

Diabetes Analysis

SFY2010-SFY2015

Submitted by:

The Reporting and Statistics unit of the Oklahoma Health Care Authority

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Please direct all report questions to Sharayah Fore at Sharayah.Fore@okhca.org or Fred Oraene at Fred.Oraene@okhca.org.

Oklahoma

exceed the

national

prevalence of

diabetes with a

prevalence rate

in 2014

according to the CDC.

of 10.9% among adults

SoonerCare Diabetes Analysis SFY2015

Method

Data was pulled using diagnosis codes identified as applicable in the Oklahoma Health Care Authority's (OHCA) Medicaid Management Information System (MMIS) to obtain a list of eligible members for this analysis. All data listed is for state fiscal year (SFY) 2015 unless otherwise specified. Unless stated otherwise, child is defined as an individual who is 20 years of age or younger, and an adult is an individual defined as 21 years of age and older.

Diagnosis codes were matched to previously conducted diabetes analysis for accuracy and consistency. The diagnosis codes for this analysis are 249-25093 and 3572, 5881, 6480, 64800, 64801, 64802, 64803, 64804, 7551, V180, and V771. These diagnosis codes included two types of diabetes: type I and type II.

The completed list for the SFY2015 analysis had 60.543 unduplicated SoonerCare

members, which is approximately 5.9% of the total SoonerCare population. Total reimbursement for these members in SFY2015 was \$823,847,232. This reimbursement amount includes all claims for diabetic members and not just claims regarding diabetes. Additionally 2,494 SoonerCare members received state therapeutic code 58 (diabetic therapy) who did not have a diagnosis of diabetes, and therefore, not included in the diabetes total for this analysis.

Number of SoonerCare Adults with Prediabetes					
CY2013	39,730				
CY2014	41,414				
CY2015 41,735					
This total reflec	rte adult				

SoonerCare members only (18 year and older) for paid claims based on dates of service for diagnosis codes: 27801, 27800, 27803, 27802, and 79029

Nationally, diabetes has decreased slightly from 22.3 million people with diabetes to 22.0 million in 2014. Although there was a decrease, there is still much improvement and preventative care that is needed. It is estimated that there are 86 million people in the US (age 20 and older) who have prediabetes, which increased from previous years. American Indians and African Americans continue to be a population with a higher prevalence of diabetes nationally

and on the majority of state and Medicaid levels. Older males also continue to be one of the highest risk groups for

diabetes.2 However, according to the CDC, the number of black females with diabetes continue to rise. In fact, from

1997 to 2014, the prevalence of diabetes in black females increased 30%.

The national decrease in the number of people with diabetes was not experienced in every state. In Oklahoma, diabetes continues to be a growing concern. Even though Oklahoma has a much higher prevalence rate than the overall national rate, it could be even higher due to an estimate that one-third of diabetes may go undiagnosed.² Oklahoma follows the national trends for diabetes according to race, sex and age demographics.

SoonerCare seems to have a very low representation of members with diabetes compared to the national and state's rate. This could be due to lack of appropriately identifying members as diabetic. Additionally, SoonerCare does not follow the majority of the nation and Oklahoma's demographic trends. Men

SoonerCare Members with Diabetes by Eligibility Type and Age Group for SFY2015							
		Child					
Category # of Members Total Cost Cost per Member							
Dual	18	\$12,830	\$713				
Non-Dual	4,745	\$40,416,692	\$8,518				
Total	4,763	\$40,429,522					
		Adult					
Category	# of Members	Total Cost	Cost per Member				
Dual	31,620	\$53,181,317	\$1,682				
Non-Dual	24,160	\$730,236,392.53	\$30,225				
Total	55,780	\$783,417,710					

In SFY2015, SoonerCare

had 60,543 members diagnosed with diabetes

(5.9% prevalence rate) with

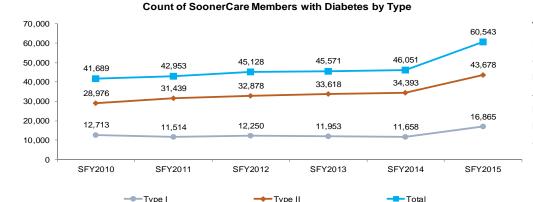
a reimburesment of

\$823.847.232

estimated by the CDC to affect 22 million people in 2014, which is approximately 6.9% of the total US population.¹

Dual members are members who are both Medicaid and Medicare, and are identified by using crossover claims. All reimbursement amounts are based on paid claims for dates of service within SFY2015, and includes all claims, not just claim regarding diabetes.

represent a smaller percentage in the diabetic population than they do in the total SoonerCare population. African Americans do have a slightly larger representation in the diabetic population than in the total SoonerCare population with the majority of the race being composed of women (68%). However, American Indians do not have a larger representation in the diabetic population compared to their overall representation. The lower representation of men with diabetes in the SoonerCare population could be due to the fact that men seek preventive and medical care far less often than women. It should be noted that some of the diagnosis codes are female specific, but the number of women who received that diagnosis code accounts for less than 1% of the total diabetes population.



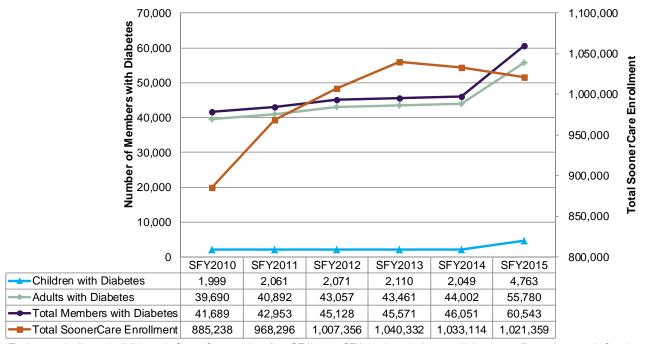
The increase in diagnosis of diabetes in SoonerCare members from SFY2014 to SFY2015 is partly due to multiple agency efforts to increase A1C testing, provider education, member outreach and increasing the number of health coaches in the SoonerCare community.

^{1&}quot;Data and Statistics." Centers for Disease Control and Prevention. 2015. Accessed March 25, 2016. http://www.cdc.gov/diabetes/data/index.html

²"Statistics About Diabetes." American Diabetes Association. May 18, 2015. Accessed March 25, 2016. http://www.diabetes.org/diabetes-basics/statistics/.

^{3 &}quot;Age-Adjusted Rates of Diagnosed Diabetes per 100 Civilian, Non-institutionalized Population, by Race and Sex, United States, 1980–2014." Centers for Disease Control and Prevention. 2015. Accessed March 29, 2016. http://www.cdc.gov/diabetes/statistics/prev/national/figraceethsex.htm. 5/12/2016

SoonerCare Members with Diabetes vs. Total SoonerCare Enrollment SFY2015



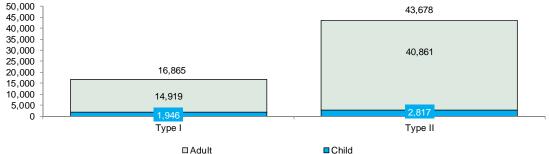
The increase in diagnosis of diabetes in SoonerCare members from SFY2014 to SFY2015 is partly due to multiple agency efforts to increase A1C testing, provider education, member outreach and increasing the number of health coaches in the SoonerCare community.

When looking at national and state trends, males normally have a higher prevalence of diabetes. Males represent only 32% of

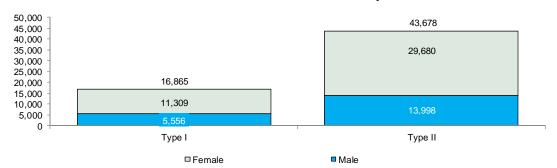
SoonerCare members with diabetes, but they represent 43% of the total SoonerCare population. As mentioned previously, one reason for this low representation of men with diabetes could be that males are three times less likely to seek medical care. However, because of the increase of African American females in the diabetic population, the number of women with diabetes is starting to rival men's prevalence. SoonerCare members' with diabetes matches national and state age trends with older individuals being most at risk for diabetes.

Breakdown of SoonerCare Members with									
Diabetes by Age Group									
0 - 20 21 - 45 46 - 65 Over 65 Total									
_ , ,				4,617					
Type II	2,817	9,996	17,008	13,857	43,678				
Total	4,763	13,679	23,627	18,474	60,543				





SoonerCare Members with Diabetes by Gender



⁴"National Survey Finds Women More Likely to See Doctor on Regular Basis than Men." News-Medical.net. 2011. Accessed March 25, 2016. http://www.news-medical.net/news/20110609/National-survey-finds-women-more-likely-to-see-doctor-on-regular-basis-than-men.aspx.

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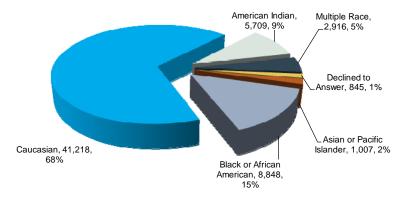
SoonerCare follows national and state trends with the Black or African Americans community having a higher representation of diabetes than they do in the overall SoonerCare population. Fifteen percent of Black or African Americans are identified as having diabetes, but Black or African Americans represent only 12% of the SoonerCare population. Females compose 68% of the Black or African American diabetes population. In all of the diabetic race categories, female representation for diabetes is higher than their comparable representation in the SoonerCare population.

American Indians have been recognized as a population that struggles with diabetes outside of SoonerCare; however, this population does not show that tendency with SoonerCare data. American Indians account for 10% of the total SoonerCare population, and account for 9% of SoonerCare population with diabetes. One possible explanation of the low representation of American Indians could be due to the flexible structure of how American Indian health care providers submit their claims. American Indians with diabetes could be under represented in this report.

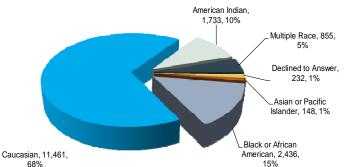
SOONERCARE MEMBERS	Female	% of Total Females	% of Total Race	Male	% of Total Males	% of Total Race	Total
Black or African							
American	69,202	12%	57%	52,684	12%	43%	121,886
American Indians	58,830	10%	56%	46,125	10%	44%	104,955
Asian or Pacific							
Islander	10,684	2%	57%	8,173	2%	43%	18,857
Caucasian	376,719	65%	57%	279,860	64%	43%	656,579
Declined to Answer	23,363	4%	57%	17,300	4%	43%	40,663
Multiple Races	43,025	7%	55%	35,394	8%	45%	78,419
Total	581,823	100%	57%	439,536	100%	43%	1,021,359

SOONERCARE MEMBERS WITH DIABETES	Female	% of Total Females	% of Total Race	Male	% of Total Males	% of Total Race	Total
Black or African							
American	6,054	15%	68%	2,794	14%	32%	8,848
American Indians	3,809	9%	67%	1,900	10%	33%	5,709
Asian or Pacific							
Islander	629	2%	62%	378	2%	38%	1,007
Caucasian	27,898	68%	68%	13,320	68%	32%	41,218
Declined to Answer	638	2%	76%	207	1%	24%	845
Multiple Races	1,961	5%	67%	955	5%	33%	2,916
Total	40,989	100%	68%	19,554	100%	32%	60,543

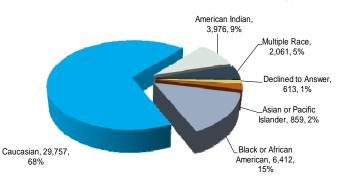
Race Breakdown for SoonerCare Members with Diabetes



Race Breakdown for SoonerCare Members with Diabetes Type I



Race Breakdown for SoonerCare Members with Diabetes Type II



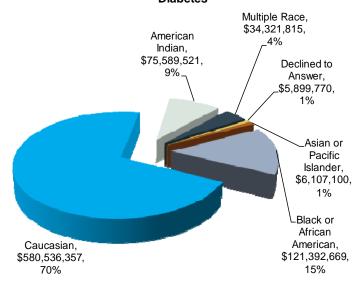
Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races.

	Reimbursement for SoonerCare Members with							
	Diabetes	by Race						
	Member	Total	Cost per					
	Count	Reimbursement	Member					
Asian or Pacific								
Islander	1,007	\$6,107,100	\$6,065					
Black or African								
American	8,848	\$121,392,669	\$13,720					
Caucasian	41,218	\$580,536,357	\$14,085					
American Indian	5,709	\$75,589,521	\$13,240					
Multiple Race	2,916	\$34,321,815	\$11,770					
Declined to Answer	845	\$5,899,770	\$6,982					
Total	60,543	\$823,847,232						

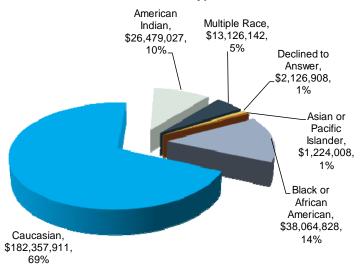
Reimbursement for SoonerCare Members with Diabetes Type I by Race								
	Member	Total	Cost per					
	Count	Reimbursement	Member					
Asian or Pacific								
Islander	148	\$1,224,008	\$8,270					
Black or African								
American	2,436	\$38,064,828	\$15,626					
Caucasian	11,461	\$182,357,911	\$15,911					
American Indian	1,733	\$26,479,027	\$15,279					
Multiple Race	855	\$13,126,142	\$15,352					
Declined to Answer	232	\$2,126,908	\$9,168					
Total	16,865	\$263,378,824						

Reimbursement for SoonerCare Members with Diabetes Type II by Race								
	Member	Total	Cost per					
	Count	Reimbursement	Member					
Asian or Pacific								
Islander	859	\$4,883,092	\$5,685					
Black or African								
American	6,412	\$83,327,840	\$12,996					
Caucasian	29,757	\$398,178,447	\$13,381					
American Indian	3,976	\$49,110,494	\$12,352					
Multiple Race	2,061	\$21,195,672	\$10,284					
Declined to Answer	613	\$3,772,862	\$6,155					
Total	43,678	\$560,468,408						

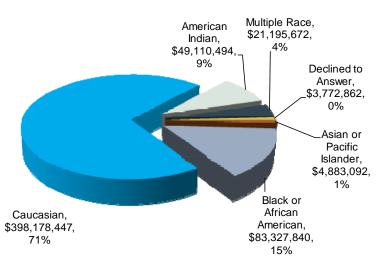
Reimbursement for SoonerCare Members with Diabetes



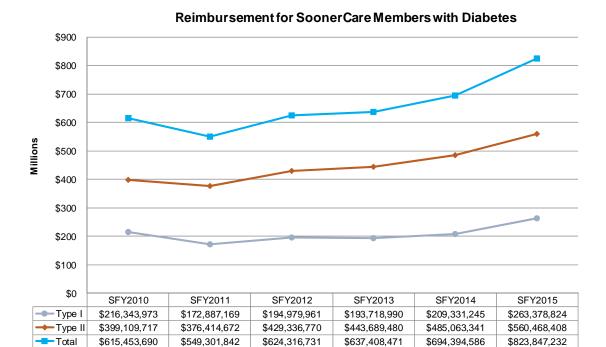
Reimbursement for SoonerCare Members with Diabetes Type I



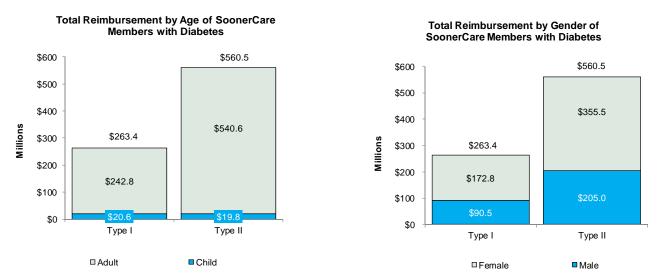
Reimbursement for SoonerCare Members with Diabetes Type II



Total

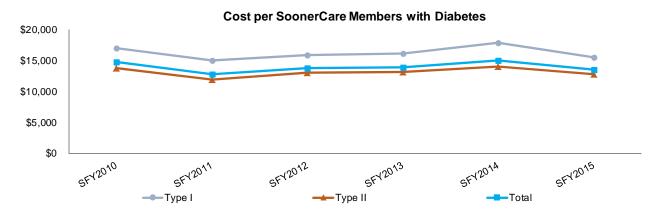


Please note that there have been various and ongoing budget cuts since 2010.



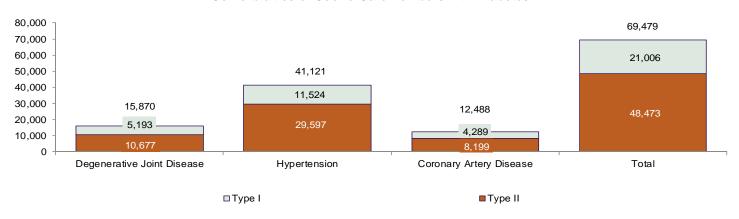
\$624,316,731

Although there are less males in the SoonerCare population identified as having diabetes, men cost more per person than females. SoonerCare males cost per member in SFY2015 was \$15,144 while females cost per person was \$12,889. Perhaps with more preventive and consistent care, the cost of males could be decreased to align with female rates.



Comorbidities occur when two chronic disease or conditions are present in a patient at the same time. It is very important when looking at a person's health to observe all the elements that affect that person's health. The majority of all Sooner-Care members also suffer from one or more comorbidity. Sixty-eight percent of members with diabetes also had hypertension, a disease that exacerbates some symptoms of diabetes. Chronic Lower Respiratory Disease (CLRD), which is normally caused by tobacco use, affected over one-third of SoonerCare members with diabetes. Due to the high rates of comorbidities in the chronic disease population, special outreach and preventive efforts should be made when someone is identified as having a chronic disease. By early detection of comorbidities, the chronic disease of interest could be potentially managed better, and therefore, reduce health complications later.

Comorbidities of SoonerCare Members with Diabetes



Notes: Members were counted if they had one or more diagnosis code with a comorbidity in SFY of reporting period. Members were only counted once unless the member had more than one type of comorbidity.

Additional Comorbodities of SoonerCare Members with Diabetes SFY2015								
Comorbidity	Member Count	Percent of Total Diabetes Population	Reimbursement	Percent of Total Diabetes Population				
Depression	6,774	11.2%	\$13,694,214	1.7%				
Heart Failure	12,002	19.8%	\$59,396,065	7.2%				
Chronic Lower Respiratory Disease	21,051	34.8%	\$63,540,900	7.7%				
Prescribed Psychostimulants - Antidepressants	10,584	17.5%	\$3,639,778	0.4%				

For a full list of diagnosis codes used please refer to appendix B. Reimbursement is for paid claims only during dates of service for the report SFY. Members were only counted once unless the member had more than one type of comorbidity.

Members with End Stage Renal Disease (ESRD) and Diabetes									
Member Count Reimbursemen									
Members with ESRD	3,521	\$71,231,648							
Members with Diabetes and ESRD	2,346	\$50,257,247							

Percent of total ESRD members with diabetes: 67%

Count and Reimbursement of SoonerCare Members Who Had an Amputation and Diabetes							
	Member	Reimbursement					
	Count	TOMBUIOM					
Members Who had an	419	\$8,643,529					
Amputation							
Members with Diabetes and	338	\$5,011,047					
Who Had an Amputation							

Percent of total members who had an amputation with diabetes: 81%

Nerve disease and poor circulation among type II diabetics are two of the primary reasons for amputation of the lower body for diabetics. As public awareness grew and medicine advanced for the treatment of diabetes, amputation numbers greatly decreased in the last decade, and with ongoing medical advancement, the number will continue to decline. Additionally, with appropriate management and medical attention when warning signs occur, amputation can be avoided the majority of the time. It should be noted that out of the 419 total amputations that took place, 247 (59%) were performed on males.

Emergency Department (ED) utilization is important to look at when evaluating the overall health of our members. High ED utilization indicates that the overall health of the member is unstable. Diabetes members show higher utilization and cost for adults with type II diabetes but a higher cost per member for adult members with type I diabetes.

Please note that the reimbursement for ED utilization in this report could be higher than other reported amounts by OHCA due to differences in methodology. This data was pulled using incurred dates rather than paid dates and includes all costs incurred on the date of the ED visit not just ED specific claims based on ED procedure and ED revenue codes. For a more detail description of the methodology used for this report, please refer to the appendix section.

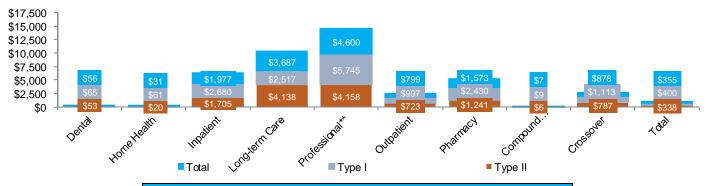
	Summary of Adult and Child Emergency Department Usage by Diabetes Type									
		СН	IILD					ADULT		
Type of Diabetes	Number of ED Visits	Total Cost	Cost per Member	Utilizing Members	Cost per Utilizing Member	Number of ED Visits	Total Cost	Cost per Member	Utilizing Members	Cost per Utilizing Member
Type I	1,850	\$1,815,178	\$933	867	\$2,094	13,744	\$23,397,128	\$1,568	3,715	\$6,298
Type II	2,912	\$1,917,251	\$681	1,236	\$1,551	27,414	\$37,936,551	\$928	8,997	\$4,217
Total	4,762	\$3,732,429	\$1,613	2,103	\$3,645	41,158	\$61,333,679	\$2,497	12,712	\$10,515

Emergency Department Reimbursement of SoonerCare Members with Total Diabetes by Claim Type									
	Type		Type II						
Claim Type	Reimbursement	Percent of ED Cost	Reimbursement	Percent of ED Cost					
Inpatient	\$15,839,414	62.8%	\$23,590,875	59.2%					
Outpatient	\$4,281,645	17.0%	\$8,065,972	20.2%					
Professional*	\$4,650,612	18.4%	\$7,700,547	19.3%					
Dental	\$3,362	0.0%	\$4,779	0.0%					
Crossover	\$16,112	0.1%	\$35,631	0.1%					
Pharmacy	\$342,002	1.4%	\$378,870	1.0%					
Long-term Care	\$65,420	0.3%	\$67,848	0.2%					
Home Health	\$13,011	0.1%	\$8,254	0.0%					
Compound Drug	\$729	0.0%	\$1,026	0.0%					
Total	\$25,212,306	100.0%	\$39,853,802	100.0%					

Emergency Department Reimbursement of SoonerCare Members with Type I Diabetes by Claim Type										
	Adult		Child							
Claim Type	Reimbursement	Percent of ED Cost	Reimbursement	Percent of ED Cost						
Inpatient	\$14,937,268	63.8%	\$902,146	49.7%						
Outpatient	\$3,880,731	16.6%	\$400,914	22.1%						
Professional*	\$4,188,089	17.9%	\$462,523	25.5%						
Dental	\$2,640	0.0%	\$721	0.0%						
Crossover	\$16,112	0.1%	\$0	0.0%						
Pharmacy	\$293,198	1.3%	\$48,804	2.7%						
Long-term Care	\$65,420	0.3%	\$0	0.0%						
Home Health	\$13,011	0.1%	\$0	0.0%						
Compound Drug	\$659	0.0%	\$69	0.0%						
Total	\$23,397,128	100.0%	\$1,815,178	100.0%						

Emergency Department Reimbursement of SoonerCare Members with Type II Diabetes by Claim Type										
	Adult		Child							
Claim Type	Reimbursement	Percent of ED Cost	Reimbursement	Percent of ED Cost						
Inpatient	\$22,801,783	60.1%	\$789,092	41.2%						
Outpatient	\$7,477,467	19.7%	\$588,505	30.7%						
Professional*	\$7,212,131	19.0%	\$488,416	25.5%						
Dental	\$3,144	0.0%	\$1,635	0.1%						
Crossover	\$35,631	0.1%	\$0	0.0%						
Pharmacy	\$329,400	0.9%	\$49,470	2.6%						
Long-term Care	\$67,848	0.2%	\$0	0.0%						
Home Health	\$8,189	0.0%	\$65	0.0%						
Compound Drug	\$959	0.0%	\$67	0.0%						
Total	\$37,936,551	100.0%	\$1,917,251	100.0%						

Average Cost per SoonerCare Member with Diabetes by Claim Type by Diabetes Type



Reimburseme	Reimbursement for SoonerCare Members with Diabetes by Claim											
Туре												
Claim Type	Reimbursement	Cost per	Utilizing	Cost per								
		Member*	Members	Utilizing Member								
Dental	\$3,403,381	\$56	8,439	\$403								
Home Health	\$1,904,741	\$31	1,972	\$966								
Inpatient	\$119,665,229	\$1,977	9,270	\$12,909								
Long-term Care	\$223,212,092	\$3,687	7,340	\$30,410								
Professional**	\$278,496,108	\$4,600	45,221	\$6,159								
Outpatient	\$48,389,497	\$799	25,016	\$1,934								
Pharmacy	\$95,207,764	\$1,573	28,552	\$3,335								
Compound Drug	\$398,008	\$7	977	\$407								
Crossover	\$53,170,411	\$878	31,635	\$1,681								
Total	\$823,847,232	\$355										

Reimburseme	Reimbursement for SoonerCare Members with Diabetes Type Tby											
Claim Type												
Claim Type	Reimbursement	Cost per	Utilizing	Cost per								
		Member*	Members	Utilizing Member								
Dental	\$1,093,125	\$65	2,625	\$416								
Home Health	\$1,029,853	\$61	986	\$1,044								
Inpatient	\$45,194,729	\$2,680	3,139	\$14,398								
Long-term Care	\$42,454,293	\$2,517	1,513	\$28,060								
Professional**	\$96,881,961	\$5,745	13,931	\$6,954								
Outpatient	\$16,815,755	\$997	7,202	\$2,335								
Pharmacy	\$40,987,521	\$2,430	8,253	\$4,966								
Compound Drug	\$144,671	\$9	348	\$416								
Crossover	\$18,776,917	\$1,113	8,704	\$2,157								
Total	\$263,378,824	\$400										

Reimburseme	Reimbursement for SoonerCare Members with Diabetes Type II by Claim Type											
Claim Type	Reimbursement	Cost per	Utilizing	Cost per								
		Member*	Members	Utilizing Member								
Dental	\$2,310,257	\$53	5,814	\$397								
Home Health	\$874,889	\$20	986	\$887								
Inpatient	\$74,470,499	\$1,705	6,131	\$12,147								
Long-term Care	\$180,757,799	\$4,138	5,827	\$31,021								
Professional**	\$181,614,147	\$4,158	31,290	\$5,804								
Outpatient	\$31,573,743	\$723	17,814	\$1,772								
Pharmacy	\$54,220,243	\$1,241	20,299	\$2,671								
Compound Drug	\$253,337	\$6	629	\$403								
Crossover	\$34,393,494	\$787	22,931	\$1,500								
Total	\$560,468,408	\$338										

^{*}Cost per member uses the total number of members in the group of interest whether or not they utilized a service. Cost per utilizing member only includes the members in the group of interest who actually utilized a service.

^{**}Professional claim is a CMS1500 claim type.

Total Reimbursement for SoonerCare Members with									
D	iabetes by Prod	edure Cod	е						
Procedure Code	Reimbursement	Utilizing	Cost per Utilizing						
		Members	Member						
Alcohol	\$21,519,595	9,221	\$2,334						
Substance Abuse									
Anesthesia	\$4,090,268	7,762	\$527						
DME	\$5,270,828	7,502	\$703						
Dental	\$3,380,525	8,406	\$402						
Emergency	\$5,022,801	14,815	\$339						
Injectable	\$2,408,836	5,096	\$473						
Medicine	\$6,260,768	19,219	\$326						
Observation/	\$27,281,797	26,933	\$1,013						
Evaluation									
Other*	\$164,376,280	26,186	\$6,277						
Parenteral	\$472,740	143	\$3,306						
Pathology	\$8,490,480	22,872	\$371						
Radiology	\$5,094,037	19,744	\$258						
Surgery	\$17,147,840	16,071	\$1,067						
Transportation and	\$10,784,963	22,692	\$475						
Supplies									
Vision	\$297,268	1,734	\$171						
Total	\$281,899,027		_						

Total Reimbursement for SoonerCare Members with Diabetes Type I by Procedure Code									
Procedure Code	Reimbursement	Utilizing Members	Cost per Utilizing Member						
Alcohol	\$6,750,202	2,801	\$2,410						
Substance Abuse									
Anesthesia	\$1,304,796	2,371	\$550						
DME	\$1,874,955	2,933	\$639						
Dental	\$1,086,778	2,617	\$415						
Emergency	\$1,766,540	4,582	\$386						
Injectable	\$465,257	1,515	\$307 \$366						
Medicine	\$2,165,783	5,916							
Observation/	\$9,888,601	7,798	\$1,268						
Evaluation									
Other*	\$57,633,382	8,591	\$6,709						
Parenteral	\$206,404	53	\$3,894						
Pathology	\$2,577,053	6,834	\$377						
Radiology	\$1,524,498	5,768	\$264						
Surgery	\$5,647,682	4,650	\$1,215						
Transportation and	\$4,966,416	8,584	\$579						
Supplies									
Vision	\$116,665	705	\$165						
Total	\$97,975,014								

Total Reimbursement for SoonerCare Members with								
Diabe	etes Type II by F	Procedure (Code					
Procedure Code	Reimbursement	Utilizing	Cost per Utilizing					
		Members	Member					
Alcohol	\$14,769,393	6,420	\$2,301					
Substance Abuse								
Anesthesia	\$2,785,472	5,391	\$517					
DME	\$3,395,873	4,569	\$743					
Dental	\$2,293,747	5,789	\$396					
Emergency	\$3,256,261	10,233	\$318					
Injectable	\$1,943,579	3,581	\$543					
Medicine	\$4,094,985	13,303	\$308					
Observation/	\$17,393,196	19,135	\$909					
Evaluation								
Other*	\$106,742,898	17,595	\$6,067					
Parenteral	\$266,336	90	\$2,959					
Pathology	\$5,913,427	16,038	\$369					
Radiology	\$3,569,539	13,976	\$255					
Surgery	\$11,500,158	11,421	\$1,007					
Transportation and	\$5,818,547	14,108	\$412					
Supplies								
Vision	\$180,603	1,029	\$176					
Total	\$183,924,013							

^{*}The category of "other" includes all procedure codes that start with the letter C (device categories, new technology procedure and drugs, biologicals and radiopharmaceuticals that do not have other HCPCS codes assigned), G (professional health care procedures and services that would otherwise be coded in CPT, but for which there are no CPT codes), M, (office visits, cellular therapy, prolotherapy, intragastric hypothermia, IV chelation therapy, and fabric wrapping of an abdominal aneurysm) Q, S, T, W (temporary codes to pay health care providers for which no permanent code has been assigned).

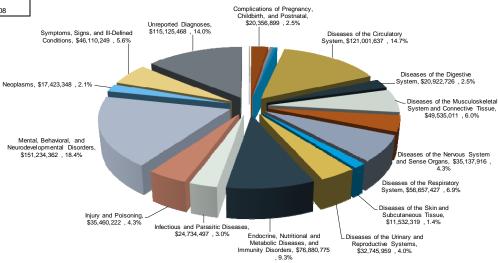
	Reimbursement for SoonerCare Members with Diabetes by Top Diagnosis Groups (SFY2015)										
		Chi	ild				Adul	t			
Rank	Diagnosis Group	Total Reimbursement	Percent of Reimbursement	Utilizing Members	Percent Utilizing	Diagnosis Category	Total Reimbursement	Percent of Reimbursement	Utilizing Members	Percent Utilizing	
1	No Diagnosis Reported	\$13,622,057	33.7%	4,517	94.8%	No Diagnosis Reported	\$100,731,467	12.9%	27,530	49.4%	
2	Mood disorders	\$2,656,328	6.6%	604	12.7%	Developmental disorders	\$63,074,979	8.1%	1,280	2.3%	
-	Diabetes mellitus with complications	\$1,827,214	4.5%	1,164	24.4%	Diabetes mellitus without complication	\$40,381,614	5.2%	35,696	64.0%	
	Developmental disorders	\$1,100,791	2.7%	162	3.4%	Delirium; dementia; and amnestic and other cognitive disorders	\$30,623,033	3.9%	3,320	6.0%	
5	Diabetes mellitus without complication	\$935,503	2.3%	1,746	36.7%	Essential hypertension	\$26,396,960	3.4%	20,017	35.9%	
6	Attention-deficit;	\$869,022	2.1%	569	11.9%	Diabetes mellitus with	\$23,573,044	3.0%	21,730	39.0%	
7	Adjustment disorders	\$812,970	2.0%	439	9.2%	Chronic obstructive pulmonary disease and bronchiectasis	\$22,774,834	2.9%	12,037	21.6%	
	Complication of device; implant or graft	\$798,684	2.0%	39	0.8%	Mood disorders	\$22,391,938	2.9%	11,581	20.8%	
	Other nutritional; endocrine; and metabolic disorders	\$773,391	1.9%	802	16.8%	Congestive heart failure; nonhypertensive	\$20,932,439	2.7%	7,186	12.9%	
	Normal pregnancy and;or delivery	\$570,221	1.4%	485	10.2%	Septicemia (except in labor)	\$20,137,938	2.6%	2,989	5.4%	

	Reimbursement for SoonerCare Members with Diabetes Type I by Top Diagnosis Groups (SFY2015)										
		Chi	Adult								
Rank	Diagnosis Group	Total Reimbursement	Percent of	Utilizing	Percent	Diagnosis Category	Total	Percent of	Utilizing	Percent	
			Reimbursement	Members	Utilizing		Reimbursement	Reimbursement	Members	Utilizing	
1	No Diagnosis Reported	\$9,045,655	43.9%	1,873	96.2%	No Diagnosis Reported	\$35,740,242	15%	7,241	48.5%	
	Diabetes mellitus with complications	\$1,770,420	8.6%	997	51.2%	Diabetes mellitus with complications	\$15,676,890	6%	9,615	64.4%	
3	Mood disorders	\$866,961	4.2%	210	10.8%	Diabetes mellitus without complication	\$13,856,717	6%	11,057	74.1%	
4	Diabetes mellitus without complication	\$794,977	3.9%	1,109	57.0%	Developmental disorders	\$10,953,254	5%	234	1.6%	
5	Complication of device;	\$415,967	2.0%	20	1.0%	Septicemia (except in labor)	\$7,950,750	3%	1,073	7.2%	
-	Maintenance chemotherapy; radiotherapy	\$341,763	1.7%	7	0.4%	Chronic obstructive pulmonary disease and bronchiectasis	\$7,009,429	3%	3,929	26.3%	
7	Adjustment disorders	\$324,501	1.6%	194	10.0%	Delirium; dementia; and amnestic and other cognitive	\$6,843,605	3%	906	6.1%	
8	Attention-deficit; conduct; and disruptive behavior disorders	\$302,477	1.5%	213	10.9%	Mood disorders	\$6,421,887	3%	3,298	22.1%	
9	Developmental disorders	\$230,802	1.1%	61	3.1%	Osteoarthritis	\$6,313,081	3%	3,290	22.1%	
10	Anxiety disorders	\$191,795	0.9%	123	6.3%	Congestive heart failure; nonhypertensive	\$5,561,573	2%	2,648	17.7%	

	Reimbursement for SoonerCare Members with Diabetes Type II by Top Diagnosis Groups (SFY2015)										
	Child					Adult					
Rank	Diagnosis Group	Total Reimbursement	Percent of	Utilizing	Percent	Diagnosis Category	Total	Percent of	Utilizing	Percent	
			Reimbursement	Members	Utilizing		Reimbursement	Reimbursement	Members	Utilizing	
1	No Diagnosis Reported	\$4,576,402	23.1%	2,644	93.9%	No Diagnosis Reported	\$64,991,225	12.0%	20,289	49.7%	
2	Mood disorders	\$1,789,368	9.0%	394	14.0%	Developmental disorders	\$52,121,725	9.6%	1,046	2.6%	
	Developmental disorders	\$869,989	4.4%	101	3.6%	Diabetes mellitus without complication	\$26,524,898	4.9%	24,639	60.3%	
	Other nutritional; endocrine; and metabolic disorders	\$608,151	3.1%	557	19.8%	Delirium; dementia; and amnestic and other cognitive disorders	\$23,779,428	4.4%	2,414	5.9%	
	Attention-deficit; conduct; and disruptive behavior disorders	\$566,544	2.9%	356	12.6%	Essential hypertension	\$20,843,621	3.9%	14,423	35.3%	
6	Adjustment disorders	\$488,469	2.5%	245	8.7%	Mood disorders	\$15,970,050	3.0%	8,283	20.3%	
7	Paralysis	\$454,935	2.3%	17	0.6%	Chronic obstructive	\$15,765,405	2.9%	8,108	19.8%	
	Normal pregnancy and;or delivery	\$407,727	2.1%	354	12.6%	Congestive heart failure; nonhypertensive	\$15,370,866	2.8%	4,538	11.1%	
9	Liveborn	\$401,628	2.0%	65	2.3%	Acute cerebrovascular disease	\$14,789,777	2.7%	2,350	5.8%	
	Complication of device; implant or graft	\$382,717	1.9%	19	0.7%	Schizophrenia and other psychotic disorders	\$13,383,298	2.5%	3,049	7.5%	

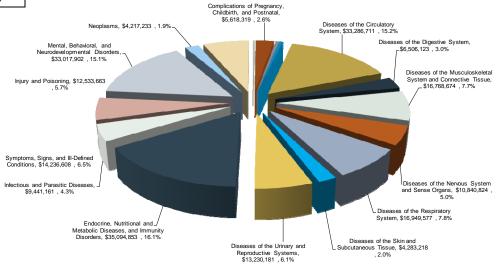
Reimbursement by Body System for SoonerCare Members with Diabetes				
	Total			
Total Cost	Child \$40,429,522	Adult \$783,417,710	\$823,847,232	
Avg. Cost per Member	\$8,488	\$14,045	\$13,608	

Reimbursement for SoonerCare Members with Diabetes by Body System



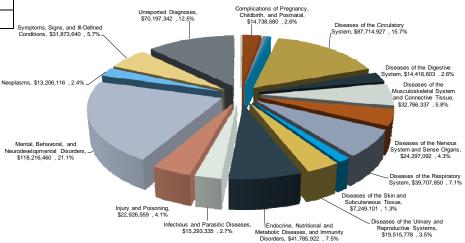
Reimbursement by Body System for SoonerCare Members with Diabetes Type I Child Adult Total Total Cost \$20,603,718 \$242,775,106 \$263,378,824 Avg. Cost per Member \$10,588 \$16,273 \$15,617

Reimbursement for SoonerCare Members with Diabetes Type I by Body System



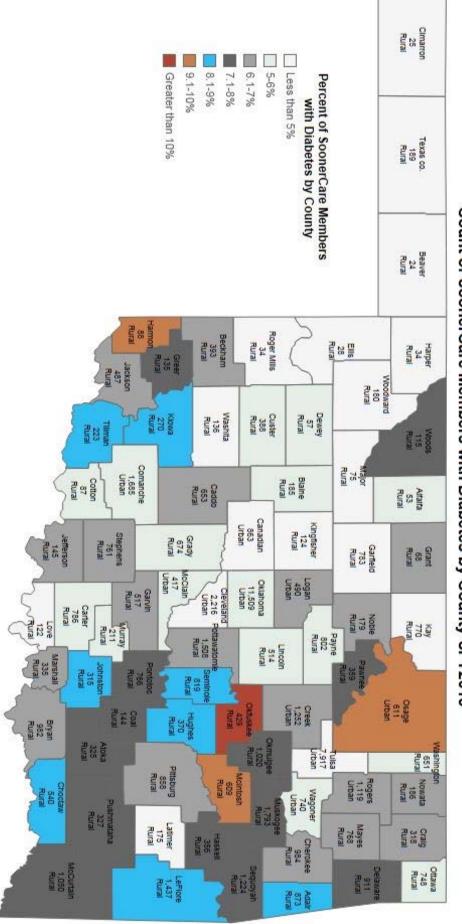
Reimbursement by Body System for SoonerCare Members with Diabetes Type II				
	Child	Adult	Total	
Total Cost	\$19,825,804	\$540,642,604	\$560,468,408	
Avg. Cost per Member	\$7,038	\$13,231	\$12,832	

Reimbursement for SoonerCare Members with Diabetes Type II by Body System



Oklahoma HealthCare Authority

Count of SoonerCare Members with Diabetes by County SFY2015



Appendix A – Methodology

Listed below is the methodology used to identify the data in this report.

- 1. IDs were pulled from OHCA's Medicaid Management Information System (MMIS).
 - Only valid IDs with a paid claim using a diabetes diagnosis code (refer to appendix B for the list of diagnosis codes) were used.
 - The Department of Mental Health (DMH) uses OHCA's MMIS system to process claims. OHCA does not pay
 for these claims, and therefore these claims were excluded from this report.
 - Paid claims were based on dates of service (7/1/2014-6/30/2015).
- 2. Once the SoonerCare members with diabetes were identified, their IDs were used to pull all of their paid claims—not just claims related to diabetes.
 - Only paid claims were included.
 - Paid claims had to incur between the dates of service of 7/1/2014-6/30/2015 and had to be paid on or after 7/1/2014.
 - DMH claims were excluded.
 - By pulling the IDs and then pulling their claims, all claims type were captured in the data (e.g., pharmacy and compound drug claim types).
- 3. The claim data was then ran through a PERL analysis script.
 - PERL uses a hierarchy method to categorize members into one diabetic group (i.e., type I or type II). Meaning that if a person has type I diabetes and type II, they will only be counted in the type I category.

Appendix B - Codes Used

Comorbidities Diagnosis Codes

Chronic Lower Respiratory Disease: 490, 4910, 4911, 4918, 4919, 4920, 4928, 49122, 49321, 49121, 49322, 49120, 49320, 496, 49300, 49310, 49302, 49312, 49301, 49311, 49392, 49391, 49390, 49381, 49382, 49390, 4941, 4940

Coronary Artery Disease: 41400-41490

Degenerative Joint Disease: 71500-71598

Depression: 2962-29626 and 2963-29636

End Stage Renal Disease: 585.6

Heart Failure: 428.0-428.9 Hypertension: 40100-40190

Diabetes Diagnosis Codes

Type I:25001, 25003, 25011, 25013, 25021, 25023, 2503, 25031, 25033, 25041, 25043, 25051, 25053, 25061, 25063, 25071, 25073, 25081, 25083, 25091, 25093, 3572, 5881

Type II: 249, 2490, 24900, 24901, 2491, 24910, 24911, 2492, 24920, 24921, 2493, 24930, 24931, 2494,24940, 24941, 2495, 24950, 24951, 2496, 24960, 24961, 2497, 24970, 24971, 2498, 24980, 24981, 2499, 24990, 24991, 250, 2500, 2501, 2502, 2504, 2505, 2506, 2507, 2508, 2509, 25000, 25002, 25010, 25012, 25020, 25022, 25030, 25032, 25040, 25042, 25050, 25052, 25060, 25062, 25070, 25072, 25080, 25082, 25090, 25092

Other

Amputation: Procedure codes 84.10-84.19

Prescribed Psychostimulants - Antidepressants: State Therapeutic Class Code 11