**OKLAHOMA EXPERIENCE**

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| **Bidder Name:** |  |

**General Instructions**

Complete a copy of Oklahoma Experience denoting the number of members enrolled with Insure Oklahoma, Medicare Advantage, Medicare SNP, commercial-group or commercial-individual (exchange and non-exchange) coverage.

**Organization**

Instructions: An experience form can be completed on behalf of the Bidder (insurer, provider organization, or Local Oklahoma Provider Organization (LOPO)), an affiliated organization or an Administrative Service Organization (ASO). However, only one copy of the Oklahoma Experience form can be submitted. If more than one form is submitted, none will be evaluated.

If the reported experience is for an affiliated organization, identify the affiliate. Otherwise enter Not Applicable. For the purpose of this form, an affiliated organization is a parent company or subsidiary of a parent company (other than the Bidder).

If the reported experience is for an ASO, identify the ASO. Otherwise enter Not Applicable. For the purpose of this form, an ASO is a major subcontractor performing management services on behalf of the Bidder.

If the reported experience is for a provider organization that is proposing to serve as a SoonerSelect Program contractor, identify the provider organization. Otherwise enter Not Applicable. If completing the form as a provider, explain the basis for the member counts reported on the form (e.g., number of members assigned to provider’s primary care panel, number of patients treated at provider facilities in most recent calendar or fiscal year etc.).

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| --- | --- |
| **Affiliate:** |  |
| **ASO:** |  |
| **Provider:** |  |
| **Basis for Provider Counts (if applicable):** |  |

**Accreditation**

Instructions: Describe any accreditation(s) held by the Bidder, affiliate or ASO (as applicable).

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**Enrollment**

Instructions: Provide enrollment by county and region for the most recent month available. If Bidder, affiliate or ASO (as applicable) has no enrollment in a category, do not enter any data in the cells. If the Bidder, ASO or affiliate has enrollment in a category in some, but not all counties, enter 0 in the counties with no enrollment. If Bidder is completing form as a provider, enter counts using methodology defined on previous page.

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| **Month & Year:** |  | |  | | |  | |
| **Population/**  **County** | **Insure OK** | **Medicare Advantage** | | **Medicare SNP** | **Commercial Group** | | **Commercial Individual** | | **Total** |
| **Adair** |  |  | |  |  | |  | |  |
| **Alfalfa** |  |  | |  |  | |  | |  |
| **Atoka** |  |  | |  |  | |  | |  |
| **Beaver** |  |  | |  |  | |  | |  |
| **Beckham** |  |  | |  |  | |  | |  |
| **Blaine** |  |  | |  |  | |  | |  |
| **Bryan** |  |  | |  |  | |  | |  |
| **Caddo** |  |  | |  |  | |  | |  |
| **Canadian** |  |  | |  |  | |  | |  |
| **Carter** |  |  | |  |  | |  | |  |
| **Cherokee** |  |  | |  |  | |  | |  |
| **Choctaw** |  |  | |  |  | |  | |  |
| **Cimarron** |  |  | |  |  | |  | |  |
| **Cleveland** |  |  | |  |  | |  | |  |
| **Coal** |  |  | |  |  | |  | |  |
| **Comanche** |  |  | |  |  | |  | |  |
| **Cotton** |  |  | |  |  | |  | |  |
| **Craig** |  |  | |  |  | |  | |  |
| **Creek** |  |  | |  |  | |  | |  |
| **Custer** |  |  | |  |  | |  | |  |
| **Delaware** |  |  | |  |  | |  | |  |
| **Dewey** |  |  | |  |  | |  | |  |
| **Ellis** |  |  | |  |  | |  | |  |
| **Garfield** |  |  | |  |  | |  | |  |
| **Garvin** |  |  | |  |  | |  | |  |
| **Grady** |  |  | |  |  | |  | |  |
| **Grant** |  |  | |  |  | |  | |  |
| **Greer** |  |  | |  |  | |  | |  |
| **Harmon** |  |  | |  |  | |  | |  |
| **Harper** |  |  | |  |  | |  | |  |
| **Haskell** |  |  | |  |  | |  | |  |
| **Hughes** |  |  | |  |  | |  | |  |
| **Jackson** |  |  | |  |  | |  | |  |
| **Jefferson** |  |  | |  |  | |  | |  |
| **Johnston** |  |  | |  |  | |  | |  |
| **Kay** |  |  | |  |  | |  | |  |
| **Kingfisher** |  |  | |  |  | |  | |  |
| **Kiowa** |  |  | |  |  | |  | |  |
| **Latimer** |  |  | |  |  | |  | |  |
| **Leflore** |  |  | |  |  | |  | |  |
| **Lincoln** |  |  | |  |  | |  | |  |
| **Logan** |  |  | |  |  | |  | |  |
| **Love** |  |  | |  |  | |  | |  |
| **Major** |  |  | |  |  | |  | |  |
| **Marshall** |  |  | |  |  | |  | |  |
| **Mayes** |  |  | |  |  | |  | |  |
| **McClain** |  |  | |  |  | |  | |  |
| **McCurtain** |  |  | |  |  | |  | |  |
| **McIntosh** |  |  | |  |  | |  | |  |
| **Murray** |  |  | |  |  | |  | |  |
| **Muskogee** |  |  | |  |  | |  | |  |
| **Noble** |  |  | |  |  | |  | |  |
| **Nowata** |  |  | |  |  | |  | |  |
| **Okfuskee** |  |  | |  |  | |  | |  |
| **Oklahoma** |  |  | |  |  | |  | |  |
| **Okmulgee** |  |  | |  |  | |  | |  |
| **Osage** |  |  | |  |  | |  | |  |
| **Ottawa** |  |  | |  |  | |  | |  |
| **Pawnee** |  |  | |  |  | |  | |  |
| **Payne** |  |  | |  |  | |  | |  |
| **Pittsburg** |  |  | |  |  | |  | |  |
| **Pontotoc** |  |  | |  |  | |  | |  |
| **Pottawatomie** |  |  | |  |  | |  | |  |
| **Pushmataha** |  |  | |  |  | |  | |  |
| **Roger Mills** |  |  | |  |  | |  | |  |
| **Rogers** |  |  | |  |  | |  | |  |
| **Seminole** |  |  | |  |  | |  | |  |
| **Sequoyah** |  |  | |  |  | |  | |  |
| **Stephens** |  |  | |  |  | |  | |  |
| **Texas (county)** |  |  | |  |  | |  | |  |
| **Tillman** |  |  | |  |  | |  | |  |
| **Tulsa** |  |  | |  |  | |  | |  |
| **Wagoner** |  |  | |  |  | |  | |  |
| **Washington** |  |  | |  |  | |  | |  |
| **Washita** |  |  | |  |  | |  | |  |
| **Woods** |  |  | |  |  | |  | |  |
| **Woodward** |  |  | |  |  | |  | |  |
| **TOTAL** |  |  | |  |  | |  | |  |