

SERVICE

and

STEWARDSHIP



Oklahoma Health Care Authority
Annual Report SFY 2019

TABLE of CONTENTS



| | |
|----------------------------|----------|
| Letter From Our CEO | 4 |
| SERVICE | 6 |
| About Our Members | 7 |
| Kayla's Story | 8 |
| About SoonerCare | 9 |

| | |
|----------------------------|-----------|
| Benefit Packages | 10 |
| Legislative Update | 12 |
| Engagement | 14 |
| <hr/> | |
| STEWARDSHIP | 16 |
| <hr/> | |
| About Our Agency | 17 |
| Eligibility | 18 |
| Responsive Programs | 20 |
| Program Integrity | 22 |
| Collaboration | 23 |
| Public Servants | 24 |
| Why We Care | 25 |
| Partnerships | 26 |
| Leadership | 27 |

LETTER FROM OUR CEO

A Year in Review

As we look back on 2019, I am deeply inspired by the efforts of our agency to make Oklahoma a better place for all residents, particularly those most at risk. Our team has worked tirelessly this past year to be responsive to the health care needs of Oklahomans.

Reflecting on several of our ongoing initiatives this year, I am reminded of how firmly service is rooted in the culture of our agency. We collaborated with physicians, members and policymakers to implement strategies addressing the opioid crisis in our state. We advocated for a pay-for-performance model and personal needs allowances for members in nursing home care, along with a more robust prescription program. We developed a performance and health improvement plan that is digging into issues of access to care and preventive health services, and we are continuously seeking to improve outcomes for children and adolescents while addressing quality measures. We held regional forums across our state to seek insight on program changes from members, providers and community leaders.

I am humbled by the level of dedication and compassion this team shows as we serve our members on a daily basis.

We are also committed to serving the entire state by prioritizing stewardship. This year we implemented checks and balances to ensure eligible members' coverage continues. We sought cost-saving measures at an administrative level. We revised policy to keep program and provider spending in Oklahoma. We went to bat for our members with chronic illnesses to provide better access to services while reducing health care costs through our health management program — an operation that generated a return on investment of more than 276%. We fostered partnerships with private, public, and nonprofit organizations and tribes to generate information and resources for families on SoonerCare.

This year brought a whirlwind of change to the agency with an ever-strengthening dedication to service and stewardship. I hope you will join me in marching into 2020 with an open mind and a passionate drive to lead our state — and our members — forward.

Onward,



Kevin Corbett



dedication

OHCA is dedicated to serving members and prioritizing stewardship.

In 2019, OHCA CEO Kevin Corbett led the first agencywide town hall meeting where he discussed the agency's guiding principles of success:

1. Passion for Purpose.
2. Empowerment and Accountability.
3. Transparency.
4. Best in Class/Solution-Oriented and Outcome-Driven.
5. Servant Leadership.

SERVICE



Moving the Needle

Serving our members is the heart of everything we do at OHCA. As an agency we strive to meet the health care needs of Oklahomans, stay responsive to current health events, engage and listen to communities statewide, and go above and beyond to provide quality care. Our goal is to continuously improve health outcomes in Oklahoma.

The following information contains some notable achievements from the past year that demonstrate the many forms of service we provide Oklahomans.



17.4%

of members were aged, blind or disabled and accounted for

45.5%

of all expenditures.

624,813

children ages 0-20 were covered by SoonerCare.

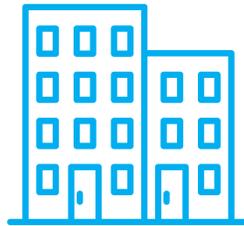
998,209

members enrolled through SoonerCare and Insure Oklahoma.



1 in 4

Oklahomans were covered by SoonerCare.



3,729

businesses were enrolled in Insure Oklahoma as of June 2019, and

31,005

individuals were covered during SFY 2019 through the individual plan and employer-sponsored plans.

55,739

providers administered care to SoonerCare members.

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



57.1%

of births in Oklahoma were covered by SoonerCare.

Note: The most recent data on total births in Oklahoma is from the 2018 census.



Kayla

Members like Kayla Felty are the heart of our mission.

Kayla Felty is one of nearly 1 million SoonerCare members. Some of Kayla's diagnoses include intellectual disability, blindness and nonverbal communication. She requires daily, specialized care.

"If Kayla did not have SoonerCare, I wouldn't be able to work," said Wanda, Kayla's mother.

It is important that her daughter is cared for by someone who respects her and also understands her medical conditions.

"When SoonerCare stepped in and started providing some of the day time support for Kayla, that gave me the mental break for me to be healthy."

To see Kayla's full story, visit the OHCA YouTube channel.

ABOUT SOONERCARE

Commonly Asked Questions

What is SoonerCare?

SoonerCare covers many health care services for our members in the most fiscally responsible way. There are limits in place to ensure only medically-necessary services are provided, and, in some cases, particular benefits are for children only. There is no cost for those who meet the SoonerCare income guidelines; however, copays may apply to some services for adults.

Mandatory services are required under federal law and are monitored by the Centers for Medicare & Medicaid Services. SoonerCare also offers several benefits that are not federally required to maintain or increase health and quality of life. For a full list of benefits, please visit the OHCA website.

How is Medicaid Different From Medicare?

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

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

In contrast, Medicaid is a federal-state program that assists low-income individuals of 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 within federal guidelines. In addition, waivers give states flexibility to offer optional services, evaluate new methods for health care service delivery and more.

What is CHIP?

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

Like Medicaid, CHIP is a federal-state program. It provides benefits to eligible children, through both Medicaid and separate CHIP programs. In Oklahoma, CHIP is operated as part of SoonerCare.

SoonerCare covers many health care services for our members in the most fiscally responsible way.

BENEFIT PACKAGES

Coverage Programs

The health care needs of Oklahomans are complex. SoonerCare offers various health benefit packages to accommodate our members in the most fiscally responsible way.

Individuals on SoonerCare receive covered services at no cost. Adult members are responsible for copays, except for certain exempt eligibility groups and services. To be eligible for SoonerCare, an individual must first meet the description of a member eligibility group. OHCA administrative rules detail specific qualifications for each group. Member categories include:

- Children and parents who qualify for the Temporary Assistance for Needy Families program.
 - Children, parents and caretakers.
 - Aged, blind or disabled.
- The aged, blind or disabled not included in TANF.
- Tax Equity and Fiscal Responsibility Act of 1982.
- SoonerPlan, a family planning program for individuals who are not enrolled in regular SoonerCare services.
- Breast and cervical cancer treatment program.
- Other, including Soon-to-be-Sooners and children who are currently or formerly in foster care.

SoonerCare Choice

- A patient-centered medical home program. In this health care model, each member has a medical home where a primary care provider organizes their health care services.
-

SoonerCare Traditional

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

SoonerCare Supplemental

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

Long-Term Care

- Offers additional benefits to certain members who are enrolled in SoonerCare Traditional or SoonerCare Supplemental plans. These benefits may include long-term care facility services, in-home personal care services, 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

- 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 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. The individual plan helps to cover Oklahomans who meet the income qualifications and do not qualify for an employer-sponsored insurance plan, are temporarily unemployed or are working disabled and have qualifying income.

LEGISLATIVE UPDATE

First Session of the 57th Legislature

The 2019 legislative session resulted in several bills affecting the agency.

Due to an improved state budget outlook, provider rate increases were possible. Senate Bill 1044 directed the agency to increase reimbursement rates to providers and long-term care facilities by 5%. The agency also revised payment methodology for rural health clinics. House Bill 2767 created the rate preservation fund for the purpose of maintaining reimbursement rates to providers when decreases in the Federal Medical Assistance Percentage would otherwise result in reimbursement rate decreases by OHCA.

Reforms for nursing home residents were enacted with the passage of Senate Bill 280. A pay-for-performance program and increased personal needs allowance were some of the reform components. Senate Bill 456 granted the governor authority to appoint the administrator of the agency and modified the membership of the board.

During the interim, Gov. J. Kevin Stitt formed a health care working group. The 20-member, bipartisan health care working group includes nine members of both the House of Representatives and the Senate and two members of Gov. Stitt's administration. OHCA's role in the working group is to answer questions and provide information as requested.

As the agency looks toward next legislative session, rule revisions and legislative priorities include ways to increase access and remove barriers to care while maintaining a high level of fiscal responsibility.



18

bills were passed during SFY 2019 affecting OHCA.

HB 2767

Created the rate preservation fund for the purpose of maintaining reimbursement rates to providers when decreases in FMAP would otherwise result in reimbursement rate decreases by OHCA.

SB 456

Granted the governor authority to appoint the administrator of the agency and modified the membership of the board.

SB 1044

Directed the agency to increase reimbursement rates to providers and long-term care facilities by 5%.

SB 280

Enacted reform for nursing home residents including a pay-for-performance program and increased personal needs allowance.

ENGAGEMENT

Meaningful Outcomes for Members

Performance and Health Improvement Plan

In 2018, the OHCA strategic plan identified a need for a performance and health improvement structure to support quality-focused initiatives. That same year, the agency developed a framework for the structure, and in 2019 the Performance and Health Improvement Plan was created. The performance and health improvement team evaluates quality measures to identify favorable and unfavorable trends over time, implements quality improvement projects to reverse the unfavorable trends, and measures Oklahoma's performance against national rates.

Once the plan was in place, the team assembled internal and external workgroups to focus on the issues of access to care and preventive health services. These workgroups met regularly to brainstorm ideas to improve outcomes focused on child and adolescent health. Additionally, the team and its partners implemented improvement projects to address specific quality measures. For example, the team implemented the Reach Out and Read project in partnership with the University of Oklahoma's Department of Pediatrics and Reach Out and Read Oklahoma to improve the rate of developmental screening among children ages 0 to 3 years across the state. Since its inception, the Reach Out and Read project has trained at least 130 providers and staff, established nine new clinic sites, and reached more than 32,000 children.

In 2020, the team will focus on additional strategies to improve data accuracy, child and adolescent well-visits, immunizations, pediatric obesity, preventive dental services, perinatal care, and other targeted preventive and treatment services.

Community Listening Sessions

Throughout 2018 and 2019, OHCA held statewide forums to engage stakeholders and discuss relevant changes in SoonerCare. In October and November 2018, OHCA held seven regional forums, open to the public, in Durant, Enid, Lawton, Muskogee, Oklahoma City, Tulsa and Woodward. Approximately 200 people attended, including SoonerCare members, providers and community leaders. A tribal forum was held in February 2019, and a community forum was held in Elk City in April 2019.

Member Advisory Task Force

In 2019, the Member Advisory Task Force made changes to become more geographically and experientially diverse. The task force now includes a blend of members from urban and rural communities and guardians of members in specific eligibility categories.

The Reach Out and Read project has trained at least 130 providers and staff and has reached more than 32,000 children.

The task force has been instrumental in ensuring the voices of SoonerCare members are heard, so OHCA can best meet their needs. Task force members have guided advancements with SoonerRide, private duty nursing, home health providers serving children, the member portal, oral health care for members with developmental disabilities, access to transition services for those leaving mental health inpatient facilities and many more life-changing policies and programs.



Last Facts

The task force includes members and guardians of members in the following eligibility categories:

- Children with severe intellectual disabilities and chronic medical conditions.
- Individuals with mental health illnesses.
- Members who have special needs.
- Women who have utilized maternity benefits.
- Members who blend SoonerCare with private insurance.
- Other unique situations and demographics.



STEWARDSHIP



Fiscal Responsibility

The agency's responsibility and commitment to being good stewards is demonstrated through strategic partnerships, regular audits and administrative excellence. A top priority at OHCA is responsible stewardship of Oklahoma taxpayers' dollars. OHCA took several major steps in the last year to ensure we are only providing coverage to qualified individuals. We aim to operate as efficiently as possible, and we pride ourselves on our consistently low administrative costs. To further ensure good stewardship, OHCA undergoes many financial and program audits and also stays informed of the latest health initiatives.

We seek every opportunity to minimize program and administrative costs without affecting quality of care for our members. For example, the SoonerCare Health Management Program allows us to address the needs of members with chronic illnesses while realizing a return on investment of more than 278% — nearly \$3 in savings for every \$1 spent. Other areas of significant savings include our administrative costs, which are down from 4.35% of our total budget last year to just 3.7% in SFY 2019. Our pharmacy department also recovered more than \$363.8 million through rebates, discounts and value-based contracts.

This section will provide an overview of the many service areas where OHCA demonstrates excellent stewardship.

3.7%

of all expenditures were for administration.



415,582

calls were answered through the SoonerCare Helpline.

118,700

calls were answered regarding eligibility and enrollment.

539

full-time staff members employed at the end of the fiscal year, spanning

10

divisions in the agency.



The top three expenditures for SFY 2019 were

\$620.9M

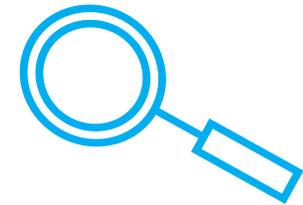
for prescribed drugs,

\$585M

for inpatient services, and

\$566.9M

for nursing facilities.



\$38.2M

were recovered as a result of provider audits, third-party liability collections and other collection efforts.

\$363.8M

were recovered through rebates, discounts and value-based contracts.

ELIGIBILITY

Understanding the Process

Applying to SoonerCare

Application for benefits can be made online through mysoonerCare.org, via phone through the SoonerCare helpline at 800-987-7767, or by submitting an application certified by CMS or OHCA's agency partner network. OHCA partners with other entities to conduct an extensive automated data search on the applicant before a SoonerCare application is approved. OHCA can then identify potential red flags before the application is completed and request follow-up documentation to verify eligibility.

Upon application submission, information is reviewed and validated in real time, including Social Security numbers, citizenship, residency status and addresses. The information entered on the application for benefits goes through an automated rules-based process to determine member eligibility.

For applications submitted from home or a partner agency, eligibility and enrollment is determined in real time and communicated to the member on the results screen and through case status letters.

For applicants approved for benefits, the information 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 they selected a patient-centered medical home, the provider's name and phone number are listed.

For each applicant not approved for benefits, an explanation of why they were not approved displays. The member may request the letter be delivered via U.S. mail or email.

Ensuring Member Accuracy

Electronic checks are made with state and federal entities before a SoonerCare application is approved. Once an applicant is approved for SoonerCare, OHCA audits the member on a daily, weekly, monthly and quarterly basis to proactively prevent fraud and abuse. By working with other entities in real time, OHCA ensures eligible Oklahomans receive SoonerCare benefits.

Eligibility and enrollment is determined in real time and communicated to the member.

Social Security Administration

- Provides near real-time verification of Social Security number and citizenship. The Social Security Administration conducts a nightly files check for unearned income that may factor into an applicant's eligibility.
-

Oklahoma Employment Security Commission

- Checks earned income quarterly. OESC also provides weekly unemployment data.
-

Department of Homeland Security

- Determines immigration status if applicants are not U.S. citizens.
-

Federally Facilitated Marketplace

- Provides real-time data exchange between OHCA and CMS for all applicants. Supplies case-level information so applicants can be assessed eligible for either Medicaid or Federally Facilitated Marketplace benefits.
-

Public Assistance Reporting Information System

- Verifies residency quarterly and as needed when working with other states.
-

Third-Party Liability

- Verifies other insurance coverage through a data exchange with a contracted vendor.
-

Oklahoma Tax Commission

- OHCA's member audit division may request tax information for purposes of detailed reviews of eligibility.

RESPONSIVE PROGRAMS

Meeting the Needs of Members With Chronic Illness and Pain

Health Management Program

The SoonerCare Health Management Program addresses the health needs of members with chronic illnesses while reducing health care costs. The program provides health coaching by phone and face-to-face case management within targeted primary care practices. Program participants also have access to resource navigation services to help address challenges and barriers related to the social determinants of health, such as economic stability, transportation, literacy and more. The program offers practice facilitation to primary care practices. Services include chronic-disease-focused educational outreach and implementing team-based care for the treatment of chronic conditions.

Each year the Pacific Health Policy Group evaluates the Health Management Program to measure its effect on quality of care. PHPG evaluates participating members and providers for adherence to clinical and preventive guidelines. The study measures six targeted chronic conditions: asthma, congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, diabetes and hypertension. Findings from the SFY 2018 analysis show the health coach participant compliance rate exceeds the comparison group rate for 12 of the 17 diagnosis-specific measures. Ten of the 12 measures show statistically significant differences with the most significant results occurring for participants with diabetes and mental illness. Findings also show improved compliance rates for health coaching participants for 20 out of 22 measures between SFY 2015 and SFY 2018.

These outcomes show the SoonerCare Health Management Program is having a positive effect on quality of care for our members, which translates into cost savings. The program, as a whole, generated a return on investment of 276.8%, nearly \$3 in medical savings for every \$1 spent on the program.

SoonerCare Pain Management Program

The SoonerCare Pain Management Program equips SoonerCare providers with the knowledge and skills to treat members with chronic pain by providing practice facilitation and educational outreach for the implementation of pain management toolkits. The toolkits are provided at no cost and contain recommendations from national and state guidelines and evidence-based research on how to treat chronic pain patients. The toolkit is available electronically at okhca.org/pain-management.

The SoonerCare Pain Management Program has three practice facilitators, all registered nurses, who assist with implementing the components of the toolkit into SoonerCare-contracted primary care practices. This program also includes two behavioral health resource specialists, both licensed alcohol and drug counselors, who are available by phone to help practices connect members with substance use disorder or other behavioral health needs to appropriate treatments.

The Health Management Program generated nearly \$3 in medical savings for every \$1 spent.

An independent evaluation of the SoonerCare Pain Management Program was conducted for the first time for SFY 2018. PHPG found that providers receiving practice facilitation reduced the number of members receiving pain medication and the average number of prescriptions per patient and dosage. Additionally, members receiving pain management services from providers participating in the program showed reduced utilization of emergency departments and inpatient hospitals when compared to the 12 months prior to their provider's use of the program.



Last Facts

OHCA offers services specifically for members with chronic illness or pain.

The **SoonerCare Health Management Program** provides health coaching within targeted primary care practices.

The **SoonerCare Pain Management Program** has three practice facilitators and two behavioral health resource specialists.



PROGRAM INTEGRITY

Agency Policy Updates

Changes to Out-of-State Services

The Oklahoma Legislature passed House Bill 2341 in 2019, which seeks to avoid unnecessary out-of-state services for SoonerCare members. On Sept. 1, 2019, OHCA enacted the policy revisions to ensure members have access to quality care while controlling program costs. The policy revisions do not affect routine medical care for SoonerCare members.

OHCA policy revisions stemming from this legislation allow the agency to maintain compliance with federal and state regulations. The revisions clearly define coverage and reimbursement for services rendered by providers who are physically located outside Oklahoma. The updated policy also outlines provider participation requirements and documentation requirements for out-of-state service requests.

Residency Verification

In 2019, the OHCA board approved a new residency verification rule to bring the agency into compliance with its federal partner, the Centers for Medicare & Medicaid Services. SoonerCare members must reside in Oklahoma to retain eligibility for benefits, and the residency verification rule works to ensure each member's eligibility.

Mail returned as undeliverable is a primary indicator that a member may no longer reside in the state. Agency staff implemented an outreach campaign to ensure the coverage of eligible SoonerCare members is not interrupted. The efforts include outbound calling to members, a social media campaign, monthly targeted email reminders and other forms of outreach.

Substance Use Stewardship

In January 2019, OHCA began limiting SoonerCare members' morphine milligram equivalent. OHCA started with a cumulative limit of 240 MME and by Oct. 1, worked down to a limit of 90 MME, where it will remain. Morphine is the standard for the treatment of pain and is used as the basis for comparison through MME. The MME provides a conversion factor for one opioid to another and gives a standard for comparison.

The Centers for Disease Control and Prevention recommends clinicians prescribe the lowest effective opioid dosage when a patient begins opioid therapy for chronic pain and encourages caution for doses exceeding 50 MME per day and avoidance of doses exceeding 90 MME per day. Patients exceeding these thresholds are at increased risk of an overdose and benefit from closer monitoring. SoonerCare requires clinicians to submit a prior authorization for members exceeding 90 MME per day with justification for exceeding the recommended thresholds.

Another initiative included medication assisted treatment. Prior authorization requirements were removed for Suboxone (buprenorphine/naloxone SL films), buprenorphine/naloxone SL tablets and Vivitrol effective July 31.

COLLABORATION

CMS Innovation Accelerator Program

CMS launched the Medicaid Innovation Accelerator Program in July 2014. The goal of this program is to improve the health care of Medicaid beneficiaries and reduce costs by supporting states' ongoing payment and delivery system reforms. The program supports state Medicaid agencies in data analytics, performance improvement, quality measurement, and value-based payment and financial simulations.

In January 2019, OHCA's office of data governance and analytics submitted an Innovation Accelerator Program application requesting technical support to improve data visualizations and reporting for its chronic condition series of reports. The vision of the project was to build capacity in applying appropriate reporting techniques and incorporating best practices of data visualizations. OHCA was one of the agencies selected to participate in the 2019 Medicaid Innovation Accelerator Program.

The initiative began in April 2019 with a review and critique of the content, layout and visualizations used in all 14 chronic condition reports. The data governance team and the program support team held weekly conference calls throughout the initiative. The support staff provided invaluable feedback and guidance for the revised reports.

During the initiative, OHCA obtained approval from CMS to receive additional data visualization training outside the original scope of the initiative. The six-week training allowed agency staff to learn more about best practices in data visualization.

At the conclusion of the program initiative, the data governance team developed the revised chronic condition reports. The reports identify the prevalence of each chronic condition among SoonerCare members and the cost of providing care to members with each condition. The revised, easy-to-read reports empower data-driven decision-making about disease management and intervention initiatives to improve health outcomes for SoonerCare members.

PUBLIC SERVANTS

Employees Go Above and Beyond

Connect Committee

The Connect Committee helps to engage, empower and recognize OHCA employees. The committee organizes many volunteer, social and wellness opportunities year-round to support morale. Additionally, the committee fundraises for organizations that serve Oklahomans. The committee also facilitates volunteer opportunities in the local community to help further support the people we serve.

In SFY 2019, OHCA employees donated \$23,206.08 to the State Charitable Campaign, Positive Tomorrows and El Reno tornado relief.

All-Star Award

OHCA recognizes excellence and innovation through the monthly All-Star Award. The following individuals were recognized in SFY 2019 for outstanding service to the State of Oklahoma:

2018

July – Tamika Peete

August – Veronica Giggers

September – Daryn Kirkpatrick

October – Jennifer Brown

November – Carolyn Reconnu-Shoffner

December – Tony Russell

2019

January – Lisa Cates

February – Peter Onema

March – April Jones

April – Judith Jones

May – Devin Lockard

June – Calvin Cole



princiss

Why we care.

Princiss Rockmore is a senior research analyst at OHCA. She helps ensure members receive home and community-based services like personal care, nursing, durable medical supplies and medications.

Princiss has worked at OHCA for nine years and is passionate about working in public service.

“What it means to be a public servant is to put the needs of our members at the front of what we do every day,” Princiss said. “If you’re not passionate about what you do, you can’t perform hard work.”

To hear more about the work Princiss and other OHCA employees are doing for the state of Oklahoma, visit the agency’s YouTube channel.

PARTNERSHIPS

Federal, State, Local, Tribal and Nonprofit

Federal Medical Assistance Percentage

The FMAP helps the government determine its share of the cost of covered services in state Medicaid programs. The FMAP is not a static number. Its formula is based on the average per capita income of each state as compared to the national average, but an FMAP cannot be less than 50% by law. Because the FMAP is determined by federal fiscal year, two years are blended to calculate an accurate FMAP for the state fiscal year. Oklahoma's FMAP for SFY 2019 was 61.43%. For every \$1 the state spent on SoonerCare in SFY 2019, the federal government matched \$1.66 for a total of \$2.66.

Other Partners

Access to quality health care is bigger than one agency or organization. The hard work and dedication of the many private, public and nonprofit state and community-based organizations, and tribes across Oklahoma make it possible to provide information and resources to Oklahomans. From assisting with eligibility processing to providing direct care to Oklahomans in need, these partnerships are crucial.

Our Partners

Centers for Medicare & Medicaid Services

Department of Corrections

Department of Education

Department of Health

Department of Human Services

*Department of Mental Health and Substance
Abuse Services*

Office of Juvenile Affairs

Governor's Office

Indian Health Service

Legislature

March of Dimes

Medical professional associations

Oklahoma colleges, universities and research institutes

Oklahoma Partnership for School Readiness

SoonerCare providers

Tulsa and OKC County Health Departments

Tobacco Settlement Endowment Trust

Tribes and tribal leadership

LEADERSHIP

at OHCA

Advisory Board

Top Row, Left to Right

Chairman Stanley Hupfeld, appointed by Governor

Vice Chairman Alex Yaffe, appointed by Speaker of the House

Robert Boyd, appointed by Senate President Pro Tempore



Second Row, Left to Right

Tanya Case, appointed by Speaker of the House

Randy G. Curry, D.Ph., appointed by Senate President Pro Tempore

Dr. Jean Hausheer, appointed by Governor



Third Row, Left to Right

Phillip Kennedy, appointed by Governor

Marc Nuttle, appointed by Governor

Dr. Laura Shamblin, appointed by Governor



Executive Staff

Kevin Corbett, CEO

Ellen Buettner, Chief of Staff

Shelley Zumwalt, Chief of Communications and Strategic Engagement

Trae Rahill, Chief of Strategic Innovation

Melody Anthony, Chief Operating Officer and State Medicaid Director

Aaron Morris, Chief Financial Officer

Kyle Janzen, Chief of Business Operations

Dr. Mike Herndon, Chief Medical Officer

Oklahoma **Health**Care Authority

4345 N. Lincoln Blvd., OKC | 405-522-7300 | okhca.org |   

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