Affairs		**7,252,758**
Department of Mental Health		
Case Management		8,157,277
Inpatient Psych FS		10,765,179
Outpatient		21,991,697
PRTF		98,945,793
Rehab		279,337,419
Total Department of Mental Health		**419,197,366**
State Department of Health		
Children's First		2,186,665
Sooner Start		2,006,096
Early Intervention		6,186,283
EPSDT Clinic		2,315,534
Family Planning		52,160
Family Planning Waiver		11,161,937
Maternity Clinic		46,591
Total Department of Health		**23,955,267**
County Health Departments		
EPSDT Clinic		775,781
Family Planning Waiver		22,484
Total County Health Departments		**798,264**
State Department of Education		**108,228**
Public Schools		**6,973,368**
Medicare DRG Limit		**128,438,192**
Native American Tribal Agreements		**7,969,401**
Department of Corrections		**1,327,949**
JD McCarty		**7,705,824**
Total OSA Medicaid Programs	**$**	**1,356,372,273**
OSA Non-Medicaid Programs	**$**	**74,326,441**
Accounts Receivable from OSA	**$**	**20,417,326**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
For the Fiscal Year Ended June 30, 2013

REVENUES		FY 14 Revenue
SHOPP Assessment Fee	$	157,690,738
Federal Draws		225,468,462
Interest		104,146
Penalties		97,375
State Appropriations		(30,200,000)
TOTAL REVENUES	$	353,160,720

EXPENDITURES	Quarter	Quarter	Quarter	Quarter		FY 13 Expenditures
Program Costs:	7/1/12 - 9/30/12	10/1/12 - 12/31/12	1/1/13 - 3/31/13	4/1/13 - 6/30/13		
Hospital - Inpatient Care	76,857,805	76,538,280	81,236,442	81,619,666	$	316,252,193
Hospital -Outpatient Care	3,224,900	3,217,022	2,815,812	2,825,630	$	12,083,364
Psychiatric Facilities-Inpatient	5,660,381	5,636,765	6,128,236	6,172,441	$	23,597,823
Rehabilitation Facilities-Inpatient	217,066	216,157	263,146	264,225	$	960,594
Total OHCA Program Costs	85,960,153	85,608,224	90,443,636	90,881,961	$	352,893,974
Total Expenditures					$	352,893,974
CASH BALANCE					$	266,746

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
For the Fiscal Year Ended June 30, 2013

REVENUES	Total Revenue	State Share
Quality of Care Assessment	**$ 64,642,342**	**$ 64,642,342**
Interest Earned	**36,801**	**36,801**
TOTAL REVENUES	**$ 64,679,143**	**$ 64,679,143**

EXPENDITURES	FY 13 Total $ YTD	FY 13 State $ YTD	Total State $ Cost
Program Costs			
NF Rate Adjustment	$ 171,362,248	$ 61,741,818	
Eyeglasses and Dentures	286,573	103,252	
Personal Allowance Increase	3,503,220	1,262,210	
Coverage for DME and supplies	2,582,415	930,444	
Coverage of QMB's	1,032,756	372,102	
Part D Phase-In	1,822,855	1,822,855	
ICF/MR Rate Adjustment	4,981,010	1,794,658	
Acute/MR Adjustments	5,041,991	1,816,629	
NET - Soonerride	2,564,264	923,904	
Total Program Costs	**$ 193,177,331**	**$ 70,767,873**	**$ 70,767,873**
Administration			
OHCA Administration Costs	$ 464,427	$ 232,214	
DHS - QOC Exp	80,353	80,353	
OSDH-NF Inspectors	-	-	
Mike Fine, CPA	4,500	2,250	
Total Administration Costs	**$ 549,280**	**$ 314,817**	**$ 314,817**
Total Quality of Care Fee Costs	**$ 193,726,611**	**$ 71,082,689**	
TOTAL STATE SHARE OF COSTS			**$ 71,082,689**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 245: Health Employee and Economy Improvement Act Revolving Fund
For the Fiscal Year Ended June 30, 2013

REVENUES	FY 12 Carryover	FY 13 Revenue	Total Revenue
Prior Year Balance	$ 27,390,790	$ -	$ 19,860,226
State Appropriations			$ (23,500,000)
Tobacco Tax Collections	-	47,479,153	47,479,153
Interest Income	-	625,826	625,826
Federal Draws	684,936	34,577,769	34,577,769
All Kids Act	(6,983,504)	299,017	299,017
TOTAL REVENUES	$ 21,092,222	$ 82,981,765	$ 79,042,975

EXPENDITURES		FY 12 Expenditures	FY 13 Expenditures	Total $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 50,264,560	$ 50,264,560
	College Students		372,984	372,984
	All Kids Act		652,463	652,463
Individual Plan				
	SoonerCare Choice		$ 436,731	$ 157,354
	Inpatient Hospital		9,896,086	3,565,560
	Outpatient Hospital		10,322,409	3,719,164
	BH - Inpatient Services-DRG		598,391	215,600
	BH -Psychiatrist		-	-
	Physicians		13,898,975	5,007,801
	Dentists		59,050	21,276
	Mid Level Practitioner		89,515	32,252
	Other Practitioners		256,081	92,266
	Home Health		35	13
	Lab and Radiology		3,408,559	1,228,104
	Medical Supplies		762,290	274,653
	Clinic Services		1,473,405	530,868
	Ambulatory Surgery Center		464,522	167,367
	Prescription Drugs		19,688,568	7,093,791
	Miscellaneous Medical		1,527	1,527
	Premiums Collected		-	(2,233,747)
Total Individual Plan			$ 61,356,145	$ 19,873,849
	College Students-Service Costs		$ 712,915	$ 256,863
	All Kids Act- Service Costs		$ 177,446	$ 63,934
Total OHCA Program Costs			$ 113,536,514	$ 71,484,654
Administrative Costs				
	Salaries	$ 30,032	$ 1,594,354	$ 1,624,386
	Operating Costs	48,746	482,858	531,605
	Health Dept-Postponing	-	-	-
	Contract - HP	1,153,217	1,837,806	2,991,023
Total Administrative Costs		$ 1,231,995	$ 3,915,018	$ 5,147,013
Total Expenditures				$ 76,631,667
NET CASH BALANCE		$ 19,860,226		$ 2,411,308

*State Appropriations include $20,000,000 from SFY 2012 and $3,500,000 from SFY 2013

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
For the Fiscal Year Ended June 30, 2013

REVENUES	FY 13 Revenue	State Share
Tobacco Tax Collections	$ 947,610	$ 947,610
TOTAL REVENUES	**$ 947,610**	**$ 947,610**

EXPENDITURES	FY 13 Total $ YTD	FY 13 State $ YTD	Total State $ Cost
Program Costs			
SoonerCare Choice	$ 19,235	$ 4,851	
Inpatient Hospital	2,066,221	521,101	
Outpatient Hospital	4,838,776	1,220,339	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	17,702	4,465	
Physicians	6,707,618	1,691,661	
Dentists	48,742	12,293	
Mid-level Practitioner	4,880	1,231	
Other Practitioners	15,001	3,783	
Home Health	22,878	5,770	
Lab & Radiology	766,812	193,390	
Medical Supplies	60,757	15,323	
Clinic Services	270,743	68,281	
Ambulatory Surgery Center	25,753	6,495	
Prescription Drugs	1,686,247	425,271	
Transportation	58,930	14,862	
Miscellaneous Medical	4,989	1,258	
Total OHCA Program Costs	$ 16,615,284	$ 4,190,375	
OSA DMHSAS Rehab	$ 99,458	$ 25,083	
Total Medicaid Program Costs	$ 16,714,742	$ 4,215,458	
TOTAL STATE SHARE OF COSTS			**$ 4,215,458**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

SoonerCare Programs

June 2013 Data for August 2013 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System			Monthly Enrollment Average SFY2012	Enrollment June 2013	Total Expenditures June 2013	Average Dollars Per Member Per Month June 2013
SoonerCare Choice Patient-Centered Medical Home			468,268	**539,670**	**$132,783,916**	
	Lower Cost	*(Children/Parents; Other)*		493,263	$94,014,320	$191
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC)*		46,407	$38,769,596	$835
SoonerCare Traditional			241,278	**194,294**	**$170,056,407**	
	Lower Cost	*(Children/Parents; Other)*		86,780	$37,905,100	$437
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)*		107,514	$132,151,306	$1,229
SoonerPlan			41,378	**50,556**	**$643,377**	$13
Insure Oklahoma			31,502	**29,860**	**$8,933,895**	
	Employer-Sponsored Insurance		17,728	16,502	$4,093,732	$248
	Individual Plan		13,773	13,358	$4,840,164	$362
TOTAL			**782,425**	**814,380**	**$312,417,595**	

The enrollment totals above include all members enrolled during the report month; therefore, some members may not have expenditure data.
Custody expenditures are excluded. Non-member specific expenditures of $73,221,348 are excluded.

Net Enrollee Count Change from Previous Month Total	2,982

New Enrollees	17,748

Opportunities for Living Life (OLL) (subset of data above)

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	*Child*	19,646
Aged/Blind/Disabled	*Adult*	133,403
Other	*Child*	138
Other	*Adult*	21,074
PACE	*Adult*	124
TEFRA	*Child*	477
Living Choice	*Adult*	104
OLL Enrollment		**174,966**

The "Other" category includes DDSD State, PKU, Q1, Q2, Refugee, SLMB, Soon-to-be-Sooners (STBS) and TB members.

Medicare and SoonerCare	Monthly Average SFY2012	Enrolled June 2013
Dual Enrollees	**107,504**	**108,648**

		Monthly Average SFY2012	Enrolled June 2013
Long-Term Care Members		**15,770**	**15,480**
	Child	87	55
	Adult	15,683	15,425

FACILITY PER MEMBER PER MONTH

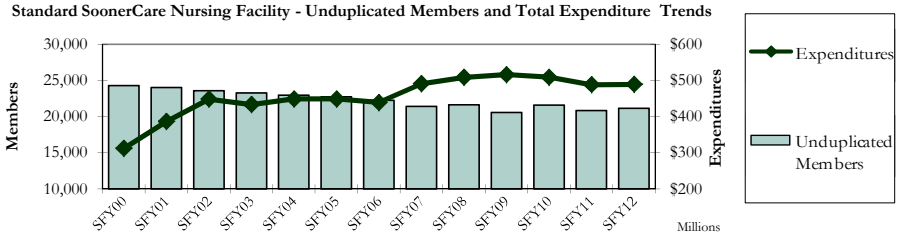
$3,462

SFY2012 Long-Term Care

Statewide LTC Occupancy Rate - 71.7%
SoonerCare funded LTC Bed Days 67.2%

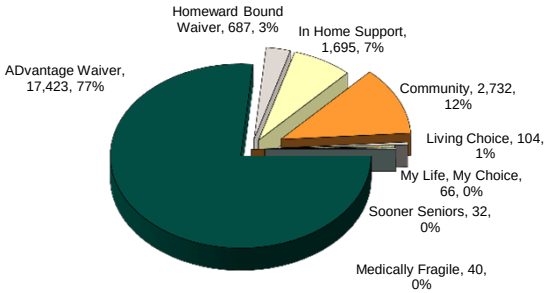
Data as of September 2012

Standard SoonerCare Nursing Facility - Unduplicated Members and Total Expenditure Trends



Data as of Nov. 19, 2012. Figures do not include intermediate care facilities for the intellectually disabled (ICF/ID).

Waiver Enrollment Breakdown Percent



ADvantage Waiver - Serves frail elderly individuals age 65 or older and adults age 21 and older with physical disabilities who would otherwise require placement in a nursing facility.
Community - serves individuals 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an intermediate care facility for the intellectually disabled (ICF/ID).
Homeward Bound Waiver - Designed to serve the needs of individuals with intellectual disabilities or "related conditions" who are also members of the Plaintiff Class in Homeward Bound et al. v. The Hissom Memorial Center, et al, who would otherwise qualify for placement in an ICF/ID.
In Home Support - Serves the needs of individuals 3 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/ID.
Living Choice - Promotes community living for people of all ages who have disabilities or long-term illnesses.
Medically Fragile - This program serves qualifying individuals who meet hospital or skilled nursing facility level of care.
My Life, My Choice - This program is for adults with physical disabilities who transitioned to the community under the Living Choice program.
Sooner Seniors - This program is for adults 65 and older with long term illnesses who transitioned to community-based services in the Living Choice program.

SoonerCare Programs

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts		Monthly Average SFY2012	Enrolled June 2013*
Total Providers		**29,723**	**38,486**
	In-State	20,881	30,259
	Out-of-State	8,842	8,227

*Effective July 2012, the methodology for counting providers has changed to count provider network. Previous counts include group practice and its members; the current count will include members only. Provider Network is providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types,

Program	% of Capacity Used
SoonerCare Choice	44%
SoonerCare Choice I/T/U	17%
Insure Oklahoma IP	3%

Select Provider Type Counts	*In-State*		*Totals*	
	Monthly Average SFY2012	*Enrolled June 2013**	Monthly Average SFY2012	Enrolled June 2013
Physician***	*7,497*	*8,024*	*13,790*	12,456
Pharmacy	*874*	*915*	*1,153*	1,234
Mental Health Provider**	*3,395*	*6,635*	*3,449*	6,707
Dentist	*986*	*1,243*	*1,124*	1,432
Hospital	*194*	*184*	*934*	490
Optometrist	*550*	*517*	*587*	541
Extended Care Facility	*375*	*360*	375	360

Above counts are for specific provider types and are not all-inclusive.

Total Primary Care Providers***	*4,915*	*5,155*	6,955	6,677
Patient-Centered Medical Home	*1,711*	*2,031*	1,739	2,111

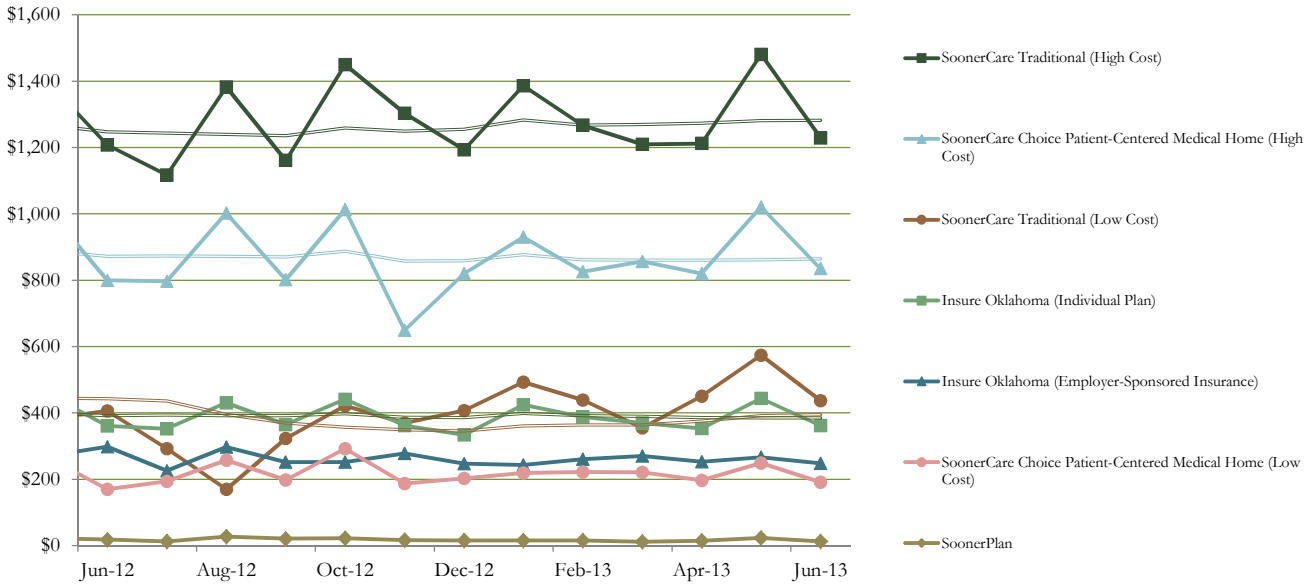
Including Physicians, Physician Assistants and Advance Nurse Practitioners.

*Items shaded above represent a 10% or more increase (green) or decrease (red) from the previous fiscal year's average.

**Due to federal regulations, OHCA must have an approved agreement on file for all providers providing care to our members. To meet this requirement OHCA is directly contracting with providers that had previously billed through a group or agency. This contributed to the increase in the provider counts for Mental Health Providers.

***Decrease in current month's count is due to contract renewal period which is typical during all renewal periods.

SOONERCARE PER MEMBER PER MONTH (PMPM) TRENDS



In November and December 2012, there was a large increase in Patient-Centered Medical Home enrollment and related decrease in Traditional enrollment due to system changes.

ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE STATISTICS

The Electronic Health Records Incentive Program is a federal program that offers major financial support to assist certain providers to adopt (acquire and install), implement (train staff, deploy tools, exchange data), upgrade (expand functionality or interoperability) or meaningfully use certified EHR technology.

As Of 8/5/2013	July 2013		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	35	$641,750	1,745	$39,801,251
Eligible Hospitals	0*	$0	90	$78,573,319
Totals	35	$641,750	1,835	$118,374,570

*Current Eligible Hospitals Paid

Select Results from the 2013 Oklahoma Health Care Insurance and Access Survey

Presentation to the
Oklahoma Health Care Authority Board
August 21, 2013

Kathleen Thiede Call, PhD
Donna L. Spencer, PhD

Funded by a grant from the Robert Wood Johnson Foundation

Acknowledgements

- **Oklahoma Health Care Authority**
  - Buffy Heater
  - Ryan Morlock
- **SHADAC**
  - Jessie Kemmick Pintor (Graduate Research Assistant)
  - Karen Turner (Research Fellow)
- **SSRS/Social Science Research Solutions**
  - David Dutwin, PhD (Chief Methodologist)
  - Susan Sheer, PhD (Research Director)

Presentation Overview

- 2004, 2008, and 2013 surveys conducted in Oklahoma
- The uninsured in Oklahoma
- Health insurance coverage in Oklahoma
- Health care access and utilization in Oklahoma
  - Usual source of care
  - Services utilized
  - Reasons for Emergency Department (ED) use
  - Foregone or delayed care
- As time permits and if there is interest, more information on how the 2013 survey was conducted

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Background

- New telephone survey conducted in 2013; prior surveys conducted in 2004 and 2008
- Point-in-time estimates of health insurance coverage and type
- Goals of new survey:
  - Update data for the state
  - Assess changes over time
  - Examine timely policy topics (e.g., reasons for ED use)

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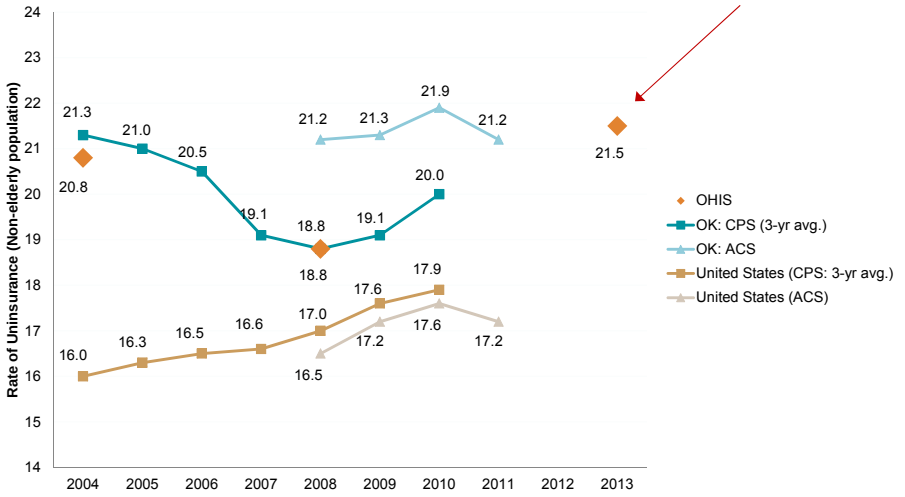
Current Availability of OK Data: Role of State Survey



Notes: CPS estimates are based on SHADAC's enhanced CPS estimates, which do not correspond to estimates published by the Census Bureau. The CPS asks about health insurance coverage at any point in the last calendar year. The ACS asks about health insurance coverage at the time of the interview.

Comparison of OK Surveys

	2004	2008	2013
Sample Size	5,847	5,729	6,270
Sampling Strategy	• RDD (landline only) • 3 strata based on geography	• RDD (landline only) • 3 strata based on race/ethnicity • Slight oversamples of African-Americans and American Indians	• Dual frame (landline and cell phone) • 3 strata based on race/ethnicity; oversamples • Elderly screen • Child target
Ave. Qnaire Length/Languages	15 minutes/ English & Spanish	15 minutes/ English & Spanish	20 minutes/ English & Spanish
Questionnaire Content	• Health insurance • Access to health care • Public program awareness • Cost concerns • Demographics	Generally the same Some additions/deletions Revised items re: income	Similar to 2008 with some new additions/deletions/ revisions
Time of Year Conducted	March – May	July – September	January – April
Response Rate (AAPOR RR4)	44.4%	15.6%	31.4%

Response Rate Insights

- Factors contributing to lower response rates
  - Growth in non-contact rate (e.g., screening devices)
  - Growth in refusals
  - Cell phones (35.6% vs. 28.5%)
  - Other potential factors
    - Lower response rates among minority groups (which we slightly oversampled)
- Response rates and survey quality

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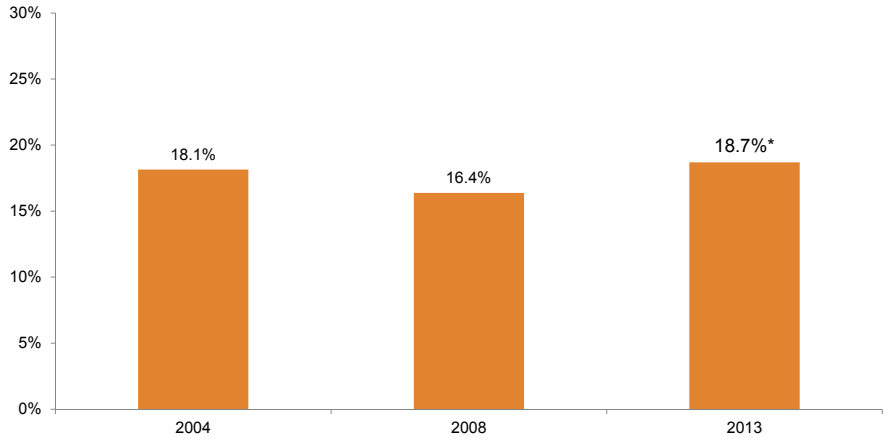
Oklahoma's Rate of Uninsurance



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
Notes: Based on total population (all age groups).
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

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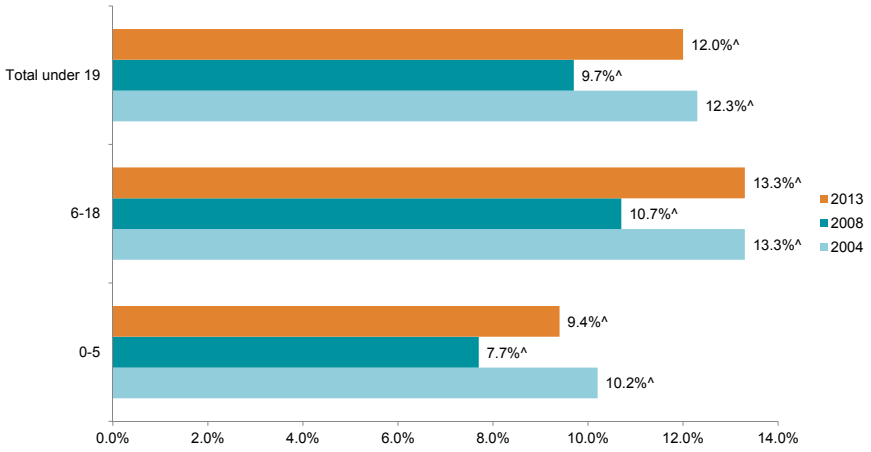
Uninsured Rates for Children, by Age



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state population within a given year: 2004 = 18.1%, 2008 = 16.4%., 2013 = 18.7%.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

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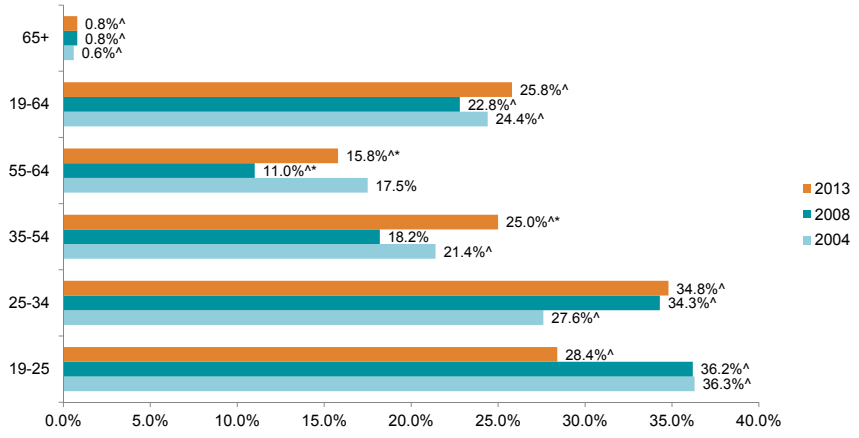
Uninsured Rates for Adults, by Age



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state population within a given year: 2004 = 18.1%, 2008 = 16.4%., 2013 = 18.7%.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

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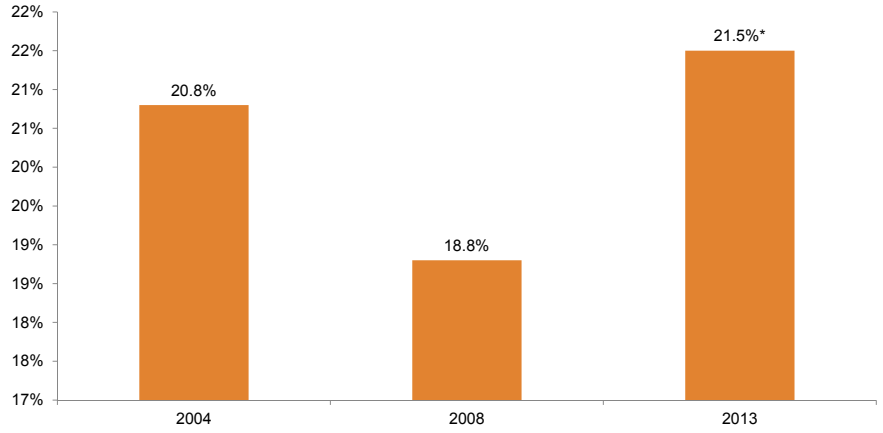
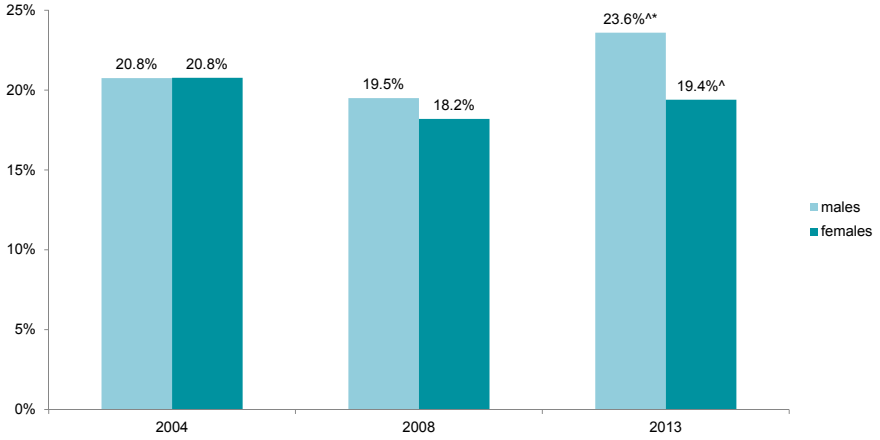
Oklahoma's Uninsured Rate – Non-elderly Population



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

shadac 11

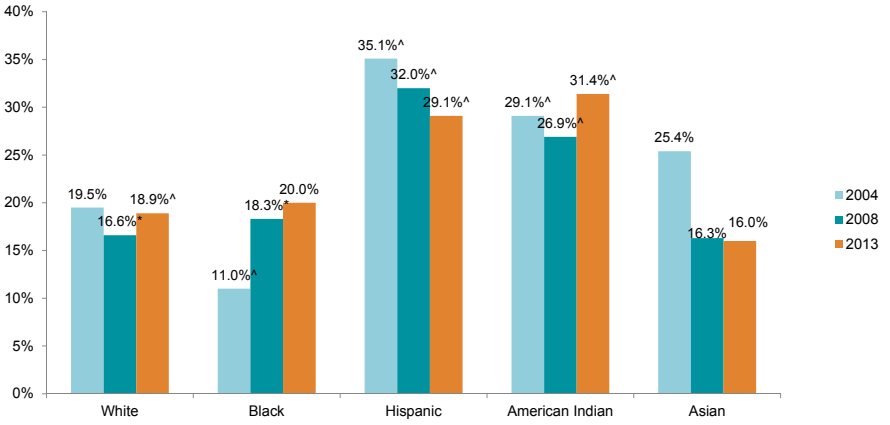
Uninsured Rates – Non-elderly Population by Gender



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
Note: Based on non-elderly population.
^ Indicates statistically significant difference (p≤.05) between males and females.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

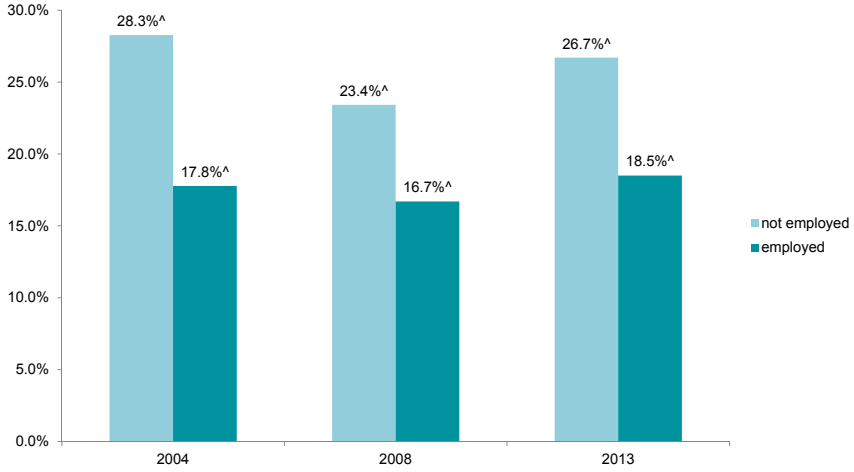
shadac 12

Uninsured Rates – Non-elderly Population by Race/Ethnicity



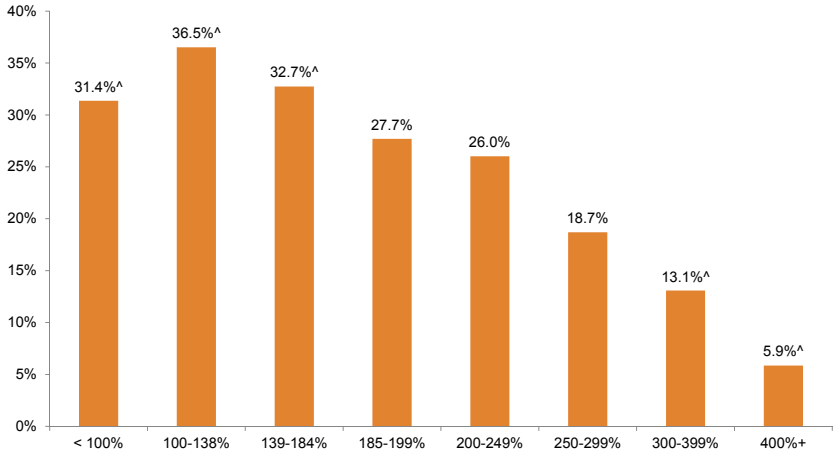
Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
Note: The race/ethnicity groups presented are not exclusive. For all 3 survey years, the sample size for Asians is quite small (n<90).
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year: 2004 = 20.8%, 2008 = 18.8%, 2013 = 21.5%.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Uninsured Rates – Non-elderly Population by Employment Status



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year: 2004 = 20.8%, 2008 = 18.8%, 2013 = 21.5%.
Differences between years are not statistically significant.

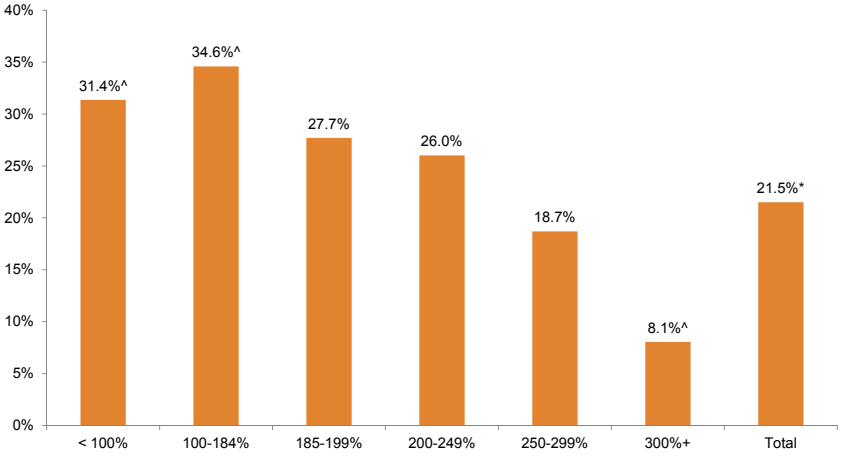
Uninsured Rates – Non-elderly Population by ACA-Relevant FPGs, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2012.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population (21.5%).

shadac 15

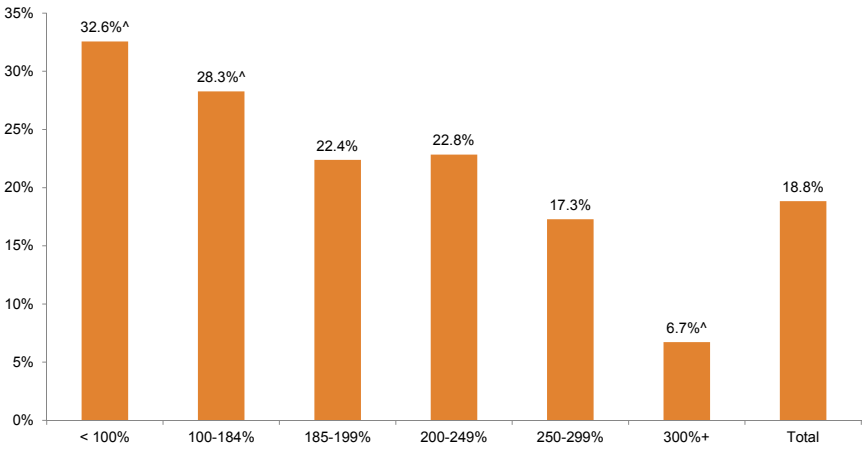
Uninsured Rates – Non-elderly Population by Select FPGs, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2012.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.
* indicates statistically significant difference (p≤.05) between 2008 and 2013.

shadac 16

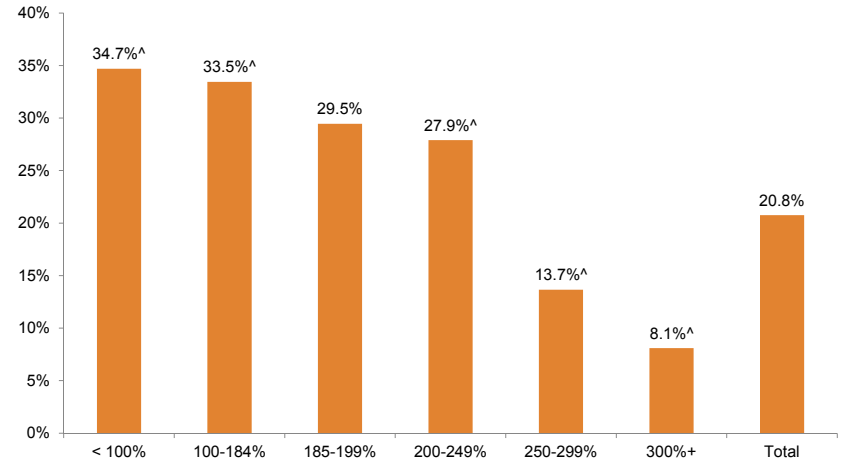
Uninsured Rates– Non-elderly Population by Select FPGs, 2008



Source: 2008 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2007.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.

shadac 17

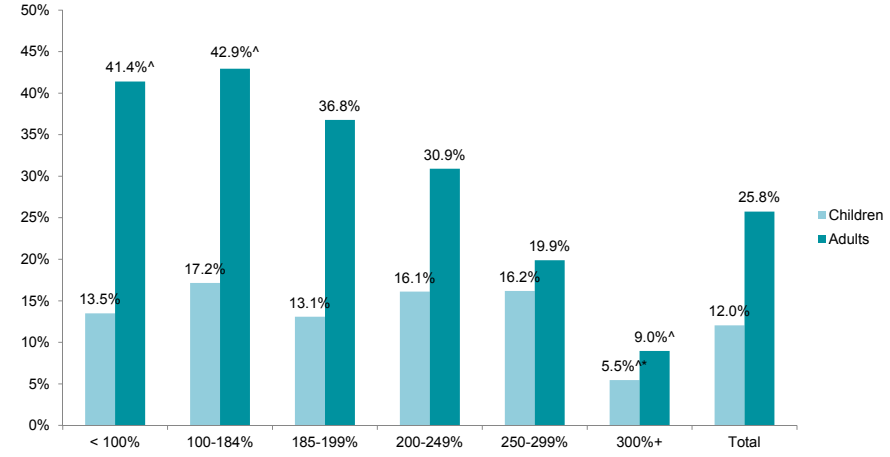
Uninsured Rates – Non-elderly Population by Select FPGs, 2004



Source: 2004 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2004.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.

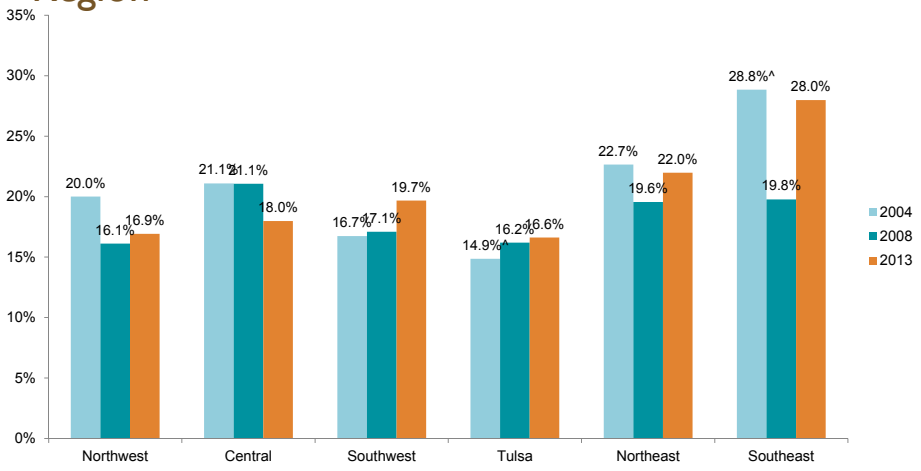
shadac 18

Uninsured Rates for Children and Non-elderly Adults, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2012.
^ indicates statistically significant difference (p<.05) between the estimate and the estimate for the total child or non-elderly adult population.
* indicates statistically significant difference (p≤.05) between 2008 and 2013.

Uninsured Rates – Non-elderly Population by Region



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year: 2004 = 20.8%, 2008 = 18.8%, 2013 = 21.5%.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Types of Health Insurance Coverage

Employer-Based Insurance

- Own employer
- A family member's employer
- COBRA
- VA/Military health

Public Coverage/Program

- Medicare
- Medicaid
- Insure Oklahoma
- OK High Risk Pool
- Railroad Retirement Plan

Private Individual Plan

- Individual plan privately purchased for family or individual
- Student health plan

Note: Individuals who only reported Indian Health Service were classified as uninsured.

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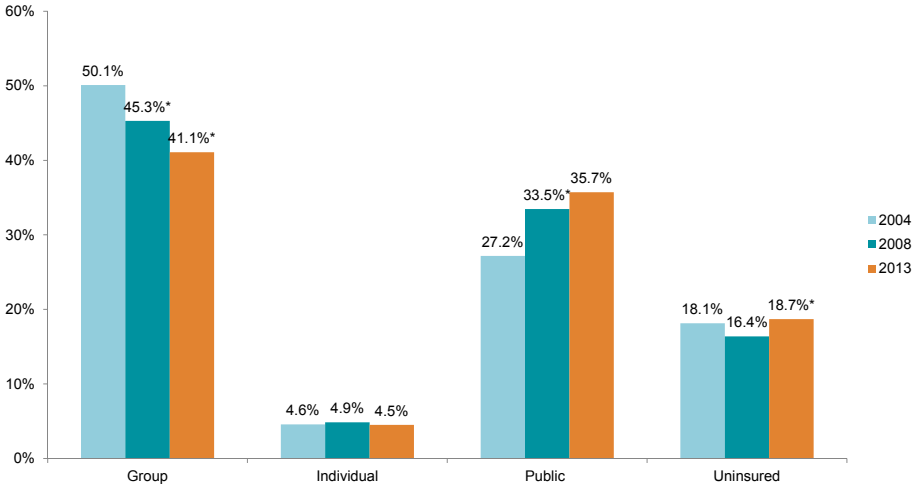
Types of Coverage in Oklahoma



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
Note: For total population including all age groups.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

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Types of Coverage for Children, by Age

Age Group	Group			Individual			Public			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
0-5	46.1%	43.7%	32.6%^*	4.0%	7.5%	4.0%	39.6%^	41.1%	54.0%^*	10.2%^	7.7%^	9.4%^
6-18	55.0%	49.0%	41.1%*	5.3%	4.1%	5.1%	26.5%	36.3%*	40.6%^	13.3%^	10.7%^	13.3%^
Total <19	52.1%	47.1%	38.4%*	4.9%	5.1%	4.8%	30.8%	38.1%^*	44.9%^*	12.3%^	9.7%^	12.0%^

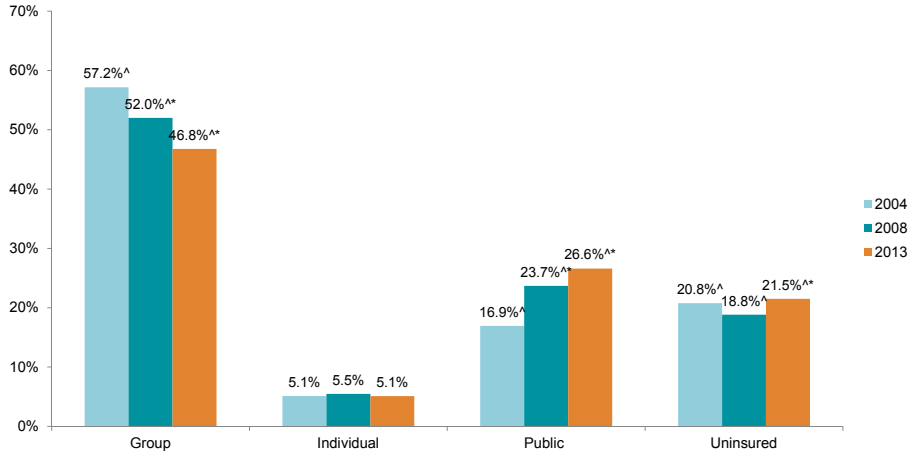
Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state population within a given year.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Types of Coverage for Adults, by Age

Age Group	Group			Individual			Public			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
19-25	46.0%	41.0%	46.5%	6.3%	7.2%	6.8%	11.4%^	15.6%^	18.3%^	36.3%^	36.2%^	28.4%^
26-34	57.1%^	45.6%*	45.8%	3.8%	6.0%	4.3%	11.6%^	14.2%^	15.2%^	27.6%^	34.3%^	34.8%^
35-54	65.2%^	61.2%^	52.2%^*	5.1%	4.3%	5.1%	8.3%^	16.3%^*	17.7%^	21.4%^	18.2%	25.0%^*
55-64	58.8%^	56.3%^	55.0%^	6.4%	7.2%^	5.7%	17.4%^	25.6%^*	23.5%^	17.5%	11.0%^*	15.8%^*
19-64	59.3%^	54.1%^*	50.6%^*	5.3%	5.7%	5.3%	11.0%^	17.4%^*	18.4%^	24.4%^	22.8%^	25.8%^
65+	2.7%^	2.5%^	4.7%^	0.7%^	0.9%^	0.8%^	96.0%^	95.8%^	93.7%^	0.6%^	0.8%^	0.8%^

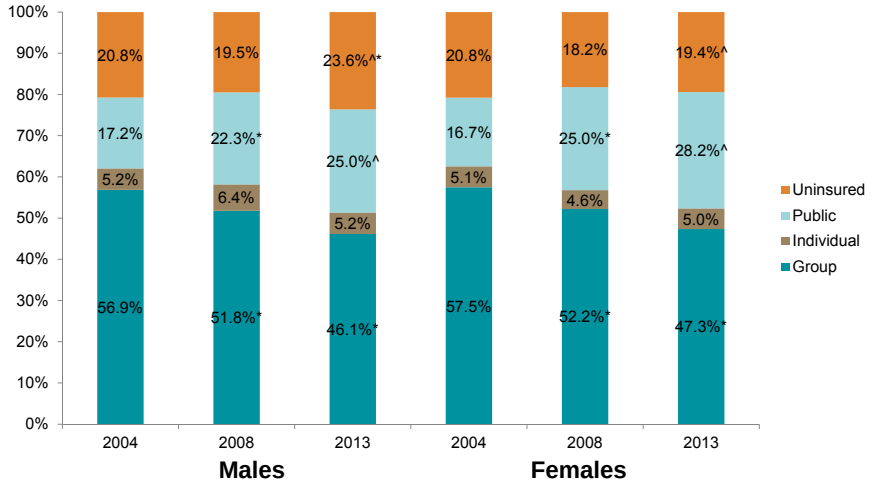
Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state population within a given year.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Types of Health Insurance Coverage – Non-elderly Population



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state population within a given year.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Types of Coverage – Non-elderly Population by Gender



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
Note: Based on non-elderly population.
^ Indicates statistically significant difference (p≤.05) between males and females.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Types of Coverage – Non-elderly Population by Race/Ethnicity

Race/Ethnic Group	Group Coverage			Individual Coverage			Public Coverage			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
White	60.5%^	56.5%^*	51.0%*	5.8%	6.1%	5.6%	14.2%^	20.9%^*	24.5%*	19.5%	16.6%*	18.9%^
African American	50.1%	34.7%^*	33.1%^	2.3%^	3.3%	1.7%^	36.6%^	43.8%^	451%^	11.0%^	18.3%*	20.0%
Hispanic	39.9%^	37.9%^	33.0%^	1.7%^	3.1%	0.8%^	23.3%	27.0%	37.1%^	35.1%^	32.0%^	29.1%^
American Indian	44.3%^	37.1%^	33.4%^	2.8%^	2.7%^	1.7%^	23.8%^	33.3%^*	33.5%^	29.1%^	26.9%^	31.4%^
Asian	59.8%	61.5%	44.4%	5.9%	10.5%	16.4%^	8.9%	11.8%^	23.1%	25.4%	16.3%	16.0%

Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
Note: The race/ethnicity groups presented are not exclusive. For all 3 survey years, the sample size for Asians is quite small (n<90).
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

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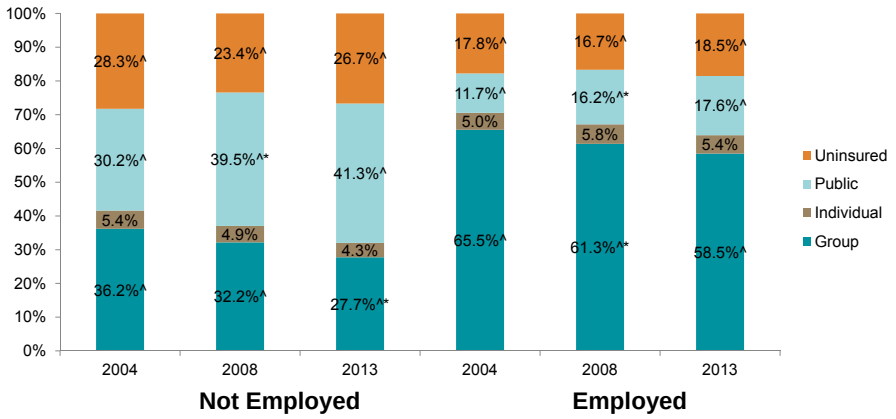
Types of Coverage – Non-elderly Population by Employment Status



Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year.
* Indicates statistically significant difference (p≤.05) between 2004 and 2008 or 2008 and 2013

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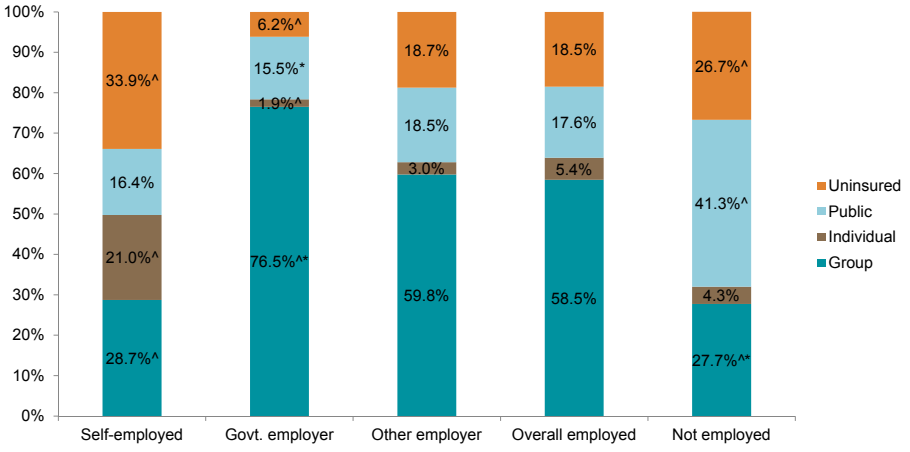
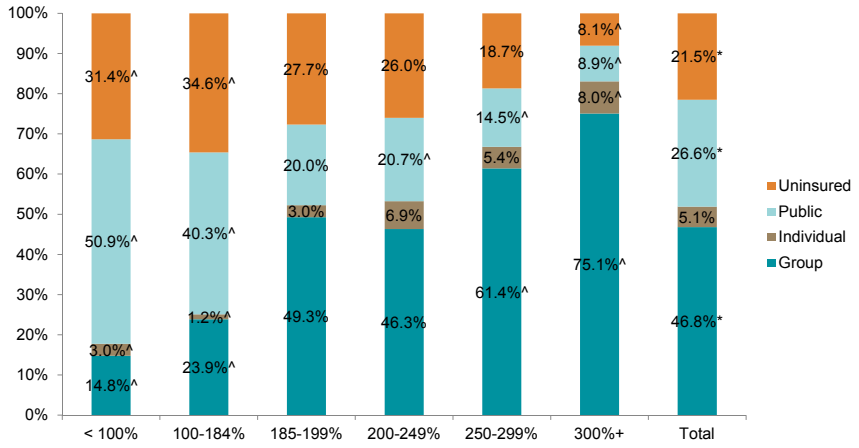
Types of Coverage – Non-elderly Population by Employment Status and Type



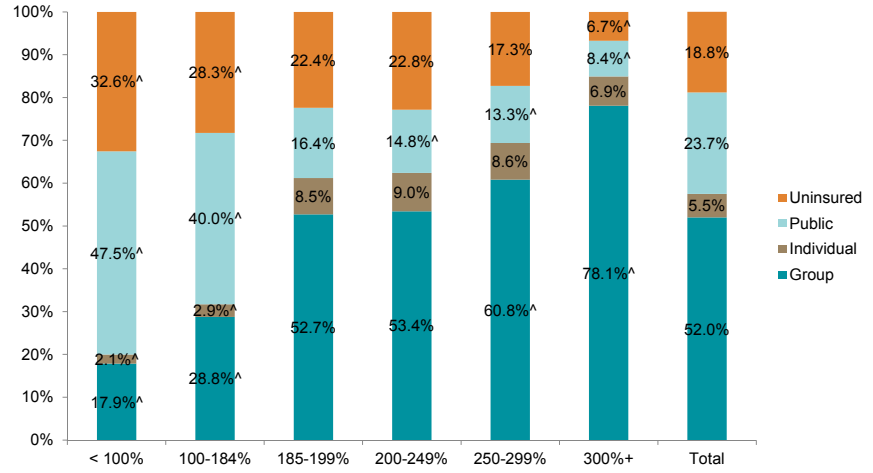
Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the overall employed non-elderly population within a given year.
* indicates statistically significant difference (p≤.05) between 2008 & 2013.

Types of Coverage – Non-elderly Population by Select FPGs, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2012.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.
* Indicates statistically significant difference between 2008 and 2013.

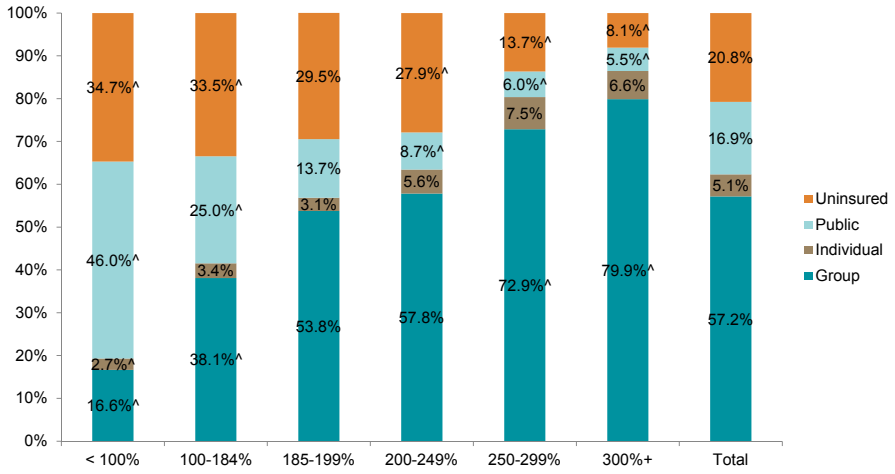
Types of Coverage – Non-elderly Population by Select FPGs, 2008



Source: 2008 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2007.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.

shadac 31

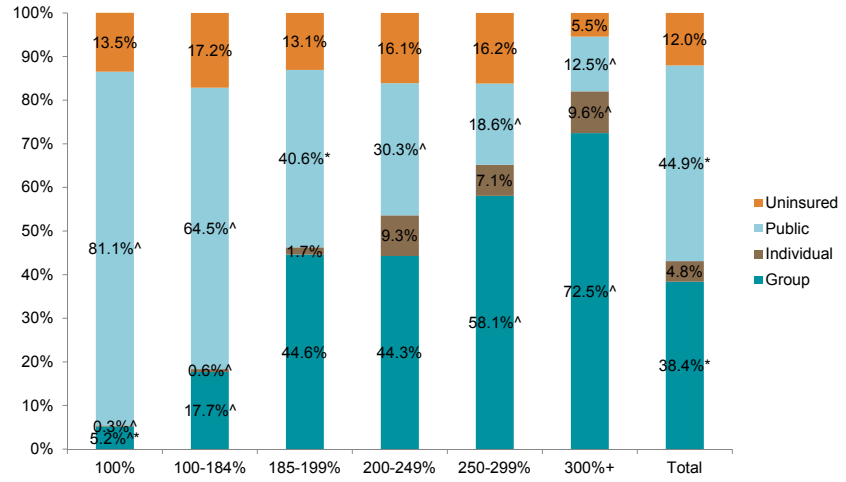
Types of Coverage – Non-elderly Population by Select FPGs, 2004



Source: 2008 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2004.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.

shadac 32

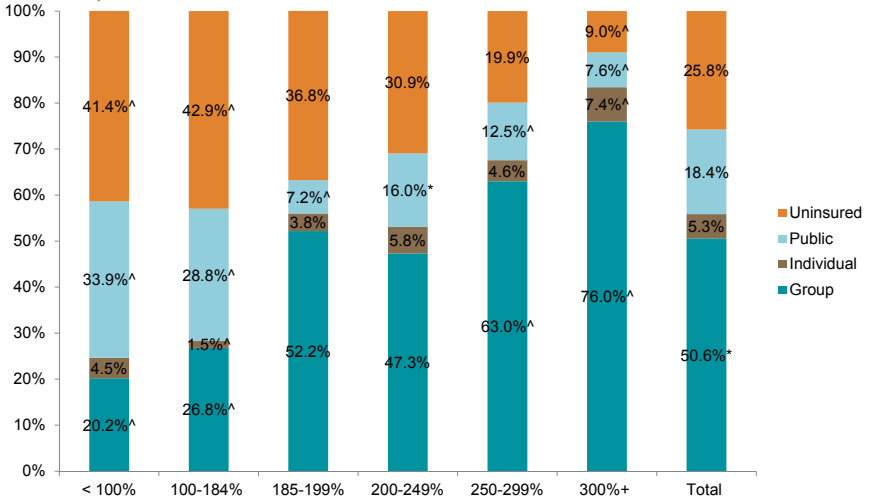
Types of Coverage – Children by Select FPGs, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2012.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for children overall.
* indicates statistically significant difference between 2008 and 2013.

shadac 33

Types of Coverage – Non-elderly Adults by Select FPGs, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Federal poverty guidelines are for 2012.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for non-elderly adults overall.
* indicates statistically significant difference between 2008 and 2013.

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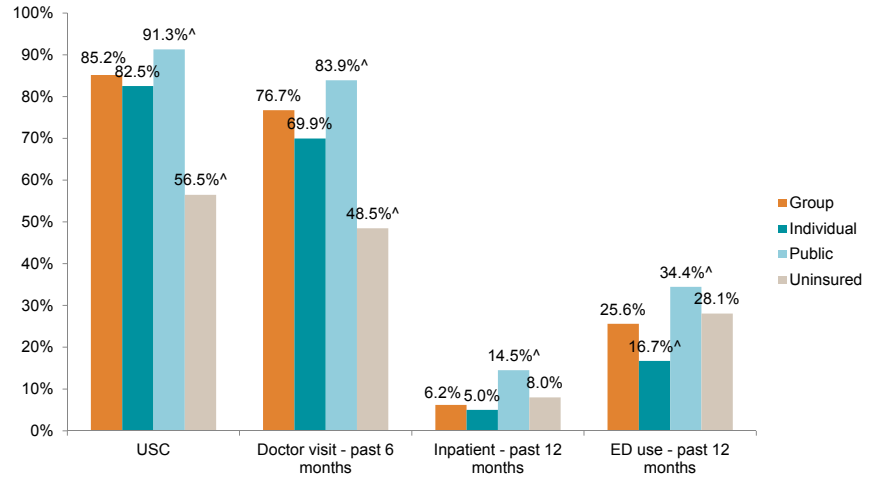
Types of Coverage – Non-elderly Population by Region

Region	Group			Individual			Public			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Northwest	60.3%	59.4%^	55.4%^	5.6%	8.9%	8.5%^	14.1%	15.6%^	19.7%^	20.0%	16.1%	16.5%^
Central	58.5%	52.7%*	47.3%	4.9%	5.1%	5.7%	15.5%	21.1%*	25.6%	21.1%	21.1%	21.5%
Southwest	55.8%	53.1%	49.7%	5.5%	6.6%	5.4%	22.0%^	23.2%	24.1%	16.7%	17.1%	20.8%
Tulsa	67.8%^	54.7%*	47.1%	4.6%	5.8%	4.3%	12.8%^	23.2%*	28.0%	14.9%^	16.2%	20.6%
Northeast	54.8%	48.8%*	44.2%	4.5%	5.3%	4.2%	18.0%	26.4%*	28.8%	22.7%	19.6%	22.8%
Southeast	43.8%^	45.9%	39.9%^	6.9%	2.4%^*	3.6%^	20.5%	31.9%^*	31.3%^	28.8%^	19.8%*	25.2%

Source: 2004, 2008, 2013 Oklahoma Health Care Insurance and Access Surveys.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.
* indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

shadac 35

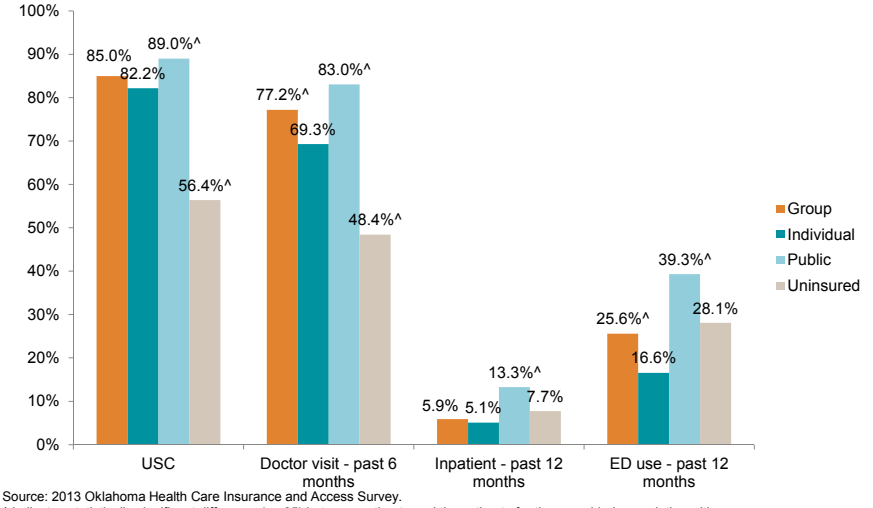
Health Care Access & Utilization by Type of Coverage, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the total population with group coverage.
USC = usual source of care.

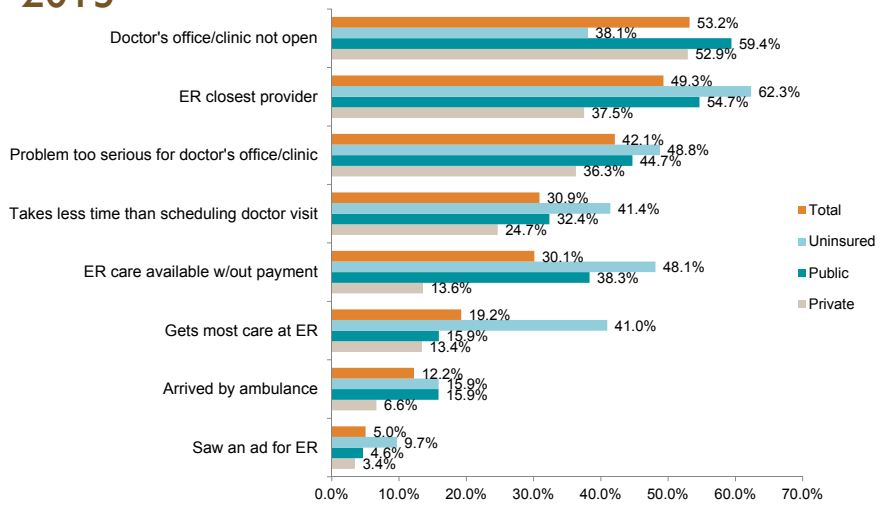
shadac 36

Health Care Access & Utilization by Type of Coverage – Non-elderly Population, 2013



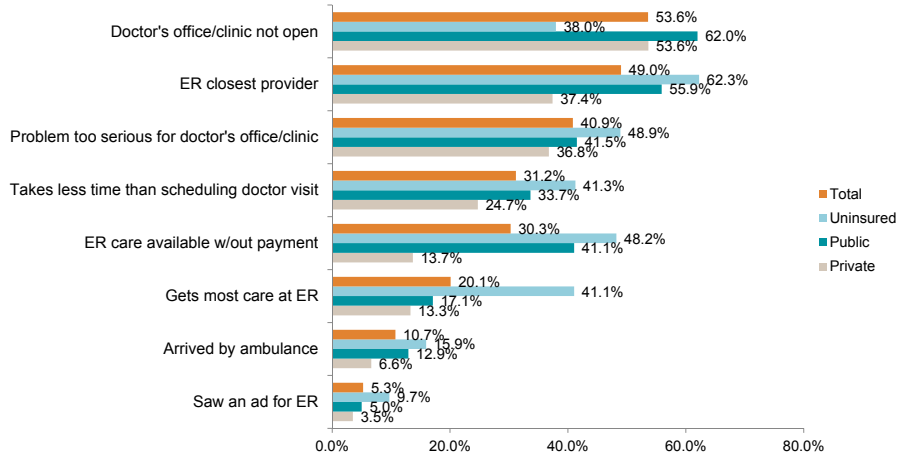
Source: 2013 Oklahoma Health Care Insurance and Access Survey.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the non-elderly population with group coverage.
USC = usual source of care.

Reasons for ED Use by Type of Coverage, 2013



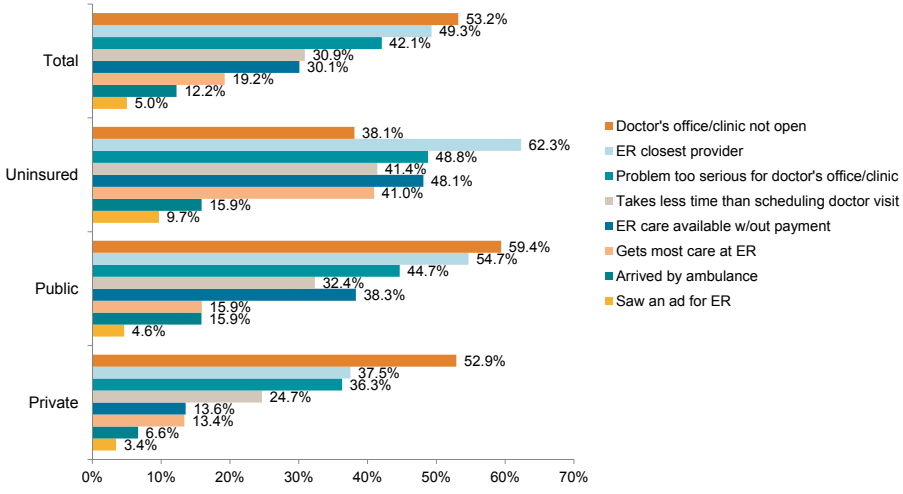
Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Based on respondents who reported ED use in past 12 months. Respondents were able to say "yes" to multiple reasons.
N=1,667, private coverage combines group (n=621) and individual coverage (n=49).

Reasons for ED Use by Type of Coverage – Non-elderly Population, 2013



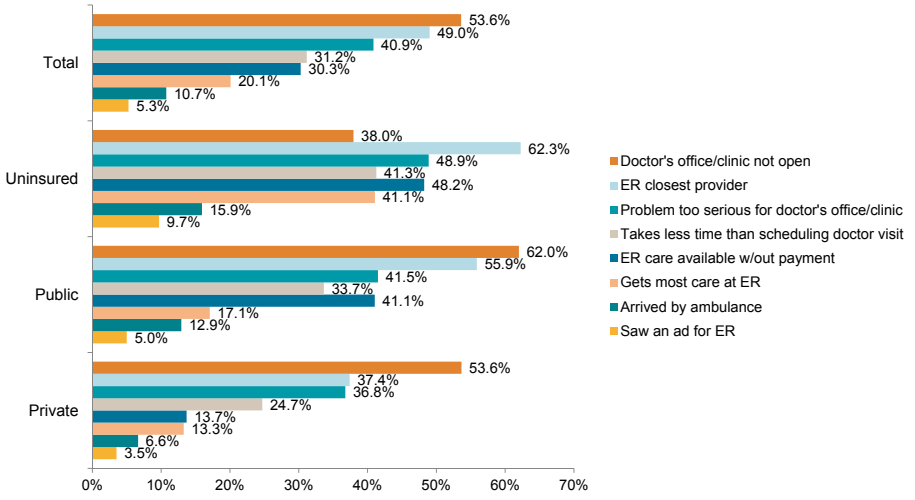
Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Based on respondents who reported ED use in past 12 months. Respondents were able to say "yes" to multiple reasons.
N=1,445, private coverage combines group (n=615) and individual coverage (n=47).

Reasons for ED Use by Type of Coverage, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Based on respondents who reported ED use in past 12 months. Respondents were able to say "yes" to multiple reasons.
N=1,667 , private coverage combines group (n=621) and individual coverage (n=49).

Reasons for ED Use by Type of Coverage – Non-elderly Population, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
Note: Based on respondents who reported ED use in past 12 months. Respondents were able to say "yes" to multiple reasons.
N=1,445, private coverage combines group (n=615) and individual coverage (n=47).

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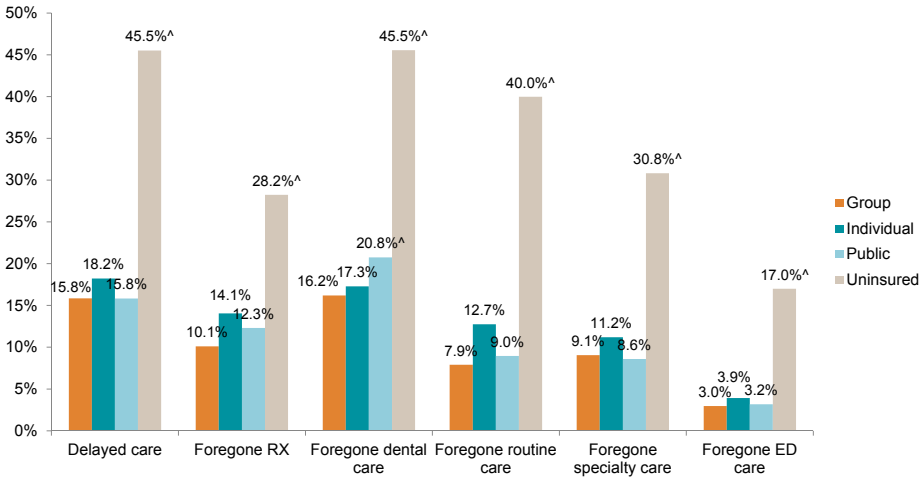
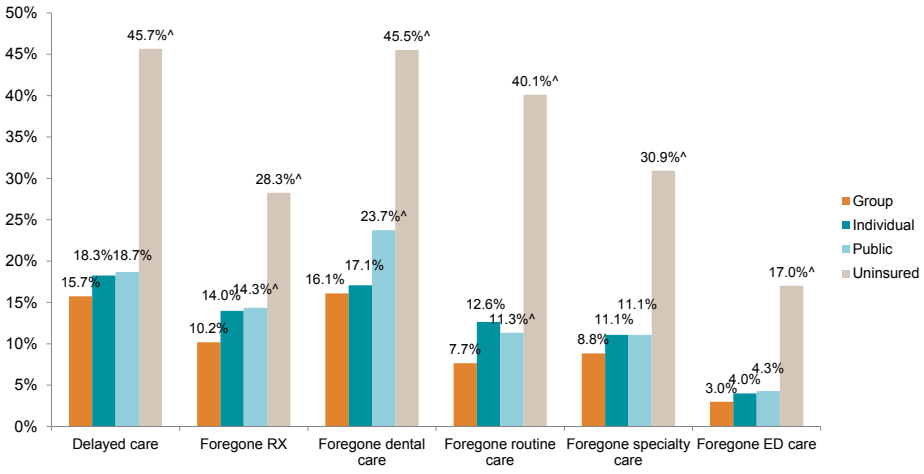
Delayed and Foregone Care by Type of Coverage, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the population with group coverage.

shadac 42

Delayed and Foregone Care by Type of Coverage – Non-elderly Population, 2013



Source: 2013 Oklahoma Health Care Insurance and Access Survey.
^ indicates statistically significant difference (p≤.05) between estimate and the estimate for the non-elderly population with group coverage.

Summary of Key Findings to Date: Health Insurance Coverage

- The overall rate of uninsurance in Oklahoma held stable between 2004 and 2008 but increased between 2008 and 2013. In 2013, 18.7% of Oklahoma residents, or about 688,119 individuals, are estimated to be uninsured.
- Uninsurance rates are higher for adults aged 19-54, males, Hispanic and American Indian residents, the non-employed, and individuals in the lower income groups. Uninsurance is lower among children and elderly adults, females, White residents, the employed, individuals at or above 300% FPG, and residents in the Northwest region of the state.
- The increase in uninsurance between 2008 and 2013 was only observed among adults aged 35-64 years and males.

Summary of Key Findings to Date: Employer-Based Coverage

- The overall rate of group insurance in Oklahoma declined between 2008 and 2013, as it also had between 2004 and 2008. In 2013, 41.1% of the state population has insurance through an employer.
- Group insurance is more common among adults aged 35-64 years, White and Asian residents, the employed, individuals at or above 250% FPL, and residents in the Northwest region. Rates of group insurance are lower for young children and elderly adults; African American, Hispanic and American Indian residents; the non-employed; individuals at or below 184% FPG; and residents in the Southeastern region.
- The decrease in group insurance between 2008 and 2013 was observed for children and middle-aged adults, both males and females, White residents, and the non-employed.

Summary of Key Findings to Date: Public Coverage

- Overall, the rate of public health insurance in Oklahoma held steady between 2008 and 2013, after having increased between 2004 and 2008. In 2013, 35.7% of the state population has insurance through a public program.
- Public insurance is more common among children and the elderly; females; African American, Hispanic and American Indian residents; the non-employed; individuals at or below 184% FPL; and residents in the Southeast region. Rates of public insurance are lower for non-elderly adults, males, White and Asian residents, the employed, individuals at or above 200% FPG, and residents in the Northwest region.
- Despite no change in the state's overall public insurance rate, increases in public insurance between 2008 and 2013 were observed for young children and Whites.

Summary of Key Findings to Date: Health Care Access and Use

- In 2013, the uninsured reported the lowest health care access and utilization. Only 56.5% indicated a usual source of care, and 48.5% indicated having seen a doctor in the past 6 months. The uninsured were also significantly more likely to have reported delaying or forgoing care.
- Overall, individuals with public insurance had higher rates of access and utilization than individuals with group insurance.

Summary of Key Findings to Date: Health Care Access and Use

- Among survey respondents who had reported ED use in the past year, the most common reasons were clinic not open, ER is the closest provider, and their problem was too serious. Very few (5.0%) indicated they went to ED because they had seen an ad for an ED.
- More uninsured ED users (in past year) indicated the following reasons:
  - ER closest provider
  - Problem too serious for doctor's office/clinic
  - Takes less time than scheduling doctor visit
  - ER care available without payment
  - Gets most care at ER

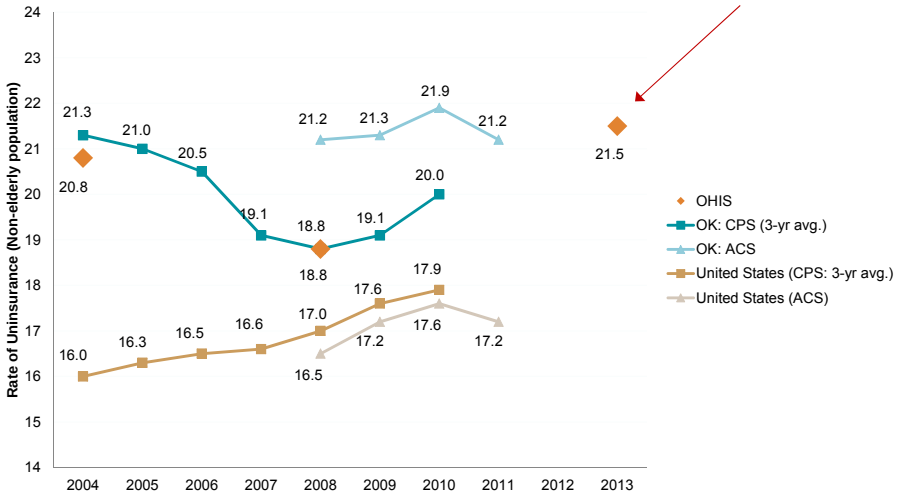
SHADAC's Next Steps

- Proceed with analyses of 2013 survey data and comparisons with 2004 and 2008
- Conduct small area estimation for county-level rates of uninsurance

More reports and information to come:

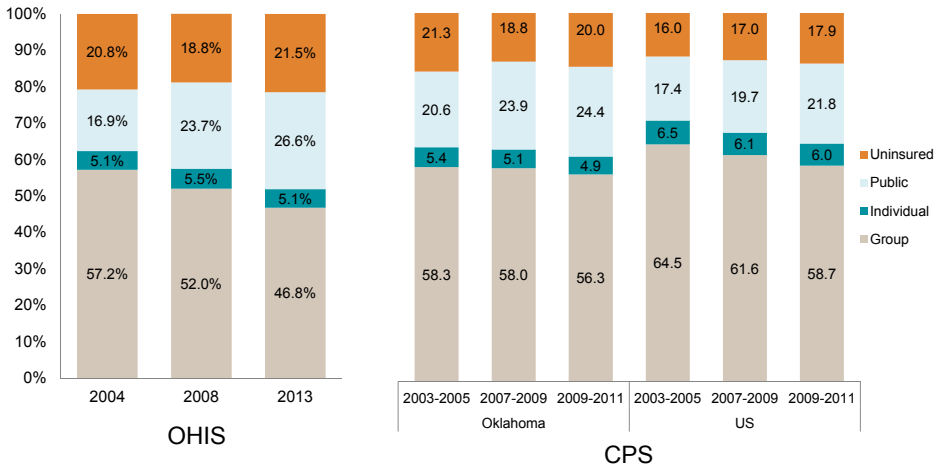
- County-level chartbook (November)
- Final report on 2013 survey including technical appendix on survey methodology (February)

Uninsurance Rates, OK and US

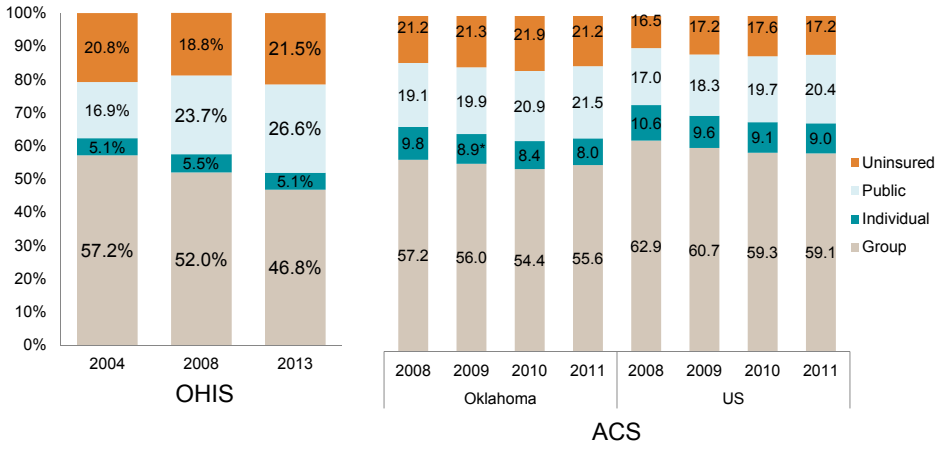


Notes: CPS estimates are based on SHADAC's enhanced CPS estimates, which do not correspond to estimates published by the Census Bureau. The CPS asks about health insurance coverage at any point in the last calendar year. The ACS asks about health insurance coverage at the time of the interview.

OHIS vs. Current Population Survey



OHIS vs. American Community Survey



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August 2013

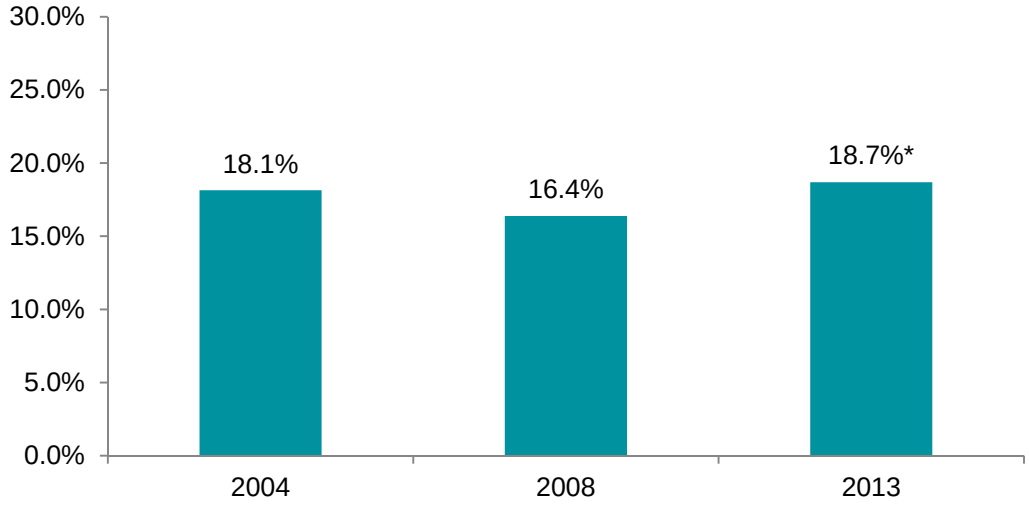
Health Insurance Coverage in Oklahoma: 2013

Results from the Oklahoma Health Care Insurance and Access Survey

The Oklahoma Health Care Authority (OHCA) contracted with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health to conduct the 2013 Oklahoma Health Care Insurance and Access Survey (or "OK Health Insurance Survey" - OHIS). The telephone survey was conducted to assess current rates and types of health insurance coverage among adults and children in Oklahoma and to examine change in coverage since 2004 and 2008, when comparable surveys were conducted. The most recent survey was conducted between January and April 2013 by Social Science Research Solutions (SSRS), during which a total of 6,270 interviews were conducted. For a summary of the survey methodology, see the Appendix at the end of this brief.

As shown in Exhibit 1 below, 18.7% of Oklahoma residents, or about 688,119 individuals (including all age groups), are estimated to be uninsured in 2013. While the uninsurance rate in Oklahoma held stable between 2004 and 2008, the rate increased between 2008 and 2013.

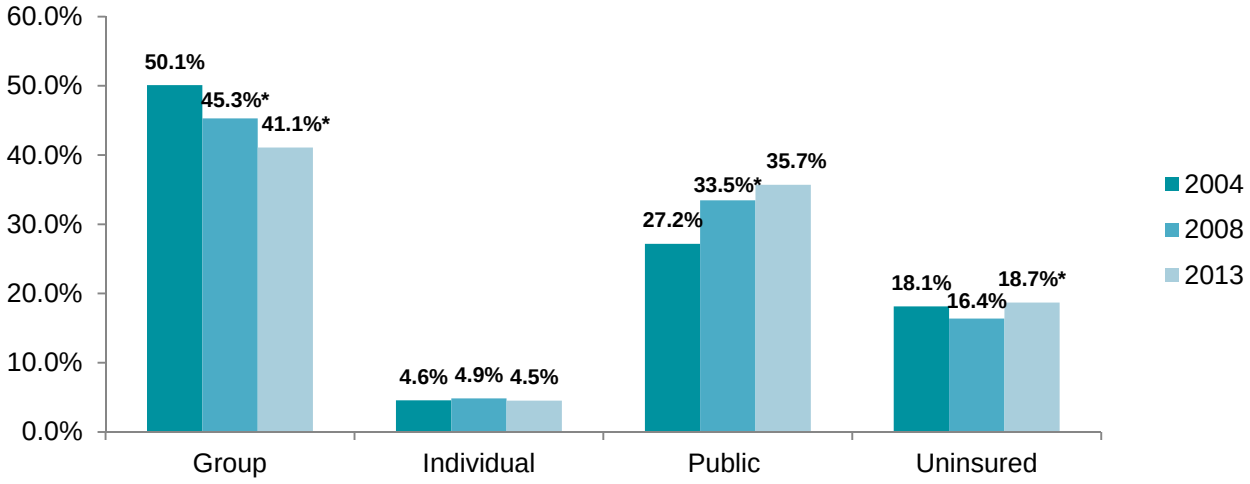
Exhibit 1. Rate of Uninsurance in Oklahoma (Total Population)



Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Exhibit 2 presents the distribution of the state population across three types of health insurance sources: group or employer-based insurance, privately-purchased individual health insurance, and public health insurance programs.[1] Employer-sponsored health insurance continues to be a main source of coverage in Oklahoma. In 2013, 41.1% of Oklahomans have health insurance coverage through their own employer or a family member's employer. However, such coverage declined since the last survey in 2008, when the rate of employer-based coverage was 45.3%. The second most common source of health insurance coverage in Oklahoma is public health insurance programs (including Medicare for the elderly and disabled, Medicaid, as well as others). In 2013, over a third (35.7%) of Oklahomans have coverage through a public source. Only 4.5% of residents in the state have insurance through a private individual plan in 2013, and this rate as well as the rate of public insurance remained unchanged from 2008. An overall decline in employer-based health insurance between 2004 and 2008 was offset by an overall increase in public health insurance coverage, resulting in a stable uninsurance rate for Oklahoma between these years. In contrast, between 2008 and 2013, the state experienced a decline in employer-based insurance coverage and an increase in the overall uninsurance rate.

Exhibit 2. Health Insurance Coverage in Oklahoma (Total Population)



Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

[1] Group includes health insurance through an employer, COBRA coverage, Veteran's Affairs and military health care. Individual includes privately-purchased insurance for an individual or family. Public includes Medicare, Railroad Retirement Plan, Medicaid, Insure Oklahoma, and the Oklahoma High Risk Pool. Individuals who only reported Indian Health Service were classified as uninsured.

Exhibit 3 summarizes health insurance coverage sources for the total population in Oklahoma by age group. Among the non-elderly (younger than 65 years of age), an estimated 46.8% have employer-based health insurance coverage in 2013, 26.6% are covered by a public program, 5.1% have privately purchased individual coverage, and 21.5% are uninsured.

For children 18 years of age and younger, the uninsurance rate in 2013 is noticeably smaller, with 12.0% of children lacking coverage. Fewer than 40.0% of children have group coverage, and 44.9% have public coverage. Similar to other age groups, coverage through an individual plan is relatively rare (4.8%) among children.

In contrast to the non-elderly population, 93.7% of elderly Oklahoma residents (aged 65 years and older) in 2013 are covered by a public program (e.g., Medicare), only 4.7% have employer-based coverage, and fewer than 1% have a privately purchased individual plan. Fewer than 1% of the elderly in Oklahoma are without any type of health insurance in 2013.

As reported earlier, the rate of group coverage dropped between 2008 and 2013 for Oklahoma overall. Exhibit 3 shows that this decrease reached statistical significance for several age groups, including children under the age of 19 years and adults aged 33-54 years. In contrast to 2008, when we observed an increase in public coverage from 2004 for both child and adult age groups, an increase in public coverage between 2008 and 2013 was only observed for very young children (ages 0-5 years). It is only for select adult age groups that we see the aforementioned overall increase in uninsurance rate between 2008 and 2013. These included adults aged 35-54 years and the near elderly (aged 55-64 years). For children, younger adults, and seniors, the uninsurance rate remained unchanged between 2008 and 2013.

Exhibit 3. Health Insurance Coverage in Oklahoma by Age Group (Total Population)

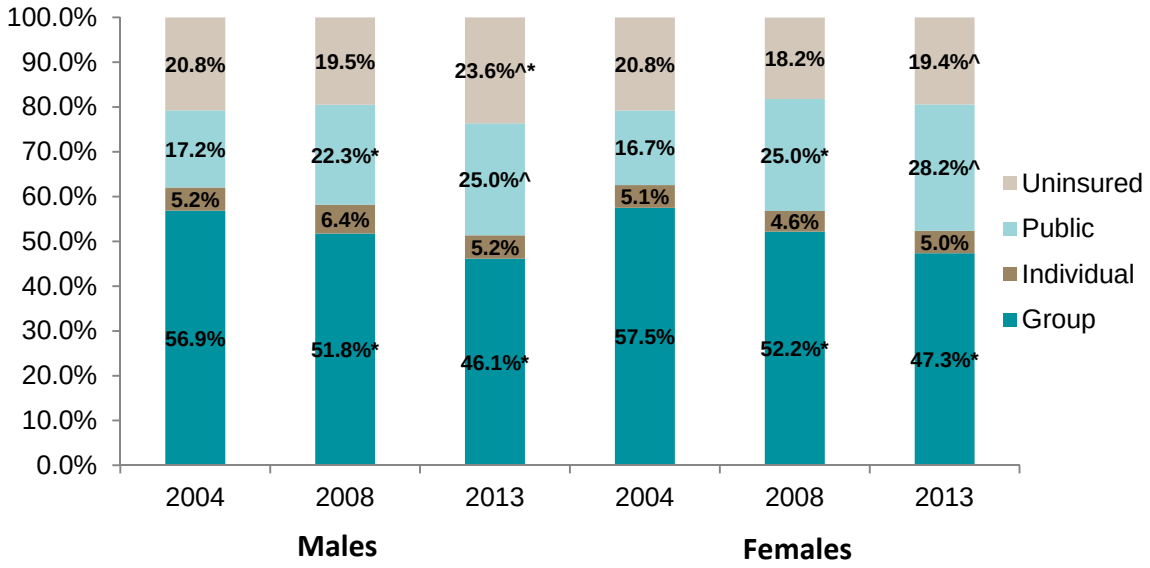
Age	Group			Individual			Public			Uninsured		
group	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
0-5	46.1%	43.7%	32.6%^*	4.0%	7.5%	4.0%	39.6%^	41.1%	54.0%^*	10.2%^	7.7%^	9.4%^
6-18	55.0%	49.0%	41.1%*	5.3%	4.1%	5.1%	26.5%	36.3%*	40.6%^	13.3%^	10.7%^	13.3%^
Total <19	52.1%	47.1%	38.4%*	4.9%	5.1%	4.8%	30.8%	38.1%^*	44.9%^*	12.3%^	9.7%^	12.0%^
19-25	46.0%	41.0%	46.5%	6.3%	7.2%	6.8%	11.4%^	15.6%^	18.3%^	36.3%^	36.2%^	28.4%^
26-34	57.1%^	45.6%*	45.8%	3.8%	6.0%	4.3%	11.6%^	14.2%^	15.2%^	27.6%^	34.3%^	34.8%^
35-54	65.2%^	61.2%^	52.2%^*	5.1%	4.3%	5.1%	8.3%^	16.3%^*	17.7%^	21.4%^	18.2%	25.0%^*
55-64	58.8%^	56.3%^	55.0%^	6.4%	7.2%^	5.7%	17.4%^	25.6%^*	23.5%^	17.5%	11.0%^*	15.8%^*
Total <65	57.2%^	52.0%^*	46.8%^*	5.1%	5.5%	5.1%	16.9%^	23.7%^*	26.6%^*	20.8%^	18.8%^	21.5%^*
65+	2.7%^	2.5%^	4.7%^	0.7%^	0.9%^	0.8%^	96.0%^	95.8%^	93.7%^	0.6%^	0.8%^	0.8%^
Total	50.11%	45.3%*	41.1%*	4.6%	4.9%	4.5%	27.2%	33.5%*	35.7%	18.1%	16.4%	18.7%*

Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
^ Indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state population within a given year.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Because nearly all elderly are covered (at least to some extent) by the federal public program Medicare, it is useful to examine health insurance coverage among the non-elderly population (i.e., children and adults younger than 65 years of age). The remaining tables examine the insurance status and sources of insurance for the non-elderly by key demographic characteristics.

Exhibit 4 summarizes insurance coverage and insurance sources among the non-elderly in Oklahoma by gender. There are a few noteworthy differences between males and females. Only males experienced an increase in uninsurance between 2008 and 2013, resulting in a higher overall uninsurance rate among males in 2013 (23.6% vs. 19.4%). While both males and females experienced a decline in group coverage between 2008 and 2013 (as had been the case between 2004 and 2008) and public insurance remained stable for both males and females between 2008 and 2013 (in contrast to between 2004 and 2008, during which both groups saw an increase), females have slightly higher rates of public insurance in 2013 (28.2% vs. 25.0%). Nonetheless, the two sexes have similar rates of employer-based coverage in 2013, and both groups observed no change in their rate of individual coverage between both 2004 and 2008 and 2008 and 2013.

Exhibit 4. Health Insurance Coverage in Oklahoma by Gender (Non-Elderly Population)



Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
^ Indicates statistically significant difference (p≤.05) between males and females.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Racial/ethnic differences in health insurance coverage among the non-elderly in Oklahoma are presented in Exhibit 5. Across the racial/ethnic groups presented, the 2013 uninsurance rate varies from 20.0% or below (Whites, African Americans, Asians) to 29.1% (Hispanics) and 31.4% (American Indians). Approximately half of White residents have health insurance coverage through an employer, whereas about one-third of African Americans, Hispanics, and American Indians have this type of coverage in 2013. Public coverage in 2013 ranges from less than 25% among White and Asian populations to approximately a third of American Indians and Hispanics and 45.1% of African American residents. The only racial subgroup to experience statistically significant changes in source of coverage between 2008 and 2013 are White Oklahomans, who witnessed a decline in employer-based coverage (as both Whites and African Americans had between 2004 and 2008) and an increase in public coverage (as both Whites and American Indians had between 2004 and 2008). After the uninsurance rate had decreased for White Oklahomans and increased for African American Oklahomans between 2004 and 2008, the rate of uninsurance remained stable across all racial/ethnic groups between 2008 and 2013.

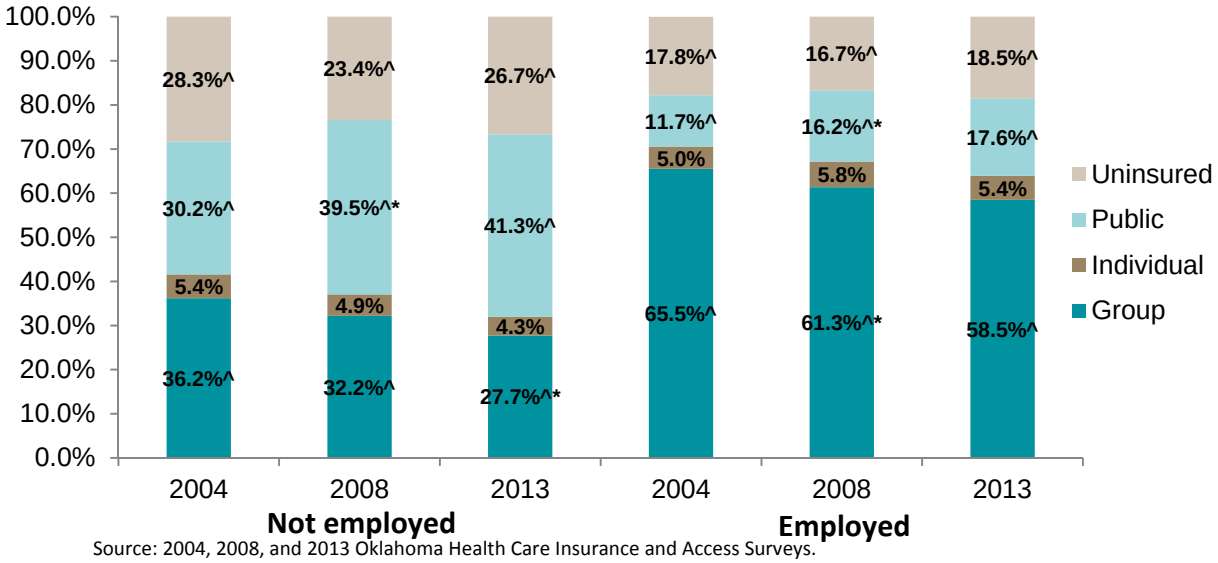
Exhibit 5. Health Insurance Coverage in Oklahoma by Race/Ethnicity (Non-Elderly Population)

Race/ethnic	Group Coverage			Individual Coverage			Public Coverage			Uninsured		
group	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
White	60.5%^	56.5%^*	51.0%*	5.8%	6.1%	5.6%	14.2%^	20.9%^*	24.5%*	19.5%	16.6%*	18.9%^
African American	50.1%	34.7%^*	33.1%^	2.3%^	3.3%	1.7%^	36.6%^	43.8%^	45.1%^	11.0%^	18.3%*	20.0%
Hispanic	39.9%^	37.9%^	33.0%^	1.7%^	3.1%	0.8%^	23.3%	27.0%	37.1%^	35.1%^	32.0%^	29.1%^
American Indian	44.3%^	37.1%^	33.4%^	2.8%^	2.7%^	1.7%^	23.8%^	33.3%^*	33.5%^	29.1%^	26.9%^	31.4%^
Asian	59.8%	61.5%	44.4%	5.9%	10.5%	16.4%^	8.9%	11.8%^	23.1%	25.4%	16.3%	16.0%
Other/ unknown	--	--	38.7%	--	--	6.5%	--	--	21.2%	--	--	33.7%^
Total	57.2%	52.0%*	46.8%*	5.1%	5.5%	5.1%	16.9%	23.7%*	26.6%*	20.8%	18.8%	21.5%*

Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
Notes: The race/ethnicity groups presented are not exclusive. Depending on a survey participant's response, s/he may have been assigned to more than one category. For all three survey years, the sample size for Asians is quite small (n<90). Other/unknown race is not presented for 2004 & 2008 because the number of subjects within this category was less than 50.
^ Indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Health insurance coverage and sources of coverage varies among the non-elderly by employment status (Exhibit 6, next page). Not surprisingly, employed individuals in 2013 are more likely to have group coverage, and non-employed individuals were more likely to have public coverage. While 53.4% of uninsured individuals are employed in 2013 (data not shown), individuals outside the labor force are more likely to be uninsured. Between 2008 and 2013, the only change in insurance source by employment status was among non-employed individuals, who are less likely to have group insurance in 2013 (27.7% vs. 32.2%). The percentage of employed individuals with group insurance did not change between 2008 and 2013, after having dropped in 2008 from 2004. Likewise, the percentage of employed and non-employed individuals with public insurance did not fluctuate between 2008 and 2013, whereas between 2004 and 2008, it increased for both employed and non-employed residents.

Exhibit 6. Health Insurance Coverage in Oklahoma by Employment Status (Non-Elderly Population)



Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
Note: 'Employed' excludes individuals who reported full-time student status. For adults (18+ years), the data are based on each individual's employment status. For children, the data are based on the employment status of the family's primary wage earner.
^ Indicates statistically significant difference (p≤.05) between not-employed and employed within a year.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Exhibits 7 and 8 (next 2 pages) examine health insurance coverage among the non-elderly population by select Federal Poverty Guideline (FPG) groups. The results for 2004, 2008 and 2013 are shown separately because the data are not fully conducive to assessing changes over time. While comparisons between 2008 and 2013 are feasible, improvements made to the income-related items within the 2008 and 2013 questionnaires make it difficult to compare data to 2004. (See the Appendix for more information.)

Exhibit 7a shows the 2013 distribution of health insurance coverage and coverage sources by six income groups, ranging from less than 100% to 300%+ FPG. There are important differences between the lower and higher income groups. Compared to the total non-elderly population, individuals in the two lowest income categories are more likely to be uninsured, less likely to have employer-based coverage, and more likely to have coverage through a public program. Individuals in the highest income category are less likely to be uninsured, more likely to have group coverage, and less likely to have public insurance. In 2013, individuals in the middle two groups (just above and below 200% of poverty) do not differ significantly from the overall non-elderly population in terms of group coverage, individual coverage, or uninsurance, but they are less likely to have coverage through a public program (200-249% FPG only). No significant changes were observed in insurance coverage by income levels between 2008 and 2013 (see Exhibits 7a and 7b).

Exhibit 7a. Health Insurance Coverage in Oklahoma by Income Levels (Non-Elderly Population), 2013

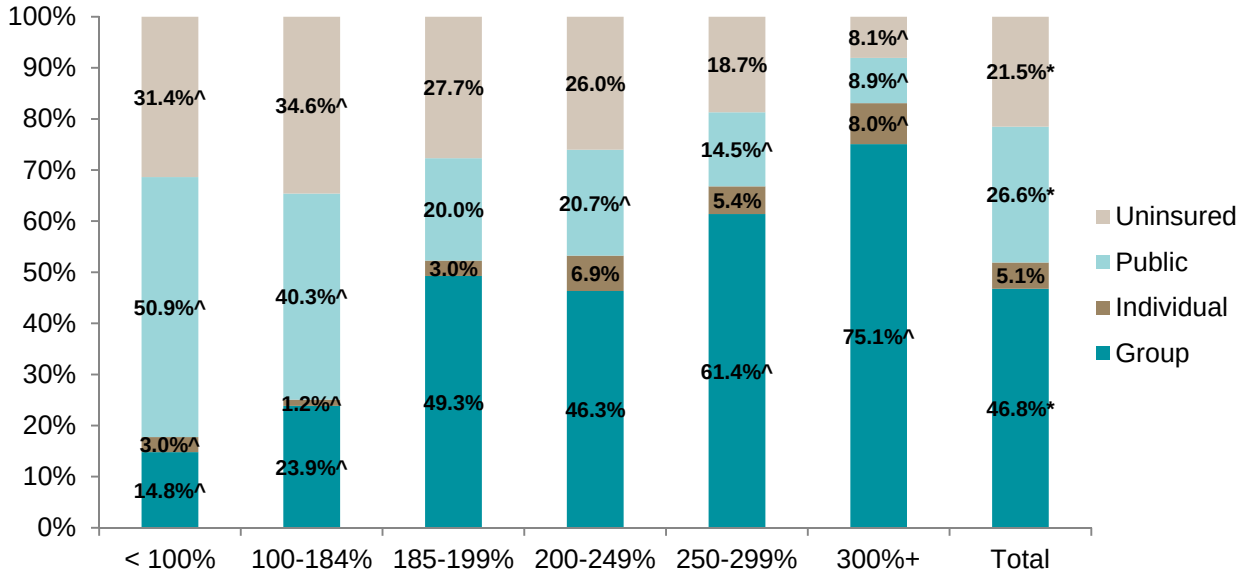
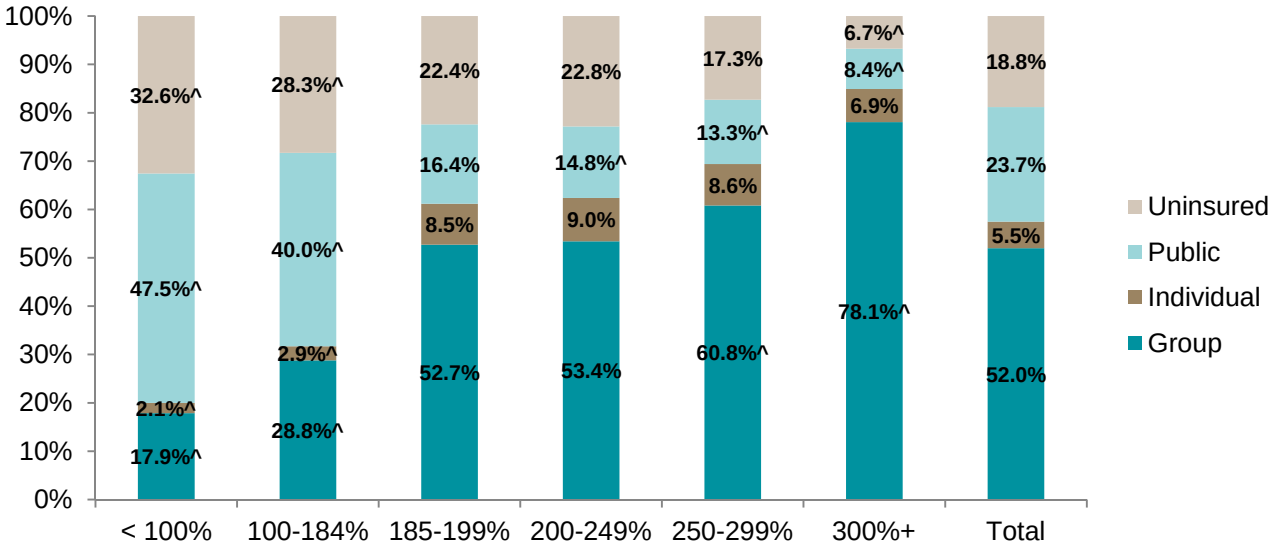
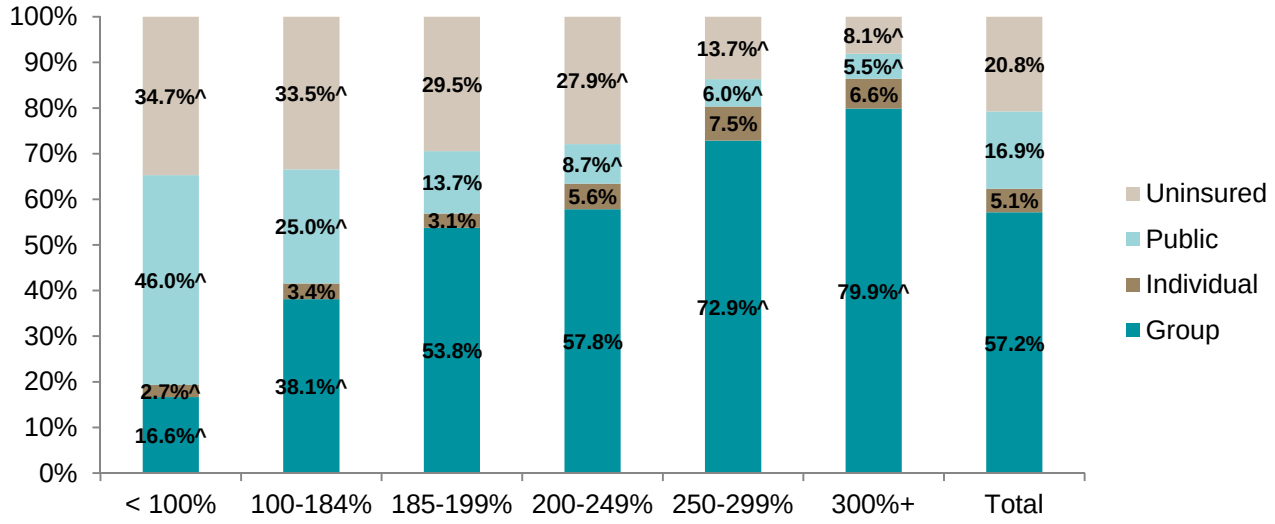


Exhibit 7b. Health Insurance Coverage in Oklahoma by Income Levels (Non-Elderly Population), 2008



Source: 2008 and 2013 Oklahoma Health Care Insurance and Access Surveys.
Note: Federal Poverty Guidelines (FPG) are for 2012 and 2007.
^ Indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year.
* Indicates statistically significant difference (p≤.05) between 2008 and 2013.

Exhibit 8. Health Insurance Coverage in Oklahoma by Income Levels (Non-Elderly Population), 2004



Source: 2004 Oklahoma Health Care Insurance and Access Survey.
Note: Federal Poverty Guidelines (FPG) are for 2004.
^ Indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population.

Finally, Exhibit 9 summarizes insurance coverage among the non-elderly for each of Oklahoma's six Behavioral Risk Factor Surveillance System (BRFSS) planning regions. In 2013, insurance coverage differs significantly relative to the state's total non-elderly population in only two regions. In the Southeast, the group insurance rate is lower (39.9% vs. 46.8%), as is the individual coverage rate (3.6% vs. 5.1%). In contrast, in the Northwest region, the rates of group and individual insurance are higher (55.4% vs. 46.8% and 8.5% vs. 5.1%, respectively), and the rate of public insurance is lower (19.7% vs. 26.6%), with fewer uninsured in the region (16.5% vs. 21.5%).

Regional results did not vary between 2008 and 2013, but did between 2004 and 2008. For example, the Southeast region was the only region to experience a significant change in the rate of uninsurance between 2004 and 2008. In this region, the uninsurance rate fell from 28.8% to 19.8% between the two earlier years. In contrast, declines in group coverage were observed between 2004 and 2008 for the Central, Northeast, and Tulsa areas. Additionally, an increase in public coverage was found for most regions between 2004 and 2008.

Exhibit 9. Health Insurance Coverage in Oklahoma by Region (Non-Elderly Population)

	Group			Individual			Public			Uninsured		
Region	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Northwest	60.3%	59.4%^	55.4%^	5.6%	8.9%	8.5%^	14.1%	15.6%^	19.7%^	20.0%	16.1%	16.5%^
Central	58.5%	52.7%*	47.3%	4.9%	5.1%	5.7%	15.5%	21.1%*	25.6%	21.1%	21.1%	21.5%
Southwest	55.8%	53.1%	49.7%	5.5%	6.6%	5.4%	22.0%^	23.2%	24.1%	16.7%	17.1%	20.8%
Tulsa	67.8%^	54.7%*	47.1%	4.6%	5.8%	4.3%	12.8%^	23.2%*	28.0%	14.9%^	16.2%	20.6%
Northeast	54.8%	48.8%*	44.2%	4.5%	5.3%	4.2%	18.0%	26.4%*	28.8%	22.7%	19.6%	22.8%
Southeast	43.8%^	45.9%	39.9%^	6.9%	2.4%^*	3.6%^	20.5%	31.9%^*	31.3%^	28.8%^	19.8%*	25.2%
Total	57.2%	52.0%*	46.8%*	5.1%	5.5%	5.1%	16.9%	23.7%*	26.6%*	20.8%	18.8%	21.5%*

Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
^ Indicates statistically significant difference (p≤.05) between estimate and estimate for the total state non-elderly population within a given year.
* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Key Findings in Brief

- Between 2008 and 2013, the rate of employer-based health insurance in Oklahoma decreased from 45.3% to 41.1%, and the rate of uninsurance in the state increased from 16.4% to 18.7%. An estimated 688,119 Oklahoma residents (including all age groups) are uninsured in 2013.
- While neither male nor female non-elderly residents experienced a change in uninsurance rate between 2004 and 2008, only men experienced an increase in uninsurance between 2008 and 2013, resulting in a higher uninsurance rate among men in 2013 (23.6% vs. 19.4%). Both males and females experienced a decline in group coverage between 2008 and 2013 (as had been the case between 2004 and 2008), yet public insurance remained stable for both males and females between 2008 and 2013 (in contrast to 2004 and 2008, during which both groups saw an increase). The two sexes have similar rates of employer-based coverage in 2013, but females have slightly higher rates of public insurance (28.2% vs. 25.0%).
- Health insurance coverage varies significantly by age. Higher rates of coverage are observed in 2013 for children and the elderly, whereas lower rates are observed for adults aged 19-54 years. Employer-based coverage is more common among middle-aged and older non-elderly adults. Public coverage, on the other hand, is more common among children and the elderly. The overall increase in the state's uninsurance rate between 2008 and 2013 was only observed among adults aged 35-64 years. The overall decrease in the state's group health insurance coverage rate was only observed among children and adults aged 35-54 years. While no change in public health insurance was observed between 2008 and 2013 for the state overall, a change in the public insurance rate – an increase specifically –was observed for very young children (aged 0-5 years).
- In 2013, American Indian Oklahomans are the most likely to lack health insurance (31.4%), closely followed by Hispanic state residents (29.1%). No racial/ethnic group experienced a significant change in the uninsurance rate between 2008 and 2013. The only racial subgroup to experience statistically significant changes in type of coverage between 2008 and 2013 were White residents, who had a decline in employer-based coverage and an increase in public coverage.
- Not surprisingly, employed individuals are more likely to have group health insurance coverage than non-employed individuals. While 53.4% of uninsured Oklahomans are employed in 2013, individuals not in the labor force are more likely to be uninsured and are more likely to have public coverage. Between 2008 and 2013, the only significant change in insurance source by employment status was among non-employed individuals, who are less likely to have group insurance in 2013 (27.7% vs. 32.2%).
- Insurance coverage and types of coverage varied by income. In 2013, individuals in the lowest income categories are more likely to be uninsured, less likely to have employer-based coverage, and more likely to have coverage through a public program. In contrast, individuals in the highest income category are less likely to be uninsured, more likely to have group coverage, and less likely to have public insurance. No significant changes were observed in insurance coverage by income levels between 2008 and 2013.

Appendix: Oklahoma Health Care Insurance and Access Survey Methodology

The Oklahoma Health Care Insurance and Access Survey is a telephone survey designed to assess rates and types of health insurance coverage among the state's adult and child populations. The survey was conducted in 2004, 2008 and 2013 at the initiation, and with the support, of the Oklahoma Health Care Authority (OHCA). OHCA subcontracted with the State Health Access Data Assistance Center (SHADAC) housed within the University of Minnesota's School of Public Health to lead the surveys. In 2013, the interviews were conducted by Social Science Research Solutions (SSRS).

Sample Design. The 2004 and 2008 surveys were random digit dial (RDD) landline telephone surveys of households in the state of Oklahoma. The 2013 design was a dual-frame (i.e., both landline and cellphone) survey to reflect the growth in cell-phone only households in the state (from 29.9% of Oklahoma adults living in cell-only households in 2010 to 34.6% in the 2011[2]). In 2013 a proportion of households comprised only of members aged 65 or more were screened out of the sample given their higher rates of insurance coverage. Similar to the 2008 survey, priorities for the 2013 survey design were to produce precise estimates of insurance coverage for the state as a whole, the state's six BRFSS planning regions, and various racial/ethnic population groups in the state. To meet these goals, the final sample design for 2013 (and 2008) included three sampling strata: one represented an oversample of areas with higher concentrations of American Indian residents, another represented an oversample of areas with higher concentrations of African American residents, and the third represented the balance of the state. In 2004, the sample was instead stratified by three geographic areas of interest: the northwest region of the state, the southwest region, and the balance of the state.

Questionnaire. The survey instrument was based on the Coordinated State Coverage Survey (CSCS), a questionnaire developed by SHADAC, and adapted for use in Oklahoma. The questionnaire addresses types of health insurance coverage, access to employer-sponsored insurance, premiums and cost-sharing, awareness of state public health insurance programs, willingness to pay for health insurance, access to and utilization of health care services, barriers in access, and demographics. The survey averages approximately 20 minutes in duration. Some changes were made to the questionnaire for the 2013 administration of the survey, including additions to the survey instrument such as reasons for emergency department (ED) use, out-of-pocket ED costs, and type of work industry for employed respondents. Finally, the income categories in the matrix were updated with the 2012 federal poverty guidelines (FPG) and were revised to include 138% FPG as an additional income category.

Data Collection. Data were obtained using a computer-assisted telephone interviewing (CATI) system. Data collection occurred between March and June 2004; July and September 2008; and January and April 2013. In each surveyed household, an adult (18 years of age or older) knowledgeable about the household's health insurance was identified as the respondent, and one person within the household was randomly selected to be the focus of the majority of questionnaire items. A total of 6,270 interviews were completed in 2013. In 2004 and 2008, the number of completed interviews was 5,847and 5,729, respectively.

Data Weighting and Adjustments. Each year the data were weighted to represent the overall population in Oklahoma. Specifically, the survey data were weighted to account for differences in the probability of selection into the survey sample. For each sample member, the probability of selection varied by sampling stratum, the number of phone lines connected to the household (landline frame) or the number of adults in the household with a cell phone (cellphone frame), and the number of people living in the household.

[2] Blumberg SJ, Luke JV, Ganesh N, et al. Wireless substitution: State-level estimates from the National Health Interview Survey, 2010–2011. National health statistics reports; no 61. Hyattsville, MD: National Center for Health Statistics. 2012.

Weights were then adjusted to account for key characteristics of the state's population. Specifically, sample weights were post-stratified by region, age, education, age/education, race and ethnicity, type of phone (landline vs. cell) and home ownership to more accurately reflect the population of Oklahoma. The U.S. Census Bureau's American Community Survey and the National Health Interview Survey provided the population distributions for these adjustments. To facilitate comparisons across the three surveys, the weighting strategy closely replicates the prior years. Exceptions include gender, household size, adjustments needed to account for the 2013 dual frame sample design (landline and cell phone frames), as well as the omission of an adjustment for home ownership in 2004 because this item was not included in the 2004 survey.

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Suggested Citation

State Health Access Data Assistance Center. 2013. "Health Insurance Coverage in Oklahoma: 2013." Issue Brief #37. Minneapolis, MN: University of Minnesota.

About SHADAC

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) is funded by the Robert Wood Johnson Foundation to collect and analyze data to inform state health policy decisions relating to health insurance coverage and access to care. For information on how SHADAC can assist your state with small area estimation or other data issues relevant to state health policy, please contact us at shadac@umn.edu or call 612-624-4802.

The Drug Utilization Review Board recommends the following:

1. Prior Authorization of Oxtellar XR™ (oxcarbazepine ER) with the following criteria:
    a. A patient specific, clinically significant reason why member cannot use the short-acting formulation.
    b. A quantity limit of 30 per 30 days will apply on the lower strength tablets (150mg and 300mg).
2. Prior Authorization of Sabril® (vigabatrin) with the following criteria:
    a. FDA approved diagnosis of refractory complex seizures in adults, OR infantile spasms in children ages 1 month to 2 years of age.
    b. Members with refractory complex seizures must have previous trials of at least three other antiepileptic medications.
    c. Members with infantile spasms must have had a previous trial with adrenocorticotropic hormone (ACTH) OR have a diagnosis of infantile spasms with tuberous sclerosis.
    d. Prescription must be written by a neurologist.
    e. Member, prescriber, and pharmacy must all register in the SHARE program and maintain enrollment throughout therapy.

Recommendation 2: Prior Authorize Aubagio® (Teriflunomide) and Tecfidera™ (Dimethyl Fumarate)

The Drug Utilization Review Board recommends the prior authorization of Aubagio® (teriflunomide) and Tecfidera™ (dimethyl fumarate) with the following criteria:

Aubagio® (Teriflunomide) Prior Authorization Criteria:

1. Documented diagnosis of relapsing forms of Multiple Sclerosis.
2. All of the following will be required for initiation of treatment:
    a. No concurrent use with other disease modifying therapies.
    b. Verification that female members are not pregnant and currently on a reliable contraceptive.
    c. Verification that member has no active infection(s).
    d. CBC counts and verification that levels are acceptable to the prescriber.
    e. Liver function tests and verification that levels are acceptable to the prescriber.
    f. Blood pressure measurement and verification that blood pressure is being monitored.
    g. Verification that members do not have tuberculosis, or completion of standard medical treatment for patients with tuberculosis.
3. Approval of Aubagio® will be initially for 6 months, after which time, all of the following will be required for further approval:
    a. Medication compliance.
    b. Repeat CBC counts and verification that counts are acceptable to the prescriber.
    c. Repeat liver function tests and verification that levels are acceptable to the prescriber.

    d. Verification that female members are not pregnant and still on reliable contraceptive.
    e. Verification that blood pressure and symptoms of renal failure are being monitored.
4. Compliance will be checked every 6 months there-after for continuation of therapy.
5. Quantity limit of #30 tablets per 30 days applies.

Tecfidera™ (Dimethyl Fumarate) Prior Authorization Criteria:

1. Documented diagnosis of relapsing forms of Multiple Sclerosis.
2. All of the following will be required for initiation of treatment:
    a. No concurrent use with other disease modifying therapies
    b. Verification from the prescriber that member has no active infection(s).
    c. CBC counts and verification that levels are acceptable to the prescriber.
3. Compliance will be checked every 6 months there-after for continuation of therapy.
4. Quantity limit of #60 tablets per 30 days applies.

Recommendation 3: Prior Authorize Kynamro™ (Mipomersen)

The Drug Utilization Review Board recommends prior authorization of Kynamro™ (mipomersen) with the following criteria:

1. FDA approved diagnosis of homozygous familial hypercholesterolemia defined by the presence of at least one of the following criteria:
    a. Documented functional mutation(s) in both LDL receptor alleles or alleles known to affect LDL receptor functionality via genetic testing; or
    b. Untreated total cholesterol >500 mg/dL and triglycerides <300 mg/dL *and*
        i. both parents with documented untreated total cholesterol >250 mg/dL; or
        ii. presence of tendinous /cutaneous xanthoma prior to age 10 years.
1. Documented failure of high dose statin therapy (LDL reduction capability equivalent to atorvastatin 80mg or higher); and
2. Prescriber must be certified with Kynamro™ REMS program.

Recommendation 4: Prior Authorize Vecamyl™ (Mecamylamine)

The Drug Utilization Review Board recommends prior authorization of Vecamyl™ with the following criteria:

1. FDA approved diagnosis of moderately severe to severe essential hypertension or uncomplicated malignant hypertension.
2. Use of at least 6 classes of medications, in the past 12 months, that did not yield adequate blood pressure control. Treatment must have included combination therapy with a diuretic, and therapy with at least a four-drug regimen. Medications can be

from, but not limited to, the following classes: ACE inhibitors, ARBs, CCBs, DRIs, beta blockers, alpha blockers, alpha agonists, diuretics, etc.

3. Prescriber must verify member does not have any of the following contraindications:
    a. Coronary insufficiency
    b. Recent myocardial infarction
    c. Rising or elevated BUN, or known renal insufficiency
    d. Uremia
    e. Glaucoma
    f. Organic pyloric stenosis
    g. Currently receiving sulfonamides or antibiotics
    h. Known sensitivity to Vecamyl™ (mecamylamine)

Recommendation 5: Prior Authorize Fulyzaq™ (crofelemer)

The Drug Utilization Review Board recommends the prior authorization of Fulyzaq™ (crofelemer) with the following criteria:

1. FDA approved diagnosis of non-infectious diarrhea in adult patients with HIV/AIDS currently on anti-retroviral therapy.
2. Duration of diarrhea has been ≥4 weeks.
3. Dietary modifications have failed.
4. Prescribers must verify that infectious diarrhea has been ruled out via confirmation of all of the following:
    a. CD4 count has been measured and possible opportunistic infections have been ruled out; and
    b. Member does not have fever; and
    c. Stool studies for pathogens are negative including:
        i. Bacterial cultures
        ii. Ova and parasites
        iii. *Clostridium difficile* (*Clostridium difficile* testing should include a glutamate dehydrogenase screen and if positive followed by a confirmatory test OR nucleic acid amplification test in patients with documented diarrhea. A toxin enzyme immunoassay should not be used as a stand-alone test.)
5. If stool study results are negative and the patient has severe symptoms, particularly in the case of advanced immunodeficiency, an endoscopy with biopsy is recommended, at the doctor's discretion, to rule out inflammatory bowel disease, cancer, CMV, microsporidium, or MAC.
6. A quantity limit of 60 tablets per 30 days will apply.
7. Initial approval will be for 4 weeks of therapy. An additional 6 month approval may be granted if physician documents member is responding well to treatment.