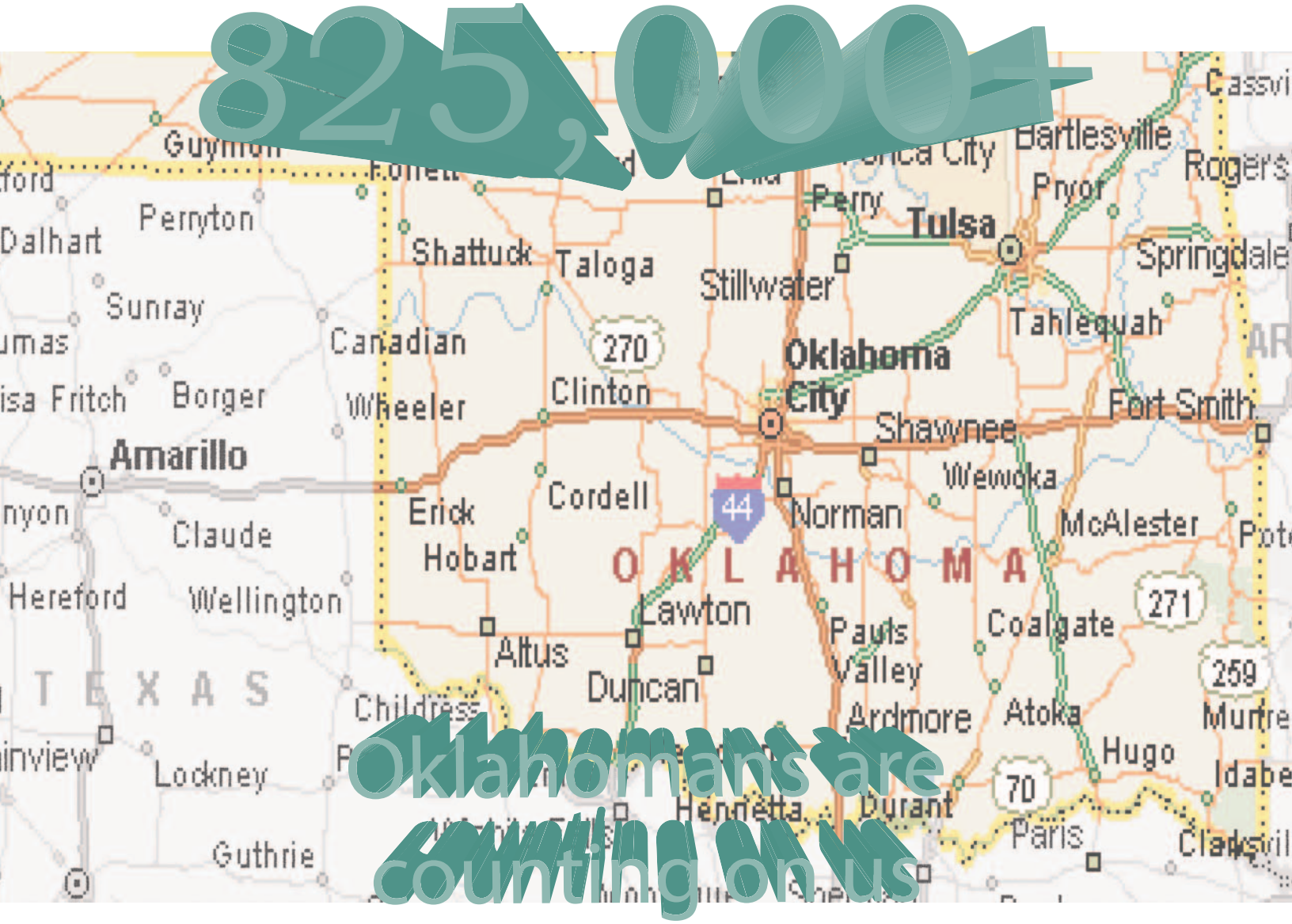
Oklahoma Health Care Authority



State Fiscal Year 2009

July 2008 through June 2009

Annual Report

Oklahoma Health Care Authority

State Fiscal Year 2009

July 2008 through June 2009

Annual Report

On the cover: In today's economy, more Oklahomans are depending on OHCA to provide health care coverage for those in need.

OHCA is dedicated to maintaining our high standards of service and quality to our members and providers.

They are counting on us.

Oklahoma Health Care Authority offices are located at:

4545 North Lincoln, Suite 124
Oklahoma City, Oklahoma 73105
405-522-7300

Visit our Web sites at:

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

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The report is coordinated through the OHCA Reporting and Statistics Unit. If you have questions or suggestions, please call Connie Steffee at 405-522-7238.

Our Mission Statement

Our mission is to purchase state and federally funded health care in the most efficient and comprehensive manner possible and to study and recommend strategies for optimizing the accessibility and quality of health care.

Our Vision

Our vision is for Oklahomans to enjoy optimal health status through having access to quality health care regardless of their ability to pay.

Our Values and Behaviors

OHCA staff will operate as members of the same team, with a common mission and each with a unique contribution to make toward our success.

OHCA will be open to new ways of working together.

OHCA will use qualitative and quantitative data to guide and evaluate our actions and improve our performance in a purposeful way over time.

Brad Henry

Governor
State of Oklahoma

EXECUTIVE BRANCH

Jari Askins
Lieutenant Governor

Terri White
Health Cabinet Secretary

LEGISLATIVE BRANCH

1st Session of the 52nd Legislature

Glenn Coffee
President Pro Tempore, State Senate

Chris Benge
Speaker, House of Representatives

OHCA Board Members

as of June 2009

(left to right): Lyle Roggow; Chairman Charles (Ed) McFall, DPH; Sandra Langenkamp; Chickasaw Gov. Bill Anoatubby; Wayne Hoffman; George Miller; Vice Chairman Anthony (Tony) Armstrong.

Message from the Chief Executive Officer

Oklahomans are counting on us, and that fact has never been more apparent than right now. This year, we've surpassed 800,000 members; that's an unprecedented number of Oklahomans utilizing SoonerCare health coverage.

The upward trend doesn't appear to be slowing or even reaching a plateau. To meet the needs and demands of these growing numbers, the Oklahoma Health Care Authority staff is being called upon to not only "think outside the box," but also tear down the walls and build a bigger, better box.

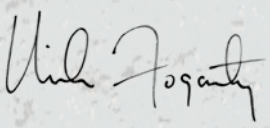
On January 1, we rolled out implementation of the Patient-Centered Medical Home model of care in our SoonerCare Choice program. This model assures our members have a personal provider who cares for the whole person. It also offers members improved access to care. It benefits providers because they direct their practices and receive compensation through a payment structure that better reflects the value of what they do for our members.

We have some innovative new programs building steam. Our Living Choice program is successfully transitioning members out of nursing facilities back into a community setting. SoonerCare's pharmacy lock-in program is showing positive changes in members' behavior, such as reduced narcotic use and emergency room utilization.

We were also relieved this year with the reauthorization of the federal Children's Health Insurance Program (CHIP). This, coupled with enhanced federal matching money, has allowed us to keep up with the increased demand without having to make cuts in benefits to our members.

The Insure Oklahoma program was offered this year to businesses with up to 99 employees and made available to full-time college students as a way for them to access health insurance. The success of the Insure Oklahoma program is evident: It is being held up nationwide as a model of partnership between the government and private entities. The main challenge we see in the coming year for this program is that it will reach funding capacity. We plan to work with our state's leaders to find an additional funding source to support Insure Oklahoma and continue to decrease the number of uninsured Oklahomans.

These are just a few of the many innovative programs going on at the Oklahoma Health Care Authority. As the nation struggles to find a balance in health care reform, our agency will continue to serve as an innovative leader not only in Oklahoma, but the nation.



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SFY2009 Highlights

Members

- There were 825,138 unduplicated members enrolled in either SoonerCare (Oklahoma Medicaid) or Insure Oklahoma during SFY2009 (July 2008 through June 2009).
- A total of 809,251 Oklahoma SoonerCare members received services during SFY2009.
- Overall SoonerCare enrollees increased by 3.5 percent and the number served increased 4.9 percent from SFY2008 (July 2007 through June 2008).
- Enrollment in the Insure Oklahoma program has increased 85 percent since June 2008. As of June 2009, 21,598 enrollees and 4,752 businesses were participating.
- During SFY2009, Oklahoma provided coverage to 31,755 SoonerPlan enrollees and 6,834 women needing further diagnosis or treatment for breast and/or cervical cancer through the Oklahoma Cares program.
- SoonerCare covers approximately 60 percent of the births in Oklahoma. (Calendar year 2008, there were 32,601 SoonerCare births compared with 53,733 total statewide, according to the Oklahoma State Department of Health preliminary 2008 data.)

Expenditures

- An average of 19 percent of SoonerCare members were aged, blind and disabled enrollees. These enrollees accounted for 57 percent of the SoonerCare expenditures in SFY2009.
- SoonerCare funded 69 percent of Oklahoma's total long-term care actual bed days.
- OHCA expended $31.2 million on behalf of the Breast and Cervical Cancer enrollees and more than $5.4 million on SoonerPlan enrollees.
- Nursing facility Quality of Care revenues totaled $51,553,192.
- Dollars recovered by OHCA through post-payment reviews totaled $3,988,042.
- Drug rebate collections totaled $121,464,345.
- By limiting the amount paid for generic drugs, OHCA saved more than $68.7 million through the State Maximum Allowable Cost (SMAC) program.

Administration

- OHCA processed 39 emergency rules, 27 permanent rules and 13 State Plan amendments.
- There were 149 group provider training sessions attended by more than 9,575 providers. OHCA and EDS held 4,172 individual on-site provider training sessions during SFY2009.
- OHCA received and investigated 4,289 SoonerCare member complaints. This represents less than 1 percent of the 825,138 SoonerCare enrollees.
- There were 22 provider and 56 member formal appeals filed. This is less than one quarter of 1 percent of both populations.
- OHCA administrative costs comprised 2.37 percent of the total SoonerCare expenditures. OHCA operating costs represent 42 percent of OHCA administrative costs, and the other 58 percent are contract costs.

SFY2009 Year in Review

Medical Home Implementation Successful

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

The patient-centered medical home model of care is designed to provide SoonerCare Choice members with a comprehensive, coordinated approach to primary care, which in turn leads to improved quality and lower medical costs. Members have access to enhanced care coordination, communications, appointment availability and education to help them navigate their health care system.

A full-scale education campaign was held for nearly a year to prepare primary care providers (PCPs) for implementation of Medical Home. Extensive print and Web materials were made available, more than 20 provider education and discussion sessions were held and many one-on-one conversations took place to make the transition as smooth as possible.

The new delivery system reimbursement was designed to incorporate a managed care component with traditional fee-for-service and incentive payments. For providing these enhanced services and supportive infrastructure, PCPs are prepaid a monthly care coordination fee for each panel member enrolled.

The performance-based component, called SoonerExcel, recognizes the PCPs achievement of quality and efficiency goals. The annual budget for SoonerExcel incentive payments is $4.2 million; payments totaled $614,273 for January through June 2009.

A pool of approximately $9 million was available to qualifying providers to aid them in the transition. Qualifying providers were determined by their panel size, their compliance with Quality Assurance/Quality Improvement and utilization comparable to the average for their patient age peer group.

Insure Oklahoma Expands Programs

The Insure Oklahoma program makes affordable health coverage available to Oklahomans who are uninsured or at risk of losing their coverage due to high premium costs. The state share of Insure Oklahoma costs comes from the state's tobacco tax revenues.

During SFY2009, Insure Oklahoma extended coverage to include full-time college students ages 19 to 22 who meet the income qualifications. As of June 2009, 30 college students were covered under Insure Oklahoma.

The Insure Oklahoma Employer-Sponsored Insurance (ESI) plan is designed to assist Oklahoma small business owners in purchasing health insurance on the private market for their income-eligible employees (at or below 200 percent of federal poverty level). In March 2009, the number of employees a qualifying business can have was raised from 50 to 99.

The Insure Oklahoma Individual Plan (IP) provides a health coverage option to uninsured adults 19-64 years of age whose allowable household income is no more than 200 percent of federal poverty level (FPL), and who are not receiving Medicaid or Medicare. IP is available to people who meet the definition in one of the following groups: 1) Working adults who do not qualify for ESI and work for an Oklahoma business with 99 or fewer employees, 2) Temporarily unemployed adults who qualify to receive unemployment benefits, 3) Working adults with disability who work for any size employer and have a ticket to work, or 4) Self employed.

Insure Oklahoma	June 2008	June 2009	% Growth
Businesses	2,742	4,752	73%
ESI	8,761	14,217	62%
IP	2,923	7,381	153%

SFY2009 Year in Review (continued)

Federal Relief Arrives

The federal and state governments share Medicaid costs. Congress took two significant actions early in calendar year 2009 that were designed to assist states in assuring and financing coverage through Medicaid and the Children's Health Insurance Program (CHIP).

American Recovery and Reinvestment Act of 2009 (ARRA)

As part of the ARRA passed in February 2009, Congress acted to temporarily increase federal medical assistance percentages (FMAP) for all states during the period of economic downturn. The total dollars for the SoonerCare program remain the same; however, the increase in federal matching dollars decreases the state share amount, providing much needed relief to the state budget.

Prior to the increase, the Oklahoma FMAP for federal fiscal year 2009 (October 2008 through September 2009) was the lowest federal matching rate in more than 15 years. Reductions in FMAP over the past five years have cost Oklahoma more than $142 million in state dollars.

The ARRA, also referred to as the stimulus package, includes a hold harmless that freezes the FMAP at the 2008 level; a general 6.2 percent increase in FMAP; and for states with relatively high growth in unemployment rates, an additional percentage increase based on quarterly unemployment statistics. Funding increases will be in effect from October 2008 through December 2010. To access the additional funds associated with the increased FMAP, each state must ensure that the "eligibility standards, methodologies, or procedures" under its Medicaid State Plan, or under its Medicaid waiver or demonstration programs, are not more restrictive during this period than those in effect July 1, 2008.

CHIP Reauthorization

The Children's Health Insurance Program (CHIP) was created in 1997 to provide affordable health coverage to low-income children in working families who make too much money to qualify for Medicaid but not enough to afford private coverage. The program currently covers more than 100,000 children annually in Oklahoma.

In February 2009, the CHIP Reauthorization Act (CHIPRA) renewed CHIP federal funding through the end of 2013 and expanded its scope. CHIPRA provisions are largely financed by a 61-cent increase in the federal tobacco tax.

The overall goal of CHIPRA is to induce states to enroll more uninsured children. To achieve that end, it not only increases the amount of money that is available to states for children's health coverage, it also makes significant changes to how money flows through CHIP. These changes reward states for enrolling more children and for making it easier for families to learn about CHIP and Medicaid, to enroll in these programs, and to keep their coverage for as long as they qualify.

SFY2009 Year in Review (continued)

Health Management Program Receives Grant

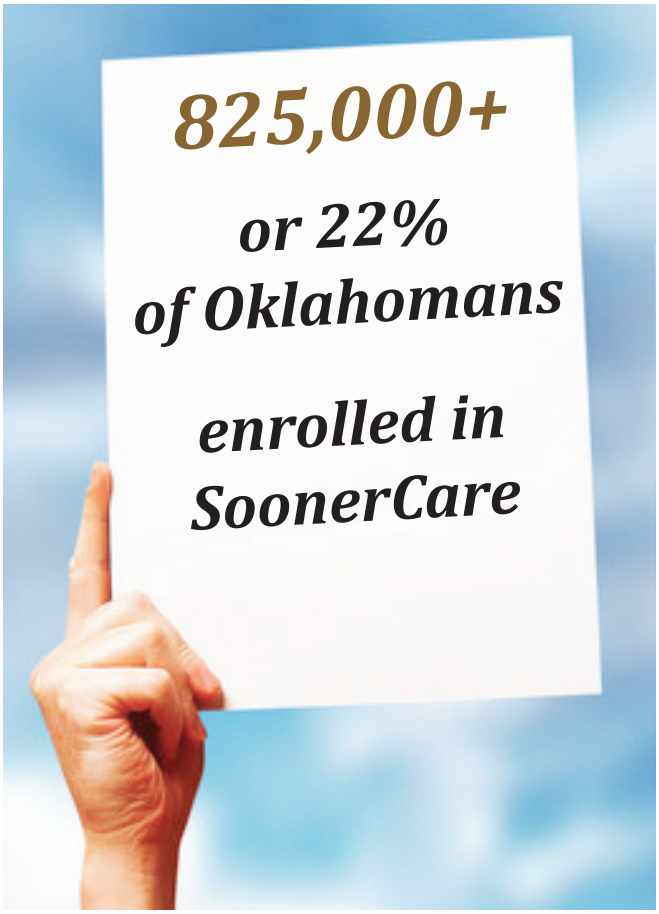
The SoonerCare Health Management Program (HMP) was developed to address the needs of SoonerCare members with chronic conditions and the increasing concerns of rising health care costs in Oklahoma. This program, which began in February 2008 through a contract with the Iowa Foundation for Medical Care, currently serves more than 4,000 SoonerCare Choice members. The HMP is a dual-armed approach to health management that concentrates on nurse care management as well as provider activation through practice facilitation for delivery of better focused care to members.

In 2009, the HMP was selected by the Center for Health Care Strategies to participate in the Reducing Disparities at the Practice Site initiative funded by the Robert Wood Johnson Foundation. This initiative is focused on improving diabetes care for minority populations in small primary care practices. Practice facilitators will be deployed to the selected high-opportunity practices to help them improve their quality and efficiency of care.

SoonerCare Member Outreach Continues

One main goal of the OHCA is to educate and empower SoonerCare members about the benefits and resources available to them. Each month, OHCA staff make outbound calls to various SoonerCare members.

SoonerCare Choice members are surveyed to find out how much they know about their benefits, if they know how to access their primary care provider and what resources are available to them. Members are encouraged to read their Member Handbook so they will know their rights and responsibilities.



SoonerCare OB Outreach Gets Results

In 2008, OHCA staff began a project to determine an effective way to be able to speak directly with members who are pregnant to ensure they are linked with an obstetric provider and understand their benefits. After two successful mailing campaigns, it was determined a short letter asking the member to call the SoonerCare Helpline was the most successful.

In July 2008, SoonerCare Member Services used the outreach letter campaign in an attempt to interview pregnant members by phone. During the last six months of 2008, 16,212 letters were mailed to pregnant SoonerCare members. A total of 6,270 members (38.68 percent) responded to the letter by calling the SoonerCare Helpline. Of the 6,270 respondents, 845 women were identified as having potentially high-risk pregnancies.

SFY2009 Year in Review (continued)

Development of Electronic Enrollment for SoonerCare Members Continues

MySoonerCare.org, the electronic enrollment for members, is an online application that will determine if an individual qualifies for SoonerCare benefits in real time using a rules engine. The process will allow an applicant to apply for state medical benefits 24 hours a day, seven days a week from any location with an Internet capable computer, a partner agency or a community organization. It will streamline the application process, provide up-to-date data matching and normalization, and give an immediate eligibility determination and identification number.

Oklahoma was awarded a $6.1 million federal grant to create the process. The agency receives federal funds to support the planning, development, testing, implementation and evaluation of this project.

Online enrollment will significantly reduce the need for face-to-face interviewing and data entry to enroll potential members. It will also reduce the margin of error and processing time of enrollment, and streamline the process to accomplish much more with less.

Nearly 58 percent of Oklahomans lived in a household with Internet access in 2007.

Source: US Census Bureau, Current Population Survey (CPS) October 2007, Reported usage for individuals 3 years and older by state; 2007

Electronic Enrollment for Newborns Is a Success

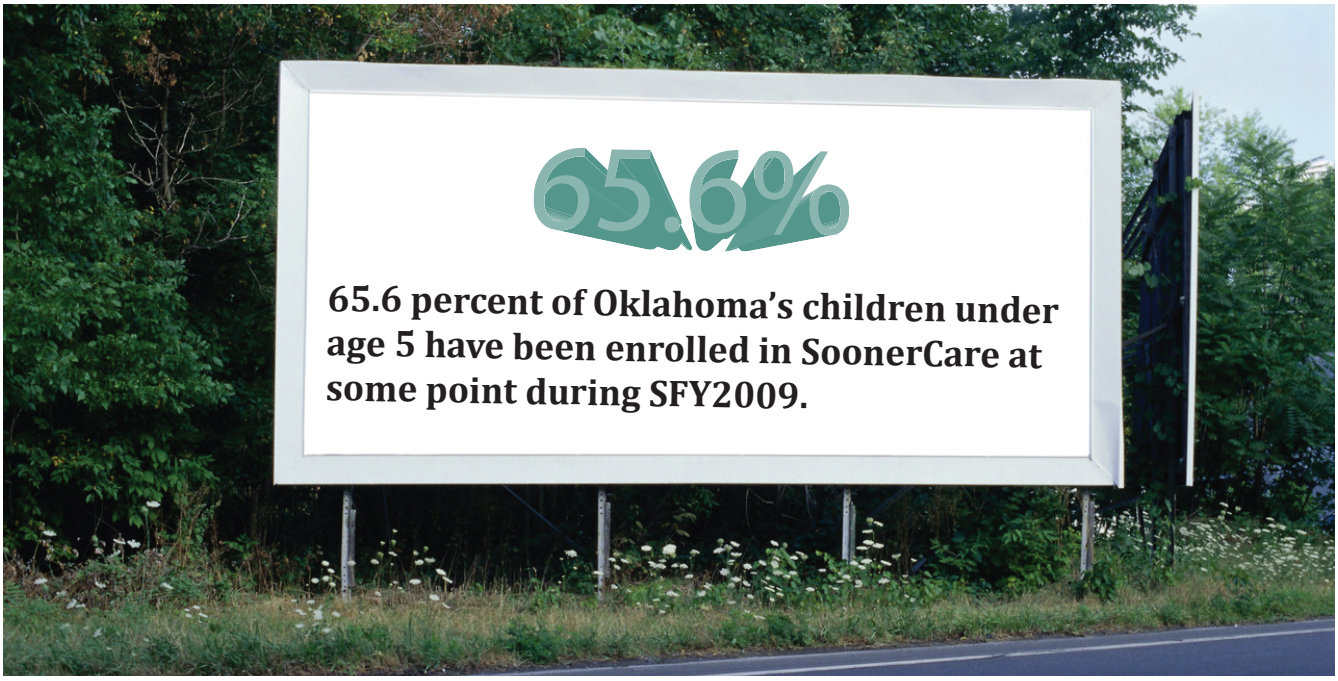
In April 2008, OHCA implemented a Web-based SoonerCare application to add newborns to existing SoonerCare cases. As a result of this system, newborns can now be enrolled in SoonerCare before they leave the hospital.

Babies successfully enrolled are assigned a primary care provider, have a SoonerCare identification number and can have claims processed for covered benefits immediately. Prior to implementation, less than 70 percent of newborns were added within 10 days of birth; now nearly 100 percent are added within 10 days. More than 20,000 babies have been enrolled using electronic enrollment since implementation.

Electronic Provider Enrollment on the Horizon

OHCA is pleased to announce the development of a new Web-based online enrollment system for new or renewal provider contracts. This will be a paper-free process. Business and individual providers or their representatives will enter all necessary information and execute provider agreements without downloading a form. Licenses, certifications and other necessary documentation can be faxed to OHCA without making a copy or sealing an envelope.

One feature of online enrollment is the option for providers to specify up to three e-mail addresses: one for contract issues, one for secure clinical/medical communication, and a third for billing and claims-related items. This will allow OHCA to provide quicker and less expensive updates to physicians and their staffs without the time and expense of preparing and mailing letters.



SFY2009 Year in Review (continued)

SoonerCare Striving to Improve Children's Health

In a continuing effort to improve the quality and quantity of child health checkups, the practice enhancement assistant (PEA) project was implemented in SFY2007. OHCA contracts with the University of Oklahoma Health Sciences Center to help evaluate and implement a program of supporting PEAs who help providers make changes in their processes of care. This pilot program was first conducted in Canadian County. The PEA program has expanded with an additional focus on assisting practices in implementing new or improving existing developmental screening efforts in Garfield County in SFY2008 and Delaware County in SFY2009.

OHCA has also worked on a collaborative effort with the Oklahoma State Department of Health, the Department of Mental Health and Substance Abuse Services, the Child Study Center, Department of Pediatrics, and the University of Oklahoma Health Sciences Center, to purchase evidence-based developmental screening tools (the PEDS and ASQ). The tools are available for distribution to practices in Oklahoma who serve as primary care providers for infants and toddlers and who are interested in adopting their use. In addition to receiving the screening tools without charge, a child guidance professional will, upon request, assist the practice in using the tools and in referring "at risk" infants, toddlers and young children to appropriate resources.

SFY2009 Year in Review (continued)

PACE Implemented

The Program of All-inclusive Care for the Elderly (PACE) is a unique capitated managed care program of acute and long-term care for the frail and elderly provided through the partnership of the Cherokee Nation, OHCA and the Centers for Medicare & Medicaid Services (CMS).

The first PACE program in Oklahoma and the first in the nation to be sponsored by an American Indian tribe is called Cherokee Elder Care. It is one of 15 rural PACE programs nationally and welcomes all residents within delineated areas of Cherokee, Delaware, Mayes, Muskogee and Adair counties.

PACE enrollees must be at least 55 years old, meet financial criteria, reside in the catchment area of the PACE program, be able to live safely in the community at the time of enrollment, and be certified as qualified for nursing home level of care.

In August 2008, Cherokee Elder Care began PACE with three members. As of June 2009, 34 additional members have joined PACE.

Living Choice Project Continues

OHCA is collaborating with the Oklahoma Department of Human Services and other organizations to help older Oklahomans and people with disabilities obtain home- and community-based services through the Oklahoma Living Choice project.

To qualify for Living Choice an individual must live in a nursing facility for at least six months, be a SoonerCare member for at least one month prior to transition, be interested in moving to the community and be guaranteed home and community support once he or she transitions.

People with mental retardation, people who are aged and people with physical disabilities work with a transition team to create a care plan for a successful transition back into their community. Transition coordinators, who are much like case managers, assist members in planning their transition.

The Living Choice project Web site (www.oklivingchoice.org) lists answers to frequently asked questions, provides information about resources, and offers a complete list of Living Choice advisory members.

Living Choice has successfully transitioned 8 people from nursing facilities back into the community.

Long-Term Care Partnership Program Under Way

As the senior population in the United States continues to grow, the resources used by the federal and state governments to help pay for health care benefits are being strained. The focus of the Oklahoma Long-Term Care Partnership (OKLTCP) program is creating an opportunity for Oklahomans to take personal responsibility for organizing and financing their own long-term care needs. The OKLTCP program intends to develop affordable insurance options in addressing the needs of Oklahomans while ensuring protection for both consumers and the state Medicaid budget.

Currently, 19 insurance carriers are certified to market the program in the state, and more than 2,300 agents have taken eight hours of training required to market the program.

To help with its outreach and training effort, the OKLTCP program has teamed with the U.S. Department of Health and Human Services to promote an Own Your Future campaign. This campaign will help teach citizens to plan for their future needs and protect their hard-earned assets.

Interim Census population projections show a 66.1 percent increase in people age 65 and older from 2000 to 2030.

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

SFY2009 Year in Review (continued)

Pharmacy Lock-In Program a Success

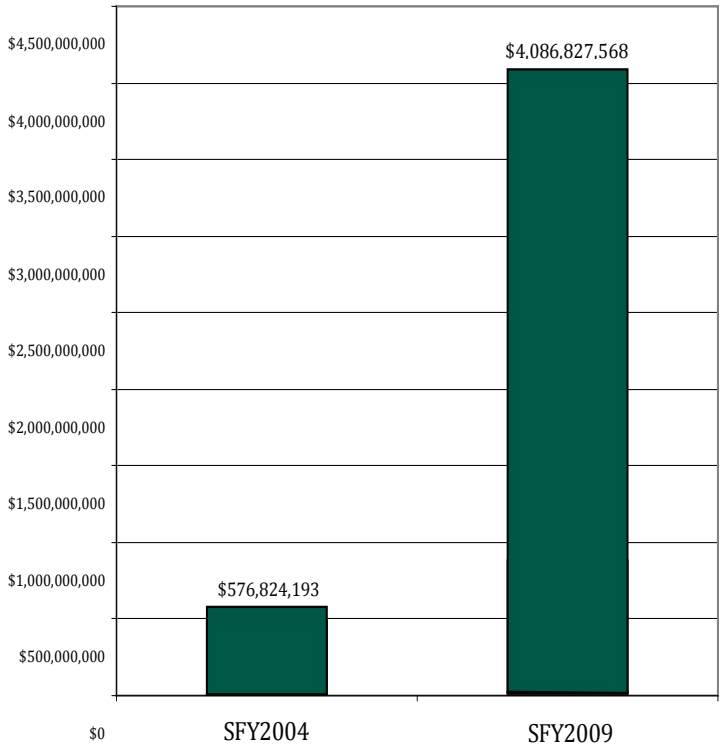
The mission of the OHCA Lock-In Program is to assist health care providers in monitoring potential abuse or inappropriate utilization of controlled prescription medications by SoonerCare members. When warranted, a member may be "locked-in" to a single pharmacy to fill all SoonerCare-reimbursed prescriptions. Members are referred to the lock-in program by primary care or specialty providers, pharmacists and case workers. Members may also be selected based on utilization patterns that are detected by internal data reports.

After a member is referred to the Lock-In Program, his or her entire claims history is reviewed. If the member's utilization is determined to be inappropriate by quality standards, the lock-in process is started. The member is given the opportunity to choose a designated pharmacy and the pharmacy is contacted for consent before the member is locked in. The member's utilization patterns will be reviewed after two years.

A study of the lock-in program found a decreasing monthly trend of narcotic claims — along with emergency room visits, overall pharmacy claims, and the number of pharmacies and doctors visited. Typical maintenance medications were also tracked and used to monitor possible changes to chronic disease and overall health care. There was no change in the trend for these products, which indicates the lock-in program did not negatively impact the overall health care of these members.

Collections are up!

OHCA is taking full benefit of legislative changes that were passed in 2003 and 2006 to enhance collections and obtain data from private insurance companies. Electronic data matching with various health insurers has not only increased the collections but has a big impact on cost avoidance and assists other state agencies with their goals, such as child support enforcement. The third-party liability (TPL) vendor assisting with the third-party billing and data matching is Health Management Systems.



Recoveries/Cost Avoidance	SFY2004	SFY 2009
Medicare Recoveries	$69,317	$2,527,837
Health Insurance Recoveries	$1,765,894	$13,685,368
Casualty Insurance Recoveries	$2,283,650	$5,960,442
Estate Recoveries	$1,735,020	$2,736,432
Medicare Cost Avoidance	$479,795,582	$857,377,497
Private Insurance Cost Avoidance	$91,174,730	$3,204,539,992
TOTAL	$576,824,193	$4,086,827,568

SFY2009 Year in Review (continued)

SoonerCare Provider Services Continues to Be a Provider Resource

OHCA has dedicated and professional staff available to assist providers with program, policy and claims issues. Staff provide training, focused education materials and billing assistance and lend their expertise to assure services meet state and federal requirements. More than 38,743 calls were received by Provider Services in SFY2009.

Providers can send secure, HIPAA-compliant e-mail messages through the SoonerCare Secure Web Site. It is a safe alternative to contacting OHCA via telephone to inquire about policy, coverage, contract compliance or general questions. Provider Services staff received and answered more than 1,000 secure e-mails in SFY2009.

In SFY2009, OHCA realigned staff to better support the provider network. Providers' needs and staff skills are matched to better serve the providers and shorten response time.

Approval Ratings High for SoonerPlan and Oklahoma Cares

APS Healthcare Inc. contracted with The Myers Group (TMG) to conduct the SFY2009 SoonerPlan Member Satisfaction Survey for OHCA.

SoonerPlan is specifically designed to provide uninsured men and women with family planning services. The SoonerPlan Member Satisfaction Survey was designed to capture member perceptions and determine the extent to which they are satisfied with the program.

Based on the survey responses, it appears nearly 80 percent reported being very satisfied with the SoonerPlan program overall. Ninety-five percent reported having no problems signing up for the program.

Oklahoma Cares, SoonerCare's breast and cervical cancer treatment program, also received high marks on a SFY2009 TMG survey measuring member satisfaction.

In the Oklahoma Cares survey, members were asked about the services they received and what improvements, if any, could be made to the care they received through the program.

Members were pleased with the prompt service they received when being enrolled. More than 90 percent of the members indicated that they especially appreciated the follow-up telephone calls made by the program staff. In addition, 96 percent of members participating in the survey ranked the staff as being courteous and respectful. The survey results also showed an overall satisfaction with the process for screenings and information on performing breast self-exams.

To view the details of either survey go to the Reports section of OHCA's Web site under Research.

SFY2009 Year in Review (continued)

Insure Oklahoma and Oklahoma Health Care Authority Receive Local and National Recognition

Insure Oklahoma was named the statewide 2008 Champion of the Uninsured, which recognizes the program's contributions to reducing the number of uninsured in our state. The Champions of Health awards program is sponsored by: Blue Cross and Blue Shield of Oklahoma, the Oklahoma State Department of Health, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association, the Oklahoma State Medical Association and the Oklahoma Department of Mental Health and Substance Abuse Services.

The Healthcare Leadership Council honored Insure Oklahoma and OHCA on September 30, 2008 by presenting the organization with its prestigious "Honor Roll for Coverage" award. The Healthcare Leadership Council is a coalition of chief executives from the nation's leading health care companies and institutions. The organization's Honor Roll for Coverage Award recognizes exemplary community programs that provide access to health coverage for uninsured Americans.

OHCA again received the Association of Government Accountants Certificate of Achievement Gold Award in Service Efforts and Accomplishments Reporting for fiscal year 2008. The award states, "presented by AGA to state and local governmental entities whose annual performance reports fulfill Governmental Accounting Standards Board's suggested criteria for communicating results and thereby increasing public accountability."

Finally, the Oklahoma Department of Mental Health and Substance Abuse Services awarded the Champion Award to OHCA for "anti-discrimination and organizational awareness initiative for mental and addictive disorders."

OHCA Staff Receive Awards

Often OHCA staff efforts are heralded through calls and letters. Occasionally, outstanding efforts are recognized through awards. That is the case for Maria Arroyo. Arroyo received a Certificate of Appreciation from the Latino Community Development Agency for her work at their health fair in May.

As part of AARP Oklahoma's 50th Anniversary Celebration in August 2008, AARP recognized 50 Oklahomans over the age of 50 who have made a difference in the lives of others or an Oklahoma town or community. Two OHCA honorees were among the AARP "50 over 50": Mike Fogarty, CEO, and Dr. Lynn Mitchell, Medicaid director.

Lisa Gifford received the Pioneer Award at the national fall 2008 Coordination of Benefits/ Third Party Liability Technical Advisory Group Conference in Denver, CO. The Pioneer Award recognizes leadership and dedication that has improved the quality of the Medicaid Third Party Liability/Coordination of Benefits programs across the country.

Jackie Keyser received the Spirit of Hearing Loss Association award for her efforts as the editor of their local newsletter and was accepted in Partners in Policy Making, a program by the Oklahoma Developmental Disabilities Council.

Jolene Ring was awarded the C.V. Ramana Award for "outstanding contributions to the mental health of Oklahoma's children." Ring was also nominated for a 2009 Oklahoma Institute for Child Advocacy Friends of Children Award.

SFY2009 Year in Review (continued)

OHCA 2009 Quality Oklahoma Team Day Awards

OHCA highlighted 12 projects at the 2009 Quality Oklahoma Team Day held at the state Capitol. Projects receiving a Governor's Commendation for Excellence award are included below.

SoonerCare Prior Authorization Workflow

Through collaboration with OHCA's technology partner, EDS, the Medical Authorization Unit (MAU) established a new workflow system that streamlined the medical authorization process. As a result, prior authorization requests are completed within 72 hours. Members receive authorization for needed services and supplies in an efficient and timely manner, and MAU staff work more efficiently since they only work out of one instead of multiple programs. This project also won the Best Booth Award!

Saving Our State $ Through Inpatient Inmates

OHCA partnered with the Department of Corrections and OKDHS in an effort to find a solution to help contain health care costs for the Department of Corrections. This collaboration led to OHCA finding itself in a unique position to serve Oklahoma as an avenue for maximizing state resources by drawing down federal dollars for inmates who are admitted to the hospital. Seventy-two inmate inpatient hospital stays have been covered utilizing this project, resulting in a savings to the state of almost $4.5 million.

OHCA Fast Facts Reports

These reports improved communication regarding the agency's impact and progress to interested stakeholders by providing consistent and accurate information in a centralized, accessible location. They also provide a way to quickly monitor the various components of the SoonerCare program. The base OHCA Fast Facts reports have expanded to more than 20 periodic statistical bulletins. Reports provide a solid base of information for our state policymakers, members, contracted providers and

administration. Staff time spent on reconciling number differentials has significantly decreased.

Oklahoma Long-Term Care Partnership

The Oklahoma Long-Term Care Partnership (OKLTCP) program was developed to offer Oklahomans the opportunity to take personal responsibility for organizing and financing their own long-term care needs. The OKLTCP is a viable asset protection and tax shelter opportunity for citizens. For more details about the OKLTCP, see page 14 of this report.

Oklahoma Long-Term Living Choice Project

Living Choice eliminated barriers that prevented or restricted the flexible use of Medicaid funds and enables Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the setting of their choice. By providing long-term care services and supports in a person's home instead of an institution, taxpayers realize a 30 percent savings in Medicaid costs. Additional information about this program can be found on page 14 of this report.

OHCA also had informative display booths for Insure Oklahoma, SoonerCare — Read All About it, Quality in Claims Accuracy, Program of All-inclusive Care for the Elderly (PACE), the Certified Nurse Aide Program, "mySoonerCare.org" and Focus on Excellence.

Understanding SoonerCare

What is Medicaid?

Who Qualifies for Medicaid?

What Is SoonerCare?

Who Are the Members of SoonerCare?

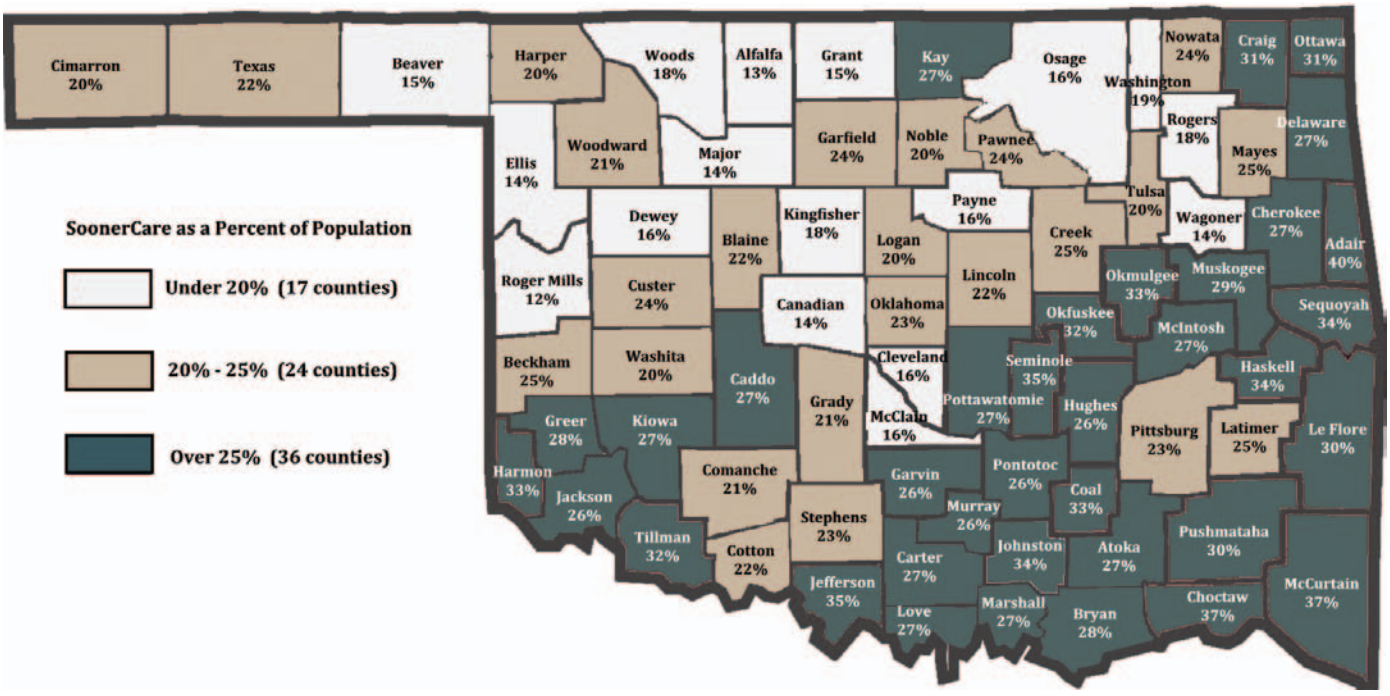
How Is SoonerCare Financed?

Where Are the SoonerCare Dollars Going?

Oklahoma's Uninsured

SoonerCare and the Economy

SFY2009 SoonerCare Enrollees as a Percent of the Total Estimated 2008 Oklahoma Population



Source: Population Division, U.S. Census Bureau. July 2008 population estimates by county. Enrollees are the unduplicated count per last county on record for the entire state fiscal year (July-June).

What Is Medicaid?

Medicaid:

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

Who Qualifies for Medicaid?

Medicaid serves as the nation's primary source of health insurance coverage for vulnerable populations. To get federal financial participation, states agree to cover certain groups of individuals (referred to as "mandatory groups") and offer a minimum set of services (referred to as "mandatory benefits"). With waivers, states also can receive federal matching payments to cover additional ("optional") qualifying groups of individuals and provide additional ("optional") services.

Figure 1 2009 Federal Poverty Guidelines (FPL)

Family Size	Annual (Monthly) Income			
	100%	185%	250%	300%
1	$10,830 ($903)	$20,036 ($1,670)	$27,075 ($2,256)	$32,490 ($2,708)
2	$14,570 ($1,214)	$26,955 ($2,246)	$36,425 ($3,035)	$43,710 ($3,643)
3	$18,310 ($1,526)	$33,874 ($2,823)	$45,775 ($3,815)	$54,930 ($4,578)
4	$22,050 ($1,838)	$40,793 ($3,399)	$55,125 ($4,594)	$66,150 ($5,513)
5	$25,790 ($2,149)	$47,712 ($3,976)	$64,475 ($5,373)	$77,370 ($6,448)
6	$29,530 ($2,461)	$54,631 ($4,553)	$73,825 ($6,152)	$88,590 ($7,383)
7	$33,270 ($2,773)	$61,550 ($5,129)	$83,175 ($6,931)	$99,810 ($8,318)
8	$37,010 ($3,084)	$68,469 ($5,706)	$92,525 ($7,710)	$111,030 ($9,253)

SOURCE: Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199–4201; http://aspe.hhs.gov/poverty/09poverty.shtml.
For family units with more than eight members, add $3,740 for each additional member.

The designation of some groups as mandatory and others as optional is an artifact of Medicaid's origins as a health care provider for traditional welfare populations. Through laws enacted over the past 40 years, eligibility has been extended to include not only people who are receiving cash-assistance programs but also individuals who are not.

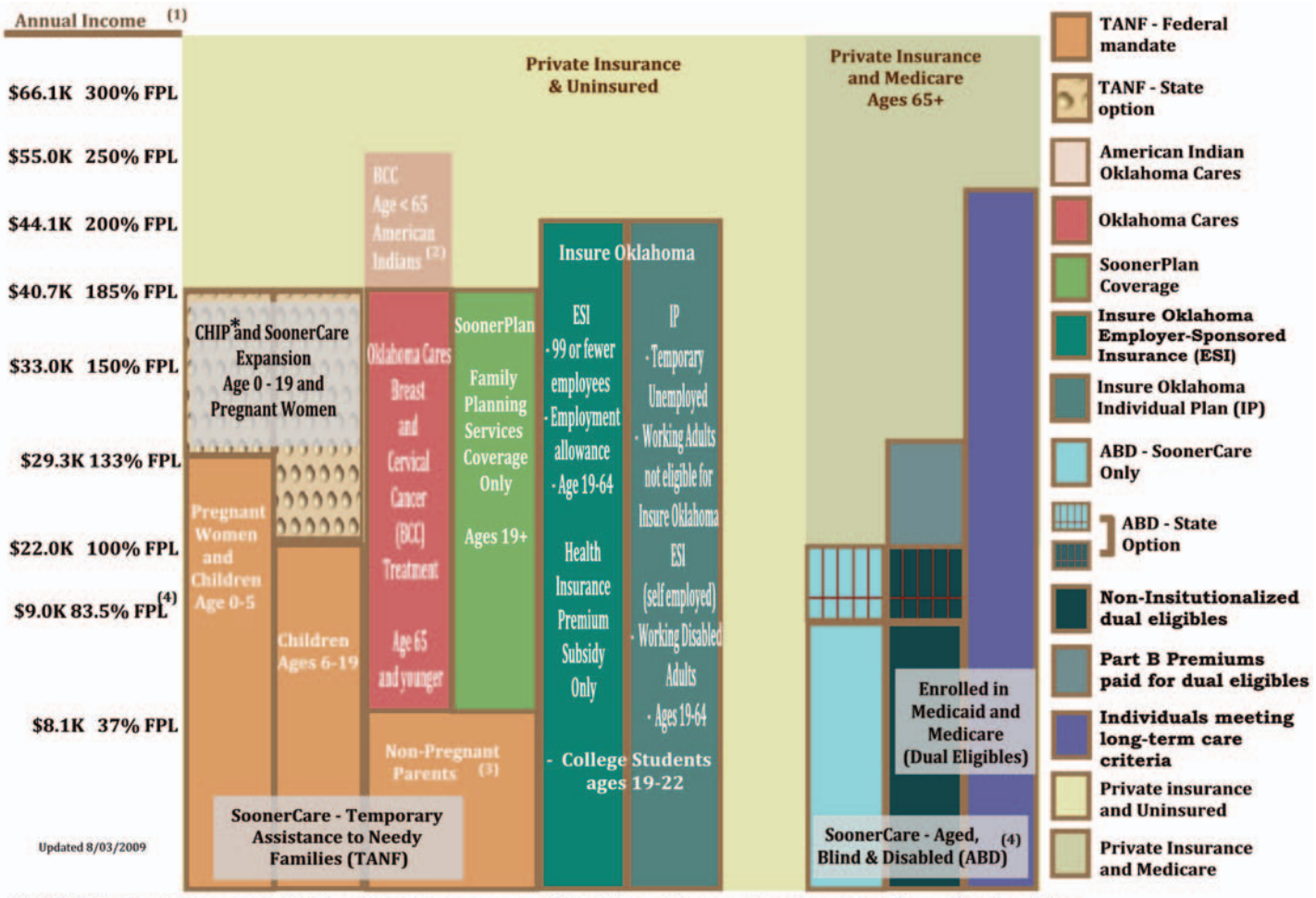
Still, Medicaid does not provide medical assistance for all impoverished people. Even under the broadest provisions of the federal statute (except for emergency services for certain individuals), the Medicaid program does not provide health care services for very poor people unless they are in one of the designated qualifying groups.

Who Qualifies for Medicaid? (continued)

Oklahoma Department of Human Services' Role in Qualifying Members

In accordance with Oklahoma State Statutes Title 63 Sec. 5009, OHCA contracts with the Oklahoma Department of Human Services (OKDHS) to determine if an individual qualifies for SoonerCare. This means that most applications for SoonerCare enrollment (except Insure Oklahoma) are processed and approved or denied by OKDHS. Applications and renewals are reviewed by each county OKDHS office for financial and/or medical qualifications. After an individual meets the qualifications and completes the enrollment process, their records are sent to OHCA to coordinate medical benefits and make payments for services. Each state sets an income limit within federal guidelines for Medicaid qualifying groups and determines what income counts toward that limit. Part of financial qualification for SoonerCare is based upon the family size and relation of monthly income to the federal poverty level (FPL) guidelines.

Figure 2 2009 Federal Poverty Guidelines (FPL) and Coverage



(1) 2009 Federal Poverty Guidelines. U.S. Department of Health and Human Services. Based on a family of four.
(2) Oklahoma Cares qualifications are up to 250% FPL for American Indians only.
(3) Approximately 37 percent of federal poverty level (FPL) based on single parent family.
(4) Income shown is for single individuals.
*** CHIP is the Children's Health Insurance Program.**
IMPORTANT - the above information is a very basic overview of the federal poverty level and coverage groups. Each group has varying qualifying criteria. Specific details can be found at www.okhca.org under Individuals.

What Is SoonerCare?

SoonerCare is Oklahoma's Medicaid program. The Oklahoma Health Care Authority has the task of providing government-assisted health insurance coverage to qualifying Oklahomans. SoonerCare offers varying health benefit packages, and each has a different name.

SoonerCare Choice is a Patient-Centered Medical Home program in which each member has a medical home that provides basic health care services. Members enrolled in SoonerCare Choice can change their primary care providers as they deem necessary. SoonerCare Choice primary care providers are paid a monthly case management/care coordination fee. Visit-based services remain compensable on a fee-for-service basis.

SoonerCare Traditional is a comprehensive medical benefit plan that purchases benefits for members not qualified for SoonerCare Choice. The member accesses services from contracted providers, and OHCA pays the provider on a fee-for-service basis. SoonerCare Traditional provides coverage for members who are institutionalized, in state or tribal custody, covered under a health maintenance organization (HMO) or enrolled under one of the Home and Community-Based Services waivers.

SoonerCare Supplemental is a benefit plan for dual eligibles enrolled in both Medicare and Medicaid. SoonerCare Supplemental pays the Medicare coinsurance and deductible and provides medical benefits that supplement those services covered by Medicare.

The *Opportunities for Living Life* program offers additional benefits to certain members who are enrolled in SoonerCare Traditional or SoonerCare Supplemental plans. These benefits could include long-term care facility services, in-home personal care services and/or home and community-based services. The home and community-based benefit provides medical and other supportive services as an alternative to a member entering a nursing home.

SoonerPlan is a benefit plan covering limited services related to family planning. SoonerPlan provides family planning services and contraceptive products to women and men age 19 and older who do not choose or typically qualify for full SoonerCare benefits.

Soon-to-be-Sooners is a limited benefit plan providing pregnancy-related medical services to women who do not qualify for benefits due to their immigration status.

Insure Oklahoma — Employer-Sponsored Insurance (ESI) is a benefit plan providing premium assistance to qualified workers and spouses employed by an Oklahoma small business that has 99 or fewer workers. With ESI, the cost of health insurance premiums is shared by the employer, the employee and the OHCA.

Insure Oklahoma — Individual Plan (IP) is a health insurance option for qualified Oklahomans. This benefit plan offers some basic health services to uninsured adults 19-64 years of age whose household is no more than 200 percent of federal poverty level (FPL), and who are not receiving Medicaid or Medicare. The Individual Plan is available to people who meet the definition in one of the following groups: 1) Working adults who do not qualify for ESI and work for an Oklahoma business with 99 or fewer employees, 2) Temporarily unemployed adults who qualify to receive unemployment benefits, 3) Working adults with disability who work for any size employer and have a ticket to work, or 4) Self employed.

College students ages 19 though 22 who meet financial requirements may also receive benefits under Insure Oklahoma. For more information about Insure Oklahoma, go to www.insureoklahoma.org.

For a high-level listing of benefits covered under each benefit plan, go to page 84.

Who Are the Members of SoonerCare?

Main Qualifying Groups

To be eligible for federal funds, states are required to provide Medicaid coverage for certain individuals who receive federally assisted income-maintenance payments (cash assistance), as well as for related groups not receiving cash payments. Overall, nearly half of the SoonerCare enrollees do not receive any type of cash assistance.

Children and Parents. Most SoonerCare enrollees are qualified under the Temporary Assistance for Needy Families (TANF) guidelines regardless of whether they were still eligible to receive the TANF cash assistance. Only 10 percent of the children enrolled in SoonerCare under TANF guidelines were in state custody or received cash assistance. More than 89,000 low-income pregnant women or adults in families with children were enrolled under TANF guidelines. The majority of these members receive the SoonerCare Choice benefit package.

Figure 3 SFY2009 SoonerCare Children Under 21

Total unduplicated children under 21	531,410
Children qualified under TANF	461,184
Children qualified under Blind and Disabled	19,377
Children qualified under TEFRA	308
Children qualified under CHIP	114,804

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

Aged. Just over 75,000 adults age 65 and older, excluding people who are blind or disabled, were covered by SoonerCare in SFY2009. Twenty-six percent were enrolled because they were receiving cash assistance through the Supplemental Security Income (SSI) program. Others had too much income or assets to qualify for SSI but were able to "spend down" to qualify for SoonerCare by incurring high medical or long-term care expenses. Most of these members are included in the Aged, Blind and Disabled (ABD) category and receive SoonerCare Traditional benefits.

Blind and Disabled. During SFY2009, more than 121,000* Oklahomans who are blind or have chronic conditions and disabilities were enrolled in SoonerCare. Sixty-seven percent qualified because they received cash assistance through the SSI program. The remainder generally qualified by having incurred high medical expenses to meet their "spend-down" obligation. These members qualify under the Aged, Blind and Disabled (ABD) category, and more than half receive the SoonerCare Traditional benefit package.

Dual Eligibles.* Some individuals are qualified for Medicaid and Medicare. Medicare has four basic coverage components: Part A, which pays for hospitalization costs; Part B, which pays for physician services, laboratory and X-ray services, durable medical equipment, outpatient and other services; Part C, an HMO model combination of Parts A, B and D; and Part D, which pays for a majority of prescription drugs. Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B or Part C and qualify for some form of SoonerCare benefit. Oklahoma SoonerCare covered nearly 113,000** dually eligible enrollees at some point during SFY2009. These members receive SoonerCare Supplemental or SoonerCare Traditional benefits and are reported under the Aged, Blind and Disabled (ABD) or Other categories.

*Dually eligible enrollees may be accounted for in other qualifying groups. **The Blind and Disabled counting methodology has been adjusted to reflect a count of members ever enrolled under this group.

Who are the Members of SoonerCare? (continued)

Additional Qualifying Groups

Children's Health Insurance Program (CHIP). Implemented in 1997, CHIP, or Title XXI, is designed to help states cover additional uninsured low-income children. CHIP offers enrollment for children age 18 and younger, with income below 185 percent of federal poverty level who are not eligible under criteria in effect prior to November 1997 or another federal insurance program. As a federal incentive, Oklahoma receives a higher rate of federal matching dollars for members qualified under CHIP. During SFY2009 a monthly average of 64,622 children age 18 and younger were enrolled under CHIP. A majority of the children who qualify under CHIP receive the SoonerCare Choice benefit package. These members are categorized under Children/Parents in this report.

SoonerCare expansion. Also in 1997, legislation raised the optional SoonerCare eligibility level to 185 percent of the federal poverty level for children 18 and younger as well as pregnant women regardless of their age. The SoonerCare expansion also includes these qualifying individuals even if they have other types of insurance coverage (third-party liabilities). In SFY2009, more than 15,000 children and/or women who are pregnant qualified through this expansion. These enrollees receive SoonerCare Choice benefits and are categorized under Children/Parents.

166%

Since the implementation of the SoonerCare eligibility expansion programs in 1997, the number of children enrolled in SoonerCare has increased more than 166 percent.

366

366 children have qualified through the TEFRA program since its inception in October 2005.

TEFRA. The Tax Equity and Fiscal Responsibility Act (TEFRA) gives Oklahoma the option to make SoonerCare benefits available to children age 18 and under with physical or mental disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parents' income or resources. Oklahoma instituted this option in October 2005. TEFRA allows children who qualify for institutional services to be cared for in their homes. The majority of these children are receiving SoonerCare Choice benefits. For this report, these enrollees are categorized as Aged, Blind and Disabled.

Oklahoma Cares. Implemented in January 2005, OHCA's breast and cervical cancer treatment program, Oklahoma Cares, provides SoonerCare health care benefits to women under age 65 found to need further diagnostics or treatment for either breast or cervical screenings with abnormal findings, precancerous conditions or cancer. Oklahoma Cares members are covered under either the SoonerCare Choice or SoonerCare Traditional benefit package until they no longer require treatment or qualify financially. Unless it is listed separately, Oklahoma Cares will be grouped under the Children/Parents category in this report.

20,124

There have been 20,124 women qualified through Oklahoma Cares since its inception in January 2005.

Who are the Members of SoonerCare? (continued)

Additional Qualifying Groups (continued)

SoonerPlan. SoonerPlan is Oklahoma's family planning program for women and men age 19 and older with income at or below 185 percent of federal poverty level and who do not have creditable health insurance coverage. Implemented under a waiver in April 2005, SoonerPlan member benefits are limited to family planning services from any SoonerCare provider who offers family planning.

Since inception, there have been 68,971 men and women enrolled through SoonerPlan.

Home and Community-Based Services (HCBS) Waivers. Medicaid Home and Community-Based Services (HCBS) waivers afford states the flexibility to develop and implement creative alternatives to placing SoonerCare members in a nursing facility or intermediate care facility for the mentally retarded (ICF/MR).

The Oklahoma Department of Human Services is responsible for and administers the five following Home and Community-Based Services (HCBS) waivers:

- *ADvantage Waiver:* Serves the "frail elderly" (age 65 years and older) and adults over age 21 with physical disabilities that qualify for placement in a nursing facility. Nearly 27,000 members receive services through this waiver program.
- *Community Waiver:* Serves 2,950 members with mental retardation (MR) and "related conditions" qualified for placement in an intermediate care facility for the mentally retarded (ICF/MR). This waiver covers children and adults, with the minimum age being 3 years old.
- *Homeward Bound Waiver:* Designed to serve the needs of individuals with mental retardation 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/MR. This waiver covers 765 individuals.
- *In-Home Supports Waiver for Adults:* Designed to assist the state in providing adults (ages 18 and older) with mental retardation access to waiver services. This waiver serves almost 1,600 adults who would otherwise qualify for placement in an ICF/MR.
- *In-Home Supports Waiver for Children:* Designed to provide waiver services to children ages 3 through 17 years with mental retardation. During SFY2009, this waiver served more than 650 children who qualified for placement in an ICF/MR.

What is a waiver?

States' Medicaid waivers are granted by the federal Centers for Medicare & Medicaid Services (CMS). CMS allows states to request waivers to specifically "waive" certain federal requirements of the program. Waivers generally must be "budget neutral" (that is, federal spending under a waiver cannot exceed what federal spending would have been without a waiver).

Who are the Members of SoonerCare? (continued)

Additional Qualifying Groups (continued)

Soon-to-be Sooners. The Soon-to-be Sooners (STBS) program is federally approved through Title XXI of the Social Security Act and makes SoonerCare coverage of pregnancy-related medical services available to women who, prior to this benefit, would not have otherwise qualified for benefits due to citizenship status. Offering prenatal services helps the newborn Oklahoma and United States citizens have healthier beginnings. STBS benefits are more limited than SoonerCare full scope benefits and cover only those medical services related to the well-being of the pregnancy.

During SFY2009, 6,855 women were able to receive pregnancy-related care through Soon-to-be Sooners.

Insure Oklahoma. Implemented under the federal Health Insurance Flexibility and Accountability (HIFA) waiver, Insure Oklahoma is a unique product designed to provide affordable health coverage to adults who are either uninsured or at risk of losing their coverage due to high premium costs. The state share of Insure Oklahoma costs comes from the state's tobacco tax revenues.

Basic requirements for individual participation in the Insure Oklahoma programs are:

- Oklahoma resident;
- U.S. citizen or legal alien;
- age 19 to 64;
- income below 200 percent of federal poverty level (after income disregards);
- doesn't qualify for SoonerCare or Medicare.

As of March 2009, full-time college students ages 19 through 22 that meet the basic requirements can also participate in Insure Oklahoma. Depending on each individual situation, the student can be enrolled under either the Employer-Sponsored Insurance or the Individual Plan.

Insure Oklahoma — Employer-Sponsored Insurance (ESI). Employee enrollment in ESI requires the above, plus:

- Employee contributes up to 15 percent of premium costs.
- They must enroll in a qualified health plan offered by their employer.

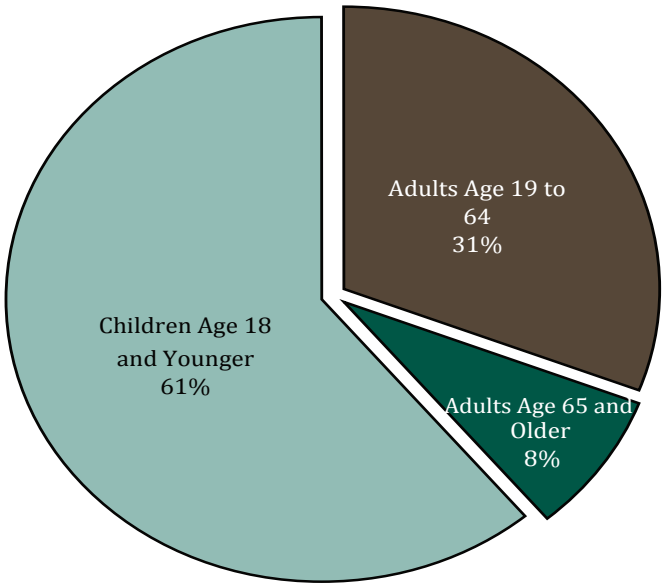
Insure Oklahoma — Individual Plan (IP). Requirements include the basic for individuals above, plus:

- not qualified for ESI and work for an Oklahoma business with 50 or fewer employees; or
- self employed; or
- temporarily unemployed and eligible to receive unemployment benefits; or
- working disabled who works for any size employer and has a ticket to work.

For more specific individual qualifying requirements and application information, go to the Web site, www.insureoklahoma.org.

Who are the Members of SoonerCare? (continued)

Figure 4 Age of SoonerCare Enrollees



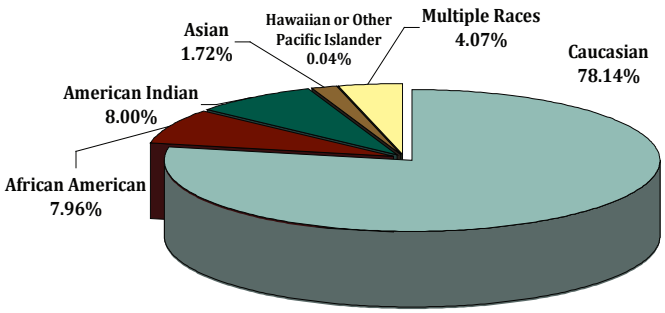
Approximately 1 in 5 Oklahomans Enrolled in SoonerCare

There were 825,138 unduplicated members enrolled in the SoonerCare or Insure Oklahoma programs during SFY2009. On average, 636,726 members were enrolled each month of the state fiscal year. Females comprised 58 percent of the unduplicated enrollees.

Figure 5 SoonerCare Population by Race

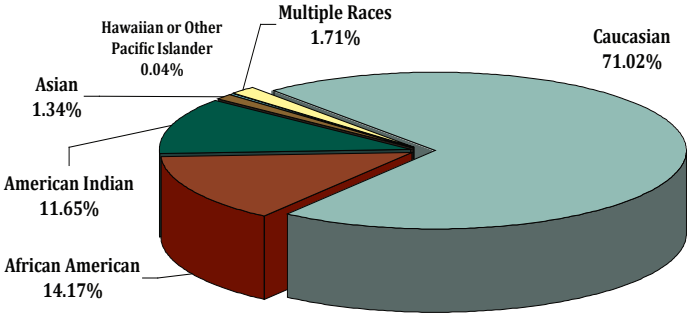
Oklahomans can declare any combination of five races. The pie charts below represent the counts of races reported alone. The bar chart below is the total SoonerCare count of each race for every reported occurrence either alone or in combination with another race.

State of Oklahoma Population 2008

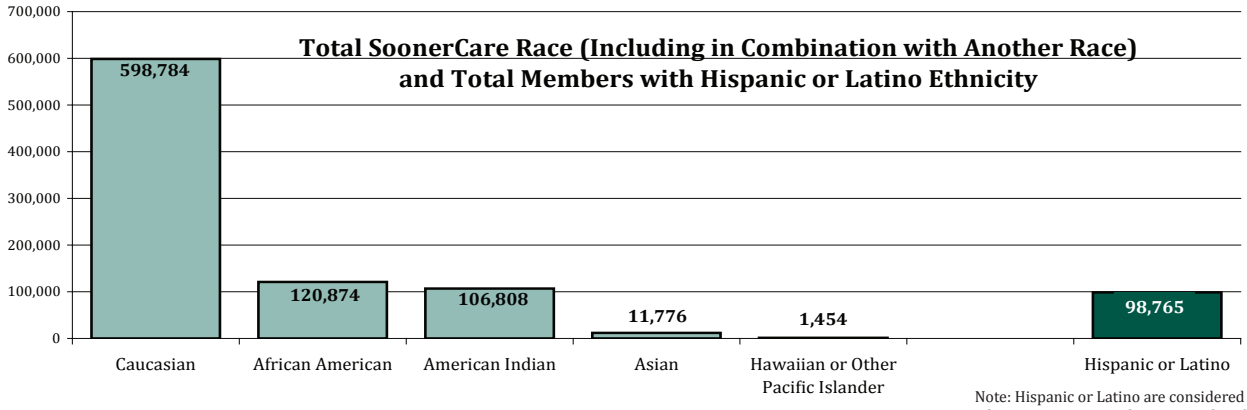


Total Estimated Population 2008 - 3,642,361
(Hispanic or Latino Ethnicity = 278,620)

Oklahoma SoonerCare Population SFY2009



Total Enrolled SFY2009 - 825.138



Note: Hispanic or Latino are considered an ethnicity, not a race. Ethnicity may be of any race.

Oklahoma state totals based on U.S. Census Bureau, Oklahoma State Data Center 2008 Population - single race reported alone counts. Oklahoma SoonerCare unduplicated single race reported alone counts based upon data extracted from member files on July 15, 2009. The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.

How Is SoonerCare Financed?

The federal and state governments share Medicaid costs. In the federal budget, Medicaid is an "open-ended entitlement" program. This means that the federal government is required by law to pay its share of state Medicaid costs regardless of the total amount. For program administration costs, the federal government contributes 50 percent for each state, with enhanced funding provided for some administrative activities such as fiscal agent operations. For medical services provided under the program, the federal matching rate varies between states. Each year the federal matching rate, known as the "federal medical assistance percentage" (FMAP), is adjusted. States having lower per capita incomes receive a higher federal match. Oklahoma must use our own state or local tax dollars (called "state matching dollars") to meet our share of SoonerCare costs.

As part of the American Recovery and Reinvestment Act (ARRA or stimulus package) passed in February 2009, Congress acted to temporarily increase the federal medical assistance percentage (FMAP) for all states during the period of economic downturn. According to the Federal Register, Oklahoma's FMAP has increased from 65.9 to 74.94 through June 2009. Each quarter's FMAP is figured based upon the hold harmless base (67.10 using the higher of FFY2008 and FFY2009 original matching percentages), adding the 6.2 percent increase and any additional percentage points for increased unemployment (1.64 for Oklahoma).

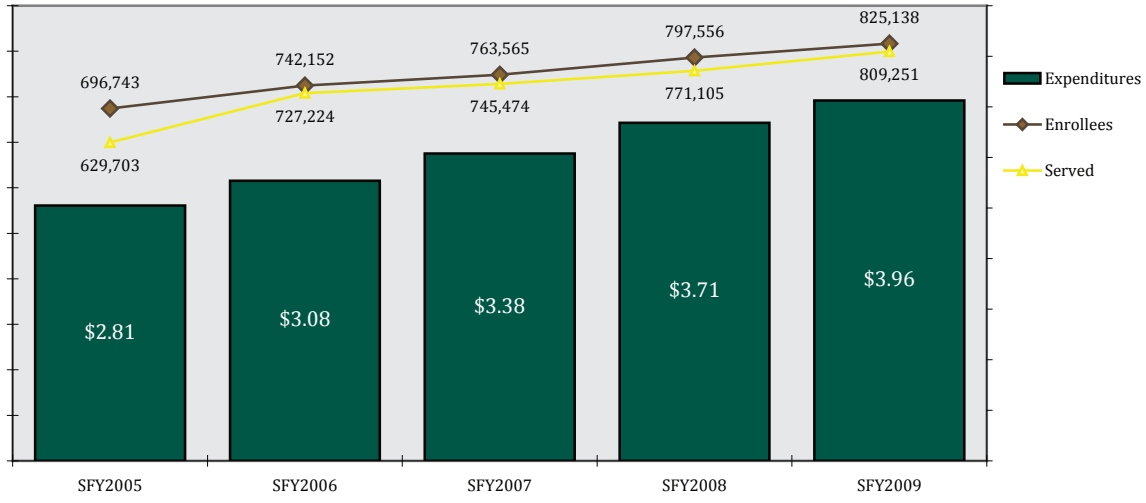
For the specific revenue sources go to Appendix A on page 62.

Figure 6 Historic Federal Medical Assistance Percentage (FMAP)

Federal Fiscal Year	FMAP Rate	CHIP‡	Federal Fiscal Year	FMAP Rate	CHIP‡
FFY99	70.84%	79.59%	FFY05	70.18%	79.13%
FFY00	71.09%	79.76%	FFY06	67.91%	77.54%
FFY01	71.20%	79.87%	FFY07	68.14%	77.70%
FFY02	70.43%	79.30%	FFY08	67.10%	76.97%
FFY03*	70.56%	79.39%	FFY09 Original**	65.90%	76.13%
FFY04*	70.24%	79.17%	FFY09 ARRA**	74.94%	76.13%

The Federal Fiscal Year is from October through September. ‡CHIP: Children's Health Insurance Program.
*Oklahoma received a temporary increase in the Medicaid matching funds received from the federal government for five calendar quarters from April 1, 2003, through June 30, 2004. The increase for all eligible expenditures was 2.95 percentage points over the normal federal share amount. The funds were part of the Jobs and Growth Tax Relief Reconciliation Act of 2003.
**Oklahoma received a temporary increase in Medicaid matching federal funds under the 2009 ARRA. Funding increases will be in effect from October 2008 until December 2010. The increase is 6.2 percent plus any additional percentage points for increased unemployment. FMAP will be adjusted each quarter.

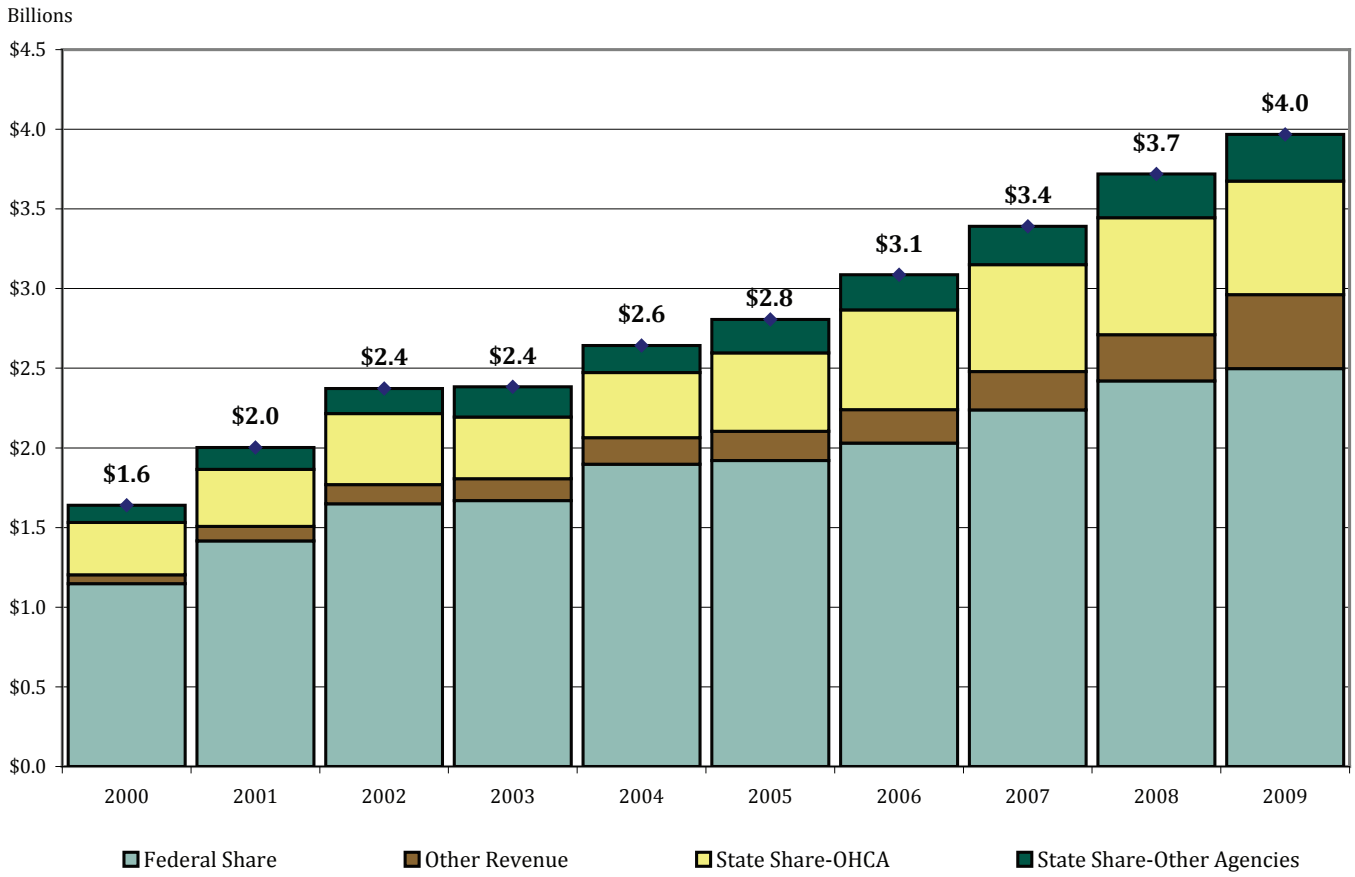
Figure 7 Historic SoonerCare Enrollees, Served and Expenditures, SFY2005-SFY2009



How Is SoonerCare Financed? (continued)

SoonerCare is the largest source of federal financial assistance in Oklahoma, accounting for approximately 45 percent of all federal funds flowing into Oklahoma. Federal Medicaid dollars received for SFY2009 totaled nearly $2.5 billion.

Figure 8 Summary of Expenditures and Revenue Sources, Federal Fiscal Year 2000-2009



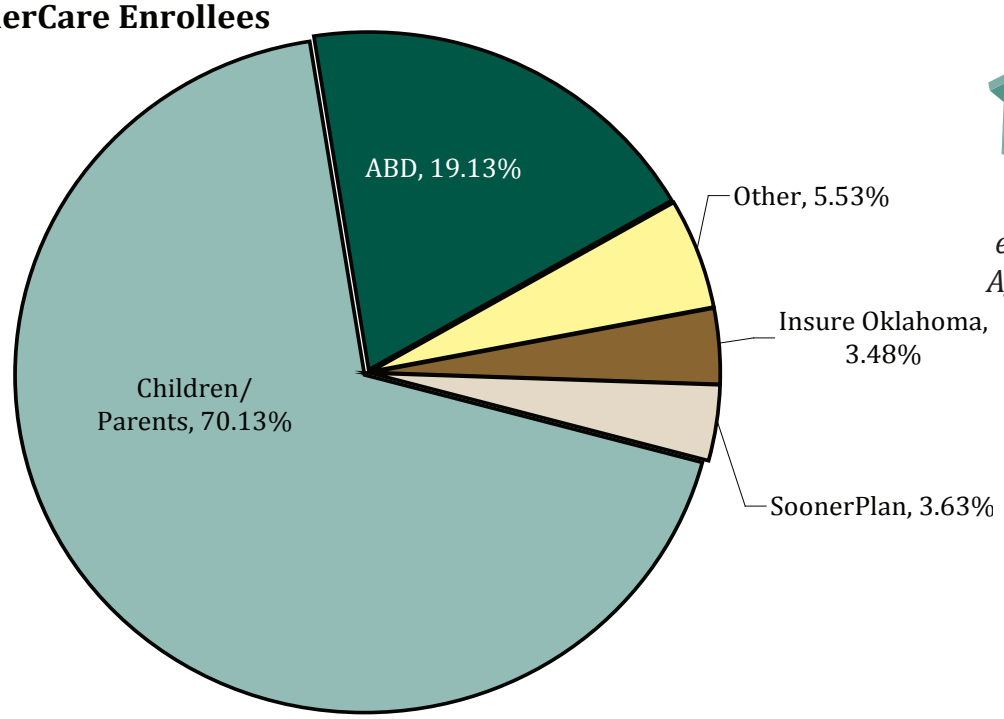
Federal Fiscal Year	Total Expenditures	Federal Share	Other Revenue	State Share — OHCA	State Share — Other Agencies
2000	$1,639,609,394	$1,139,128,825	$54,550,198	$342,925,722	$103,004,649
2001	$1,996,145,200	$1,401,720,019	$93,226,087	$352,780,424	$148,418,670
2002	$2,364,757,733	$1,649,015,855	$116,710,620	$420,623,539	$178,407,719
2003	$2,372,429,612	$1,664,286,690	$164,790,753	$347,837,074	$195,515,095
2004	$2,630,005,465	$1,898,324,894	$125,246,091	$432,013,624	$174,420,856
2005	$2,805,599,500	$1,925,312,737	$191,739,370	$477,858,455	$210,688,938
2006	$3,086,916,991	$2,029,524,772	$210,005,646	$626,418,336	$220,968,237
2007	$3,391,417,550	$2,238,775,881	$240,533,188	$671,201,181	$240,907,299
2008	$3,719,999,267	$2,419,909,782	$290,956,731	$734,195,329	$274,937,424
2009	$3,967,791,899	$2,498,199,599	$463,954,197	$712,114,305	$293,523,798

Source: OHCA Financial Services Division. Federal fiscal years are between October 1 and September 30. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments. For revenue details go to page 63 of this report.

Where Are the SoonerCare Dollars Going?

Figure 9 SoonerCare Enrollees and Expenditures by Aid Category Percentages

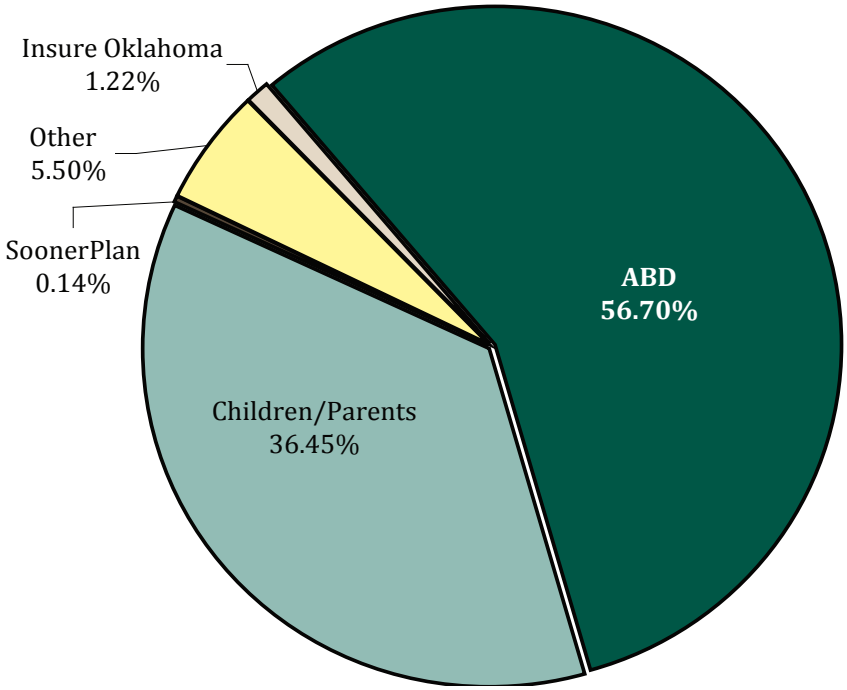
SoonerCare Enrollees



19%

19 percent of enrollees were Aged, Blind and Disabled

SoonerCare Expenditures



57%

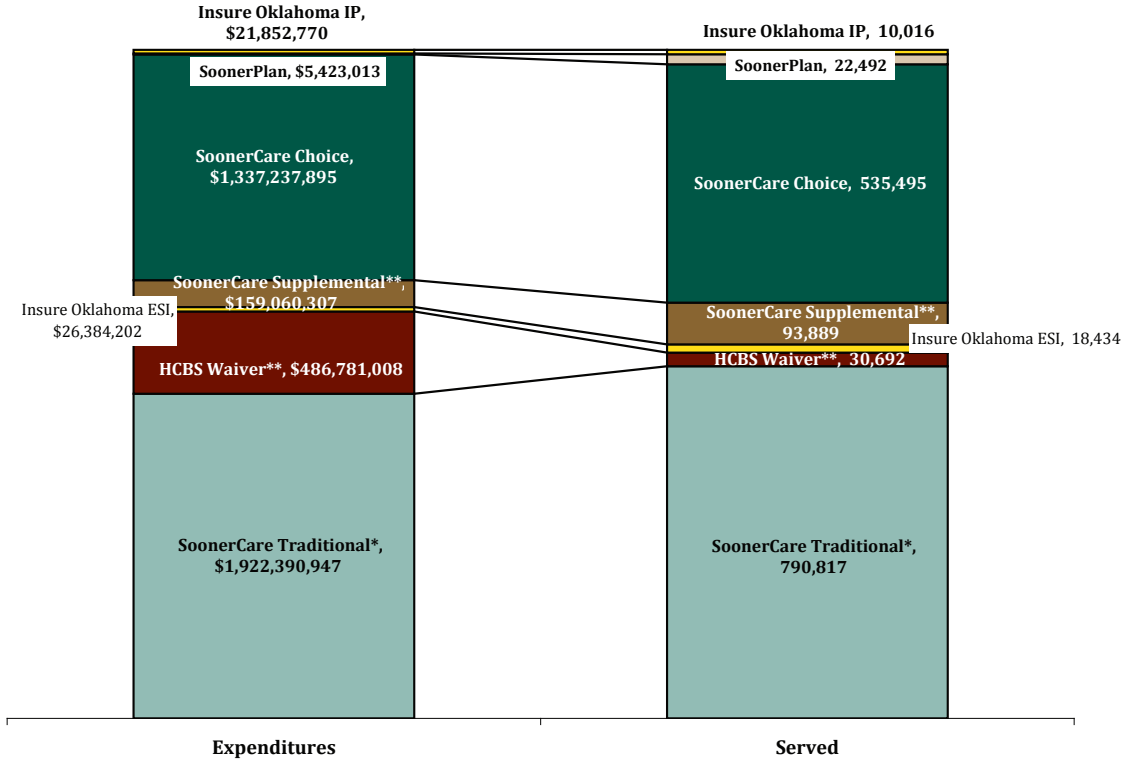
57 percent of expenditures were on behalf of Aged, Blind and Disabled

More than five of every 10 SoonerCare dollars were paid for services rendered to the Aged, Blind and Disabled (ABD) population. This group includes dual eligibles, people with chronic medical conditions and residents of long-term care facilities.

Other enrollees and expenditures include — Child Custody, Refuge, SLMB, DDSD Supported Living and TB members. Children/Parents includes Soon-to-be Sooners. ABD includes TEFRA enrollees and expenditures. Other expenditures also include GME/IME/DSH and hospital supplemental payments.

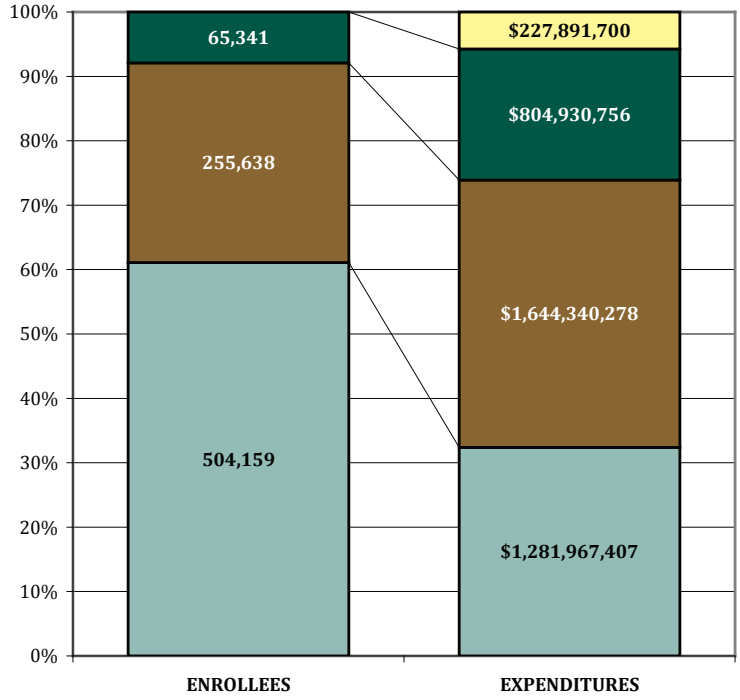
Where Are the SoonerCare Dollars Going? (continued)

Figure 10 Oklahoma SoonerCare Expenditures and Served by Benefit Plan — SFY2009



*SoonerCare Choice members will be enrolled/served under SoonerCare Traditional until their SoonerCare Choice becomes effective. Therefore, members may be counted in both categories. **SoonerCare Supplemental and Home and Community-Based Services (HCBS) waiver served members may also be included in the SoonerCare Traditional counts. Expenditures include GME/IME/DSH and hospital supplemental payments. HCBS Waiver expenditures are for all services to waiver members, including services not paid with waiver funds.

Figure 11 Oklahoma SoonerCare Enrollees and Expenditures by Age — SFY2009



Non-age specific payments include $158,578,789 in Hospital Supplemental payments; $7,874,264 in Outpatient Behavioral Health Supplemental payments; $6,349,000 in PCPs Transitional Supplemental payments; $614,273 in SoonerExcel payments; $44,246,424 in GME payments to Medical schools; $7,412,467 in Public ICF/MR cost settlements; $2,712,955 in FQHC wrap-around payments; $326,412 in RHC cost settlement payments; and ($222,886) in non-member specific provider adjustments. $112,946,093 in MedicareBuy-In payments and $62,737,915 in Medicare Part D (clawback) payments are included in Ages 65 and Older.

Where Are the SoonerCare Dollars Going? (continued)

Figure 12 Top 20 SoonerCare Expenditures — SFY2009

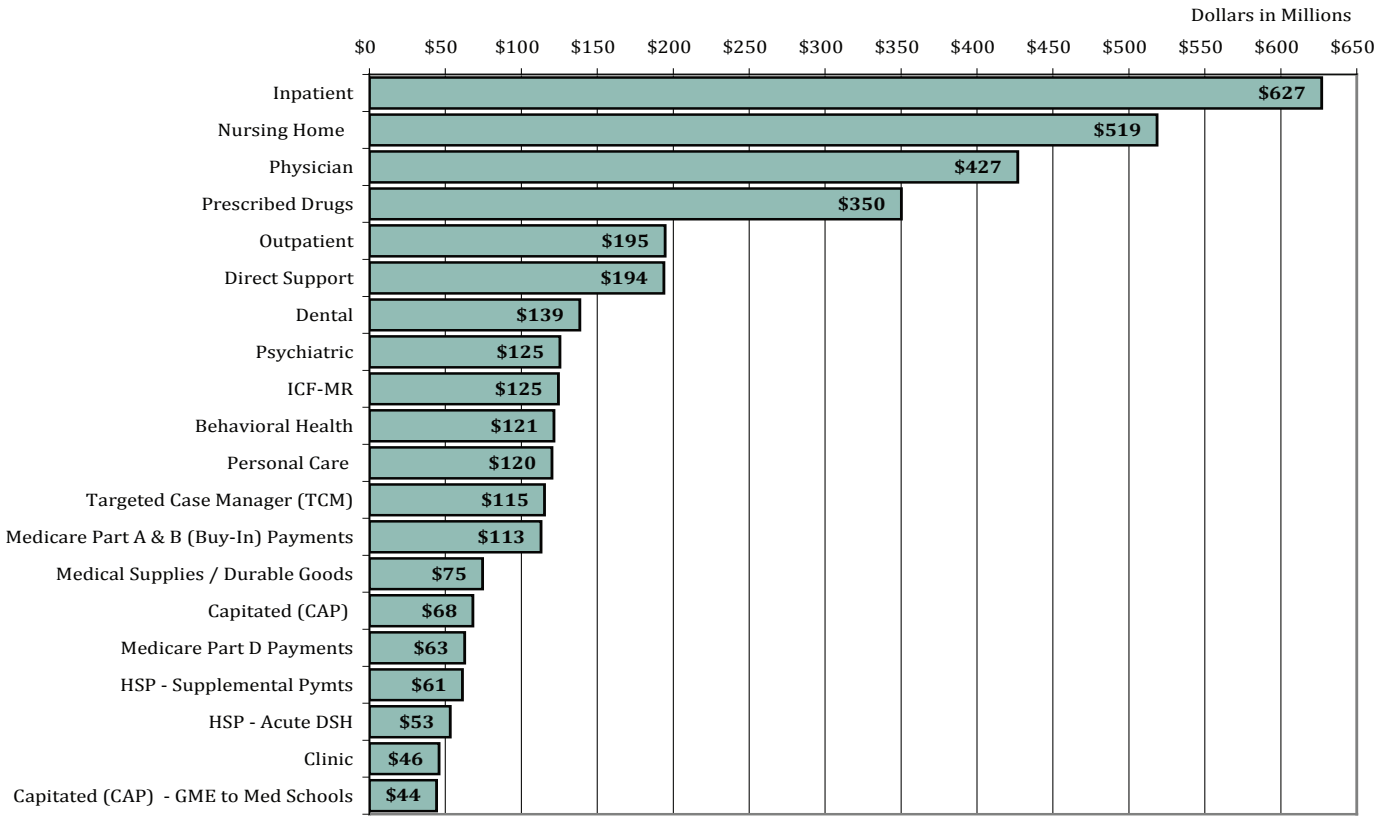


Figure 13 SoonerCare Capitation Payments — SFY2009

Aged, Blind and Disabled (ABD) (Choice Capitation July through Dec. 2008)	Member Months	Capitation Payments
Adults / IHS Adults	165,413 / 8,245	$4,804,608 / $24,735
Children / IHS Children	78,571 / 4,780	$1,832,841 / $14,340
Children/Parents (TANF)*	**Member Months**	**Capitation Payments**
Adults / IHS Adults	171,536 / 7,605	$3,885,204 / $15,210
Children / IHS Children	1,902,582 / 116,817	$38,331,701 / $245,809

SoonerCare Choice Care Coordination (Choice Medical Home Jan. through June 2009)	Member Months	Care Coordination Payments
Medical Home - All Ages	1,138,223	$5,833,378
Medical Home - Child Only	993,047	$4,439,060
Medical Home - Adults Only	14,833	$75,137

Miscellaneous Capitation (not limited to SoonerCare Choice)	Member Months	Capitation Payments
Insure Oklahoma - IP	61,117	$183,351
Non-Emergency Transportation (ABD)	1,535,068	$21,383,497
Non-Emergency Transportation (TANF)	4,808,691	$3,366,084
PACE	147	$405,729

*Temporary Assistance to Needy Families (TANF) is referred to as Children/Parents in this report. IHS indicates Indian Health Services members. For more information about PACE go to page 41.

Oklahoma's Uninsured

According to the Census Bureau's 2009 Current Population Survey more than 494,000 Oklahomans were uninsured in 2008. Approximately 67,000 of the uninsured Oklahomans were children age 18 and under.

Uninsured children are caught in an unforgiving gap. Surprisingly, many are not children of Oklahoma's poorest families. In some cases, their parents earn too much for the children to qualify for traditional SoonerCare, but too little to afford the purchase of private insurance and associated costs.

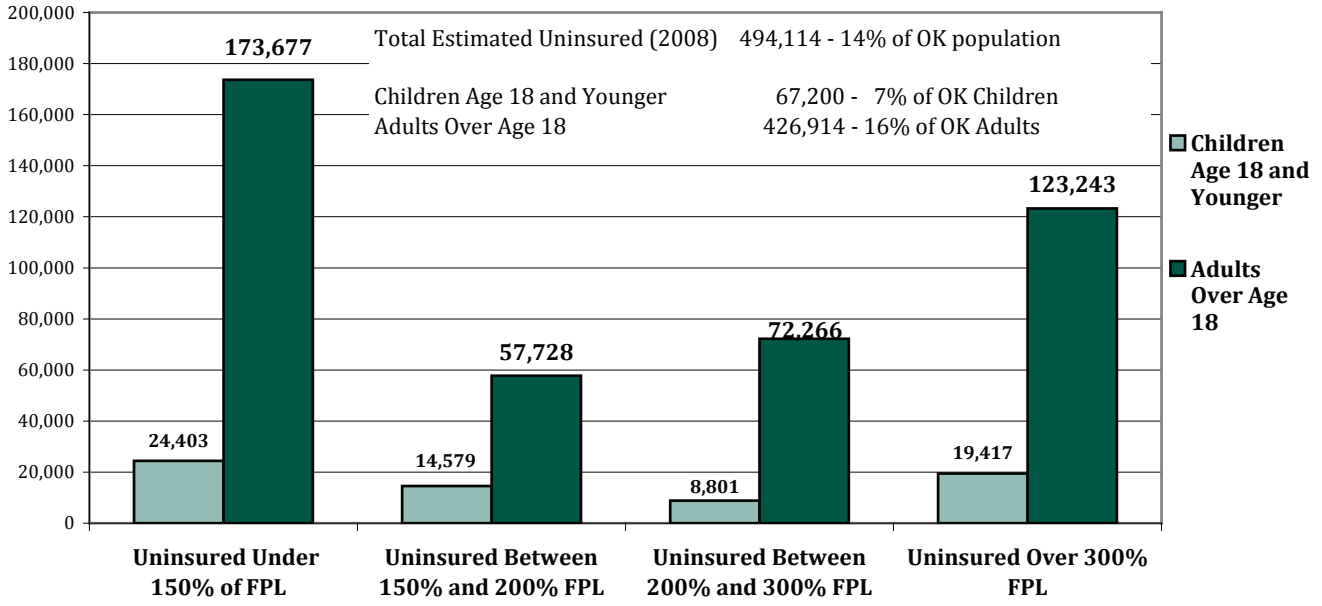
Children without health care insurance have substantially less access to health care services, including preventive care that ensures childhood immunizations are up to date and that vision and hearing screening and routine dental care are provided. Care for uninsured children is far more likely to be delayed due to cost. Unmet health care needs reduce children's ability to learn and to grow into healthy and productive adults.

For adults, being uninsured even on a temporary basis can have serious implications for state economies. Uninsured workers are less likely to receive adequate and timely health care and, as a result, suffer more serious illnesses that often threaten their work productivity and job retention.

In spite of access problems and other barriers uninsured Oklahomans face in getting health care, they still do get some health care. Studies indicate that, on average, these individuals do not pay for more than half of their health care costs. Obviously, others are stepping in to pick up the tab.

The burden is distributed very unevenly throughout the health care delivery system. Some providers serve very few uninsured people, while others face great cost pressures because they serve very large uninsured populations. Additionally, if people who have access problems could get proper care at a clinic or doctor's office, they would be less likely to go to the emergency room. This would free up emergency rooms to treat life threatening events and reduce costs.

Figure 14 2008 Single Year Oklahoma Uninsured Estimates by Federal Poverty Level



Source: U.S. Census, Current Population Survey (CPS) 2008 Poverty universe data collected 2009.

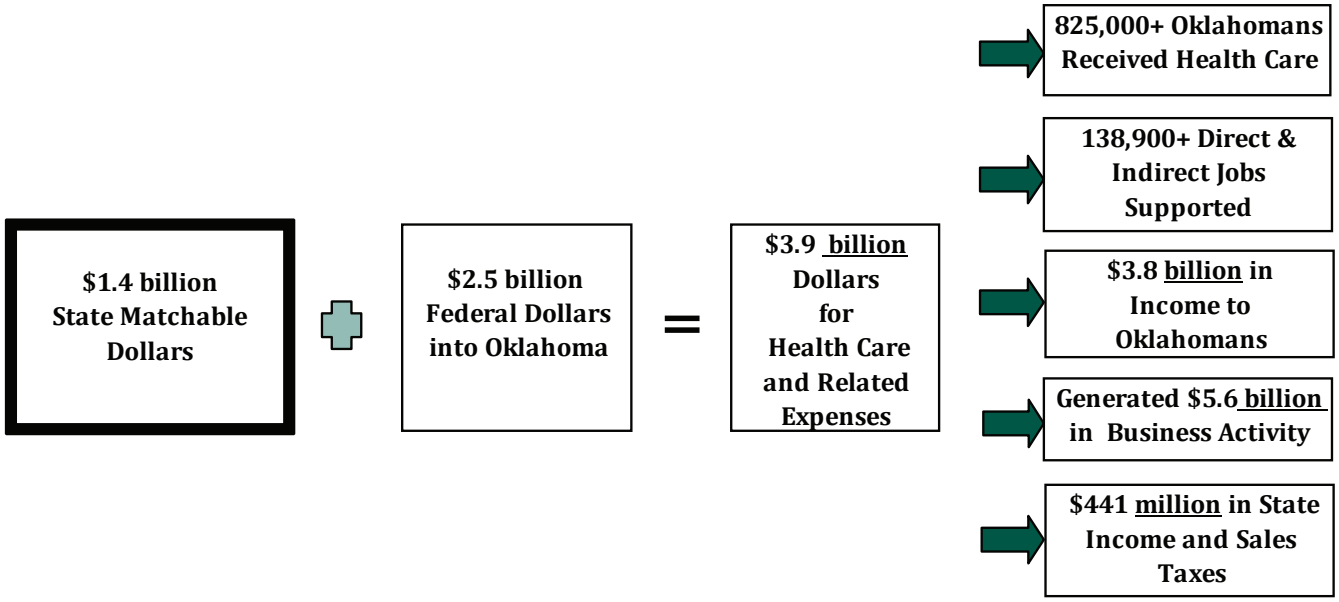
SoonerCare and the Economy

**For every $1 in state dollars spent Oklahoma receives $2.99 in federal dollars available for direct medical services and administrative costs*

(Included in the total federal dollars are the regular Federal Matching Assistance Percentage dollars of $2.63 and ARRA/Stimulus dollars of $ .36.)

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

Figure 15 Economic Impact of SoonerCare on the Oklahoma Economy



Source: "The Economic Impact of the Medicaid Program on Oklahoma's Economy", National Center for Rural Health Works, Oklahoma State University, Oklahoma Cooperative Extension Service. State matchable dollars include funds appropriated to OHCA and other state agencies, drug rebates, quality of care fees, otehr fees and refunds.

Oklahoma SoonerCare

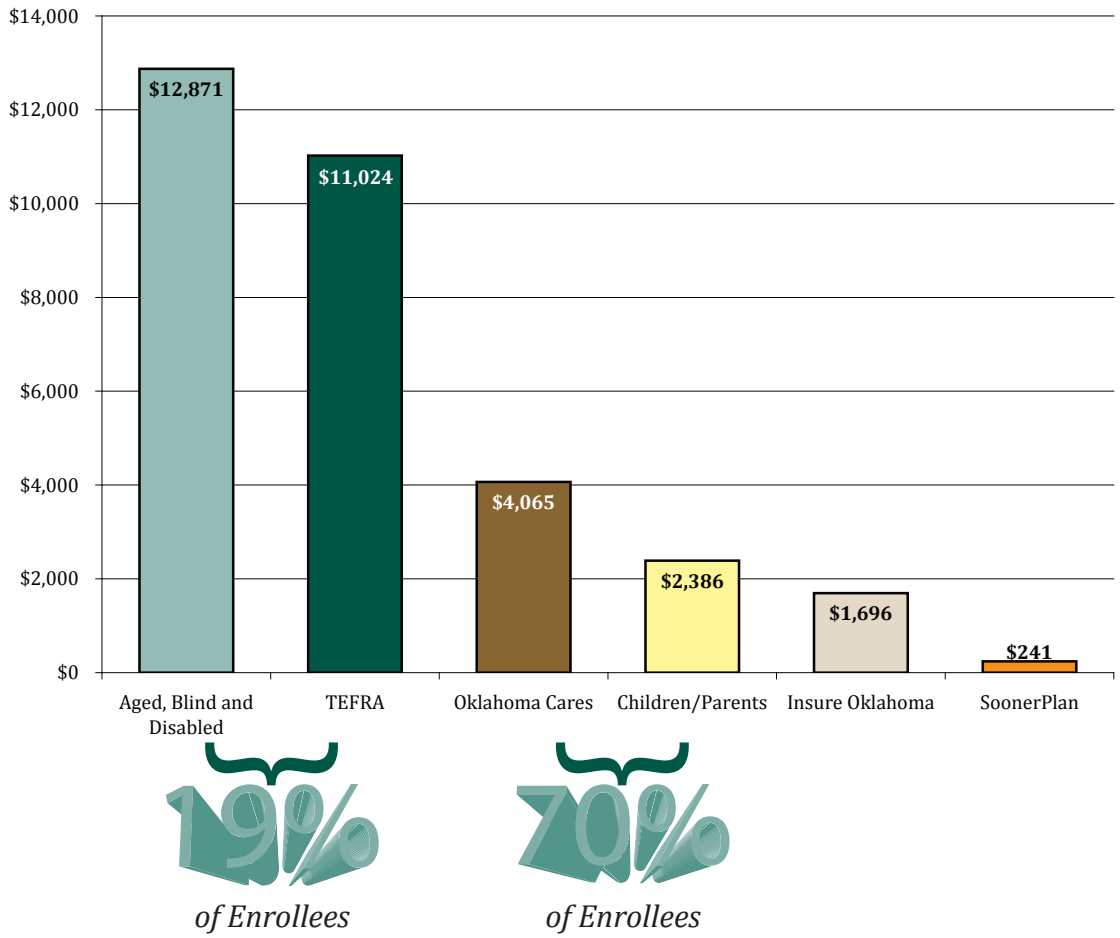
What Benefits Does SoonerCare Cover?

Oklahoma SoonerCare Benefits

SoonerCare and American Indians

SoonerCare and Our Providers

SoonerCare Dollars Per Served by Specific Qualifying Groups



Source: OHCA Financial Service Division, September 2009. *Insure Oklahoma includes $298,785 Insure Oklahoma ESI Out-of-Pocket; $26,085,417 Insure Oklahoma ESI Premium payments; and $21,852,770 in Insure Oklahoma IP payments.

Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members per benefit plan that received a service. A member may be counted in more than one benefit plan. Details are listed on page 78.

What Benefits Does SoonerCare Cover?

OHCA is dedicated to ensuring SoonerCare members reach their optimal health status and receive the best service in the most effective manner. To accomplish this OHCA staff provide various services specifically designed to focus on the individual member and his or her health needs.

In addition to other efforts on behalf of our SoonerCare members, OHCA provides:

- general information calls to various SoonerCare members. Members are educated about their insurance benefits, and how to access their primary care provider and encouraged to read their Member Handbook.
- outreach letters to members who are pregnant. After receiving the letter, expectant mothers call OHCA when it is convenient for them. Staff are able to speak directly with pregnant members to ensure they are linked with an obstetric provider and are aware of available benefits.
- targeted outreach to pregnant women identified as high-risk or at-risk for a positive birth outcome. High-risk pregnant women receive regular contacts from an OHCA exceptional needs coordinator throughout the duration of their pregnancy.
- expanded benefits for members who are pregnant identified as high-risk for a positive birth outcome. If a woman meets defined criteria (per an approved list of maternal and fetal conditions), she is then authorized to receive additional ultrasounds, non-stress tests and/or biophysical profile as specified by the primary obstetrical provider.
- electronic enrollment for newborns. The online process eliminates manual enrollment for newborns, ensuring that babies have SoonerCare health benefits before leaving the hospital.
- letters to women who have recently given birth. OHCA details the SoonerPlan program options available to new mothers.
- the Health Management Program for members with chronic conditions. Identified highest-risk members receive intensive care management from nurses who provide education and support specific to the member's needs. Nurses help coordinate care and teach self-management skills.
- out-of-state care coordination. If a SoonerCare member needs specialty care that is not available in Oklahoma, a team of OHCA staff works in collaboration with the member's local physician to identify and coordinate care with medical providers located all over the United States.
- health and program information on the Web. OHCA provides valuable health resources to members on the public Web site (www.okhca.org) under Individuals and Stay Healthy! Detailed SoonerCare member program information from how to apply to how to report fraud and abuse is also on the Web site.
- toll-free telephone contact options. The SoonerCare Helpline (1-800-987-7767) provides telephone support for members ranging from an after-hours patient advice line to specific language needs.
- a member newsletter. The SoonerCare Companion newsletter provides information about changes or updates to SoonerCare benefits and useful tips on how members can get and stay healthy. Newsletters are mailed out about every four months. Electronic copies are also available on the OHCA Web site.

What Benefits Does SoonerCare Cover? (continued)

Title XIX of the Social Security Act requires certain basic services be offered to the categorically needy population in order to receive federal matching funds. States may also receive federal funding if they elect to provide other optional services. Within broad federal guidelines, states determine the amount and duration of services offered under their Medicaid programs. States may place appropriate limits on a Medicaid service based on such criteria as medical necessity or utilization control.

Each state spells out what is available under its Medicaid program in a document called the "State Plan." The plan describes the qualifying groups of individuals who can receive Medicaid services and the services available. A state can amend its plan to change its program as needs are identified. State Plan amendments are subject to federal review and approval. With certain exceptions, a state's Medicaid plan must allow members freedom of choice among health care providers participating in Medicaid. In general, states are required to provide comparable services to all categorically needy qualifying people. A general overview of benefits provided under optimum qualifying circumstances is included in Appendix C of this report.

Cost Sharing

States are permitted to require certain members to share some of the costs of Medicaid by imposing deductibles, copayments, or similar cost-sharing charges. A copayment is a charge which must be paid by the member to the service provider when the service is covered by SoonerCare. The OHCA requires a copayment of some SoonerCare members for certain medical services. A SoonerCare provider may not deny allowable care or services to members based on their inability to pay the copayment.

Some members are exempt from copays. Members not required to pay copays are children under age 21, members in long-term care facilities, women who are pregnant and members enrolled under the Home and Community-Based Services Waivers (except for their prescription drugs). Additionally, some services do not require copays, such as family planning and emergency services.

To view the applicable copay by benefit package for some allowable services go to the Benefits Overview on page 84. The Insure Oklahoma Individual Plan has a separate set of covered services and applicable copays. To view the details, go to www.insureoklahoma.org.

$1 Copay

Physicians (not PCP/CM)

Certified Registered Nurse Anesthetists

Home Health Agencies

Rural Health Clinics

Federally Qualified Health Centers

Optometrists

$3 Copay

*Inpatient Hospital**

Outpatient Hospital

Ambulatory Surgical Services

Prescription Copay

$1 for each prescription under $30

$2 for each prescription $30 and over

*Copayments for inpatient care paid under the Diagnosis Related Groups (DRG) methodology are calculated on the actual length of stay and are capped at $90. Copays per some allowable services can be viewed on page 84.

Oklahoma SoonerCare Benefits

Behavioral Health Services

SoonerCare is the behavioral health treatment lifeline for many Oklahomans dealing with stressful life situations/changes, serious mental illness, an emotional disturbance and/or alcohol and other drug disorders. Many people with these conditions either lose or are unable to obtain or afford private coverage. Mental health, alcohol and other drug disorder treatment benefits for those enrolled in SoonerCare include:

Children under age 21 accounted for 63 percent of the members receiving behavioral health services and 78 percent of the expenditures.

- adult and children's acute psychiatric inpatient care;
- facility-based crisis stabilization and intervention;
- emergency care;
- alcohol or other drug medical detoxification;
- psychiatric residential treatment (children only);
- outpatient services (including pharmacological services) such as:
  - mental health and/or substance abuse assessments and treatment planning,
  - individual, family and/or group psychotherapy,
  - rehabilitative and life skills redevelopment,
  - case management,
  - medication management, training and support,
  - program for assertive community treatment, and
  - behavioral health aide services.

Child Health Services (Early and Periodic Screening, Diagnosis and Treatment)

Preventive care and early intervention are critical to improving child health outcomes. OHCA works with public, private and nonprofit sector partners to drive policy and systemic change focused on enrollment of all qualified children and improving access, utilization of benefits and quality of care for SoonerCare children.

In SFY2009, 531,410 children were enrolled in SoonerCare at some point during the year. This equals 50 percent of all children younger than age 21 in Oklahoma. Child health services offered under SoonerCare include a comprehensive array of screening, diagnosis and treatment services to ensure the health care needs of this vulnerable population.

OHCA has an ongoing focus on improving our rates of child health checkups. According to the FFY2008 reporting, the number of child health checkups performed reached 72.7 percent of the expected number of screens, an increase of more than 3 percent from the previous year (FFY2007).

Child health checkups should be performed at certain ages as set out in the state's periodicity schedule and should include, at a minimum:

- comprehensive health history;
- thorough examination;
- age-appropriate immunizations;
- laboratory tests;
- vision and hearing screens;
- dental screening services;
- lead toxicity screen (12 and 24 months of age);
- health education; and
- other necessary health care of conditions discovered as part of a checkup.

Child Health checkup schedules can be viewed at www.okhca.org under Individuals/Programs/Child Health

Oklahoma SoonerCare Benefits (continued)

Dental Services

Oral health is a key component of an overall healthy and happy lifestyle. The earlier children are introduced to dentistry, the better their chances of keeping their teeth for the rest of their lives. The greatest challenge is prevention. Teaching parents and caregivers to focus on dental interactions, intervention and treatment is crucial.

Dental services are federally mandated for children under age 21 through Child Health Services (Early and Periodic Screening, Diagnosis and Treatment, or EPSDT); this program covers dentistry for children based on medical necessity. Dental care includes emergency care, preventive services and therapeutic services for dental diseases that may cause damage to the supporting oral structures and loss of teeth.

219,891 children received dental services and accounted for 88 percent of the dental expenditures in SFY2009.

SoonerCare contracted with 801 dental providers in SFY2009.

Dental services have been extended to women who are pregnant. Basic dental care such as examinations, cleanings and fillings are offered for up to 60 days after the end of their pregnancy. Nonpregnant adults age 21 and older are covered for emergency extractions only.

Hospital Services

Hospitals are part of the health care environment of the communities they serve. Without them, many people would go without essential medical services and programs. Hospitals provide inpatient acute care, newborn delivery services, life-saving emergency services and outpatient services such as minor surgeries and dialysis. Local hospitals serve as the cornerstone for a network of care providers that include such economic staples as primary care physicians, specialists and many allied health services.

Hospital expenditures accounted for 21 percent of the total SoonerCare expenditures.

Oklahoma SoonerCare Benefits (continued)

Medicare "Buy-In" Program — SoonerCare Supplemental

Medicare is made up of four parts: hospital insurance (Part A); supplementary medical insurance (Part B); combination of hospital, medical and prescription drugs, Medicare Advantage (Part C); and prescription drugs (Part D). For hospital insurance expenses, SoonerCare Supplemental pays the coinsurance and deductible fees for hospital services and skilled nursing services for people qualified for Medicare and Medicaid (dual eligibles). The deductible and coinsurance fees are also paid for supplementary medical insurance expenses that are primarily physician services.

SFY2009 "buy-in" expenditures totaled $112,946.068 or nearly 3 percent of the total SoonerCare expenditures.

An average of nearly 2,500 Part A premiums and more than 81,500 Part B premiums were paid each month.

Several "buy-in" programs are available to assist low-income members with potentially high out-of-pocket health care costs:

Qualified Medicare Beneficiaries (QMB)

- For Medicare beneficiaries with incomes below 100 percent of the federal poverty level who have limited financial resources.
- Pays for Medicare beneficiaries' share of Medicare Part A and Part C.

Specified Low-income Medicare Beneficiary (SLMB)

- For Medicare beneficiaries whose incomes are at least 100 percent but less than 120 percent of the federal poverty level who have limited financial resources.
- Pays for beneficiaries' share of Medicare Part B and Part C premiums.

Qualifying Individuals (QI)

- For Medicare beneficiaries whose incomes are at least 120 percent but less than 135 percent of the federal poverty level who have limited financial resources.
- Pays the Medicare Part B and Part C premiums for Medicare beneficiaries who are not otherwise qualified for SoonerCare.

Medicare Part D is a federal program to assist Medicare beneficiaries with the costs of prescription drugs. It went into effect January 1, 2006. While Medicare Part D pays for the majority of Medicare beneficiaries' prescriptions, the federal government requires states to pay back an estimated Medicaid prescription cost savings amount. This amount is referred to as "clawback." The OHCA paid $62,737,915 in Medicare Part D "clawback" payments in SFY2009.

Oklahoma SoonerCare Benefits (continued)

Opportunities For Living Life (OLL) — Home and Community-Based Services Waivers

The Home and Community-Based Service (HCBS) waivers give Oklahoma the flexibility to offer SoonerCare-qualified individuals alternatives to being placed in long-term care facilities under OLL. Services through these waiver programs are available for qualified members who can be served safely in a community-based setting, when the cost of providing waiver services is less than the cost of comparable institutional setting and when there are waiver slots available. Individual waiver documents specify member qualifying criteria, any post-qualification criteria, as applicable, as well as the waiver-specific services available.

Statewide, Oklahoma nursing facilities have a 72.1 percent occupancy rate.

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

Depending on each person's needs and the specific waiver he or she is qualified under, HCBS benefits could include:

- case management;
- skilled nursing;
- prescription drugs;
- advanced/supportive restorative care;
- adult day care/day health services;
- specialized equipment and supplies;
- home-delivered meals;
- comprehensive home health care;
- personal care;
- respite care;
- habilitation services;
- adaptive equipment;
- architectural modifications;
- pre-vocational and vocational services;
- supported employment;
- dental;
- transportation; and
- various therapies.

Program of All-Inclusive Care for the Elderly (PACE)

Implemented in August 2008, the goal of the PACE program is to manage care through an interdisciplinary approach with participation by the PACE team and both the member and family or other caregivers. As a home- and community-based program, members live in the community but attend the PACE center one or two times per week for primary care services, to meet with their case manager and to engage in social activities with other PACE members.

PACE enrollees must be at least 55 years old, live in the catchment area of the PACE program, be able to live safely in the community at the time of enrollment, and be certified as qualified for nursing home level of care.

PACE is a comprehensive service delivery and financing model of acute and long-term care which receives Medicare and Medicaid capitation payments (dual capitation) for all individuals qualified for services. People not financially qualified for Medicaid pay the capitation amount privately (out of pocket). PACE assumes full financial risk for a member's care without limits on dollars or duration and is responsible for a full range of needed services. The PACE benefit package for all participants, regardless of the source of payment, includes all SoonerCare covered services, as specified in the State Plan.

Oklahoma SoonerCare Benefits (continued)

Opportunities For Living Life (OLL) — Nursing Home Services

With nursing home or institutional care coverage largely unavailable through Medicare or traditional private health insurance plans, Medicaid is the nation's de facto financing system. SoonerCare OLL funds approximately 70 percent of all long-term care (both nursing facilities and intermediate care facilities for the mentally retarded). SoonerCare provides coverage for low-income people and many middle-income individuals who have become nearly impoverished by "spending down" their assets to cover the high costs of their long-term care.

Level of Care Evaluations – Long-Term Care Members In order to ensure that individuals applying for nursing home care are appropriately placed, the federal Pre-Admission Screening and Resident Review (PASRR) Program provides a Level I screening for possible developmental disability or mental retardation (MR) and/or mental illness (MI) to all people, private pay and SoonerCare, entering a long-term care facility. Furthermore, federal regulations include a higher level evaluation (Level II) be performed for those applicants who appear to be either mentally ill or developmentally disabled. The Level II assessment ensures that the member requires a long-term care facility and receives proper treatment for his or her MI and/or MR diagnosis.

SoonerCare funded 4,986,137 nursing facility bed days for SFY2009; this represents 69.3 percent of the total actual nursing facility occupied bed days in the state.

Facility Type	Unduplicated Members	Bed Days	Reimbursement	Yearly Average Per Person*	Average Per Day
Nursing Facilities	21,684	5,266,516	$518,570,498	$23,915	$98.47
ICFs/MR (ALL)	1,769	585,350	$124,503,736	$70,381	$212.70
ICFs/MR (Private)	1,406	463,100	$55,617,031	$39,557	$120.10
ICFs/MR (Public)	363	122,250	$68,886,706	$189,771	$563.49

ICFs/MR = Intermediate Care Facilities for the Mentally Retarded. *Average Per Person figures do not include the patient liability that the member pays to the nursing facility (avg $22/day). ICFs/MR public facilities per day rate includes ancillary services not included in ICFs/MR private facility rate.

Oklahoma SoonerCare Benefits (continued)

Pharmacy Services

The pharmacy benefit is accessed by 59 percent of SoonerCare's members. The value of prescription medications in modern health care is well documented. Because of their value, prescription medications are covered by every state's Medicaid program in spite of the fact that it is an optional benefit under federal law. It is almost impossible to imagine a health care benefit system in which medication therapies did not play a significant role. SoonerCare has one of the highest generic utilization rates of any pharmacy benefit plan in the nation with an average of more than 76 percent of all prescriptions dispensed as a generic drug.

SoonerCare Choice members qualify for prescription drug products that have been approved by the Food and Drug Administration (FDA) and are included in the Federal Drug Rebate program. In general, children up to the age of 21 years may receive prescriptions without monthly limitations and are not subject to a copay. Adults are limited to six prescriptions per month. Up to three of those can be for brand name products, and the remainder must be generic products. Adults are subject to a copay based on the cost of the drug. Restrictions such as medical necessity, step therapy, prior authorization and quantity limits may be applied to covered drugs.

SoonerCare Traditional members have the same pharmacy coverage as SoonerCare Choice for non-Medicare eligible members.

SoonerCare Supplemental dual (Medicare and Medicaid) eligible members receive their primary prescription coverage through Medicare Part D.

The federal Medicare prescription plan (Part D) now pays for a majority of Medicare beneficiaries' prescriptions. A few of the drugs not covered by Part D can be covered for members also enrolled under SoonerCare Traditional.

The federal government requires states to pay back an estimated prescription cost savings amount. This amount is referred to as a "clawback."

Opportunities for Living Life members residing in long-term care facilities receive prescriptions as shown for SoonerCare Choice, but do not have a limitation on the number of prescriptions covered each month.

Home and Community-Based Services enrollees receive a pharmacy benefit equal to that of SoonerCare Choice, plus members who are not Medicare eligible receive up to an additional seven generic prescriptions per month.

Insure Oklahoma — Individual Plan provides prescription coverage similar to SoonerCare Choice above with different copayment requirements. Access www.insureoklahoma.org for additional information.

SoonerPlan provides prescription coverage for family planning products only.

Soon-to-be Sooners provides prescription drugs that will improve the outcome of the pregnancy to women who do not qualify for SoonerCare because of their citizenship status.

The average cost per prescription funded by SoonerCare was $65.85, and the average monthly prescription cost per utilizer was $212 for SFY2009.

Oklahoma SoonerCare Benefits (continued)

Physicians and Other Primary Care Providers

Physicians and other primary care providers are a crucial component in the delivery of health care to Oklahoma's SoonerCare members. The SoonerCare program would not be possible without the dedication of providers who are committed to care for all individuals who are insured with SoonerCare. Oklahoma primary care providers (PCPs) act as SoonerCare's "front line."

Physician services may be limited for adults based upon the benefit package they are receiving. PCPs provide patient education and coordinate their health care needs. Physician and other primary care providers' benefits have also been expanded to include evidence-based smoking cessation counseling in an outpatient office setting.

Crucial services provided by physicians and other primary care providers may include, but are not limited to:

- child health screens;
- preventive care;
- family planning;
- routine checkups;
- prenatal care;
- delivery;
- postpartum care; and
- diagnostic services.

School-Based Services

Health care is a vital foundation for families wanting to ensure their children are ready to learn in school. Studies show children without health insurance are absent more frequently than their classmates. They suffer more from asthma, ear infections and vision problems and are more medically at risk. Treatment of these conditions can improve classroom attendance and participation.

OHCA contracts with more than 200 school districts across the state. Schools may receive reimbursement for SoonerCare-enrolled children who have chronic conditions such as asthma and diabetes and for those who are qualified to receive health-related services under the Individuals with Disabilities Education Act (IDEA). The Individual Education Program (IEP) is a treatment plan for a successful education for students with disabilities. The schools outline the treatment plan, and OHCA funds any medically necessary, SoonerCare-compensable health-related services recommended in the plan for SoonerCare-enrolled children.

OHCA is also involved in the Early Intervention (EI/SoonerStart) program. The EI/SoonerStart program is focused on early medical intervention and treatment for children age birth to 3 years who are developmentally delayed. Services for the EI program, such as targeted case management and speech and physical therapy, are provided by the State Department of Education and the Oklahoma State Department of Health. OHCA offers provider training and reimbursement for this program as well.

Oklahoma SoonerCare Benefits (continued)

SoonerPlan — Family Planning Services

SoonerPlan is a limited benefit plan covering services related to family planning. In an effort to reduce unintended pregnancies, SoonerPlan provides family planning services and contraceptive products to women and men age 19 and older who do not choose or traditionally qualify for full benefits under SoonerCare.

SoonerPlan benefits may be obtained from any SoonerCare provider who offers family planning. They include:

- birth control information and supplies;
- laboratory tests related to family planning services, including pap smears and screening for some sexually transmitted infections;
- office visits and physical exams related to family planning;
- pregnancy tests for women;
- tubal ligations for women age 21 and older;
- vasectomies for men age 21 and older.

Family planning services are also available to other qualifying members under SoonerCare Choice and SoonerCare Traditional.

SoonerRide (Non-Emergency Transportation) Services

Non-emergency transportation has been part of the Medicaid program since 1969, when federal regulations mandated that states ensure the service for all Medicaid members. The purpose was clear; without transportation, many of the very people SoonerCare was designed to help would not be able to receive medically necessary services.

States are given a considerable amount of flexibility in this area of Medicaid regulations, including setting reimbursement rates and transportation modes. To provide budget predictability and increased accountability of the non-emergency transportation program, OHCA uses a transportation brokerage system to provide the most cost-effective and appropriate form of transportation to members. Similar to a managed care health care delivery system, the contracted transportation broker is reimbursed on a per-member-per-month basis.

If a SoonerCare member does not have transportation to a medically necessary, non-emergency service, SoonerRide can provide transportation.

711,825

A total of 9,832 members used SoonerRide services for a total of 711,825 one-way transports in SFY2009.

SoonerCare and American Indians

Oklahoma is home to 39 federally recognized tribal governments and, according to the 2008 Census estimates, more than 400,000 American Indians live here. During SFY2009, more than 106,000 American Indians were enrolled in SoonerCare. This represents approximately 12 percent of the average monthly enrollment.

Native American SoonerCare members select where they access services including culturally sensitive health care services from three types of health care systems specifically for American Indians: Indian Health Services (IHS) facilities, Tribal health facilities, or urban Indian clinics (I/T/U). There are more than 55 contracted I/T/U facilities in Oklahoma. SoonerCare services provided in any of the contracted Native American health care facilities receive a 100 percent federal medical assistance percentage (FMAP).

SoonerCare Choice and American Indians

American Indian SoonerCare Choice members can select a SoonerCare provider or self-refer to any I/T/U facility. Most providers in I/T/U facilities are SoonerCare Choice providers and may serve as primary care providers (PCPs). As PCPs, I/T/U providers offer culturally sensitive case management to Native American SoonerCare Choice members, make referrals and coordinate additional services such as specialty care and hospitalization when patients access care at facilities not operated by tribes or the IHS.

American Indians and Oklahoma Cares Services

SoonerCare enrolled more than 106,808 American Indians in SFY2009. That is 26 percent of the total 406,492 Oklahomans reporting a Native American race alone or in combination with other races.

Source: U.S. Census Bureau, Table 5: Estimates of the Resident Population by Race Alone or in Combination and Hispanic Origin for the United States and States: July 1, 2008

In order to become enrolled for SoonerCare benefits under Oklahoma Cares, the breast and cervical cancer treatment program, women must be screened under the Breast and Cervical Cancer Early Detection Program (BCCEDP) and found to need treatment for either breast or cervical cancer. American Indians have higher qualifying income guidelines of up to 250 percent of the federal poverty level (FPL) for Oklahoma Cares. SoonerCare is working in partnership with the Oklahoma State Department of Health, the Cherokee Nation and the Kaw Nation to provide Breast and Cervical Cancer Early Detection Program screening locations.

OHCA SoonerCare Tribal Consultation

OHCA was the first state agency to formalize a tribal consultation policy with Oklahoma's tribal governments. The agency believes it is imperative to seek the input of the tribal governments and Indian health care providers during the OHCA decision-making and priority-setting process to improve the health status of Oklahoma's American Indian population. In addition to continuous partnerships with tribes throughout the year, the agency holds an annual OHCA SoonerCare Tribal Consultation meeting. The 2008 meeting had more than 150 attendees including representatives of 15 tribal governments, Indian health care providers, state and federal government officials, and other key stakeholders.

The goal of the OHCA tribal consultation policy is to have meaningful and open dialogue that leads to information exchange, mutual understanding and informed decision-making.

SoonerCare and Our Providers

OHCA values the services rendered by our SoonerCare provider networks. In addition to a multitude of other functions OHCA provides the following to maintain and support our medical service partners:

- dedicated and professional staff available to assist providers with program, policy and claims issues. Staff provide training, focused education materials, and billing assistance and lend their expertise to assure services meet state and federal requirements. Recruitment and education efforts continue to increase the provider network.

In SFY2009, OHCA and EDS provided 4,172 individual on-site training visits and 149 group training sessions.

- registered nurses who provide clinical expertise during on-site visits and medical record reviews. They assist providers in the evaluation and interpretation of billed charges and clinical documentation to ensure that the services provided are appropriate as mandated by OHCA policy and by the Centers for Medicare & Medicaid Services (CMS).
- a direct, toll-free number for providers who have detailed and complex questions. This phone number is staffed from 8 a.m. to 5 p.m. Monday through Friday. Providers can also send secure, HIPAA-compliant e-mail messages through the SoonerCare Secure Site. It is a safe alternative to contacting OHCA via telephone to inquire about policy, coverage, contract compliance or general questions.

More than 38,743 calls were received by Provider Services in SFY2009. Provider Services staff received and answered more than 1,000 secure e-mails in SFY2009.

- the Health Management Program (HMP). Through the HMP a professional, highly trained practice facilitator works with participating practices to redesign office systems. This redesign focuses on applying quality improvement techniques in order to improve care delivered to members with chronic conditions. Participating practices are provided a free Web-based health information registry tool, CareMeasures. This registry tool identifies unmet clinical measures to help the practice prioritize clinical services to be offered during the next patient encounter. It is also equipped with a data measurement component for ongoing evaluation and performance tracking. Financial and non-financial incentives are presented to the practice based on program participation.
- practice enhancement assistant (PEA) project. The PEA project was implemented in SFY2007. OHCA contracts with the University of Oklahoma Health Sciences Center to evaluate and implement a program of supporting PEAs who help providers make changes in their processes of care. This pilot program was first conducted in Canadian County. The PEA program has an additional focus on assisting practices in implementing new or improving existing developmental screening efforts. The program is currently operating in Canadian, Garfield and Delaware counties.
- evidence-based developmental screening tools (the PEDS and ASQ). The tools are available for distribution to PCPs who serve infants and toddlers and are interested in adopting their use. In addition to the free screening tools, a child guidance professional will, upon request, assist the practice in using the tools and in referring "at-risk" infants, toddlers and young children to appropriate resources.
- appropriate rates. OHCA strives to purchase the best value health care for our members and explore available valid options for maintaining or increasing provider payments to ensure our members' access to sufficient provider networks.

SoonerCare and Our Providers (continued)

Physicians and Other Practitioners

In January 2009, Oklahoma transitioned from paying a prearranged monthly fee (capitation payment) for primary and preventive care for members enrolled in SoonerCare Choiceto a payment structure that includes three components: 1) A care coordination fee; 2) A visit-based fee-for-service payment; and 3) Payments for excellence (SoonerExcel).

The care coordination fee is based on the number of members in the SoonerCare Choice primary care provider/case manager's (PCP/CM) panel. The visit–based component is paid under the fee-for-service schedule."SoonerExcel" is the performance-based reimbursement component that recognizes achievement of excellence in improving quality and providing effective care. A pool of funds is made available to qualifying providers who meet or exceed various quality-of-care targets within an area of clinical focus selected by OHCA. Budgeted SoonerExcel figures can be found in Appendix A, page 62.

SoonerCare has contracts with more than 12,000 physicians.

For members not enrolled in SoonerCare Choice, visit-based payments are made directly to the providers once an allowable service has been provided and billed. Providers participating in SoonerCare must accept the Medicaid reimbursement level as payment in full. During SFY2009, OHCA continued to pay physician rates equal to 100 percent of Medicare rates, which are considered national benchmark rates. All relative value unit (RVU) based procedure codes have been valued at 100 percent of Medicare rates since August 2005.

Graduate Medical Education (GME)

Graduate medical education refers to the residency training that doctors receive after completing medical school. Most residency programs are set up in teaching hospitals across the United States. GME funding sources include patient care dollars and university funding, but the bulk of the money for GME comes from public, tax-supported sources, such as Medicare, Medicaid, the Department of Defense and Veterans' Affairs.

Payments are made to the major colleges of medicine on a predetermined and contracted amount with contracted levels of residents and interns as well as levels of specialty services to SoonerCare members that are required. The state funds are transferred to OHCA from the University Hospital Authority.

SFY2009 GME Payments:*

University of Oklahoma OKC and Tulsa	*$32,134,177*
Oklahoma State University College of Osteopathic Medicine — Tulsa	*$12,112,241*

**One quarter of SFY2009 GME was paid in SFY2008 resulting in 5 quarters being paid in SFY2008 and only three quarters in SFY2009.*

SoonerCare and Our Providers (continued)

Nursing Homes

Nursing homes play an essential role in Oklahoma's health care system, caring for approximately 20,000 elderly and people with disabilities who are temporarily or permanently unable to care for themselves but who do not require the level of care furnished in an acute care hospital. They provide a variety of services to residents, including nursing and personal care; physical, occupational, respiratory and speech therapy; and medical social services. On average, 70 percent of nursing home residents in Oklahoma have their care paid for through the SoonerCare program.

Nursing homes treat people with a wide range of clinical conditions. The mix and amount of resources nursing homes use determine the cost of the care they provide. These resources include the cost of direct care staff, such as nurses, nurse aides, and nurse aide training.

In 2004, Senate Bill 1622 created the Oklahoma Nursing Facility Funding Advisory Committee. The committee recommended 70 percent of additional available funds for nursing homes be allocated annually for direct care staff. The committee also recommended further development of the methodology in future years, to strengthen incentives to provide improved quality care.

SoonerCare pays for nursing home care for more than 20,000 Oklahomans. Nursing facility care makes up 13 percent of SoonerCare's total expenditures.

Focus on Excellence uses regularly collected nursing home performance data to accomplish three purposes:

- enable additional Medicaid payments to nursing homes that meet or exceed any of 10 separate performance targets;
- provide a public, star rating system as another tool to assist consumers in evaluating facilities; and
- give providers the technology and tools to set and meet their own quality improvement goals and compare their performance to facilities across the state and the nation.

A Web site (www.oknursinghomeratings.org) is available for providers and consumers to enter and view performance data and outcomes.

SoonerCare and Our Providers (continued)

Hospitals

The SoonerCare hospital reimbursement system is based on Medicare's reimbursement model of Diagnostic Related Groups (DRGs). A DRG payment methodology, which pays on a per discharge basis, encourages hospitals to operate more efficiently and matches payments to use of resources. For cases that are particularly costly, an additional outlier payment is made to help protect the hospital from financial losses for unusually expensive cases. For inpatient stays in freestanding rehabilitation and behavioral health facilities, as well as long-term care sub-acute children's facilities, OHCA pays a per day rate.

Disproportionate Share Hospital (DSH) Payments

The DSH program was created in 1981 to address two main concerns identified by Congress at the time. The first concern was to address the needs of hospitals that served a high number of Medicaid and low-income, often uninsured, patients. The second concern was that there was the potential for a growing gap in 1981 between what Medicaid paid hospitals and what the hospital's cost of care was.

Congress left it up to each state to define and identify which hospitals were disproportionate share hospitals and also gave states broad latitude in how those hospitals were to be paid through the DSH program.

The Oklahoma DSH formula and methodology adopted in SFY2007 established three funding pools directed toward licensed hospitals located within the boundaries of the state provided that the hospitals meet certain federal requirements outlined by law.

The first pool is established by the federal government for Institutions for Mental Disease (IMD). The second pool is for High Disproportionate Share Public Hospitals/Public-Private Major Teaching Hospitals and is based on historic allocations. The third pool is for Private and Community or Public Hospitals, which is further subdivided by hospital size for the purpose of allocating the DSH funds reserved for this pool.

Figure 16 SFY2009 Hospital Payments

Types of Hospital Payments	SFY2008	SFY2009
Inpatient — Acute and Critical Access	$527,150,404	$543,632,539
Inpatient Rehabilitation — Freestanding	11,782,653	13,102,043
Inpatient — Indian Health Services	14,944,659	15,059,781
Inpatient — LTAC Children's	14,265,643	16,585,436
Inpatient Behavioral Health — Freestanding	10,448,872	13,803,810
Psychiatric Residential Treatment Facilities*	99,142,247	111,658,434
Outpatient Services	161,265,658	170,891,739
Medicare Crossovers	60,081,501	62,276,729
Hospital Supplemental Payments	45,131,919	61,227,800
Indirect Medical Education (IME)	26,811,620	27,776,840
Graduate Medical Education (GME)	16,243,331	16,287,663
Disproportionate Share Hospitals (DSH)	61,859,233	53,286,486
Total	$1,049,127,740	$1,105,589,300

Source: OHCA Finance Division, September 2009.

SoonerCare and Our Providers (continued)

Hospitals (continued)

Indirect Medical Education (IME)

Acute care hospitals that qualify as major teaching hospitals receive an indirect medical education (IME) payment adjustment that covers the increased operating or patient care costs associated with approved intern or resident programs. Currently, the qualifying hospitals are the OU Medical Center in Oklahoma City and the Hillcrest Health System hospitals in Tulsa.

In order to qualify as a teaching hospital and be deemed eligible for IME supplemental incentive payment adjustments, the hospital must:

- be licensed in the state of Oklahoma;
- have 150 or more full-time equivalent residents enrolled in approved teaching programs using the 1996 annual cost report; and
- belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program.

SFY2009 IME Payments:

OU/OKC-Oklahoma Medical Center – $13,888,420
OU/Tulsa-Hillcrest Health Systems – $6,944,210
OSU/Tulsa-Hillcrest Health Systems –$6,944,210

Direct Medical Education (DME)

In-state hospitals that qualify as teaching hospitals receive a supplemental payment adjustment for direct medical education (DME) expenses based on the relative number of residents and interns weighted for Medicaid usage and acuity of services.

In order to qualify as a teaching hospital and be deemed eligible for DME supplemental incentive payment adjustments, the hospital must:

- be licensed in Oklahoma;
- have a medical residency program;
- apply for certification by the OHCA prior to receiving payments for any quarter;
- have a contract with OHCA to provide SoonerCare services; and
- belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program.

These payments are made by allocating a pool of funds made available from state matching funds transferred to OHCA from the University Hospital Authority.

DME Qualified Hospitals	SFY2009
Bone and Joint Hospital	$164
Comanche Co. Memorial Hospital	$21,634
Deaconess Hospital	$5,378
Hillcrest Medical Center	$1,916,646
Integris Baptist Medical Center	$1,401,286
Integris Southwest Medical	$154,872
Jane Phillips Hospital	$10,949
Laureate Psych Clinic and Hospital	$1,448
Medical Center of Southeastern OK	$50,297
Medical Center Hospitals	$8,938,416
Oklahoma Spine Hospital	$45,772
Oklahoma State University Medical Center	$211,614
Saint Francis Hospital	$1,064,936
St. Anthony Hospital	$1,063,866
St. John Medical Center	$640,243
Tulsa Regional Medical Center	$760,142
TOTAL	**$16,287,663**

SoonerCare and Our Providers (continued)

Pharmacies

SoonerCare reimbursed pharmacies for almost 5 million prescriptions during the fiscal year. Members who use the pharmacy benefit get an average of two and a half prescriptions per month.

According to the Institute of Medicine, nationally each year more than 1.5 million patients are injured and more than 7,000 patients die from preventable medication errors linked to handwriting errors and other problems associated with writing prescriptions on paper. In an effort to avoid these potentially harmful and costly mistakes, the Oklahoma Health Care Authority has partnered with Cerner Corp. to launch an electronic prescribing program for SoonerCare's more than 800,000 members across the state.

SoonerCare has one of the highest generic utilization rates of any pharmacy benefit plan in the nation with an average of more than 76 percent of all prescriptions dispensed as a generic drug.

Cerner's e-prescribing solution, known as SoonerScribe, provides two-way electronic communication between physicians and pharmacies. Health care providers can use the system to write new prescriptions, authorize refills, make changes, cancel prescriptions and check to see if patients have had prescriptions filled. E-prescribing also has the potential for sharing information such as medication history with other health care organizations. The program was rolled out to 500 SoonerCare providers in April 2009.

In another effort to reduce medication errors and provide quicker transactions, OHCA contracts with EPOCRATES® Inc. to provide pharmacy benefit information to prescribers and pharmacists using their desktop computer or personal digital assistant (PDA). The service allows users to verify drug coverage status, preferred alternatives, drug interactions, prior authorization requirements, quantity limits and other drug-specific messages programmed by OHCA.

Other SoonerCare Providers

In general, OHCA continues to strive to increase provider participation by streamlining processes and keeping our contracted providers as informed as possible. Payment rates are constantly being evaluated within the constraints of available state and federal funds. Ongoing provider outreach and training is being performed on a daily basis. OHCA also provides a SoonerCare Secure Site as a "one-stop shop" for providers to submit claims, check member enrollment and qualification for services, and receive specific information related to their provider type. Pertinent information such as manuals, forms, policy cites and program information can be found by providers in their applicable areas.

Oklahoma specifies a target EPSDT screening compliance rate each year. The calendar year 2008 target was 65 percent. Providers who exceeded the target within their own patient panel were eligible for an incentive payment of up to 20 percent of their annual capitation revenue. Out of 880 providers evaluated, 315 received a payment for a total payout of $1 million. For more EPSDT information, *go to page 38 of this report.*

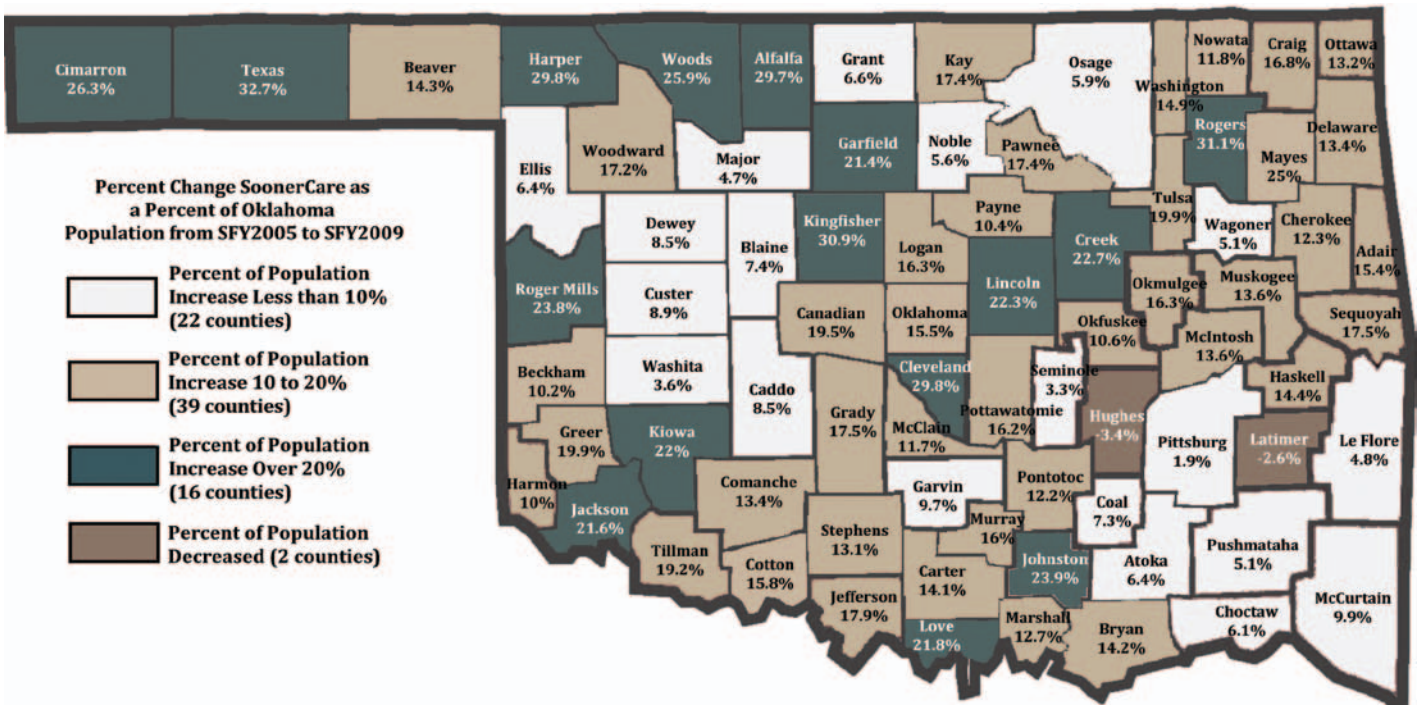
Understanding OHCA

Administering the SoonerCare Program
Payment and Program Integrity
Organizational Chart

+18.4%

The overall percent change in the number of members enrolled in SoonerCare SFY2005 to SFY2009 is an 18.4 percent increase.

SFY2005 to SFY2009 Percent Change of SoonerCare Enrollees as a Percent of the Total Population



Source: Population Division, U.S. Census Bureau. July 2005 and July 2008 population estimates by county. SFY2005 SoonerCare percent of population according to SFY2005 OHCA Annual Report. SFY2005 and SFY2009 Enrollees are the unduplicated count per last county on record for the entire state fiscal year (July-June).

Administering the SoonerCare Program

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

OHCA led the effort to supplement state dollars with available and appropriate federal dollars. OHCA's revenue maximization initiatives have supported programs at the Oklahoma Department of Human Services, Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Health, Office of Juvenile Affairs and the Department of Education, as well as University of Oklahoma and Oklahoma State University medical schools and teaching hospitals.

OHCA does not want to miss an opportunity to maximize federal revenues; however, we must be vigilant. OHCA has an obligation, as a sound fiscal manager, to ensure that all plans to maximize federal revenues are compliant with applicable laws and regulations and will not put the state in jeopardy of a future disallowance.

Administering a Medicaid program is as challenging a task as there is to be found in public service. What distinguishes the program in degree of difficulty from Medicare and private insurers, however, is its varied and vulnerable member groups; its means-tested qualifying rules; the scope of its benefits package (spanning more than 30 different categories of acute and long-term care services); its interactions with other payers; its financial, regulatory and political transactions with a wide range of provider groups; and its joint federal and state financing.

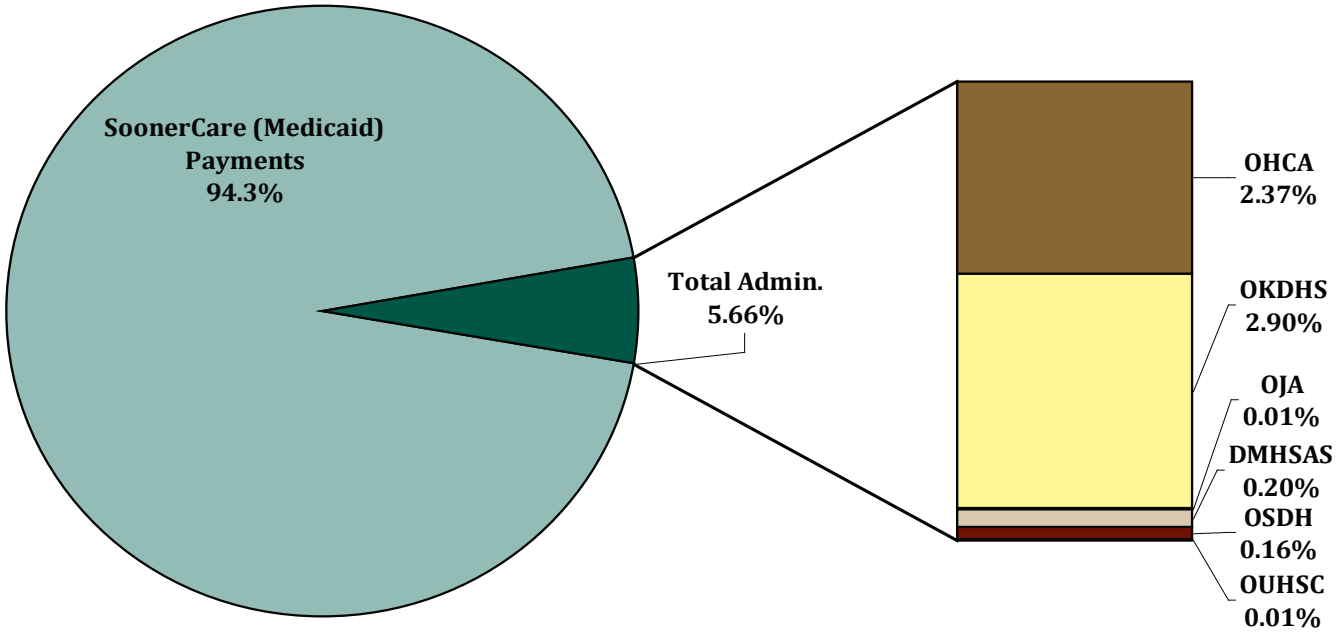
OHCA staff perform an array of critical functions necessary for program administration, such as member and provider relations and education; developing SoonerCare payment policies; managing programs to fight waste, fraud and abuse; maintaining the operating systems that support SoonerCare payments; developing cost-effective health care purchasing approaches; monitoring contractor and provider performance; promoting and preserving member rights and protections; and disseminating information to the Oklahoma Legislature, congressional delegation, members and the general public.

A board of directors meets monthly to direct and oversee the operations of OHCA. Board members are appointed by the governor, president pro tempore of the Senate and the speaker of the House. OHCA also has a Drug Utilization Review (DUR) board, a Medical Advisory Committee (MAC), a Medical Advisory Task Force (MAT) and a joint legislative oversight committee. These groups of health professionals, providers, advocates and elected officials all serve to ensure that decisions are made to best serve the members' needs while maintaining the fiscal integrity of the agency.

Administering the SoonerCare Program (continued)

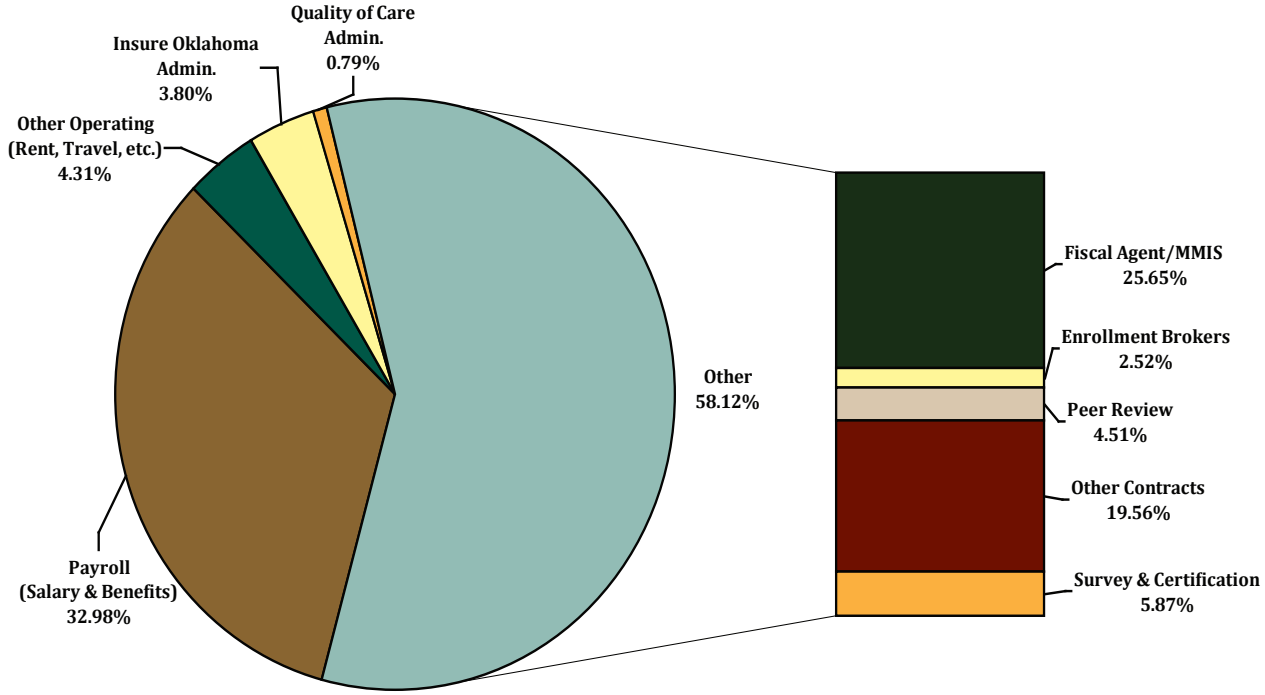
The cost of administration of the SoonerCare program is divided among six different state agencies: the Oklahoma Health Care Authority (OHCA), the Oklahoma Department of Human Services (OKDHS), the Oklahoma State Department of Health (OSDH), the Office of Juvenile Affairs (OJA), the Department of Mental Health and Substance Abuse Services (DMHSAS) and the Oklahoma University Health Sciences Center (OUHSC).

Figure 17 OHCA SoonerCare Expenditure and Administrative Percentages — SFY2009



Finally, OHCA's administrative expenses are divided between direct operating expenses and vendor contracts. Of the $94 million spent by OHCA in SFY2009 on administration, 42 percent went to direct operation expenses, while 58 percent went toward vendor contracts.

Figure 18 Breakdown of OHCA Administrative Expenses — SFY2009



Strategic Planning

It is difficult to overestimate the importance and impact of SoonerCare. It serves so many people in so many different population groups, and it plays a role to finance virtually every state program related to health. By any measure, SoonerCare makes a positive difference, even a critical difference, in the lives of hundreds of thousands of low-income Oklahomans.

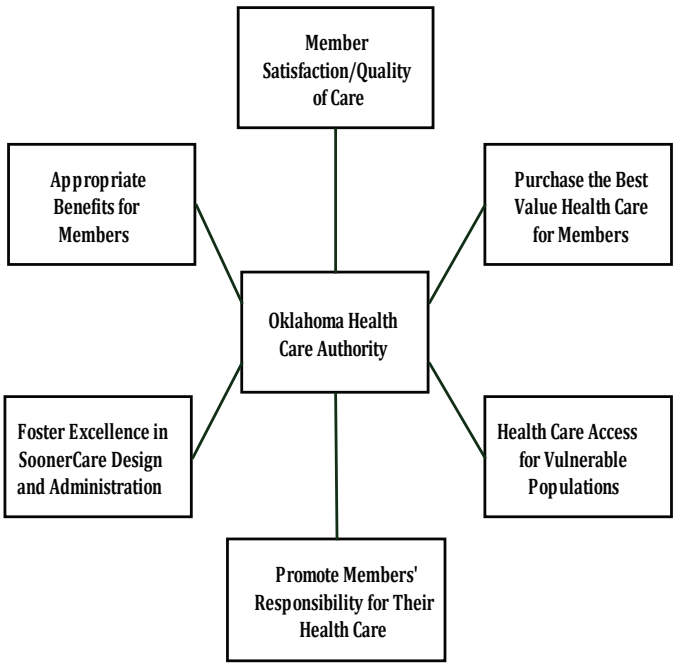
OHCA, our health partners, advocacy groups, legislators and other stakeholders meet annually to discuss the agency's upcoming enhancements, goals and challenges. These meetings help guide and set the strategic plan for that specific year.

Broadly Stated Goals

The heart of our strategic plan is the statement of our primary strategic goals. These goals represent not only our understanding of the agency's statutory responsibilities but our broader sense of purpose and direction informed by a common set of agency values. They are:

- Improve health care access for the underserved and vulnerable populations of Oklahoma. (SoonerCare Members)
- Protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care. (Member Satisfaction/Quality of Care)
- Promote members' personal responsibility for their health services utilization, behaviors and outcomes. (Member Responsibility)
- Ensure that programs and services respond to the needs of members by providing necessary medical benefits to our members. (Benefits)
- Purchase the best value health care for members by paying appropriate rates and exploring all available valid options for program financing. (Purchasing Issues/Provider Relations)
- Foster excellence in the design and administration of the SoonerCare program.

The OHCA produces an award-winning Service Efforts and Accomplishments report every year. This report details the specific efforts of our agency and others to accomplish the above primary and yearly specific goals outlined in the agency's Strategic Plan report. Both the Strategic Plan and the Service Efforts and Accomplishments reports can be found on OHCA's public Web site at www.okhca.org\Research\Reports.



Program and Payment Integrity Activities

The demand and costs for social and health care services continues to grow, while available federal and state funding continues to diminish. In addition, public demand for economy and accountability in government spending is increasing. Improper payments in government health programs drain vital program dollars, impacting members and taxpayers. Such payments include those made for treatments or services that are not covered by program rules, that were not medically necessary, that were billed but never actually provided or that have missing or insufficient documentation to show whether the claim was appropriate. Improper SoonerCare payments can result from inadvertent errors, as well as intended fraud and abuse.

Unlike inadvertent errors, which are often due to clerical errors or a misunderstanding of program rules, fraud involves an intentional act to deceive for gain, while abuse typically involves actions that are inconsistent with acceptable business and medical practices. OHCA's claim processing system (MMIS) has hundreds of edits that stop payment on many billing errors. However, no computer system can ever be programmed to prevent all potential Medcaid billing errors.

OHCA protects taxpayer dollars and the availability of SoonerCare services to individuals and families in need by coordinating an agency wide effort to identify, recover and prevent inappropriate provider billings and payments.

Two major agencies share responsibility for protecting the integrity of the state SoonerCare program. The OHCA is responsible for ensuring proper payment and recovering misspent funds, while the Attorney General's Medicaid Fraud Control Unit (MFCU) is responsible for investigating and ensuring prosecution of Medicaid fraud.

In addition to OHCA and MFCU, other state and federal agencies assist in dealing with SoonerCare improper payments. Because of their responsibility to ensure sound fiscal management in their states, state auditors may become involved in Medicaid payment safeguard activities through efforts such as testing payment system controls or investigating possible causes of mispayment. At the federal level, both the Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General of the Department of Health and Human Services (DHHS-OIG) oversee state program and payment integrity activities.

Actions resulting from the program and payment integrity efforts may include:

- clarification and streamlining of SoonerCare policies, rules and billing procedures;
- increased payment integrity, recovery of inappropriately billed payments and avoidance of future losses;
- education of providers regarding proper billing practices;
- termination of providers from participation in the SoonerCare program;
- referrals to the Attorney General's Medicaid Fraud Control Unit (MFCU).

Program and Payment Integrity Activities (continued)

Post-Payment Reviews and Recoveries

Various units within OHCA are responsible for separate areas of potential recoveries, cost avoidance and fee collection. The Program Integrity and Accountability Unit safeguards against unnecessary utilization of care and services. The Pharmacy Unit reviews paid pharmacy claims to determine that claims are valid and in compliance with applicable federal and state rules and regulations. The Provider Audit staff performs audits and reviews of external providers in regard to inappropriate billing practices and noncompliance with OHCA policy. Reviews can be initiated based on complaints from other SoonerCare providers, members, concerned citizens or other state agencies, as well as risk-based assessments.

Peer Review Organization (PRO)

Some SoonerCare services are subject to utilization review by a Peer Review Organization (PRO) under contract with OHCA. The PRO conducts a medical hospital retrospective random sample review on services provided to SoonerCare Traditional members. The purpose of the inpatient hospital utilization review program is to safeguard against unnecessary and inappropriate medical care rendered to SoonerCare members. Medical services and/or records are reviewed for medical necessity, quality of care, appropriateness of place of service and length of stay. Federal regulations require this function to be performed by a PRO.

Additionally, the PRO performs on-site inspection of care reviews for licensed psychiatric inpatient and day treatment facilities that provide services to SoonerCare members under age 21. These reviews include evaluation and monitoring of facility accreditation status, as well as evaluation of medical record documentation and program utilization. APS Healthcare Inc. was the PRO under contract with OHCA during SFY2009. Additional information on APS Healthcare may be found at www.apshealthcare.com.

Figure 19 Post-Payment Review Recoveries — SFY2009

Provider Type	SFY2009
Behavioral Health	$411,461
Deceased Members	$28,694
Dental Services	$37,135
Durable Medical Equipment	$318,159
Hospital	$1,302,699
Maternity/Obstetrics	$266,743
Nursing Facilities	$333,428
Nutrition	$296
Personal Care/Habilitation Training Specialist	$62,418
Pharmacy/Prescription Drugs	$211,565
Physicians and Other Practitioners	$849,890
Podiatrists	$956
School Corporation	$12,284
Vision	$152,313
Total - OHCA Recoveries	**$3,988,042**
MFCU - Other	$79,416
Total SoonerCare Recoveries	**$4,067,459**

OHCA recovery figures are a combination of amounts recovered from Program Integrity, Pharmacy, Provider Audits, contractor and PRO reviews.

Program and Payment Integrity Activities (continued)

Post-Payment Reviews and Recoveries (continued)

Third-Party Liability (TPL) Recoveries

The OHCA uses a combination of data matches, diagnosis code edits and referrals from providers, caseworkers and members to identify available third-party resources such as health and liability insurance. The TPL program also ensures that SoonerCare recovers any costs incurred when available resources are identified through liens and estate recovery programs.

Legislative changes have allowed for electronic data matching with various health insurers. The changes have not only increased collections but have increased cost avoidance by 608 percent. OHCA contracts with Health Management Systems to perform data matching and billing.

Estate Recoveries	*$2,736,432*
Other	*$22,173,646*

Cost Avoidance

Cost avoidance is the method of either finding alternate responsible payers, such as other insurance coverage, or optimizing pharmaceutical treatment options.

Third-Party Liability (TPL) Cost Avoidance

The Third-Party Liability (TPL) program also reduces costs to the SoonerCare program by identifying third parties liable for payment of a member's medical expenses. States are federally required to have a system to identify medical services that are the legal obligation of third parties, such as private health or accident insurers. Such third-party liability resources should be exhausted prior to the paying of claims with program funds (cost avoidance).

Medicare	*$857,377,497*
Private Insurance	*$3,204,539,992*

State Maximum Allowable Cost Program

The State Maximum Allowable Cost (SMAC) program limits pharmacy reimbursement for generic products. SoonerCare has one of the highest generic utilization rates of any benefit plan in the nation, with an average of more than 76 percent of all prescriptions dispensed as generic drugs. When the SMAC program was started in 2000, 400 products were included. The most recent list includes more than 1,100 drug products.

By limiting the amount paid for generic drugs, OHCA was able to save more than $68,704,449 in SFY2009.

Program and Payment Integrity Activities (continued)

Rebates and Fees

Drug Rebate Program

The Federal Drug Rebate Program (established by the enactment of the Omnibus Budget Reconciliation Act of 1990) was designed to offset prescription expenditures and guarantee that states pay no more than the lowest price charged by a manufacturer for prescription drugs. In exchange for the rebate, states must make all products of a contracted manufacturer available to SoonerCare members within the framework of the federal requirements. Pharmacy reimbursement is continuously monitored to assure a fair price is paid in exchange for goods and services provided by pharmacists. Drug manufacturers are invoiced on a quarterly basis. Interest is assessed by OHCA on late payments.

Supplemental Drug Rebate Program

The SoonerCare State Supplemental Drug Rebate program makes drugs available for members while ensuring cost-effectiveness for the taxpayer. This federally approved program allows pharmaceutical manufacturers to partner with the state to provide rebates for drugs that would otherwise require prior authorization. If the manufacturer agrees to provide additional rebates for its products, then the products are moved to a lower tier. This rebate is in addition to the federal Drug Rebate Program, which guarantees that the SoonerCare program receives a "best price" for each product. With the Supplemental Drug Rebate program, a win-win situation exists: Members receive medications quickly, providers do not face red tape, staff resource needs are reduced and manufacturers are able to maintain or increase the market share of their products.

Rebates — Federal	*$121,464,345*
Rebates — State Supplemental	*$7,318,053*
Rebate Interest	*$32,167*

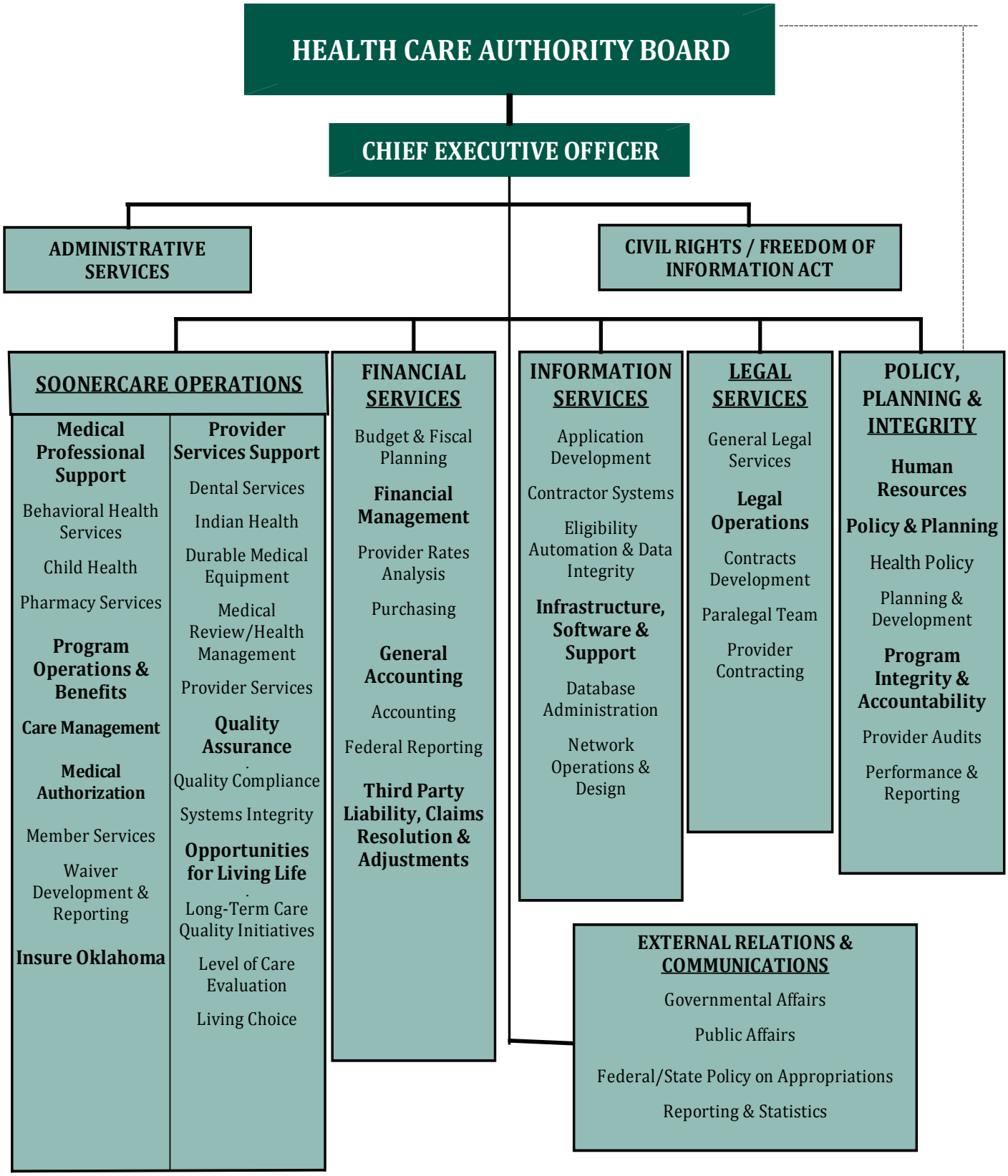
Nursing Facility Quality of Care Program Fees

In an effort to increase the quality of care received by long-term care members, the Quality of Care (QOC) Program was put into place. A fee per patient day is collected from nursing facilities and placed in a revolving fund. The fund is used to pay for a higher facility reimbursement rate, increased staffing requirements, program administrative costs and other increased member benefits.

Facilities receive monthly invoices for fee payment based on their self-reported patient census and revenues. Quality of Care fees and/or reports not submitted in a timely manner are subject to a penalty.

Total Quality of Care Program revenues were $51,553,192.

FIGURE 20 OHCA'S ORGANIZATIONAL CHART



OHCA contact information can be found on the inside back cover or at www.okhca.org/About Us under Core Functions and Organizational Chart.

Appendix A Condensed Summary of Revenue Sources

Revenue Source	Actual Revenues
State Appropriations	$733,070,530
ARRA/Stimulus Funds Appropriated	$30,000,000
Federal Funds—OHCA	$1,995,523,288
Federal ARRA/Stimulus Funds-OHCA	$149,298,365
Federal Funds for Other State Agencies	$575,865,593
Federal ARRA/Stimulus Funds for Other State Agencies	$19,980,142
Refunds from Other State Agencies	$275,200,210
Tobacco Tax Funds	$103,013,903
Drug Rebate	$117,566,295
Medical Refunds	$33,052,207
Quality of Care Fees	$51,553,192
Prior Year Carryover	$33,438,657
FY2008/FY2009 Carryover Committed to FY2010	($11,420,486)
Insure Oklahoma Transfer	$108,217,090
Other Revenue	$20,431,170
Total Revenue	**$4,234,790,156**

Source: OHCA Financial Services Division, September 2009. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Appendix B Statewide SFY2009 Figures

Figure I SoonerCare Expenditures by Payor

Category of Service	Total	Health Care Authority	Other State Agencies	Quality Care Fund	Medicaid Program Fund	HEEIA	BCC Revolving Fund
ADvantage Waiver	$207,594,375	$0	$207,594,375	$0	$0	$0	$0
Ambulatory Clinics	$64,949,383	$57,487,676	$6,325,163	$0	$0	$441,728	$694,816
Behavioral Health - Case Management	$1,163,574	$1,159,667		$0	$0	$0	$3,907
Behavioral Health - Clinc	$142,943,599	$109,083,743	$33,657,746	$0	$0	$59,374	$142,737
Behavioral Health - Inpatient	$139,141,260	$131,273,745	$7,860,819	$0	$0	$3,705	$2,991
Behavioral Health - Outpatient	$8,378,960	$8,378,960	$0	$0	$0	$0	$0
CMS Payments	$175,683,985	$170,102,803	$0	$5,581,182	$0	$0	$0
Dentists	$139,735,558	$131,818,724	$0	$0	$7,683,028	$3,015	$230,792
Family Planning/Family Planning Waiver	$5,338,242	$0	$5,338,242	$0	$0	$0	$0
GME/IME/DME	$88,265,099	$0	$88,265,099	$0	$0	$0	$0
Home and Community-Based Waiver	$154,020,847	$0	$154,020,847	$0	$0	$0	$0
Home Health Care	$18,024,497	$17,935,998	$0	$0	$0	$1,725	$86,774
Homeward Bound Waiver	$93,117,952	$0	$93,117,952	$0	$0	$0	$0
ICF/MR Private	$55,661,063	$36,744,291	$0	$18,056,472	$860,301	$0	$0
ICF/MR Public	$68,886,706	$0	$68,886,706	$0	$0	$0	$0
In-Home Support Waiver	$24,864,587	$0	$24,864,587	$0	$0	$0	$0
Inpatient Acute Care	$701,309,374	$614,700,811	$31,225,580	$486,687	$43,581,189	$5,680,683	$5,634,425
Lab and Radiology	$23,695,585	$22,236,867	$0	$0	$0	$618,396	$840,321
Medical Supplies	$55,205,699	$51,673,073	$0	$2,897,480	$0	$310,842	$324,305
Miscellaneous Medical Payments	$28,489,622	$26,617,660	$0	$0	$1,250,059	$500,000	$121,903
Money Follows the Person	$161,748	$0	$161,748				
Nursing Facilities	$518,453,118	$335,572,688	$0	$140,801,372	$42,068,003	$0	$11,055
Other Practitioners	$41,790,201	$40,366,882	$0	$446,364	$780,369	$132,582	$64,004
Outpatient Acute Care	$192,117,248	$184,177,316	$0	$41,604	$0	$3,189,031	$4,709,297
Personal Care Services	$10,862,975	$0	$10,862,975	$0	$0	$0	$0
Physicians	$394,855,350	$296,784,924	$26,958,606	$58,101	$50,192,044	$5,997,502	$14,864,173
Premium Assistance*	$27,940,841	$0	$0		$0	$27,940,841	
Prescription Drugs	$354,345,573	$306,100,998	$0	$0	$39,320,231	$5,393,230	$3,531,113
Residential Behavioral Management	$30,648,928	$0	$30,648,928	$0	$0	$0	$0
SoonerCare Choice	$67,875,621	$62,371,641	$5,226,887	$0	$0	$157,189	$119,905
Targeted Case Management	$73,160,376	$0	$73,160,376	$0	$0	$0	$0
Therapeutic Foster Care	$0	$0	$0	$0	$0	$0	$0
Transportation	$24,822,866	$22,285,633	$0	$2,484,266	$38,210	$0	$14,758
Total SoonerCare Expenditures	**$3,933,504,809**	**$2,626,874,098**	**$868,176,633**	**$170,853,527**	**$185,773,435**	**$50,429,842**	**$31,397,274**

Source: OHCA Financial Service Division, September 2009. * HEEIA includes$27,940,841 paid out of Fund 245. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments. The Medicaid Program Fund, the HEEIA Fund and the BCC (Oklahoma Cares) Revolving Fund are all funded by tobacco tax collections.

Appendix B Statewide SFY2009 Figures (continued)

Figure II Statewide SoonerCare Figures by County

County	Population Proj. July 2008*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Population Enrolled in SoonerCare	Rank
ADAIR	21,811	38	8,714	29	40%	1
ALFALFA	5,637	69	745	71	13%	76
ATOKA	14,655	47	3,902	47	27%	30
BEAVER	5,248	70	774	70	15%	71
BECKHAM	21,136	39	5,379	40	25%	38
BLAINE	12,659	51	2,772	54	22%	49
BRYAN	40,109	24	11,277	19	28%	19
CADDO	29,024	33	7,957	31	27%	22
CANADIAN	106,079	5	14,849	8	14%	75
CARTER	47,979	16	12,977	13	27%	28
CHEROKEE	45,733	17	12,242	18	27%	29
CHOCTAW	14,890	46	5,569	38	37%	2
CIMARRON	2,556	77	521	76	20%	56
CLEVELAND	239,760	3	37,214	3	16%	69
COAL	5,721	67	1,893	64	33%	9
COMANCHE	111,772	4	23,016	4	21%	54
COTTON	6,191	66	1,381	67	22%	48
CRAIG	15,132	44	4,766	42	31%	14
CREEK	69,822	9	17,136	7	25%	40
CUSTER	26,412	35	6,240	37	24%	44
DELAWARE	40,425	23	11,050	20	27%	23
DEWEY	4,389	72	696	72	16%	66
ELLIS	3,971	73	561	75	14%	73
GARFIELD	58,167	12	14,048	11	24%	41
GARVIN	27,247	34	7,023	34	26%	35
GRADY	51,066	13	10,818	21	21%	52
GRANT	4,450	71	672	74	15%	70
GREER	5,713	68	1,591	65	28%	20
HARMON	2,843	76	928	69	33%	11
HARPER	3,290	75	673	73	20%	55
HASKELL	12,152	52	4,100	44	34%	7
HUGHES	13,625	49	3,589	50	26%	32
JACKSON	25,236	36	6,496	36	26%	36
JEFFERSON	6,219	65	2,165	63	35%	4
JOHNSTON	10,286	59	3,455	52	34%	8
KAY	45,632	18	12,386	15	27%	25
KINGFISHER	14,300	48	2,535	58	18%	63
KIOWA	9,399	60	2,557	56	27%	24
LATIMER	10,561	58	2,620	55	25%	39
LEFLORE	49,802	15	14,763	9	30%	17
LINCOLN	32,153	31	7,015	35	22%	51

Appendix B Statewide SFY2009 Figures (continued)

Figure II Statewide SoonerCare Figures by County (continued)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Per Enrollee	Rank
ADAIR	$34,661,312	31	$1,589	8	$331	53
ALFALFA	$3,620,435	70	$642	66	$405	15
ATOKA	$15,481,455	50	$1,056	37	$331	54
BEAVER	$2,043,176	75	$389	77	$220	75
BECKHAM	$23,349,745	42	$1,105	34	$362	37
BLAINE	$10,236,429	57	$809	56	$308	65
BRYAN	$48,958,399	20	$1,221	24	$362	36
CADDO	$28,404,726	34	$979	45	$297	69
CANADIAN	$56,940,153	14	$537	73	$320	62
CARTER	$56,847,414	15	$1,185	27	$365	35
CHEROKEE	$54,779,298	16	$1,198	26	$373	30
CHOCTAW	$26,284,389	38	$1,765	4	$393	19
CIMARRON	$1,242,508	77	$486	74	$199	76
CLEVELAND	$149,229,264	3	$622	68	$334	51
COAL	$8,533,277	63	$1,492	13	$376	29
COMANCHE	$76,658,460	7	$686	63	$278	73
COTTON	$6,067,238	67	$980	44	$366	34
CRAIG ‡	$27,139,079	36	$1,793	3	$475	5
CREEK	$80,104,344	6	$1,147	32	$390	22
CUSTER	$25,720,283	40	$974	46	$343	45
DELAWARE	$42,572,802	26	$1,053	39	$321	60
DEWEY	$3,467,888	71	$790	59	$415	10
ELLIS	$2,132,443	74	$537	72	$317	64
GARFIELD ‡	$97,033,076	5	$1,668	5	$576	2
GARVIN ‡	$60,003,337	12	$2,202	1	$712	1
GRADY	$41,690,771	27	$816	55	$321	59
GRANT	$3,169,403	72	$712	61	$393	20
GREER	$8,124,269	65	$1,422	18	$426	9
HARMON	$4,404,508	68	$1,549	10	$396	18
HARPER	$2,212,111	73	$672	64	$274	74
HASKELL	$17,431,274	46	$1,434	15	$354	41
HUGHES	$19,117,407	44	$1,403	21	$444	7
JACKSON	$26,634,192	37	$1,055	38	$342	47
JEFFERSON	$9,319,048	60	$1,498	11	$359	39
JOHNSTON	$17,158,759	48	$1,668	6	$414	11
KAY	$47,992,405	22	$1,052	40	$323	58
KINGFISHER	$9,050,589	62	$633	67	$298	68
KIOWA	$12,309,927	54	$1,310	22	$401	17
LATIMER	$12,157,495	55	$1,151	30	$387	24
LEFLORE	$60,189,074	11	$1,209	25	$340	49
LINCOLN	$25,854,121	39	$804	57	$307	66

Appendix B Statewide SFY2009 Figures (continued)

Figure II Statewide SoonerCare Figures by County (continued)

County	Population Proj. July 2008*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Population Enrolled in SoonerCare	Rank
LOGAN	38,102	27	7,647	32	20%	58
LOVE	9,155	61	2,480	60	27%	26
MCCLAIN	32,365	30	5,060	41	16%	68
MCCURTAIN	33,532	29	12,253	17	37%	3
MCINTOSH	19,698	42	5,413	39	27%	21
MAJOR	7,112	64	1,003	68	14%	74
MARSHALL	14,919	45	4,039	46	27%	27
MAYES	39,912	25	10,164	23	25%	37
MURRAY	12,784	50	3,360	53	26%	33
MUSKOGEE	71,278	8	20,641	5	29%	18
NOBLE	11,169	56	2,190	62	20%	59
NOWATA	10,729	57	2,555	57	24%	43
OKFUSKEE	11,172	55	3,618	49	32%	12
OKLAHOMA	706,617	1	162,077	1	23%	46
OKMULGEE	39,219	26	12,834	14	33%	10
OSAGE	45,489	19	7,250	33	16%	65
OTTAWA	31,849	32	9,916	25	31%	15
PAWNEE	16,307	43	3,900	48	24%	42
PAYNE	78,280	7	12,285	16	16%	67
PITTSBURG	45,115	20	10,598	22	23%	45
PONTOTOC	36,999	28	9,714	28	26%	34
POTTAWATOMIE	69,616	10	18,531	6	27%	31
PUSHMATAHA	11,710	53	3,531	51	30%	16
ROGER MILLS	3,404	74	401	77	12%	77
ROGERS	84,300	6	14,757	10	18%	64
SEMINOLE	24,200	37	8,413	30	35%	5
SEQUOYAH	41,034	22	13,890	12	34%	6
STEPHENS	43,498	21	9,863	26	23%	47
TEXAS	20,283	40	4,436	43	22%	50
TILLMAN	7,899	63	2,504	59	32%	13
TULSA	591,982	2	119,934	2	20%	57
WAGONER	68,960	11	9,954	24	14%	72
WASHINGTON	50,452	14	9,740	27	19%	61
WASHITA	11,709	54	2,287	61	20%	60
WOODS	8,422	62	1,518	66	18%	62
WOODWARD	19,838	41	4,089	45	21%	53
Out of State			4			
OTHER ◊	0		3,224			
TOTAL	**3,642,361**		**825,138**		**22.65%**	

*Source: Population Division, U.S. Census Bureau. Estimates rounded to nearest 100. http://www.odoc.state.ok.us/index.html **Enrollees listed above are the unduplicated count per last county on enrollee record for the entire state fiscal year (July-June).

Appendix B Statewide SFY2009 Figures (continued)

Figure II Statewide SoonerCare Figures by County (continued)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Per Enrollee	Rank
LOGAN	$34,072,830	32	$894	50	$371	32
LOVE	$8,358,472	64	$913	49	$281	71
MCCLAIN	$20,001,487	43	$618	70	$329	56
MCCURTAIN	$50,192,793	18	$1,497	12	$341	48
MCINTOSH	$27,828,837	35	$1,413	20	$428	8
MAJOR	$4,302,211	69	$605	71	$357	40
MARSHALL	$15,502,919	49	$1,039	42	$320	61
MAYES	$46,246,052	24	$1,159	29	$379	28
MURRAY	$13,308,935	52	$1,041	41	$330	55
MUSKOGEE	$101,738,513	4	$1,427	17	$411	12
NOBLE	$13,227,427	53	$1,184	28	$503	4
NOWATA	$10,695,377	56	$997	43	$349	43
OKFUSKEE ‡	$23,519,137	41	$2,105	2	$542	3
OKLAHOMA	$645,520,342	1	$914	48	$332	52
OKMULGEE	$62,236,313	10	$1,587	9	$404	16
OSAGE	$31,293,839	33	$688	62	$360	38
OTTAWA	$40,795,537	28	$1,281	23	$343	46
PAWNEE	$17,945,788	45	$1,100	35	$383	25
PAYNE	$48,499,774	21	$620	69	$329	57
PITTSBURG	$49,974,733	19	$1,108	33	$393	21
PONTOTOC	$52,866,586	17	$1,429	16	$454	6
POTTAWATOMIE	$75,226,759	8	$1,081	36	$338	50
PUSHMATAHA	$17,376,833	47	$1,484	14	$410	13
ROGER MILLS	$1,346,713	76	$396	76	$280	72
ROGERS	$67,631,249	9	$802	58	$382	26
SEMINOLE	$39,161,298	29	$1,618	7	$388	23
SEQUOYAH	$58,277,413	13	$1,420	19	$350	42
STEPHENS	$37,732,871	30	$867	52	$319	63
TEXAS	$9,648,585	59	$476	75	$181	77
TILLMAN	$9,087,840	61	$1,151	31	$302	67
TULSA	$498,201,986	2	$842	53	$346	44
WAGONER	$44,528,792	25	$646	65	$373	31
WASHINGTON	$47,435,251	23	$940	47	$406	14
WASHITA	$10,165,020	58	$868	51	$370	33
WOODS	$6,923,223	66	$822	54	$380	27
WOODWARD	$14,370,543	51	$724	60	$293	70
Out of State	$7,837,100					
OTHER ◊	$437,724,483				$11,314	
TOTAL	**$3,959,130,141**		**$1,087**		**$400**	

‡Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the developmentally disabled causing the average dollars per SoonerCare enrollee to be higher than the norm. ◊ Non-county specific payments include $112,946,093 in Medicare Buy-In payments and $62,737,915 in Medicare Part D (clawback) payments; $158,578,789 in Hospital Supplemental payments; 7,874,264 in Outpatient Behavioral Health Supplemental payments; $6,349,000 in Medical Home PCP transition payments; $614,273 in SoonerExcel payments; $44,246,424 in GME payments to Medical schools; $7,412,467 in Public ICF/MR cost settlements; $2,712,955 in FQHC wrap-around payments; $326,413 in RHC cost settlement payments; $26,085,417 in ESI premiums; $298,785 in ESI Out-Of Pocket Payments; $1,000,000 in EPSDT bonus payments; $5,119,749 in Public Inpatient Psych Supplemental payments and $1,421,939 in non-member specific provider adjustments. $8,790,973 in non-provider specific provider adjustments. Non-Emergency Transportation payments of $24,823,833 is also included in Other so as not to skew county totals.

Appendix B Statewide SFY2009 Figures (continued)

Figure III Expenditures Paid to Providers and Members by County

County	Total Dollars Paid by Provider County	Total Dollars Paid by Member County	% of Dollars Staying in County
ADAIR	$13,143,515	$34,661,312	38%
ALFALFA	$1,478,429	$3,620,435	41%
ATOKA	$7,449,170	$15,481,455	48%
BEAVER	$1,143,330	$2,043,176	56%
BECKHAM	$16,357,540	$23,349,745	70%
BLAINE	$5,097,110	$10,236,429	50%
BRYAN	$54,899,141	$48,958,399	112%
CADDO	$14,992,844	$28,404,726	53%
CANADIAN	$31,896,585	$56,940,153	56%
CARTER	$48,730,681	$56,847,414	86%
CHEROKEE	$54,410,261	$54,779,298	99%
CHOCTAW	$16,509,524	$26,284,389	63%
CIMARRON	$283,171	$1,242,508	23%
CLEVELAND	$119,639,173	$149,229,264	80%
COAL	$3,485,795	$8,533,277	41%
COMANCHE	$80,784,879	$76,658,460	105%
COTTON	$3,781,616	$6,067,238	62%
CRAIG	$21,063,528	$27,139,079	78%
CREEK	$48,733,112	$80,104,344	61%
CUSTER	$21,562,090	$25,720,283	84%
DELAWARE	$24,556,165	$42,572,802	58%
DEWEY	$2,152,336	$3,467,888	62%
ELLIS	$2,220,223	$2,132,443	104%
GARFIELD	$88,125,928	$97,033,076	91%
GARVIN	$44,298,465	$60,003,337	74%
GRADY	$23,065,255	$41,690,771	55%
GRANT	$1,741,800	$3,169,403	55%
GREER	$4,163,601	$8,124,269	51%
HARMON	$2,625,645	$4,404,508	60%
HARPER	$1,432,550	$2,212,111	65%
HASKELL	$18,868,884	$17,431,274	108%
HUGHES	$10,021,048	$19,117,407	52%
JACKSON	$18,710,680	$26,634,192	70%
JEFFERSON	$3,761,991	$9,319,048	40%
JOHNSTON	$11,310,281	$17,158,759	66%
KAY	$36,471,029	$47,992,405	76%
KINGFISHER	$5,744,950	$9,050,589	63%
KIOWA	$9,519,273	$12,309,927	77%
LATIMER	$6,036,407	$12,157,495	50%
LEFLORE	$40,774,048	$60,189,074	68%
LINCOLN	$12,374,419	$25,854,121	48%

Appendix B Statewide SFY2009 Figures (continued)

Figure III Expenditures Paid to Providers and Members by County (continued)

County	Total Dollars Paid by Provider County	Total Dollars Paid by Member County	% of Dollars Staying in County
LOGAN	$17,442,412	$34,072,830	51%
LOVE	$3,618,097	$8,358,472	43%
MCCLAIN	$10,076,664	$20,001,487	50%
MCCURTAIN	$25,781,976	$50,192,793	51%
MCINTOSH	$34,253,139	$27,828,837	123%
MAJOR	$2,157,264	$4,302,211	50%
MARSHALL	$8,157,368	$15,502,919	53%
MAYES	$18,271,749	$46,246,052	40%
MURRAY	$6,078,746	$13,308,935	46%
MUSKOGEE	$95,856,189	$101,738,513	94%
NOBLE	$7,648,281	$13,227,427	58%
NOWATA	$5,292,679	$10,695,377	49%
OKFUSKEE	$15,824,553	$23,519,137	67%
OKLAHOMA	$960,127,816	$645,520,342	149%
OKMULGEE	$32,124,904	$62,236,313	52%
OSAGE	$8,571,650	$31,293,839	27%
OTTAWA	$35,398,105	$40,795,537	87%
PAWNEE	$9,203,417	$17,945,788	51%
PAYNE	$34,960,579	$48,499,774	72%
PITTSBURG	$41,601,663	$49,974,733	83%
PONTOTOC	$54,527,760	$52,866,586	103%
POTTAWATOMIE	$46,414,862	$75,226,759	62%
PUSHMATAHA	$26,250,925	$17,376,833	151%
ROGER MILLS	$276,907	$1,346,713	21%
ROGERS	$36,134,532	$67,631,249	53%
SEMINOLE	$23,393,287	$39,161,298	60%
SEQUOYAH	$45,344,163	$58,277,413	78%
STEPHENS	$29,046,400	$37,732,871	77%
TEXAS	$7,484,032	$9,648,585	78%
TILLMAN	$4,054,809	$9,087,840	45%
TULSA	$717,135,138	$498,201,986	144%
WAGONER	$12,594,198	$44,528,792	28%
WASHINGTON	$32,674,109	$47,435,251	69%
WASHITA	$5,556,732	$10,165,020	55%
WOODS	$4,169,432	$6,923,223	60%
WOODWARD	$11,377,583	$14,370,543	79%
Out of State	$126,914,194	$7,837,100	
Other ◊	$469,917,350	$437,724,483	
Total	**$3,959,130,141**	**$3,959,130,141**	**67%**

◊ Non-county specific payments include $112,946,093 in Medicare Buy-In payments and $62,737,915 in Medicare Part D (clawback) payments; $158,578,789 in Hospital Supplemental payments; 7,874,264 in Outpatient Behavioral Health Supplemental payments; $6,349,000 in Medical Home PCP transition payments; $614,273 in SoonerExcel payments; $44,246,424 in GME payments to Medical schools; $7,412,467 in Public ICF/MR cost settlements; $2,712,955 in FQHC wrap-around payments; $326,413 in RHC cost settlement payments; $26,085,417 in ESI premiums; $298,785 in ESI Out-Of Pocket Payments; $1,000,000 in EPSDT bonus payments; $5,119,749 in Public Inpatient Psych Supplemental payments and $1,421,939 in non-member specific provider adjustments. $8,790,973 in non-provider specific provider adjustments. Non-Emergency Transportation payments of $24,823,833 is also included in Other so as not to skew county totals.

Appendix B Statewide SFY2009 Figures (continued)

Figure IV Expenditures by Type of Service Percent of Change SFY2008 vs. SFY2009

Type of Service	SFY2008			SFY2009			Percent Change		
	Expenditures	Members*	Avg Per Member	Expenditures	Members*	Avg Per Member	Expend-itures	Mem-bers	Aver-age
Adult Day Care	$3,548,968	711	$4,992	$3,834,791	752	$5,099	8%	6%	2%
Adv Comp Health**	$8,400,322	12,403	$677	$72,379	589	$123	-99%	-95%	-82%
Advanced Practice Nurse (APN)	$1,746,792	13,510	$129	$3,286,988	20,767	$158	88%	54%	22%
ADvantage Home Delivered Meals	$12,424,844	12,256	$1,014	$15,342,065	13,622	$1,126	23%	11%	11%
Ambulatory Surgical	$7,010,099	15,553	$451	$8,111,258	16,644	$487	16%	7%	8%
Architectural Modification	$701,428	315	$2,227	$533,369	206	$2,589	-24%	-35%	16%
Audiology	$111,824	708	$158	$128,524	533	$241	15%	-25%	53%
Behavioral Health	$89,876,123	50,972	$1,763	$121,499,310	57,344	$1,981	35%	13%	12%
Capitated (CAP)	$98,788,797	569,269	$297	$68,138,641	551,424	$204	-31%	-3%	-31%
Capitated (CAP)- GME to Med Schools	$70,246,417	-	$0	$44,246,424	-	$0	-37%	0%	0%
Chiropractic	$13,149	205	$64	$9,035	162	$56	-31%	-21%	-13%
Clinic	$26,033,230	65,516	$397	$45,847,638	87,592	$523	76%	34%	32%
Clinics - OSA	$9,417,491	106,655	$88	$10,920,163	105,878	$103	16%	-1%	17%
Community Mental Health	$37,099,320	23,587	$1,573	$28,427,825	24,031	$1,183	-23%	2%	-25%
Dental	$124,810,349	225,403	$554	$138,506,510	246,597	$562	11%	9%	1%
Direct Support	$190,342,216	4,643	$40,996	$193,879,204	4,616	$42,002	2%	-1%	2%
Employee Training Specialist	$25,848,073	2,747	$9,410	$26,502,842	2,775	$9,551	3%	1%	1%
End Stage Renal Disease	$12,826,834	1,961	$6,541	$13,842,930	2,208	$6,269	8%	13%	-4%
Eye Care and Exam	$5,142,867	59,259	$87	$5,296,788	52,624	$101	3%	-11%	16%
Eyewear	$6,432,005	49,858	$129	$6,789,934	46,559	$146	6%	-7%	13%
Group Home	$18,850,872	620	$30,405	$19,795,649	626	$31,622	5%	1%	4%
Home Health (HH)	$16,000,053	6,851	$2,335	$17,142,854	7,033	$2,437	7%	3%	4%
Homemaker	$577,608	238	$2,427	$440,166	206	$2,137	-24%	-13%	-12%
Hospice	$1,999,917	150	$13,333	$1,968,434	154	$12,782	-2%	3%	-4%
HSP - Indirect Medical Education (IME)	$26,811,620	-	$0	$27,776,840	-	$0	4%	0%	0%
HSP - Direct Medical Education (DME)	$16,243,331	-	$0	$16,287,663	-	$0	0%	0%	0%
HSP - Acute DSH	$61,859,233	-	$0	$53,286,486	-	$0	-14%	0%	0%
HSP - Supplemental Pymts	$45,131,919	-	$0	$61,227,800	-	$0	36%	0%	0%
ICF-MR	$126,158,493	1,796	$70,244	$124,503,272	1,764	$70,580	-1%	-2%	0%
Inpatient	$604,842,796	129,031	$4,789	$626,896,625	132,041	$4,848	4%	2%	1%
Laboratory	$19,340,815	169,062	$114	$26,256,652	198,865	$132	36%	18%	15%
Medicare Part A and B (Buy-In) Payments	$113,272,212	-	$0	$112,946,094	-	$0	0%	0%	0%

Appendix B Statewide SFY2009 Figures (continued)

Figure IV Expenditures by Type of Service Percent of Change SFY2008 vs. SFY2009 (continued)

Type of Service	SFY2008			SFY2009			Percent Change		
	Expenditures	Members*	Avg Per Member	Expenditures	Members*	Avg Per Member	Expend-itures	Mem-bers	Aver-age
Medicare Part D Payments	$57,701,278	-	$0	$62,737,916	-	$0	9%	0%	0%
Mid Level Practitioner (MLP)	$199,399	2,486	$80	$939,549	8,047	$117	371%	224%	46%
Medical Supplies / Durable Goods	$67,877,969	79,099	$858	$74,506,026	84,609	$881	10%	7%	3%
Nursing Facility	$519,266,402	21,844	$23,772	$518,565,554	20,685	$25,070	0%	-5%	5%
Nursing	$11,778,939	21,108	$558	$9,016,260	22,028	$409	-23%	4%	-27%
Nutritionist	$701,072	787	$891	$754,283	812	$929	8%	3%	4%
Insure Oklahoma ESI Out-of Pocket	$94,264	0	$0	$298,785	-		217%	0%	0%
Insure Oklahoma ESI Premium	$11,144,983	10,185	$1,094	$26,085,417	18,434	$1,415	134%	81%	29%
Other Practitioner	$2,314,850	5,001	$463	$619,679	2,844	$218	-73%	-43%	-53%
Outpatient	$184,600,245	390,350	$473	$194,735,350	399,645	$487	5%	2%	3%
Personal Care	$102,499,597	22,539	$4,548	$120,188,503	23,838	$5,042	17%	6%	11%
Physician	$345,082,620	541,339	$637	$426,777,613	573,852	$744	24%	6%	17%
Podiatry	$689,697	4,634	$149	$819,107	4,036	$203	19%	-13%	36%
Prescribed Drugs	$325,322,956	460,755	$706	$350,155,549	477,709	$733	8%	4%	4%
Prosthetic/Orthotic	$144,951	218	$665	$0	-	$0	-100%	-100%	-100%
Psychiatric	$109,638,596	4,544	$21,240	$125,378,535	5,460	$21,555	14%	20%	1%
RBMS - Foster Care Agencies	$28,865,570	2,793	$10,335	$30,627,828	2,794	$10,962	6%	0%	6%
Respite Care	$610,023	384	$1,589	$373,688	238	$1,570	-39%	-38%	-1%
Room and Board	$220,182	811	$271	$368,953	680	$543	68%	-16%	100%
School Based	$6,050,977	10,114	$598	$6,487,232	9,268	$700	7%	-8%	17%
SpecializedFoster Care/MR	$4,188,357	270	$15,512	$4,111,588	261	$15,753	-2%	-3%	2%
Targeted Case Manager (TCM)	$88,130,207	51,113	$1,724	$115,303,587	50,403	$2,288	31%	-1%	33%
Therapy	$2,354,563	1,561	$1,508	$2,116,364	1,610	$1,315	-10%	3%	-13%
Transportation - Emergency	$32,598,899	68,082	$479	$35,263,308	71,280	$495	8%	5%	3%
Transportation - Non-Emergency	$24,981,808	706,253	$35	$24,793,481	716,591	$35	-1%	1%	-2%
X-Ray	$2,895,259	25,981	$111	$3,096,073	22,624	$137	7%	-13%	23%
Unknown Services	$1,680,023	4,889	$344	$1,264,757	11,182	$113	-25%	129%	-67%
Total	**$3,713,543,704**	**771,105**	**$4,816**	**$3,959,130,141**	**809,251**	**$4,892**	**7%**	**3%**	**4%**

*SFY2008 Members Served figures have been adjusted and may differ from previously reported figures. **Adv Comp Health Services shifted to Personal Care Services.

Source: OHCA Financial Service Division, September 2009. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall.

Appendix B Statewide SFY2009 Figures (continued)

Figure V Expenditures by Type of Service Totals

SFY2009	Totals		
Type of Service	Expenditures	Members Served	Avg per Member Served
Adult Day Care	$3,834,791	752	$5,099
Adv Comp Health	$72,379	589	$123
Advanced Practice Nurse (APN)	$3,286,988	20,767	$158
ADvantage Home Delivered Meals	$15,342,065	13,622	$1,126
Ambulatory Surgical	$8,111,258	16,644	$487
Architectural Modification	$533,369	206	$2,589
Audiology	$128,524	533	$241
Behavioral Health	$121,499,310	57,344	$2,119
Capitated (CAP)	$68,138,641	551,424	$124
Capitated (CAP)- GME to Med Schools	$44,246,424	-	$0
Chiropractic	$9,035	162	$56
Clinic	$45,847,638	87,592	$523
Clinics - OSA	$10,920,163	105,878	$103
Community Mental Health	$28,427,825	24,031	$1,183
Dental	$138,506,510	246,597	$562
Direct Support	$193,879,204	4,616	$42,002
Employee Training Specialist	$26,502,842	2,775	$9,551
End Stage Renal Disease (ESRD)	$13,842,930	2,208	$6,269
Eye Care and Exam	$5,296,788	52,624	$101
Eyewear	$6,789,934	46,559	$146
Group Home	$19,795,649	626	$31,622
Home Health (HH)	$17,142,854	7,033	$2,437
Homemaker	$440,166	206	$2,137
Hospice	$1,968,434	154	$12,782
Hospital - Indirect Medical Education (IME)	$27,776,840	-	$0
Hospital- Direct Medical Education (DME)	$16,287,663	-	$0
Hospital- Acute DSH	$53,286,486	-	$0
Hospital- Supplemental Payments	$61,227,800	-	$0
ICF-MR	$124,503,272	1,764	$70,580
Inpatient	$626,896,625	132,041	$4,748
Laboratory	$26,256,652	198,865	$132
Medicare Part A and B (Buy-In) Payments	$112,946,094	-	$0
Medicare Part D Payments	$62,737,916	-	$0
Mid Level Practitioner (MLP)	$939,549	8,047	$117
Medical Supplies / Durable Goods	$74,506,026	84,609	$881
Nursing Facility	$518,565,554	20,685	$25,070
Nursing Services	$9,016,260	22,028	$409
Nutritionist	$754,283	812	$929

Appendix B Statewide SFY2009 Figures (continued)

Figure V Expenditures by Type of Service Totals (continued)

SFY2009	Totals		
Type of Service	Expenditures	Members Served	Avg per Member Served
Insure Oklahoma ESI Out-of Pocket	$298,785	-	$0
Insure Oklahoma ESI Premium	$26,085,417	18,434	$1,415
Other Practitioner	$619,679	2,844	$218
Outpatient	$194,735,350	399,645	$487
Personal Care	$120,188,503	23,838	$5,042
Physician Services	$426,777,613	573,852	$744
Podiatry	$819,107	4,036	$203
Prescribed Drugs	$350,155,549	477,709	$733
Psychiatric	$125,378,535	5,460	$22,963
RBMS - Foster Care Agencies	$30,627,828	2,794	$10,962
Respite Care	$373,688	238	$1,570
Room and Board	$368,953	680	$543
School-Based Services	$6,487,233	9,267	$700
SpecializedFoster Care/MR	$4,111,588	261	$15,753
Targeted Case Manager (TCM)	$115,303,587	50,403	$2,288
Therapy	$2,116,364	1,610	$1,315
Transportation - Emergency	$35,263,308	71,280	$495
Transportation - Non-Emergency	$24,793,481	716,591	$35
X-Ray	$3,096,073	22,624	$137
Unknown Services by Service Type	$1,264,757	11,181	$113
Total	**$3,959,130,141**	**809,251**	**$4,892**

Source: OHCA Financial Service Division, September 2009. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall.

Appendix B Statewide SFY2009 Figures (continued)

Figure VI Expenditures by Type of Service by Adult and Child

SFY2009 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
Type of Service	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served	Avg. per Child
Adult Day Care	$3,771,446	738	$5,110	$63,345	14	$4,525
Adv Comp Health	$72,379	589	$123	$0	-	$0
Advanced Practice Nurse (APN)	$1,178,842	6,219	$190	$2,108,146	14,548	$145
ADvantage Home Delivered Meals	$15,342,065	13,622	$1,126	$0	-	$0
Ambulatory Surgical	$3,006,405	7,629	$394	$5,104,853	9,015	$566
Architectural Modification	$462,405	189	$2,447	$70,964	17	$4,174
Audiology	$1,781	33	$54	$126,743	500	$253
Behavioral Health	$34,912,716	17,884	$1,952	$86,586,594	39,460	$1,995
Capitated (CAP)	$10,585,896	93,296	$113	$57,552,745	458,128	$222
Capitated (CAP)- GME to Med Schools	$0	-	$0	$44,246,424	-	$0
Chiropractic	$9,035	162	$56	$0	-	$0
Clinic	$15,874,611	32,141	$494	$29,973,027	55,451	$541
Clinics - OSA	$2,154,230	20,467	$105	$8,765,933	85,411	$103
Community Mental Health	$18,381,342	12,784	$1,438	$10,046,482	11,247	$893
Dental	$16,478,436	26,616	$619	$122,028,074	219,981	$555
Direct Support	$174,616,256	3,584	$48,721	$19,262,949	1,032	$18,666
Employee Training Specialist	$25,548,060	2,607	$9,800	$954,781	168	$5,683
End Stage Renal Disease (ESRD)	$13,731,286	2,189	$6,273	$111,644	19	$5,876
Eye Care and Exam	$653,701	8,506	$77	$4,643,087	44,118	$105
Eyewear	-$24,210	400	($61)	$6,814,144	46,159	$148
Group Home	$18,607,069	585	$31,807	$1,188,580	41	$28,990
Home Health (HH)	$4,027,624	4,099	$983	$13,115,230	2,934	$4,470
Homemaker	$293,439	121	$2,425	$146,727	85	$1,726
Hospice	$1,953,345	152	$12,851	$15,090	2	$7,545
HSP - Indirect Medical Education (IME)	$27,776,840	-	$0	$0	-	$0
HSP - Direct Medical Education (DME)	$8,143,831	-	$0	$8,143,831	-	$0
HSP - Acute DSH	$0	-	$0	$53,286,486	-	$0
HSP - Supplemental Payments	$0	-	$0	$61,227,800	-	$0
ICF-MR	$120,363,234	1,678	$71,730	$4,140,038	86	$48,140
Inpatient	$352,447,722	74,784	$4,713	$274,448,903	57,257	$5,023
Laboratory	$14,003,474	80,375	$174	$12,253,178	118,490	$103
Medicare Part A and B (Buy-In) Payments	$112,946,094	-	$0	$0	-	$0
Medicare Part D Payments	$62,737,916	-	$0	$0	-	$0
Mid Level Practitioner (MLP)	$267,813	1,642	$163	$671,736	6,405	$105
Medical Supplies / Durable Goods	$51,780,673	56,494	$917	$22,725,353	28,115	$808
Nursing Facility	$517,653,767	20,651	$25,067	$911,787	34	$26,817

Appendix B Statewide SFY2009 Figures (continued)

Figure VI Expenditures by Type of Service by Adult and Child (continued)

SFY2009 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
Type of Service	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served	Avg. per Child
Nursing	$9,014,854	22,027	$409	$1,406	1	$1,406
Nutritionist	$740,310	769	$963	$13,973	43	$325
Insure Oklahoma ESI Out-of Pocket	$298,785	-		$0	-	$0
Insure Oklahoma ESI Premium	$26,085,417	18,434	$1,415	$0	-	$0
Other Practitioner	$122,406	587	$209	$497,272	2,257	$220
Outpatient	$98,355,075	159,039	$618	$96,380,275	240,606	$401
Personal Care	$119,431,040	23,715	$5,036	$757,464	123	$6,158
Physician	$219,615,671	200,946	$1,093	$207,161,942	372,906	$556
Podiatry	$593,424	3,371	$176	$225,683	665	$339
Prescribed Drugs	$168,115,221	138,180	$1,217	$182,040,329	339,529	$536
Psychiatric	$1,617,583	484	$3,342	$123,760,952	4,976	$23,452
RBMS - Foster Care Agencies	$0	-	$0	$30,627,828	2,794	$10,962
Respite Care	$352,788	216	$1,633	$20,900	22	$950
Room and Board	$95,799	176	$544	$273,154	504	$542
School Based	$0	-	$44	$6,487,233	9,267	$700
SpecializedFoster Care/MR	$2,579,940	155	$16,645	$1,531,648	106	$14,450
Targeted Case Manager (TCM)	$84,174,620	28,082	$2,997	$31,128,967	22,321	$1,395
Therapy	$865,600	803	$1,078	$1,250,764	807	$1,550
Transportation - Emergency	$24,876,135	51,182	$486	$10,387,173	20,098	$517
Transportation - Non-Emergency	$19,092,855	203,590	$94	$5,700,626	513,001	$11
X-Ray	$2,441,763	13,113	$186	$654,309	9,511	$69
Unknown Services by Service Type	$664,631	10,769	$60	$600,126	412	$1,417
Total	**$2,408,893,438**	**280,073**	**$8,601**	**$1,550,236,703**	**534,679**	**$2,899**

Source: OHCA Financial Service Division, September 2009. Children are under age 21. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

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

Appendix B Statewide SFY2009 Figures (continued)

Figure VII Expenditures by Type of Service by Benefit Type

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI*	SoonerPlan	SoonerCare Supplemental	HCBS Waivers**
Adult Day Care	$0	$0	$0	$0	$0	$3,834,791
Adv Comp Health	$0	$0	$0	$0	$0	$72,379
Advanced Practice Nurse (APN)	$622,173	$2,502,406	$82,985	$21,391	$58,033	$0
ADvantage Home Delivered Meals	$0	$0	$0	$0	$0	$15,342,065
Ambulatory Surgical	$1,352,506	$5,689,611	$165,614	$35,697	$867,830	$0
Architectural Modification	$0	$0	$0	$0	$0	$533,369
Audiology	$15,286	$112,482	$0	$0	$356	$400
Behavioral Health	$48,783,490	$67,344,820	$31,793	$0	$1,160,655	$4,178,552
Capitated (CAP)	$0	$68,138,641	$0	$0	$0	$0
Capitated (CAP)- GME to Med Schools	$0	$44,246,424	$0	$0	$0	$0
Chiropractic	$0	$0	$0	$0	$9,035	$0
Clinic	$14,517,183	$29,425,788	$250,493	$582,997	$1,071,090	$87
Clinics - OSA	$2,741,928	$6,785,354	$10,471	$1,382,410	$0	$0
Community Mental Health	$12,612,588	$15,572,792	$25,963	$148	$216,334	$0
Dental	$23,224,556	$110,667,414	$3,015	$0	$3,798,954	$812,572
Direct Support	$20,810	$0	$0	$0	$0	$193,858,394
Employee Training Specialist	$10,822	$0	$0	$0	$0	$26,492,020
End Stage Renal Disease (ESRD)	$3,165,270	$2,363,916	$6,071	$0	$8,293,420	$14,254
Eye Care and Exam	$1,036,550	$4,021,549	$9,210	$0	$229,318	$162
Eyewear	$1,250,221	$5,509,028	$0	$0	$29,051	$1,634
Group Home	$79,235	$0	$0	$0	$0	$19,716,414
Home Health (HH)	$7,621,108	$9,456,201	$1,398	$0	$57,604	$6,542
Homemaker	$0	$0	$0	$0	$0	$440,166
Hospice	$44,475	$1,853	$0	$0	$0	$1,922,106
HSP - Indirect Medical Education (IME)	$27,776,840	$0	$0	$0	$0	$0
HSP - Direct Medical Education (DME)	$16,287,663	$0	$0	$0	$0	$0
HSP - Acute DSH	$53,286,486	$0	$0	$0	$0	$0
HSP - Supplemental Pymts	$61,227,800	$0	$0	$0	$0	$0
ICF-MR	$124,370,779	$132,376	$0	$0	$117	$0
Inpatient	$329,233,089	$253,499,390	$5,833,622	$4,109	$38,203,117	$123,298
Laboratory	$11,703,856	$12,744,706	$515,873	$911,966	$380,251	$0
Medicare Part A and B (Buy-In) Payments	$112,946,094	$0	$0	$0	$0	$0
Medicare Part D Payments	$62,737,916	$0	$0	$0	$0	$0

Appendix B Statewide SFY2009 Figures (continued)

Figure VII Expenditures by Type of Service by Benefit Type (continued)

Type of Service	SoonerCare Traditional	SoonerCare Choice	Insure Oklahoma IP & ESI*	SoonerPlan	SoonerCare Supplemental	HCBS Waivers**
Mid Level Practitioner (MLP)	$230,762	$684,108	$22,245	$2,104	$330	$0
Medical Supplies / Durable Goods	$16,351,736	$25,293,784	$308,959	-$4,840	$11,804,908	$20,751,479
Nursing Home	$504,294,382	$784,930	$0	$0	$13,235,541	$250,702
Nursing	$22,713	$0	$0	$0	$0	$8,992,243
Nutritionist	$114,841	$4,375	$1,208	$0	$0	$633,858
Insure Oklahoma ESI Out-of Pocket	$0	$0	$298,785	$0	$0	$0
Insure Oklahoma ESI Premium	$0	$0	$26,085,417	$0	$0	$0
Other Practitioner	$148,769	$470,910	$0	$0	$0	$0
Outpatient	$57,316,487	$109,731,114	$3,264,183	$499,279	$23,901,359	$22,928
Personal Care	$1,119,816	$2,303,762	$0	$0	$7,386,930	$109,377,995
Physician	$127,785,483	$251,261,896	$6,311,085	$1,007,793	$37,669,873	$2,741,483
Podiatry	$137,911	$500,991	$12,851	$0	$166,297	$1,058
Prescribed Drugs	$86,192,212	$246,778,754	$4,711,525	$979,128	$5,002,519	$6,491,411
Psychiatric	$111,756,186	$13,393,895	$0	$0	$228,453	$0
RBMS - Foster Care Agencies	$30,591,071	$36,757	$0	$0	$0	$0
Respite Care	$0	$0	$0	$0	$0	$373,688
Room and Board	$128,111	$240,843	$0	$0	$0	$0
School Based	$1,303,788	$5,183,444	$0	$0	$0	$0
SpecializedFoster Care/MR	$0	$0	$0	$0	$0	$4,111,588
Targeted Case Manager (TCM)	$56,283,121	$2,224,706	$0	$0	$0	$56,797,064
Therapy	$477,127	$776,831	$0	$0	$1,559	$860,847
Transportation - Emergency	$9,539,380	$12,858,178	$0	$235	$4,840,054	$8,025,460
Transportation - Non-Emergency	$44,931	$24,748,549	$0	$0	$0	$0
X-Ray	$846,862	$1,700,349	$100,948	$595	$447,319	$0
Unknown Services by Service Type	$1,036,536	$44,963	$183,258	$0	$0	$0
Grand Total	**$1,922,390,947**	**$1,337,237,895**	**$48,236,972**	**$5,423,013**	**$159,060,307**	**$486,781,008**
Unduplicated Members Served	**790,817**	**535,495**	**28,450**	**22,492**	**93,889**	**30,692**
Average Per Member Served Cost	**$2,431**	**$2,497**	**$1,695**	**$241**	**$1,694**	**$15,860**

Source: OHCA Financial Service Division, September 2009. *Insure Oklahoma IP and ESI includes $298,785 Insure Oklahoma ESI Out-of-Pocket; $26,085,417 Insure Oklahoma ESI Premium payments; and $21,852,770 in Insure Oklahoma IP payments. ** HCBS expenditures include *all* services paid to waiver members. HCBS members may receive services paid through Title XIX funds.

Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members per benefit plan that received a service. A member may be counted in more than one benefit plan.

Appendix B Statewide SFY2009 Figures (continued)

Figure VIII Expenditures by Type of Service by Aid Category

Type of Service	Aged	Blind / Disabled	TANF / Parents & Children	Oklahoma Cares	Sooner-Plan	TEFRA	Other Total*
Adult Day Care	$1,958,723	$1,876,068	$0	$0	$0	$0	$0
Adv Comp Health	$36,638	$35,741	$0	$0	$0	$0	$0
Advanced Practice Nurse (APN)	$34,122	$487,384	$2,616,630	$33,985	$21,391	$1,012	$92,464
ADvantage Home Delivered Meals	$8,564,720	$6,777,344	$0	$0	$0	$0	$0
Ambulatory Surgical	$602,324	$1,752,022	$5,451,883	$98,426	$35,697	$4,576	$166,331
Architectural Modification	$74,538	$458,832	$0	$0	$0	$0	$0
Audiology	$322	$28,580	$99,622	$0	$0	$0	$0
Behavioral Health	$2,326,380	$38,060,813	$73,059,774	$85,577	$0	$31,601	$7,935,165
Capitated (CAP)	$432,392	$7,717,910	$59,843,751	$124,002	$0	$28,184	-$7,599
Capitated (CAP)- GME to Med Schools	$0	$0	$0	$0	$0	$0	$44,246,424
Chiropractic	$4,917	$4,118	$0	$0	$0	$0	$0
Clinic	$753,051	$9,315,420	$33,872,947	$507,132	$582,997	$6,227	$809,865
Clinics - OSA	$6,963	$839,316	$8,309,371	$108,705	$1,382,410	$160,484	$112,914
Comm Mntl Hlth Svces	$650,604	$17,943,599	$9,725,580	$69,455	$148	$3,411	$35,028
Dental	$929,625	$11,839,892	$125,419,787	$236,648	$0	$23,939	$56,620
Direct Support	$3,118,530	$190,819,364	-$58,690	$0	$0	$0	$0
Employee Training Specialist	$387,282	$26,115,560	$0	$0	$0	$0	$0
End Stage Renal Disease (ESRD)	$2,600,197	$11,066,976	$163,015	$6,672	$0	$0	$6,071
Eye Care and Exam	$205,476	$531,771	$4,541,336	$7,153	$0	$636	$10,418
Eyewear	$19,770	$479,045	$6,282,372	$3,109	$0	$3,843	$1,795
Group Home	$652,457	$19,143,192	$0	$0	$0	$0	$0
Home Health (HH)	$337,311	$12,523,129	$3,235,950	$86,551	$0	$958,515	$1,398
Homemaker	$0	$440,166	$0	$0	$0	$0	$0
Hospice	$52,153	$1,915,915	$366	$0	$0	$0	$0
HSP - Indirect Medical Education (IME)	$0	$0	$0	$0	$0	$0	$27,776,840
HSP - Direct Medical Education (DME)	$0	$0	$0	$0	$0	$0	$16,287,663
HSP - Acute DSH	$0	$0	$0	$0	$0	$0	$53,286,486
HSP - Supplemental Pymts	$0	$0	$0	$0	$0	$0	$61,227,800
ICF-MR	$6,749,681	$117,574,322	$179,269	$0	$0	$0	$0
Inpatient	$29,035,829	$249,366,610	$335,521,089	$5,531,200	$4,109	$288,375	$7,149,413
Laboratory	$346,307	$4,572,354	$18,595,329	$665,674	$911,966	$8,672	$1,156,351
Medicare Part A and B (Buy-In) Payments	$112,946,069	$0	$25	$0	$0	$0	$0
Medicare Part D Payments	$62,737,916	$0	$0	$0	$0	$0	$0
Mid Level Practitioner (MLP)	$4,035	$183,160	$720,790	$6,668	$2,104	$3	$22,790
Medical Supplies / Durable Goods	$17,559,245	$42,694,880	$13,144,928	$326,326	-$4,840	$465,167	$320,319
Nursing Home	$399,175,313	$119,113,758	$261,822	$11,440	$0	$0	$3,221
Nursing	$2,495,639	$6,520,621	$0	$0	$0	$0	$0
Nutritionist	$21,549	$724,957	$6,569	$0	$0	$0	$1,208

Appendix B Statewide SFY2009 Figures (continued)

Figure VIII Expenditures by Type of Service by Aid Category (continued)

Type of Service	Aged	Blind / Disabled	TANF / Parents & Children	Oklahoma Cares	Sooner-Plan	TEFRA	Other Total*
Insure Oklahoma ESI Out-of Pocket	$0	$0	$0	$0	$0	$0	$298,785
Insure Oklahoma ESI Premium	$0	$0	$0	$0	$0	$0	$26,085,417
Other Practitioner	$878	$13,336	$604,832	$203	$0	$0	$431
Outpatient	$11,605,335	$55,008,871	$119,218,749	$4,656,603	$499,279	$160,089	$3,586,425
Personal Care	$66,029,713	$54,039,603	$89,400	$0	$0	$29,787	$0
Physician	$21,657,460	$117,926,524	$260,891,591	$15,335,990	$1,007,793	$389,441	$9,568,815
Podiatry	$86,156	$432,620	$282,312	$5,086	$0	$83	$12,851
Prescribed Drugs	$4,075,766	$181,548,845	$155,062,330	$3,055,033	$979,940	$454,852	$4,978,783
Psychiatric	$614,218	$25,993,266	$98,575,863	$1,272	$0	$170,451	$23,465
RBMS - Foster Care Agencies	$0	$1,504,983	$29,119,505	$0	$0	$0	$3,341
Respite Care	$212,990	$160,697	$0	$0	$0	$0	$0
Room and Board	$1,578	$61,262	$301,664	$4,300	$0	$150	$0
School Based	$3,113	$2,671,715	$3,714,748	$0	$0	$97,656	$0
SpecializedFoster Care/ MR	$19,450	$4,092,138	$0	$0	$0	$0	$0
Targeted Case Manager (TCM)	$32,707,602	$56,613,109	$25,966,449	$0	$0	$3,054	$13,374
Therapy	$24,816	$1,314,428	$747,076	$0	$0	$30,045	$0
Transportation - Emergency	$3,317,203	$20,214,526	$11,594,606	$118,261	$235	$3,644	$14,832
Transportation - Non-Emergency	$7,323,048	$14,013,806	$3,394,901	$15,448	$0	$38,280	$7,998
X-Ray	$337,416	$1,403,906	$1,156,830	$85,703	$595	$201	$111,422
Unknown Services by Service Type	$580,591	$144	$8,479	$0	$0	$0	$675,544
Grand Total	**$803,417,411**	**$1,437,936,598**	**$1,411,722,847**	**$31,186,623**	**$5,423,825**	**$3,362,373**	**$266,080,464**
Unduplicated Members Served	**59,910**	**114,228**	**591,585**	**7,672**	**22,520**	**305**	**31,301**
Average Per Member Served Cost	**$13,410**	**$12,588**	**$2,386**	**$4,065**	**$241**	**$11,024**	-

Source: OHCA Financial Service Division, September 2009. *Other includes $158,578,789 in hospital supplemental payments and $7,874,264 in outpatient behavioral health supplemental payment; $44,246,424 in GME payments to Medical schools; $298,785 Insure Oklahoma ESI Out-of-Pocket; $26,085,417 Insure Oklahoma ESI Premium payments; and $21,852,770 in Insure Oklahoma IP payments. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members per aid category that received a service. A member may be counted in more than one aid category.

Appendix B Statewide SFY2009 Figures (continued)

Figure IX Children (under 21) Expenditures by Type of Service by Aid Category

Type of Service	Blind/ Disabled/ TEFRA	State Custody	CHIP	TANF	Other Aid Categories*
Adult Day Care Services	$62,081	$1,263	$0	$0	$0
Adv Comp Health Services	$0	$0	$0	$0	$0
Advanced Practice Nurse (APN)	$82,017	$130,022	$275,807	$1,613,327	$6,973
ADvantage Home Delivered Meals	$0	$0	$0	$0	$0
Ambulatory Surgical Services	$213,555	$353,538	$701,153	$3,833,816	$2,790
Architectural Modification	$64,567	$6,397	$0	$0	$0
Audiology Services	$26,484	$5,528	$28,533	$66,198	$0
Behavioral Health	$7,890,165	$19,008,618	$8,239,297	$43,542,908	$31,341
Capitated (CAP) Services	$2,194,611	$32,549	$6,649,713	$48,672,695	$3,179
Capitated (CAP) - GME to Med Schools	$0	$0	$0	$0	$0
Clinic Services	$1,518,562	$1,936,252	$4,256,908	$22,068,299	$193,007
Clinics - OSA Services	$898,797	$730,213	$726,578	$6,116,804	$293,542
Community Mental Health	$1,348,600	$1,872,401	$1,390,378	$5,419,296	$15,806
Dental Services	$4,712,451	$8,706,039	$22,809,032	$85,700,714	$99,838
Direct Support	$9,205,228	$10,057,721	$0	$0	$0
Employee Training Specialist	$584,958	$369,824	$0	$0	$0
End Stage Renal Disease (ESRD)	$81,324	$35,363	$0	-$5,043	$0
Eye Care and Exam Services	$159,544	$395,289	$952,930	$3,131,890	$3,433
Eyewear Services	$428,692	$628,784	$1,267,719	$4,484,145	$4,804
Group Home Services	$722,718	$465,862	$0	$0	$0
Health Insurance Payments (HIP)	$0	$0	$0	$0	$0
Home Health (HH)	$9,376,134	$1,587,512	$272,815	$1,878,549	$220
Homemaker	$38,350	$108,377	$0	$0	$0
Hospice Services	$15,090	$0	$0	$0	$0
HSP - Indirect Medical Education (IME)	$0	$0	$0	$0	$0
HSP - Direct Medical Education (DME)	$0	$0	$0	$0	$0
HSP - Acute DSH	$0	$0	$0	$0	$0
HSP - Supplemental Payments	$0	$0	$0	$0	$0
ICF-MR Services	$3,417,136	$639,906	$3,554	$79,442	$0
Inpatient Services	$37,209,710	$26,415,521	$15,025,415	$195,438,090	$360,168
Laboratory Services	$586,855	$647,699	$999,044	$9,644,991	$374,589
Medicare Part A and B Payments	$0	$0	$0	$0	$0
Medicare Part D Payments	$0	$0	$0	$0	$0
Mid Level Practitioner (MLP)	$20,390	$49,335	$101,730	$499,371	$909

Appendix B Statewide SFY2009 Figures (continued)

Figure IX Children (under 21) Expenditures by Type of Service by Aid Category (continued)

Type of Service	Blind/ Disabled/ TEFRA	State Custody	CHIP	TANF	Other Aid Categories*
Medical Supplies / Durable Goods	$10,244,062	$2,575,662	$1,917,301	$7,981,599	$6,729
Nursing Home Services	$664,691	$183,598	$7,014	$53,264	$3,221
Nursing Services	$1,406	$0	$0	$0	$0
Nutritionist Services	$5,905	$6,059	-$77	$2,085	$0
Insure Oklahoma ESI Out-of Pocket	$0	$0	$0	$0	$0
Insure Oklahoma ESI Premium	$0	$0	$0	$0	$0
Other Practitioner	$7,237	$8,431	$30,837	$450,430	$338
Outpatient Services	$7,224,329	$5,621,876	$11,710,801	$71,579,180	$244,089
Personal Care	$704,730	$47,177	$0	$5,557	$0
Physician Services	$18,542,716	$17,567,227	$22,041,028	$148,146,732	$864,240
Podiatry Services	$14,937	$17,911	$54,018	$138,817	$0
Prescribed Drugs	$50,085,965	$21,812,445	$25,492,444	$84,380,253	$269,222
Psychiatric Services	$21,567,538	$47,712,833	$12,246,428	$42,209,452	$24,700
RBMS - Foster Care Agencies	-$11,558	$30,116,450	$8,503	$511,093	$3,341
Respite Care	$1,400	$19,500	$0	$0	$0
Room and Board	$39,394	$8,788	$12,210	$212,763	$0
School-Based Services	$2,558,346	$803,285	$722,144	$2,403,458	$0
SpecializedFoster Care/MR Services	$276,400	$1,255,248	$0	$0	$0
Targeted Case Manager (TCM)**	$2,936,755	$25,528,399	$434,174	$2,216,687	$12,952
Therapy Services	$458,804	$218,126	$80,098	$493,736	$0
Transportation - Emergency	$1,307,822	$982,352	$924,719	$7,161,482	$10,799
Transportation - Non-Emergency	$2,442,681	$375,318	$478,034	$2,403,323	$1,270
X-Ray	$59,656	$37,907	$106,565	$446,665	$3,516
Unknown Services by Service Type	$567,150	$10,099	$587	$440	$21,850
Grand Total	**$200,558,384**	**$229,092,703**	**$139,967,434**	**$802,982,509**	**$2,856,866**
Unduplicated Members Served* **	**21,437**	**37,876**	**113,367**	**459,572**	**6,750**
Average Per Member Served Cost	**$9,356**	**$6,048**	**$1,235**	**$1,747**	**$423**

Source: OHCA Financial Service Division, September 2009. Child figures are for individuals under the age of 21.

*Other Aid Categories include Oklahoma Cares, SoonerPlan, STBS and Insure Oklahoma IP members. Other Aid Categories expenditures include $122,658,118 in hospital supplemental payments, $7,874,264 in outpatient behavioral health supplemental paymentpayments and $44,246,424 in GME payments to medical schools. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

** Due to changes in federal regulations a large number of TCM claims incurred during SFY2008 were paid in SFY2009; this caused the Per Member Served Cost to be slightly skewed when compared to previous years

***Member Served figures are the unduplicated counts of members per aid category that received a service. A member may be counted in more than one aid category.

Appendix B Statewide SFY2009 Figures (continued)

Figure X Home and Community-Based Services Waiver Expenditures by Type of Service

Home and Community-Based Services (HCBS)*	Total	ADvantage	Community	Homeward Bound	In-Home Support
Adult Day Care Services	$3,834,791	$2,503,479	$806,591	$0	$524,721
Adv Comp Health Services	$72,379	$72,379	$0	$0	$0
ADvantage Home Delivered Meals Services	$15,342,065	$15,342,065	$0	$0	$0
Architectural Modification Services	$533,369	$129,713	$218,801	$111,723	$73,132
Audiology Services	$400	$344	$56	$0	$0
Behavioral Health	$4,178,552	$0	$3,048,090	$979,816	$150,646
Clinic Services	$87	$87	$0	$0	$0
Dental Services	$812,572	$0	$311,139	$439,578	$61,855
Direct Support Services	$193,858,394	$0	$95,235,685	$79,781,752	$18,840,957
Employee Training Specialist Services	$26,492,020	$0	$18,344,965	$4,780,186	$3,366,869
End Stage Renal Disease (ESRD) Services	$14,254	$14,254	$0	$0	$0
Eye Care and Exam Services	$162	$0	$162	$0	$0
Eyewear Services	$1,634	$0	$1,634	$0	$0
Group Home Services	$19,716,414	$0	$19,644,851	$71,563	$0
Home Health (HH) Services	$6,542	$6,070	$472	$0	$0
Homemaker Services	$440,166	$0	$353,163	$6,436	$80,567
Hospice Services	$1,922,106	$1,922,106	$0	$0	$0
Inpatient Services	$123,298	$123,298	$0	$0	$0
Medical Supplies / Durable Goods	$20,751,479	$16,416,499	$2,520,813	$839,235	$974,932
Nursing Home Services	$250,702	$250,702	$0	$0	$0
Nursing Services	$8,992,243	$4,810,539	$1,895,110	$2,285,188	$1,406
Nutritionist Services	$633,858	$0	$346,985	$283,053	$3,820
Outpatient Services	$22,928	$21,870	$576	$381	$102
Personal Care Services	$109,377,995	$109,377,995	$0	$0	$0
Physician Services	$2,741,483	$5,327	$1,999,147	$605,707	$131,301
Podiatry Services	$1,058	($6)	$0	$0	$1,064
Prescribed Drugs Services	$6,491,411	$5,161,347	$821,067	$393,634	$115,363
Respite Care Services	$373,688	$341,224	$28,664	$0	$3,800
SpecializedFoster Care/MR Services	$4,111,588	$0	$4,049,390	$61,098	$1,100
Targeted Case Manager (TCM)	$56,797,064	$56,797,064	$0	$0	$0
Therapy Services	$860,847	$60,627	$505,850	$218,852	$75,518
Transportation - Emergency	$8,025,460	$8,891	$4,773,660	$2,656,987	$585,922
Grand Total	**$486,781,008**	**$213,365,873**	**$154,906,870**	**$93,515,190**	**$24,993,075**
Unduplicated Members Served**	**30,692**	**25,174**	**2,816**	**761**	**2,075**
Average Per Member Served Cost	**$15,860**	**$8,476**	**$55,010**	**$122,885**	**$12,045**

Source: OHCA Financial Service Division, September 2009. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

*Services above are all only services paid with HCBS waiver funds. Members may receive services paid through Title XIX funds.**Unduplicated Member Served figures are the unduplicated counts of members that received a service.

Appendix B Statewide SFY2009 Figures (continued)

Figure XI Behavioral Health Expenditures by Type of Service by Child and Adult

Behavioral Health Services for Children Under 21

Type of Service	Expenditures	Members Served	Average per Member Served
Inpatient (Acute - General)	$4,396,572	1,371	$3,207
Inpatient (Acute - Freestanding)	$9,776,053	1,803	$5,422
Psychiatric Residential Treatment Facility (PRTF)	$111,869,087	4,180	$26,763
Outpatient- Mental Health	$81,811,325	40,396	$2,025
Outpatient - Substance Abuse	$1,340,877	1,417	$946
Psychologist	$3,860,008	5,700	$677
Psychiatrist	$1,531,868	4,784	$320
Residential Behavior Management Services (Group)	$11,777,447	1,422	$8,282
Residential Behavior Management Services (TFC)	$18,871,481	1,559	$12,105
Targeted Case Management (TCM)	$962,819	2,697	$357
Other Outpatient Behavioral Health Services	$25,534	16	$1,596
Total	**$246,223,071**	**48,563**	**$5,070**

Behavioral Health Services for Adults

Type of Service	Expenditures	Members Served	Average per Member Served
Inpatient (Acute - General)	$9,337,251	2,104	$4,438
Inpatient (Acute - Freestanding)	$862,739	115	$7,502
Psychiatric Residential Treatment Facility (PRTF)	$17,838	21	$849
Outpatient- Mental Health	$54,195,928	22,252	$2,436
Outpatient - Substance Abuse	$2,827,420	2,686	$1,053
Psychologist	$1,096,568	535	$2,050
Psychiatrist	$1,534,768	4,694	$327
Residential Behavior Management Services (Group)	$0	-	$0
Residential Behavior Management Services (TFC)	$0	-	$0
Targeted Case Management (TCM)	$665,766	3,105	$214
Other Outpatient Behavioral Health Services	$328,962	127	$2,590
Total	**$70,867,241**	**28,000**	**$2,531**

Total All Behavioral Health Services	**$317,090,312**	**76,563**	**$4,142**

Source: OHCA Financial Service Division, September 2009. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall.

Appendix C SoonerCare Benefits Overview

Please note:All covered services must be	***SoonerCare* Traditional**		***SoonerCare* Choice**	
medically necessary	***Children Under 21***	***Adults 21 and Over***	***Children Under 21***	***Adults 21 and Over***
Ambulance or emergency transportation	Covered - emergency only	Covered - emergency only	Covered - emergency only	Covered - emergency only
Behavioral health and substance abuse services (some services may require prior authorization)	Covered	Covered	Covered	Covered
Care management services for complex and/or unusual needs.	Covered	Covered	Covered	Covered
Child Health Wellness Screens (including health and immunization history; physical exams, various health assessments and counseling; lab and screening tests and necessary follow-up care)	Covered	No coverage	Covered	No coverage
Dental services (including prenatal dental services - no copay for prenatal dental)	Cleaning twice a year, X-rays, fillings and crowns	Emergency extractions; $1 copay per service. Limited benefits for pregnant women.	Cleaning twice a year, X-rays, fillings and crowns	Emergency extractions; $1 copay per service. Limited benefits for pregnant women.
Diabetic supplies (300 glucose strips and lancets per month; One glucometer, one spring-loaded lancet device, three replacement batteries per year. Additional supplies require prior authorization.)	Covered	Covered	Covered	Covered
Durable medical equipment (must be prescribed by medical provider and may require prior authorization)	Covered	Covered	Covered	Covered
Emergency Department (ER services)	Covered	Covered	Covered	Covered
Family planning services	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies
Hearing services	Covered - evaluations, hearing aids and supplies	Covered evaluation only	Covered - evaluations, hearing aids and supplies	Covered evaluation only
Home health care services	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - $1 copay per visit	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - $1 copay per visit
Inpatient hospital services (acute care only)	Covered	Covered - $3 copay per day up to $90 max per admission	Covered	Covered - $3 copay per day up to $90 max per admission
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	Covered	Covered as recommended for adults	Covered	Covered as recommended for adults
Laboratory and X-ray	Covered	Covered - $1-$3 copay per service at specialist	Covered	Covered - $1-$3 copay per service at specialist
Long-term care	Covered	Covered	No coverage	No coverage
Mammograms	Covered	Covered	Covered	Covered
Nurse midwife and birthing center services	Covered	Covered	Covered	Covered

Please note:All covered services must be medically necessary	***SoonerCare* Traditional**		***SoonerCare* Choice**	
	Children Under 21	***Adults 21 and Over***	***Children Under 21***	***Adults 21 and Over***
Orthodontic services (requires prior authorization)	Covered	No coverage	Covered	No coverage
Outpatient hospital and surgery services	Covered medically necessary	Covered medically necessary - $3 copay per day per visit	Covered medically necessary	Covered medically necessary - $3 copay per day per visit
Over-the-counter contraceptives	Covered	Covered	Covered	Covered
Patient Advice Line (Mon–Fri - 5:00 pm to 8:00 am, available 24 hours on weekends and state holidays)	Covered	Covered	Covered	Covered
Personal care (must be as prescribed in treatment plan)	Covered	Covered	Covered	Covered as prescribed in treatment plan
Physician services	Covered	4 visits per month; including any specialist visits- $1 copay per visit	Covered	Unlimited Medical Home/ PCP visits. Up to 4 specialist or non-PCP visits per month - $1 copay per visit
Pregnancy and Maternity services (including prenatal, delivery and postpartum)	Covered	Covered	Covered	Covered
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits.)	Unlimited coverage	6 per month limit; up to 3 brand-name. $1 copay per drug costing $29.99 or less, $2 copay per drug costing $30 or more	Unlimited coverage	6 per month limit; up to 3 brand-name. $1 copay per drug costing $29.99 or less, $2 copay per drug costing $30 or more
Prosthetic devices (requires prior authorization)	Covered	Limited coverage	Covered	Limited coverage
SoonerRide - Transport to non-emergency covered medical services	Covered	Covered	Covered	Covered
Stop Smoking (cessation) products	90 days without an authorization	90 days without an authorization	90 days without an authorization	90 days without an authorization
Substance Abuse Treatment (inpatient)	Covered	Limited to 5 hospital days per year	Covered	Limited to 5 hospital days per year
Therapy services - Physical, Speech, Occupational	Covered when prior authorized	15 visits per year - Hospital outpatient	Covered when prior authorized	15 visits per year - Hospital outpatient
Transplant services (requires prior authorization)	Covered	Covered	Covered	Covered
Vision services	Covered	Coverage for eye diseases or eye injuries only	Covered	Coverage for eye diseases or eye injuries only

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, copays and limitations are subject to change. Check the OHCA Web sites for updates www.okhca.org and www.insureoklahoma.org.

Appendix C SoonerCare Benefits Overview (continued)

Please note:All covered services must be medically necessary	***SoonerPlan***	***Insure Oklahoma Individual Plan***
Ambulance or emergency transportation	No coverage	No coverage
Behavioral health and substance abuse services (some services may require prior authorization)	No coverage	Covered - Psychiatrist visits included in 4 physician services limit per month. Copays vary:Physicians and Outpatient - $10 per visit
Care management services for complex and/or unusual needs.	No coverage	Covered
Child Health Wellness Screens (including health and immunization history; physical exams, various health assessments and counseling; lab and screening tests and necessary follow-up care)	No coverage	No coverage
Dental services (including prenatal dental services - no copay for prenatal dental)	No coverage	Limited dental benefits for pregnant women
Diabetic supplies (300 glucose strips and lancets per month; One glucometer, one spring-loaded lancet device, three replacement batteries per year. Additional supplies require prior authorization.)	No coverage	Covered - $5 copay
Durable medical equipment (must be prescribed by medical provider and may require prior authorization)	No coverage	Covered when prescribed by medical provider with copay ($5 for supplies and oxygen; $25 for DME) $15,000 annual maximum limit
Emergency Department (ER services)	No coverage	Covered - $30 copay (waived if admitted)
Family planning services	All age 19 and over - Birth control information and supplies - Pap smears - Pregnancy tests for women. Persons 21 and older - tubal ligations and vasectomies - no copay	Birth control information and supplies - Pap smears - Pregnancy tests - No copay
Hearing services	No coverage	No coverage
Home health care services	No coverage	Coverage for medications, intravenous (IV) therapy and supplies only
Inpatient hospital services (acute care only)	No coverage	Covered - $50 copay per admission
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	No coverage	Covered as recommended for adults - $10 copay towards medication, administration not covered
Laboratory and X-ray	Services related to family planning only - no copay	Covered - no copay for standard radiology ($25 copay per specialized scan - MRI, MRA, PET, CT)

Please note:All covered services must be medically necessary	***SoonerPlan***	***Insure Oklahoma Individual Plan***
Long-term care	No coverage	No coverage
Mammograms	No coverage	Covered - no copay
Nurse midwife and birthing center services	No coverage	Covered
Orthodontic services (requires prior authorization)	No coverage	No coverage
Outpatient hospital and surgery services	Services related to family planning only - no copay	Covered medically necessary - $25 copay per visit, Therapeutic radiology - $10 copay per visit
Over-the-counter contraceptives	Contraceptives related to family planning only - no copay	Covered - no copay
Patient Advice Line (Mon–Fri - 5:00 pm to 8:00 am, available 24 hours on weekends and state holidays)	No coverage	Covered service
Personal care (must be as prescribed in treatment plan)	No coverage	No coverage
Physician services	Physician visits and physical exams related to family planning only - no copay	Limited to 4 Primary Care Provider and Specialists visits per month with $10 copay per visit
Pregnancy and Maternity services (including prenatal, delivery and postpartum)	No coverage	Covered - $50 copay for inpatient admission
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits.)	Contraceptives only - no copay	6 per month limit; up to 3 brand-name with copay. $5 for generic - $10 for brand name
Prosthetic devices (requires prior authorization)	No coverage	Limited coverage
SoonerRide - Transport to non-emergency covered medical services	No coverage	No coverage
Stop Smoking (cessation) products	No coverage	90 days without an authorization - Copay same as prescription drugs
Substance Abuse Treatment (inpatient)	No coverage	Inpatient - $50
Therapy services - Physical, Speech, Occupational	No coverage	15 visits per year - hospital outpatient - $10 copay per visit
Transplant services (requires prior authorization)	No coverage	No coverage
Vision services	No coverage	Coverage for eye diseases or eye injuries only - $10 copay

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, copays and limitations are subject to change. Check the OHCA Web sites for updates www.okhca.org and www.insureoklahoma.org.

Appendix D SFY2009 Board-Approved Rules

Board Approval Date	Rule Description	Savings/Total Cost/State Share	Effective Date
Aug-13-2008	Revising SoonerCare eligibility rules to remove references to the consideration of resources when determining eligibility for benefits for individuals related to pregnancy related services and Aid to Families with Dependent Children. APA WF#08-17	Budget neutral	Oct-1-2008
Aug-13-2008	Revising SoonerCare citizenship eligibility rules to: (1) allow the use of tribal membership cards, Certificate of Degree of Indian Blood cards, and Oklahoma Voter Registration cards to verify citizenship and/or identity; and (2) clarify the group of individuals considered permanent non-immigrants. APA WF#08-20	Budget neutral	Oct-1-2008
Aug-13-2008	Revising outpatient behavioral health rules to remove the language referring to the reimbursement methodology for Program of Assertive Community Treatment (PACT) services. APA WF#08-26	Budget neutral	Oct-1-2008
Aug-13-2008	Revising provider payment rules to clarify that payment will be made based on the amount of the claim submitted, up to the maximum allowable amount. APA WF#08-16	Budget neutral	Oct-1-2008
Oct-9-2008	Revising SoonerCare eligibility rules to implement the Living Choice program created to promote community living for persons with disabilities or long-term illnesses. The Living Choice program is Oklahoma's Money Follows the Person demonstration project made possible by Section 6071 of Public Law 109-171, the Deficit Reduction Act of 2005. APA WF#08-34	Total is $50.8 million over 5 year demonstration period with state share of $11.6 million	Dec-1-2008
Oct-9-2008	Revising ambulance rules to remove specific reimbursement language and replace it with the general statement that refers providers to the Oklahoma Health Care Authority's fee schedule for SoonerCare compensable services. APA WF#08-14	Total cost = $130,593.03 with state share of $42,965.11	Dec-1-2008
Oct-9-2008	Revising psychologist rules to allow reimbursement for services provided by student psychologists participating in an internship or fellowship in an accredited academic clinical psychology training program. APA WF#08-31	Budget neutral	Dec-1-2008
Oct-9-2008	Revising inpatient behavioral health rules to clarify individual plans of care must be reviewed every five to nine calendar days in acute settings and every 11 to 16 days in longer term treatment programs. APA WF#08-38	Budget neutral	Dec-1-2008
Oct-9-2008	Revising rules to add telemedicine as a service delivery option for certain providers in order to facilitate providing medical consultations, office visits and behavioral health services to members in rural areas, medically under served areas, or geographic areas where there is a lack of local medical or psychiatric/mental health expertise. APA WF#08-15	Total cost = $500,000 with state share of $169,000	Dec-1-2008
Oct-9-2008	Revising rules regarding nutritional services to permit two of the six hours allowed to be done in a group setting for pregnant members who are at risk or those who have been recently diagnosed with gestational diabetes. APA WF#08-32	Budget neutral	Dec-1-2008
Oct-9-2008	Revising rules to remove obsolete prior authorization contact information. APA WF#08-36	Budget neutral	Dec-1-2008
Oct-9-2008	Revising rules regarding the payment of Medicare Part A claims for skilled nursing facility care to limit the SoonerCare payment to the Medicaid rate minus the total of all other payments. APA WF#08-28	Total savings for 2009 = $14,996,390; state share of $5,113,769. Total savings for 2010 = $17,834,578; state share of $6,343,759	Dec-1-2008
Oct-9-2008	Revising ADvantage Waiver Services rules to add an additional exception to the cost cap provision. APA WF#08-30	Budget neutral	Dec-1-2008

Appendix D SFY2009 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Savings/Total Cost/State Share	Effective Date
Nov-13-2008	Revising SoonerCare eligibility rules to allow individuals to apply for nursing home care (or Private ICF/MR) at the OKDHS center of their choice. APA WF#08-33	Budget neutral	Jan-1-2009
Nov-13-2008	Revising Insure Oklahoma/O-EPIC rules to expand Individual Plan (IP) benefits to cover physical, occupational, and speech therapy services for adults in an outpatient hospital setting and outpatient behavioral health services provided by an individual Licensed Behavioral Health Professional. APA WF#08-35	Minimal cost	Jan-1-2009
Nov-13-2008	Revising SoonerCare rules to: (1) incorporate the patient-centered medical home model of care in which providers are paid a monthly care coordination payment in addition to reimbursement for SoonerCare compensable services at the fee-for-service rate; (2) require provider or physician groups to designate a medical director to serve as primary contact with OHCA; (3) include a section on provider networks; and (4) include language regarding the development of a payment for excellence programAPA WF#08-19	Budget neutral	Jan-1-2009
Dec-11-2008	Revising SoonerCare eligibility rules to allow time-limited coverage for Iraqis and Afghans with special immigrant status pursuant to Public Law 110-161 & 110-181. APA WF#08-44	Budget neutral	Feb-1-2009
Dec-11-2008	Revising ADvantage Waiver Services rules to add private duty nursing as a compensable service under the waiver program. APA WF#08-45	Budget neutral	Feb-1-2009
Dec-11-2008	Revising Outpatient Hospital and Free-Standing Ambulatory Surgery Center rules to reflect upcoming changes to the reimbursement methodology for outpatient surgery services. APA WF#08-47	Budget neutral	Jan-2-2009
Dec-11-2008	Revising Personal Care rules to transfer the service authorization and monitoring of service provisions from the Oklahoma Department of Human Service nurses to nurses that are employed by the agencies who provide Personal Care services. APA WF#08-22	Budget neutral	Feb-1-2009
Dec-11-2008	Revising Personal Care rules to require the use of the new Interactive Voice Response Authentication (IVRA) time and attendance system for providers of Personal Care services. APA WF#08-29 A & B	Budget neutral	Feb-1-2009
Dec-11-2008	Revising Non-Emergency Transportation rules to remove specific reimbursement language from policy and refer to the state plan. APA WF#08-49	Budget neutral	Jan-2-2009
Dec-11-2008	Revising Dental rules to: (1) allow prior authorization for a second set of panoramic films taken within three years of the first set; (2) allow prior authorization for a second provider to correct poorly rendered restorative procedures by the original provider of services; and (3) restrict the application of ceramic based and case metal crowns to natural teeth only. APA WF#08-41	Budget neutral	Feb-1-2009
Dec-11-2008	Revising Grievance Procedures and Process rules to reflect current practice for provider appeals. APA WF#08-40	Budget neutral	Jan-2-2009
Jan-8-2009	Revising Insure Oklahoma/O-EPIC rules to expand current Employer Sponsored Insurance and Individual Plan coverage from an employee size of 50 to 250 employees and include coverage for Oklahoma full-time college students age 19 through 22. APA WF#08-55	2009 cost = $14,750,000; state share $5,000,000 from Tobacco Tax funds	Mar-1-2009
Feb-12-2009	Revising Outpatient Behavioral Health rules to: (1) remove references to billing and documentation details which will now be found in the Behavioral Health Provider Billing Manual; (2) add Multi-Systemic Therapy as a service option; and (3) update terminology. APA WF#08-50	Budget neutral	Apr-1-2009
Feb-12-2009	Revising rules to remove references to the Long Term Care Authority as the Administrative Agent for the ADvantage Program as the Oklahoma Department of Human Services/Aging Services Division has assumed responsibility of the administration of the ADvantage Program. APA WF#09-02 A and B	Budget neutral	Apr-1-2009

Appendix D SFY2009 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Savings/Total Cost/State Share	Effective Date
Feb-12-2009	Revising Medical Suppliers rules to require either a specialty evaluation performed by a licensed or certified health care professional or direct in-person involvement in the wheelchair selection process by an assistive technology professional for all wheelchairs purchased by SoonerCare. APA WF#09-03	Total cost = $40,994.40; state share = $13,979.09	Apr-1-2009
Mar-12-2009	Revising ADvantage Program Waiver Service rules to add Assisted Living services as a compensable service under the ADvantage Waiver program. APA WF#09-06 A and B	Budget neutral	May-1-2009
Mar-12-2009	Revising SoonerCare eligibility rules to: (1) remove an incorrect procedure for legal action that was added to ABD long-term care policy effective August 2007; (2) clarify how loans and transfers of property can possibly effect the member's eligibility for long-term care; (3) clarify Workers' Compensation Medicare Set Aside Arrangements are not considered resources; (4) clarify transfer or disposal of capital resources for ABD individuals are not applicable unless the individual enters a nursing home or receives waiver services; and (5) remove incorrect language that references AFDC and spend down. APA WF#08-23	Budget neutral	Jun-25-2009
Mar-12-2009	Revising rules to clarify that additional reimbursement is not allowed for joint injection codes that have a global coverage designation. APA WF#08-13	Total savings of $768.57; state share = $252.86	Jun-25-2009
Mar-12-2009	Revising eligibility rules to comply with Public Laws 104-204, 108-183, & 106-419 to disregard certain payments made to certain Vietnam and Korean veterans' children with spina bifida and children of women Vietnam veterans who suffer from certain birth defects. APA WF#08-25	Budget neutral	Jun-25-2009
Mar-12-2009	Revising eligibility rules for individuals receiving pregnancy related benefits under Title XXI (Soon to be Sooners program) regarding the issuance of computer generated notices. APA WF#08-21	Budget neutral	Jun-25-2009
Mar-12-2009	Revising rules to update sections referencing an incorrect citation regarding a health care provider's obligation to report suspected child abuse and/or neglect discovered through screenings and regular examinations. APA WF#08-54	Budget neutral	Jun-25-2009
Mar-12-2009	Revising rules to update the premium assistance program name from O-EPIC to Insure Oklahoma/O-EPIC. Several current business processes within the Insure Oklahoma/O-EPIC program are also updated. The premium assistance program's name changes to Insure Oklahoma/O-EPIC to coincide with an extensive statewide marketing campaign. APA WF#08-56	Budget neutral	Jun-25-2009
Mar-12-2009	Revising rules to allow the Oklahoma Health Care Authority to accept cash medical support payments by non-custodial parents if there is no access to health insurance for their child at a reasonable cost (5% or less of the non-custodial parent's income). The administration and collection of the payments will be handled by the OKDHS, Child Support Enforcement Division. APA WF#08-51	Budget neutral	Jun-25-2009
Mar-12-2009	Revising agency rules in order to remove provider eligibility requirements for psychologists from the coverage section of the psychologist rules. Revisions also update terminology and bring rules in to line with current OHCA practices. APA WF#08-53	Budget neutral	Jun-25-2009
Mar-12-2009	Revising DDSD rules to: (1) provide clarification relating to service utilization, provisions, authorizations, limitations, and eligibility requirements; (2) specify provider requirements and related activities of targeted case management to meet federal requirements; (3) clairfy provider responsibilities and limitations in the agency companion program; (4) specify devices and services allowable through assistive technology; (5) clarify physical plant expectations for services provided in center-based settings; and (6) amend policy to reflect appropriate terminology. APA WF#08-46 A, B, & C	Budget neutral	Jun-25-2009
Apr-9-2009	Revising physician rules to include a new provider type, Anesthesiologist Assistant (AA), as allowed by the Oklahoma Anesthesiologist Assistant Act. AA's will be allowed to perform anesthesiologist services under the direct supervision of a licensed anesthesiologist. APA WF#09-09	Budget neutral	Jul-1-2009

Appendix D SFY2009 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Savings/Total Cost/State Share	Effective Date
Apr-9-2009	Revising Physician rules to limit the number of ultrasounds performed by an active candidate or Board Certified diplomate in Maternal-Fetal Medicine (MFM) to a maximum of six follow-up ultrasounds and to require a prior authorization thereafter. APA WF#09-01	Budget neutral	Jul-1-2009
Apr-9-2009	Revising eligibility rules to disregard as income and resources certain amounts of unemployment compensation for the purpose of determining eligibility for SoonerCare and Insure Oklahoma IP benefits, as authorized and required by the American Recovery and Reinvestment Act. APA WF#09-15 A & B	Budget neutral	Jul-1-2009
Apr-9-2009	Revising rules for the Developmental Disabilities Services Division (DDSD) Home and Community-Based Services (HCBS) Waivers to specify the criteria for performance of architectural modifications. Further rule revisions mandate compliance with the Central Purchasing Act and allow for an Oklahoma Department of Human Services Developmental Disabilities Services Division staff with architectural modification experience to make architectural modification recommendations. APA WF#09-18	Budget neutral	Jul-1-2009
Jun-25-2009	Revising eligibility rules to allow an additional two month period of coverage for Afghans with special immigrant status pursuant to Public Law 111-08. APA WF#09-13	Budget neutral	Jul-21-2009
Jun-25-2009	Revising Indian Health rules to add Indian Health Service Facilities, Tribally Operated Facilities and Urban Indian Clinics (I/T/U's) as distant site providers for telemedicine, allowing segments of the Native American population in rural areas access to specialty health care services. Revisions also add public health nursing as an allowable service for qualifying Native American populations on a statewide basis. APA WF#09-16	Budget neutral	Jul-21-2009
Jun-25-2009	Revising rules for the Developmental Disabilities Services Division (DDSD) Home and Community-Based Services (HCBS) waivers to change incorrect references in policy regarding incident reporting and quality assurance for Agency Companion Services. APA WF#09-21	Budget neutral	Jul-21-2009
Jun-25-2009	Revising agency rules to include language regarding member and provider appeals processes, specifically concerning the time frames allowed for responses to appeals from the Oklahoma Health Care Authority and the Administrative Law Judge. Additionally, the rule revisions clarify the process for administrative sanction appeals and the process for provider suspension or termination. APA WF#09-24	Budget neutral	Jul-21-2009
Jun-25-2009	Revising agency rules regarding durable medical equipment (DME) to revoke an outdated DME policy related to oxygen and oxygen equipment and the requirements for prior authorization. APA WF#09-26	Budget neutral	Sep-1-2009
Jun-25-2009	Revising Insure Oklahoma Individual Plan (IP) rules to clarify the intent of non-covered benefits related to weight loss intervention and treatment including bariatric surgical procedures, other weight loss surgeries and procedures, drugs primarily used for weight loss, and nutrition services prescribed only for the intent of weight loss. These services have never been covered under the IP program. APA WF#09-27	Budget neutral	Sep-1-2009

Appendix E SFY2009 Contracted SoonerCare Providers

Provider Type	SFY2009
Adult Day Care	64
Advance Practice Nurse	789
Advantage Home Delivered Meal	21
Ambulatory Surgical Center (ASC)	67
Audiologist	91
Capitation Provider - IHS Case Manager	86
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	2
Case Manager	238
Certified Registered Nurse Anesthetist (CRNA)	712
Chiropractor	34
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	3
Clinic - Early Intervention Services	1
Clinic - Family Planning Clinic	6
Clinic - Federally Qualified Health Clinic (FQHC)	35
Clinic - Group	3,209
Clinic - Maternity	7
Clinic - Rural Health	45
Clinic - Speech/Hearring Clinic	4
Clinic - Tuberculosis	3
County Health Department	1
DDSD - Architectural Modification	46
DDSD - Community Transition Services	30
DDSD - Employee Training Specialist	98
DDSD - Group Home	45
DDSD - Homemaker Services	197
DDSD - Supportive Living Arrangements	53
DDSD - Volunteer Transportation Provider	446
Dentist	801
Direct Support Services	274
DME/Medical Supply Dealler	1,521
End-Stage Renal Disease Clinic	101
Extended Care and Skilled Nursing Facilities	320
Extended Care Facility - Facility Based Respite Care	92
Extended Care Facility - ICF/MR	86
Genetic Counselor	9
Home Health Agency	217
Hospital - Acute Care	704
Hospital - Critical Access	62
Hospital - Native American	8
Hospital - Psychiatric	24
Hospital - Residential Treatment Center	55
Insure Oklahoma - Alcohol and Drug Counselor	28
Insure Oklahoma - Licensed Behavioral Practitioner	5
Insure Oklahoma - Licensed Marital and Family Therapists	22
Insure Oklahoma - Licensed Professional Counselor	85
Insure Oklahoma - Marriage and Family Counselor	1
Insure Oklahoma - Social Worker	30
Laboratory	199
Lactation Consultant	29
Long Term Care Authority Hospice	73
Maternal/Child Health LCSW	20
Mental Health Provider - Counselor	27
Mental Health Provider - Psychologist	323
Mental Health Provider - Social Worker	94
Nursing Agency - Non-Skilled	41
Nursing Agency - Skilled	43
Nutritionist	140
Optician	54
Optometrist	507
Outpatient Mental Health Clinic	480
Personal Care Services	147
Pharmacy	1,151
Physician - Allergist	37
Physician - Anesthesiologist	999
Physician Assistant	873
Physician - Cardiologist	544
Physician - General/Family Medicine	2,100
Physician - General Pediatrician	1,546
Physician - General Surgeon	647
Physician - Internist	1,825
Physician - Obstetrician/Gynecologist	561
Physician - Other Specialist	4,022
Physician - Pediatric Specialist	469
Physician - Radiologist	1,273
Preadmission Screening and Resident Review (PASRR)	5
Program for Assertive Community Treatment (PACT)	14
Residential Behavior Management Services (RBMS)	22
Respite Care	239
Room and Board	15
School Corporation	216
Speciallized Foster Care/MR	214
Therapist - Occupational	170
Therapist - Physical	420
Therapist - Respiratory	15
Therapist - Speech/Hearing	392
Transportation Provider	231
X-Ray Clinic	58

SoonerCare contracted with 29,538 unduplicated providers during SFY2009.

The term "contracted" is defined as a provider that was enrolled with Oklahoma SoonerCare within SFY2009, it does not necessarily indicate participation or that a provider has provided services. Some of the above provider counts are grouped by the subcategory of provider specialty; therefore, a provider may be counted multiple times if they have multiple provider types and/or specialties.

Appendix F 2009 Patient-Centered Medical Home Components

The Patient-Centered Medical Home model of care, implemented in January 2009, is designed to provide SoonerCare Choice members with a comprehensive, coordinated approach to primary care. Primary Care Providers (PCPs) will receive additional reimbursement for each panel member enrolled for providing enhanced services and a supportive infrastructure.

The new primary care payment structure for SoonerCare Choice includes three components:

- A care coordination component;
- A visit-based fee-for-service component; and
- Payments for excellence (SoonerExcel).

The care coordination payment is determined by the capabilities of the practice and the member populations served. Practices submit a voluntary self-assessment process to determine the level of care coordination payment. There are three medical home tiers: entry level, advanced and optimal. There are three peer groupings within the three tiers: (1) providers who see children only, (2) providers who see all ages and (3) providers who see adults only.

Tier 1 providers may receive an additional $0.50 per member per month (PMPM) if voice-to-voice service is provided 24/7 and an additional $0.05 PMPM if providers elect to receive communications from OHCA electronically.

Figure A Care Coordination Fee by Tier

Type of Panel	Tier 1	Tier 2	Tier 3
Children Only	$3.03	$4.65	$6.19
All Ages	$3.78	$5.64	$7.50
Adults Only	$4.47	$6.53	$8.69

The visit-based component is paid on a fee-for-service basis. Rendered services are reimbursed according to the SoonerCare fee schedule. The fee schedule is available on the Web at www.okhca.org/Providers/Claim Tools/Fee Schedules.

Figure B Budgeted SoonerExcel Incentive Payment Components

SoonerExcel Incentive Program	Calendar Year 2009 Budget
Emergency Department Utilization	$500,000
-based on emergency department utilization of panel members	
Breast and Cervical Cancer Screenings	$350,000
-based on breast and cervical cancer screenings of panel members	
Generic Drug Prescription Rate	$1,000,000
-based on generic/multi-source prescribing profile	
Inpatient Admissions/Visits	$850,000
-based on inpatient admissions/visits to SoonerCare Choice members	
EPSDT - Well Child Checks	$1,000,000
-based on meeting/exceeding the EPSDT screening compliance rate	
4th DTaP	$50,000
-based on immunizing a child with the 4th DTaP prior to age 2	
Reserved for future measure	$450,000
Total	**$4,200,000**

Source: OHCA Financial Services Division, September 2009.

Appendix G Glossary of Terms

ABD - The Aged, Blind and Disabled SoonerCare population.

Member - A person enrolled in Oklahoma SoonerCare.

CMS - Centers for Medicare & Medicaid Services, federal agency that establishes and monitors Medicaid funding requirements.

EDS/HP - Electronic Data Systems (an HP company) is OHCA's fiscal agent. EDS processes claims and payments within Oklahoma's Medicaid Management Information System (MMIS).

Enrollee - For this report, an individual who is qualified and enrolled in SoonerCare, who may or may not have received services during the reporting period.

Fee-For- Service (FFS) -The method of payment for the SoonerCare population that is not covered under SoonerCare Choice. Claims are generally paid on a per service occurrence basis.

FFY - Federal Fiscal Year. The federal fiscal year starts on October 1 and ends September 30 each year.

FMAP - Federal Medical Assistance Percentage – The federal dollar match percentage.

ICF/MR - Intermediate Care Facility for the Mentally Retarded.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment also known as "well child" screens.

MMIS - Medical Management Information System—the claims processing system.

CHIP - Children's Health Insurance Program for children age 19 and under who have no creditable insurance and meet come requirements. (Title XXI)

SFY - State Fiscal Year — starts on July 1 and ends June 30 each year.

SoonerCare - Oklahoma's Medicaid program. Unless noted otherwise in this report, the term "SoonerCare" includes all enrollees (Insure Oklahoma, SoonerPlan, etc.).

SoonerCare Choice - Oklahoma's partially capitated managed care program.

TANF - Temporary Assistance for Needy Families, formerly known as Aid to Families with Dependent Children. Categorized in this report as Children and Parents.

Title XIX - Federal Medicaid statute enacted in 1965 under the Social Security Act financed by both federal and state dollars.

Figure I Technical Notes

Throughout this report a combination of data sources were used to provide the most accurate information possible. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data/detail breakdowns are the net of overpayments and adjustments. This will cause some variations in dollar figures presented. Provider billing habits can also cause claim variations. All report claim data is extracted with the date paid by OHCA being within the report period. Provided that a member is enrolled at the time of service, a provider has one year from the date of service to submit a claim. Some providers hold claims and submit them all at once. For example, if a member receives a service in May and the provider submits and is paid for the claim in July, that member will be counted as a member and the dollar totals will be included in the July reporting period, even if the member may not be enrolled within that same reporting time frame. If that member is not enrolled at some point within the reporting period, he or she will not be counted in the "Enrollees."

Important Telephone Numbers

OHCA Main Number *405-522-7300*

SoonerCare Helpline *1-800-987-7767*

Member Services	405-522-7171 or 1-800-522-0310
1 — OKDHS	5 — Enrollment Questions
2 — Claim Status	6 — Patient Advice Line (Available only 5 p.m. to 8 a.m., 24 hours on weekends and state holidays)
3 — SoonerCare Member Services	7 — Spanish
4 — Pharmacy Inquiries	9 — Repeat Options

Provider Services	405-522-6205 or 1-800-522-0114
1 — Claim Status/Eligibility	4 — Pharmacy Help Desk
2 — PIN Resets/EDI/SoonerCare Secure SiteAssistance	5 — Provider Contracts
3 — Adjustments or Third Party Liability	6 — Prior Authorizations

OHCA Internet Resources

Oklahoma Health Care Authority *www.okhca.org*

Insure Oklahoma *www.insureoklahoma.org*

Oklahoma Department of Human Services *www.okdhs.org*

Medicaid Fraud Control Unit *www.oag.state.ok.us*

Oklahoma State Department of Health *www.ok.gov/health*

Oklahoma State Auditor and Inspector *www.sai.state.ok.us*

Centers for Medicare and Medicaid *www.cms.gov*

Office of Inspector General of the Department of Health and Human Services *www.oig.hhs.gov*

Oklahoma Health Care Authority