

Oklahoma Health Care Authority

Here When It Counts

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Annual Report 2012



Oklahoma Health Care Authority
Here When It Counts



ON THE COVER: THE OKLAHOMA HEALTH CARE AUTHORITY MARKED A MILESTONE BY PROVIDING MORE THAN 1 MILLION OKLAHOMANS WITH ACCESS TO HEALTH CARE DURING STATE FISCAL YEAR 2012. WHILE IT IS CONCERNING THE ECONOMY AND OTHER CIRCUMSTANCES HAVE PUT INDIVIDUALS IN THE INCOME RANGE TO QUALIFY FOR SOONERCARE, IT IS GOOD TO KNOW BASIC HEALTH CARE COVERAGE WAS AVAILABLE TO THEM IN TIMES OF NEED.

THROUGHOUT THIS REPORT YOU WILL FIND A FEW, VERY PERSONAL STORIES OF OKLAHOMANS THAT NEEDED SOONERCARE. WE MAKE IT POSSIBLE EVERY DAY FOR THOUSANDS OF OKLAHOMANS TO ACCESS SERVICES TO PROTECT THEIR HEALTH AND SOMETIMES SAVE THEIR LIVES.

Oklahoma Health Care Authority offices are temporarily located at:

2401 N.W. 23rd St., Suite 1A,
Oklahoma City, OK 73107
405-522-7300

Visit our website 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.



oklahoma health care authority

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.



MARY FALLIN

*Governor
State of Oklahoma*

EXECUTIVE BRANCH

*Todd Lamb
Lieutenant Governor*

*Dr. Terry Cline, Ph.D.
Secretary of Health & Human Services*

LEGISLATIVE BRANCH

2nd Session of the 53rd Legislature

*Brian Bingman
President Pro Tempore, State Senate*

*Kris Steele
Speaker, House of Representatives*

OHCA BOARD MEMBERS

as of June 2012



*Back row from left to right: George Miller, Melvin McVay, Anthony (Tony) Armstrong, and Charles (Ed) McFall;
Front row from left to right: Ann Bryant, Chairman Lyle Roggon, and Carol Robison.*

Message from the Chief Executive Officer



In a year of preparation for dramatic change in private and public health coverage in this country, the Oklahoma Health Care Authority (OHCA) continued its tradition of efficiently and responsibly purchasing health goods and services for nearly 1 in 4 Oklahomans. As the state's economy continues to recover, health coverage through SoonerCare and Insure Oklahoma are more important now than ever, ensuring that modest income families and individuals who are elderly or who have disabling conditions have access to necessary health care.

In state fiscal year 2012, OHCA purchased health care services and goods for more than 1 million Oklahomans. While OHCA's total expenditures continue to increase with the growing number of enrollees, the per member cost of SoonerCare has remained virtually flat with an average growth of 1.4 percent per year over the last five years. The remarkable success in containing per member costs is the result of innovation in benefits coverage and reimbursement and state-of-the-art service delivery, while maintaining priority on the purchase of high quality, effective care and treatment.

This agency is leveraging resources to support our member and provider communities. As a way of assisting Oklahoma health care providers in adopting and utilizing new health care technology, OHCA administers the Oklahoma Electronic Health Record (EHR) Incentive program. The Oklahoma EHR Incentive program provides payments to Oklahoma's qualified health care professionals and hospitals for procuring and meaningfully using certified EHR technology. This program has provided more than \$70 million to more than a thousand Oklahoma health care professionals and hospitals.

In addition, OHCA has multiple programs that address specific needs of Oklahomans. The Authority implemented SoonerEnroll, an innovative partnership that has created a statewide infrastructure and resources for outreach and enrollment, as well as promotion of preventive and early intervention services. With over 700 community partners and SoonerCare enrollment of children exceeding pre-SoonerEnroll projections by 24,604 (December 2011), SoonerEnroll is a successful model of a state agency and local communities working together for a healthy Oklahoma.

Potential and current members continue to utilize the nationally recognized online enrollment system. The online application is highly utilized, with approximately 50 percent choosing that method to apply.

Those projects are a small sample of how the Oklahoma Health Care Authority continued to produce extraordinary results impacting the lives of Oklahomans in 2012. It is my privilege to serve with the dedicated and hardworking OHCA staff that make it all happen.

A handwritten signature in black ink, appearing to read "U. Fogarty". The signature is written in a cursive, flowing style.

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SFY2012 Highlights

MEMBERS

- ▶ There were 1,007,356 unduplicated members enrolled in either SoonerCare (Oklahoma Medicaid) or Insure Oklahoma during SFY2012 (July 2011 through June 2012).
- ▶ A total of 943,695 Oklahoma SoonerCare members received services.
- ▶ Overall SoonerCare enrollment increased by 4 percent and the number served increased 1.5 percent.
- ▶ Enrollment in the Insure Oklahoma program has decreased 4.7 percent since June 2011. As of June 2012, 30,376 enrollees and 4,907 businesses were participating.
- ▶ OHCA provided coverage to 79,881 SoonerPlan enrollees and 3,029 women needing further diagnosis or treatment for breast and/or cervical cancer through the Oklahoma Cares program.
- ▶ SoonerCare covers approximately 64 percent of the births in Oklahoma. Calendar year 2011 SoonerCare deliveries were 33,125 of the 51,799 overall state births (OSDH preliminary figures accessed 7/18/2012).

EXPENDITURES

- ▶ Since SFY2007, SoonerCare has maintained an average of 1.4 percent annual growth in per member costs. Nationally, Medicaid costs have grown an average of 2.6 percent and health per capita costs have increased 3.3 percent.
- ▶ An average of 16.4 percent of SoonerCare members were aged, blind and disabled enrollees. These enrollees accounted for 47.1 percent of the SoonerCare expenditures in SFY2012.
- ▶ SoonerCare funded 67.2 percent of Oklahoma's total long-term care occupied bed days.
- ▶ OHCA expended \$20.5 million on behalf of the breast and cervical cancer enrollees and \$9 million on SoonerPlan enrollees.
- ▶ 38,812,672 claims were processed during SFY2012. 92.7 percent of the claims were filed electronically.
- ▶ Nursing facility Quality of Care revenues totaled \$51,350,812.
- ▶ Dollars recovered by OHCA through post-payment reviews totaled \$18,241,464.
- ▶ Federal and state drug rebate collections, including interest, totaled \$176,809,726.
- ▶ By limiting the amount paid for generic drugs, OHCA saved more than \$123.1 million through the State Maximum Allowable Cost (SMAC) program.

ADMINISTRATION

- ▶ OHCA processed seven emergency rules, five permanent rules, and 11 State Plan amendments.
- ▶ There were 43 group provider training sessions attended by more than 5,000 providers. OHCA and HP held 6,654 individual on-site provider training sessions during SFY2012.
- ▶ OHCA received and investigated 73 SoonerCare member complaints. This represents less than .01 percent of the 1,007,356 SoonerCare enrollees.
- ▶ There were 26 provider and 387 member formal appeals filed.
- ▶ OHCA administrative costs comprised 5.46 percent of the total SoonerCare expenditures. OHCA operating costs represented 39 percent of OHCA administrative costs, and the other 61 percent were contract costs.

SFY2012 Year in Review

SOONERCARE ONLINE ENROLLMENT

In September 2010, OHCA launched online enrollment. This implementation included transferring responsibility to qualify and enroll more than 500,000 members of the state's SoonerCare population. Oklahoma's system has been lauded nationally for its innovative approach, which made the state the first in the nation to offer real-time enrollment and reduced application processing time from weeks to minutes.

Online enrollment provides many options for SoonerCare applicants. An online application can be accessed from any computer that has Internet access, and an agency application can be accessed by partner agencies. Partners include the Oklahoma Department of Human Services (OKDHS), the Oklahoma State Department of Health (OSDH), Indian Health Services, several tribes, and two FQHC clinic groups.

The paper application still exists, but it is now received at OHCA, where it is scanned, data-entered, and processed for enrollment within just a few days after mailing.

The system uses a rules engine to determine qualification for the SoonerCare and SoonerPlan programs. This process ensures policy is applied uniformly and utilizes data exchange with other agencies to verify information.

When applicants qualify to receive benefits, they receive real-time SoonerCare enrollment and are aligned with a medical home.

OHCA processes between 30,000 and 40,000 applications a month. The online application is consistently the most utilized, with approximately 50 percent choosing that method to apply. Another 18 percent come from OKDHS, and 10 percent from OSDH. Only 8 percent choose to apply by paper application, and the remainder apply through OHCA staff or other agency partners.

This innovative system received a Governor's Commendation and the "Motivating the Masses" award at the 2011 Team Day awards. Online Enrollment and SoonerEnroll were jointly honored by the Centers for Medicare & Medicaid Services (CMS) in November 2011, by being one of ten awards given nationwide for Excellence in Children's Health Outreach and Enrollment (ECHOE).



77%

More than 77 percent of Oklahomans accessed the Internet from any location in 2010.

SFY2012 Year in Review (continued)

OHCA REACHES OUT

To reach the approximately 60,000 Oklahoma children uninsured but qualified for SoonerCare, OHCA coordinated an outreach effort called SoonerEnroll. SoonerEnroll, funded by a grant from the Centers for Medicare & Medicaid Services, has two primary goals: 1) enroll children that would be qualified for SoonerCare but are not currently enrolled; and, 2) improve the rate of successful and timely recertification of children in SoonerCare.

SoonerEnroll uses a number of state and community-level strategies to increase enrollment and retention of children in SoonerCare. Outreach staff provide training and technical assistance to more than 700 community partners and work closely with them in the development, implementation and evaluation of strategies to meet the needs of local communities. An important outcome of SoonerEnroll has been the creation of a sustainable, statewide infrastructure for outreach and enrollment beyond the scope of the grant.

OHCA also contracted with the University of Oklahoma School of Social Work to conduct focus groups and administer surveys concerning the challenges and barriers associated with enrollment in SoonerCare. A re-enrollment pilot also was launched allowing members in pilot counties to renew their SoonerCare membership by phone. The grant continues through September 2012. For more information on OHCA outreach, go to www.okhca.org/soonerenroll.



1 Million+ or 25%
Oklahomans
enrolled in SoonerCare.

DME REUSE PROJECT A SUCCESS

The OHCA has partnered with Oklahoma ABLE Tech to provide the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP). The program is designed to reuse valuable durable medical equipment (DME) that is no longer utilized, and reassign it to Oklahomans in need, regardless of income, age, or disability. Priority is given to SoonerCare members, but any Oklahoman is eligible with a completed application packet.

Oklahoma residents can drop-off or pickup equipment at the OKDMERP offices in Oklahoma City. Home pickup and delivery services are limited to central Oklahoma residents. The devices are sanitized, refurbished and repaired if necessary.

As of July, more than 60 DME products have been redistributed to Oklahomans in need through the Oklahoma Durable Medical Equipment Reuse Program since inception in April 2012.

20%

19.72 percent of Oklahoma's total Medicare enrollees were also enrolled in SoonerCare in 2011.

SFY2012 Year in Review (continued)

CARE COORDINATION FOR DUAL ELIGIBLES

Oklahoma is one of fifteen states that has been awarded a contract to support the design of projects that aim to improve the coordination of care for people with Medicare and Medicaid coverage.

The OHCA proposal involves taking a three pronged approach to determining the most efficient methods of care integration. Each of the three concepts identifies a different aspect of care for the dual eligibles and will be developed to identify the feasibility and effectiveness of each concept. Efforts are underway to receive federal approval for each approach with implementation anticipated in 2013.

- ▶ The first concept describes the “SoonerCare Silver” care coordination program which fully integrates the health services delivery mechanisms for Medicare and SoonerCare. By looking at claims and working with an interdisciplinary care team, this approach creates the ability to better manage a dually eligible member’s care.
- ▶ The second concept involves a partnership with the University of Oklahoma School of Community Medicine at Tulsa. This concept includes incorporating behavioral health and care coordination services, as well as the inclusion of population level clinical analytics and the use of community-level integrated care plans.
- ▶ The third concept looks at the creation of an Integrated Care Sites (ICS) demonstration design that would utilize the proven infrastructure of the Program of All Inclusive Care for the Elderly (PACE) model, while making some modifications to the existing PACE criteria. The PACE model provides an all-inclusive and comprehensive continuum of care designed to maintain and ideally to improve the quality of life for the elderly. The ICS demonstration is an effort to display ways that will enhance the scalability and effectiveness of the PACE model.

QUALITY MEASURE IMPROVEMENTS FOR OHCA’S FOCUS ON EXCELLENCE PROGRAM

The Focus on Excellence (FOE) nursing home rating initiative and quality reimbursement program has been helping consumers make informed decisions along with providing useful information to nursing home managers since 2006. In line with the program’s mission to improve and enhance the overall quality of care being provided in Oklahoma’s nursing home facilities, new performance metrics have been established. This new metric set is more logically organized and better addresses the most important issues of the long-term care community.

The nine new measures are: person-centered care, direct care staffing, resident/family satisfaction, employee satisfaction, licensed nurse retention, CNA retention, distance learning, peer mentoring and leadership commitment.

The information made available by Focus on Excellence is critical to both those who are in need of nursing home care and those who provide services. Data-driven decisions by facility managers and by those making choices about where to get services are the best drivers of improved quality of care.

In addition to the improved quality measures, the program will also see changes resulting in increased precision and fairness in ratings and payment allocation, expanded information to consumers, improved program accountability and a focus on the residents’ personal needs and desires in a home-like atmosphere.

All Oklahoma long-term care facilities are eligible to participate. There are currently 292 homes actively participating. To view more detailed information on the new rating factors, visit www.oknursinghomeratings.com.

SFY2012 Year in Review (continued)

OKLAHOMA EFFORTS RECOGNIZED NATIONALLY IN TEXT4BABY CONTEST

Oklahoma was recognized nationally for its efforts in the “text4baby” campaign, which focuses on getting pregnant women and new mothers to enroll in a program designed to improve infant care.

Oklahoma won the first week of the contest, which began May 17, then won again the first week of June 2012. Oklahoma competed in the middle-sized state/territory category against 25 states.

Text4baby provides timely tips and expert advice sent directly to the cell phones of pregnant women and new moms. Pregnant women and new mothers who text “BABY” (or “BEBE” for Spanish) to 511411 receive weekly text messages, timed to their due date or their baby’s birth date through the baby’s first year.

The messages, which have been developed by government and non-profit health experts like the Centers for Disease Control & Prevention and American Academy of Pediatrics, deal with topics such as nutrition, immunization, and birth defect prevention.

The state text4baby campaign is being promoted by the Oklahoma Health Care Authority, the Oklahoma State Department of Health, the Oklahoma Institute for Child Advocacy, Smart Start Oklahoma and community partners across the state.

In its first two years, text4baby has already reached more than 335,000 users thanks to its unprecedented public-private partnership. By engaging a vast network of more than 775 text4baby outreach partners around the country, the contest aims to reach more potential participants through healthy competition among the states.



73%

72.9 percent of Oklahoma's children younger than age 5 have been enrolled in SoonerCare at some point during SFY2012.

SFY2012 Year in Review (continued)

SMOKING CESSATION EFFORTS CONTINUE

Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants. Women who quit smoking before, or early in pregnancy, significantly reduce the risk for several adverse outcomes.

OHCA will receive funding through December 2012 from the Tobacco Settlement Endowment Trust (TSET) for the SoonerQuit: Prenatal Tobacco Cessation Initiative. This three year initiative uses methods proven effective at improving providers' knowledge of best practice methods and provides on-site assistance in integrating these processes into daily routine. OHCA has worked on site with more than 42 SoonerCare obstetric care providers.

OHCA also partnered with TSET and OSDH on a media campaign aimed at women of child-bearing age, encouraging them to contact their SoonerCare provider and the Oklahoma Tobacco Helpline for help with tobacco cessation. The "SoonerQuit for Women" initiative uses radio and print messages to share individual stories of several Oklahoma women from diverse backgrounds as they share their experience and advice about quitting smoking.

These initiatives helped to increase the number of calls to the helpline from SoonerCare members. Oklahoma Tobacco Helpline data indicates that in the last year, the number of SoonerCare callers to the helpline has nearly doubled compared to previous years. The data also shows that SoonerCare members most often learn about the helpline from their health care providers and at a much higher rate than the general population.

In June 2011, CMS encouraged states to partner with their tobacco quitlines to provide financial support for individuals covered by Medicaid. Due to our ongoing collaborative relationship with TSET, Oklahoma was uniquely poised to be one of the first states in the nation to accomplish such an agreement.



In July 2011, OHCA and TSET expanded their partnership to allow federal administrative matching funds to cover 50 percent of the cost of helpline services to SoonerCare members. During FY2012, this agreement resulted in a savings of more than \$200,000 state dollars.

BOARDING SCHOOL DENTAL OUTREACH PROJECT CONTINUES

In September 2012, the Oklahoma Health Care Authority took advantage of a unique opportunity to improve the well-being of more than 500 American Indian children who reside at the Riverside Indian Boarding School in Anadarko. The majority of Riverside students come from remote and poverty-stricken areas of the country where access to education and comprehensive health care is a challenge.

OHCA, along with the Indian Health Service and the Oklahoma City Area Inter-Tribal Health Board, provided dental hygiene supplies and education to the students. The goal is to introduce good dental habits and prevent periodontal disease, thus enabling the Riverside children to have happier and healthier futures.

SFY2012 Year in Review (continued)

SOONERCARE HEALTH ACCESS NETWORK

Part of the transition of the SoonerCare Choice program to a Patient-Centered Medical Home included the development of a Health Access Network (HAN) pilot program. The concept behind this pilot was to enhance the medical home with community support for behavioral health, pharmacy, access to specialty care, case management of specific populations and assistance in adoption of electronic health records.

The three operating HANs are;

- ▶ OU Sooner Health Access Network - currently serving more than 61,000 SoonerCare Choice members. Supporting 309 primary care providers in 34 locations. They have added staff to support providers and members. This new staff includes licensed social workers to assist members who need non-medical support.
- ▶ Partnership for a Healthy Canadian County (PHCC) - specific to the providers within the county. This HAN supports 10 medical homes servicing approximately 3,000 members. In the past year, they have added a care manager to support the needs of the SoonerCare Choice members.
- ▶ OSU Health Access Network - currently serving more than 14,000 SoonerCare Choice members through 63 primary care providers in seven locations.

FEDERAL GOVERNMENT APPROVES OKLAHOMA WAIVER FOR HOSPITAL PROVIDER FEE

After eight months of working through the details with the Centers for Medicare & Medicaid Services, Oklahoma was awarded federal approval for its Supplemental Hospital Offset Provider Payment (SHOPP) program in December 2011.

SHOPP allows for a 2.5 percent fee to be put on certain Oklahoma hospitals. The revenue from the measure is then matched by the federal government and used primarily to maintain hospital reimbursement from the SoonerCare program. OHCA projects it will raise an additional \$340 million for hospital payments. The legislation terminates the fee on Dec. 31, 2014.

House bill 1381 was signed into law by the governor on May 13, 2011, after being passed by the legislature with super majority approval. Forty-six states have some sort of provider fee to leverage federal funding in order to keep reimbursement rates up and Medicaid programs funded.

PROVIDER TRAINING OPTIONS ADDED

OHCA's fiscal agent and partner, Hewlett-Packard Enterprise Systems (HPES), has developed monthly webinars as another training aid in addition to the current, statewide Spring and Fall Workshops. Webinars use HP's Virtual Rooms and a dedicated HPES conference line. HP Virtual Rooms are an online meeting place for collaborating with team members, business partners and customers.

Providers register through the online registration tool, similar to the Spring and Fall workshop registration. Webinars address specific topics for certain provider types that are relevant and timely for the provider and their staff. For more information go to www.okhca.org/training.

SFY2012 Year in Review (continued)

OKLAHOMA ELECTRONIC HEALTH RECORDS INCENTIVES PROGRAM

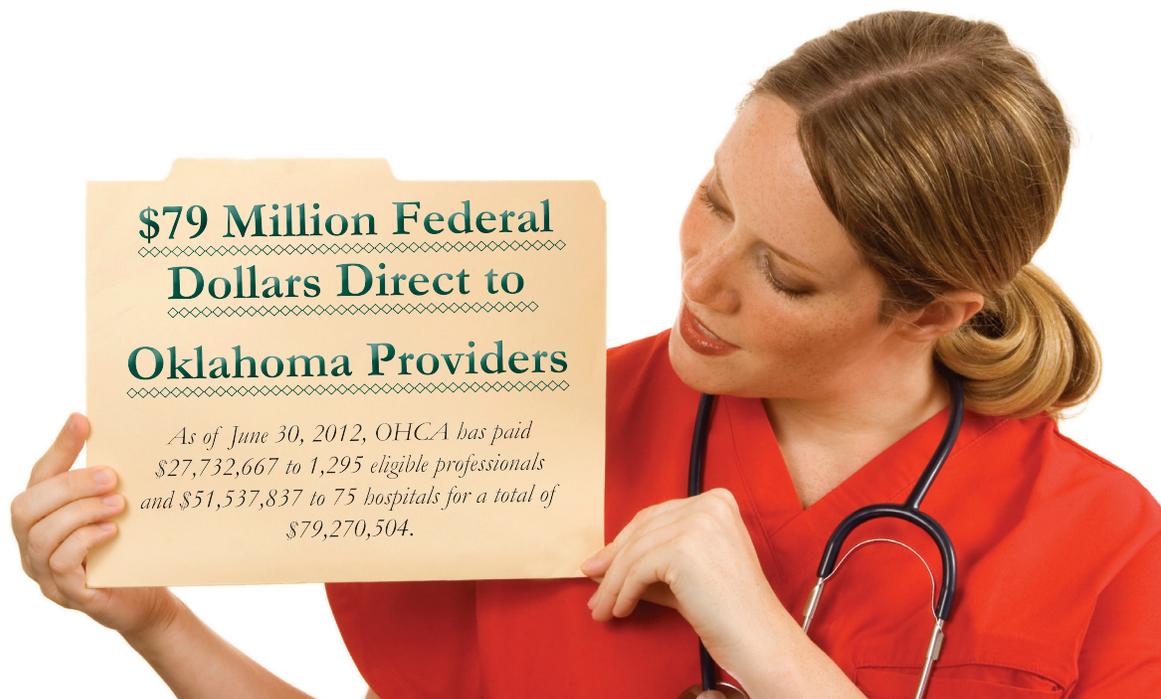
The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH) that adopt, implement, or upgrade and/or meaningfully use certified Electronic Health Records (EHR) technology. Eligible professionals include physicians, nurse practitioners, dentists, and physician assistants providing services in a FQHC/RHC led by a physician assistant. Eligible hospitals include critical access hospitals, cancer hospitals and children's hospitals.

EHRs will enable the exchange of clinical information with other health care providers/entities to provide the most current and accurate health information in a timely manner as well as provides a means for provider to provider or provider to patient communication.

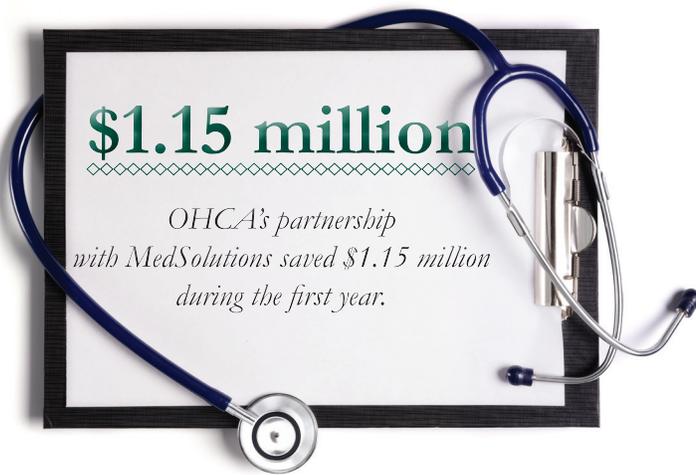
Meaningful use of Electronic Health Records will enable providers to improve quality, safety, efficiency, and reduce health disparities; engage patients and families in their health care; improve care coordination; improve population and public health; all the while maintaining privacy and security.

Oklahoma was one of many states to begin offering the EHR Incentive program and was the first state in the nation to approve and issue an incentive payment to an eligible professional (Jan. 3, 2011) and to a tribal provider (July 6, 2011).

OHCA works closely with state and federal partners to ensure the Oklahoma EHR Incentive program fits into the overall strategic plan for health information technology in the state of Oklahoma, advancing state and national goals for electronic information.



SFY2012 Year in Review (continued)



PUBLIC-PRIVATE PARTNERSHIP REAPS SOONERCARE SAVINGS

The Oklahoma Health Care Authority has saved more than a million dollars by partnering with MedSolutions to administer the SoonerCare radiology management program.

OHCA contracted with MedSolutions in 2010 through the competitive bid process to manage the approval process of prior authorization (PA) requests for all radiology scans such as CT and PET scans and MRIs. The goal for the program is to improve access for SoonerCare members while ensuring they received medically appropriate imaging, reduce the duplication of scans, lower radiation exposure and increase patient safety.

Through the program, PAs are reviewed via computer software. If the PA is not approved by the software, it is sent to a nurse for review. If upon review the nurse is unable to approve the prior authorization, it is reviewed by a physician for final review and approval determination.

During the year the program was in place, Nov. 1, 2010 through Nov. 1, 2011, more than 58,000 requests have been processed with an 84 percent approval rate, usually within a two-day turnaround. Also during the first year, MedSolutions saved SoonerCare \$1.15 million.

SYSTEM ENHANCEMENTS SAVE MONEY

OHCA gained several new features through a Call Center enhancement project. Most importantly, migrating to Hewlett-Packard Enterprise Systems' telephony platform replaced a 10-year-old system that was no longer the best option to support OHCA customer service operations. With the migration, OHCA is able to benefit from a platform run on newer, more robust hardware and more current software. Enhanced features include 100 percent recording of all calls, an automated outbound dialer, online archival of call center reports and access to a disaster recovery site. A phone carrier change also saves the agency an estimated \$40,000 per month.

A letter generator system enhancement was presented at the 2012 Medicaid Enterprise Systems Conference and recipient of a 2012 Governor's Commendation at Oklahoma Quality Team Day. The enhancement replaced a rigid collection of processes and systems with an integrated flexible solution. The new letter generator system allows OHCA to quickly create and send correspondence to members and providers while saving the state hundreds of thousands of dollars a year in related mail costs. OHCA is now able to print by zip code, eliminating the need for third party handling with an initial savings of more than \$175,000 a year. Reduced paper usage also helps in Oklahoma's efforts to go green.



\$175,000

Merely printing letters by zip code and eliminating third-party handling, OHCA saved \$175,000 this year.

SFY2012 Year in Review (continued)

OHCA STAFF RECEIVE AWARDS

Often OHCA staff efforts are heralded through calls and letters. Occasionally, outstanding efforts are recognized through awards.



The National Children's Health Insurance Summit featured the first presentation of the Excellence in Children's Health Outreach and Enrollment (ECHOE) honors. The Oklahoma Health Care Authority was among 10 organizations or individuals recognized by the ECHOE honors. The ECHOE honorees made unique contributions toward advancing children's coverage and displayed innovative leadership in Medicaid and CHIP outreach, enrollment and retention.

SoonerQuit helps Oklahoma land in the top five most "quit-friendly" states for tobacco. The following five states had the highest scores for their overall efforts to help smokers quit: Maine, North Dakota, Delaware, Oklahoma, and Wyoming. Oklahoma was the only state in the region to make the top of the list. Oklahoma Health Care Authority (OHCA) has been working with other state partners to educate and combat tobacco usage among SoonerCare members.

Eight distinguished honorees were recognized during Oklahoma Baptist University's 2011 Homecoming festivities. One was OHCA's Mike Fogarty, who received the Alumni Achievement Award, the highest honor bestowed by OBU's Alumni Association. The Alumni Achievement Award is given "in recognition of outstanding life service which has brought honor to the individual's alma mater."

On May 3, 2012, LogistiCare presented awards to two SoonerRide volunteer drivers, Jerry Mott the 2011 volunteer driver of the year and Melvin Marable, the 2011 volunteer driver customer service award. SoonerRide is a program that provides non-emergency transportation service for both the SoonerCare Traditional and SoonerCare Choice programs.

SoonerEnroll was a Champion of the Uninsured finalist in 2011. In the fall of 2009, the OHCA implemented SoonerEnroll, an innovative plan to create a statewide infrastructure for outreach and enrollment for uninsured but qualified children. Outreach efforts range from providing benefit and enrollment information to assisting members of the community with an online application. With more than 700 community partners and an increase in SoonerCare enrollment, SoonerEnroll is a successful model of a state agency and local community partners working together to for a healthy Oklahoma.

SFY2012 Year in Review (continued)

OHCA 2012 QUALITY OKLAHOMA TEAM DAY AWARDS

OHCA highlighted several projects at the 2012 Quality Oklahoma Team Day at the state capitol. Projects receiving a Governor's Commendation for Excellence award are included below.

The letter generator and mail consolidation enhancement effort of Oklahoma Health Care Authority, in partnership with Hewlett-Packard Enterprise Services (HPES), worked to develop a more responsive letter generator that would offer hands-on change capabilities to staff in all SoonerCare programs. The previous system required potentially time intensive change orders to be written, worked, and implemented by OHCA analysts and system engineers at Hewlett-Packard, so that even a simple change like a new governor or a new address when OHCA moved required weeks before it could be implemented. At the same time, new barcoding capabilities included in the letter generator allowed new equipment to be introduced which could read those barcodes and take advantage of zip code sorting to reduce postage costs for the agency. This multifaceted approach not only decreases costs, but also reduces mail out time, better manages available staffing and improves customer service.

The SoonerQuit Prenatal initiative is a collaborative effort among the Oklahoma Health Care Authority, Oklahoma Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health. This initiative seeks to improve the health of Oklahoma's newborns, thereby reducing costs associated with poor birth outcomes. SoonerQuit Prenatal was developed to promote tobacco cessation and improve the birth outcomes of pregnant women covered by SoonerCare.

The program arms health care providers with the best information, resources and hands-on technical assistance to help their patients successfully quit tobacco use. The initiative has resulted in significant positive behavior changes regarding

tobacco cessation among participating obstetric care providers. These changes will ultimately result in decreased tobacco use among pregnant women, thus improving birth outcomes and reducing associated health care costs SoonerCare programs.

Fetal Infant Mortality Reduction: Targeted Care Management for Oklahoma Mothers Oklahoma ranks 46th in the U.S. with an infant mortality rate (IMR) of 8.5 (2007); poor fetal & infant outcomes are associated with: maternal health, medical care (quality and access), socioeconomic conditions, and public health practices. The top three causes of fetal infant mortality in Oklahoma: congenital defects, disorders associated with low birth weight and short gestation, SIDS, and unsafe sleep practices.

OHCA's Care Management division (CM) provides targeted telephonic care management for all pregnant women in the top 10 counties with the highest IMR, beginning the week after they apply for SoonerCare benefits. We care manage these women through the end of their pregnancy.

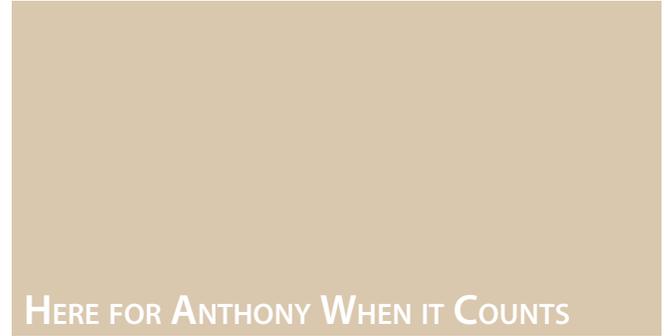
Connecting the Docs: Assuring Better Child Health and Development (ABCD) ABCD is a collaborative effort between the Oklahoma Health Care Authority, SoonerStart, Child Guidance, Oklahoma Family Network, and OU's College of Medicine. The project aims to close the existing communication gap between a child's primary care medical home and child-serving community programs by improving the number of referrals by the medical home to agencies/programs for services and assessing the rate at which agencies report back to the medical home on the outcome of the referral. The project includes the use of a secure, web-based portal to facilitate information-sharing between primary care and community service providers, maintain a record for each child, and provide a reminder mechanism to partners for follow-up. Additionally, the project focuses on creating collaborative teams at both the state and county levels.

Understanding SoonerCare

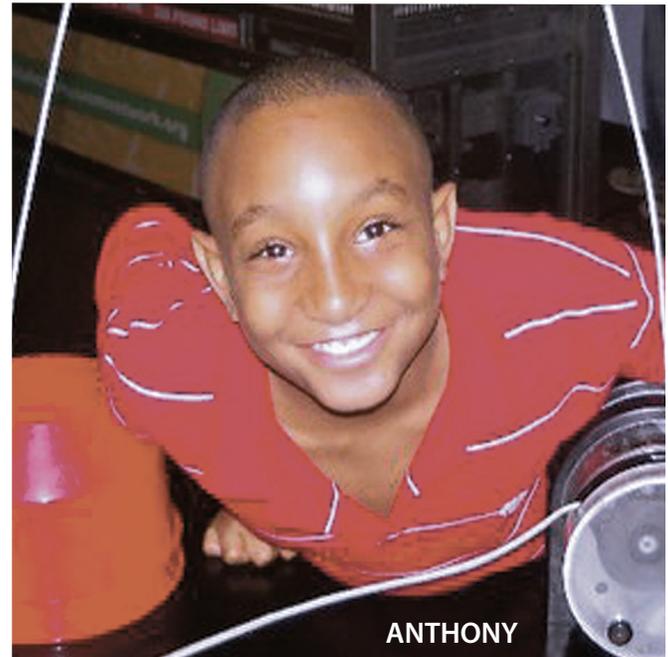


When Brady was born, his doctors and parents knew he had a severe heart problem. His mother said there were “83 rollercoaster days” of not knowing whether her son would survive and be able to come home. SoonerCare took care of Brady when he was born with a heart problem. Two years ago he got a new heart. Today he’s back in the game.

HERE FOR BRADY WHEN IT COUNTS



When his mother enrolled him in SoonerCare, Anthony got some much needed help for his medical problems. Doctors found that Anthony’s Achilles’ tendons were shorter than normal. Anthony received surgery and medical treatment for his feet plus speech therapy. Anthony is now finished with both speech and physical therapy, and his mother says his self-esteem has “skyrocketed.”



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

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.
- ▶ Has requirements concerning funding, qualification guidelines and quality and extent of medical services that are set and monitored by CMS.
- ▶ Is known as SoonerCare in Oklahoma.

Who Qualifies for Medicaid?

Federal law requires states to cover certain “mandatory” groups to receive any federal matching funds. The mandatory groups are pregnant women and children under age 6 with family income below 133 percent federal poverty level (FPL); children age 6 to 18 below 100 percent FPL; parents below cash-assistance eligibility levels; and elderly and persons with disabilities who receive Supplemental Security Income (SSI).

FIGURE 1 2012 FEDERAL POVERTY GUIDELINES (FPL)

Family Size	Annual (Monthly) Income				
	100%	133%	185%	200%	300%
1	\$11,170 (\$931)	\$14,856 (\$1,239)	\$20,665 (\$1,723)	\$22,340 (\$1,862)	\$33,510 (\$2,793)
2	\$15,130 (\$1,261)	\$20,123 (\$1,677)	\$27,991 (\$2,333)	\$30,260 (\$2,522)	\$45,390 (\$3,783)
3	\$19,090 (\$1,591)	\$25,390 (\$2,116)	\$35,317 (\$2,944)	\$38,180 (\$3,182)	\$57,270 (\$4,773)
4	\$23,050 (\$1,921)	\$30,657 (\$2,555)	\$42,643 (\$3,554)	\$46,100 (\$3,842)	\$69,150 (\$5,763)
5	\$27,010 (\$2,251)	\$35,923 (\$2,994)	\$49,969 (\$4,165)	\$54,020 (\$4,502)	\$81,030 (\$6,753)
6	\$30,970 (\$2,581)	\$41,190 (\$3,433)	\$57,295 (\$4,775)	\$61,940 (\$5,162)	\$92,910 (\$7,743)
7	\$34,930 (\$2,911)	\$46,457 (\$3,872)	\$64,621 (\$5,386)	\$69,860 (\$5,822)	\$104,790 (\$8,733)
8	\$38,890 (\$3,241)	\$51,724 (\$4,311)	\$71,947 (\$5,996)	\$77,780 (\$6,482)	\$116,670 (\$9,723)
Annually for each additional family member	\$3,960	\$5,267	\$7,326	\$7,920	\$11,880

SOURCE: Federal Register, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035;

<http://aspe.hhs.gov/poverty/index.shtml>

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 50 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.

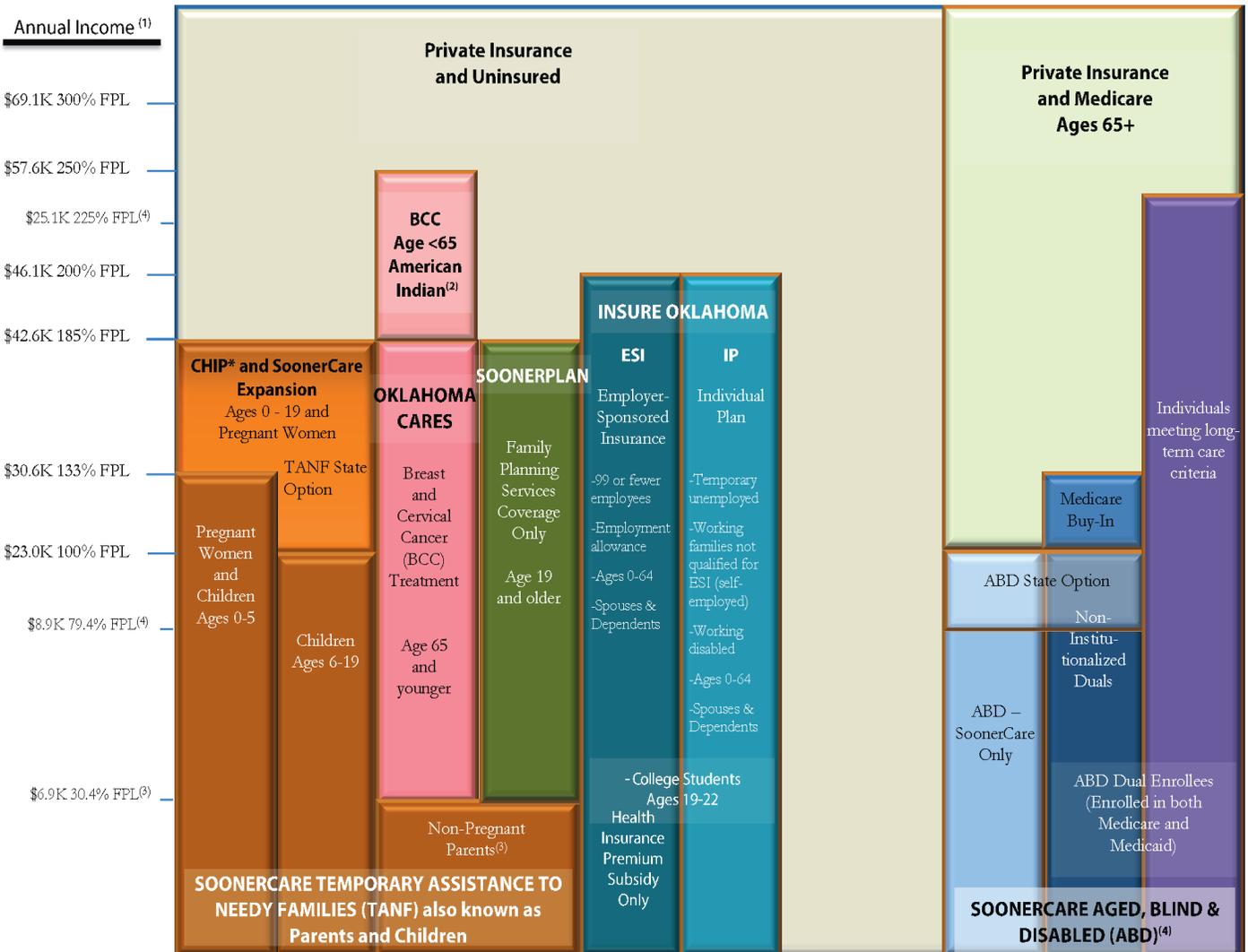
Each state sets an income limit within federal guidelines for Medicaid qualifying groups and determines what income counts toward that limit. Part of financial qualification for SoonerCare is based upon the family size and relation of monthly income to the federal poverty level (FPL) guidelines.

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 certain individuals qualify for SoonerCare. Individuals who are disabled, aged, in custody, qualified for cash assistance or receive a state supplemental payment are processed and approved or denied by OKDHS. Applications and renewals for these programs are reviewed by each OKDHS county office for financial and/or medical qualifications. Once an individual meets the qualifications and completes the enrollment process, his or her records are sent to OHCA to coordinate medical benefits and make payments for services.

FIGURE 2 2012 FEDERAL POVERTY GUIDELINES (FPL) AND COVERAGE



IMPORTANT – the above is a very basic representation of the poverty levels and coverage groups. Groups have varying qualifying and income criteria. Go to www.okhca.org under Individuals and How to Apply. *CHIP is the Children's Health Insurance Program

- 1) Federal Poverty Guidelines. US 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) \$6,996 or approximately 30% of FPL based on a single parent family of four. (29.6% family of 3 or 30.4% family of 4)
- 4) Federal Poverty Level for the ABD members is approximate based on a single individual.

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. 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 employees and spouses of 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. Children of the ESI members between 185 and 200 percent of federal poverty level are covered through their family's private insurance plan, and Insure Oklahoma subsidizes a portion of the family's premium costs.

Insure Oklahoma Individual Plan (IP) is a health insurance option for qualified Oklahomans. This benefit plan offers some basic health services to uninsured adults up to age 64, and their qualifying children, whose household income is no more than 200 percent of federal poverty level, 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 a disability who work for any size employer and have a ticket to work, or 4) Adults who are self employed.

College students ages 19 through 22 who meet financial requirements may also receive benefits under Insure Oklahoma. For a high-level listing of benefits covered under each benefit plan, go to www.okhca.org/benefits.

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, less than half of the SoonerCare enrollees 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 8 percent of the children enrolled in SoonerCare under TANF guidelines were in state custody or received cash assistance. More than 131,000 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 SOONERCARE CHILDREN UNDER 21 — SFY2012

Total unduplicated children under 21	610,496
Children qualified under TANF	539,201
Children qualified under Blind and Disabled	22,316
Children qualified under TEFRA	467
Children qualified under Insure Oklahoma	1,930
Children qualified under CHIP	113,717

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 more than 54,000 adults age 65 and older, excluding people who are blind or disabled, were covered by SoonerCare in SFY2012. Thirty-one 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 SFY2012, more than 133,000 Oklahomans who were blind or had chronic conditions and disabilities were enrolled in SoonerCare. Sixty-six 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 123,320* dually eligible enrollees at some point during SFY2012. 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.

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 do not qualify under another federal insurance program. As a federal incentive, Oklahoma receives a higher rate of federal matching dollars for members qualified under CHIP. The CHIP Reauthorization Act (CHIPRA) renewed CHIP federal funding through the end of 2013 and expanded its scope.

On average for each month, 67,000 children qualified 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.

197%
Since the implementation of the SoonerCare qualification expansion programs in 1997, the number of children enrolled in SoonerCare has increased more than 197 percent.

SoonerCare expansion. Also in 1997, legislation raised the optional SoonerCare qualification 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 includes these qualifying individuals even if they have other types of insurance coverage (third-party liabilities). In SFY2012, 22,111 children and/or women who are pregnant qualified through this expansion. These enrollees receive SoonerCare Choice benefits and are categorized under Children/Parents.

TEFRA. The Tax Equity and Fiscal Responsibility Act (TEFRA) gives Oklahoma the option to make SoonerCare benefits available to children age 18 and younger with physical or mental disabilities who would not ordinarily qualify 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.

623
623 children have qualified through the TEFRA program since its inception in October 2005.

Oklahoma Cares. Implemented in January 2005, OHCA’s breast and cervical cancer treatment program provides SoonerCare health care benefits to women under age 65 found to need further diagnostics or treatment from the result of 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.

27,738
There have been 27,738 women qualified through Oklahoma Cares since it began in January 2005.

149,656
Since inception, 149,656 men and women have been enrolled through SoonerPlan.

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. SoonerPlan member benefits are limited to family planning services from any SoonerCare provider who offers family planning.

Who are the Members of SoonerCare? (continued)

ADDITIONAL QUALIFYING GROUPS (CONTINUED)

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 intellectually disabled (ICF/ID). Oklahoma operates the eight following Home and Community-Based Services (HCBS) waivers:

- ▶ **ADvantage Waiver:** Serves the “frail elderly” (age 65 years and older) and adults with physical disabilities over the age of 21 that qualify for placement in a nursing facility. 23,959 members received services in SFY2012 through this waiver program.
- ▶ **Community Waiver:** Served 2,945 members who are intellectually disabled (ID) and “related conditions” qualified for placement in an intermediate care facility for the intellectually disabled (ICF/ID). This waiver covers children and adults, with the minimum age being 3 years old.
- ▶ **Homeward Bound Waiver:** Designed to serve the needs of individuals who are intellectually disabled or have “related conditions” who are also members of the Plaintiff Class in *Homeward Bound et al. v. The Hissom Memorial Center, et al.*, who would otherwise qualify for placement in an ICF/ID. This waiver covered 729 individuals in SFY2012.
- ▶ **In-Home Supports Waiver for Adults:** Designed to assist the state in providing adults (ages 18 and older) who are intellectually disabled access to waiver services. This waiver served more than 1,500 adults who would otherwise qualify for placement in an ICF/ID.
- ▶ **In-Home Supports Waiver for Children:** Designed to provide waiver services to children ages 3 through 17 years old with intellectually disabled. During SFY2012, this waiver served 429 children who qualified for placement in an ICF/ID.
- ▶ **Medically Fragile:** This program offers services to adults age 19 or older who need hospital or skilled nursing facility level of care so they may remain at home or in the residential setting of their choosing. A medically fragile condition is defined as a chronic physical condition which results in prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary. During SFY2012, 40 members were served.
- ▶ **My Life; My Choice:** Offers adults with physical disabilities ages 19 to 64, who have transitioned from nursing facilities to the residential setting of their choosing through the Living Choice program, an opportunity to enroll in My Life; My Choice following their first year of community living. During SFY2012, 55 members were served.
- ▶ **Sooner Seniors:** This program offers services to persons 65 and older, with long-term illnesses, who have transitioned from nursing facilities to the residential setting of their choosing through the Living Choice program following their first year of community living. During SFY2012, 27 members were served.

What Is a Waiver?

States' Medicaid waivers are granted by the federal Centers for Medicare & Medicaid Services. CMS allows states to request waivers to specifically “waive” certain federal requirements of the program. Waivers generally must be “budget neutral” (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.

6,500+

During SFY2012, 6,574 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 and their dependents 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.
- ▶ Younger than 64 years of age.
- ▶ Income below 200 percent of federal poverty level.
- ▶ Doesn't qualify for SoonerCare or Medicare.

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.
- ▶ Employee must enroll in a qualified health plan offered by their employer.

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

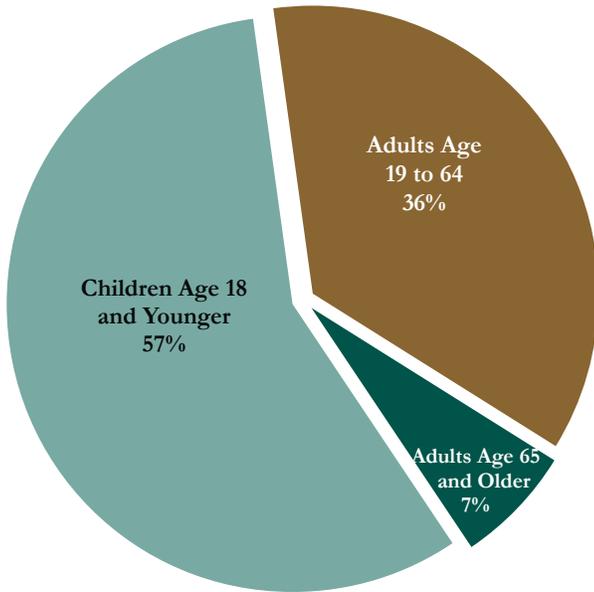
- ▶ Not qualified for ESI and work for an Oklahoma business with 99 or fewer employees; or
- ▶ Self employed; or
- ▶ Temporarily unemployed and eligible to receive unemployment benefits; or
- ▶ Working disabled who works for any size employer and has a ticket to work.

Insure Oklahoma also covers children younger than age 19 in families with workers from any size business whose household income is 185 percent to 200 percent of the federal poverty level. Children of the ESI members are covered through their family's private insurance plan, and Insure Oklahoma subsidizes a portion of the family's premium costs. Children of IP members are covered through the state-operated Individual Plan network and benefit plan.

For more specific Insure Oklahoma 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



1 in 4 Oklahomans Enrolled in SoonerCare

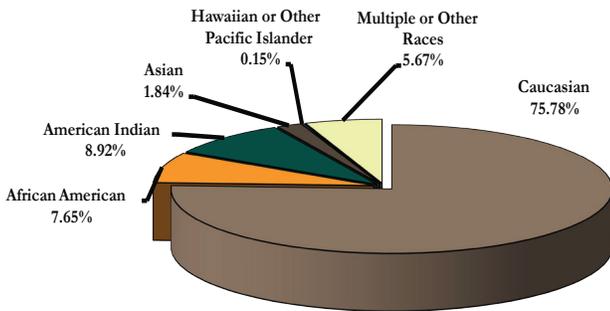
There were 1,007,395 unduplicated members enrolled in the SoonerCare or Insure Oklahoma programs during SFY2012. On average, 782,425 members were enrolled each month of the state fiscal year. Females comprised 58 percent of the unduplicated enrollees.

Here When It Counts

FIGURE 5 SOONERCARE POPULATION BY RACE

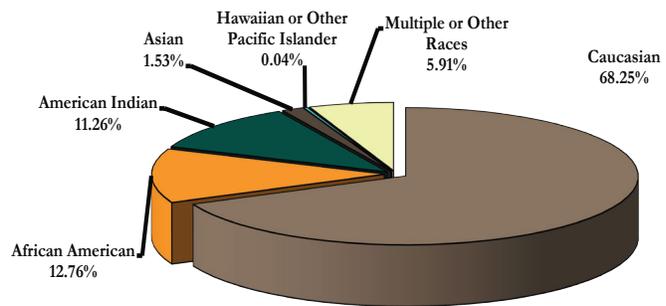
Oklahomans can declare any combination of five races. The pie charts below represent the counts of races reported alone. The bar chart below is the total SoonerCare count of each race for every reported occurrence either alone or in combination with another race.

STATE OF OKLAHOMA POPULATION 2011

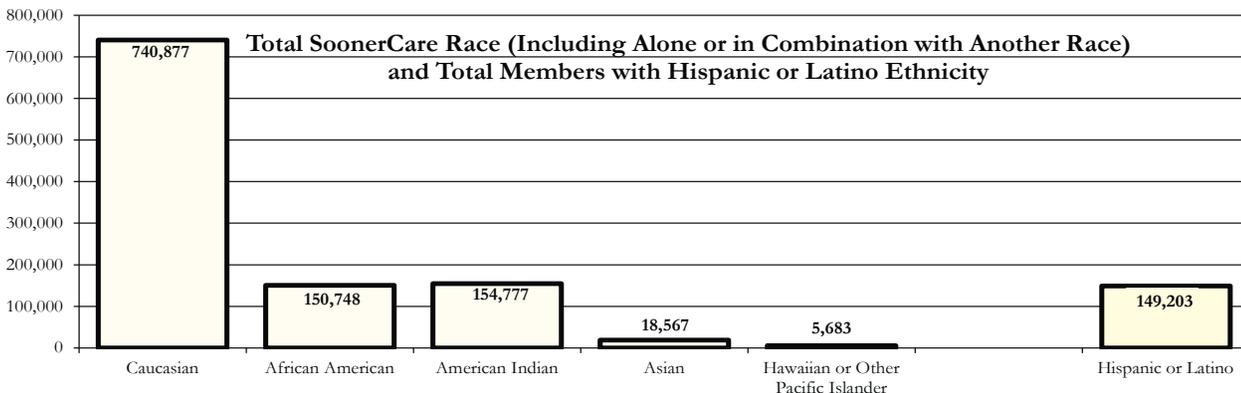


Total Estimated Population 2011 - 3,791,508 (Hispanic or Latino Ethnicity = 347,260)
 Oklahoma totals based on U.S. Census Bureau, Oklahoma State Data Center 2011 Population - single race reported alone counts. Census collects Other Race, not listed in the other 5 major categories.

SOONERCARE POPULATION SFY2012



Total Enrolled in SoonerCare and/or Insure Oklahoma - 1,007,356 (Hispanic or Latino Ethnicity = 149,203)
 The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.



Oklahoma state totals based on U.S. Census Bureau, Oklahoma State Data Center 2011 Population - single race reported alone counts.
 Oklahoma SoonerCare unduplicated single race reported alone counts based upon data extracted from member files on July 15, 2012. The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.

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

WHO ARE THE MEMBERS OF SOONERCARE?

How Is SoonerCare Financed?

The federal and state governments share Medicaid costs. In the federal budget, Medicaid is an “open-ended entitlement” program, which means the federal government is required by law to pay its share of 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 state or local tax dollars (called “state matching dollars”) to meet its share of SoonerCare costs.

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

FIGURE 6 FEDERAL MEDICAL ASSISTANCE PERCENTAGE — SFY2012

Regular Medicaid Match			CHIP [‡] Match		
Federal Fiscal Year	Federal Match (FMAP)	State Match	Federal Fiscal Year	Federal Match (FMAP)	State Match
2012	64.94%	35.06%	2012	75.46%	24.54%
2012	63.88%	36.12%	2012	74.72%	25.28%

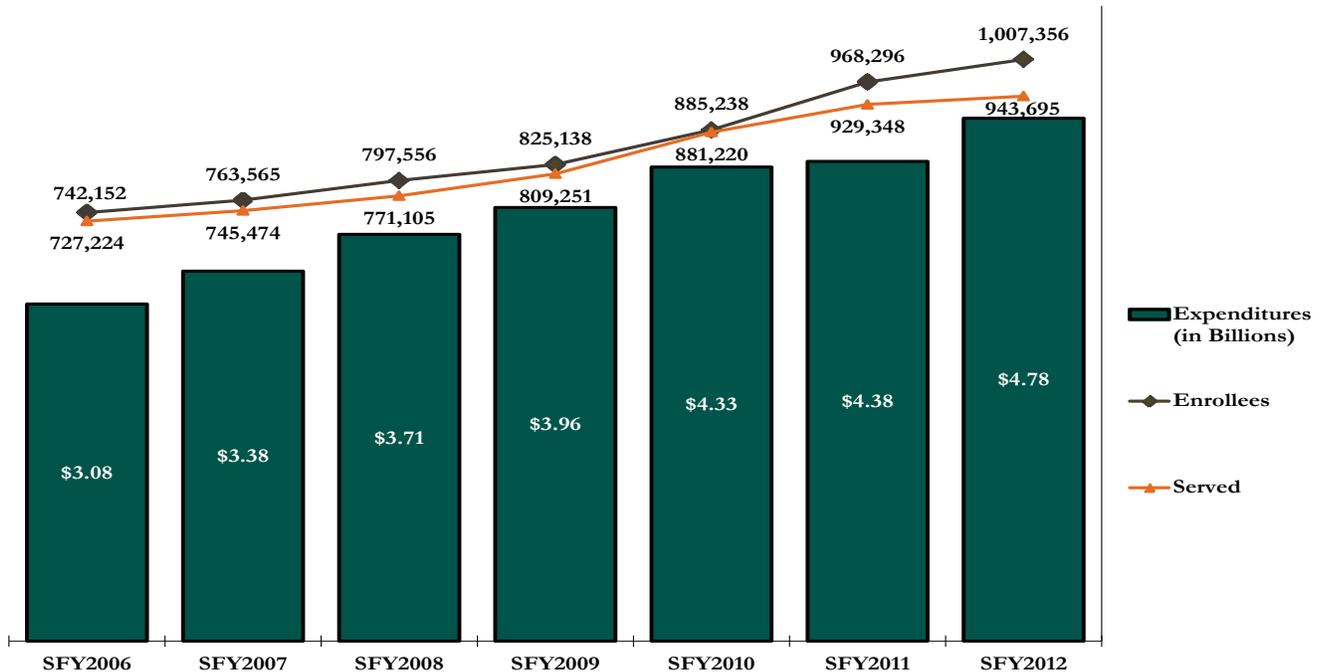
The Federal Fiscal Year is from October through September. ‡CHIP: Children’s Health Insurance Program.

40%

◇◇◇◇◇◇◇◇◇◇

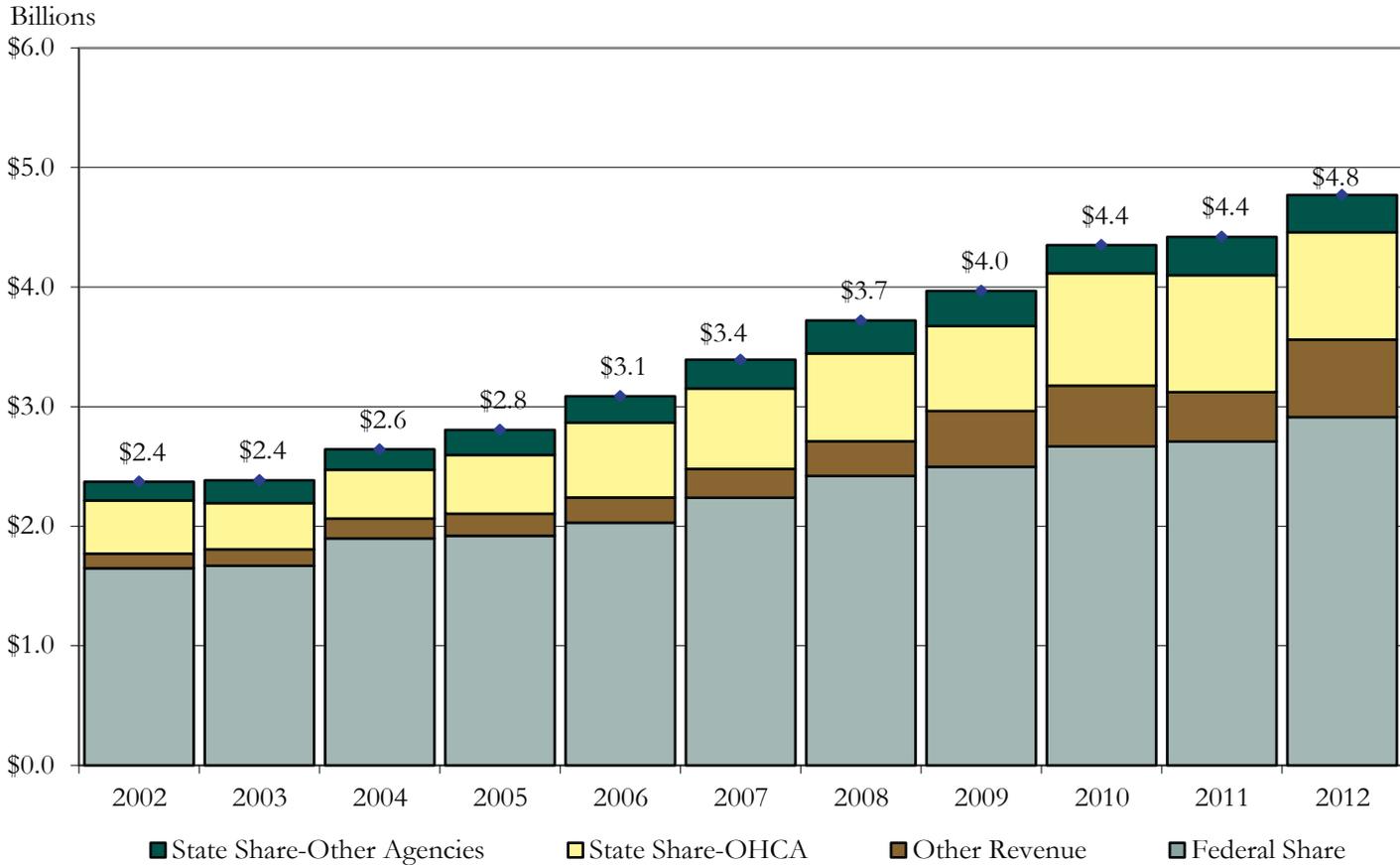
SoonerCare is the largest source of federal grants in Oklahoma, accounting for nearly 40 percent of all federal funds flowing into Oklahoma. Federal Medicaid dollars received for SFY2012 totaled nearly \$2.99 billion.

FIGURE 7 HISTORIC SOONERCARE ENROLLEES, SERVED AND EXPENDITURES — SFY2005-SFY2012



How Is SoonerCare Financed? (continued)

FIGURE 8 SUMMARY OF EXPENDITURES AND REVENUE SOURCES — FEDERAL FISCAL YEAR 2002-2012



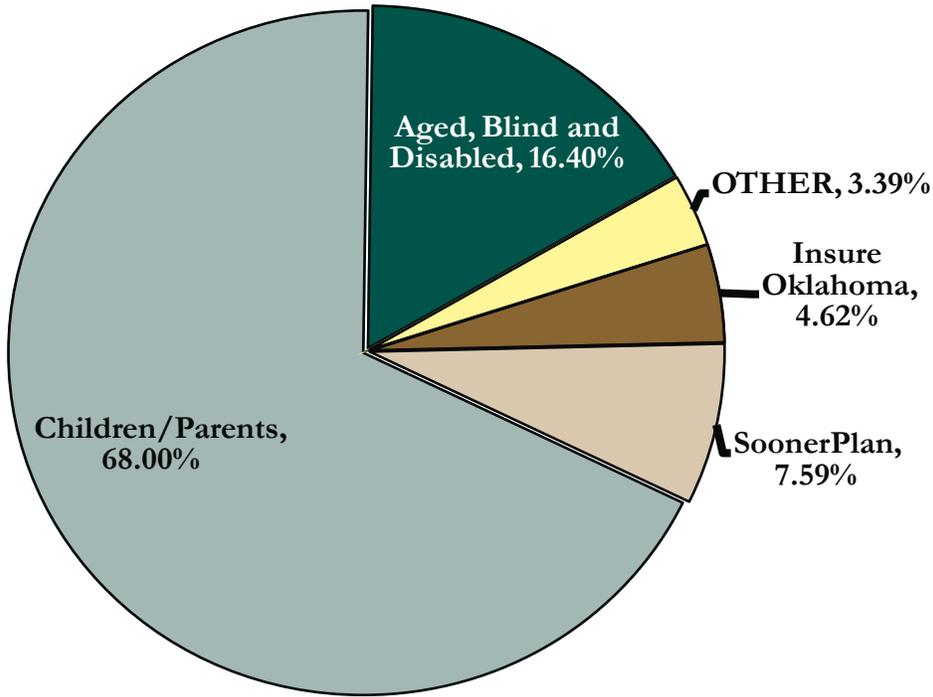
Federal Fiscal Year	Total Expenditures	Federal Share	Other Revenue	State Share — OHCA	State Share — Other Agencies
2002	\$2,372,098,884	\$1,649,376,278	\$119,799,311	\$445,842,697	\$157,080,598
2003	\$2,384,136,980	\$1,669,197,685	\$136,781,999	\$388,181,072	\$189,976,224
2004	\$2,642,481,484	\$1,897,667,825	\$166,596,539	\$408,889,974	\$169,327,146
2005	\$2,805,599,500	\$1,920,731,328	\$183,584,054	\$492,641,139	\$208,642,979
2006	\$3,086,916,991	\$2,029,524,772	\$210,005,646	\$626,418,336	\$220,968,237
2007	\$3,391,417,550	\$2,238,775,881	\$240,533,188	\$671,201,181	\$240,907,299
2008	\$3,719,999,267	\$2,419,909,782	\$290,956,731	\$734,195,329	\$274,937,424
2009	\$3,967,791,899	\$2,498,199,599	\$463,954,197	\$712,114,305	\$293,523,798
2010	\$4,350,788,295	\$2,667,539,569	\$508,946,267	\$938,718,686	\$235,583,773
2011	\$4,419,400,740	\$2,707,196,795	\$414,614,124	\$978,015,721	\$319,574,101
2012	\$4,770,055,106	\$2,912,698,984	\$647,058,594	\$898,907,968	\$311,389,560

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 62 of this report.

Where Are the SoonerCare Dollars Going?

FIGURE 9 SOONERCARE ENROLLEES AND EXPENDITURES BY AID CATEGORY PERCENTAGES

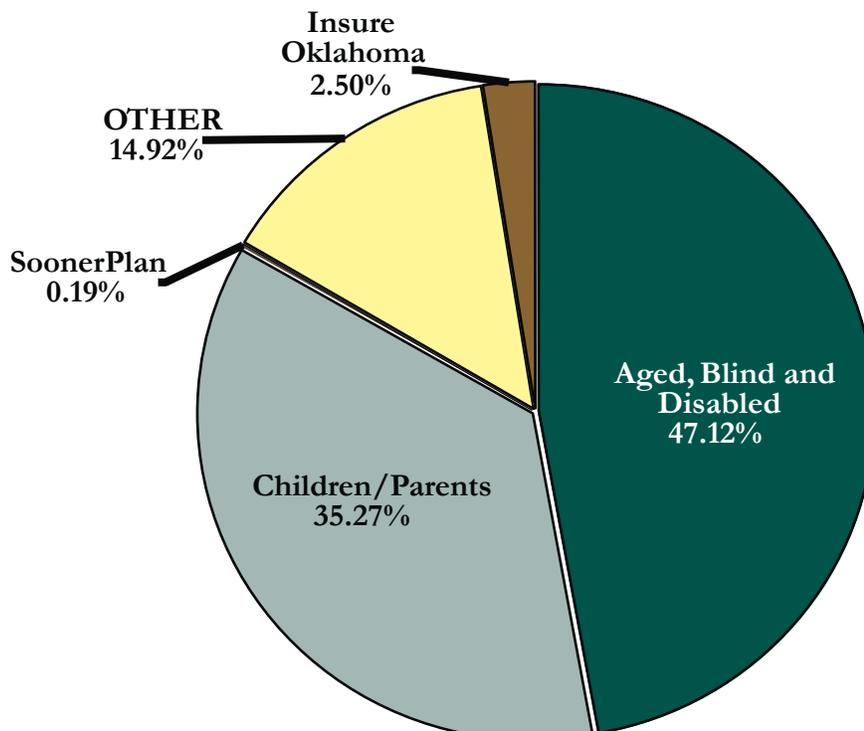
SoonerCare Enrollees



16%
 16.4 percent of enrollees were Aged, Blind and Disabled



47%
 47.1 percent of expenditures were on behalf of Aged, Blind and Disabled

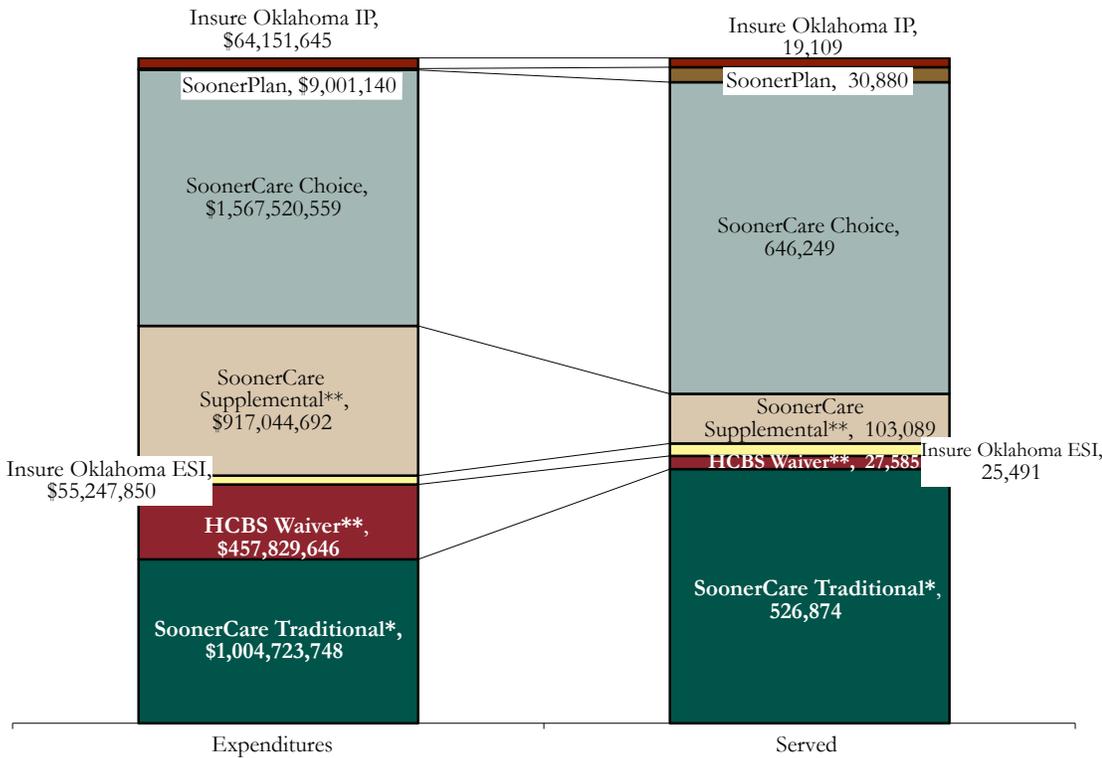


Nearly five of every ten SoonerCare dollars were paid for services rendered to the Aged, Blind and Disabled (ABD) population. This group includes dual eligibles, people with chronic medical conditions and residents of long-term care facilities.

Other enrollees and expenditures include — Refuge, Phenylketonuria (PKU), Qualifying Individual Group One (Q1), Service Limited Medicare Beneficiary (SLMB), Developmental Disabilities Services Division (DDSD) Supported Living, Soon-to-be Sooners and Tuberculosis (TB) members. Children/Parents include child custody. ABD includes Tax Equity and Financial Responsibility Act (TEFRA) enrollees and expenditures. Other expenditures also include SHOPP, GME/IME/DSH and Hospital Supplemental payments.

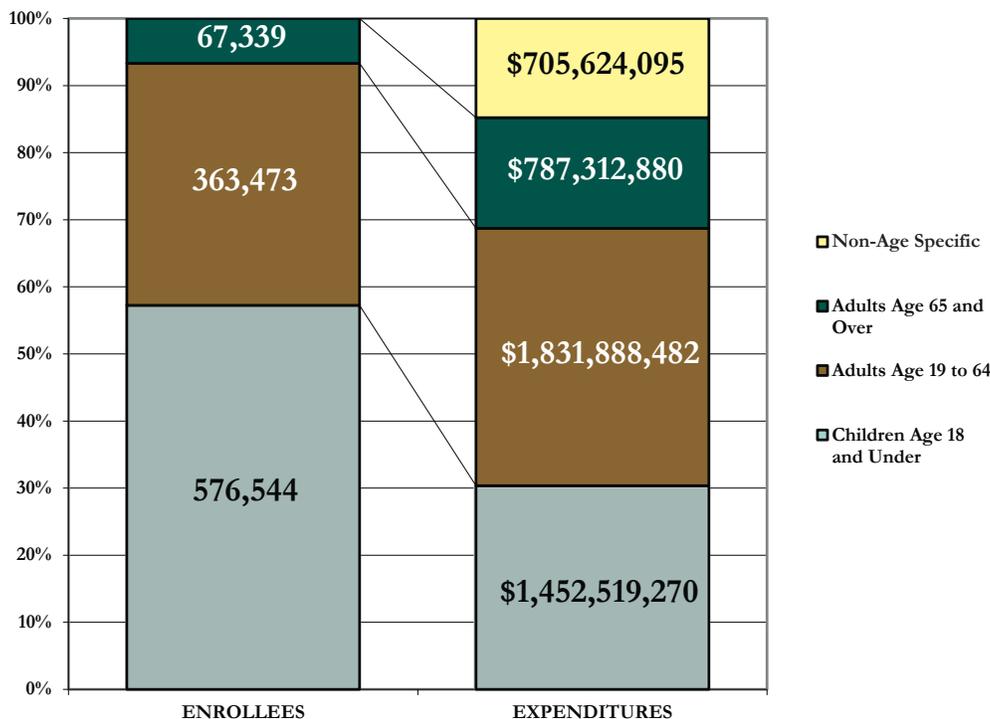
Where Are the SoonerCare Dollars Going? (continued)

FIGURE 10 SOONERCARE EXPENDITURES AND SERVED BY BENEFIT PLAN — SFY2012



*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. HCBS Waiver expenditures are for all services to waiver members, including services not paid with waiver funds. In order to provide a more accurate average cost per member, non-member specific supplemental payments have been removed from the above. Those payments include \$342,365,712 in SHOPP; \$231,871,163 in Hospital Supplemental payments; \$52,279,093 in GME payments; \$43,998,795 in EHR payments; \$29,934,653 in Outpatient Behavioral Health Supplemental payments, and \$1,376,032 in inpatient behavioral health cost settlements.

FIGURE 11 SOONERCARE ENROLLEES AND EXPENDITURES BY AGE — SFY2012



*Non-age specific payments include \$342,365,712 in SHOPP payments; \$191,388,095 in Hospital Supplemental payments; \$29,934,653 in Outpatient Behavioral Health Supplemental payments; \$3,541,601 in SoonerExcel payments; \$43,998,795 in EHR Incentive payments; \$52,279,092 in GME payments to Medical schools; \$278,477 in Public ICF/ID cost settlements and \$-21,431 in non-member specific provider adjustments. \$135,220,625 in Medicare Part A & B (Buy-In) payments and \$76,193,984 in Medicare Part D (clawback) payments are included in Ages 65 and over.



OHCA SFY2012 Annual Report **Where Are the SoonerCare Dollars Going? (continued)**

FIGURE 12 TOP 20 SOONERCARE EXPENDITURES — SFY2012

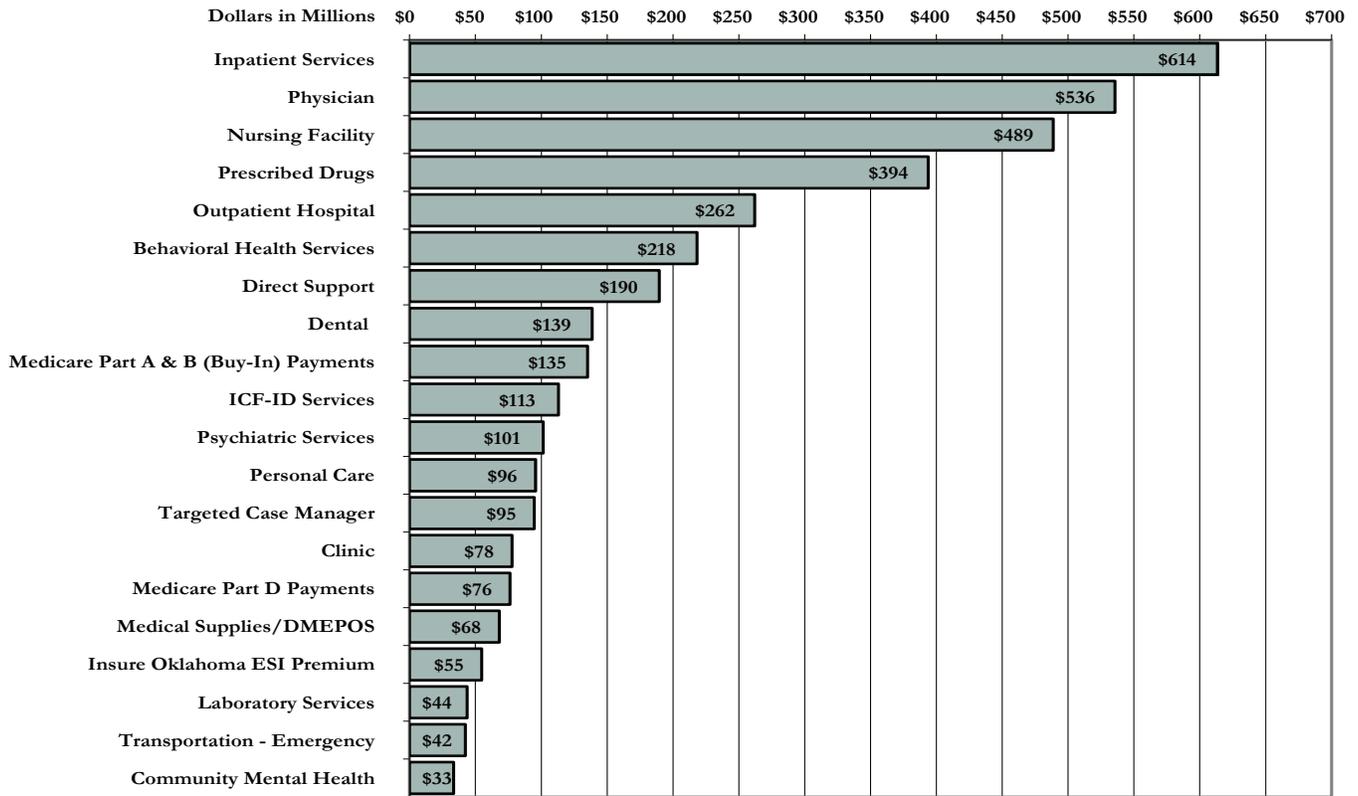


FIGURE 13 SOONERCARE CAPITATION PAYMENTS — SFY2012

Aged, Blind and Disabled (ABD)	Member Months	Capitation Payments
IHS Adults	12,066	\$36,198
IHS Children	6,296	\$18,888
Children/Parents (TANF)*	Member Months	Capitation Payments
IHS Adults	13,202	\$26,404
IHS Children	151,502	\$324,810
SoonerCare Choice Medical Home	Member Months	Care Coordination Payments
Medical Home - Open to All Ages	2,849,800	\$14,583,596
Medical Home - Open to Children Only	1,773,203	\$7,848,024
Medical Home - Open to Adults Only	41,146	\$209,743
Miscellaneous Capitation (not SoonerCare Choice)	Member Months	Capitation Payments
Insure Oklahoma - Individual Plan	151,671	\$455,013
Non-Emergency Transportation (ABD)	1,686,375	\$24,486,165
Non-Emergency Transportation (TANF)	5,698,374	\$3,134,105
Program of All-Inclusive Care for the Elderly (PACE)	1,071	\$2,991,798
Health Access Network Payments	Member Months	Capitation Payments
Oklahoma State University	140,531	\$702,655
Oklahoma University Tulsa	428,708	\$2,143,540
Canadian County	34,306	\$171,530

*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 2012 Current Population Survey, more than 636,000 Oklahomans were uninsured in 2011. Approximately 67,000 of the uninsured Oklahomans were children age 18 and younger.

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.

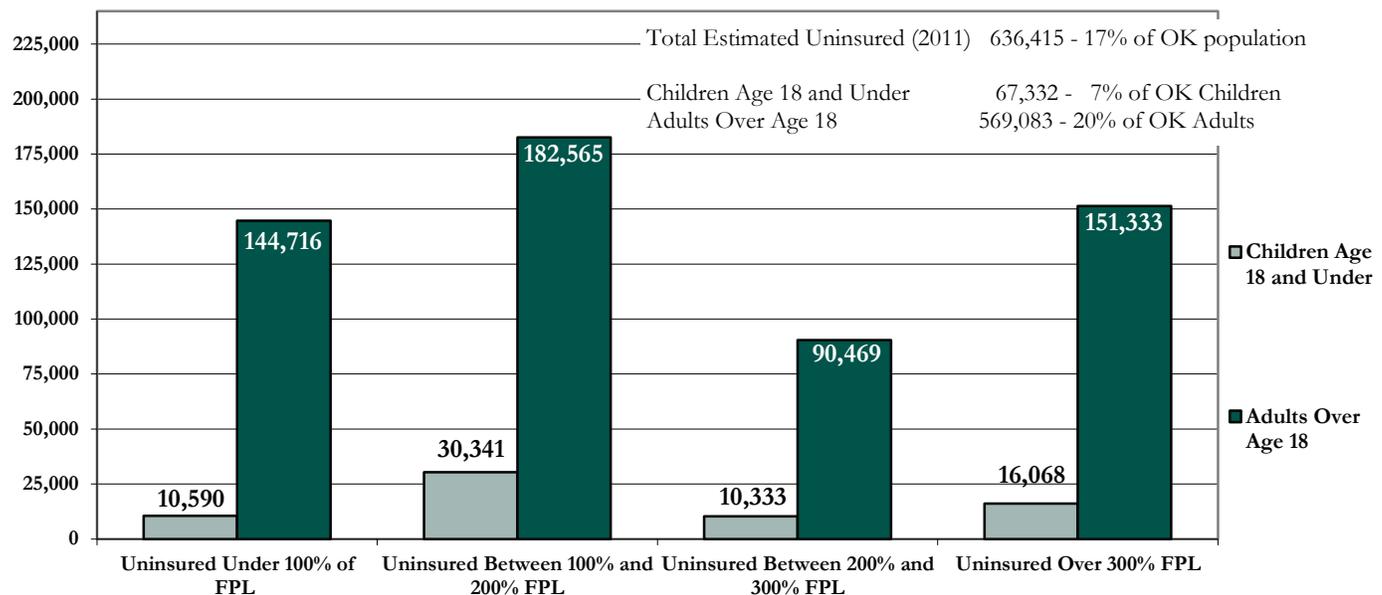
Children without health care insurance have substantially less access to health care services, including preventive care that ensures, childhood immunizations are up to date, routine dental care and vision and hearing screening are provided. Care for uninsured children is far more likely to be delayed 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.

Despite access problems and other barriers, uninsured Oklahomans still receive 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 OKLAHOMA UNINSURED ESTIMATES BY FEDERAL POVERTY LEVEL



Source: U.S. Census, Current Population Survey (CPS) 2011 Poverty universe data collected 2012.

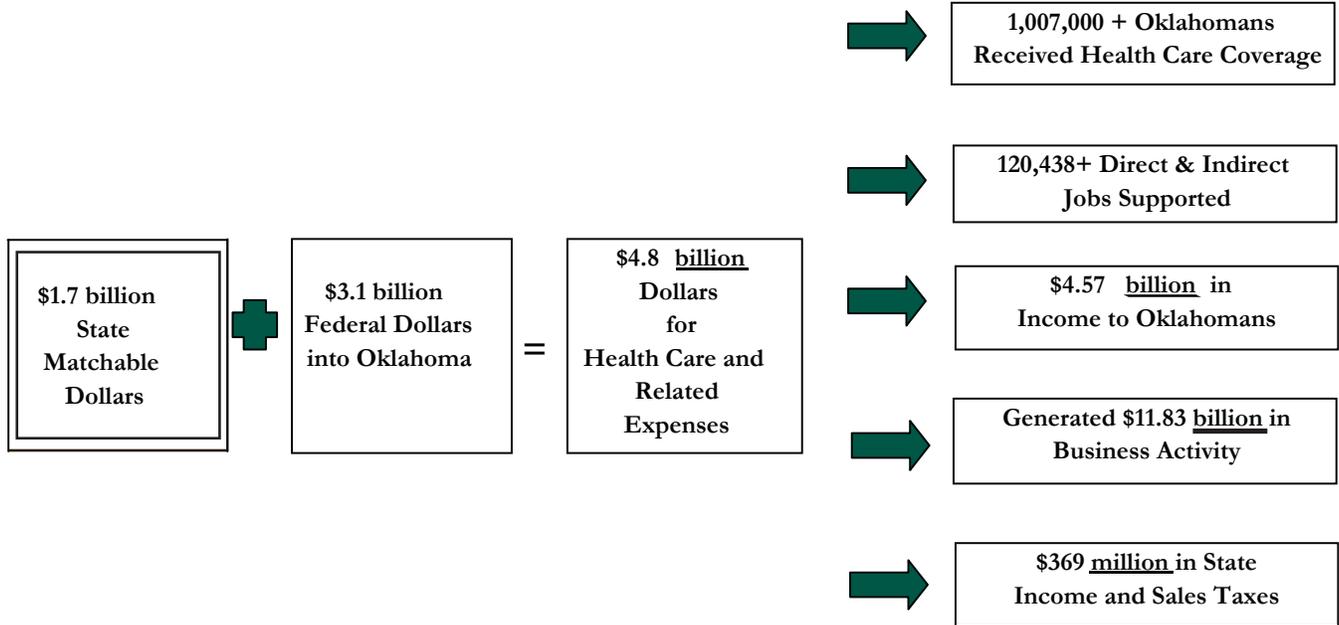
SoonerCare and the Economy



**For every \$1 in state Medicaid dollars spent, Oklahoma receives \$1.79 in federal dollars available for direct medical services and administrative costs.*

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; it brings in money, provides jobs to residents and keeps health care dollars circulating within the state economy. Health care businesses, in turn, have an additional impact through the purchase 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 Oklahoma's economy.

FIGURE 15 ECONOMIC IMPACT OF SOONERCARE ON THE OKLAHOMA ECONOMY

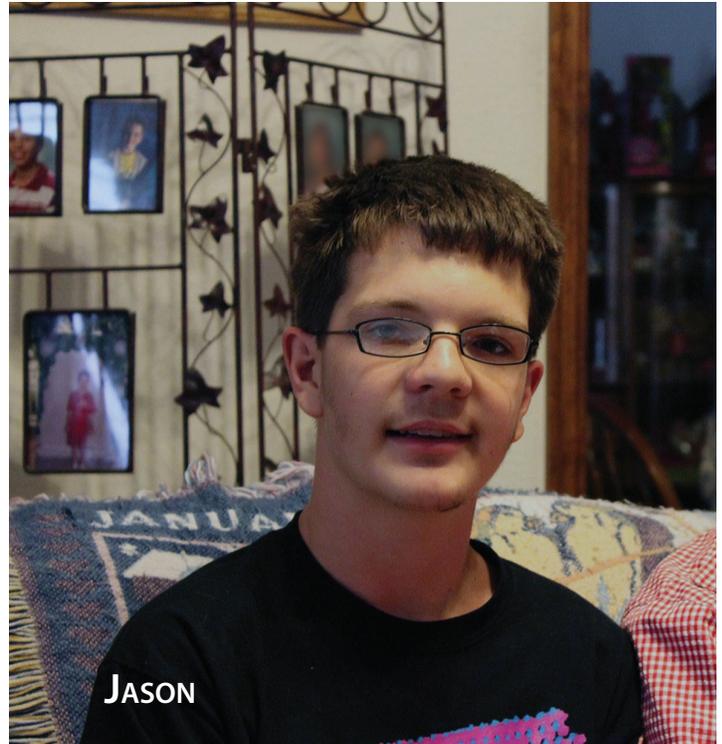


Source: "The Economic Impact of the Medicaid Program on Oklahoma's Economy", National Center for Rural Health Works, Oklahoma State University, Oklahoma Cooperative Extension Service. State matchable dollars include funds appropriated to OHCA and other state agencies, drug rebates, quality of care fees,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

Oklahoma SoonerCare

HERE FOR PIPER WHEN IT COUNTS

Seven-year-old Piper's mother said the call she got from a SoonerCare outreach staff member reminding her to renew her daughter's health insurance came not a moment too soon. A few days later, Piper had to be flown from her home to a Tulsa hospital, diagnosed with severe complications from diabetes.



"SoonerCare made a big difference in my life and Jason's life," said Jason's grandmother. "He had so many problems, and we are so thankful SoonerCare could help us keep our grandson healthy."

HERE FOR JASON WHEN IT COUNTS

WHAT BENEFITS DOES SOONERCARE COVER?

[OKLAHOMA SOONERCARE BENEFITS](#)

[SOONERCARE AND AMERICAN INDIANS](#)

[SOONERCARE AND OUR PROVIDERS](#)

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:

- ▶ Outreach letters to members who are pregnant. Expectant mothers may call OHCA and speak directly to staff 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 negative birth outcome. High-risk pregnant women receive regular contacts from an OHCA exceptional needs coordinator throughout the duration of their pregnancy.
- ▶ Expanded benefits for pregnant members identified as high-risk for a negative 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 a biophysical profile as specified by the primary obstetric 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.
- ▶ Outreach letters educating members/providers regarding the proper use of the emergency room.
- ▶ Outreach calls to inform Oklahoma Cares members about benefits and align with initial Medical Home.
- ▶ The Health Management Program for members with chronic conditions. Identified highest-risk members receive intensive care management from nurses who provide specific education and support 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 website (www.okhca.org) under Individuals and Stay Healthy! There is an area on the Web that houses activities and information for children called Kids' Corner. Detailed SoonerCare member program information from how to apply to how to report fraud and abuse is also on the website.
- ▶ Toll-free telephone contact options. The SoonerCare Helpline (800-987-7767) provides telephone support for members. Members are encouraged to call when they need help with any aspect of the SoonerCare program.
- ▶ 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 website.



What Benefits Are Covered by SoonerCare? (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 also may 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 identifies 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, co-payments or similar cost-sharing charges. A co-payment 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 co-payment from some SoonerCare members for certain medical services. A SoonerCare provider may not deny allowable care or services to members based on ability to pay the co-payment.

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

The applicable co-payment by benefit package for some allowable services are listed on the OHCA website at www.okhca.org. Click Benefits and then Comparison Chart of SoonerCare Benefits. The Insure Oklahoma Individual Plan has a separate listing of covered services and applicable co-payments. To view the details, go to www.insureoklahoma.org.



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:

- ▶ Adult and children's acute psychiatric inpatient care.
- ▶ Facility-based crisis stabilization and intervention.
- ▶ Emergency care and crisis intervention.
- ▶ Alcohol or other drug medical detoxification.
- ▶ Psychiatric residential treatment (children only).

65%

Children under age 21 accounted for 64.9 percent of the members receiving behavioral health services and 77.8 percent of the expenditures.

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.
 - Systems of care/wraparound for children and families.
 - Day treatment and partial hospitalization program.
- ▶ Peer support 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 changes focused on enrollment of all qualified children and improving access, utilization and quality of care for SoonerCare children.

In SFY2012, 610,496 children were enrolled in SoonerCare at some point during the year. This equals 61 percent of all Oklahoma children younger than age 21. Child health services offered as a part of SoonerCare include a comprehensive array of screening, diagnostic and treatment services to ensure the health care needs of this vulnerable population.

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 physical examination.
- ▶ Age-appropriate immunizations.
- ▶ Laboratory tests (including lead toxicity screens).
- ▶ Vision and hearing screens
- ▶ Dental screening services.
- ▶ Health education and anticipatory guidance.
- ▶ 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)

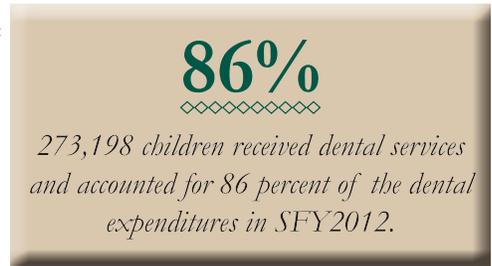
DENTAL SERVICES



Oral health is a key component of an overall healthy and happy lifestyle. The earlier children are introduced to dentistry, the better their chances are for 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 services include emergency care, preventive services and therapeutic services for dental diseases that may cause damage to the supporting oral structures.

Dental services are available to pregnant women over the age of 21. Basic dental care such as examinations, cleanings and limited 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 due to trauma, pain or infection only.



DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES



DMEPOS and medical supplies are benefits provided to SoonerCare and Insure Oklahoma members and are suitable for use within the home. OHCA provides equipment such as home ventilators, oxygen, diabetic supplies and a wide variety of equipment for SoonerCare and Insure Oklahoma members.

Durable medical equipment providers deliver, install and service medical equipment necessary to SoonerCare members throughout the state. The products and services are ordered by physicians, and the orders are filled by DME providers. Many providers maintain a 24/7 phone access for members who need help with equipment or services during non-business hours.

During 2012, the DME Advisory Committee consisting of providers and stakeholders met bimonthly to provide input in developing the DMEPOS program at OHCA.



HOSPITAL SERVICES



Hospitals are part of the health care environment of the communities they serve.

Without hospitals, 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 providers, physicians, specialists and many allied health services.

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, (Part C or Medicare Advantage); 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.



3%

SFY2012 “buy-in” expenditures totaled \$135,220,625 or 3.3 percent of the total SoonerCare expenditures.

An average of 2,302 Part A premiums and more than 90,507 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) SoonerCare Supplemental may assist with payments for Medicare Part A and Part B premiums, deductibles and coinsurance if the member is entitled to Medicare Part A and has qualifying income levels and limited resources.

Specified Low-income Medicare Beneficiary (SLMB) SoonerCare Supplemental may assist with payments for Medicare Part B premiums if the member is enrolled in Medicare Part A and has qualifying income levels and limited resources.

Qualifying Individuals (QI) SoonerCare Supplemental may assist with payments for Medicare Part B premiums if the member is enrolled in Medicare Part A, has qualifying income levels and limited resources and is not otherwise eligible for full-benefit SoonerCare.

Medicare Part D is a federal program to assist Medicare beneficiaries with the costs of prescription drugs. 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 \$76,193,984 in Medicare Part D “clawback” payments in SFY2012.

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 as a part of 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 a comparable institutional setting and when waiver slots are available. Individual waiver documents specify member qualifying criteria, applicable post-qualification criteria and the waiver-specific services available.

Living Choice

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

To qualify for Living Choice, an individual must live in a nursing facility for at least three months, have at least one day of SoonerCare paid nursing facility services, be interested in moving to the community and be guaranteed home and community support once he or she transitions.

People who are intellectually disabled, 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.

Community transitions for people who are intellectually disabled began in the spring of 2009. During SFY2012, 231 people received services through Living Choice. These people included: 39 people with intellectual disabilities, 67 older people and 125 people with physical disabilities.

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 once or twice a week for primary care services, to meet with their case manager and to engage in social activities with other PACE members.

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.
- ▶ Various therapies.

Oklahoma SoonerCare Benefits (continued)

OPPORTUNITIES FOR LIVING LIFE (CONTINUED)

PACE (continued)

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.

The Cherokee Elder Care Center receives Medicare, Medicaid and dual (for individuals who are dually eligible for Medicaid and Medicare) capitation payments for all individuals enrolled in the program. People not financially qualified for Medicaid and Medicare pay the capitation amount 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 specified in the State Plan.

Long-Term Care Partnership

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 strained. The focus of the Oklahoma Long-Term Care Partnership (OKLTCP) program is to create an opportunity for Oklahomans to take personal responsibility for organizing and financing their own long-term care needs. The OKLTCP is a public/private arrangement between long-term care insurers, the Oklahoma Insurance Department (OID) and the OHCA. The OKLTCP in coordination with the Oklahoma Insurance Department has developed an affordable insurance option to address the needs of Oklahomans while protecting both consumers and the state Medicaid budget. Currently, 24 insurance carriers are certified to market the program in the state; more than 3,600 agents have taken eight hours of training required to market the program and more than 2,659 policies have been sold to Oklahoma citizens and 3 policies are in claim status; meaning the individuals are now using the insurance policy that they purchased.

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 the Own Your Future campaign. This campaign empowers citizens to plan for their future needs and protect their hard-earned assets.

Nursing Home Services

Because nursing home or institutional care is largely unavailable through Medicare or traditional private health insurance plans, Medicaid is the nation's de facto financing system. SoonerCare OLL funds nearly 70 percent of long-term care, both nursing facilities and intermediate care facilities for the intellectually disabled. SoonerCare provides coverage for low-income people and many middle-income individuals who are "spending down" their assets to cover the high costs of their long-term care.

Level of Care Evaluations – Long-Term Care Members

To ensure 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 intellectual disability (ID) and/or mental illness (MI) to all people entering a long-term care facility. Furthermore, federal regulations include a higher level evaluation (Level II) for 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 ID diagnosis.

67%

◆◆◆◆◆◆◆◆

SoonerCare funded 4,801,856 nursing facility bed days for SFY2012; this represents 67.2 percent of the total actual nursing facility occupied bed days in the state.

Oklahoma SoonerCare Benefits (continued)

PHARMACY SERVICES



The pharmacy benefit is used by about 30 percent of SoonerCare members each month. It is hard to imagine a health care benefit system in which medication therapies did not play a significant role. Thanks to wide availability of generic medications, OHCA is able to provide a robust pharmacy benefit for SoonerCare members. Four out of five prescriptions paid for by SoonerCare are filled with a generic medication. The SoonerCare pharmacy program has one of the highest generic utilization rates of any fee for service Medicaid pharmacy benefit plan in the nation. The average cost of a generic prescription filled for a SoonerCare member is about \$20, compared to the average cost of brand name prescription, which is more than \$300.

SoonerCare Choice members qualify for prescription drug products approved by the Food and Drug Administration (FDA) and included in the Federal Drug Rebate program. In general, children up to age 21 may receive prescriptions without monthly limitations and are not subject to a co-pay. Adults are limited to six prescriptions per month. Up to two of the six prescriptions can be brand name drugs, with the remainder available as generic products. Adults are subject to a co-pay 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 for all ages.

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

SoonerCare Supplemental dual (Medicare and Medicaid) eligible members receive their primary prescription coverage through Medicare Part D, which now pays for a majority of the prescriptions for these members. A few drugs not covered by Part D may be covered for dual eligible members.

The states are required to contribute a certain payment per member per month for each dually eligible individual. This payment is called the “clawback” and represents an estimate of the cost the state would have incurred to provide the pharmacy benefit for these members.

Opportunities for Living Life members in long-term care facilities receive prescriptions as shown for SoonerCare Choice, but have no limitation on the number of prescriptions covered each month.

Home and Community-Based Services enrollees not dually eligible for Medicare receive 13 prescriptions per month, three of which may be brand name products. These members are eligible for Medication Pharmacotherapy Management if they require more than three branded prescriptions or more than 13 total prescriptions each month.

Insure Oklahoma Individual Plan provides prescription coverage similar to SoonerCare Choice with different co-payment 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 for women who do not qualify for SoonerCare because of their citizenship status.

\$63

The average cost per prescription funded by SoonerCare was \$62.85. The average per member per month prescription cost was \$43.66 for SFY2012.

Oklahoma SoonerCare Benefits (continued)

PHYSICIANS AND OTHER PRIMARY CARE PROVIDERS

Physicians and other primary care providers are crucial in 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 insured through SoonerCare. Oklahoma primary care providers (PCPs) act as SoonerCare's "front line."

Physician services for adults may be limited 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 also have been expanded to include evidence-based smoking cessation counseling in an outpatient office setting.

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 more frequently absent than their classmates. They suffer more from asthma, ear infections and vision problems and are medically more 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 children enrolled in SoonerCare who are qualified to receive health-related services under the Individuals with Disabilities Education Act and pursuant to an Individual Education Plan (IEP). This may include nursing services for treatment of chronic conditions such as asthma and diabetes. The IEP provides services necessary to ensure a successful education for students with delays and disabilities. Services include speech, occupational and physical therapy. Schools outline the treatment SoonerCare-compensable health-related services recommended in the plan for SoonerCare-enrolled children.

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.
- ▶ Diagnostic services.



OHCA is also involved in the Early Intervention (EI/SoonerStart) program. The EI/SoonerStart program is focused on early medical intervention and treatment for developmentally delayed children from birth to age 3. 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 pregnancy tests, Pap smears and screening for some sexually transmitted infections.
- ▶ Office visits and physical exams related to family planning.
- ▶ Tubal ligations for women ages 21 and older.
- ▶ Vasectomies for men ages 21 and older.
- ▶ Gardasil for individuals through age 26.

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

SOONERIDE (NON-EMERGENCY TRANSPORTATION) SERVICES

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

States are given 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 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.



831,117

An average of more than 10,000 members monthly used SoonerRide services for a total of 831,117 one-way transports in SFY2012.

SoonerCare and American Indians

Oklahoma is home to 39 federally recognized tribal governments. According to 2011 Census estimates, more than 500,000 American Indians live here. During SFY2012, more than 154,000 American Indians were enrolled in SoonerCare. American Indians represent approximately 15 percent of the average monthly enrollment.

American Indian SoonerCare members can select where they access culturally sensitive services, including three types of health care systems: Indian Health Services facilities, Tribal Health facilities or Urban Indian clinics (I/T/U). There are currently 62 SoonerCare contracted I/T/U facilities in Oklahoma. SoonerCare services provided in any of the contracted I/T/U facilities receive 100 percent federal medical assistance.

American Indian SoonerCare members can select a SoonerCare provider or self-refer to any I/T/U facility. Most providers in I/T/U facilities are SoonerCare providers and may serve as primary care providers (PCPs). As PCPs, I/T/U providers offer culturally sensitive case management, 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 Indian women have higher qualifying income guidelines of up to 250 percent of the federal poverty level for Oklahoma Cares, the breast and cervical cancer treatment program. 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.

TRIBAL PARTNERSHIPS

Indian Health Services and several tribes have partnered with OHCA to expand opportunities for American Indians to enroll in SoonerCare. These agency partners now are able to enroll and renew SoonerCare applications at 42 separate facilities. In SFY2012, more than 14,500 applications were processed in an effort to connect families in need with SoonerCare coverage and services.

OHCA SOONERCARE TRIBAL CONSULTATION

OHCA's tribal consultation efforts allow ongoing dialogue and communication regarding SoonerCare and tribal health care delivery. OHCA's tribal consultation policy has been used as a model for other state agencies, and OHCA continuously works to improve services to American Indians and Indian health care providers.

In addition to continuous partnerships with tribes throughout the year, the agency holds an annual OHCA SoonerCare Tribal Consultation meeting. The 2011 meeting was attended by more than 150 representatives of tribal governments, Indian health care providers, state and federal government officials and other key stakeholders.

31%
◇◇◇◇◇◇◇◇

SoonerCare enrolled 154,777 American Indians in SFY2012. That is 30.64 percent of the total 505,073 Oklahomans reporting an American Indian 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, 2011

SoonerCare and Our Providers

OHCA values services rendered by SoonerCare provider networks. OHCA provides a multitude of support functions to our medical, dental and behavioral service partners. Some of these support services include:

- ▶ Dedicated and professional staff available to assist providers. Staff can provide training by telephone or on-site in the provider's office as well as bimonthly and semi-annual large group training. Educational materials about various operational and medical topics are available from the OHCA website. Staff also provides billing assistance and answers questions related to OHCA rules and policies, as well as lends their expertise to ensure services provided meet all state and federal requirements.
- ▶ Recruitment and education efforts continue to increase the provider network.
- ▶ Registered nurses who provide clinical expertise during on-site visits and medical record reviews. They assist providers in the evaluation of billed charges and clinical documentation to ensure services provided are appropriate as mandated by OHCA policy and by the Centers for Medicare & Medicaid Services.
- ▶ A direct, toll-free number for providers who have detailed and complex questions concerning policy and billing issues. Providers also can send secure, HIPAA-compliant e-mail messages through the SoonerCare Secure website. It is a safe method of contacting OHCA via telephone to inquire about policy, coverage, contract compliance or general questions.
- ▶ A streamlined online contracting process that offers a single enrollment point for all programs, gives providers the ability to update and correct their own information, and eliminates mailing expenses and paper contracts.
- ▶ An eco-friendly electronic provider notification process. The electronic provider notification process consists of three sources of communication instead of the paper letter process: e-mail notification, Web alerts and targeted faxed information updates.
- ▶ 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 to improve care delivered to members with chronic conditions. Participating practices received a free web-based health information registry tool, CareMeasures. This registry tool identifies unmet clinical measures to help the practice prioritize clinical services offered during the next patient encounter. It also is 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.
- ▶ Certified nursing aid training for individuals to increase the number of available staff and reduce staff turnover rates in SoonerCare long-term care facilities. CNA classes are free for students who earn certification and subsequently gain and hold employment at a SoonerCare contracted long-term care facility for at least 12 months.
- ▶ Various provider incentive programs directly tied to service quality and outcome performance.
- ▶ Appropriate reimbursement rates. OHCA strives to purchase the best value health care for our members and explore options for maintaining or increasing provider payments to ensure members' access to sufficient provider networks.



SoonerCare and Our Providers (continued)

PHYSICIANS AND OTHER PRACTITIONERS

In January 2009, Oklahoma transitioned to a Patient-Centered Medical Home delivery system of primary and preventive care for members enrolled in SoonerCare Choice. The medical home payment structure 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 manager’s 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 available to qualifying providers who meet or exceed quality-of-care targets within an area of clinical focus selected by OHCA. Budgeted SoonerExcel figures are found in Appendix E, page 90.



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. OHCA continued to pay physician rates equal to 100 percent of Medicare rates through March 2010. Unfortunately, due to budget cuts all provider rates were reduced by 3.25 percent beginning in April 2010 and continuing through SFY2012.

15,300+
 SoonerCare contracted with 15,344 physicians
 at some point during SFY2012.

GRADUATE MEDICAL EDUCATION (GME)



Graduate Medical Education refers to the residency training doctors receive after completing medical school. Most residency programs are 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 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. State funds are transferred to OHCA from the University Hospital Authority and the Physician Manpower Training Commission.

SFY2012 GME Payments:

<i>University of Oklahoma —</i>	
<i>OKC and Tulsa</i>	<i>\$34,984,177</i>
<i>Oklahoma State University College of</i>	
<i>Osteopathic Medicine — Tulsa</i>	<i>\$17,294,916</i>

SoonerCare and Our Providers (continued)

LONG-TERM CARE FACILITIES

Long-term care facilities play an essential role in Oklahoma’s health care system by providing care for 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. Long-term care facilities 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 long-term care residents in Oklahoma are covered through the SoonerCare program.

Long-term care facilities treat people with a wide range of clinical conditions. The mix and amount of resources long-term care facilities use determines the cost of the care they provide. Resources include the cost of direct care staff, such as nurses, nurse aides and nurse aide training.

Focus On Excellence (FOE) - Created through House Bill 2842 and implemented in November 2006 the Focus on Excellence program mission is to improve quality of care in nursing homes through the program’s nine quality measures. The FOE program continues to grow and is an integral part in continuous quality improvement in Oklahoma nursing facilities. The goal is to continue program improvement and have the best quality nursing homes in the industry. FOE continues to drive quality improvement by ensuring the most up-to-date information through real-time data; state survey inspections; routine visits and training; monthly advisory board; and Web site accessibility 24 hours a day. 95 percent of the Oklahoma nursing facilities are participating in the Focus on Excellence program.

Certified Nurse Aide Training Program (CNA) - Is a workforce development initiative that allows individuals to obtain a certificate as a certified nurse’s aide. In partnership with the Oklahoma State University-Oklahoma City (OSU-OKC) and Oklahoma’s Career Technology Centers, the program offers standardized training and curriculum to individuals who wish to work in the nursing field. The goals of this program include improving quality of life and services, increasing the number of available staff and reducing CNA staff turnover rates. Classes are free for students who earn certification and gain and hold employment at a SoonerCare contracted long-term care facility for at least 12 months within two years of completing classes.



Facility Type	Unduplicated Members	Bed Days	Reimbursement	Yearly Average Per Person*	Average Per Day
Nursing Facilities	21,148	4,801,856	\$488,663,240	\$23,107	\$102
ICFs/ID (ALL)	1,989	581,144	\$113,041,471	\$56,833	\$195
ICFs/ID (Private)	1,676	474,979	\$56,915,192	\$33,959	\$120
ICFs/ID (Public)**	313	106,165	\$56,126,279	\$179,317	\$529

ICFs/ID = Intermediate Care Facilities for the Intellectually Disabled. *Average Per Person figures do not include the patient liability that the member pays to the nursing facility (avg nursing facility \$25.04/day; private ICFs/ID \$15.46 and for public ICFs/ID \$17.49).

** ICFs/ID public facilities per day rate includes ancillary services not included in ICFs/ID private facility rate. Reimbursement includes \$27,477 in Public ICF/ID cost settlements.

SoonerCare and Our Providers (continued)

HOSPITALS

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

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 the needs of hospitals that served a high number of Medicaid and uninsured patients. The second concern was the potential for a growing gap between what Medicaid paid hospitals and the hospitals' cost of care.

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

The Oklahoma DSH formula and methodology adopted in SFY2007 established three funding pools for licensed hospitals located within the state that met 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 subdivided by hospital size of allocating DSH funds reserved for this pool.

FIGURE 16 HOSPITAL PAYMENTS — SFY2011 AND SFY2012

Types of Hospital Payments	SFY2011	SFY2012
Inpatient - Acute and Critical Access	\$559,691,853	\$534,984,716
Inpatient Rehabilitation - Freestanding	\$12,391,967	\$13,199,004
Inpatient - Indian Health Services	\$14,333,079	\$14,369,784
Inpatient - LTAC Children's	\$19,596,828	\$19,059,656
Inpatient Behavioral Health - Freestanding	\$7,985,495	\$8,109,153
Psychiatric Residential Treatment Facilities	\$94,393,830	\$93,365,927
Outpatient Services	\$279,008,845	\$252,414,487
Medicare Crossovers	\$36,408,523	\$36,125,552
Hospital Supplemental Payments	\$200,923,368	\$128,916,359
Electronic Health Record Incentive Payments*	\$22,698,793	\$28,239,005
Supplemental Hospital Offset Payment Program**	\$0	\$342,365,712
Indirect Medical Education (IME)	\$28,813,252	\$29,677,651
Graduate Medical Education (GME)	\$16,241,944	\$12,181,449
Disproportionate Share Hospitals (DSH)***	\$46,829,628	\$62,471,736
Total	\$1,339,317,405	\$1,575,480,192

Source: OHCA Finance Division, October 2012. *EHR incentive payments to hospitals only, excludes other provider types which may have received EHR payments such as physicians.
 ** For more information on SHOPP please see page 14. ***The apparent increase in DSH payments from SFY2011 to SFY2012 is due to a reallocation of FFY2010 DSH funds paid in SFY2012. The actual amount paid to hospitals in SFY2011 totaling \$46,829,628 is reported here, while the net amount of \$19,722,631 is reported elsewhere.

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 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 St. John’s and OSU Medical Health System hospitals in Tulsa.

In order to qualify as a teaching hospital and be 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 program reports.
- ▶ Belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program.

OU/OKC Oklahoma Medical Center –	\$14,838,825
OU/Tulsa St. John’s Health Systems –	\$7,419,413
OSU College of Osteopathic Medicine – Tulsa –	\$7,419,413

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.

To qualify as a teaching hospital and be eligible for DME supplemental incentive payment adjustments, the hospital must:

- ▶ Be licensed in Oklahoma.
- ▶ Have a medical residency program.
- ▶ Apply for certification by OHCA prior to receiving payments for any quarter.
- ▶ Have a contract with OHCA to provide SoonerCare services.
- ▶ Belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program.

DME Qualified Hospitals	SFY2012
Baptist Medical Center	\$893,073
Baptist Bass	\$40,788
Baptist Medical Center/Southwest	\$98,563
Comanche County Memorial Hospital	\$14,860
Hillcrest Medical Center	\$1,076,383
Jane Phillips Hospital	\$5,358
Laureate Psych Hospital	\$927
Medical Center of Southeastern OK	\$20,742
Saint Francis	\$656,698
St. Anthony	\$1,012,690
St. John	\$1,139,077
OSU Medical Center	\$518,478
University Health Partners	\$6,703,812
TOTAL	\$12,181,449

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

SoonerCare and Our Providers (continued)

PHARMACIES

SoonerCare reimbursed 1,193 contracted pharmacies nearly \$394 million for more than 6.2 million prescriptions during the fiscal year. Members who use the pharmacy benefit get an average of two and a half prescriptions per month. SoonerCare has one of the higher generic utilization rates in the nation, with an average of more than 86 percent of prescriptions dispensed as generic drugs. This is made possible by our contracted pharmacy partners across the state, as they support and encourage the use of generic products whenever possible.

OHCA contracts with EPOCRATES® Inc. to provide pharmacy benefit information to prescribers and pharmacists using their desktop computer or mobile device. The service allows users to verify drug coverage status, look up preferred alternatives, check drug interactions, view prior authorization requirements and quantity limits; and receive other drug-specific messages programmed by OHCA.

86%
◇◇◇◇◇◇◇◇

SoonerCare has one of the highest generic utilization rates of any pharmacy benefit plan in the nation with an average of 86.3 percent of all prescriptions dispensed as a generic drug.

OTHER SOONERCARE PROVIDERS

OHCA continues to strive to increase provider participation by streamlining processes and keeping our contracted providers as informed as possible. Payment rates are routinely evaluated within 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.



Understanding OHCA

HERE FOR BETTY WHEN IT COUNTS

Betty L is an Oklahoman with bone cancer. Due to her illness she had been moved to a room in her house where she could be most accessible for her caregivers. Also because of her illness she had been sleeping in a recliner. She called OKDMERP to ask if we had a hospital bed. After setting up a donated semi-electric hospital bed, Betty L is back to sleeping in a bed, lying down for the first time in two years.



David L is a gentleman who was traveling to Oklahoma from another state when he was involved in a car collision. After being hospitalized for his injuries, a local church offered to help him recover since he had no friends or family here. The church members called OKDMERP and were able to secure a bedside commode and a walker to help him during his recovery at a local motel.

HERE FOR DAVID WHEN IT COUNTS



ADMINISTERING THE SOONERCARE PROGRAM

PAYMENT AND PROGRAM INTEGRITY

ORGANIZATIONAL CHART

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 initiatives have supported programs at the Oklahoma 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 seeks every opportunity to fully utilize federal revenues; therefore, we must be vigilant. OHCA has an obligation as a sound fiscal manager to ensure that all plans 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 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.

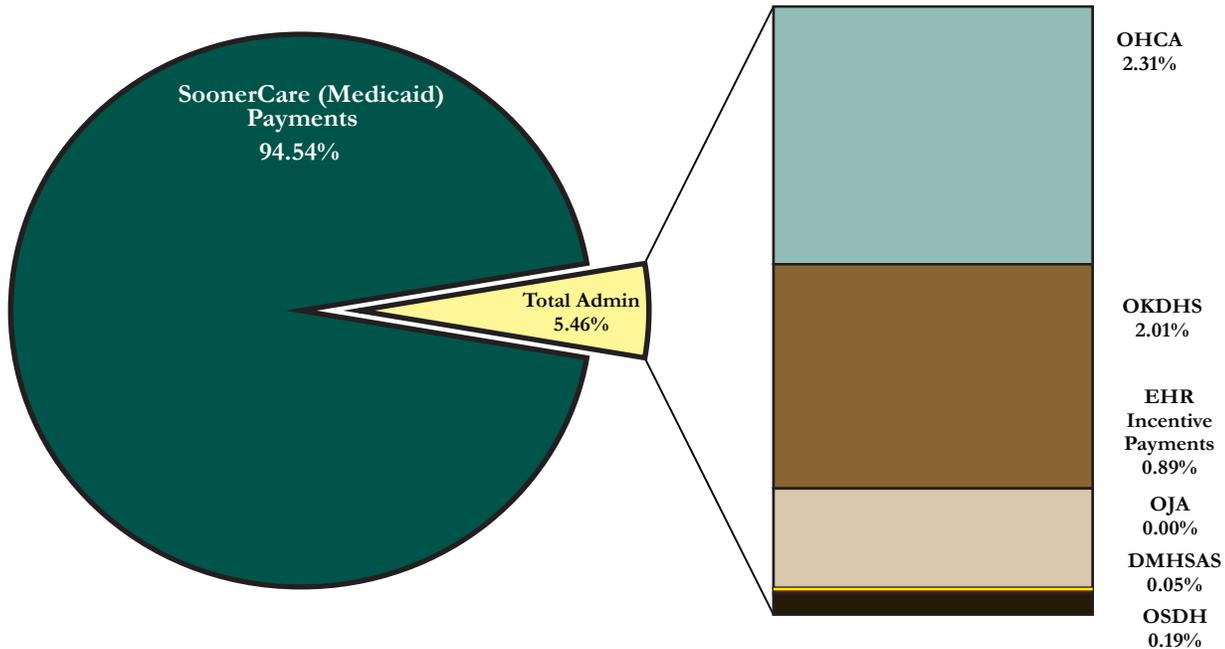
OHCA staff perform an array of critical functions necessary for program administration, such as member and provider relations and education; developing SoonerCare payment policies; managing programs to fight waste, fraud and abuse; maintaining the operating systems that support SoonerCare payments; developing 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), Behavioral Health Advisory Committee (BHAC), Child Health Task Force (CHTF), Perinatal Task Force (PTF), a SoonerCare Member Advisory Task Force (MATF) and a joint legislative oversight committee. These groups of health professionals, providers, members, advocates and elected officials all serve to ensure decisions are made to best serve the members' needs while maintaining fiscal integrity of the agency.

Administering the SoonerCare Program (continued)

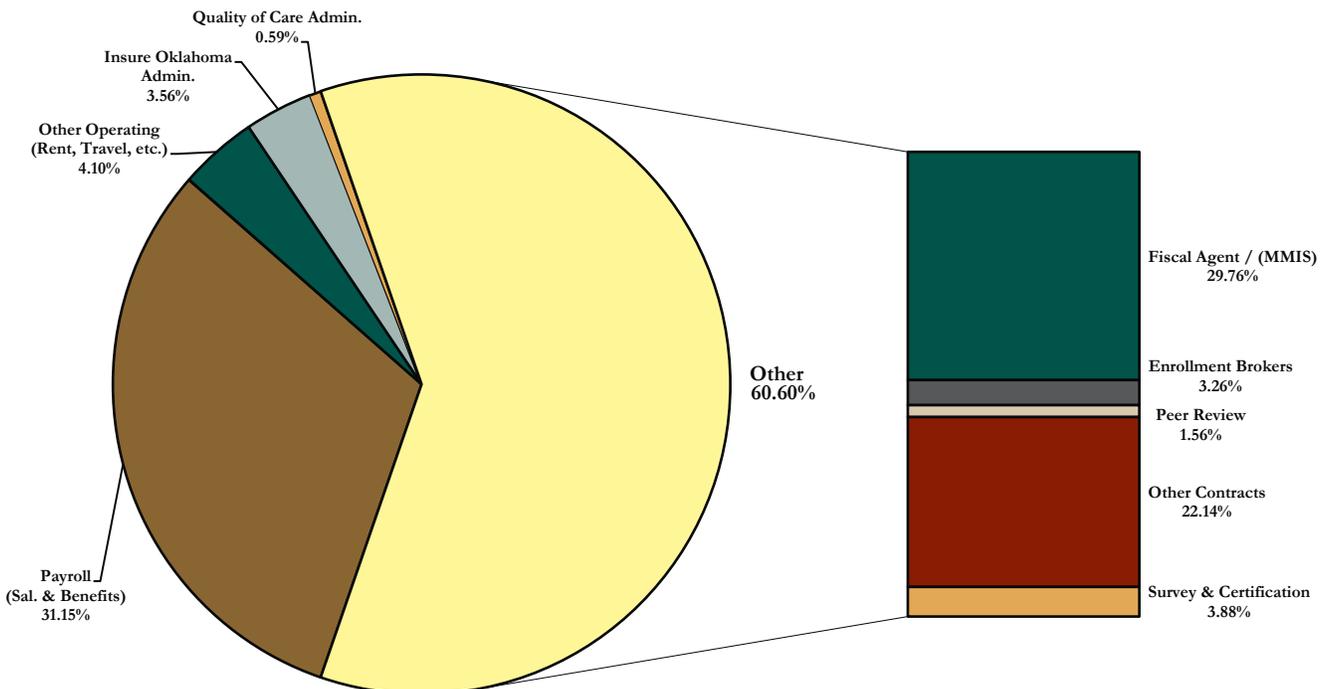
The cost of administration of the SoonerCare program is divided among six different state agencies: the Oklahoma Health Care Authority (OHCA), the Oklahoma Department of Human Services (OKDHS), the Oklahoma State Department of Health (OSDH), the Office of Juvenile Affairs (OJA), and the Department of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

FIGURE 17 OHCA SOONERCARE EXPENDITURE AND ADMINISTRATIVE PERCENTAGES — SFY2012



Finally, OHCA's administrative expenses are divided between direct operating expenses and vendor contracts. Of the \$112 million spent on administration by OHCA in SFY2012, 39.4 percent went to direct operation expenses and 60.6 percent went toward vendor contracts.

FIGURE 18 BREAKDOWN OF OHCA ADMINISTRATIVE EXPENSES — SFY2012



Strategic Planning

It is difficult to overestimate the importance and impact of SoonerCare. It serves many people in many different population groups and it plays a role in financing 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.

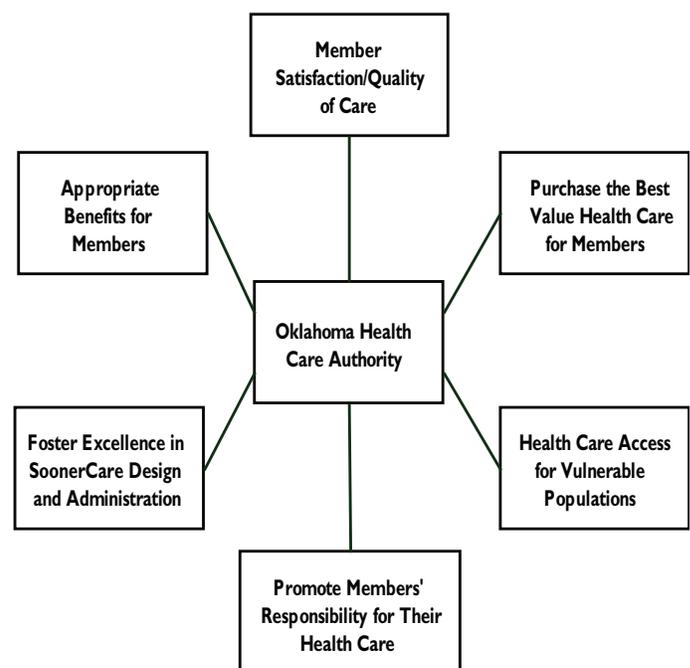
OHCA, our health partners, advocacy groups, legislators and other stakeholders meet annually to discuss the agency's upcoming enhancements, goals and challenges. These meetings help guide and set the strategic plan the year.

BROADLY STATED GOALS

The heart of our strategic plan is the statement of our primary strategic goals. These goals represent not our understanding of the agency's statutory responsibilities and 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 of programs, services and care. (Member Satisfaction/Quality of Care)
- ▶ Promote members' personal responsibility for their health services utilization, behaviors and outcomes. (Member Responsibility)
- ▶ Ensure 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 options for program financing. (Purchasing Issues/Provider Relations)
- ▶ Foster excellence in design and administration of the SoonerCare program.

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

Improper payments in government health programs drain vital program dollars, impacting members and taxpayers. Such payments include those made for treatments or services 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 the claim was appropriate. Improper SoonerCare payments can result from inadvertent errors as well as 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 be programmed to prevent all potential Medicaid 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 and 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. State auditors may be 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 and the Office of Inspector General of the Department of Health and Human Services 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.

OHCA SFY2012 Annual Report 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.



External Quality Review Organization (EQRO)

Some SoonerCare services are subject to utilization review by an External Quality Review Organization under contract with OHCA. The EQRO conducts a retrospective random sample review on hospital inpatient and observation services provided to all SoonerCare members. The purpose of the 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, appropriate of place of service, DRG validation and length of stay. Federal regulations require this function to be performed by an EQRO.

Telligen Health Intelligence was the EQRO under contract with OHCA during SFY2012. Additional information on Telligen may be found at www.telligen.org.

FIGURE 19 POST-PAYMENT REVIEW RECOVERIES — SFY2012

Provider Type	SFY2012
Behavioral Health	\$1,271,535.99
Dental Services	\$104,309.92
Durable Medical Equipment	\$191,557.67
Electronic Health Record Incentive Payments	\$21,250.00
Hospital	\$1,989,206.21
Long-Term Care Facilities	\$297,455.70
Personal Care	\$39,549.17
Pharmacy/Prescription Drugs	\$49,058.74
Physicians and Other Practitioners	\$2,445,621.82
School-Based Providers	\$8,405.11
Vision	\$134,814.23
Total - OHCA Recoveries	\$6,552,764.56
MFCU - National Settlements	\$11,335,138
MFCU - Other	\$353,562
Total SoonerCare Recoveries	\$18,241,464

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

Program and Payment Integrity Activities (continued)

POST-PAYMENT REVIEWS AND RECOVERIES (CONTINUED)

Third-Party Liability (TPL) Recoveries

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.

<i>Estate Recoveries</i>	\$3,743,704
<i>Other</i>	\$36,514,859

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 program also reduces costs to the SoonerCare program by identifying third parties liable for payment of a member's medical expenses. States are required by the federal government 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 paying of claims with program funds (cost avoidance).

<i>Medicare</i>	\$866,897,198
<i>Private Insurance</i>	\$6,002,851,661

State Maximum Allowable Cost Program

The State Maximum Allowable Cost (SMAC) program sets pharmacy reimbursement for generic products. The program is designed to provide a fair reimbursement rate for pharmacies while providing efficient use of taxpayer dollars. When the SMAC program was started in January 2000, 400 products were included. The most recent list includes more than 2,100 active drug products and is expected to grow each year as more drugs lose patent protection and become available as generic equivalents.

\$123.1M

By limiting the amount paid for generic drugs, OHCA was able to save \$123,151,563 in SFY2012.



OHCA SFY2012 Annual Report **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 states pay 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 federal requirements. Drug manufacturers are invoiced on a quarterly basis. Interest is assessed by OHCA on late payments.

<i>Rebates — Federal</i>	<i>\$176,757,380</i>
<i>Rebate Interest</i>	<i>\$52,346</i>
<i>Rebates — State Supplemental</i>	<i>\$3,558,234</i>

Supplemental Drug Rebate Program

The SoonerCare State Supplemental Drug Rebate program encourages pharmaceutical manufacturers to partner with the state to provide additional rebates for drugs that would otherwise require prior authorization. If the manufacturer agrees to provide additional rebates for its products, the products are moved to a lower tier. With the Supplemental Drug Rebate program, all stakeholders win: members receive medications quickly, providers do not face red tape, staff resource needs are reduced, taxpayer resources are used efficiently, and manufacturers are able to maintain or increase the market share of their products.

Long-Term Care Facility Quality of Care Program Fees

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

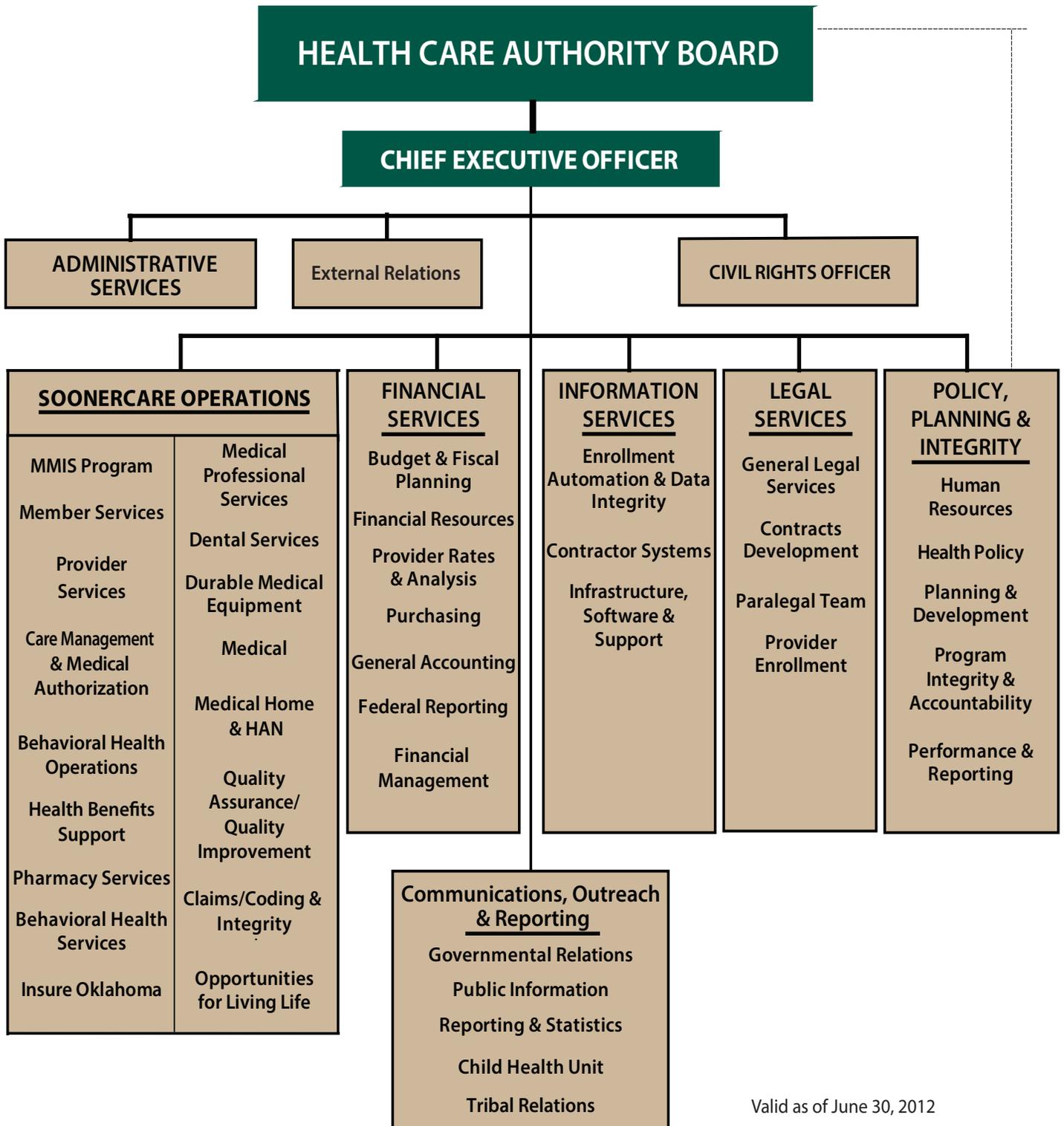
Facilities receive monthly invoices for fee payment based on their self-reported patient census and revenues. Facilities are responsible for submitting monthly reports to the OHCA showing direct care staff hours and patient days. Quality of Care fees and/or reports not submitted in a time.

\$51.3M

Total Quality of Care Program revenues were \$51,350,812.



FIGURE 20 OHCA'S ORGANIZATIONAL CHART



Valid as of June 30, 2012

Appendix A Condensed Summary of Revenue Sources

Revenue Source	Actual Revenues
State Appropriations	\$898,907,968
Federal Funds—OHCA	\$2,379,769,041
Federal Funds for Other State Agencies	\$607,524,026
Refunds from Other State Agencies	\$392,085,224
Tobacco Tax Funds	\$110,297,888
Drug Rebate	\$176,738,721
Medical Refunds	\$52,516,381
Quality of Care Fees	\$51,350,812
SHOPP Assessment Fees	\$154,020,817
Prior Year Carryover	\$55,003,490
Prior Year Stimulus Carryover	\$70,866,174
Other Revenue	\$25,929,153
Total Revenue	\$4,975,009,695

Source: OHCA Financial Services Division, September 2012. 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 SFY2012 Figures

FIGURE I SOONERCARE EXPENDITURES BY PAYOR

Category of Service	Total	Health Care Authority	Other State Agencies	Quality of Care Fund	Medicaid Program Fund	HEEIA	BCC Revolving Fund
ADvantage Waiver	\$173,767,496	\$0	\$173,767,496	\$0	\$0	\$0	\$0
Ambulatory Clinics	\$96,321,631	\$82,209,393	\$11,918,876	\$0	\$0	\$1,827,614	\$365,749
Behavioral Health - Case Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Behavioral Health - Inpatient	\$118,997,322	\$114,390,747	\$4,603,917	\$0	\$0	\$0	\$2,658
Behavioral Health - Outpatient	\$30,215,897	\$30,206,375	\$9,522	\$0	\$0	\$0	\$0
Behavioral Health Facility- Rehab	\$256,057,447	\$196,746,877	\$58,678,402	\$0	\$0	\$509,815	\$122,353
CMS Payments	\$211,456,406	\$208,857,096	\$0	\$2,599,310	\$0	\$0	\$0
Dentists	\$144,276,625	\$135,977,575	\$0	\$0	\$8,088,740	\$135,707	\$74,603
EHR Incentive Payments	\$44,062,545	\$44,062,545	\$0	\$0	\$0	\$0	\$0
Family Planning/Family Planning Waiver	\$8,083,853	\$0	\$8,083,853	\$0	\$0	\$0	\$0
GME/IME/DME	\$94,138,193	\$0	\$94,138,193	\$0	\$0	\$0	\$0
Home and Community-Based Waiver	\$158,447,143	\$0	\$158,447,143	\$0	\$0	\$0	\$0
Home Health Care	\$20,921,774	\$20,882,353	\$0	\$0	\$0	\$12	\$39,409
Homeward Bound Waiver	\$88,563,678	\$0	\$88,563,678	\$0	\$0	\$0	\$0
ICF/ID Private	\$56,890,389	\$46,628,630	\$0	\$9,412,869	\$848,890	\$0	\$0
ICF/ID Public	\$56,126,416	\$0	\$56,126,416	\$0	\$0	\$0	\$0
In-Home Support Waiver	\$23,683,485	\$0	\$23,683,485	\$0	\$0	\$0	\$0
Inpatient Acute Care	\$767,853,139	\$571,296,891	\$130,674,103	\$486,687	\$50,315,626	\$12,393,244	\$2,686,588
Lab & Radiology	\$57,836,566	\$53,378,111	\$0	\$0	\$0	\$3,299,751	\$1,158,704
Medical Supplies	\$49,762,504	\$46,440,668	\$0	\$2,475,949	\$0	\$773,187	\$72,701
Miscellaneous Medical Payments	\$34,000,295	\$32,498,959	\$0	\$0	\$1,423,501	\$391	\$77,444
Money Follows the Person	\$3,302,545	\$0	\$3,302,545	\$0	\$0	\$0	\$0
Nursing Facilities	\$488,782,319	\$312,947,485	\$0	\$135,962,377	\$39,853,090	\$0	\$19,366
Other Practitioners	\$73,494,378	\$71,539,598	\$0	\$446,364	\$978,338	\$500,988	\$29,090
Outpatient Acute Care	\$262,216,747	\$246,390,587	\$0	\$41,604	\$0	\$10,714,740	\$5,069,815
Personal Care Services	\$12,596,089	\$0	\$12,596,089	\$0	\$0	\$0	\$0
Physicians	\$494,517,412	\$371,162,360	\$37,713,433	\$58,101	\$61,319,869	\$15,213,412	\$9,050,237
Premium Assistance*	\$56,210,347	\$0	\$0	\$0	\$0	\$56,210,347	\$0
Prescription Drugs	\$401,965,309	\$338,142,589	\$0	\$0	\$43,017,895	\$19,049,342	\$1,755,484
Residential Behavioral Management	\$20,668,059	\$0	\$20,668,059	\$0	\$0	\$0	\$0
SHOPP Payments	\$342,365,713	\$342,365,713	\$0	\$0	\$0	\$0	\$0
SoonerCare Choice	\$31,778,530	\$31,304,618	\$0	\$0	\$0	\$453,054	\$20,858
Targeted Case Management	\$59,823,585	\$0	\$59,823,585	\$0	\$0	\$0	\$0
Therapeutic Foster Care	\$3,188,818	\$3,188,818	\$0	\$0	\$0	\$0	\$0
Transportation	\$27,682,454	\$25,012,258	\$0	\$2,595,093	\$69,641	\$0	\$5,462
Total SoonerCare Expenditures	\$4,770,055,106	\$3,325,630,244	\$942,798,794	\$151,483,261	\$205,845,948	\$121,081,606	\$20,545,058

Source: OHCA Financial Services Division, August 2012. HEEIA includes \$55,825,162 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 SFY2012 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY

County	Population Proj. July 2011*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
ADAIR	22,612	38	10,226	30	45%	1
ALFALFA	5,662	69	999	70	18%	73
ATOKA	14,206	48	4,339	50	31%	32
BEAVER	5,624	70	984	71	17%	74
BECKHAM	22,288	39	5,921	41	27%	48
BLAINE	9,780	59	3,352	55	34%	15
BRYAN	43,089	22	14,237	18	33%	21
CADDO	29,537	33	10,346	29	35%	13
CANADIAN	119,492	5	18,962	8	16%	76
CARTER	48,096	16	15,867	12	33%	22
CHEROKEE	47,845	17	14,516	17	30%	34
CHOCTAW	15,250	45	6,305	40	41%	3
CIMARRON	2,487	77	664	77	27%	47
CLEVELAND	261,281	3	43,358	3	17%	75
COAL	5,928	68	2,047	64	35%	14
COMANCHE	125,815	4	28,777	4	23%	58
COTTON	6,179	66	1,691	67	27%	42
CRAIG	15,073	47	4,906	45	33%	24
CREEK	70,467	10	20,050	7	28%	40
CUSTER	27,750	34	6,985	37	25%	53
DELAWARE	41,633	25	12,330	23	30%	37
DEWEY	4,867	71	952	72	20%	68
ELLIS	4,051	73	729	76	18%	72
GARFIELD	60,670	12	16,432	11	27%	45
GARVIN	27,452	35	8,204	34	30%	35
GRADY	53,020	13	11,693	27	22%	59
GRANT	4,585	72	889	73	19%	70
GREER	6,125	67	1,776	65	29%	39
HARMON	2,919	76	1,134	69	39%	5
HARPER	3,695	75	781	74	21%	63
HASKELL	12,810	51	4,715	47	37%	9
HUGHES	13,843	49	4,533	49	33%	23
JACKSON	26,447	36	7,862	35	30%	36
JEFFERSON	6,506	65	2,340	63	36%	11
JOHNSTON	11,139	57	4,113	51	37%	8
KAY	46,159	19	15,313	14	33%	19
KINGFISHER	15,213	46	3,254	56	21%	61
KIOWA	9,416	60	2,981	59	32%	30
LATIMER	11,155	56	3,601	54	32%	25
LEFLORE	50,628	15	16,746	10	33%	20
LINCOLN	34,155	30	8,680	33	25%	52
LOGAN	42,499	23	8,683	32	20%	64

Appendix B Statewide SFY2012 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
ADAIR	\$34,794,162	31	\$1,539	12	\$284	53
ALFALFA	\$3,125,493	71	\$552	72	\$261	66
ATOKA	\$16,989,601	49	\$1,196	33	\$326	29
BEAVER	\$2,266,879	74	\$403	76	\$192	75
BECKHAM	\$21,193,765	44	\$951	48	\$298	43
BLAINE	\$11,388,129	57	\$1,164	35	\$283	54
BRYAN	\$51,872,277	21	\$1,204	32	\$304	42
CADDO	\$31,244,641	33	\$1,058	42	\$252	71
CANADIAN	\$66,594,633	10	\$557	71	\$293	47
CARTER	\$59,092,071	15	\$1,229	27	\$310	36
CHEROKEE	\$61,149,548	14	\$1,278	23	\$351	20
CHOCTAW	\$28,515,428	37	\$1,870	3	\$377	11
CIMARRON	\$939,986	77	\$378	77	\$118	77
CLEVELAND	\$149,956,357	3	\$574	70	\$288	50
COAL	\$8,826,497	62	\$1,489	15	\$359	16
COMANCHE	\$85,303,661	7	\$678	63	\$247	72
COTTON	\$5,456,541	68	\$883	52	\$269	63
CRAIG †	\$26,728,023	38	\$1,773	4	\$454	4
CREEK	\$88,422,514	6	\$1,255	25	\$368	12
CUSTER	\$26,580,013	39	\$958	47	\$317	32
DELAWARE	\$45,813,264	26	\$1,100	39	\$310	37
DEWEY	\$3,194,627	70	\$656	66	\$280	57
ELLIS	\$2,011,591	75	\$497	73	\$230	73
GARFIELD †	\$94,599,819	5	\$1,559	9	\$480	2
GARVIN †	\$54,932,309	17	\$2,001	2	\$558	1
GRADY	\$43,060,277	28	\$812	55	\$307	39
GRANT	\$3,042,649	72	\$664	65	\$285	51
GREER	\$7,027,472	65	\$1,147	36	\$330	26
HARMON	\$4,895,246	69	\$1,677	5	\$360	15
HARPER	\$2,417,642	73	\$654	67	\$258	69
HASKELL	\$17,862,129	47	\$1,394	19	\$316	34
HUGHES	\$22,179,524	43	\$1,602	6	\$408	7
JACKSON	\$25,478,714	41	\$963	46	\$270	62
JEFFERSON	\$7,881,643	64	\$1,211	30	\$281	56
JOHNSTON	\$17,807,923	48	\$1,599	7	\$361	14
KAY	\$51,256,040	22	\$1,110	38	\$279	58
KINGFISHER	\$10,411,630	58	\$684	61	\$267	64
KIOWA	\$12,853,396	55	\$1,365	20	\$359	17
LATIMER	\$14,046,465	54	\$1,259	24	\$325	31
LEFLORE	\$67,530,612	9	\$1,334	22	\$336	22
LINCOLN	\$28,752,168	36	\$842	53	\$276	60
LOGAN	\$34,541,447	32	\$813	54	\$332	25

Appendix B Statewide SFY2012 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Population Proj. July 2011*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
LOVE	9,386	61	3,006	57	32%	27
MCCLAIN	35,235	29	7,718	36	22%	60
MCCURTAIN	33,195	31	13,988	19	42%	2
MCINTOSH	20,360	41	6,455	39	32%	29
MAJOR	7,657	64	1,624	68	21%	62
MARSHALL	16,049	44	5,171	43	32%	26
MAYES	41,389	26	13,244	21	32%	28
MURRAY	13,571	50	3,681	53	27%	44
MUSKOGEE	71,003	9	23,994	5	34%	18
NOBLE	11,578	53	2,798	60	24%	55
NOWATA	10,629	58	3,003	58	28%	41
OKFUSKEE	12,348	52	4,576	48	37%	7
OKLAHOMA	732,371	1	199,827	1	27%	43
OKMULGEE	39,937	27	13,509	20	34%	17
OSAGE	47,425	18	6,894	38	15%	77
OTTAWA	31,860	32	12,634	22	40%	4
PAWNEE	16,730	43	5,091	44	30%	33
PAYNE	77,988	7	15,096	15	19%	71
PITTSBURG	45,625	20	12,318	24	27%	46
PONTOTOC	37,799	28	11,094	28	29%	38
POTTAWATOMIE	70,280	11	22,220	6	32%	31
PUSHMATAHA	11,478	55	4,067	52	35%	12
ROGER MILLS	3,702	74	733	75	20%	67
ROGERS	87,706	6	17,635	9	20%	65
SEMINOLE	25,292	37	9,144	31	36%	10
SEQUOYAH	42,341	24	15,717	13	37%	6
STEPHENS	45,197	21	11,710	26	26%	50
TEXAS	21,312	40	5,646	42	26%	49
TILLMAN	8,061	63	2,740	61	34%	16
TULSA	610,599	2	155,974	2	26%	51
WAGONER	74,098	8	14,694	16	20%	66
WASHINGTON	51,476	14	12,114	25	24%	57
WASHITA	11,574	54	2,739	62	24%	56
WOODS	8,775	62	1,710	66	19%	69
WOODWARD	20,034	42	4,869	46	24%	54
Out of State			3,857			
OTHER [◊]			3,793			
TOTAL	3,791,508		1,007,356		26.57%	

*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 SFY2012 Figures (continued)

FIGURE II STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
LOVE	\$9,197,137	60	\$980	45	\$255	70
MCCLAIN	\$25,588,749	40	\$726	59	\$276	59
MCCURTAIN	\$49,883,558	23	\$1,503	13	\$297	44
MCINTOSH	\$30,444,970	34	\$1,495	14	\$393	8
MAJOR	\$5,481,877	67	\$716	60	\$281	55
MARSHALL	\$19,349,395	46	\$1,206	31	\$312	35
MAYES	\$51,934,072	20	\$1,255	26	\$327	28
MURRAY	\$14,518,422	52	\$1,070	41	\$329	27
MUSKOGEE	\$111,280,581	4	\$1,567	8	\$386	9
NOBLE	\$14,158,311	53	\$1,223	28	\$422	5
NOWATA	\$11,404,745	56	\$1,073	40	\$316	33
OKFUSKEE ‡	\$25,145,187	42	\$2,036	1	\$458	3
OKLAHOMA	\$730,332,163	1	\$997	44	\$305	41
OKMULGEE	\$61,796,019	12	\$1,547	10	\$381	10
OSAGE	\$29,567,696	35	\$623	69	\$357	18
OTTAWA	\$43,095,228	27	\$1,353	21	\$284	52
PAWNEE	\$20,453,243	45	\$1,223	29	\$335	23
PAYNE	\$52,875,983	19	\$678	64	\$292	48
PITTSBURG	\$53,823,514	18	\$1,180	34	\$364	13
PONTOTOC	\$55,882,719	16	\$1,478	16	\$420	6
POTTAWATOMIE	\$78,627,288	8	\$1,119	37	\$295	46
PUSHMATAHA	\$16,586,486	50	\$1,445	18	\$340	21
ROGER MILLS	\$1,723,813	76	\$466	75	\$196	74
ROGERS	\$65,497,370	11	\$747	58	\$310	38
SEMINOLE	\$38,984,513	30	\$1,541	11	\$355	19
SEQUOYAH	\$61,338,916	13	\$1,449	17	\$325	30
STEPHENS	\$41,441,532	29	\$917	51	\$295	45
TEXAS	\$10,252,695	59	\$481	74	\$151	76
TILLMAN	\$8,488,995	63	\$1,053	43	\$258	68
TULSA	\$570,577,217	2	\$934	50	\$305	40
WAGONER	\$46,379,919	25	\$626	68	\$263	65
WASHINGTON	\$48,608,215	24	\$944	49	\$334	24
WASHITA	\$9,017,991	61	\$779	56	\$274	61
WOODS	\$5,953,692	66	\$678	62	\$290	49
WOODWARD	\$15,130,002	51	\$755	57	\$259	67
Out of State	\$1,891,160					
OTHER °	\$988,594,545					
TOTAL	\$4,777,344,727		\$1,260		\$395	

‡Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the intellectually disabled causing the average dollars per SoonerCare enrollee to be higher than the norm.
 ° Non-member specific payments include \$342,365,712 in SHOPP payments; \$231,871,163 in Hospital Supplemental payments; \$135,220,615 in Medicare Part A & B (Buy-In) payments; \$76,193,984 in Medicare Part D (clawback) payments; \$52,279,093 in GME payments to medical schools; \$54,800,820 in Insure Oklahoma ESI premiums; \$447,029 in Insure Oklahoma Out-Of-Pocket payments; \$43,998,795 in EHR incentive payments; \$29,934,653 in Outpatient Behavioral Health Supplemental payments; \$278,477 in Public ICF/ID cost settlements; \$3,260,699 in SoonerExcel payments; \$3,017,725 in Health Access Network payments; \$1,376,032 in SFY2009 DMHSAS inpatient cost settlement and -\$1,842,379 in non-member specific provider adjustments. Additionally, Other includes \$15,392,117 paid on behalf of custody children within the State Office county code.

Appendix B Statewide SFY2012 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	\$13,507,509	\$34,794,162	39%
ALFALFA	\$1,281,905	\$3,125,493	42%
ATOKA	\$8,513,896	\$16,989,601	51%
BEAVER	\$997,870	\$2,266,879	51%
BECKHAM	\$16,044,625	\$21,193,765	76%
BLAINE	\$5,710,679	\$11,388,129	52%
BRYAN	\$56,975,737	\$51,872,277	112%
CADDO	\$15,421,537	\$31,244,641	50%
CANADIAN	\$38,801,265	\$66,594,633	58%
CARTER	\$52,912,581	\$59,092,071	90%
CHEROKEE	\$60,867,558	\$61,149,548	104%
CHOCTAW	\$17,846,821	\$28,515,428	63%
CIMARRON	\$288,456	\$939,986	31%
CLEVELAND	\$136,807,342	\$149,956,357	91%
COAL	\$3,367,889	\$8,826,497	38%
COMANCHE	\$80,953,031	\$85,303,661	97%
COTTON	\$3,279,198	\$5,456,541	60%
CRAIG	\$20,803,463	\$26,728,023	78%
CREEK	\$55,747,743	\$88,422,514	64%
CUSTER	\$20,094,439	\$26,580,013	76%
DELAWARE	\$31,082,192	\$45,813,264	69%
DEWEY	\$1,750,874	\$3,194,627	55%
ELLIS	\$2,049,078	\$2,011,591	120%
GARFIELD	\$84,972,381	\$94,599,819	90%
GARVIN	\$40,094,731	\$54,932,309	73%
GRADY	\$25,526,615	\$43,060,277	60%
GRANT	\$1,714,261	\$3,042,649	56%
GREER	\$3,029,206	\$7,027,472	43%
HARMON	\$2,849,860	\$4,895,246	58%
HARPER	\$1,814,032	\$2,417,642	94%
HASKELL	\$16,805,997	\$17,862,129	95%
HUGHES	\$15,386,545	\$22,179,524	70%
JACKSON	\$18,252,194	\$25,478,714	74%
JEFFERSON	\$2,712,128	\$7,881,643	39%
JOHNSTON	\$15,369,359	\$17,807,923	87%
KAY	\$37,905,988	\$51,256,040	74%
KINGFISHER	\$5,379,700	\$10,411,630	52%
KIOWA	\$9,504,195	\$12,853,396	74%
LATIMER	\$8,291,970	\$14,046,465	59%
LEFLORE	\$42,341,125	\$67,530,612	65%
LINCOLN	\$12,160,227	\$28,752,168	43%
LOGAN	\$17,687,930	\$34,541,447	51%

Appendix B Statewide SFY2012 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
LOVE	\$2,864,566	\$9,197,137	31%
MCCLAIN	\$11,433,498	\$25,588,749	46%
MCCURTAIN	\$26,392,736	\$49,883,558	53%
MCINTOSH	\$29,207,604	\$30,444,970	96%
MAJOR	\$2,319,517	\$5,481,877	42%
MARSHALL	\$6,491,733	\$19,349,395	34%
MAYES	\$18,207,829	\$51,934,072	35%
MURRAY	\$8,026,272	\$14,518,422	56%
MUSKOGEE	\$108,231,481	\$111,280,581	98%
NOBLE	\$7,836,692	\$14,158,311	56%
NOWATA	\$5,567,936	\$11,404,745	50%
OKFUSKEE	\$15,389,609	\$25,145,187	61%
OKLAHOMA	\$1,048,744,994	\$730,332,163	145%
OKMULGEE	\$32,280,721	\$61,796,019	53%
OSAGE	\$10,686,402	\$29,567,696	37%
OTTAWA	\$32,996,874	\$43,095,228	77%
PAWNEE	\$11,461,557	\$20,453,243	57%
PAYNE	\$38,057,174	\$52,875,983	74%
PITTSBURG	\$41,246,822	\$53,823,514	78%
PONTOTOC	\$59,313,502	\$55,882,719	109%
POTTAWATOMIE	\$50,313,317	\$78,627,288	64%
PUSHMATAHA	\$25,808,947	\$16,586,486	157%
ROGER MILLS	\$171,369	\$1,723,813	10%
ROGERS	\$40,890,820	\$65,497,370	63%
SEMINOLE	\$21,267,580	\$38,984,513	55%
SEQUOYAH	\$41,814,789	\$61,338,916	69%
STEPHENS	\$33,285,641	\$41,441,532	81%
TEXAS	\$6,651,542	\$10,252,695	65%
TILLMAN	\$4,602,039	\$8,488,995	58%
TULSA	\$809,452,316	\$570,577,217	143%
WAGONER	\$14,827,247	\$46,379,919	32%
WASHINGTON	\$32,556,896	\$48,608,215	67%
WASHITA	\$5,350,297	\$9,017,991	62%
WOODS	\$3,898,729	\$5,953,692	68%
WOODWARD	\$11,156,273	\$15,130,002	74%
Out of State	\$148,178,633	\$1,891,160	
Other [◊]	\$1,003,456,643	\$988,594,545	
Total	\$4,777,344,727	\$4,777,344,727	Average 67%

◊ In prior fiscal years EHR was included in the data by county but is footnoted in both Provider County and Member County in SFY2012. The significant increase in the Other category is due to SHOPP. Non-member specific payments include \$342,365,712 in SHOPP payments; \$231,871,163 in Hospital Supplemental payments; \$135,220,615 in Medicare Part A & B (Buy-In) payments; \$76,193,984 in Medicare Part D (clawback) payments; \$52,279,093 in GME payments to medical schools; \$54,800,820 in Insure Oklahoma ESI premiums; \$447,029 in Insure Oklahoma ESI Out-Of-Pocket payments; \$43,998,795 in EHR incentive payments; \$29,934,653 in Outpatient Behavioral Health Supplemental payments; \$27,619,634 in Non-Emergency Transportation payments; \$3,017,725 in Health Access Network payments; \$278,477 in Public ICF/ID cost settlements; \$3,260,699 in SoonerExcel payments; \$1,376,032 in SFY2009 DMHSAS inpatient cost settlement and \$792,203 in non-provider specific adjustments and \$3,017,725 in Health Access Network. \$27,619,634 in Non-Emergency Transportation payments is also included in Other so as not to skew county totals.

Appendix B Statewide SFY2012 Figures (continued)

FIGURE IV EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE SFY2010 vs. SFY2012

Type of Service	SFY2011			SFY2012			Percent Change		
	Expenditures	Members	Avg Per Member	Expenditures	Members	Avg Per Member	Expenditures	Members	Average
Adult Day Care	\$4,173,972	766	\$5,449	\$4,230,302	798	\$5,301	1%	4%	-3%
Adv Comp Health	(\$32,374)	13	(\$2,490)	\$0	-	\$0	-100%	-100%	-100%
Advanced Practice Nurse	\$5,545,762	25,173	\$220	\$3,930,715	18,925	\$208	-29%	-25%	-6%
ADvantage Home Delivered Meals	\$14,180,845	12,853	\$1,103	\$14,313,991	12,700	\$1,127	1%	-1%	2%
Ambulatory Surgical Services	\$9,594,710	17,945	\$535	\$10,476,823	19,117	\$548	9%	7%	2%
Architectural Modification	\$299,181	162	\$1,847	\$334,018	156	\$2,141	12%	-4%	16%
Audiology Services*	\$208,342	1,322	\$158	\$125,030	1,249	\$100	-40%	-6%	-36%
Behavioral Health Services	\$215,353,434	75,489	\$2,853	\$248,236,371	93,567	\$2,653	15%	24%	-7%
Capitated Services	\$28,805,885	621,114	\$46	\$34,892,889	684,831	\$51	21%	10%	10%
Chiropractic Services	\$7,952	123	\$65	\$6,194	110	\$56	-22%	-11%	-13%
Clinic*	\$72,851,344	119,347	\$610	\$77,725,905	123,860	\$628	7%	4%	3%
Clinics - OSA Services	\$10,757,524	104,215	\$103	\$10,210,359	102,088	\$100	-5%	-2%	-3%
Community Mental Health	\$29,750,230	30,063	\$990	\$33,417,000	34,437	\$970	12%	15%	-2%
Dental	\$142,860,976	297,476	\$480	\$138,706,697	309,246	\$449	-3%	4%	-7%
Direct Support	\$192,158,556	4,406	\$43,613	\$189,596,031	4,291	\$44,185	-1%	-3%	1%
Employee Training Specialist	\$26,934,314	2,733	\$9,855	\$27,687,871	2,760	\$10,032	3%	1%	2%
End-Stage Renal Disease	\$4,442,506	2,288	\$1,942	\$6,885,850	2,180	\$3,159	55%	-5%	63%
Eye Care and Exams*	\$17,606,439	116,628	\$151	\$20,082,617	131,174	\$153	14%	12%	1%
Eyewear	\$6,556,005	47,911	\$137	\$7,103,053	52,110	\$136	8%	9%	0%
Self-Directed Care †	\$4,900,188	598	\$8,194	\$5,274,737	648	\$8,140	8%	8%	-1%
Group Home	\$20,324,358	622	\$32,676	\$20,562,645	631	\$32,587	1%	1%	0%
Home Health	\$19,282,249	7,127	\$2,706	\$19,695,715	6,951	\$2,834	2%	-2%	5%
Homemaker Services	\$1,530,395	410	\$3,733	\$1,648,767	396	\$4,164	8%	-3%	12%
Hospice	\$1,641,119	141	\$11,639	\$998,752	120	\$8,323	-39%	-15%	-28%
ICF-ID Services ‡	\$126,784,862	1,735	\$73,075	\$113,041,471	1,764	\$64,082	-11%	2%	-12%
Inpatient Services	\$650,640,200	134,630	\$4,833	\$613,532,956	133,378	\$4,600	-6%	-1%	-5%
Laboratory Services	\$37,977,649	248,448	\$153	\$43,741,352	266,021	\$164	15%	7%	8%
Medicare Part A & B (Buy-In) Payments	\$138,460,083	-	\$0	\$135,220,625	-	\$0	-2%	0%	0%
Medicare Part D Payments	\$68,908,484	-	\$0	\$76,193,984	-	\$0	11%	0%	0%
Mid-Level Practitioner	\$1,274,087	8,009	\$159	\$641,810	4,321	\$149	-50%	-46%	-7%
Medical Supplies/DMEPOS	\$65,762,277	87,078	\$755	\$68,076,998	88,653	\$768	4%	2%	2%
Nursing Facility	\$488,766,114	19,360	\$25,246	\$488,657,238	19,454	\$25,119	0%	0%	-1%
Nursing Services	\$7,647,524	19,615	\$390	\$7,971,955	19,479	\$409	4%	-1%	5%
Nutritionist Services	\$787,795	871	\$904	\$918,901	846	\$1,086	17%	-3%	20%
Insure Oklahoma ESI Out-of-Pocket	\$209,782	-	\$0	\$447,029	-	\$0	113%	0%	0%
Insure Oklahoma ESI Premium	\$50,957,037	27,012	\$1,886	\$54,800,820	25,491	\$2,150	8%	-6%	14%
Other Practitioner*	\$10,891	97	\$112	\$5,578	50	\$112	-49%	-48%	-1%
Outpatient Hospital	\$241,347,549	436,134	\$553	\$261,977,082	446,387	\$587	9%	2%	6%

Appendix B Statewide SFY2012 Figures (continued)

FIGURE IV EXPENDITURES BY TYPE OF SERVICE PERCENT OF CHANGE SFY2010 vs. SFY2012 (CONTINUED)

Type of Service	SFY2011			SFY2012			Percent Change		
	Expenditures	Members	Avg Per Member	Expenditures	Members	Avg Per Member	Expenditures	Members	Average
Personal Care	\$100,072,867	22,282	\$4,491	\$95,534,686	22,103	\$4,322	-5%	-1%	-4%
Physician	\$499,998,171	660,491	\$757	\$535,526,206	698,205	\$767	7%	6%	1%
Podiatry	\$2,507,217	13,035	\$192	\$2,877,320	14,301	\$201	15%	10%	5%
Prescribed Drugs	\$358,245,229	569,179	\$629	\$393,711,219	592,284	\$665	10%	4%	6%
Psychiatric Services	\$103,683,801	4,964	\$20,887	\$101,451,651	5,192	\$19,540	-2%	5%	-6%
Residential Behavior Mgmt	\$25,626,265	2,311	\$11,089	\$24,087,827	2,241	\$10,749	-6%	-3%	-3%
Respite Care	\$357,752	279	\$1,282	\$450,916	283	\$1,593	26%	1%	24%
Room and Board	\$689,958	928	\$743	\$721,861	1,009	\$715	5%	9%	-4%
School-Based Services	\$6,103,271	7,401	\$825	\$7,075,931	8,519	\$831	16%	15%	1%
Specialized Foster Care/ID Services	\$3,893,404	245	\$15,891	\$3,706,723	243	\$15,254	-5%	-1%	-4%
Targeted Case Manager	\$111,936,335	43,274	\$2,587	\$94,667,472	44,523	\$2,126	-15%	3%	-18%
Therapy Services	\$8,882,590	9,829	\$904	\$13,268,797	12,092	\$1,097	49%	23%	21%
Transportation - Emergency	\$40,818,863	77,487	\$527	\$42,346,035	81,195	\$522	4%	5%	-1%
Transportation - Non-Emergency	\$27,207,503	816,979	\$33	\$27,558,246	852,219	\$32	1%	4%	-3%
X-Ray Services	\$19,615,484	212,294	\$92	\$20,019,418	230,572	\$87	2%	9%	-6%
Uncategorized Services	\$961,351	19,493	\$49	\$1,079,494	17,646	\$61	12%	-9%	24%
Total	\$4,019,868,307	929,348	\$4,325	\$4,105,453,932	943,695	\$4,350	2%	2%	1%

Non-Member Specific Payments

HSP - Indirect Medical Education (IME)	\$28,813,252	-	-	\$29,677,651	-	-	3%	-	-
HSP - Graduate Medical Education (GME)	\$16,241,944	-	-	\$12,181,449	-	-	-25%	-	-
HSP - Acute DSH	\$19,722,631	-	-	\$62,471,736	-	-	217%	-	-
HSP - Supplemental Payments	\$200,923,368	-	-	\$128,916,359	-	-	-36%	-	-
HSP - SHOPP	\$0	-	-	\$342,365,712	-	-	100%	-	-
EHR Incentive Payments	\$35,250,459	-	-	\$43,998,795	-	-	25%	-	-
Capitated Services - GME to Medical Schools	\$58,567,572	-	-	\$52,279,093	-	-	-11%	-	-
Total	\$4,379,387,533	929,348	\$4,325	\$4,777,344,727	943,695	\$4,350	2%	2%	1%

*Audiology, Clinic, Eye Care and Exam, X-Ray and Other Practitioner providers were reclassified in SFY2011 making comparisons to prior years inaccurate. ‡ Service type "Fiscal Agent" has been changed to "Self-Directed Care" in this and future reports. ICF/ID is intermediate care facilities for the mentally retarded updated to intellectually disabled.

Source: OHCA Financial Service Division, October 2012. The increase in DSH payments is due to adjustments made in SFY2011 for prior fiscal years that resulted in a net payments of \$19,722,631 in SFY2011. The actual DSH paid to hospitals in SFY2011 was \$46,829,628.

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 SFY2012 Figures (continued)

FIGURE V EXPENDITURES BY TYPE OF SERVICE TOTALS

SFY2012 Type of Service	Totals		
	Expenditures	Members Served	Avg per Member Served
Adult Day Care	\$4,230,302	798	\$5,301
Advanced Practice Nurse	\$3,930,715	18,925	\$208
ADvantage Home Delivered Meals	\$14,313,991	12,700	\$1,127
Ambulatory Surgical Services	\$10,476,823	19,117	\$548
Architectural Modification	\$334,018	156	\$2,141
Audiology Services	\$125,030	1,249	\$100
Behavioral Health Services	\$248,236,371	93,567	\$2,653
Capitated Services	\$34,892,889	684,831	\$51
Chiropractic Services	\$6,194	110	\$56
Clinic	\$77,725,905	123,860	\$628
Clinics - OSA Services	\$10,210,359	102,088	\$100
Community Mental Health	\$33,417,000	34,437	\$970
Dental	\$138,706,697	309,246	\$449
Direct Support	\$189,596,031	4,291	\$44,185
Employee Training Specialist	\$27,687,871	2,760	\$10,032
End-Stage Renal Disease	\$6,885,850	2,180	\$3,159
Eye Care and Exams	\$20,082,617	131,174	\$153
Eyewear	\$7,103,053	52,110	\$136
Self-Directed Care	\$5,274,737	648	\$8,140
Group Home	\$20,562,645	631	\$32,587
Home Health	\$19,695,715	6,951	\$2,834
Homemaker Services	\$1,648,767	396	\$4,164
Hospice	\$998,752	120	\$8,323
ICF-ID Services	\$113,041,471	1,764	\$64,082
Inpatient Services	\$613,532,956	133,378	\$4,600
Laboratory Services	\$43,741,352	266,021	\$164
Medicare Part A & B (Buy-In) Payments	\$135,220,625	-	\$0
Medicare Part D Payments	\$76,193,984	-	\$0
Mid-Level Practitioner	\$641,810	4,321	\$149
Medical Supplies/DMEPOS	\$68,076,998	88,653	\$768
Nursing Facility	\$488,657,238	19,454	\$25,119
Nursing Services	\$7,971,955	19,479	\$409
Nutritionist Services	\$918,901	846	\$1,086
Insure Oklahoma ESI Out-of-Pocket	\$447,029	-	\$0
Insure Oklahoma ESI Premium	\$54,800,820	25,491	\$2,150
Other Practitioner	\$5,578	50	\$112
Outpatient Hospital	\$261,977,082	446,387	\$587
Personal Care	\$95,534,686	22,103	\$4,322
Physician	\$535,526,206	698,205	\$767
Podiatry	\$2,877,320	14,301	\$201
Prescribed Drugs	\$393,711,219	592,284	\$665
Psychiatric Services	\$101,451,651	5,192	\$19,540

Appendix B Statewide SFY2012 Figures (continued)

FIGURE V EXPENDITURES BY TYPE OF SERVICE TOTALS (CONTINUED)

SFY2012 Type of Service	Totals		
	Expenditures	Members Served	Avg per Member Served
Residential Behavior Mgmt	\$24,087,827	2,241	\$10,749
Respite Care	\$450,916	283	\$1,593
Room and Board	\$721,861	1,009	\$715
School-Based Services	\$7,075,931	8,519	\$831
Specialized Foster Care/ID Services	\$3,706,723	243	\$15,254
Targeted Case Manager	\$94,667,472	44,523	\$2,126
Therapy Services	\$13,268,797	12,092	\$1,097
Transportation - Emergency	\$42,346,035	81,195	\$522
Transportation - Non-Emergency	\$27,558,246	852,219	\$32
X-Ray Services	\$20,019,418	230,572	\$87
Uncategorized Services	\$1,079,494	17,646	\$61
Total	\$4,105,453,932	943,695	\$4,350

Non-Member Specific Payments

HSP - Indirect Medical Education (IME)	\$29,677,651	-	-
HSP - Graduate Medical Education (GME)	\$12,181,449	-	-
HSP - Acute DSH	\$62,471,736	-	-
HSP - Supplemental Payments	\$128,916,359	-	-
HSP - SHOPP	\$342,365,712	-	-
EHR Incentive Payments	\$43,998,795	-	-
Capitated Services - GME to Medical Schools	\$52,279,093	-	-
Total	\$4,777,344,727	943,695	\$4,350

Source: OHCA Financial Service Division, October 2012. 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 SFY2012 Figures (continued)

FIGURE VI EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD

SFY2012 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served	Avg. per Child
Adult Day Care	\$4,187,359	787	\$5,321	\$42,943	11	\$3,904
Advanced Practice Nurse	\$1,202,841	5,419	\$222	\$2,727,874	13,506	\$202
ADvantage Home Delivered Meals	\$14,313,991	12,700	\$1,127	\$0	-	\$0
Ambulatory Surgical Services	\$3,891,705	8,065	\$483	\$6,585,117	11,052	\$596
Architectural Modification	\$315,487	147	\$2,146	\$18,531	9	\$2,059
Audiology Services	\$12,934	196	\$66	\$112,096	1,053	\$106
Behavioral Health Services	\$55,443,616	23,160	\$2,394	\$192,792,755	70,407	\$2,738
Capitated Services	\$7,676,960	145,250	\$53	\$27,215,929	539,581	\$50
Chiropractic Services	\$6,194	110	\$56	\$0	-	\$0
Clinic	\$30,424,586	44,291	\$687	\$47,301,320	79,569	\$594
Clinics - OSA Services	\$2,266,977	24,214	\$94	\$7,943,382	77,874	\$102
Community Mental Health	\$19,802,040	19,614	\$1,010	\$13,614,959	14,823	\$919
Dental	\$19,471,250	36,048	\$540	\$119,235,447	273,198	\$436
Direct Support	\$175,221,017	3,612	\$48,511	\$14,375,015	679	\$21,171
Employee Training Specialist	\$27,032,934	2,620	\$10,318	\$654,937	140	\$4,678
End-Stage Renal Disease	\$6,842,586	2,161	\$3,166	\$43,264	19	\$2,277
Eye Care and Exams	\$1,468,302	18,224	\$81	\$18,614,315	112,950	\$165
Eyewear	\$28,772	222	\$130	\$7,074,281	51,888	\$136
Self-Directed Care	\$5,274,737	648	\$8,140	\$0	-	\$0
Group Home	\$19,829,533	603	\$32,885	\$733,113	28	\$26,183
Home Health	\$4,357,043	4,463	\$976	\$15,338,672	2,488	\$6,165
Homemaker Services	\$1,326,396	304	\$4,363	\$322,371	92	\$3,504
Hospice	\$885,151	107	\$8,272	\$113,601	13	\$8,739
ICF-ID Services	\$108,581,958	1,651	\$65,767	\$4,459,513	113	\$39,465
Inpatient Services	\$357,805,207	76,825	\$4,657	\$255,727,749	56,553	\$4,522
Laboratory Services	\$26,865,223	119,026	\$226	\$16,876,129	146,995	\$115
Medicare Part A & B (Buy-In) Payments	\$135,220,625	-	\$0	\$0	-	\$0
Medicare Part D Payments	\$76,193,984	-	\$0	\$0	-	\$0
Mid-Level Practitioner	\$170,507	876	\$195	\$471,303	3,445	\$137
Medical Supplies/DMEPOS	\$49,281,653	57,639	\$855	\$18,795,346	31,014	\$606
Nursing Facility	\$487,771,242	19,419	\$25,118	\$885,996	35	\$25,314
Nursing Services	\$7,971,888	19,478	\$409	\$68	1	\$68
Nutritionist Services	\$896,599	740	\$1,212	\$22,302	106	\$210
Insure Oklahoma ESI Out-of-Pocket	\$447,029	-	\$0	\$0	-	\$0
Insure Oklahoma ESI Premium	\$54,800,820	25,491	\$2,150	\$0	-	\$0
Other Practitioner	\$3,773	34	\$111	\$1,805	16	\$113
Outpatient Hospital	\$145,099,989	186,726	\$777	\$116,877,093	259,661	\$450
Personal Care	\$94,895,443	21,980	\$4,317	\$639,243	123	\$5,197

Appendix B Statewide SFY2012 Figures (continued)

FIGURE VI EXPENDITURES BY TYPE OF SERVICE BY ADULT AND CHILD (CONTINUED)

SFY2012 (Totals Pages 72 and 73)	Adult Totals			Children Totals		
	Type of Service	Expenditures	Members Served	Avg. per Adult	Expenditures	Members Served
Physician	\$259,609,100	241,379	\$1,076	\$275,917,105	456,826	\$604
Podiatry	\$2,055,309	12,099	\$170	\$822,011	2,202	\$373
Prescribed Drugs	\$197,618,120	188,946	\$1,046	\$196,093,099	403,338	\$486
Psychiatric Services	\$345,355	453	\$762	\$101,106,296	4,739	\$21,335
Residential Behavior Mgmt	\$0	-	\$0	\$24,087,827	2,241	\$10,749
Respite Care	\$375,999	248	\$1,516	\$74,917	35	\$2,140
Room and Board	\$165,949	254	\$653	\$555,913	755	\$736
School-Based Services	\$0	-	\$0	\$7,075,931	8,519	\$831
Specialized Foster Care/ID Services	\$2,452,226	151	\$16,240	\$1,254,497	92	\$13,636
Targeted Case Manager	\$67,526,939	25,928	\$2,604	\$27,140,534	18,595	\$1,460
Therapy Services	\$1,376,011	2,967	\$464	\$11,892,786	9,125	\$1,303
Transportation - Emergency	\$30,583,434	58,484	\$523	\$11,762,601	22,711	\$518
Transportation - Non-Emergency	\$21,647,927	253,271	\$85	\$5,910,319	598,948	\$10
X-Ray Services	\$15,020,820	124,018	\$121	\$4,998,598	106,554	\$47
Uncategorized Services	\$818,839	16,924	\$48	\$260,655	722	\$361
Total	\$2,546,884,376	323,230	\$7,879	\$1,558,569,556	628,111	\$2,481

Non-Member Specific Payments

HSP - Indirect Medical Education (IME)	\$29,677,651	-	-	\$0	-	-
HSP - Graduate Medical Education (GME)	\$6,090,725	-	-	\$6,090,725	-	-
HSP - Acute DSH	\$0	-	-	\$62,471,736	-	-
HSP - Supplemental Payments	\$0	-	-	\$128,916,359	-	-
HSP - SHOPP	\$0	-	-	\$342,365,712	-	-
EHR Incentive Payments	\$0	-	-	\$43,998,795	-	-
Capitated Services - GME to Medical Schools	\$0	-	-	\$52,279,093	-	-
Total	\$2,582,652,751			\$2,194,691,976		

Source: OHCA Financial Service Division, October 2012. 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 SFY2012 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	\$4,230,302
Advanced Practice Nurse	\$395,041	\$3,246,858	\$137,982	\$10,817	\$43,906	\$96,112
ADvantage Home Delivered Meals	\$96,112	\$0	\$0	\$0	\$0	\$14,217,880
Ambulatory Surgical Services	\$1,727,269	\$7,282,436	\$486,037	\$71,172	\$909,909	\$0
Architectural Modification	\$0	\$0	\$0	\$0	\$0	\$334,018
Audiology Services	-\$15,122	\$135,425	\$1,463	\$0	\$3,264	\$0
Behavioral Health Services	\$43,252,484	\$145,986,108	\$368,938	\$0	\$23,279,513	\$5,414,675
Capitated Services	\$3,903,240	\$27,751,777	\$301,215	\$0	\$2,936,659	\$0
Chiropractic Services	\$0	\$0	\$0	\$0	\$6,194	\$0
Clinic	\$18,821,885	\$54,595,441	\$1,251,786	\$779,506	\$2,276,877	\$409
Clinics - OSA Services	\$2,242,657	\$6,406,689	\$13,932	\$1,498,287	\$48,794	\$0
Community Mental Health	\$6,531,084	\$17,892,051	\$217,667	\$0	\$8,775,224	\$975
Dental	\$27,630,594	\$106,070,719	\$62,668	\$0	\$4,173,018	\$769,697
Direct Support	\$0	\$0	\$0	\$0	-\$192	\$189,596,223
Employee Training Specialist	\$0	\$0	\$0	\$0	\$0	\$27,687,871
End-Stage Renal Disease	\$2,526,949	\$2,078,460	\$24,167	\$0	\$2,256,233	\$41
Eye Care and Exams	\$4,242,544	\$15,174,193	\$87,155	\$0	\$578,553	\$173
Eyewear	\$1,517,742	\$5,553,073	\$387	\$0	\$31,851	\$0
Self-Directed Care	\$0	\$0	\$0	\$0	\$0	\$5,274,737
Group Home	\$0	\$0	\$0	\$0	\$0	\$20,562,645
Home Health	\$8,019,821	\$11,102,746	\$12	\$0	\$573,136	\$0
Homemaker Services	\$0	\$0	\$0	\$0	\$0	\$1,648,767
Hospice	\$48,152	\$65,449	\$0	\$0	\$0	\$885,151
ICF-ID Services	\$34,360,677	\$73,556	\$0	\$0	\$78,607,238	\$0
Inpatient Services	\$297,654,035	\$270,444,235	\$13,522,894	\$12,230	\$31,893,419	\$6,143
Laboratory Services	\$15,842,651	\$23,942,899	\$1,963,678	\$1,200,616	\$791,494	\$14
Medicare Part A & B (Buy-In) Payments	\$0	\$0	\$0	\$0	\$135,220,625	\$0
Medicare Part D Payments	\$0	\$0	\$0	\$0	\$76,193,984	\$0
Mid-Level Practitioner	\$89,804	\$531,102	\$15,365	\$702	\$4,837	\$0
Medical Supplies/DMEPOS	\$11,988,827	\$21,775,630	\$735,106	\$4,619	\$13,163,671	\$20,409,144
Nursing Facility	\$57,536,619	\$600,672	\$0	\$0	\$430,269,087	\$250,859
Nursing Services	\$0	\$0	\$0	\$0	\$0	\$7,971,955
Nutritionist Services	\$86,150	\$18,004	\$1,332	\$0	\$140,920	\$672,495
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$447,029	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$54,800,821	\$0	\$0	\$0
Other Practitioner	\$572	\$5,007	\$0	\$0	\$0	\$0
Outpatient Hospital	\$71,342,592	\$166,909,303	\$11,035,866	\$1,067,094	\$11,621,811	\$416
Personal Care	\$895,839	\$2,500,329	\$0	\$0	\$8,533,866	\$83,604,652
Physician	\$135,089,901	\$339,054,177	\$15,449,171	\$1,518,347	\$42,040,467	\$2,374,144

Appendix B Statewide SFY2012 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**
Podiatry	\$507,681	\$1,461,956	\$137,194	\$0	\$770,417	\$71
Prescribed Drugs	\$96,602,986	\$265,712,404	\$17,012,241	\$2,805,816	\$4,521,272	\$7,056,500
Psychiatric Services	\$87,128,137	\$14,102,904	\$0	\$0	\$220,610	\$0
Residential Behavior Mgmt	\$23,963,974	\$123,853	\$0	\$0	\$0	\$0
Respite Care	\$0	\$0	\$0	\$0	\$0	\$450,916
Room and Board	\$317,697	\$355,332	\$0	\$0	\$48,832	\$0
School-Based Services	\$1,468,715	\$5,603,361	\$0	\$0	\$3,855	\$0
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0	\$0	\$3,706,723
Targeted Case Manager	\$29,947,545	\$1,926,125	\$0	\$0	\$12,565,389	\$50,228,413
Therapy Services	\$2,425,231	\$9,610,943	\$9,808	\$0	\$283,487	\$939,329
Transportation - Emergency	\$11,057,324	\$15,878,503	\$57	\$1,042	\$6,391,410	\$9,017,698
Transportation - Non-Emergency	-\$86,257	\$12,910,583	\$0	\$24,870	\$14,709,050	\$0
X-Ray Services	\$5,395,051	\$10,603,252	\$1,175,386	\$6,023	\$2,839,596	\$109
Uncategorized Services	\$167,544	\$35,005	\$140,136	\$0	\$316,418	\$420,392
Total	\$1,004,723,748	\$1,567,520,559	\$119,399,496	\$9,001,140	\$917,044,692	\$457,829,646
Unduplicated Members Served	526,874	646,249	44,600	30,880	103,089	27,585
Average Cost Per Member Served	\$1,907	\$2,426	\$2,677	\$291	\$8,896	\$16,597

Source: OHCA Financial Service Division, October 2012. *Insure Oklahoma IP and ESI includes \$447,029 Insure Oklahoma ESI Out-of-Pocket; \$54,800,821 Insure Oklahoma ESI Premium payments; and \$64,151,645 in Insure Oklahoma IP payments. ** HCBS expenditures include all services paid to waiver members. HCBS members may receive services paid through Title XIX funds.

In order to provide a more accurate average cost per member, non-member specific supplemental payments have been removed from the above. Those payments include \$342,365,712 in SHOPP; \$233,247,195 in hospital supplemental payments (includes hospital supplemental payments, DSH, GME and IME); \$52,279,093 in GME payments; \$43,998,795 in EHR payments; and \$29,934,653 in outpatient behavioral health supplemental 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.

SFY Average Cost Per Member Served with supplemental payments removed*	SoonerCare Traditional **	SoonerCare Choice	Insure Oklahoma IP & ESI	SoonerPlan	SoonerCare Supplemental	HCBS Waivers
SFY2008	\$2,550	\$2,329	\$1,127	\$217	\$10,908	\$15,401
SFY2009	\$2,606	\$2,383	\$1,695	\$241	\$9,965	\$15,860
SFY2010	\$2,370	\$2,421	\$2,326	\$273	\$8,013	\$16,647
SFY2011	\$2,327	\$2,325	\$2,406	\$270	\$9,008	\$16,950
SFY2012	\$1,907	\$2,422	\$2,677	\$291	\$8,896	\$16,597

Source: OHCA Financial Service Division, October 2012. *Non-member specific supplemental payments have been removed to obtain actual per member served costs. **The SoonerCare Traditional unduplicated member served count in prior Annual Reports was inflated due to members belonging to multiple benefit packages. Additionally, in previous Annual Reports, Medicare Part A & B and D costs were in the Traditional category and later moved to SoonerCare Supplemental; SoonerCare Supplemental was redefined and all dual eligible services were moved to the SoonerCare Supplemental category in 2011. To be comparable, all per member served costs above have been adjusted to the current categories. A historic comparison with the corrected data is presented above.

Appendix B Statewide SFY2012 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	\$1,869,326	\$2,360,976	\$0	\$0	\$0	\$0	\$0
Advanced Practice Nurse	\$18,880	\$579,731	\$3,156,776	\$9,323	\$10,817	\$961	\$154,228
ADvantage Home Delivered Meals	\$7,650,522	\$6,663,469	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgical Services	\$540,455	\$1,872,061	\$7,468,769	\$30,663	\$71,172	\$5,837	\$487,866
Architectural Modification	\$75,986	\$258,031	\$0	\$0	\$0	\$0	\$0
Audiology Services	\$1,577	\$27,639	\$94,026	\$197	\$0	\$128	\$1,463
Behavioral Health Services	\$3,944,309	\$59,190,033	\$153,659,993	\$69,607	\$0	\$56,897	\$31,315,533
Capitated Services	\$3,020,279	\$3,119,682	\$28,229,607	\$24,604	\$0	\$15,336	\$483,382
Capitated Services - GME to Medical Schools	\$0	\$0	\$0	\$0	\$0	\$0	\$52,279,093
Chiropractic Services	\$2,739	\$3,435	\$19	\$0	\$0	\$0	\$0
Clinic	\$934,240	\$14,220,291	\$58,629,520	\$349,728	\$779,506	\$6,939	\$2,805,682
Clinics - OSA Services	\$902	\$822,610	\$7,676,314	\$37,232	\$1,498,287	\$113,189	\$61,825
Community Mental Health	\$667,868	\$18,088,482	\$14,328,715	\$74,718	\$0	\$4,226	\$252,991
Dental	\$984,643	\$12,080,319	\$125,417,135	\$78,435	\$0	\$33,497	\$112,668
Direct Support	\$4,512,287	\$185,083,745	\$0	\$0	\$0	\$0	\$0
EHR Incentive Payments	\$0	\$0	-	\$0	\$0	\$0	\$43,998,795
Employee Training Specialist	\$454,096	\$27,233,775	\$0	\$0	\$0	\$0	\$0
End-Stage Renal Disease	\$797,530	\$5,852,779	\$209,566	\$1,807	\$0	\$0	\$24,167
Eye Care and Exams	\$362,462	\$1,631,239	\$17,972,881	\$9,983	\$0	\$8,269	\$97,783
Eyewear	\$15,156	\$537,563	\$6,531,672	\$101	\$0	\$13,734	\$4,826
Self Directed Care	\$2,359,251	\$2,915,485	\$0	\$0	\$0	\$0	\$0
Group Home	\$919,117	\$19,643,528	\$0	\$0	\$0	\$0	\$0
Home Health	\$344,849	\$14,191,129	\$3,304,898	\$43,598	\$0	\$1,815,592	-\$4,351
Homemaker Services	\$2,658	\$1,646,108	\$0	\$0	\$0	\$0	\$0
Hospice	\$78,249	\$826,194	\$51,411	\$0	\$0	\$42,899	\$0
HSP - Indirect Medical Education (IME)	\$0	\$0	\$0	\$0	\$0	\$0	\$29,677,651
HSP - Graduate Medical Education (GME)	\$0	\$0	\$0	\$0	\$0	\$0	\$12,181,449
HSP - Acute DSH	\$0	\$0	\$0	\$0	\$0	\$0	\$62,471,736
HSP - Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$128,916,359
HSP - SHOPP	\$0	\$0	\$0	\$0	\$0	\$0	\$342,365,712
ICF-ID Services	\$7,114,608	\$105,593,090	\$333,772	\$0	\$0	\$0	\$0
Inpatient Services	\$21,736,065	\$248,785,043	\$323,946,394	\$2,987,814	\$12,230	\$799,164	\$15,266,245
Laboratory Services	\$447,333	\$8,350,687	\$29,876,806	\$616,531	\$1,200,616	\$16,518	\$3,232,862
Medicare Part A & B (Buy-In) Payments	\$135,220,625	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part D Payments	\$76,193,984	\$0	\$0	\$0	\$0	\$0	\$0
Mid-Level Practitioner	\$3,297	\$99,514	\$521,539	\$956	\$702	\$64	\$15,738
Medical Supplies/ DMEPOS	\$15,561,065	\$41,351,439	\$9,703,287	\$81,919	\$4,619	\$615,791	\$758,879
Nursing Facility	\$372,462,992	\$115,903,595	\$268,433	\$22,218	\$0	\$0	\$0
Nursing Services	\$1,887,188	\$6,084,768	\$0	\$0	\$0	\$0	\$0
Nutritionist Services	\$38,042	\$859,265	\$19,346	\$0	\$0	\$916	\$1,332

Appendix B Statewide SFY2012 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	\$447,029
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$54,800,820
Other Practitioner	\$0	\$90	\$5,308	\$0	\$0	\$0	\$181
Outpatient Hospital	\$5,482,889	\$69,388,163	\$169,092,214	\$5,015,026	\$1,067,094	\$189,270	\$11,742,425
Personal Care	\$52,089,707	\$43,400,002	\$21,000	\$0	\$0	\$23,978	\$0
Physician	\$20,654,209	\$128,020,143	\$357,067,438	\$8,839,257	\$1,518,347	\$635,427	\$18,791,386
Podiatry	\$473,573	\$1,199,568	\$1,058,665	\$7,321	\$0	\$0	\$138,192
Prescribed Drugs	\$4,235,378	\$185,094,471	\$181,943,507	\$1,501,188	\$2,805,816	\$988,781	\$17,142,079
Psychiatric Services	\$310,448	\$24,280,576	\$76,539,345	\$2,987	\$0	\$299,176	\$19,118
Residential Behavior Mgmt	\$3,008	\$1,629,174	\$22,427,303	\$0	\$0	\$0	\$28,343
Respite Care	\$196,167	\$254,749	\$0	\$0	\$0	\$0	\$0
Room and Board	\$10,126	\$130,479	\$579,429	\$1,828	\$0	\$0	\$0
School-Based Services	\$1,810	\$2,879,074	\$3,979,832	\$0	\$0	\$214,093	\$1,122
Specialized Foster Care/ID Services	\$23,750	\$3,682,973	\$0	\$0	\$0	\$0	\$0
Targeted Case Manager	\$28,129,374	\$42,489,719	\$24,032,897	\$0	\$0	\$702	\$14,780
Therapy Services	\$103,857	\$3,414,399	\$9,447,886	\$558	\$0	\$291,641	\$10,456
Transportation - Emergency	\$3,785,670	\$23,452,505	\$14,960,831	\$85,941	\$1,042	\$11,013	\$49,033
Transportation - Non-Emergency	\$7,471,313	\$16,937,376	\$3,041,570	\$6,174	\$24,870	\$69,755	\$7,188
X-Ray Services	\$1,554,860	\$7,582,483	\$8,978,327	\$627,654	\$6,023	\$4,665	\$1,265,405
Uncategorized Services	\$27,975	\$412,575	\$0	\$0	\$0	\$0	\$638,943
Total	\$784,776,691	\$1,460,124,227	\$1,664,576,429	\$20,527,368	\$9,001,140	\$6,278,458	\$832,060,414
Unduplicated Members Served	56,318	125,483	721,045	3,817	30,880	479	
Average Cost Per Member Served	\$13,935	\$11,636	\$2,309	\$5,378	\$291	\$13,107	

Source: OHCA Financial Service Division, October 2012. *Other includes \$575,612,908 in SHOPP/GME/IME/DSH and hospital supplemental payments and \$29,934,653 in outpatient behavioral health supplemental payments. \$52,279,093 in GME payments; \$43,998,795 in EHR payments; \$447,029 Insure Oklahoma ESI Out-of-Pocket; \$54,800,821 Insure Oklahoma ESI Premium payments; and \$64,151,645 in Insure Oklahoma IP payments; and \$10,835,471 in other/misc aid categories. 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 SFY2012 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	\$34,395	\$8,548	\$0	\$0	\$0
Advanced Practice Nurse	\$89,066	\$84,040	\$341,522	\$2,208,230	\$5,017
Ambulatory Surgical Services	\$291,911	\$379,330	\$964,197	\$4,946,674	\$3,005
Architectural Modification	\$2,185	\$16,346	\$0	\$0	\$0
Audiology Services	\$21,184	\$3,561	\$12,888	\$74,462	\$0
Behavioral Health Services	\$16,341,495	\$26,500,016	\$17,439,307	\$102,480,189	\$97,096
Capitated Services	\$1,557,214	\$20,102	\$2,725,775	\$22,726,576	\$186,263
Capitated Services - GME to Medical Schools	\$0	\$0	\$0	\$0	\$0
Clinic	\$2,099,210	\$2,502,760	\$6,542,039	\$35,786,273	\$371,038
Clinics - OSA Services	\$824,215	\$615,100	\$640,056	\$5,556,305	\$307,706
Community Mental Health	\$1,903,277	\$2,112,935	\$1,756,826	\$7,806,295	\$35,625
Dental	\$4,585,132	\$7,002,576	\$19,253,337	\$88,348,496	\$45,906
Direct Support	\$7,041,032	\$7,333,983	\$0	\$0	\$0
EHR Incentive Payments	\$0	\$0	\$0	\$0	\$0
Employee Training Specialist	\$405,751	\$249,186	\$0	\$0	\$0
End-Stage Renal Disease	\$24,552	\$1,262	-\$3,597	\$21,047	\$0
Eye Care and Exams	\$879,943	\$1,333,899	\$3,677,018	\$12,712,440	\$11,015
Eyewear	\$489,674	\$543,430	\$1,339,444	\$4,697,493	\$4,241
Group Home	\$467,613	\$265,500	\$0	\$0	\$0
Home Health	\$11,489,428	\$1,801,296	\$266,493	\$1,785,818	-\$4,363
Homemaker Services	\$153,875	\$168,496	\$0	\$0	\$0
Hospice	\$62,191	\$0	\$0	\$51,411	\$0
HSP - Indirect Medical Education (IME)	\$0	\$0	\$0	\$0	\$0
HSP - Graduate Medical Education (GME)	\$0	\$0	\$0	\$0	\$0
HSP - Acute DSH	\$0	\$0	\$0	\$0	\$0
HSP - Supplemental Payments	\$0	\$0	\$0	\$0	\$0
HSP - SHOPP	\$0	\$0	\$0	\$0	\$0
ICF-ID Services	\$4,032,884	\$242,228	\$0	\$184,401	\$0
Inpatient Services	\$37,378,779	\$36,041,858	\$11,443,380	\$170,551,598	\$312,133
Laboratory Services	\$812,187	\$681,793	\$1,601,433	\$13,283,645	\$497,071
Mid-Level Practitioner	\$13,951	\$18,414	\$87,331	\$351,046	\$561
Medical Supplies/DMEPOS	\$9,789,525	\$2,017,835	\$1,424,499	\$5,542,759	\$20,728
Nursing Facility	\$720,037	\$160,512	\$4	\$5,443	\$0
Nursing Services	\$68	\$0	\$0	\$0	\$0
Nutritionist Services	\$4,384	\$3,730	\$4,388	\$9,799	\$0
Insure Oklahoma ESI Out-of-Pocket	\$0	\$0	\$0	\$0	\$0
Insure Oklahoma ESI Premium	\$0	\$0	\$0	\$0	\$0
Other Practitioner	\$0	\$90	\$170	\$1,545	\$0

Appendix B Statewide SFY2012 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*
Outpatient Hospital	\$9,468,703	\$5,883,512	\$13,888,831	\$87,256,649	\$379,398
Personal Care	\$595,650	\$39,426	\$2,563	\$1,604	\$0
Physician	\$22,112,983	\$17,101,309	\$31,096,316	\$204,758,833	\$847,664
Podiatry	\$76,715	\$42,589	\$176,458	\$525,584	\$665
Prescribed Drugs	\$50,295,924	\$21,001,950	\$21,019,961	\$103,023,354	\$751,911
Psychiatric Services	\$21,950,375	\$22,349,931	\$7,805,013	\$48,978,872	\$22,105
Residential Behavior Mgmt	\$99,916	\$23,961,184	\$5,371	\$0	\$21,357
Respite Care	\$12,144	\$62,773	\$0	\$0	\$0
Room and Board	\$56,996	\$6,651	\$18,428	\$473,838	\$0
School-Based Services	\$2,871,549	\$701,608	\$669,962	\$2,831,689	\$1,122
Specialized Foster Care/ID Services	\$466,997	\$787,500	\$0	\$0	\$0
Targeted Case Manager	\$1,581,968	\$23,058,482	\$363,893	\$2,124,282	\$11,908
Therapy Services	\$2,326,949	\$1,190,490	\$1,175,240	\$7,198,646	\$1,461
Transportation - Emergency	\$1,502,248	\$938,097	\$884,853	\$8,409,022	\$28,381
Transportation - Non-Emergency	\$2,974,103	\$367,796	\$361,728	\$2,205,620	\$1,073
X-Ray Services	\$422,068	\$233,163	\$858,989	\$3,454,907	\$29,472
Uncategorized Services	\$201,126	\$32,528	\$451	\$1,424	\$25,126
Grand Total	\$218,531,569	\$207,867,815	\$147,844,569	\$950,376,269	\$4,014,682
Unduplicated Members Served	24,661	34,414	119,580	596,994	11,260
Average Cost Per Member Served	\$8,861	\$6,040	\$1,236	\$1,592	\$357

Source: OHCA Financial Service Division, October 2012. Child figures are for individuals under the age of 21.

*Other Aid Categories include Oklahoma Cares, SoonerPlan, STBS and Insure Oklahoma college members and dependants younger than age 21. Supplemental payments not listed in the above table include \$539,844,532 in SHOPP/GME/DSH and hospital supplemental payments and \$29,934,653 in outpatient behavioral health supplemental payments. \$52,279,093 in GME payments; \$43,998,795 in EHR 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 SFY2012 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	\$4,230,302	\$2,365,953	\$1,279,465	\$0	\$584,884
ADvantage Home Delivered Meals	\$14,313,991	\$14,217,880	\$0	\$0	\$0
Architectural Modification	\$334,018	\$212,185	\$60,550	\$30,408	\$30,024
Behavioral Health	\$5,418,416	\$581	\$4,322,594	\$918,220	\$142,992
Clinic	\$409	\$409	\$0	\$0	\$0
Community Mental Health	\$975	\$230	\$720	\$0	\$25
Dental	\$769,697	\$0	\$382,750	\$316,329	\$65,720
Direct Support	\$189,613,497	\$0	\$95,109,778	\$76,287,239	\$17,573,520
Employee Training Specialist	\$27,687,871	\$0	\$19,702,981	\$4,520,678	\$3,273,974
End Stage Renal Disease	\$41	\$41	\$0	\$0	\$0
Eye Care and Exam	\$173	\$151	\$22	\$0	\$0
Self-Directed Care	\$5,274,737	\$5,274,737	\$0	\$0	\$0
Group Home	\$20,562,645	\$0	\$19,743,046	\$99,860	\$0
Homemaker Services	\$1,648,767	\$0	\$1,413,445	\$172,523	\$62,799
Hospice	\$885,151	\$821,552	\$0	\$0	\$0
Inpatient Services	\$6,143	\$5,318	\$0	\$0	\$825
Laboratory Services	\$14	\$0	\$0	\$0	\$0
Medical Supplies/DMEPOS	\$20,392,699	\$16,147,042	\$2,553,923	\$780,908	\$696,607
Nursing Facility	\$250,859	\$249,137	\$0	\$0	\$0
Nursing Services	\$7,971,955	\$3,579,287	\$1,927,053	\$1,569,394	\$10,452
Nutritionist Services	\$672,495	\$0	\$425,873	\$232,991	\$8,818
Outpatient Hospital	\$416	\$416	\$0	\$0	\$0
Personal Care	\$83,585,083	\$82,412,539	\$0	\$0	\$0
Physician	\$2,374,144	\$3,909	\$1,748,932	\$510,902	\$71,729
Podiatry	\$71	\$71	\$0	\$0	\$0
Prescribed Drugs	\$7,056,500	\$5,530,988	\$966,610	\$239,306	\$203,537
Respite Care	\$450,916	\$292,901	\$136,369	\$3,822	\$4,174
Specialized Foster Care/ID Services	\$3,706,723	\$0	\$3,607,273	\$96,450	\$3,000
Targeted Case Manager	\$50,228,413	\$49,188,503	\$0	\$0	\$0
Therapy Services	\$954,329	\$16,651	\$549,527	\$303,423	\$81,987
Transportation Services	\$9,017,698	\$3,107	\$5,550,810	\$2,742,755	\$686,418
X-Ray Services	\$109	\$109	\$0	\$0	\$0
Uncategorized Services	\$420,392	\$0	\$13,481	\$0	\$403,394
Total	\$457,829,646	\$180,323,694	\$159,495,203	\$88,825,207	\$23,904,878
Unduplicated Members Served	27,585	21,916	2,804	721	1,760
Average Cost Per Member Served	\$16,597	\$8,228	\$56,881	\$123,197	\$13,582

Source: OHCA Financial Service Division, September 2011. 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 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 SFY2012 Figures (continued)

FIGURE X HOME AND COMMUNITY-BASED SERVICES WAIVER EXPENDITURES BY TYPE OF SERVICE (CONTINUED)

Home and Community-Based Services (HCBS)*	Living Choice	Medically Fragile	My Life; My Choice	Sooner Seniors
Adult Day Care	\$0	\$0	\$0	\$0
ADvantage Home Delivered Meals	\$61,849	\$5,109	\$20,213	\$8,940
Architectural Modification	\$850	\$0	\$0	\$0
Behavioral Health	\$34,030	\$0	\$0	\$0
Clinic	\$0	\$0	\$0	\$0
Community Mental Health	\$0	\$0	\$0	\$0
Dental	\$3,880	\$0	\$1,018	\$0
Direct Support	\$642,960	\$0	\$0	\$0
Employee Training Specialist	\$190,239	\$0	\$0	\$0
End Stage Renal Disease	\$0	\$0	\$0	\$0
Eye Care and Exam	\$0	\$0	\$0	\$0
Self-Directed Care	\$0	\$0	\$0	\$0
Group Home	\$719,740	\$0	\$0	\$0
Homemaker Services	\$0	\$0	\$0	\$0
Hospice	\$0	\$63,599	\$0	\$0
Inpatient Services	\$0	\$0	\$0	\$0
Laboratory Services	\$0	\$0	\$14	\$0
Medical Supplies/DMEPOS	\$90,338	\$78,381	\$31,508	\$13,991
Nursing Facility	\$0	\$1,107	\$615	\$0
Nursing Services	\$44,314	\$810,866	\$22,498	\$8,093
Nutritionist Services	\$4,812	\$0	\$0	\$0
Outpatient Hospital	\$0	\$0	\$0	\$0
Personal Care	\$541,690	\$293,615	\$229,117	\$108,123
Physician	\$38,670	\$0	\$0	\$0
Podiatry	\$0	\$0	\$0	\$0
Prescribed Drugs	\$56,106	\$43,759	\$16,082	\$112
Respite Care	\$3,251	\$9,169	\$1,231	\$0
Specialized Foster Care/ID Services	\$0	\$0	\$0	\$0
Targeted Case Manager	\$833,619	\$76,748	\$87,568	\$41,974
Therapy Services	\$2,741	\$0	\$0	\$0
Transportation Services	\$34,608	\$0	\$0	\$0
X-Ray Services	\$0	\$0	\$0	\$0
Uncategorized Services	\$3,517	\$0	\$0	\$0
Total	\$3,307,213	\$1,382,355	\$409,863	\$181,233
Unduplicated Members Served	257	43	56	28
Average Cost Per Member Served	\$12,869	\$32,148	\$7,319	\$6,473

Source: OHCA Financial Service Division, October 2012. For more information on each waiver, go to page 25. 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 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 SFY2012 Figures (continued)

FIGURE XI BEHAVIORAL HEALTH EXPENDITURES BY TYPE OF SERVICE BY CHILDREN AND ADULTS

Children Younger than Age 21			
Type of Service	Expenditures¹	Members Served²	Average per Member Served
Inpatient (Acute - General)	\$3,614,575	1,343	\$2,691
Inpatient (Acute - Freestanding)	\$7,885,305	1,888	\$4,177
Psychiatric Residential Treatment Facility (PRTF)	\$93,772,253	4,379	\$21,414
Outpatient	\$170,289,532	69,178	\$2,462
Psychologist	\$6,122,926	1,381	\$4,434
Psychiatrist	\$2,719,466	7,998	\$340
Residential Behavior Management Services (Group)	\$8,981,354	1,098	\$8,180
Residential Behavior Management Services (TFC)	\$15,707,654	1,222	\$12,854
Targeted Case Management (TCM)	\$4,099,333	12,710	\$323
Other Outpatient Behavioral Health Services	\$303,516	293	\$1,036
Psychotropic Drugs ³	\$63,099,338	55,484	\$1,137
Total⁴	\$313,495,913	83,021	\$3,776

Adults Aged 21 and Older			
Type of Service	Expenditures¹	Members Served²	Average per Member Served
Inpatient (Acute - General)	\$9,717,339	2,674	\$3,634
Inpatient (Acute - Freestanding)	\$232,840	29	\$8,029
Psychiatric Residential Treatment Facility (PRTF)	\$0	-	\$0
Outpatient	\$68,290,217	34,990	\$1,952
Psychologist	\$2,044,105	1,381	\$1,480
Psychiatrist	\$3,393,764	10,507	\$323
Residential Behavior Management Services (Group)	\$0	-	\$0
Residential Behavior Management Services (TFC)	\$0	-	\$0
Targeted Case Management (TCM)	\$2,630,749	14,702	\$179
Other Outpatient Behavioral Health Services	\$2,941,402	1,038	\$2,834
Psychotropic Drugs ³	\$52,815,688	85,893	\$615
Total⁴	\$89,250,416	45,282	\$1,971

Total Behavioral Health Services Listed Above⁴	\$402,746,328	127,866	\$3,150
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Source: OHCA Financial Service Division, November 2012. 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.

1. Categories reported above do not include all potential expenditures/costs related to a behavioral health diagnosis. Physician, emergency room care, etc are not included in any of the above figures.

2. 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.

3. Prescription claims are not coded with diagnostic information and drugs used to treat behavioral health conditions may be used for some physical health conditions as well. This figure includes all uses of the drugs included within the behavioral health categories.

4. Psychotropic drug expenditures and member counts are not included in totals.

Appendix C SFY2012 SoonerCare Provider Network

Provider Network	SFY2012	Provider Network	SFY2012	Provider Network	SFY2012
Adult Day Care	55	Direct Support Services	266	Physician - General Surgeon	741
Advance Practice Nurse	1,290	DME/Medical Supply Dealer	1,243	Physician - Internist	2,056
Advantage Home Delivery Meal	20	End-Stage Renal Disease Clinic	102	Physician - Obstetrician/ Gynecologist	678
Ambulatory Surgical Center (ASC)	66	Extended Care and Skilled Nursing Facilities	300	Physician - Other Specialist	5,328
Anesthesiology Assistant	5	Extended Care Facility - Facility Based Respite Care	115	Physician - Pediatric Specialist	1,198
Audiologist	96	Extended Care Facility - ICF/ ID	88	Physician - Radiologist	1,536
Behavioral Health Provider	8,439	Genetic Counselor	8	Preadmission Screening and Resident Review (PASRR)	7
Capitation Provider - IHS (Indian Health Services) Case Manager	86	Home Health Agency	247	Program for Assertive Community Treatment (PACT)	15
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	2	Hospital - Acute Care	861	Psychologist	344
Case Manager	58	Hospital - Critical Access	105	Residential Behavior Management Services (RBMS)	20
Certified Registered Nurse Anesthetist (CRNA)	817	Hospital - Native American	7	Respite Care	102
Chiropractor	27	Hospital - Psychiatric	21	Room and Board	19
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	3	Hospital - Resident Treatment Center	47	School Corporation	213
Clinic - Family Planning Clinic	5	Laboratory	220	Specialized Foster Care/ID	205
Clinic - Federally Qualified Health Clinic (FQHC)	55	Lactation Consultant	44	Therapist - Occupational	198
Clinic - Native American	58	Long Term Care Authority Hospice	85	Therapist - Physical	492
Clinic - Rural Health	11	Maternal/Child Health LCSW	15	Therapist - Respiratory	15
Clinic - Tuberculosis	3	Nursing Agency - Non-Skilled	55	Therapist - Speech/Hearing	572
Community Mental Health Center (CMHC)	105	Nursing Agency - Skilled	51	Transportation Provider	287
County/City Health Department	3	Nutritionist	151	X-Ray Clinic	50
DDSD - Architectural Modification	40	Optician	56		
DDSD - Community Transition Services	41	Optometrist	609		
DDSD - Employee Training Specialist	89	Outpatient Behavioral Health Agency	470		
DDSD - Group Home	43	Personal Care Services	843		
DDSD - Homemaker Services	107	Pharmacy	1,193		
DDSD - Volunteer Transportation Provider	278	Physician - Allergist	38		
Dentist	1,327	Physician - Anesthesiologist	1,184		
		Physician Assistant	1,202		
		Physician - Cardiologist	634		
		Physician - General/Family Medicine	2,627		
		Physician - General Pediatrician	1,586		

38,900+
 SoonerCare had a provider network of
 38,968 during SFY2012.

* Provider Network are providers who contracted to provide health care services by locations, programs, types, and specialties. Providers are being count multiple times if they have multiple locations, programs, types, and specialties. Whether the provider is an individual or an institution, if the count is based on location code, and if the provider has multiple location code (last digit of the provider ID) they are being counted that many times.

Appendix D SFY2012 Board-Approved Rules

Board Approval Date	Rule Description	Estimated Savings/Total Cost/State Share	Effective Date
Jun-9-2011	Amending agency rules to comply with the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010. Additionally, eligibility rules and income guidelines are revised to eliminate consideration of the Earned Income Tax Credit. APA WF#11-02	Budget Neutral	Jul-13-2011
Jun-9-2011	Amending agency rules to ensure Insure Oklahoma cost sharing guidelines comply with Federal law on Native American cost sharing exemptions. APA WF#11-05	Increase of \$138,566	Jul-13-2011
Oct-13-2011	Amending agency rules to establish guidelines for and implement the Supplemental Hospital Offset Payment Program (SHOPP) as authorized by 63 Okla. Stat. §§ 3241.1 through 3241.6. OHCA is required by the SHOPP Act to assess all in-state hospitals, unless specifically exempted, an assessment fee of 2.5%. Funds derived from the assessment will be used to garner federal matching funds which will be used to maintain SoonerCare provider reimbursement rates as well as pay participating hospitals a quarterly access payment. SHOPP legislation authorizes OHCA to implement and provide enforcement of the proposed rule and appropriates \$200,000 of the assessment to be used towards any administrative cost. The \$200,000 is matched with federal funds at the administrative rate of 50% for a total of \$400,000 to be used towards administrative cost. Additionally, OHCA is authorized to retain approximately \$83M to be used to maintain current SoonerCare payments for all providers. APA WF #11-18 A&B	\$400,000 to be used towards administrative cost. Approximately \$83 million to be used to maintain current SoonerCare payments for all providers	Nov-22-2011
Feb-9-2012	Amending agency rules to revise PT/OT/ST rules to ensure clarity in policy that there is no coverage for adults for services rendered by individually-contracted providers, but there is coverage for adults in an outpatient hospital setting. APA WF#11-07	Budget Neutral	May-11-2012
Feb-9-2012	Amending agency rules to clarify OHCA's current policy that only pregnancy-related services are exempt from cost-sharing requirements. The rules are also revised to remove reference to another section of policy that is no longer in effect. APA WF#11-16	Budget Neutral	May-11-2012
Feb-9-2012	Amending agency rules to exempt durable medical equipment repairs with a cost per item of less than \$250 from the prescription requirement. APA WF#11-17	Budget neutral	May-11-2012
Mar-8-2012	Amending and revoking agency rules to remove references to the Family Planning Waiver. The rule change will allow over 32,000 SoonerPlan members and future members to receive the enhanced package of State Plan Family Planning services. The rule revision also includes the removal of language relating to family planning centers, clarification of eligibility rules and other minor policy corrections. APA WF#11-03A&B	Increase of \$171,887	Jun-25-2012
Mar-8-2012	Amending agency rules to change language in policy that references "mental retardation" to "intellectual disabilities". Revisions are necessary to comply with Public Law 111-256 (Rosa's Law) that replaces the term mental retardation with intellectual disability, in federal education, health and labor laws. APA WF#11-04 A,B,C, & D	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to provide clarification regarding dates of application for SoonerCare services. Current rules are difficult to interpret and, in some instances, obsolete. Rules are further amended to add the Notification of Date of Service feature for hospitals in official agency policy. APA WF#11-08	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to clarify waiting list procedures for individuals who apply for services but cannot enter the My Life, My Choice Waiver due to capacity limitations. APA WF#11-13	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to clarify waiting list procedures for individuals who apply for services but cannot enter the Sooner Seniors Waiver due to capacity limitations. APA WF#11-14	Budget Neutral	Jun-25-2012

Appendix D SFY2012 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/Total Cost/State Share	Effective Date
Mar-8-2012	Amending agency rules to include a brief description of the Long-Term Care Partnership program. APA WF#11-15	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to correspond to new Medicare guidelines regarding payment to End Stage Renal Disease (ESRD) facilities, which establishes a bundled prospective payment system (PPS). APA WF#11-19	Increase of \$344,000	Jun-25-2012
Mar-8-2012	Amending agency rules to ensure clarity and reflect language in 42 CFR 455.414; that provider agreements must be renewed at least every five years. Additionally, revisions are made to revise the contract information for the OHCA Provider Contracting Unit. APA WF#11-20	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to add Assisted Living services as a compensable service under the Living Choice demonstration program for the elderly and those with physical disabilities. Additionally, rules are revised to add Private Duty Nursing as an allowable service and revise the re-enrollment policy to allow members who have been in Living Choice for the maximum 365 days, and have been re-institutionalized for a minimum of 90 consecutive days, the opportunity to re-enroll in the Living Choice program for an additional 365 days. Finally, rules are revised to include coverage for people who have transitioned to the community from institutions for mental disease. APA WF#11-21 A&B	Increase of \$14,866	Jun-25-2012
Mar-8-2012	Amending and revoking agency Non-Emergency Transportation (NET) rules to clarify OHCA's current policy concerning meals and lodging, travel distance and eligibility for SoonerRide. This rule will assist with future cost savings and prevent abuse of services. APA WF#11-25 A&B	Budget Neutral	Jun-25-2012
Mar-8-2012	Adding agency rules to explain situations in which a provider agreement and billing privileges may be revoked for improper actions. APA WF#11-26	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to sufficiently and accurately set forth the substantive requirements for providing covered SoonerCare behavioral health services. Additionally, Outpatient Behavioral Health, Psychologist and Licensed Behavioral Health Professional (LBHP) rules are being revised to remove the guidelines for obtaining authorizations to provide services. APA WF#11-27	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to clarify waiting list procedures for individuals who apply for services but cannot enter the Medically Fragile Waiver due to capacity limitations. APA WF#11-29	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending school based services rules to align current policy with systematic and coding procedures. APA WF#11-30	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to align policy with Department of Central Services (DCS) rules.	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending and revoking agency rules to clarify policy for the termination of Agency Companion providers based on certain background check information and to provide clarification on the limits of background search information for Specialized Foster Care providers regarding involvement in a court action. Additionally policy is revised to require architectural modification contractors to provide evidence of a lead based paint safety certificate; the addition of Adult Day Services for members in the Homeward Bound Waiver; Targeted Case Management to be billed weekly rather than monthly; removal of the Physical Status Review score as one of criteria for determining the enhanced rate for Community Based Group services and Job Coaching Services, and removal of Adult Day Services as an option to the member's required employment hours. Other minor policy revisions are also included. APA WF#11-32 A&B	Budget Neutral	Jun-25-2012

Appendix D SFY2012 Board-Approved Rules (continued)

Board Approval Date	Rule Description	Estimated Savings/Total Cost/State Share	Effective Date
Mar-8-2012	Amending Insure Oklahoma rules to clarify that “in-network” is defined as the highest percentage reimbursement network approved by OHCA for participation in the ESI Program. The rules are also revised to clarify that OHCA will only reimburse expenses related to the highest percentage network. APA WF#11-33	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to remove pilot specific requirements and replace with language that is applicable to all PACE providers. Additional revisions include revising the Nursing Facility Level of Care criteria to be more specific to PACE eligibility criteria and cleaning up rules for clarity. APA WF#11-35	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to allow for permanent restoration of a tooth when done as part of a Cvek Pulpotomy. Additionally, rules are revised to allow dentists to choose the proper type of crown that best serves the member’s oral environment. APA WF#11-36	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to remove the requirement for a certificate of medical necessity (CMN) for positive airway pressure devices (BiPAP and CPAP) as such CMNs are no longer used for authorization decisions. APA WF#11-38	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to remove respiratory therapy as an allowable service within the waiver and remove Hospice when the member is in a nursing facility receiving ADvantage Facility Based Extended Respite. Both services are removed due to lack of utilization. Additionally, rules are revised to remove language allowing for reimbursement to providers of case management transition services when the member fails to transition into the ADvantage waiver program. Rules are also revised to clarify the types of living arrangements allowable for ADvantage members as well as to make clarifications regarding the member's health, safety and welfare. APA WF#11-39A&B	OKDHS will save an estimated \$15,000 annually	Jun-25-2012
Mar-8-2012	Amending agency rules to revise eligibility policy for clarity and updates. APA WF#11-40	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to address sanctioning of members who abuse SoonerCare benefits. APA WF#11-42	Budget Neutral	Jun-25-2012
Mar-8-2012	Amending agency rules to allow reimbursement for a pain management procedure when performed during an anesthesia session. APA WF#11-43	Budget Neutral	Jun-25-2012

Appendix E 2012 Patient-Centered Medical Home Components

The Patient-Centered Medical Home model of care, implemented in January 2010, 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.
- ▶ 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 50 cents per member per month (PMPM) if voice-to-voice service is provided 24/7 and an additional 5 cents 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	\$2.93	\$4.50	\$5.99
All Ages	\$3.66	\$5.46	\$7.26
Adults Only	\$4.32	\$6.32	\$8.41

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	SFY2012 Payments ¹
Emergency Department Utilization	\$500,509
-based on emergency department utilization of panel members	
Breast and Cervical Cancer Screenings	\$338,625
-based on breast and cervical cancer screenings of panel members	
Generic Drug Prescription Rate	\$967,286
-based on generic/multi-source prescribing profile	
Inpatient Admissions/Visits	\$709,218
-based on inpatient admissions/visits to SoonerCare Choice members	
EPSDT & 4th DTaP - Well Child Checks	\$1,025,963
-based on meeting the EPSDT screening compliance rate and 4th DTaP administration	
Total	\$3,541,601

Source: OHCA Financial Services Division, October 2012. ¹SFY2012 payments are an estimate, at time of reporting SFY2012 4th quarter payments had not been calculated.

Appendix F Glossary of Terms

ABD - The Aged, Blind and Disabled SoonerCare population.

Member - A person enrolled in Oklahoma SoonerCare.

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

HP - OHCA's fiscal agent, HP 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 October 1 and ends September 30 each year.

FMAP - Federal Medical Assistance Percentage (the federal dollar match percentage).

ICF/ID - Intermediate Care Facility for the Intellectually Disabled.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment, also known as “well child” screens and child health checkups.

MMIS - Medical Management Information System (the claims processing system).

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

SFY - State Fiscal Year. It 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 - Title 19 - 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 was 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

<i>OHCA Main Number</i>	405-522-7300
<i>SoonerCare Helpline</i>	800-987-7767
<i>SoonerRide</i>	877-404-4500

MEMBER SERVICES	405-522-7171 OR 800-522-0310
1 — OKDHS	5 — Enrollment Questions
2 — Claim Status	
3 — SoonerCare Member Services	
4 — Pharmacy Inquiries	

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

OHCA INTERNET RESOURCES

<i>Oklahoma Health Care Authority</i>	www.okhca.org
<i>Insure Oklahoma</i>	www.insureoklahoma.org
<i>Oklahoma Department of Human Services</i>	www.okdhs.org
<i>Medicaid Fraud Control Unit</i>	www.oag.state.ok.us
<i>Oklahoma State Department of Health</i>	www.ok.gov/health
<i>Oklahoma State Auditor and Inspector</i>	www.sai.state.ok.us
<i>Centers for Medicare & Medicaid Services</i>	www.cms.gov
<i>Office of Inspector General of the Department of Health and Human Services</i>	www.oig.hhs.gov

Oklahoma Health Care Authority



Health Care for Oklahomans