



SFY 2025 ANNUAL REPORT



OKLAHOMA
Health Care Authority

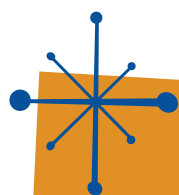
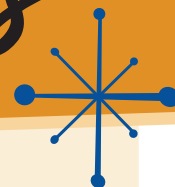


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Beyond Health

CHAMPIONS OF BRIGHTER FUTURES





627
**FULL-TIME
EMPLOYEES**

..... *Who We Are*

ABOUT OHCA

Oklahoma Health Care Authority (OHCA) has been serving Oklahomans for more than 30 years. As the single state agency administrator of SoonerCare, Oklahoma's Medicaid program, OHCA impacted the lives of more than one million residents in SFY2025. OHCA also administers HealthChoice insurance coverage for public sector employees.

A team of proud and passionate public servants leads the way in delivering comprehensive solutions that support Oklahomans, including our state's most vulnerable populations. Grounded in the agency's mission, vision and values, OHCA employees champion brighter futures by helping neighbors, family and friends live healthier and more fulfilling lives.

OUR VISION

Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

OUR MISSION

Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships that improve the health outcomes of Oklahomans.



OUR VALUES

Our **Passion for Purpose** breeds dedication, facilitates creative thinking and problem solving, guides our work, and supports our culture.

Team members exercise **Empowerment and Accountability** by following through on commitments, taking responsibility for decisions, and prioritizing member needs and fiscal stewardship.

Through open dialogue and honest communication, we demonstrate **Trust and Transparency** by providing consistent and accurate communication to members, stakeholders and the public.

Every day, we search for the possible in the seemingly impossible. We strive to be **Best in Class and Solution-Oriented** and find ideas and resolutions that will drive positive health outcomes for Oklahomans.

The most meaningful way to be successful is through service to others. Through **Servant Leadership**, we lead by example for our coworkers, members and stakeholders.



Beyond Collaboration

UNITING FOR GREATER IMPACT



..... Partnerships

Access to quality health care is bigger than one agency or organization. OHCA collaborates with private, public and nonprofit state and community-based organizations and tribes amplify our efforts and enable us to go the extra mile in creating lasting change. These partnerships are crucial in transforming lives through collective action as we unite for greater impact.

- **CENTERS FOR MEDICARE & MEDICAID SERVICES**
- **OFFICE OF THE GOVERNOR**
- **OKLAHOMA LEGISLATURE**
- **AETNA BETTER HEALTH OF OKLAHOMA**
- **HUMANA HEALTHY HORIZONS OF OKLAHOMA**
- **OKLAHOMA COMPLETE HEALTH**
- **DENTAQUEST**
- **LIBERTY DENTAL**
- **DEPARTMENT OF CORRECTIONS**
- **DEPARTMENT OF EDUCATION**
- **DEPARTMENT OF HEALTH**
- **OKLAHOMA HUMAN SERVICES**
- **DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**
- **OFFICE OF JUVENILE AFFAIRS**
- **INDIAN HEALTH SERVICES**
- **TRIBES AND TRIBAL PARTNERS**
- **FEDERALLY QUALIFIED HEALTH CENTERS**
- **SOONERCARE PROVIDERS**
- **MEDICAL PROFESSIONAL ASSOCIATIONS**
- **OKLAHOMA COLLEGES, UNIVERSITIES AND RESEARCH INSTITUTES**
- **OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS**
- **TULSA AND OKLAHOMA COUNTY HEALTH DEPARTMENTS**
- **TOBACCO SETTLEMENT ENDOWMENT TRUST**
- **GEORGE KAISER FAMILY FOUNDATION**
- **NONPROFIT NUTRITION ORGANIZATIONS**

Beyond Care

ENRICHING LIVES



Who We Serve

HELPING THOSE WHO NEED IT MOST

Oklahoma Health Care Authority (OHCA) administers SoonerCare health care coverage (Medicaid) to qualifying Oklahomans. Nearly one million members receive services through SoonerCare — roughly one in four Oklahomans — including certain low-income children, seniors, expansion adults, disabled individuals, those being treated for breast or cervical cancer and those seeking family planning services.

OHCA strives to enrich lives and enable change by educating and engaging members regarding health service utilization, behaviors and outcomes. Together with a statewide network of nearly 80,000 providers, we're improving health outcomes and the lives of Oklahomans.

OHCA also administers Insure Oklahoma and HealthChoice. Insure Oklahoma is an innovative program that bridges the gap in health care coverage for low-income working adults. Employer Sponsored Insurance (ESI) is designed to assist small business owners, employees and their dependents with health insurance premiums. There were 4,296 members enrolled in the ESI program as of June 2025.

The HealthChoice insurance plan, funded by the state of Oklahoma, provides group health, dental, life and disability insurance plans for public sector employees. It is administered by OHCA's Employees Group Insurance Division.

Medicaid vs. Medicare

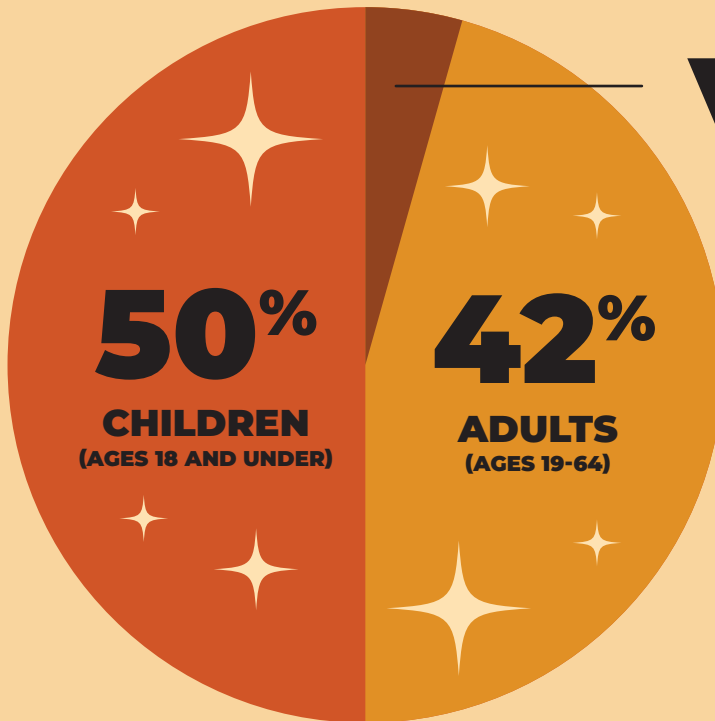
Medicaid and Medicare are government programs that operate with oversight from the federal Centers for Medicare & Medicaid Services (CMS), and both help cover health care costs for millions of Americans. While similar, there are some key differences between the programs.

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

Medicare is a federal health insurance program that provides coverage primarily to individuals ages 65 or older, regardless of income, as well as some people with disabilities.



Enrollment by Age Group



SENIORS
(AGES 65 AND OLDER)

79,395

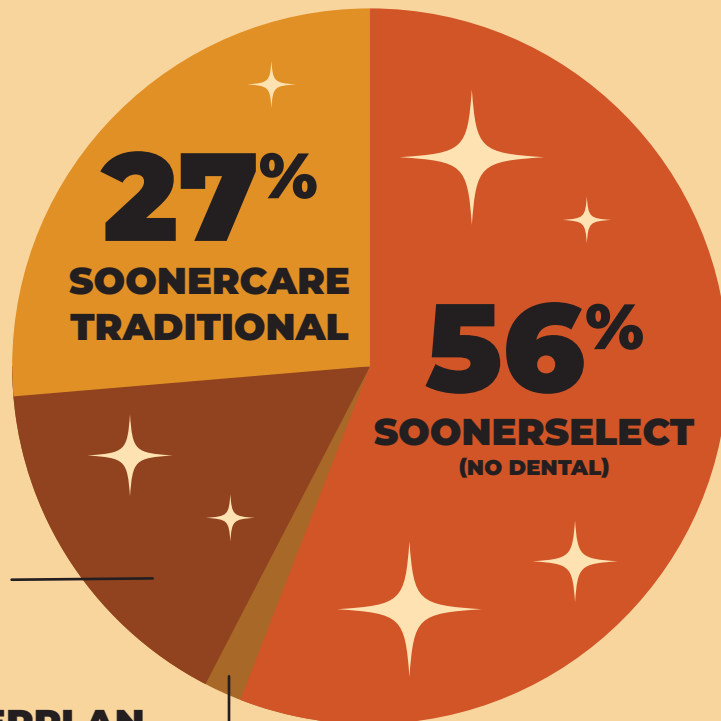
**PROVIDERS
ADMINISTER CARE
TO SOONERCARE
MEMBERS**

Note: providers
are counted
multiple
times if they
have multiple
locations.



57.2%
**OF BIRTHS IN
OKLAHOMA WERE
COVERED BY
SOONERCARE**

Enrollment by Program



16% **SOONERCARE
CHOICE**

1% **SOONERPLAN**



Beyond Treatment

PATHWAYS TO THRIVING



Programs

COVERAGE FOR COMPLEX CARE NEEDS

SoonerCare offers a variety of programs designed to meet the health care needs of Oklahomans. Most of the covered individuals receive health care benefits at no cost. Adult members are responsible for copayments, except for certain exempt eligibility groups and services. Collectively, these programs create paths to stronger, healthier lives.

SoonerCare Traditional

A comprehensive health care plan for members who do not qualify for SoonerCare Choice or SoonerSelect. SoonerCare Traditional members access services from contracted providers, which OHCA pays on a fee-for-service basis.

SoonerSelect

SoonerSelect is a health care delivery system used to coordinate health and dental care for qualifying SoonerCare members. OHCA partners with contracted entities that provide the same health care services currently offered by SoonerCare, although the contracted entities may offer extra benefits like food vouchers and YMCA memberships to help members and their families be healthier.

SoonerCare Choice

A patient-centered medical home program. In this health care model, each member has a medical home where a primary care provider coordinates the member's health care services.

SoonerCare Supplemental

A benefit plan for individuals enrolled in both Medicare and Medicaid (also known as dual eligibility). SoonerCare Supplemental pays both the Medicare co-insurance and deductible. It also provides medical benefits to supplement services covered by Medicare.

Children's Health Insurance Program (CHIP)

A federal-state program that provides federal matching funds to states to provide health coverage for children who are part of families with incomes too high to qualify for Medicaid but who cannot afford private health coverage.



Long-Term Care

Long-term care offers additional benefits to certain members enrolled in SoonerCare Traditional or SoonerCare Supplemental plans. These benefits may include long-term care facility services, in-home personal care services, or home and community-based services. The home and community-based services benefit provides medical and other supportive services as alternatives to a member entering a nursing facility or hospital setting.

SoonerPlan

The SoonerPlan covers limited services related to family planning. SoonerPlan members do not typically qualify for full SoonerCare benefits.

Soon-to-be-Sooners

A limited benefit plan that provides pregnancy-related and limited postpartum medical services to women who do not qualify for full SoonerCare benefits.

Insure Oklahoma

Insure Oklahoma offers premium assistance to help Oklahoma businesses cover their qualified staff. Businesses must have 250 or fewer employees to qualify (no more than 500 employees for nonprofits). They must also be enrolled or in the process of enrolling in a qualified health plan. The state, the employer and the employee share in the premium costs.

APPLYING FOR SOONERCARE

To be eligible for SoonerCare, an individual must meet the description of a member eligibility group. Member categories include:

- Children, parents and caretakers
- Adults who qualify through Medicaid expansion
- Pregnant individuals
- Aged, blind or disabled individuals
- Children and parents who qualify for the Temporary Assistance for Needy Families (TANF) program
- Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), a program for children with complex medical needs
- SoonerPlan, a family planning program for individuals who are not enrolled in regular SoonerCare services
- Breast and cervical cancer treatment programs
- Others, including Soon-to-be-Sooners (OHCA's unborn child program) and children who are currently or formerly in foster care

Individuals can apply for SoonerCare benefits in one of three ways:

- Fill out the online application at MySoonerCare.org (available in English and Spanish).
- Call the SoonerCare helpline at 800-987-7767.
- Submit an application certified by CMS or OHCA's agency partner network.

Approved applicants are given information that includes all programs for which they are eligible, the effective date, their member ID number and any additional documentation they must supply and its due date. If a patient-centered medical home is selected, the provider's name and phone number are listed. Any applicant not approved for benefits receives an explanation of why they were not approved.

Rigorous electronic checks are made with state and federal data sources before a SoonerCare application is approved. **Once an applicant is approved for SoonerCare, OHCA validates member eligibility on a daily, weekly, monthly and quarterly basis to proactively prevent fraud and abuse.**

SOONERSELECT

SoonerSelect provides eligible members with comprehensive, integrated health services including medical, behavioral health, dental and pharmacy. Each program serves a specific population of SoonerSelect members.

SOONERSELECT POPULATIONS

REQUIRED ENROLLMENT POPULATIONS		
SoonerSelect Health	SoonerSelect Children's Specialty Program	SoonerSelect Dental
<ul style="list-style-type: none"> • Children • Pregnant women • Deemed newborns • Parents and caretaker relatives • Expansion population 	<ul style="list-style-type: none"> • Children in foster care • Certain children in the custody of the Office of Juvenile Affairs • Former foster care children (may opt to select a health plan CE) • Children receiving adoption assistance (may opt to select a health plan CE) 	<ul style="list-style-type: none"> • Children • Pregnant women • Deemed newborns • Parents and caretaker relatives • Expansion population • Children in foster care • Former foster care children • Children receiving adoption assistance • Juvenile justice-involved children
VOLUNTARY ENROLLMENT POPULATIONS		
SoonerSelect Health	SoonerSelect Children's Specialty Program	SoonerSelect Dental
<ul style="list-style-type: none"> • American Indian/Alaskan Native may opt in 	<ul style="list-style-type: none"> • Children in tribal custody • Certain juvenile justice-involved children 	<ul style="list-style-type: none"> • American Indian/Alaskan Native may opt in
EXCLUDED POPULATIONS (ALL PROGRAMS)		
<ul style="list-style-type: none"> • Individuals enrolled in a home- and community-based service waiver • Individuals receiving long-term services and supports • Dual-eligible individuals • Individuals determined eligible for Medicaid on the basis of age, blindness or disability • Individuals enrolled in the Medicare Savings Program • Individuals infected with tuberculosis eligible for tuberculosis-related services • Individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer • Undocumented persons eligible for emergency services only • Insure Oklahoma employee-sponsored insurance for dependent children • Coverage under Title XXI for the benefit of unborn children (Soon-to-be-Sooners) • Populations other than those described above that remain enrolled due to the continuous enrollment and maintenance of effort requirement of Section 6008(b)(3) of the Families First Coronavirus Response Act 		

Within the SoonerSelect program, OHCA contracts with managed care organizations and dental benefit managers, referred to as contracted entities, to administer Medicaid compensable services to SoonerSelect enrolled members.

The SoonerSelect contracted entities for the health program are Aetna Better Health of Oklahoma, Humana Healthy Horizons in Oklahoma and Oklahoma Complete Health. For the dental program, contracted entities are DentaQuest and Liberty Dental Plan.

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Beyond Medicine

TOOLS FOR EMPOWERMENT



..... *Services and Support*

HELP BEYOND HEALTH CARE

OHCA is revolutionizing health care for the SoonerSelect population by looking beyond traditional medical benefits to tackle the critical social drivers that shape well-being. Our innovative initiatives address the root causes of health disparities, offering personalized solutions such as nutritional support, housing assistance and accessible non-medical transportation. By meeting these essential needs, we empower individuals and communities to thrive in ways that extend beyond the doctor's office. The example of benefits below illustrates how we're transforming lives with impactful care that redefines what it means to be healthy.

Food Security

Members who are identified as food-insecure can receive up to \$100 per year for nutritional foods at select local markets.

Nutrition Support

Members with certain conditions (diabetes, heart disease, cancer, etc.) can receive 21 meals per week for 12 weeks post-discharge from the hospital.

Housing Assistance

Members ages 18 and older can receive up to \$350 per year to assist with apartment rent or mortgage payments, mobile home park and lot rent, utility payments and moving expenses when transitioning from a public housing authority.

Transportation Services

Members ages 21 and older can receive up to 15 round-trips for up to 45 miles each from the member's residence per year for nonmedical transportation to the grocery store, food bank, social support groups and wellness classes.

Smartphone Services

Members ages 18 and older can receive a smartphone with a free wireless plan. Wireless phone service gives members consistent access to providers, friends, family, telehealth services and 911.

Career and Life Skills Training

Members ages 16 and older can use a free job skills training platform to discover career paths and earn credentials and certifications.

Financial Literacy

Members ages 16 and older can receive up to six sessions of life coaching for financial management and budgeting.

**“THIS MIGHT BE
A REGULAR THING
YOU DO FOR OTHER
MEMBERS, BUT YOU
HAVE NO IDEA WHAT
THIS MEANS TO ME.”**

— Amber,
SoonerSelect member

Amber’s struggle with anxiety and substance-use disorder left her facing unemployment, food insecurity and inadequate housing. She used the short-term housing benefit to secure an apartment and, with stable housing, was able to find a job she loved and that improved her mental health.

Parents to a premature baby, the father sacrificed his high-paying, out-of-town job to move back to Oklahoma City to be closer to his family and hospitals. This change left the couple financially strained. The couple felt fortunate to have access to the plan’s Diaper Club, over-the-counter products and other value-added benefits to help make ends meet.

“A GODSEND.”

— Young couple on
SoonerSelect

**“THIS PLAN
CAN NOT ONLY BE
THE DIFFERENCE
BETWEEN SOBRIETY
AND RECOVERY, BUT IN
MOST CASES, LIFE
AND DEATH.”**

— Ryan,
SoonerSelect
member

Ryan, a single father, faced immense challenges after losing several close family members in less than a year. Struggling with addiction, he found a lifeline in the short-term housing benefit after leaving an inpatient substance use program. He is now more than 125 days sober.

A SoonerSelect member on learning of benefits such as FarmBox for food insecurity, housing assistance when late on payments, and a youth and recreation program that enables the member’s children to participate in a summer sport class.

**“I’VE NEVER HAD
AN INSURANCE
COMPANY DO THIS
FOR ME BEFORE.”**

— SoonerSelect member



**“MY INSURANCE
HELPS WITH THAT,
REALLY?”**

— A SoonerSelect member, amazed that the health plan connects members with vouchers to purchase nutritional foods through the FoodRX benefit.

ADDITIONAL RESOURCES

All SoonerCare members have access to a robust network of community resources that foster stability and build resilience. Through partnerships with platforms like Be A Neighbor (FindHelp Oklahoma) and programs such as the Supplemental Nutrition Assistance Program, we encourage individuals to connect to local services that address critical needs, including food security, housing support and essential daily living assistance. Job fairs, hiring events and comprehensive job training programs are also available, equipping members with the tools they need to achieve financial independence and personal growth.



Be A Neighbor (FindHelp Oklahoma)

Be A Neighbor offers free or reduced-cost services to meet a variety of needs including food, housing, goods, transit, education, work, legal, health care and more.

Oklahoma Human Services (OHS)

OHS offers a variety of services that help Oklahomans in need. Services include food assistance, child support and care, disability services and more.

Emergency Financial Assistance

Temporary Assistance for Needy Families (TANF) is a federally funded program that helps families meet their basic needs. TANF supports children in need due to a parent's death, incapacity, absence or unemployment.

Supplemental Nutrition Assistance Program (SNAP)

SNAP is a federal program that provides a monthly benefit to buy food. The benefit amount is based on household size, income and allowed expenses.

Oklahoma Employment Security Commission

Offices across the state offer free services, job fairs and hiring events that help job seekers find and apply for jobs and prepare for interviews.

Employ Oklahoma

Employ Oklahoma enables job seekers to create professional resumes, perform job searches, explore in-demand occupations, find on-the-job training and connect with career counselors.

Beyond Success

REDEFINING POSSIBILITIES



..... Achievements

OHCA achievements aren't just milestones, they're steppingstones. These markers of success reflect our dedication to creating healthier, more resilient lives. Below are a handful of the agency's most notable accomplishments for SFY2025.

BEHAVIORAL HEALTH

- In partnership with Oklahoma Human Services, in 2022, the Behavioral Health (BH) team launched the Specialty Program for At-Risk Kids (SPARK), a care coordination initiative. SPARK is designed to support children in parental or guardian custody, as well as those involved with Child Welfare Services who present with complex behavioral health and medical needs. To date, the BH team has completed care coordination for 149 high-acuity members, ensuring they receive appropriate services across both higher levels of care and outpatient settings.
- The BH Prior Authorization team processed an average of 3,300 prior authorizations per month, ensuring medical necessity criteria were met for inpatient services, therapeutic foster care and Applied Behavior Analysis. Additionally, the team developed a streamlined process to identify members with potential complex needs who receive inpatient psychiatric care, referring them to the SPARK team for intensive follow-up upon discharge.
- The Service Quality Review team developed and implemented a quality review process for Applied Behavior Analysis. The team conducted reviews for 58 facilities including inpatient behavioral health, residential substance use and therapeutic foster care across 103 sites, ensuring members receive quality care. Additionally, the team completed post-review evaluations for 19 inpatient and residential substance use treatment facilities.

CHRONIC CARE MANAGEMENT

- The Chronic Care Management team reviewed 2,051 cases and proactively opened 927 cases for the Cure Hepatitis C Initiative.
- Among the members the team engaged, over 16% received life-saving curative treatment — a significant increase compared to the 5% treatment rate among those not contacted.
- The team's efforts tripled the hepatitis C treatment rate, leading to both significantly improved health outcomes and substantial cost savings for the state.
- With 45 individuals receiving treatment, the agency achieved an estimated first-year cost avoidance of \$715,815. Over a 10-year period, the projected cost avoidance for these same 45 individuals reaches approximately \$6.11 million.

ELIGIBILITY & COVERAGE SERVICES

- The call center received 1,031,511 member calls and reviewed 545,998 eligibility documents, ensuring timely access to health coverage for families statewide.
- The Eligibility & Coverage Services (ECS) team updated the document verification guide, which helps members understand what documents are needed. Additionally, the team added new language to the member portal to help members understand what documents to submit and where each document is in the document lifecycle. Early feedback shows measurable improvement in member clarity and satisfaction with the new verification guide. Overall member sentiment across documentation topics improved by approximately 5% in a single month, with the guide itself showing the sharpest improvement with a 44% reduction in negative feedback.
- There was a 0% eligibility error rate under the federal Medicaid Payment Error Rate Measurement (PERM) program during this year's audit cycle.
- ECS implemented new Member Advisory Task Force requirements, increasing member involvement and expanding the voices involved in the Medicaid experience.
- Through an internal subsidy audit, the Insure Oklahoma program delivered cost savings of approximately \$200,000 annually. In addition, Insure Oklahoma supported Oklahomans by providing premium assistance totaling \$22,874,333 in subsidies and onboarding 315 new employers, expanding affordable coverage opportunities for Oklahoma small businesses and their employees.
- The ECS training team hosted 47 trainings for community and agency partners and 11 staff trainings, ensuring accuracy and consistency across Medicaid eligibility and application processes. The team also onboarded five new community partners, expanding community access points for members to receive trusted, in-person assistance.

FINANCIAL SERVICES

- The Finance team successfully completed the PeopleSoft implementation project. This project involved transitioning accounting and finance functions from Great Plains to the state-standard, cloud-based system PeopleSoft Financials. Transitioning to PeopleSoft allowed finance to retire outdated financial systems and reduce processing time for financial reports and invoicing.

MEMBER SERVICES

- Community Partner Education achievements include onboarding five new community partners since July 2024, adding multiple new contacts to the agency's stakeholder distribution list (now totaling 320 contacts) and responding to over 1,000 email inquiries from stakeholders.

PHARMACY

- Pharmacy continued to partner with Arine, a platform that provides comprehensive medication management, driving positive clinical outcomes for members and saving money for the state. Members can receive Medication Therapy Management (MTM), which allows for a thorough review of medications via a comprehensive medication review (CMR). CMRs identify polypharmacy, duplicate therapy and other medication-related issues, increase patient medication compliance and ultimately improve health outcomes.
- Members receive targeted medication reviews (TMRs), which identify specific gaps in therapy and resolve any medication-related issues. During the third and fourth quarters of CY2024, more than 14,000 outreach calls were made. Over the entire year (CY2024), over 22,000 members were engaged. Through the partnership with Arine, over 10,600 CMRs and TMRs were completed.
- Arine's program targeting high-risk, high-cost members provided a monthly cost savings of \$206 per engaged member for 2,500 members. Their program targeting prescribers with high-impact prescribing opportunities demonstrated a monthly cost savings of \$69 per engaged member for 20,100 members.
- High-risk, high-cost members receiving one or more recommendations showed an increase in adherence rates for antidepressants (13% increase), antidiabetics (9% increase) and statins (30% increase). This population saw a 25% reduction in hospitalizations and a 13% reduction in emergency department visits. Overall, this partnership resulted in an annualized savings of \$15.8 million for the 2024 calendar year.
- Pharmacy has worked diligently to be fiscally responsible through federal and supplemental rebate collections. During SFY2025, drug rebate collected \$745 million in rebates. OHCA's program integrity pharmacist performs audits on claims and finds ways to recoup money for inappropriately or incorrectly billed prescription claims. Through daily pharmacy claims analysis, inappropriate and wasteful billing practices were identified, investigated and organized by the pharmacy department.
- Once pharmacy identified these practices, they collaborated with OHCA's IT and Program Integrity (PI) departments to take action. Continued collaboration with IT has resulted in the implementation of system edits and updates to help prevent post-payment recoupment and future inappropriate spending.
- Collaboration with PI aided in audits and recoupment and referral for fraud, waste and abuse cases. Pertinent projects included addressing inappropriate payments based on OHCA rules and policies that identified over \$46,000 eligible for recoupment and IT edit implementation; updates to prevent improper payments from occurring, estimated to save the agency over \$410,000 in the following year alone, and formulary management, which saved the state an estimated \$775,000 quarterly.

SOONERSELECT

- The SoonerSelect dental program celebrated its first anniversary on Feb. 1, 2025. The SoonerSelect health and Children's Specialty Program celebrated their first anniversary on April 1, 2025. These programs offer the core benefits covered under the traditional SoonerCare fee-for-service program along with expanded access to value-added benefits.
- Leading up to the open enrollment period, a concentrated effort was made to strengthen relationships with tribal partners and increase American Indian/Alaskan Native enrollment numbers. As of June 2025, tribal enrollment in the health program increased to 28,150, representing a 249% increase from 2024. Enrollment in the dental program totaled 51,000, an 89% increase compared to 2024.
- OHCA awarded the monitoring and oversight compliance Request for Proposal (RFP) to Accenture for the procurement of the Managed Care Insights (MCI) tool and began implementation efforts in early 2025. MCI is a one-stop application for OHCA to intake, review and report on contracted entity compliance to ensure they meet their contractual commitments to the state.
- SoonerSelect Operations approved multiple service provision changes from contracted entities that resulted in measurable cost savings and enhanced efficiency in service delivery, ensuring that resources are maximized to better serve members. An example was the approval of the implementation of a custom drug maintenance list. The health plans asked OHCA to consider allowing them to establish a process to add new medications/products to the drug maintenance list to ensure the list was equally or less restrictive than OHCA's fee-for-service drug list. This resulted in greater convenience, fewer pharmacy visits and reduced out-of-pocket copays for members.
- Another implemented change added additional prior authorization requirements for certain high-cost drugs, which reduces the risk of these being administered without appropriate medical necessity.
- Additionally, the implementation of a front-end prior authorization process reduces the risk of an adverse decision in a post-claim review, thereby eliminating any provider abrasion and potential financial risks.

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Beyond Numbers

INVESTING IN IMPACT

..... Financial Reports

Behind every figure is a story of how taxpayer resources create healthier communities. Our financial stewardship is more than balancing budgets — it's directing resources where they make the greatest difference. Fiscal year 2025 marked a period of significant financial achievement for the agency, characterized by strong revenue growth and enhanced operational efficiency.

FEDERAL MEDICAL ASSISTANCE PERCENTAGE

The Federal Medical Assistance Percentage (FMAP) determines the federal government's share of the cost of most covered services for state Medicaid programs. It is not a static number; the complex formula is based on the average per capita income of each state compared to the national average. By law an FMAP cannot be less than 50%.

Because the FMAP is determined by federal fiscal year, two years are blended to calculate an accurate FMAP for each state fiscal year. Oklahoma's regular FMAP for SFY2024 was 67.49%. For every \$1 the state spent on SoonerCare in SFY2024, the federal government matched \$2.08 for a total of \$3.08. If Families First Coronavirus Response Act (FFCRA) enhancements are added to the regular FMAP, the FMAP for SFY2024 was 68.49%. For every \$1 the state spent on SoonerCare in SFY2024, the federal government matched \$2.17 for a total of \$3.17.

BUDGET UPDATE

State Bill 1125 marked the state's SFY2025 budget agreement during the end of the 2024 session. OHCA's state appropriation was \$1,310,509,100 with the direction of a \$100 million mandated transfer to the rate preservation fund. OHCA's limit bill SB 1134 mandated the use of \$30 million from OHCA's cash reserves to increase reimbursements to long-term care facilities and intermediate care facilities for individuals with intellectual disabilities.

The SFY2025 OHCA total budget is \$11,195,536,700, a 12% increase. This increase was driven mostly by program growth, utilization and cost, along with mandated long-term care rate increases and state-directed supplemental payments with the implementation of SoonerSelect as the new managed care delivery system.

SUPPLEMENTAL PAYMENTS

Oklahoma, like many states, makes supplemental payments through its Medicaid program to certain types of providers in addition to claims-based payments. These supplemental payments are typically allocated among eligible providers based on the amount of Medicaid revenue received. SHOPP, the Supplemental Hospital Offset Payment Program, is the largest supplemental payout — over \$1.2 billion to participating hospitals in CY2024.



Beyond Advocacy

SHAPING A HEALTHIER FUTURE



..... Legislative Report

OHCA's work at the capitol goes beyond advocacy. We're helping to shape policies that strengthen Medicaid and improve health outcomes for the members we serve. By engaging with lawmakers at both the state and federal levels, we champion legislation that protects access to care, addresses social drivers of health and ensures sustainability for the future.

FEDERAL MEDICAID LEGISLATION

The One Big Beautiful Bill (H.R.1) was signed into law on July 4, 2025, just after SFY2025 closed out. It encompasses a broad range of spending and budgetary items including provisions that will affect Medicaid programs nationwide. Many of these changes do not take effect immediately, and several are phased in over a number of years. Key provisions include the following:

Community engagement provisions, Section 71119:

- States must establish work/community engagement requirements by December 31, 2026. This provision will apply to adults ages 19-64 who are eligible for the expansion group or waivers that provide Minimum Essential Coverage (MEC). Mandatory exceptions will be granted for pregnant women, foster youth, Indians/Urban Indians, veterans with rated disabilities, medically frail and other categories of individuals.
- Oklahoma Impact: About 126,000 members will be affected by the new requirements. Fiscal impact is currently in development.

Provider tax provisions, Section 71120:

- Various changes to provider taxes include freezing provider taxes at current levels and phasing down "hold harmless" thresholds on provider taxes (excluding skilled nursing and intermediate care facilities) from 6% to 3.5% over a specified period of years.
- Oklahoma Impact: Hospital Provider Tax (eff. 2032): \$209M total with \$49M in state share; Ambulance Provider Tax (eff. 2028): \$6.8M total with \$1.9M in state share.

Managed care state-directed payments (SDPs) provisions, Section 71121:

- Caps new SDP submissions at 100% of Medicare and requires approved SDPs to be reduced by 10 percentage points per year until they are no greater than 100% of Medicare rates.
- Oklahoma Impact: Hospital Directed Payments Reduction (eff. 2028): A 10% decrease would result in a \$108M impact in the first year.



Provisions related to Medicaid coverage of immigrant populations, Section 71109:

- Various noncitizen groups will no longer be considered qualified noncitizens for the purposes of Medicaid/CHIP.
- Oklahoma Impact: This would only allow lawful permanent residents to access the Soon-to-be-Sooners program. This change is projected to cut program enrollment by half.
- Rural Health Transformation Program, Section 71041: This grant program invests in long-term solutions for rural health care. OHCA is currently working with stakeholders to develop a comprehensive strategy.

STATE MEDICAID LEGISLATION

During the 60th legislative session, four OHCA request bills were passed and became law. This session saw 3,252 bills filed with 563 that would become law. Out of the more than 500 bills that were sent to the governor, 148 were signed and 75 were vetoed. If bills were not acted upon by the governor, they became law without his signature. Additionally, the majority of the governor's vetoes were overridden by the legislature. The general appropriations bill, HB 2766, became law without the governor's signature and went into effect on July 1, 2025. OHCA received a 7.63% appropriations increase to account for FMAP annualizations and general Medicaid increases mainly due to utilization costs.

HB 1187 – Modifies opt-out provisions of the Oklahoma Employees Insurance and Benefits Act to remove group insurance.

Authors: Rick West (R), George Burns (R)

HB 1389 – Includes additional screening types for healthcare coverage of certain diagnostic breast cancer health treatments.

Authors: Melissa Provenzano (D), Brenda Stanley (R)

HB 1575 – Requires a feasibility study to be conducted to merge various Health and Human Services (HHS) systems, including Medicaid.

Authors: Mark Lawson (R), Ally Seifried (R)

HB 1576 – Requires OHCA to provide coverage for rapid whole genome sequencing through Medicaid when certain criteria are met; EMERGENCY.

Authors: Mark Lawson (R), Carri Hicks (D)

HB 1808 – Modifies various prior authorization requirements, including establishing 3-year prior authorizations for drugs treating chronic conditions and 24-hour turnaround times for urgent prior authorizations.

Authors: Carl Newton (R), Dave Rader (R)

HB 1810 – Modifies prior authorization requirements to align with the Ensuring Transparency in Prior Authorization Act and extends the implementation deadline for the addition of four OHS-requested populations into the CSP; EMERGENCY.

Authors: Carl Newton (R), Christi Gillespie (R)

HB 1811 – Modifies the timeframe for the treatment of chronic conditions and the validity period for prior authorization of inpatient and non-inpatient care from 72 to 24 hours.

Authors: Carl Newton (R), Darcy Jech (R)

HB 2049 – Requires state Medicaid managed care plans to comply with federal and state laws, as applicable, related to mental health and Substance Use Disorder (SUD) services and directs certain related analysis and reporting.

Authors: Preston Stinson (R), Todd Gollihare (R)

HB 2052 – Exempts domestic HMOs that contract with OHCA from certain commercial insurance mandates within Title 36.

Authors: Preston Stinson (R), Paul Rosino (R)

HB 2108 – Adjusts various references in the Employee Insurance and Benefits Act to remove certain references to the Office of Management and Enterprise Services (OMES) and replace such references with OHCA.

Authors: Mike Osburn (R), Christi Gillespie (R)

HB 2797 – Prohibits the use of certain statistical methods in claims auditing, voids any pre-existing audits using such methodology and places home and community waiver audits under OHCA; EMERGENCY.

Authors: Trey Caldwell (R), Chuck Hall (R)

SB 56 – Authorizes OHCA to create a program that compensates family members of Medicaid patients that serve as in-home caregivers; EMERGENCY.

Authors: Todd Gollihare (R), Preston Stinson (R)

SB 109 – Requires health insurance in the state to provide coverage for certain genetic testing procedures related to cancer and family history.

Authors: Brenda Stanley (R), Nicole Miller (R)

SB 176 – Requires health benefit plans to provide coverage for a three-month initial supply and a six-month resupply of contraceptives to enrollees prescribed such drugs.

Authors: Jo Anna Dossett (D), Cynthia Roe (R)

SB 253 – Directs OHCA to include a supplemental item in its annual budget request reflecting the new state and federal funding necessary to meet reimbursement costs for nursing and other state facilities.

Authors: Kelly Hines (R), Preston Stinson (R)

SB 438 – Requires health insurers to notify healthcare providers of fees associated with credit card payments.

Authors: Bill Coleman (R), Chris Sneed (R)

SB 515 – Allows individuals to pay out of pocket for health care services and requires their carrier to count the amount spent towards their deductible.

Authors: Avery Frix (R), Suzanne Schreiber (D)

SB 806 – Creates the Food is Medicine Act to direct OHCA to cover nutrition services; EMERGENCY.

Authors: Adam Pugh (R), Anthony Moore (R)

SB 903 – Modifies the membership for the Medical Advisory Committee (MAC) to include a member representing a contracted entity or a health plan association representing more than one organization; expands the MAC to a maximum of 16 members.

Authors: Paul Rosino (R), Preston Stinson (R)

SB 1050 – Decreases the window for health insurers to request a refund of payment from health care providers under the Unfair Claims Settlement Practices Act; the window will shift to 12 months.

Authors: Ally Seifried (R), Carl Newton (R)

SB 1067 – Raises out of network ambulance rates to the lesser of billed charges or 325% of the Medicare rate.

Authors: Paul Rosino (R), Preston Stinson (R)

SB 1135 – Adjusts and clarifies certain standards and restrictions on health care premium tax funds and related credits; EMERGENCY.

Authors: Chuck Hall (R), Trey Caldwell (R)

STATE EGID LEGISLATION

HB 1187 – Modifies opt-out provisions of the Oklahoma Employees Insurance and Benefit Act to remove group insurance.

Authors: Rick West (R), George Burns (R)

HB 1389 – Includes additional screening types for health care coverage of certain diagnostic breast cancer health treatments.

Authors: Melissa Provenzano (D), Brenda Stanley (R)

HB 1808 – Three-year prior authorizations for drugs treating chronic conditions and 24-hour turnaround times for urgent PAs.

Authors: Carl Newton (R), Dave Rader (R)

HB 1811 – Modifies the timeframe for treatment of chronic conditions and validity period for prior authorization of inpatient and non-inpatient care from 72 to 24 hours.

Authors: Carl Newton (R), Darcy Jech (R)

HB 2048 – Creates the 340B Nondiscrimination Act which prohibits health insurers and pharmacy benefits managers from reimbursing 340B entities for certain drugs at reduced rates or engaging in other discriminatory actions.

Authors: Preston Stinson (R), Brent Howard (R)

HB 2108 – Adjusts various references in the Employee Insurance and Benefits Act and requires the Health Care Authority to work in conjunction with OMES to determine certain provisions.

Authors: Mike Osburn (R), Christi Gillespie (R) (OHCA Request)

SB 109 – Requires health insurance in the state to provide coverage for certain genetic testing procedures related to cancer and family history.

Authors: Brenda Stanley (R), Nicole Miller (R)

SB 176 – Requires health benefit plans in the state to provide coverage for a three-month initial supply and a six-month resupply of contraceptives to enrollees prescribed such drugs.

Authors: Jo Anna Dossett (D), Cynthia Roe (R)

SB 438 – Requires health insurers to notify health care providers of fees associated with credit card payments.

Authors: Bill Coleman (R), Chris Sneed (R)

SB 515 – Allows individuals to pay out of pocket for health care services and requires their carrier to count the amount spent towards their deductible.

Authors: Avery Frix (R), Suzanne Schreiber (D)

SB 789 – Requires pharmacy benefit managers, that make their provider network or contracts available to other managers, to provide certain information and prohibits the combination of any government plans with nongovernment plans.

Authors: Todd Gollihare (R), Preston Stinson (R)/T.J. Marti (R)

SB 993 – Relates to pharmacy benefit managers, adjusting claim limits and setting various standards related to audits.

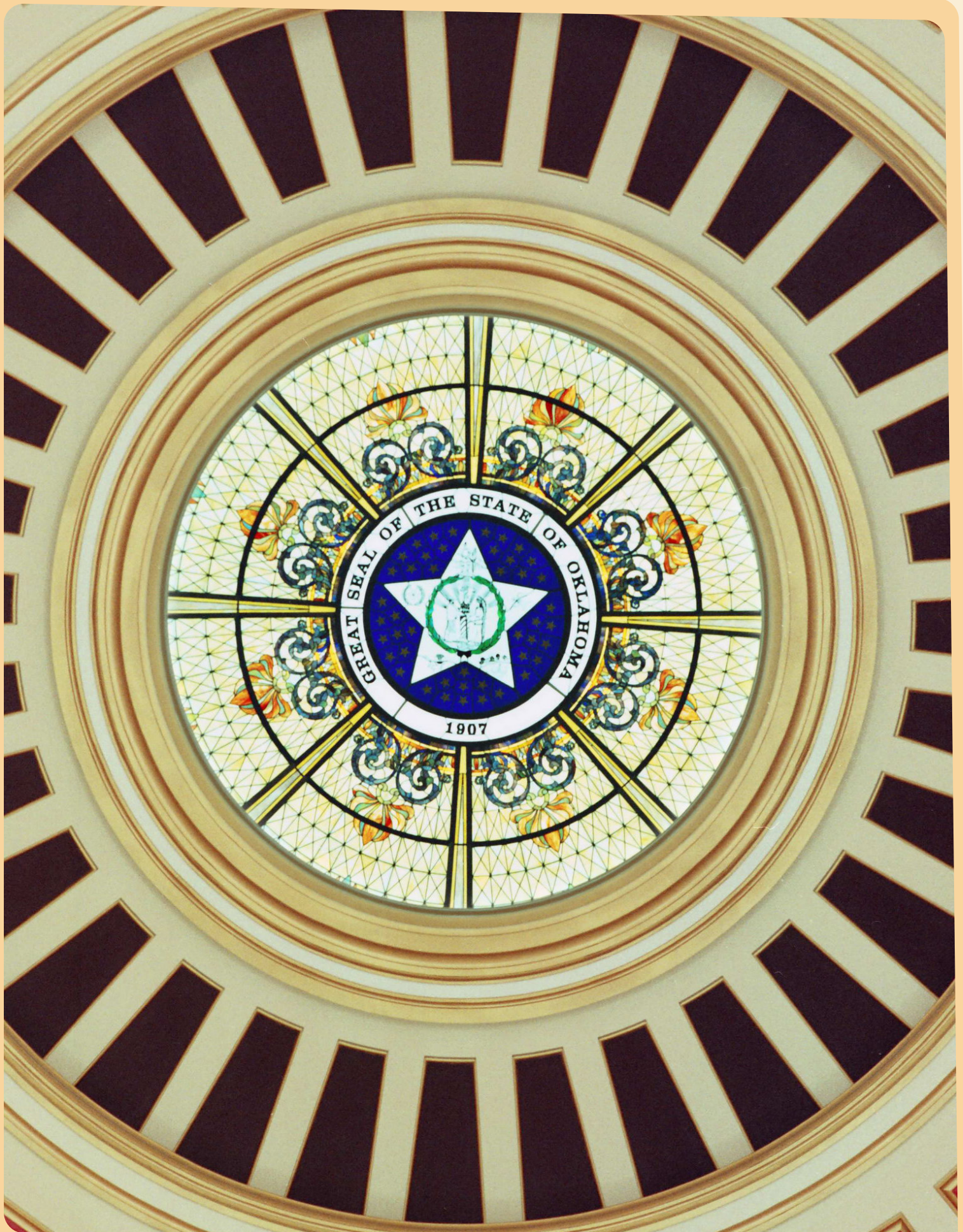
Authors: Todd Gollihare (R), Preston Stinson (R)

SB 1050 – Decreases the window for health insurers to request a refund of payment from insureds or health care providers under the Unfair Claims Settlement Practices Act; the window will move to 12 months.

Authors: Ally Seifried (R), Carl Newton (R)

SB 1067 – Authorizes local government entities to submit certain rates to the Insurance Department and requires the Department to establish and maintain a database of the rates submitted and report related data to the Legislature; raises out of network ambulance rates to lesser of billed charges/325% Medicare rate.

Authors: Paul Rosino (R), Preston Stinson (R)



Beyond Headlines

CELEBRATING SUCCESSES



..... *In The News*

Over the past year, our initiatives and partnerships have created stories of impact that resonate far beyond our agency. Alongside these achievements, we've celebrated significant agency successes and welcomed key new members to the team.

OHCA WELCOMES NEW EXECUTIVE LEADERS

In SFY2025, OHCA welcomed several new leaders to the executive team. Gary Beebe was named administrator of the Employee Group Insurance Division (EGID) in November 2024. With more than three decades of dedicated service to EGID and the State of Oklahoma, Beebe brings a wealth of experience, institutional knowledge and a deep commitment to serving Oklahoma's citizens and public servants.

After chief financial officer Aaron Morris became the State of Oklahoma's chief financial officer, OHCA tapped Josh Richards as the agency's new chief financial officer in March 2025. Richards has demonstrated leadership in financial operations, program integrity and auditing, and will oversee the agency's financial strategies, budgeting and fiscal policy implementation.

In May 2025, the agency welcomed Sherri White as chief operating officer. White oversees Medicaid program operations, including managed care, data and quality, provider relations and eligibility and coverage services.

During that same month, two promotions were announced. Carolyn Reconnu-Shoffner was named chief clinical officer, a role to which she brings extensive experience in care management, behavioral health, non-emergency medical transportation and Medicaid service delivery. Christina Foss was named state Medicaid director, in addition to her role as chief of staff. Foss oversees state and federal policy in addition to communications and government affairs.



NEWS RELEASES

May 12, 2025 - Oklahoma Health Care Authority Welcomes New Chief Operating Officer, Appoints Two Long-Standing Leaders to Executive Roles

OHCA welcomes Sherri White as chief operating officer and announces the promotion of Carolyn Reconnu-Shoffner as chief clinical officer and Christina Foss as state Medicaid director, in addition to her role as chief of staff. [Read more.](#)

April 30, 2025 - SoonerSelect Open Enrollment Begins May 1: What Members Need to Know

Beginning May 1, SoonerSelect members can participate in open enrollment by choosing to stay in their current health and dental plans or make a change. [Read more.](#)

April 1, 2025 - SoonerSelect Celebrates One Year of Transforming Health Care for Oklahomans

One year after launching, SoonerSelect is delivering positive results for members and providers across the state. [Read more.](#)

March 6, 2025 - OHCA names Josh Richards as Chief Financial Officer

With more than 20 years of public service experience, Richards will oversee the agency's financial strategies, budgeting and fiscal policy implementation. [Read more.](#)

December 17, 2024 - Oklahoma Health Care Authority Earns 5th Consecutive Top Workplaces Honor

The recognition is awarded solely on employee feedback gathered through a confidential survey administered by an employee engagement technology partner. [Read more.](#)

November 26, 2024 - Gary Beebe Named Administrator of Employee Group Insurance Division

With more than three decades of dedicated service to EGID and the State of Oklahoma, Beebe brings a wealth of experience, institutional knowledge and a deep commitment to serving Oklahoma's citizens and public servants. [Read more.](#)

November 6, 2024 - OHCA Distributes \$11.5 Million to Oklahoma Providers through Incentive Payment

This payment was the first in a series of payments that are designed to incentivize health care providers to offer premium preventive and primary care services to SoonerSelect members. [Read more.](#)

September 19, 2024 - Oklahoma Strengthening Medicaid and Correctional Partnerships for Reentry Services

This initiative brings Oklahoma and five other states together to develop a shared vision for improving reentry services. [Read more.](#)

July 23, 2024 - OHCA, OSDE to Enhance School-based Services with Federal Grant

This investment will allow more students and their families to connect with local and state health care resources. [Read more.](#)

Beyond Duty

CATALYSTS OF CHANGE



OKLAHOMA
Health Care Authority

Award
for
Excellence

Operational
Excellence



OKLAHOMA
Health Care Authority

Award
for
Excellence

Fiscal
Responsibility

.....*Servant Leadership*.....

At the heart of our agency is a commitment to servant leadership. This guiding principle shapes how we lead, collaborate and serve. True leadership begins with a focus on others, and we prioritize people and purpose over position to cultivate a culture of trust, accountability and shared success. United by this philosophy, our servant leaders don't just manage change, they inspire it.

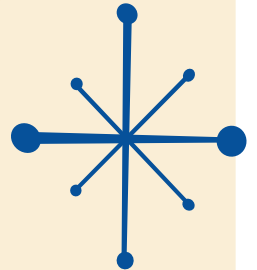
EXECUTIVE STAFF FOR SFY2025



Ellen Buettner
Chief Executive Officer



Christina Foss
State Medicaid Director
and Chief of Staff



Elizabeth Cooper
Chief Administrative
Officer



Sherri White
Chief Operating Officer



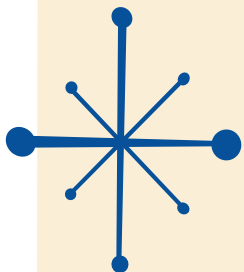
Josh Richards
Chief Financial Officer



Carolyn Reconnu-Shoffner
Chief Clinical Officer



Gary Beebe
Employee Group Insurance
Division Administrator



BOARD OF DIRECTORS



Chairman Marc Nuttle,
appointed by Governor



Vice Chairman Alex Yaffe,
appointed by Speaker
of the House



Tanya Case, appointed
by Speaker of the House



Clark Jolley, appointed by
President Pro Tempore



Corey Finch, M.D,
appointed by Governor



Phillip Kennedy,
appointed by Governor



Kim Leland,
appointed by Governor



John Christ,
appointed by Governor



Jeffrey Cruzan M.D.,
appointed by President
Pro Tempore

OHCA ALL STARS

OHCA recognizes excellence and innovation through the monthly All-Star Award. The following individuals were recognized in SFY2025 for outstanding service.

JULY

*Kristen
Booth*

AUGUST

*Jennifer
Merkey*

SEPTEMBER

*Mary
Ann Dimery*

OCTOBER

*Lori
Carroll*

NOVEMBER

*Megan
Brondel*

DECEMBER

*Braden
Mitchell*

JANUARY

*Tyler
McLemore*

FEBRUARY

*Carolyn
Berry-Green*

MARCH

*Angelica
Lopez*

APRIL

*Kimberly
Ross*

MAY

*Mary
Triplet*

JUNE

*Eric
Montgomery*

COMMITTEES

Behavioral Health Advisory Council

The council provides input to OHCA and designated agents regarding behavioral health care within Oklahoma's Medicaid programs.

Drug Utilization Review (DUR) Board

DUR advises OHCA about the appropriate and optimal use of pharmaceuticals for Oklahoma Medicaid recipients.

Long-term Quality Initiatives Council (LTCQIC)/Living Choice Advisory Council (LCAC)

The Living Choice Advisory Committee (LCAC) advises and assists OHCA and its partner agencies in the design, development and implementation of the Living Choice program.

Medical Advisory Committee (MAC)

MAC assists OHCA in policy issues and quality standards of the Medicaid program.

OHCA State Plan Amendment Rate Committee

The Advisory Committee on Rates and Standards recommends changes to rates that necessitate a state plan amendment.

Quality Advisory Committee

The Quality Advisory Committee provides oversight and evaluates performance across all quality-related aspects and make recommendations to OHCA and the OHCA Board on measures to be used by the contracted entities in OHCA's new comprehensive health care model, SoonerSelect.

Tribal Consultation Meetings

OHCA holds bimonthly meetings with tribal partners to consider items including but not limited to policy, waivers, procedures, legislative mandates and budgets.

Member Advisory Task Force (MATF)

The MATF seeks to improve the SoonerCare Choice program by receiving input and feedback from members and their families.



OKLAHOMA

Health Care Authority

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