

OHCA SFY 2019 ANNUAL REPORT APPENDIX

Table of Contents

1. FMAP	
2. Administration Cost by Agency	2
3. OHCA Administration Cost	
4. Revenue Sources	4
5. Federal – State Share	
6. Expenditures by Source	5
7. Enrollees, Served and Expenditures	8
8. Enrollees and Expenditures by Age	9
9. Expenditures and Served by Benefit Plan	10
10. Top 20 Expenditures by Category of Service	
I I. Enrollment by Age	
12. Enrollment by Race	13
13. Enrollees by Qualifying Group	14
14. Expenditures by Qualifying Group	15
15. OHCA Expenditure History	16
16. OHCA Figures by County	17
17. Expenditures by Type of Service by Aid Category	20
18. Expenditures by Type of Service Percent of Change	23
19. Expenditures by Adult and Children	
20. Expenditures by Type of Service by Benefit Type	30
21. Expenditures by Type of Service by Aid Category by Children Under 21	
22. Expenditures for Home and Community-Based Waivers	
23. Expenditures for Behavioral Health Services	37
24. Long-Term Care	
25. SoonerExcel Incentive Program	
26. Hospital Expenditures by Type	41
27. OHCA Provider Network	42

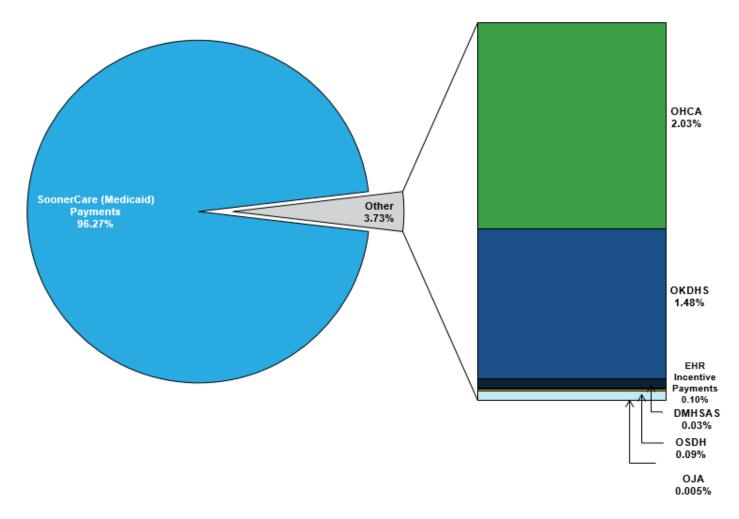
I. FMAP



The Federal Medical Assistance Percentage rates in this chart reflect the rates as they are calculated annually pursuant to Sections 1905(b) and 1101(a)(8)(B) of the Social Security Act. They do not reflect any adjustments made as the result of quarterly, annual or periodic recalculations resulting from the American Recovery and Reinvestment Act of 2009 or the Children's Health Insurance Program Reauthorization Act of 2009. Section 2101(a) of the Affordable Care Act amended section 2105(b) of the Social Security Act to increase the enhanced FMAP for states by 23 percentage points in CHIP, but not to exceed 100%, for the federal fiscal period that began on Oct. 1, 2015, and ended on Sept. 30, 2019.

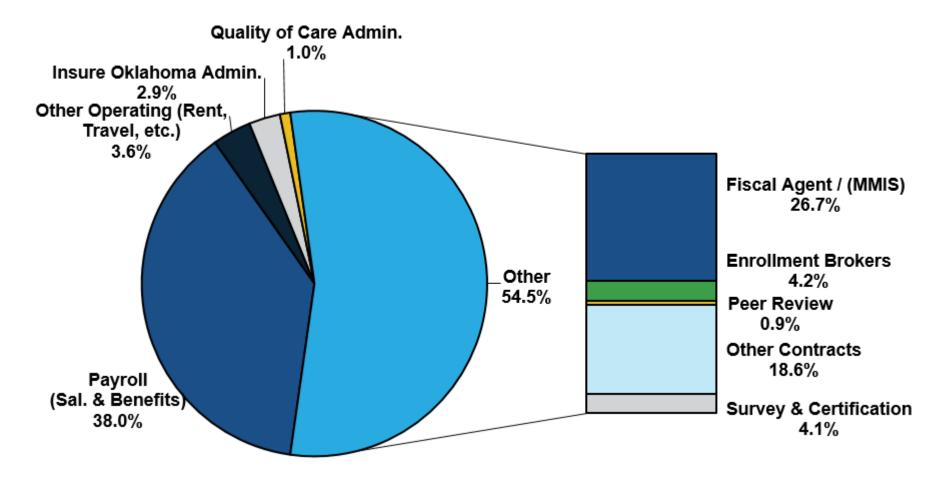
For every \$1 in state dollars spent, Oklahoma receives \$1.66 in federal dollars.

2. Administration Cost by Agency



The administrative cost is divided among the Oklahoma Health Care Authority, Oklahoma Department of Human Services, Electronic Health Record incentive payments, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Health and Office of Juvenile Affairs.

3. OHCA Administration Cost



Insure Oklahoma Admin and Quality of Care Admin include their contract costs. MMIS is the Medicaid Management Information System.

4. Revenue Sources

Revenue Source	Actual Revenues
State Appropriations	\$1,126,465,946
Federal Funds—OHCA	\$2,426,278,724
Federal Funds for Other State Agencies	\$848,430,682
Refunds from Other State Agencies	\$564,257,398
Tobacco Tax Funds	\$88,020,379
Drug Rebate	\$364,019,737
Medical Refunds	\$41,641,433
Quality of Care Fees	\$78,190,927
SHOPP Assessment Fees	\$210,565,236
Prior Year Carryover	\$19,091,033
Other Revenue	\$17,294,750
Total Revenue	\$5,784,256,246

Source: OHCA Financial Services Division, 2019. 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. SHOPP is the Supplemental Hospital Offset Payment Program.

5. Federal - State Share

Federal Fiscal Year	Т	otal Expenditures	F	ederal Share	0	Other Revenue		State Share- OHCA		State Share- Other Agencies
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
2013	\$	4,974,580,067	\$	3,024,867,483	\$	577,749,094	\$	906,983,007	\$	464,980,484
2014	\$	5,229,376,869	\$	3,267,139,805	\$	444,857,405	\$	946,812,805	\$	570,566,854
2015	\$	5,116,208,204	\$	3,052,334,755	\$	666,527,145	\$	902,948,977	\$	494,397,327
2016	\$	5,118,089,773	\$	2,977,533,696	\$	449,692,375	\$	1,101,785,174	\$	589,078,528
2017	\$	5,292,148,089	\$	3,076,929,283	\$	435,083,205	\$	1,197,368,765	\$	582,766,836
2018	\$	5,249,845,451	\$	3,052,820,094	\$	317,852,841	\$	1,266,940,277	\$	612,232,239
2019	\$	5,470,272,539	\$	3,274,709,406	\$	504,839,789	\$	1,126,465,946	\$	564,257,398

Source: OHCA Financial Services Division, 2019. Federal fiscal years are between Oct. I and Sept. 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.

6. Expenditures by Source

Total	Health Care Authority	Other State Agencies	Quality of Care Fund	Health Employee & Economy Improvement Act	Supplemental Hospital Offset Payment Program Fund	BCC (Oklahoma Cares) Revolving Fund
\$145,195,678	\$0	\$145,195,678	\$0	\$0	\$0	\$0
\$6,256,675	\$6,081,257	\$0	\$0	\$165,737	\$0	\$9,681
\$2,685,664	\$0	\$2,685,664	\$0	\$0	\$0	\$0
\$64,343,368	\$0	\$64,343,368				
\$229,288,507	\$0	\$229,288,507	\$0	\$0	\$0	\$102,867
\$40,142,319	\$0	\$40,142,319	\$0	\$0	\$0	\$0
\$53,019,239	\$9,004,508	\$27,236,459	\$0	\$441,846	\$16,336,426	\$0
\$16,627,732	\$0	\$16,627,732	\$0	\$0	\$0	\$0
\$44,914,688	\$0	\$44,914,688	\$0	\$0	\$0	\$0
\$10,163,981	\$8,506,332	\$0	\$0	\$0	\$1,657,648	\$0
\$250,953,167	\$242,213,308	\$6,700,138	\$0	\$1,770,507	\$0	\$269,213
\$283,240,862	\$282,794,114	\$0	\$446,748	\$0	\$0	\$0
\$129,670,417	\$129,611,023	\$0	\$0	\$46,578	\$0	\$12,817
\$5,508,088	\$5,508,088	\$0	\$0	\$0	\$0	\$0
\$4,180,052	\$0	\$4,180,052	\$0	\$0	\$0	\$0
	\$145,195,678 \$6,256,675 \$2,685,664 \$64,343,368 \$229,288,507 \$40,142,319 \$53,019,239 \$16,627,732 \$44,914,688 \$10,163,981 \$250,953,167 \$283,240,862 \$129,670,417 \$5,508,088	Total Authority \$145,195,678 \$0 \$6,256,675 \$6,081,257 \$2,685,664 \$0 \$64,343,368 \$0 \$229,288,507 \$0 \$40,142,319 \$0 \$53,019,239 \$9,004,508 \$16,627,732 \$0 \$44,914,688 \$0 \$10,163,981 \$8,506,332 \$250,953,167 \$242,213,308 \$283,240,862 \$282,794,114 \$129,670,417 \$129,611,023 \$5,508,088 \$5,508,088	Total Authority Agencies \$145,195,678 \$0 \$145,195,678 \$6,256,675 \$6,081,257 \$0 \$2,685,664 \$0 \$2,685,664 \$64,343,368 \$0 \$64,343,368 \$229,288,507 \$0 \$229,288,507 \$40,142,319 \$0 \$40,142,319 \$53,019,239 \$9,004,508 \$27,236,459 \$16,627,732 \$0 \$16,627,732 \$44,914,688 \$0 \$44,914,688 \$10,163,981 \$8,506,332 \$0 \$250,953,167 \$242,213,308 \$6,700,138 \$283,240,862 \$282,794,114 \$0 \$129,670,417 \$129,611,023 \$0 \$5,508,088 \$5,508,088 \$0	Total Authority Agencies Care Fund \$145,195,678 \$0 \$145,195,678 \$0 \$6,256,675 \$6,081,257 \$0 \$0 \$2,685,664 \$0 \$2,685,664 \$0 \$64,343,368 \$0 \$64,343,368 \$0 \$229,288,507 \$0 \$229,288,507 \$0 \$40,142,319 \$0 \$40,142,319 \$0 \$53,019,239 \$9,004,508 \$27,236,459 \$0 \$16,627,732 \$0 \$16,627,732 \$0 \$44,914,688 \$0 \$44,914,688 \$0 \$10,163,981 \$8,506,332 \$0 \$0 \$250,953,167 \$242,213,308 \$6,700,138 \$0 \$283,240,862 \$282,794,114 \$0 \$446,748 \$129,670,417 \$129,611,023 \$0 \$0 \$5,508,088 \$5,508,088 \$0 \$0	Health Care Authority	Health Care

6. Expenditures by Source (Cont.)

Category of Service	Total	Health Care Authority	Other State Agencies	Quality of Care Fund	Health Employee & Economy Improvement Act	Supplemental Hospital Offset Payment Program Fund	BCC (Oklahoma Cares) Revolving Fund
Home and							
Community Based Waiver	#040.040.400	Φ0	#040.040.400	Φ0	Φ0	# 0	Φ0
Home Health Care	\$210,043,188	\$0	\$210,043,188	\$0	\$0	\$0	\$0
Homeward Bound	\$24,480,789	\$24,459,366	\$0	\$0	\$12,193	\$0	\$9,231
Waiver	\$78,548,143	\$0	\$78,548,143	\$0	\$0	\$0	\$0
ICF/IID Private	\$64,073,757	\$52,425,655	\$0	\$11,648,102	\$0	\$0	\$0
ICF/IID Public	\$13,899,670	\$0	\$13,899,670	\$11,040,102	\$0 \$0	\$0	\$0
IME/DME/GME	\$114,539,305	\$0	\$114,539,305	\$0 \$0	\$0	\$0	\$0
In-Home Support	φ114,339,303	ΨΟ	\$114,559,505	φυ	φυ	φυ	ΨΟ
Waiver	\$24,467,157	\$0	\$24,467,157	\$0	\$0	\$0	\$0
Inpatient Acute	+= 1,101,101	•	4 = 1, 101, 101	•			••
Care	\$1,134,228,611	\$619,635,991	\$155,663,914	\$486,687	\$3,334,980	\$354,121,348	\$985,691
Lab & Radiology	\$26,443,773	\$25,473,362	\$0	\$0	\$746,128	\$0	\$224,283
Medical Supplies	\$54,385,608	\$51,408,998	\$0	\$2,711,532	\$231,112	\$0	\$33,966
Mid Level							
Practitioners	\$2,164,334	\$2,154,195	\$0	\$0	\$9,660	\$0	\$479
Miscellaneous	^ 4-4 4-0	*	•	•	•	•	***
Medical Payments Money Follows the	\$151,478	\$141,638	\$0	\$0	\$0	\$0	\$9,841
Person	\$323,919	\$323,919	\$0	\$0	\$0	\$0	\$0
Nursing Facilities	\$566,671,273	\$346,546,844	\$0	\$220,123,338	\$0	\$0	\$1,091
Other Practitioners	\$50,012,750	\$48,942,004	\$0	\$446,364	\$511,520	\$0	\$112,862
Outpatient Acute	+ + + + + + + + + + + + + + + + + + + 	¥ 10,0 1 <u>—</u> ,000 1		4110,001	7011,020		7
Care	\$446,024,607	\$335,040,932	\$0	\$41,604	\$4,293,006	\$100,975,425	\$5,673,639
Personal Care							
Services	\$10,572,463	\$0	\$10,572,463	\$0	\$0	\$0	\$0
Physicians	\$459,313,889	\$387,116,100	\$63,167,750	\$58,101	\$5,048,555	\$0	\$3,923,382

6. Expenditures by Source (Cont.)

Category of Service	Total	Health Care Authority	Other State Agencies	Quality of Care Fund	Health Employee & Economy Improvement Act	Supplemental Hospital Offset Payment Program Fund	BCC (Oklahoma Cares) Revolving Fund
Premium	lotai	Additionity	Agencies	Car e i unu	Act	1 1 Ogram 1 und	i una
Assistance*	\$57,924,895	\$0	\$0	\$0	\$57,924,895	\$0	\$0
Prescription Drugs	\$648,177,634	\$630,575,472	\$0	\$0	\$14,831,005	\$0	\$2,771,158
Residential Behavioral Management	\$11,850,790	\$0	\$11,850,790	\$0	\$0	\$0	\$0
SoonerCare Choice	\$39,451,703	\$39,351,995	\$0	\$0	\$89,733	\$0	\$9,976
Targeted Case Management	\$72,903,433	\$0	\$72,903,433	\$0	\$0	\$0	\$0
Telligen	\$9,910,738	\$9,910,738	\$0	\$0	\$0	\$0	\$0
Therapeutic Foster Care	\$18,696	\$18,696	\$0	\$0	\$0	\$0	\$0
Transportation	\$69,007,589	\$66,211,067	\$0	\$2,541,124	\$114,867	\$0	\$140,531
Total	\$5,475,780,627	\$3,323,455,602	\$1,336,970,416	\$238,503,599	\$89,572,322	\$473,090,847	\$14,290,707

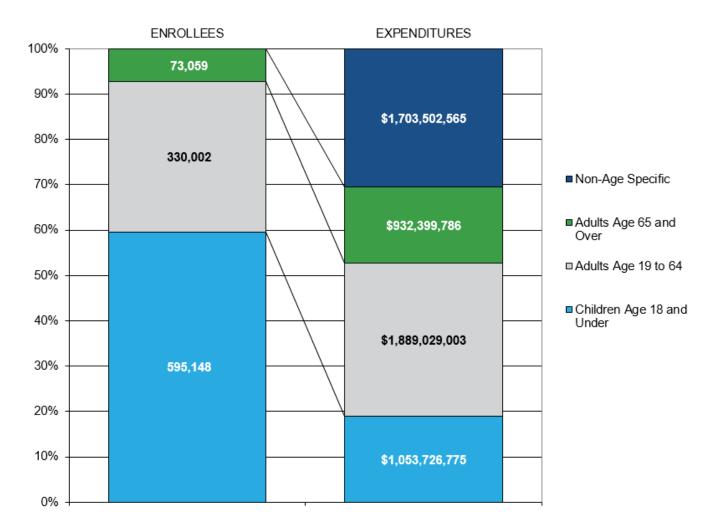
Source: OHCA Financial Services Division, 2019. Financial statement data represents actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. The Medicaid Program fund, the Health Employee and Economy Improvement Act Revolving Fund and the Breast and Cervical Cancer (Oklahoma Cares) Revolving Fund are all funded by tobacco tax collections. *HEEIA Revolving Fund includes \$57,469,103 paid out of Fund 245.

7. Enrollees, Served and Expenditures



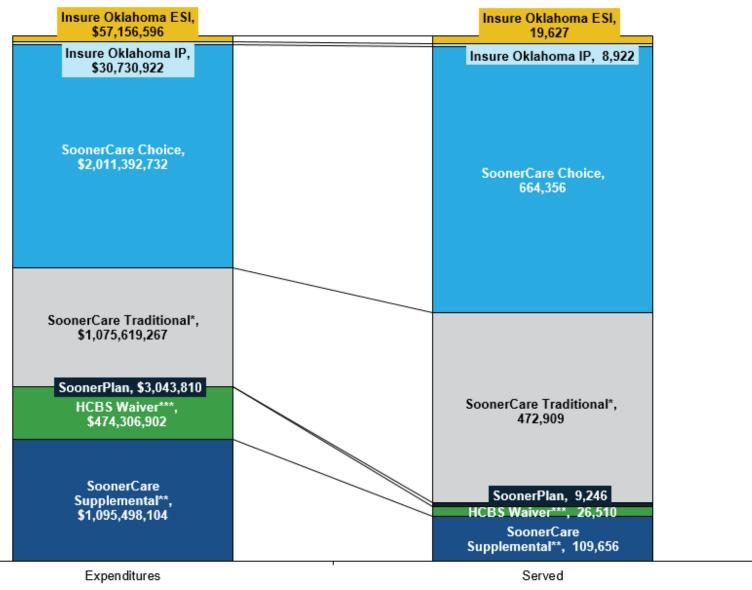
Expenditures are in billions.

8. Enrollees and Expenditures by Age



Non-age specific payments include \$473,105,846 in SHOPP payments; \$237,120,762 in Hospital Supplemental payments (includes Hospital Supplemental Payments, DSH, GME and IME); \$39,210,205 in Outpatient Behavioral Health Supplemental payments; \$2,946,344 in SoonerExcel payments; \$5,408,202 in EHR incentive payments; \$76,064,780 in GME payments to medical schools; \$110,044,319 in GME Pass-Through Payments to Medical Schools; and \$105,813.615 in non-member specific provider adjustments. \$175,527,520 in Medicare Part A & B (Buy-In) payments and \$107,713,341 in Medicare Part D (clawback) payments are included in Ages 65 and over.

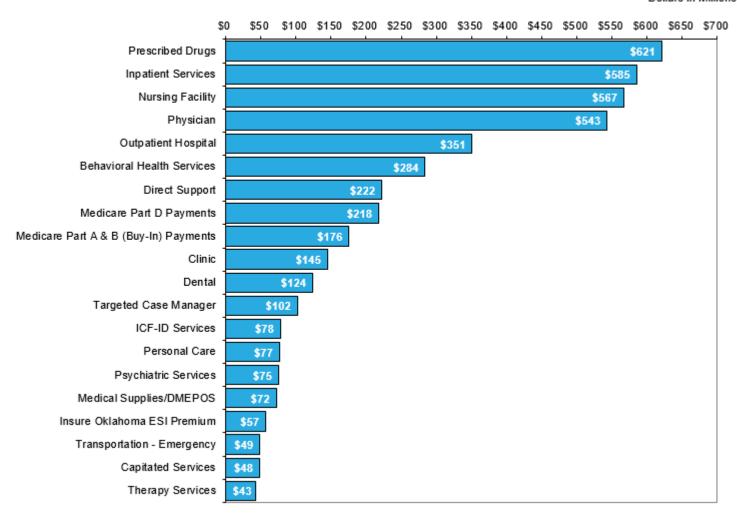
9. Expenditures and Served by Benefit Plan



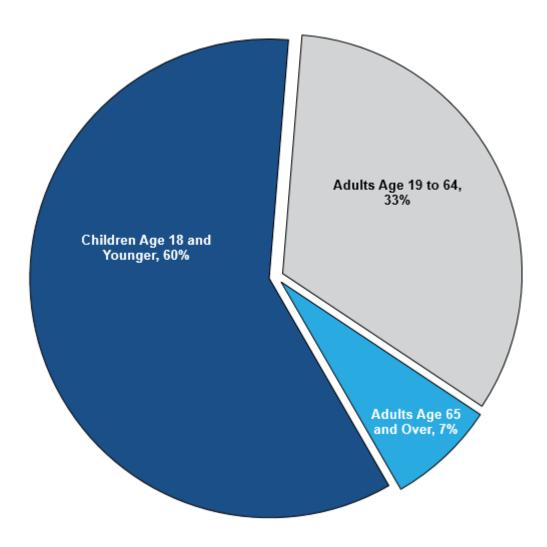
Excludes non-member specific payments. Choice members are enrolled and served under Traditional until their Choice becomes effective. Therefore, members may be counted in both categories. Supplemental and Home and Community-Based Services waiver served members may also be included in the Traditional counts. HCBS Waiver expenditures are for all services to waiver members, including services not paid with waiver funds.

10. Top 20 Expenditures by Category of Service



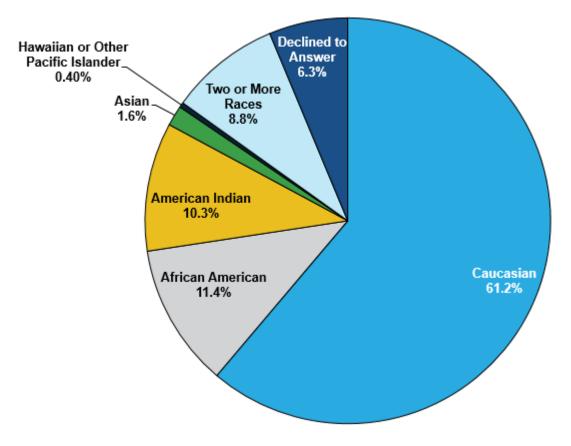


II. Enrollment by Age



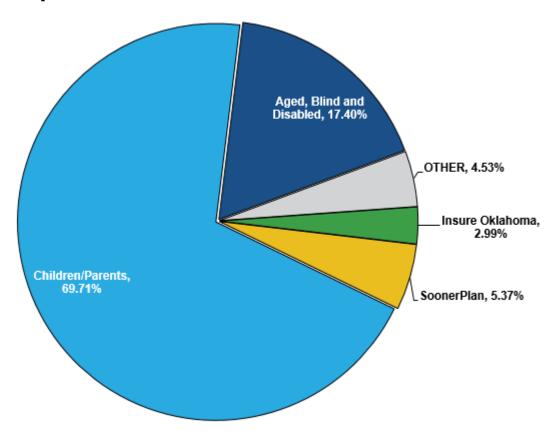
Enrollment includes Insure Oklahoma.

12. Enrollment by Race



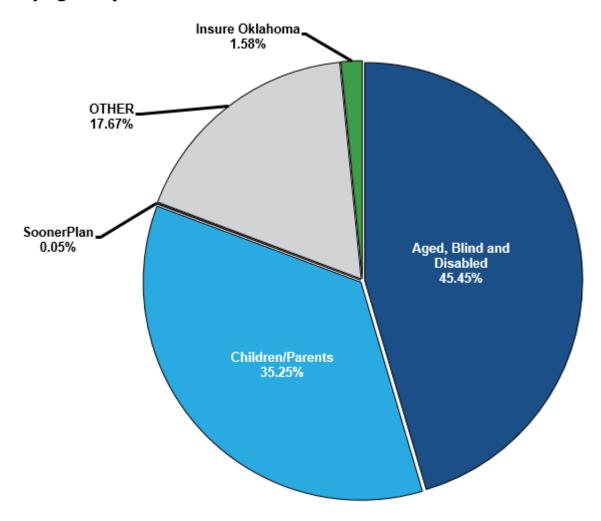
Total Enrolled SFY 2019 – 998,209 (Hispanic or Latino Ethnicity = 172,653). The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment. Includes Insure Oklahoma.

13. Enrollees by Qualifying Group



Children/Parents includes Child Custody and Oklahoma Cares (Breast and Cervical Cancer). Other enrollees includes: Refugees, Phenylketonuria, Qualifying Individual Group One, Service Limited Medicare Beneficiaries; Developmental Disabilities Services Division; Soon-to-be-Sooners; and Tuberculosis members. Aged, Blind or Disabled includes Tax Equity & Financial Responsibility Act enrollees.

14. Expenditures by Qualifying Group



Children/Parents includes Child Custody and Oklahoma Cares (Breast and Cervical Cancer). Other expenditures includes: Refugees, Phenylketonuria, Qualifying Individual Group One, Service Limited Medicare Beneficiaries; Developmental Disabilities Services Division; Soon-to-be-Sooners; and Tuberculosis members. Aged, Blind or Disabled includes Tax Equity & Financial Responsibility Act expenditures. Other also includes non-member specific payments such as Supplemental Hospital Offset Payments and Hospital Supplemental Payments.

15. OHCA Expenditure History

		SFY Expenditures (Non-Member Specific					Per		Per	Per Member Enrolled Non-Member Specific	er Member Served on-Member Specific			
	SFY	Payments	Oklahoma	Members	Members	M	ember	Me	ember	Payments	Payments		Per	% Pop
SFY	Expenditures	Excluded)	Population	Enrolled	Served	Er	rolled	Se	erved	Excluded)	Excluded)	Po	oulation	Enrolled
1997	\$ 1,140,200,719			437,969	414,201	\$	2,603	\$	2,753					
	\$ 1,291,869,458			451,210	469,389	\$	2,863	\$	2,752					
	\$ 1,435,359,259			490,282	529,858	\$	2,928	\$	2,709					
	\$ 1,629,079,690		3,454,058	545,111	543,628	\$	2,989	\$	2,997			\$	472	15.8%
	\$ 2,008,546,074		3,464,818	603,537	594,219	\$	3,328	\$	3,380			\$	580	17.4%
	\$ 2,256,187,080		3,460,097	626,077	620,263	\$	3,604	\$	3,637			\$	652	18.1%
	\$ 2,099,410,781		3,493,700	648,820	635,844	\$	3,236	\$	3,302			\$	601	18.6%
	\$ 2,116,575,700		3,511,800	670,797	669,102	\$	3,155	\$	3,163			\$	603	19.1%
	\$ 2,805,599,500		3,523,553	696,743	687,451	\$	4,027	\$	4,081			\$	796	19.8%
	\$ 3,077,780,653	\$ 2,929,072,534	3,548,000	742,152	727,224	\$	4,147	\$	4,232		\$ 4,028	\$	867	20.9%
	\$ 3,377,085,329	\$ 3,216,309,977	3,579,212	763,565	745,474	\$	4,423	\$	4,530	· ·	\$ •	\$	944	21.3%
	\$ 3,713,543,704	\$ 3,493,251,183	3,617,316	797,556	771,105	\$	4,656	\$	4,816	\$,	\$ 4,530	\$	1,027	22.0%
	\$ 3,959,130,141	\$ 3,756,304,928	3,642,361	825,138	809,251	\$	4,798	\$	4,892	,	\$ 4,642	\$	1,087	22.7%
	\$ 4,327,974,101	\$ 4,020,379,920	3,687,050	885,238	881,220	\$	4,889	\$	4,911	\$	\$ 4,562	\$	1,174	24.0%
	\$ 4,379,387,533	\$ 4,019,868,307	3,751,351	968,296	929,348	\$	4,523	\$	4,712		\$ 4,325	\$	1,167	25.8%
	\$ 4,777,344,727	\$ 4,105,453,932	3,791,508	1,007,356	943,695	\$	4,742	\$			\$ 4,350	\$	1,260	26.6%
2013	\$ 4,994,749,021	\$ 4,240,915,548	3,814,820	1,040,332	1,015,939	\$	4,801	\$	4,916	•	\$ 4,174	\$	1,309	27.3%
	\$ 5,206,484,966	\$ 4,397,896,751	3,850,568	1,033,114	1,028,097	\$	5,040	\$	5,064		\$ 4,278	\$	1,352	26.8%
	\$ 5,138,872,188	\$ 4,350,488,542	3,878,051	1,021,359	996,825	\$	5,031	\$	5,155	,	\$,	\$	1,325	26.3%
	\$ 5,123,556,347	\$ 4,319,656,828	3,911,338	1,052,826	1,018,836	\$	4,866	\$	5,029	\$	\$ 4,240	\$	1,310	26.9%
	\$ 5,303,169,414	\$ 4,435,467,695	3,923,561	1,014,983	989,916	\$	5,225	\$	5,357	\$	\$ 4,481	\$	1,352	25.9%
	\$ 5,308,124,649	\$ 4,498,650,993	3,930,864	1,020,726	1,004,629	\$	5,200	\$	5,284		\$ 4,478	\$	1,350	26.0%
2019	\$ 5,578,658,129	\$ 4,747,748,333	3,943,079	998,209	990,236	\$	5,589	\$	5,634	\$ 4,756	\$ 4,795	\$	1,415	25.3%

Enrollment and served includes Insure Oklahoma. Population estimate is from the U.S. Census Bureau. Estimates rounded to nearest 100. American Fast Fact Finder PEPANNRES (Annual Estimates of the Resident Population) table.

16. OHCA Figures by County

	Population _		% Population			Monthly
	Est.	Unduplicated	Enrolled in		Annual	Average Per
County	(July 2018*)	Members**	SoonerCare	Expenditures	Per Capita	Members
ADAIR	22,082	9,325	42%	\$ 39,362,609	\$ 1,783	\$ 352
ALFALFA	5,754	888	15%	\$ 2,722,123	\$ 473	\$ 255
ATOKA	13,838	4,073	29%	\$ 19,553,974	\$ 1,413	\$ 400
BEAVER	5,319	1,001	19%	\$ 2,529,933	\$ 476	\$ 211
BECKHAM	21,709	5,667	26%	\$ 22,651,043	\$ 1,043	\$ 333
BLAINE	9,485	2,630	28%	\$ 7,876,776	\$ 830	\$ 250
BRYAN	47,192	13,483	29%	\$ 52,155,393	\$ 1,105	\$ 322
CADDO	28,977	9,435	33%	\$ 39,535,439	\$ 1,364	\$ 349
CANADIAN	144,447	21,924	15%	\$ 94,233,290	\$ 652	\$ 358
CARTER	48,177	15,009	31%	\$ 62,931,038	\$ 1,306	\$ 349
CHEROKEE	48,675	13,500	28%	\$ 76,214,872	\$ 1,566	\$ 470
CHOCTAW	14,668	5,539	38%	\$ 25,658,813	\$ 1,749	\$ 386
CIMARRON	2,153	541	25%	\$ 1,020,328	\$ 474	\$ 157
CLEVELAND	281,669	46,087	16%	\$ 184,707,254	\$ 656	\$ 334
COAL	5,520	1,731	31%	\$ 7,706,266	\$ 1,396	\$ 371
COMANCHE	120,422	29,249	24%	\$ 105,074,002	\$ 873	\$ 299
COTTON	5,776	1,544	27%	\$ 4,862,506	\$ 842	\$ 262
CRAIG	14,306	5,249	37%	\$ 34,079,856	\$ 2,382	\$ 541
CREEK	71,604	18,908	26%	\$ 92,020,510	\$ 1,285	\$ 406
CUSTER	29,036	6,907	24%	\$ 27,348,598	\$ 942	\$ 330
DELAWARE	42,733	10,603	25%	\$ 51,045,146	\$ 1,195	\$ 401
DEWEY	4,894	905	18%	\$ 3,749,957	\$ 766	\$ 345
ELLIS	3,952	708	18%	\$ 2,885,401	\$ 730	\$ 340
GARFIELD	60,913	15,660	26%	\$ 81,780,425	\$ 1,343	\$ 435
GARVIN	27,811	8,235	30%	\$ 38,547,088	\$ 1,386	\$ 390
GRADY	55,551	10,826	19%	\$ 45,373,249	\$ 817	\$ 349
GRANT	4,326	729	17%	\$ 1,910,479	\$ 442	\$ 218
GREER	5,821	1,648	28%	\$ 7,973,709	\$ 1,370	\$ 403
HARMON	2,664	938	35%	\$ 4,599,567	\$ 1,727	\$ 409
HARPER	3,797	687	18%	\$ 2,049,322	\$ 540	\$ 249
HASKELL	12,668	4,126	33%	\$ 17,025,984	\$ 1,344	\$ 344
HUGHES	13,335	4,228	32%	\$ 21,894,937	\$ 1,642	\$ 432
JACKSON	24,949	6,403	26%	\$ 23,625,767	\$ 947	\$ 307
JEFFERSON	6,123	2,025	33%	\$ 6,277,911	\$ 1,025	\$ 258

16. OHCA Figures by County (Cont.)

	Population Est.	Unduplicated	% Population Enrolled in			Annual	Monthly
County	(July 2018*)	Members**	SoonerCare		Expenditures	Annual Per Capita	Average Per Members
JOHNSTON	10,949	3,627	33%	\$	16,286,843	\$ 1,488	\$ 374
KAY	44,161	14,528	33%	\$	58,543,154	\$ 1,326	\$ 336
KINGFISHER	15,816	3,106	20%		10,738,744	\$ 679	\$ 288
KIOWA	8,729	2,783	32%	\$	13,079,893	\$ 1,498	\$ 392
LATIMER	10,231	3,484	34%	-	23,715,811	\$ 2,318	\$ 567
LEFLORE	49,980	16,864	34%	\$	66,392,566	\$ 1,328	\$ 328
LINCOLN	34,920	8,020	23%		24,300,793	\$ 696	\$ 253
LOGAN	47,291	7,722	16%	\$	37,025,817	\$ 783	\$ 400
LOVE	10,134	2,658	26%	\$	9,371,381	\$ 925	\$ 294
MCCLAIN	39,985	8,084	20%	\$	31,556,888	\$ 789	\$ 325
MCCURTAIN	32,703	12,826	39%	\$	54,736,449	\$ 1,674	\$ 356
MCINTOSH	19,815	5,964	30%	\$	27,203,222	\$ 1,373	\$ 380
MAJOR	7,644	1,575	21%	\$	5,357,167	\$ 701	\$ 283
MARSHALL	16,806	5,101	30%	\$	20,431,755	\$ 1,216	\$ 334
MAYES	41,107	11,776	29%	\$	65,033,384	\$ 1,582	\$ 460
MURRAY	13,953	3,657	26%	\$	16,534,613	\$ 1,185	\$ 377
MUSKOGEE	68,362	23,536	34%	\$	130,504,688	\$ 1,909	\$ 462
NOBLE	11,289	2,581	23%	\$	15,453,126	\$ 1,369	\$ 499
NOWATA	10,218	2,523	25%	\$	12,581,332	\$ 1,231	\$ 416
OKFUSKEE	12,098	4,116	34%	\$	27,087,390	\$ 2,239	\$ 548
OKLAHOMA	792,582	205,927	26%	\$	805,811,166	\$ 1,017	\$ 326
OKMULGEE	38,335	12,127	32%	\$	68,678,501	\$ 1,792	\$ 472
OSAGE	47,014	5,718	12%	\$	29,815,882	\$ 634	\$ 435
OTTAWA	31,175	11,912	38%	\$	53,058,690	\$ 1,702	\$ 371
PAWNEE	16,390	4,647	28%	\$	22,007,970	\$ 1,343	\$ 395
PAYNE	82,040	14,697	18%	\$	62,991,326	\$ 768	\$ 357
PITTSBURG	43,877	13,172	30%		67,105,475	\$ 1,529	\$ 425
PONTOTOC	38,247	10,823	28%	\$	67,486,211	\$ 1,764	\$ 520
POTTAWATOMIE	72,679	21,965	30%		105,606,400	\$ 1,453	\$ 401
PUSHMATAHA	11,179	3,931		\$	19,760,382	\$ 1,768	\$ 419
ROGER MILLS	3,656	757	21%		2,024,491	\$ 554	\$ 223
ROGERS	91,984	15,761	17%	\$	74,826,323	\$ 813	\$ 396
SEMINOLE	24,578	8,534	35%		44,355,420	\$ 1,805	\$ 433
SEQUOYAH	41,179	14,936	36%	\$	58,126,089	\$ 1,412	\$ 324

16. OHCA Figures by County (Cont.)

	Population		% Population			Monthly
	Est.	Unduplicated	Enrolled in		Annual	Average Per
County	(July 2018*)	Members**	SoonerCare	Expenditures	Per Capita	Members
STEPHENS	43,265	12,345	29%	\$ 51,646,293	\$ 1,194	\$ 349
TEXAS	20,455	5,349	26%	\$ 10,085,504	\$ 493	\$ 157
TILLMAN	7,348	2,228	30%	\$ 7,211,748	\$ 981	\$ 270
TULSA	648,360	164,066	25%	\$ 658,090,834	\$ 1,015	\$ 334
WAGONER	80,110	14,171	18%	\$ 56,819,316	\$ 709	\$ 334
WASHINGTON	51,843	11,692	23%	\$ 53,443,295	\$ 1,031	\$ 381
WASHITA	11,127	2,863	26%	\$ 11,586,563	\$ 1,041	\$ 337
WOODS	8,897	1,489	17%	\$ 6,619,296	\$ 744	\$ 370
WOODWARD	20,222	4,265	21%	\$ 15,905,195	\$ 787	\$ 311
Out of State		7,999		\$ 1,644,521		
OTHER**		1,893		\$ 1,347,032,656		
	3,943,079	998,209	25%	\$ 5,578,658,129	\$ 1,415	\$ 466

^{*}Source: Population Division, U.S. Census Bureau. Estimates rounded to nearest 100. American Fast Fact Finder PEPANNRES (Annual Estimates of the Resident Population) table.

Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the intellectually disabled causing the average dollars per enrollee to be higher than the norm.

OTHER includes non-member specific payments include \$473,105,846 in SHOPP payments; \$237,120,762 in Hospital Supplemental payments; \$175,527,520 in Medicare Part A & B (Buy-In) payments; \$107,713,341 in Medicare Part D (clawback) payments; \$76,064,780 in GME payments to medical schools; \$110,044,319 in GME Pass-Through Payments to Medical Schools; \$58,398,945 in Insure Oklahoma ESI premiums; \$138,508 in Insure Oklahoma ESI Out-Of-Pocket payments; \$5,408,202 in EHR incentive payments; \$39,210,205 in Outpatient Behavioral Health Supplemental payments; \$2,946,344 in SoonerExcel payments; \$10,542,955 in Health Access Network payments; \$28,440,017 in NET payments; \$3,918,609 in ICF/MR payments; \$10,787,804 in Self-Directed Care and \$-8,402,796 in non-member specific provider adjustments.

^{**}Enrollees listed above are the unduplicated count per last county on the enrollee record for the entire state fiscal year (July-June).

17. Expenditures by Type of Service by Aid Category

			Children &	Oklahoma			
Tong of Complex	A d	Diad / Dischlad			C Dl	TEFRA	Other Total*
Type of Service Adult Day Care	Aged \$1,553,661	\$3,420,202	Parents (TANF) \$0	Cares (BCC) \$0	SoonerPlan \$0	TEFRA \$0	
Advanced Practice	\$1,003,001	\$3,420,202	φυ	ΦО	φυ	Φυ	\$0
Nurse	\$6,715	\$172,998	\$1,947,650	\$568	\$1,312	\$0	\$9,660
ADvantage Home	φ0,7 13	ψ172,990	φ1,941,030	φυσο	ψ1,512	φυ	φ9,000
Delivered Meals	\$7,262,467	\$7,256,123	\$0	\$0	\$0	\$0	\$0
Ambulatory Surgical	Ψ1,202,401	Ψ1,230,123	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ
Services	\$509,625	\$1,709,310	\$3,641,454	\$10,713	\$14,592	\$2,310	\$166,122
Architectural	ψ505,025	ψ1,700,010	φυ,υτι,τυτ	ψ10,710	ψ14,002	Ψ2,510	φ100,122
Modification	\$129,460	\$262,522	\$0	\$0	\$0	\$0	\$0
Audiology Services	\$3,285	\$49,989	\$383,100	\$115	\$0	\$3,293	\$275
Behavioral Health	\$6,356,373	\$90,685,599	\$186,397,554	\$86,888	\$0	\$55,600	\$464,980
Capitated Services	\$14,499,505	\$5,068,550	\$28,527,681	\$11,202	\$0	\$2,398	\$113,923
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Chiropractic Services	\$1,205	\$903	\$0	\$0	\$0	\$0	\$0
Clinic	\$2,593,988	\$23,375,073	\$114,548,107	\$299,995	\$234,771	\$47,501	\$3,798,941
Clinics - OSA			. , ,	. ,	. ,	. ,	
Services	\$648	\$477,482	\$5,557,410	\$3,355	\$375,483	\$5,237	\$25,456
Community Mental		,		· ·	, ,	i ,	
Health	\$446,535	\$14,493,243	\$22,471,160	\$23,816	\$0	\$4,002	\$176,305
Dental	\$601,710	\$8,141,170	\$114,933,052	\$14,357	\$0	\$45,884	\$78,793
Direct Support	\$14,493,591	\$207,646,523	\$0	\$0	\$0	\$0	\$0
Employee Training							
Specialist	\$918,790	\$28,883,858	\$0	\$0	\$0	\$0	\$0
End-Stage Renal							
Disease	\$2,054,442	\$10,799,906	\$410,665	\$0	\$0	\$0	\$26,835
Eye Care and							
Exams	\$292,477	\$1,549,066	\$20,233,043	\$4,490	\$0	\$7,272	\$53,644
Eyewear	\$1,042	\$147,359	\$2,544,414	\$0	\$0	\$4,845	\$1,054
Self Directed Care	\$3,881,527	\$5,445,578	\$0	\$0	\$0	\$0	\$10,787,421
Group Home	\$1,546,970	\$22,887,218	\$0	\$0	\$0	\$0	\$0
Home Health	\$143,799	\$15,295,388	\$4,549,913	\$10,395	\$0	\$3,515,143	\$12,193
Homemaker							
Services	\$9,421	\$2,385,841	\$0	\$0	\$0	\$0	\$0
Hospice	\$0	\$362,773	\$107,730	\$0	\$0	\$0	\$0
ICF-ID Services	\$7,587,811	\$70,193,156	\$190,770	\$0	\$0	\$0	\$0

17. Expenditures by Type of Service by Aid Category (Cont.)

			Children &	Oklahoma			
Type of Service	Aged	Blind / Disabled		Cares (BCC)	SoonerPlan	TEFRA	Other Total*
Inpatient Services	\$24,108,617	\$247,453,549	\$304,080,572	\$924,209	\$54,368	\$425,311	\$7,930,043
Laboratory Services	\$256,837	\$6,105,153	\$19,621,335	\$240,752	\$141,542	\$14,826	\$1,430,442
Medicare Part A & B				. ,	. ,		. , ,
(Buy-In) Payments	\$161,929,616	\$0	\$0	\$0	\$0	\$0	\$13,597,904
Medicare Part D							. , ,
Payments	\$107,713,341	\$0	\$0	\$0	\$0	\$0	\$110,044,319
Mid-Level							
Practitioner	\$0	\$0	\$87	\$0	\$0	\$0	\$0
Medical							
Supplies/DMEPOS	\$12,743,871	\$42,861,797	\$14,471,747	\$41,409	\$6	\$1,466,490	\$353,593
Nursing Facility	\$413,100,270	\$153,495,153	\$315,930	\$1,215	\$68	\$0	-\$530
Nursing Services	\$1,818,771	\$8,850,705	\$0	\$0	\$0	\$0	\$0
Nutritionist Services	\$59,221	\$790,052	\$4,815	\$0	\$0	\$0	\$110
Insure Oklahoma							
ESI Out-of-Pocket	\$0	\$0	\$0	\$0	\$0	\$0	\$138,771
Insure Oklahoma							
ESI Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$57,017,825
Other Practitioner	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient	\$10,104,481	\$100,367,612	\$225,956,026	\$6,400,438	\$407,452	\$233,169	\$7,334,715
Personal Care	\$41,045,047	\$35,460,959	\$17,286	\$0	\$0	\$75,159	\$0
Physician	\$18,030,732	\$123,729,019	\$384,236,914	\$3,932,128	\$496,114	\$644,922	\$11,887,963
Podiatry	\$388,504	\$1,067,820	\$1,024,673	\$2,571	\$0	\$285	\$41,235
Prescribed Drugs	\$6,619,111	\$269,498,884	\$324,781,477	\$2,628,444	\$1,316,781	\$1,483,912	\$14,529,090
Psychiatric Services	\$1,050,215	\$15,202,358	\$58,670,640	\$0	\$2,010	\$0	\$223,122
Residential Behavior							
Mgmt	\$0	\$324,107	\$10,711,072	\$0	\$0	\$0	\$0
Respite Care	\$154,192	\$85,934	\$0	\$0	\$0	\$0	\$0
Room and Board	\$3,498	\$27,658	\$108,290	\$10,988	\$0	\$0	\$0
School-Based							
Services	\$0	\$496,414	\$1,637,186	\$0	\$0	\$18,322	\$0
Specialized Foster							
Care/MR Services	\$39,614	\$2,590,925	\$0	\$0	\$0	\$0	\$0
Targeted Case	400	** **********************************	A / /	* -	A	**	
Manager	\$20,560,872	\$36,157,964	\$45,393,808	\$0	\$0	\$236	\$0
Therapy Services	\$266,257	\$10,491,443	\$30,548,151	\$64	\$0	\$1,215,248	\$4,120

17. Expenditures by Type of Service by Aid Category (Cont.)

Type of Service	Aged	Blind / Disabled	Children & Parents (TANF)	Oklahoma Cares (BCC)	SoonerPlan	TEFRA	Other Total*
Transportation -							
Emergency	\$5,670,577	\$26,887,949	\$15,607,294	\$36,965	\$392	\$4,511	\$299,872
Transportation - Non-							
Emergency (NET)**	\$7,660,818	\$17,947,250	\$2,692,395	\$1,688	\$3,027	\$117,630	\$17,209
X-Ray Services	\$1,117,707	\$5,982,796	\$7,743,000	\$115,941	\$616	\$3,217	\$509,949
Uncategorized							
Services	-\$16	-\$56,787	-\$2,391,177	\$0	\$0	\$0	\$1,884,044
Total	\$899,337,203	\$1,626,528,543	\$1,951,675,223	\$14,802,707	\$3,048,535	\$9,396,723	\$242,959,400
Unduplicated							
Members Served	64,471	144,467	906,561	929	54,160	850	45,259
Average Cost Per							
Member Served	\$13,949	\$11,259	\$2,153	\$15,934	\$56	\$11,055	\$5,368
Unduplicated SoonerCare							
Enrollees	54,266	126,251	723,262	862	55,691	812	NA
Average Cost Per							
Enrolled	\$16,573	\$12,883	\$2,698	\$17,173	\$55	\$11,572	NA

Source: OHCA Financial Service Division, 2019. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents the actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. Members 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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY. *Other Total includes the OTHER category (Refugees, Phenylketonuria, Qualifying Individual Group One, Service Limited Medicare Beneficiaries; Developmental Disabilities Services Division; Soon-to-be Sooners; and Tuberculosis members) and Insure Oklahoma. **NET is included in all categories.

18. Expenditures by Type of Service Percent of Change

	SFY20	18 TOTAL		SFY20	19 TOTAL		Percent Change		
			Avg Per Member			Avg Per Member			Avg Per Member
Type of Service	Expenditures	Members	Served	Expenditures	Members	Served	Expenditures	Members	Served
Adult Day Care	\$4,740,570	782	\$6,062	\$4,973,863	779	\$6,385	5%	0%	5%
Advanced Practice									
Nurse	\$2,160,858	9,319	\$232	\$2,138,903	8,050	\$266	-1%	-14%	15%
ADvantage Home									
Delivered Meals	\$18,607,615	15,161	\$1,227	\$14,518,590	13,523	\$1,074	-22%	-11%	-13%
Ambulatory Surgical									
Services	\$6,893,972	14,030	\$491	\$6,054,127	13,206	\$458	-12%	-6%	-7%
Architectural									
Modification	\$529,939	162	\$3,271	\$391,982	140	\$2,800	-26%	-14%	-14%
Audiology Services	\$251,039	3,238	\$78	\$440,057	4,858	\$91	75%	50%	17%
Behavioral Health									
Services	\$269,498,645	122,361	\$2,202	\$284,046,995	116,231	\$2,444	5%	-5%	11%
Capitated Services	\$48,499,560	692,080	\$70	\$48,223,259	678,808	\$71	-1%	-2%	1%
Chiropractic Services	\$1,438	40	\$36	\$2,108	62	\$34	47%	55%	-5%
Clinic	\$130,047,338	171,961	\$756	\$144,898,375	191,420	\$757	11%	11%	0%
Clinics - OSA									
Services	\$7,603,243	57,182	\$133	\$6,445,071	58,238	\$111	-15%	2%	-17%
Community Mental									
Health	\$48,675,802	40,756	\$1,194	\$37,615,061	43,037	\$874	-23%	6%	-27%
Dental	\$118,577,893	320,933	\$369	\$123,814,966	321,222	\$385	4%	0%	4%
Direct Support	\$208,064,713	4,304	\$48,342	\$222,140,114	4,278	\$51,926	7%	-1%	7%
Employee Training									
Specialist	\$29,440,241	2,680	\$10,985	\$29,802,649	2,573	\$11,583	1%	-4%	5%
End-Stage Renal									
Disease	\$10,197,325	2,611	\$3,906	\$13,291,848	2,913	\$4,563	30%	12%	17%
Eye Care and Exams	\$21,267,737	148,476	\$143	\$22,139,992	150,141	\$147	4%	1%	3%
Eyewear	\$2,763,625	39,805	\$69	\$2,698,715	39,034	\$69	-2%	-2%	0%
Self-Directed Care	\$22,791,544	1,466	\$15,547	\$20,114,527	1,399	\$14,378	-12%	-5%	-8%
Group Home	\$21,784,786	636	\$34,253	\$24,434,188	640	\$38,178	12%	1%	11%
Home Health	\$19,160,230	4,739	\$4,043	\$23,526,830	4,283	\$5,493	23%	-10%	36%
Homemaker Services	\$1,935,420	314	\$6,164	\$2,395,262	307	\$7,802	24%	-2%	27%
Hospice	\$621,421	74	\$8,398	\$470,503	74	\$6,358	-24%	0%	0%

18. Expenditures by Type of Service Percent of Change (Cont.)

	SFY20	018 TOTAL		SFY20	19 TOTAL		Perd	ent Change	
			Avg Per			Avg Per			Avg Per
Type of Service	Expenditures	Members	Member	Expenditures	Members	Member	Expenditures	Members	Member
ICF-ID Services	\$74,019,587	1,547	\$47,847	\$77,971,738	1,583	\$49,256	5%	2%	3%
Inpatient Services	\$572,533,122	125,554	\$4,560	\$584,976,669	126,870	\$4,611	2%	1%	1%
Laboratory Services	\$30,602,073	229,628	\$133	\$27,810,887	221,813	\$125	-9%	-3%	-6%
Medicare Part A & B									
(Buy-In) Payments	\$174,067,604	-	\$0	\$175,527,521	2	\$87,763,760	1%	0%	0%
Medicare Part D									
Payments	\$111,795,958	-	\$0	\$217,757,660	2	\$108,878,830	95%	0%	0%
Mid-Level Practitioner	\$114,066	771	\$148	\$87	157	\$1	-100%	-80%	-100%
Medical									
Supplies/DMEPOS	\$73,947,293	87,987	\$840	\$71,938,914	84,508	\$851	-3%	-4%	1%
Nursing Facility	\$545,133,729	20,394	\$26,730	\$566,912,106	20,829	\$27,217	4%	2%	2%
Nursing Services	\$9,979,559	18,986	\$526	\$10,669,476	17,965	\$594	7%	-5%	13%
Nutritionist Services	\$907,132	745	\$1,218	\$854,198	647	\$1,320	-6%	-13%	8%
Insure Oklahoma ESI									
Out-of-Pocket	\$181,467	-	\$0	\$138,771	2	\$69,385	-24%	0%	0%
Insure Oklahoma ESI									
Premium	\$59,084,101	20,926	\$2,823	\$57,017,825	19,627	\$2,905	-3%	-6%	3%
Other Practitioner	\$81	3	\$27	\$0	4	\$0	-100%	33%	-100%
Outpatient Hospital	\$318,746,244	443,886	\$718	\$350,803,895	440,627	\$796	10%	-1%	11%
Personal Care	\$80,514,261	19,818	\$4,063	\$76,598,452	19,189	\$3,992	-5%	-3%	-2%
Physician	\$547,019,712	722,236	\$757	\$542,957,790	717,688	\$757	-1%	-1%	0%
Podiatry	\$2,401,009	14,227	\$169	\$2,525,088	15,428	\$164	5%	8%	-3%
Prescribed Drugs	\$603,598,649	578,712	\$1,043	\$620,857,700	563,463	\$1,102	3%	-3%	6%
Psychiatric Services	\$64,370,763	5,459	\$11,792	\$75,148,345	8,649	\$8,689	17%	58%	-26%
Residential Behavior									
Mgmt	\$13,671,841	1,502	\$9,102	\$11,035,178	1,261	\$8,751	-19%	-16%	-4%
Respite Care	\$258,419	163	\$1,585	\$240,127	151	\$1,590	-7%	-7%	0%
Room and Board	\$135,767	292	\$465	\$150,434	283	\$532	11%	-3%	14%
School-Based									
Services	\$441,795	558	\$792	\$2,151,922	5,648	\$381	387%	912%	-52%
Specialized Foster									
Care/ID Services	\$2,569,760	156	\$16,473	\$2,630,539	151	\$17,421	2%	-3%	6%

18. Expenditures by Type of Service Percent of Change (Cont.)

	SFY20	SFY2018 TOTAL			19 TOTAL		Percent Change		
			Avg Per			Avg Per			Avg Per
Type of Service	Expenditures	Members	Member	Expenditures	Members	Member	Expenditures	Members	Member
Targeted Case									
Manager	\$98,559,735	44,303	\$2,225	\$102,112,880	41,154	\$2,481	4%	-7%	12%
Therapy Services	\$31,374,089	25,574	\$1,227	\$42,525,283	27,961	\$1,521	36%	9%	24%
Transportation -									
Emergency	\$47,528,085	84,554	\$562	\$48,507,559	88,774	\$546	2%	5%	-3%
Transportation - Non-									
Emergency	\$26,748,999	943,831	\$28	\$28,440,018	925,856	\$31	6%	-2%	8%
X-Ray Services	\$14,748,820	221,504	\$67	\$15,473,228	227,154	\$68	5%	3%	2%
Uncategorized									
Services	(\$517,683)	-	\$0	(\$563,936)	1,427	(\$395)	9%	0%	0%
Total	\$4,498,650,993	1,004,629	\$4,478	\$4,747,748,333	990,236	\$4,795	6%	-1%	7%

Non-Member	SFY20	18 TOTAL		SFY20	19 TOTAL		Percent Change		
Specific			Avg Per			Avg Per			Avg Per
Payments	Expenditures	Members	Member	Expenditures	Members	Member	Expenditures	Members	Member
HSP - Indirect									
Medical Education									
(IME)	\$34,013,202	-	\$0	\$34,965,572	-	\$0	3%		
HSP - Graduate									
Medical Education									
(GME)	\$5,811,373	-	\$0	\$3,508,953	-	\$0	-40%		
HSP - Acute DSH	\$45,584,315	-	\$0	\$44,545,240	-	\$0	-2%		
HSP - Supplemental									
Payments	\$123,246,841	-	\$0	\$154,100,998	-	\$0	25%		
HSP - SHOPP	\$487,126,284	-	\$0	\$473,105,847	-	\$0	-3%		
Behavioral Health									
Supplemental									
Payments	\$49,400,417	-	\$0	\$39,210,205	_	\$0	-21%		
EHR Incentive									
Payments	\$10,235,649	-	\$0	\$5,408,202	-	\$0	-47%		

18. Expenditures by Type of Service Percent of Change (Cont.)

Non-Member	SFY20	018 TOTAL		SFY20	19 TOTAL		Percent Change		
Specific			Avg Per			Avg Per			Avg Per
Payments	Expenditures	Members	Member	Expenditures	Members	Member	Expenditures	Members	Member
Capitated Services -									
GME to Medical									
Schools	\$54,055,574	-	\$0	\$76,064,780	-	\$0	41%		
Total	\$5,308,124,649	1,004,629	\$5,284	\$5,578,658,129	990,236	\$5,634	5%	-1%	7%

Source: OHCA Financial Service Division, 2019. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents the actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. Members 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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY.

19. Expenditures by Adult and Children

SFY2019	Adul	t Totals		Childr	en Totals		TC	DTAL	
		Members	Avg per		Members	Avg per		Members	
Type of Service	Expenditures	Served	Adult	Expenditures	Served	Child	Expenditures	Served	Average
Adult Day Care	\$4,973,863	779	\$6,385	\$0	-	\$0	\$4,973,863	779	\$6,385
Advanced Practice									
Nurse	\$264,032	1,276	\$207	\$1,874,870	6,774	\$277	\$2,138,903	8,050	\$266
ADvantage Home	#44 540 500	40.500	04.074	# 0		# 0	¢44 540 500	40.500	04.074
Delivered Meals Ambulatory Surgical	\$14,518,590	13,523	\$1,074	\$0	-	\$0	\$14,518,590	13,523	\$1,074
Services	\$3,117,266	8,051	\$387	\$2,936,861	5,155	\$570	\$6,054,127	13,206	\$458
Architectural	ψο, ττι, 200	0,001	φσσ.	Ψ2,000,001	3, 133	φσ, σ	ψο,σο ι, ιΣι	10,200	Ψίου
Modification	\$375,084	133	\$2,820	\$16,898	7	\$2,414	\$391,982	140	\$2,800
Audiology Services	\$33,506	641	\$52	\$406,551	4,217	\$96	\$440,057	4,858	\$91
Behavioral Health									
Services	\$93,011,492	34,886	\$2,666	\$191,035,503	81,345	\$2,348	\$284,046,995	116,231	\$2,444
Capitated Services	\$21,299,897	138,452	\$154	\$26,923,362	540,356	\$50	\$48,223,259	678,808	\$71
Chiropractic Services	\$2,108	62	\$34	\$0	-	\$0	\$2,108	62	\$34
Clinic	\$45,272,858	62,281	\$727	\$99,625,517	129,139	\$771	\$144,898,375	191,420	\$757
Clinics - OSA Services	\$924,503	9,198	\$101	\$5,520,568	49,040	\$113	\$6,445,071	58,238	\$111
Community Mental									
Health	\$16,436,284	23,395	\$703	\$21,178,777	19,642	\$1,078	\$37,615,061	43,037	\$874
Dental	\$8,408,839	25,199	\$334	\$115,406,127	296,023	\$390	\$123,814,966	321,222	\$385
Direct Support	\$212,376,619	3,863	\$54,977	\$9,763,494	415	\$23,526	\$222,140,114	4,278	\$51,926
Employee Training	***	0.545	444.055	* 400 044	50	00.445	400 000 040	0.570	# 44 5 00
Specialist End-Stage Renal	\$29,312,838	2,515	\$11,655	\$489,811	58	\$8,445	\$29,802,649	2,573	\$11,583
Disease	\$13,046,230	2,893	\$4,510	\$245,618	20	\$12,281	\$13,291,848	2,913	\$4,563
Eye Care and Exams	\$1,674,221	22,529	\$74	\$20,465,771	127,612	\$160	\$22,139,992	150,141	\$147
Eyewear	\$2,415	108	\$22	\$2,696,300	38,926	\$69	\$2,698,715	39,034	\$69
Self-Directed Care	\$20,380,570	1,397	\$14,589	(\$266,044)		-\$266,044	\$20,114,527	1,398	\$14,388
Group Home	\$23,227,948	619	\$14,569	\$1,206,240	21	\$57,440	\$20,114,527	640	\$38,178
Home Health									
	\$3,313,968	3,051	\$1,086	\$20,212,862	1,232	\$16,407	\$23,526,830	4,283	\$5,493
Homemaker Services	\$2,112,538	251	\$8,416	\$282,724	56	\$5,049	\$2,395,262	307	\$7,802
Hospice	\$285,142	44	\$6,480	\$185,361	30	\$6,179	\$470,503	74	\$6,358
ICF-ID Services	\$74,183,454	1,482	\$50,056	\$3,788,283	101	\$37,508	\$77,971,738	1,583	\$49,256

19. Expenditures by Adult and Children (Cont.)

SFY2019	Adul	t Totals		Childr	en Totals		TOTAL		
		Members	Avg per		Members	Avg per		Members	
Type of Service	Expenditures	Served	Adult	Expenditures	Served	Child	Expenditures	Served	Average
Inpatient Services	\$315,672,067	74,631	\$4,230	\$269,304,602	52,239	\$5,155	\$584,976,669	126,870	\$4,611
Laboratory Services	\$16,950,066	96,480	\$176	\$10,860,821	125,333	\$87	\$27,810,887	221,813	\$125
Medicare Part A & B									
(Buy-In) Payments	\$175,527,521	-	\$0	\$0	-	\$0	\$175,527,521	-	\$0
Medicare Part D Payments	\$217,757,660	_	\$0	\$0	_	\$0	\$217,757,660	_	\$0
Mid-Level Practitioner	(\$3)	19	\$0	\$90	138	\$1	\$87	157	\$1
Supplies/DMEPOS	\$42,221,777	54,355	\$777	\$29,717,137	30,153	\$986	\$71,938,914	84,508	\$851
Nursing Facility	\$566,562,427	20,820	\$27,212	\$349,679	9	\$38,853	\$566,912,106	20,829	\$27,217
Nursing Services	\$10,635,261	17,962	\$592	\$34,215	3	\$11,405	\$10,669,476	17,965	\$594
Nutritionist Services	\$846,958	611	\$1,386	\$7,239	36	\$201	\$854,198	647	\$1,320
Insure Oklahoma ESI									
Out-of-Pocket	\$138,771	-	\$0	\$0	-	\$0	\$138,771	-	\$0
Insure Oklahoma ESI Premium	\$57,017,825	19,627	\$2,905	\$0		\$0	\$57,017,825	19,627	\$2,905
Other Practitioner	\$07,017,825	19,027	\$2,905	\$0	4	\$0	\$57,017,825	19,627	\$2,905
Outpatient Hospital	\$187,000,786	184,539	\$1,013	\$163,803,109	256,088	\$640	\$350,803,895	440,627	\$796
Personal Care	\$76,185,556	19,097	\$3,989	\$412,895	92	\$4,488	\$76,598,452	19,189	\$3,992
Physician	\$244,084,512	242,044	\$1,008	\$298,873,278	475,644	\$628	\$542,957,790	717,688	\$757
Podiatry	\$1,708,273	12,944	\$132	\$816,815	2,484	\$329	\$2,525,088	15,428	\$164
Prescribed Drugs	\$326,866,905	145,453	\$2,247	\$293,990,795	418,010	\$703	\$620,857,700	563,463	\$1,102
Psychiatric Services	\$5,559,907	2,918	\$1,905	\$69,588,438	5,731	\$12,142	\$75,148,345	8,649	\$8,689
Residential Behavior	ψ0,000,001	2,510	Ψ1,303	ψ00,000,400	3,731	Ψ12,142	ψεο, 140,040	0,043	ψ0,000
Mgmt	\$0	-	\$0	\$11,035,178	1,261	\$8,751	\$11,035,178	1,261	\$8,751
Respite Care	\$223,506	141	\$1,585	\$16,620	10	\$1,662	\$240,127	151	\$1,590
Room and Board	\$45,816	69	\$664	\$104,618	214	\$489	\$150,434	283	\$532
School-Based Services	\$0	-	\$0	\$2,151,922	5,648	\$381	\$2,151,922	5,648	\$381
Specialized Foster									
Care/ID Services	\$1,876,547	102	\$18,398	\$753,992	49	\$15,388	\$2,630,539	151	\$17,421
Targeted Case Manager	\$54,778,361	25,310	\$2,164	\$47,334,518	15,844	\$2,988	\$102,112,880	41,154	\$2,481
Therapy Services	\$2,374,918	4,030	\$589	\$40,150,365	23,931	\$1,678	\$42,525,283	27,961	\$1,521

19. Expenditures by Adult and Children (Cont.)

SFY2019	Adul	Adult Totals			en Totals		TOTAL		
		Members	Avg per		Members	Avg per		Members	
Type of Service	Expenditures	Served	Adult	Expenditures	Served	Child	Expenditures	Served	Average
Transportation -									
Emergency	\$35,972,749	66,583	\$540	\$12,534,810	22,191	\$565	\$48,507,559	88,774	\$546
Transportation - Non-									
Emergency	\$23,128,972	302,339	\$77	\$5,311,046	623,517	\$9	\$28,440,018	925,856	\$31
X-Ray Services	\$11,333,447	125,979	\$90	\$4,139,781	101,175	\$41	\$15,473,228	227,154	\$68
Uncategorized Services	\$1,822,728	1,313	\$1,388	(\$2,386,665)	114	-\$20,936	(\$563,936)	1,427	\$0
Total	\$2,964,847,578	344,601	\$8,604	\$1,782,900,755	645,635	\$2,761	\$4,747,748,333	990,236	\$4,795

Source: OHCA Financial Service Division, 2019. 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 the actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. Members 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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY.

20. Expenditures by Type of Service by Benefit Type

	SoonerCare	SoonerCare	Insure Oklahoma IP		SoonerCare	HCBS	
Type of Service	Traditional	Choice	& ESI*	SoonerPlan	Supplemental	Waivers**	Total
Adult Day Care	\$0	\$0	\$0	\$0	\$0	\$4,973,863	\$4,973,863
Advanced Practice							
Nurse	\$117,754	\$2,002,836	\$8,435	\$1,312	\$8,566	\$0	\$2,138,903
ADvantage Home							
Delivered Meals	\$0	\$0	\$0	\$0	\$0	\$14,518,590	\$14,518,590
Ambulatory Surgical							
Services	\$861,403	\$4,123,101	\$162,017	\$14,592	\$892,515	\$500	\$6,054,127
Architectural							
Modification	\$0	\$0	\$0	\$0	\$0	\$391,982	\$391,982
Audiology Services	\$70,097	\$360,338	\$234	\$0	\$7,229	\$2,159	\$440,057
Behavioral Health							
Services	\$52,543,621	\$184,740,982	\$277,476	\$0	\$39,632,569	\$6,852,347	\$284,046,995
Capitated Services	\$2,940,643	\$29,562,381	\$87,915	\$0	\$15,632,320	\$0	\$48,223,259
Chiropractic Services	\$0	\$0	\$0	\$0	\$2,108	\$0	\$2,108
Clinic	\$27,446,007	\$110,060,757	\$1,463,837	\$234,757	\$5,677,206	\$15,811	\$144,898,375
Clinics - OSA Services	\$1,164,190	\$4,872,517	\$14,299	\$375,483	\$18,582	\$0	\$6,445,071
Community Mental							
Health	\$6,192,569	\$25,373,647	\$78,535	\$0	\$5,970,310	\$0	\$37,615,061
Dental	\$17,160,516	\$103,346,052	\$40,562	\$0	\$2,337,082	\$930,754	\$123,814,966
Direct Support	\$0	\$0	\$0	\$0	\$0	\$222,140,114	\$222,140,114
Employee Training							
Specialist	\$0	\$0	\$0	\$0	\$0	\$29,802,649	\$29,802,649
End-Stage Renal							
Disease	\$3,697,663	\$3,197,554	\$26,835	\$0	\$6,342,985	\$26,809	\$13,291,848
Eye Care and Exams	\$3,163,242	\$18,414,717	\$46,697	\$0	\$515,335	\$0	\$22,139,992
Eyewear	\$391,890	\$2,303,968	\$0	\$0	\$2,857	\$0	\$2,698,715
Self-Directed Care	\$10,787,421	\$0	\$0	\$0	\$0	\$9,327,105	\$20,114,527
Group Home	\$0	\$0	\$0	\$0	\$0	\$24,434,188	\$24,434,188
Home Health	\$11,749,409	\$10,443,342	\$12,193	\$0	\$352,417	\$969,469	\$23,526,830
Homemaker Services	\$0	\$0	\$0	\$0	\$0	\$2,395,262	\$2,395,262
Hospice	\$29,363	\$155,998	\$0	\$0	\$0	\$285,142	\$470,503
ICF-ID Services	\$77,931,307	\$40,430	\$0	\$0	\$0	\$0	\$77,971,738
Inpatient Services	\$300,551,822	\$249,552,273	\$3,769,982	\$54,266	\$31,027,202	\$21,124	\$584,976,669
Laboratory Services	\$6,170,507	\$20,681,342	\$665,767	\$141,517	\$151,753	\$0	\$27,810,887

20. Expenditures by Type of Service by Benefit Type (Cont.)

	SoonerCare	SoonerCare	Insure Oklahoma IP		SoonerCare	HCBS	
Type of Service	Traditional	Choice	& ESI*	SoonerPlan	Supplemental	Waivers**	Total
Medicare Part A & B		Gill Old G	X 20.			, , di , di , d	1 0 0 0.1
(Buy-In) Payments	\$0	\$0	\$0	\$0	\$175,527,521	\$0	\$175,527,521
Medicare Part D	• •	, -	• -	•	, -,- ,-	• •	+ -,- ,-
Payments	\$0	\$0	\$0	\$0	\$217,757,660	\$0	\$217,757,660
Mid-Level Practitioner	-\$3	\$90	\$0	\$0	\$0	\$0	\$87
Medical							
Supplies/DMEPOS	\$14,557,825	\$28,577,500	\$191,564	\$0	\$8,294,427	\$20,317,599	\$71,938,914
Nursing Facility	\$72,240,350	\$500,275	\$0	\$68	\$494,127,266	\$44,147	\$566,912,106
Nursing Services	\$0	\$0	\$0	\$0	\$68	\$10,669,409	\$10,669,476
Nutritionist Services	\$208,342	\$5,090	\$110	\$0	\$0	\$640,656	\$854,198
Insure Oklahoma ESI							
Out-of-Pocket	\$0	\$0	\$138,771	\$0	\$0	\$0	\$138,771
Insure Oklahoma ESI							
Premium	\$0	\$0	\$57,017,825	\$0	\$0	\$0	\$57,017,825
Other Practitioner	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Hospital	\$77,882,824	\$247,445,090	\$5,233,685	\$407,252	\$19,760,847	\$74,196	\$350,803,895
Personal Care	\$797,981	\$2,171,754	\$0	\$0	\$7,114,391	\$66,514,326	\$76,598,452
Physician	\$105,158,010	\$394,720,753	\$6,274,001	\$494,762	\$34,723,891	\$1,586,373	\$542,957,790
Podiatry	\$490,805	\$1,392,707	\$41,098	\$0	\$600,479	\$0	\$2,525,088
Prescribed Drugs	\$140,610,202	\$458,193,334	\$11,774,808	\$1,316,781	\$0	\$8,962,574	\$620,857,700
Psychiatric Services	\$58,689,014	\$14,723,908	\$56,385	\$2,010	\$1,676,972	\$57	\$75,148,345
Residential Behavior							
Mgmt	\$10,852,901	\$182,277	\$0	\$0	\$0	\$0	\$11,035,178
Respite Care	\$0	\$0	\$0	\$0	\$0	\$240,127	\$240,127
Room and Board	\$31,103	\$119,332	\$0	\$0	\$0	\$0	\$150,434
School-Based Services	\$826,355	\$1,325,567	\$0	\$0	\$0	\$0	\$2,151,922
Specialized Foster							
Care/ID Services	\$0	\$0	\$0	\$0	\$0	\$2,630,539	\$2,630,539
Targeted Case Manager	\$49,492,432	\$1,607,381	\$0	\$0	\$15,496,303	\$35,516,764	\$102,112,880
Therapy Services	\$8,106,029	\$32,085,098	\$3,703	\$0	\$328,491	\$2,001,961	\$42,525,283
Transportation -	*						*
Emergency	\$10,384,278	\$20,575,732	\$110,360	\$392	\$9,416,491	\$8,020,307	\$48,507,559
Transportation - Non-		400 440 640		* -			400 440 0 15
Emergency (NET)***	\$0	\$28,440,018	\$0	\$0	\$0	\$0	\$28,440,018

20. Expenditures by Type of Service by Benefit Type (Cont.)

	SoonerCare	SoonerCare	Insure Oklahoma IP		SoonerCare	HCBS	
Type of Service	Traditional	Choice	& ESI*	SoonerPlan	Supplemental	Waivers**	Total
X-Ray Services	\$3,285,336	\$10,046,192	\$390,425	\$616	\$1,750,658	\$0	\$15,473,228
Uncategorized Services			· ·	\$0		-	-\$563,936
Total	\$1,075,619,267	\$2,011,392,732	\$87,887,518	\$3,043,810	\$1,095,498,104	\$474,306,902	\$4,747,748,333
Unduplicated Members							
Served	472,909	664,356	28,549	9,246	109,656	26,510	990,236
Average Cost Per							
Member Served	\$2,274	\$3,028	\$3,078	\$329	\$9,990	\$17,892	\$4,795
Unduplicated Members							
Enrolled	NA	670,436	31,005	55,691	132,824	26,396	998,209
Average Per Enrolled	NA	\$3,000	\$2,835	\$55	\$8,248	\$17,969	\$4,756

Source: OHCA Financial Service Division, 2019. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents the actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. Members 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; the total count is the unduplicated count overall. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY.

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 \$473,105,846 in SHOPP payments; \$237,120,762 in Hospital Supplemental payments (includes Hospital Supplemental Payments, DSH, GME and IME); \$39,210,205 in Outpatient Behavioral Health Supplemental payments; \$2,946,344 in SoonerExcel payments; \$5,408,202 in EHR incentive payments; \$76,064,780 in GME payments to medical schools; \$110,044,319 in GME Pass-Through Payments to Medical Schools; and \$105,813.615 in non-member specific provider adjustments. \$175,527,520 in Medicare Part A & B (Buy-In) payments and \$107,713,341 in Medicare Part D (clawback) payments are included in Ages 65 and over.

*Insure Oklahoma IP and ESI includes Insure Oklahoma ESI Out-of-Pocket and Insure Oklahoma ESI Premium payments. **Home and Community-Based Services Waivers expenditures include all services paid to waiver members. HCBS Waiver members may receive services paid through Title XIX funds.

***NET is only included in Choice and Supplemental figures.

21. Expenditures by Type of Service by Aid Category by Children Under 21

	Blind/	•				
	Disabled/	State		Children &	Other Aid	
Type of Service	TEFRA	Custody	CHIP	Parents (TANF)	Categories*	Total
Advanced Practice Nurse	\$67,479	\$25,406	\$361,937	\$1,418,290	\$1,759	\$1,874,870
Ambulatory Surgical Services	\$110,488	\$95,560	\$655,995	\$2,071,475	\$3,344	\$2,936,861
Architectural Modification	\$4,738	\$12,160	\$0	\$0	\$0	\$16,898
Audiology Services	\$35,864	\$27,280	\$69,736	\$273,632	\$41	\$406,551
Behavioral Health Services	\$21,030,808	\$14,176,958	\$34,918,155	\$120,821,114	\$88,468	\$191,035,503
Capitated Services	\$851,955	\$12,847	\$6,244,479	\$19,797,519	\$16,562	\$26,923,362
Clinic	\$3,464,476	\$2,218,232	\$23,684,370	\$69,853,794	\$404,645	\$99,625,517
Clinics - OSA Services	\$411,349	\$490,682	\$723,983	\$3,792,988	\$101,566	\$5,520,568
Community Mental Health	\$2,529,222	\$1,145,853	\$4,382,738	\$13,059,109	\$61,854	\$21,178,777
Dental	\$3,764,865	\$2,864,159	\$33,567,235	\$75,167,928	\$41,941	\$115,406,127
Direct Support	\$4,569,953	\$5,193,541	\$0	\$0	\$0	\$9,763,494
Employee Training Specialist	\$401,895	\$87,915	\$0	\$0	\$0	\$489,811
End-Stage Renal Disease	\$221,544	\$0	\$4,933	\$19,141	\$0	\$245,618
Eye Care and Exams	\$709,144	\$635,512	\$6,001,530	\$13,110,821	\$8,764	\$20,465,771
Eyewear	\$147,317	\$66,610	\$796,928	\$1,684,389	\$1,054	\$2,696,300
Group Home	\$781,875	\$424,365	\$0	\$0	\$0	\$1,206,240
Home Health	\$15,615,829	\$1,022,207	\$439,051	\$3,135,775	\$0	\$20,212,862
Homemaker Services	\$23,809	\$258,915	\$0	\$0	\$0	\$282,724
Hospice	\$77,631	\$13,575	\$0	\$94,155	\$0	\$185,361
ICF-ID Services	\$3,648,487	\$260,272	\$0	-\$120,475	\$0	\$3,788,283
Inpatient Services	\$50,864,989	\$26,910,908	\$19,052,123	\$172,103,950	\$372,633	\$269,304,602
Laboratory Services	\$697,642	\$300,111	\$1,925,101	\$7,783,339	\$154,627	\$10,860,821
Mid-Level Practitioner	\$0	\$747	\$149	-\$806	\$0	\$90
Medical Supplies/DMEPOS	\$16,960,276	\$1,537,901	\$2,733,075	\$8,472,861	\$13,024	\$29,717,137
Nursing Facility	\$349,679	\$0	\$0	\$0	\$0	\$349,679
Nursing Services	\$8,127	\$26,088	\$0	\$0	\$0	\$34,215
Nutritionist Services	\$3,451	\$359	\$1,455	\$1,974	\$0	\$7,239
Other Practitioner	\$0	-\$201	\$0	\$201	\$0	\$0
Outpatient	\$12,115,100	\$5,097,537	\$34,766,056	\$111,296,848	\$527,568	\$163,803,109
Personal Care	\$412,164	\$0	\$0	\$731	\$0	\$412,895
Physician	\$20,098,106	\$11,722,152	\$53,776,893	\$212,468,190	\$807,937	\$298,873,278
Podiatry	\$52,232	\$21,355	\$284,463	\$458,441	\$324	\$816,815

21. Expenditures by Type of Service by Aid Category by Children Under 21 (Cont.)

	Blind/					
	Disabled/	State		Children &	Other Aid	
Type of Service	TEFRA	Custody	CHIP	Parents (TANF)	Categories*	Total
Prescribed Drugs	\$60,804,732	\$11,536,414	\$65,153,285	\$155,302,155	\$1,194,209	\$293,990,795
Psychiatric Services	\$9,495,828	\$24,132,280	\$10,370,821	\$25,420,589	\$168,921	\$69,588,438
Residential Behavior Mgmt	-\$697,738	\$16,274,654	-\$8,062	-\$4,533,676	\$0	\$11,035,178
Respite Care	\$9,254	\$7,366	\$0	\$0	\$0	\$16,620
Room and Board	\$7,294	\$2,505	\$3,162	\$91,657	\$0	\$104,618
School-Based Services	\$509,504	\$59,602	\$216,660	\$1,366,156	\$0	\$2,151,922
Specialized Foster Care/ID Services	\$98,428	\$655,563	\$0	\$0	\$0	\$753,992
Targeted Case Manager	\$592,986	\$54,662,401	\$428,453	-\$8,349,322	\$0	\$47,334,518
Therapy Services	\$9,555,393	\$1,473,087	\$6,544,309	\$22,577,159	\$417	\$40,150,365
Transportation - Emergency	\$1,527,274	\$847,498	\$1,549,301	\$8,564,222	\$46,514	\$12,534,810
Transportation - Non-Emergency	\$2,892,840	\$93,664	\$569,896	\$1,753,181	\$1,465	\$5,311,046
X-Ray Services	\$273,136	\$118,707	\$1,110,357	\$2,608,787	\$28,793	\$4,139,781
Uncategorized Services	\$0	\$23,697	\$855	-\$2,415,133	\$3,917	-\$2,386,665
Total	\$245,099,425	\$184,536,444	\$310,329,420	\$1,039,151,162	\$4,050,347	\$1,783,166,798
Unduplicated Members Served	23,537	18,498	213,527	532,793	10,260	645,635
Average Cost Per Member Served	\$10,413	\$9,976	\$1,453	\$1,950	\$395	\$2,762

Source: OHCA Financial Service Division, 2019. 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 the actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. Members 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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY.

^{*}Other aid categories includes Oklahoma Cares (Breast and Cervical Cancer), SoonerPlan, Soon-to-be-Sooners and Insure Oklahoma members younger than age 21.

22. Expenditures for Home and Community-Based Waivers

				Homeward	In-Home	Living	Medically
Type of Service	Total	ADvantage	Community	Bound	Support	Choice	Fragile
Adult Day Care	\$4,973,863	\$2,220,860	\$1,848,895	\$52,014	\$852,093	\$0	\$0
ADvantage Home Delivered Meals	\$14,518,590	\$14,479,558	\$0	\$0	\$0	\$25,986	\$13,046
Ambulatory Surgical Services	\$500	\$500	\$0	\$0	\$0	\$0	\$0
Architectural Modification	\$391,982	\$152,008	\$171,544	\$59,500	\$5,671	\$0	\$3,259
Audiology Services	\$2,159	\$0	\$1,301	\$353	\$505	\$0	\$0
Behavioral Health	\$6,852,347	\$0	\$5,881,835	\$757,155	\$213,357	\$0	\$0
Clinic	\$15,811	\$13,438	\$1,429	\$0	\$944	\$0	\$0
Community Mental Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental	\$930,754	\$0	\$579,966	\$252,419	\$98,369	\$0	\$0
Direct Support	\$222,140,114	\$0	\$134,560,533	\$68,928,688	\$18,650,893	\$0	\$0
Employee Training Specialist	\$29,802,649	\$0	\$22,993,260	\$3,403,587	\$3,405,801	\$0	\$0
End Stage Renal Disease	\$26,809	\$26,942	\$0	\$0	-\$132	\$0	\$0
Eyewear Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Group Home	\$24,434,188	\$0	\$24,378,487	\$55,701	\$0	\$0	\$0
Home Health (HH) Services	\$969,469	\$0	\$0	\$0	\$0	\$0	\$969,469
Homemaker Services	\$2,395,262	\$0	\$2,019,834	\$194,625	\$180,803	\$0	\$0
Hospice	\$285,142	\$285,142	\$0	\$0	\$0	\$0	\$0
Inpatient Services	\$21,124	\$20,099	\$1,026	\$0	\$0	\$0	\$0
Medical Supplies/DMEPOS	\$20,317,599	\$15,205,623	\$3,500,461	\$802,508	\$474,402	\$24,545	\$310,060
Nursing Facility	\$44,147	\$44,147	\$0	\$0	\$0	\$0	\$0
Nursing Services	\$10,669,409	\$2,966,403	\$3,157,414	\$1,305,003	\$0	\$5,491	\$3,235,098
Nutritionist Services	\$640,656	\$0	\$510,671	\$128,384	\$1,600	\$0	\$0
Outpatient	\$74,196	\$65,806	\$2,795	\$2,426	\$3,169	\$0	\$0
Personal Care	\$66,514,326	\$65,923,179	\$0	\$0	\$0	\$96,557	\$494,590
Physician	\$1,586,373	\$12,561	\$1,180,094	\$371,136	\$22,582	\$0	\$0
Podiatry	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescribed Drugs	\$8,962,574	\$6,652,638	\$1,541,067	\$94,350	\$425,424	\$24,212	\$224,882
Psychiatric Services	\$57	\$68	-\$11	\$0	\$0	\$0	\$0
Respite Care	\$240,127	\$185,152	\$49,575	\$2,279	\$0	\$0	\$3,120
Self-Directed Care	\$9,327,105	\$8,783,086	\$0	\$0	\$0	\$0	\$544,019
Specialized Foster Care/ID Services	\$2,630,539	\$0	\$2,533,816	\$96,723	\$0	\$0	\$0
Targeted Case Manager	\$35,516,764	\$35,151,870	\$0	\$0	\$0	\$147,247	\$217,648

22. Expenditures for Home and Community-Based Waivers (Cont.)

				Homeward	In-Home	Living	Medically
Type of Service	Total	ADvantage	Community	Bound	Support	Choice	Fragile
Therapy Services	\$2,001,961	\$657	\$1,596,168	\$335,261	\$68,535	\$0	\$1,340
Transportation Services	\$8,020,307	\$658	\$5,537,904	\$1,819,540	\$662,205	\$0	\$0
X-Ray Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$474,306,902	\$152,190,396	\$212,048,065	\$78,661,653	\$25,066,219	\$324,038	\$6,016,531
Unduplicated Members Served	26,618	21,158	3,019	588	1,703	53	97
Average Cost Per Member Served	\$17,819	\$7,193	\$70,238	\$133,778	\$14,719	\$6,114	\$62,026

Source: OHCA Financial Service Division, 2019. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents the actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. Members 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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY. Services above are all services paid with HCBS waiver funds. Members may also receive services paid through Title XIX funds.

23. Expenditures for Behavioral Health Services

All Ages			
		Members	Avg per Member
Type of Service	Expenditures	Served ²	Served
Inpatient (Acute - General)	\$9,076,554	3,333	\$2,723
Inpatient (Acute - Freestanding)	\$16,146,184	3,180	\$5,077
Psychiatric Residential Treatment Facility (PRTF)	\$44,792,627	3,524	\$12,711
Outpatient	\$300,928,188	118,678	\$2,536
Psychologist	\$12,445,209	18,599	\$669
Psychiatrist	\$8,328,854	23,629	\$352
Residential Behavior Mgmt Services (Group)	\$7,788,528	903	\$8,625
Residential Behavior Mgmt Services (TFC)	\$4,983,831	389	\$12,812
SMI/SED Case Management	\$2,695,764	25,135	\$107
Other OP Behavioral HIth Services	\$6,798,580	1,837	\$3,701
Psychotropic Drugs ³	\$109,743,511	116,943	\$938
Total	\$523,727,830	153,027	\$3,422
Children Younger than Age 21			
		Members	Avg per Member
Type of Service	Expenditures ^I	Served ²	Served
Inpatient (Acute - General)	\$2,710,096	1,320	\$2,053
Inpatient (Acute - Freestanding)	\$15,765,313	3,125	\$5,045
Psychiatric Residential Treatment Facility (PRTF)			
rsychiatric Residential Treatment raciity (PRTr)	\$44,792,627	3,524	\$12,711
Outpatient	\$44,792,627 \$198,227,920	3,524 76,722	\$12,711 \$2,584
- ,			
Outpatient	\$198,227,920	76,722	\$2,584
Outpatient Psychologist	\$198,227,920 \$10,016,964	76,722 15,917	\$2,584 \$629
Outpatient Psychologist Psychiatrist	\$198,227,920 \$10,016,964 \$4,811,803	76,722 15,917 11,219	\$2,584 \$629 \$429
Outpatient Psychologist Psychiatrist Residential Behavior Mgmt Services (Group)	\$198,227,920 \$10,016,964 \$4,811,803 \$7,788,528	76,722 15,917 11,219 903	\$2,584 \$629 \$429 \$8,625
Outpatient Psychologist Psychiatrist Residential Behavior Mgmt Services (Group) Residential Behavior Mgmt Services (TFC)	\$198,227,920 \$10,016,964 \$4,811,803 \$7,788,528 \$4,983,831	76,722 15,917 11,219 903 389	\$2,584 \$629 \$429 \$8,625 \$12,812
Outpatient Psychologist Psychiatrist Residential Behavior Mgmt Services (Group) Residential Behavior Mgmt Services (TFC) SMI/SED Case Management	\$198,227,920 \$10,016,964 \$4,811,803 \$7,788,528 \$4,983,831 \$1,516,929	76,722 15,917 11,219 903 389 14,663	\$2,584 \$629 \$429 \$8,625 \$12,812 \$103

23. Expenditures for Behavioral Health Services (Cont.)

Adults Ages 21 and Older			
Type of Service	Expenditures ^l	Members Served ²	Avg per Member Served
Inpatient (Acute - General)	\$6,366,459	2,013	\$3,163
Inpatient (Acute - Freestanding)	\$380,871	55	\$6,925
Psychiatric Residential Treatment Facility (PRTF)	\$0		\$0
Outpatient	\$102,700,267	41,956	\$2,448
Psychologist	\$2,428,245	2,682	\$905
Psychiatrist	\$3,517,051	12,410	\$283
Residential Behavior Mgmt Services (Group)	\$0		\$0
Residential Behavior Mgmt Services (TFC)	\$0		\$0
SMI/SED Case Management	\$1,178,835	10,472	\$113
Other OP Behavioral HIth Services	\$4,113,818	1,461	\$2,816
Psychotropic Drugs ³	\$50,620,076	56,800	\$891
Total	\$171,305,623	53,345	\$3,211

Source: OHCA Financial Service Division, 2019. Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents the actual cash expenditures as reported to the Office of State Finance, while MMIS data warehouse expenditure data is net of overpayments and adjustments. Members 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. Members served based on claims paid within the SFY, dates of service may have been within the prior SFY; members are not necessarily currently enrolled within the reporting SFY.

- I. Categories reported above do not include all potential expenditures and costs related to 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 diagnosis 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.

24. Long-Term Care

Nursing Facilities Only	Bed Days
SoonerCare Funded Bed Days	4,587,595
Total Occupied Bed Days	6,617,716
Total Licensed Bed days	9,847,700
SoonerCare % of Occupied Bed Days	69.3%
Occupancy Rate*	67.2%

	Unduplicated			Average Per	Average
Facility	Members	Bed Days	Reimbursement	Member Served	Per Day
Nursing Facilities *	19,162	4,587,595	\$558,323,674	\$29,137	\$122
ICF/IDs (ALL)	1,569	514,829	\$77,971,738	\$49,695	\$151
ICF/IDs (Private)	1,512	496,143	\$64,072,068	\$42,376	\$129
ICF/IDs (Public)**	57	18,686	\$13,899,670	\$243,854	\$744

^{*}Occupancy rate is unadjusted for semiprivate rooms rented privately, and for hospital and therapeutic leave days. ICFs/ID are Intermediate Care Facilities for the Intellectually Disabled. The above numbers do not include the patient liability that the member pays to the nursing facility (average per day for NF's \$28.39, for Private ICF/IID's \$16.66 and for Public ICF/IID's \$13.94). This does not include Crossover claims paid to nursing facilities of \$8,588,581. This would add 2,868 additional unduplicated members and 222,089 days.

25. SoonerExcel Incentive Program

	SFY 2019
SoonerExcel Incentive Program	Payments ¹
Emergency Department Utilization	\$499,998
-based on emergency department utilization of panel members	
Breast and Cervical Cancer Screenings	\$350,000
-based on breast & cervical cancer screenings of panel members	
Behavioral Health Screenings	\$268,347
-based on Behavioral Health screenings of panel members	
Inpatient Admits / Visits	\$850,000
-based on inpatient admits / visits to SoonerCare Choice members	
EPSDT & 4th DTaP- Well Child Checks	\$1,019,508
-based on meeting the EPSDT screening compliance rate and 4th DTaP administration	า
Total	\$2,987,852

Source: OHCA Financial Service Division, 2019. SFY 2019 payments are an estimate, at time of reporting SFY 2019 fourth quarter payments had not been calculated. The Early and Periodic Screening, Diagnostic, and Treatment benefit provides health care services to children under age 21.

26. Hospital Expenditures by Type

Types of Hospital Payments	SFY18	SFY19
Inpatient - Acute and Critical Access	\$465,232,142	\$471,167,034
Inpatient Rehabilitation - Freestanding	\$12,829,644	\$13,359,298
Inpatient - Indian Health Services	\$25,154,219	\$29,713,623
Inpatient - Long Term Acute Care (LTAC) Children's	\$36,139,298	\$43,853,216
Inpatient Behavioral Health - Freestanding	\$10,107,215	\$23,963,211
Psychiatric Residential Treatment Facilities ¹	\$53,674,644	\$44,914,688
Outpatient Services	\$304,750,525	\$335,568,814
Medicare Crossovers	\$41,779,284	\$41,630,917
Hospital Supplemental Payments	\$123,246,841	\$193,311,203
Electronic Health Records (EHR) Incentive Payments	\$2,164,109	\$2,084,979
Supplemental Hospital Offset Payment Program	\$486,886,331	\$471,667,323
Indirect Medical Education (IME)	\$34,013,202	\$34,965,572
Graduate Medical Education (GME)	\$5,811,373	\$3,508,953
Disproportionate Share Hospitals ²	\$45,584,465	\$44,545,240
Total	\$1,647,373,292	\$1,754,254,069

Source: OHCA Financial Service Division, 2019. I. Includes only outpatient services performed at a hospital. 2. EHR incentive payments to hospitals only, excludes other provider types, which may have received EHR payments such as physicians.

27. OHCA Provider Network

Provider Types	Provider Network
Adult Day Care	46
Advance Practice Nurse	4,015
Advantage Home Delivery Meal	17
Ambulatory Surgical Center (ASC)	58
Anesthesiology Assistant	28
Audiologist	119
Capitation Provider - IHS (Indian Health Services) Case Manager	85
Case Manager	83
Certified Community Behavioral Health Centers (CCBHC)	34
Certified Registered Nurse Anesthetist (CRNA)	1,261
Chiropractor	35
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	2
Clinic - Family Planning Clinic	2
Clinic - Federally Qualified Health Clinic (FQHC)	114
Clinic - Native American	63
Clinic - Rural Health	108
Clinic - Tuberculosis	2
Community Mental Health Center (CMHC)	99
County/City Health Department	6
DDSD (Developmental Disability Service Division) - Architectural Modification	24
DDSD (Developmental Disability Service Division) - Community Transition	
Services	43
DDSD (Developmental Disability Service Division) - Employee Training Specialist	82
DDSD (Developmental Disability Service Division) - Group Home	41
DDSD (Developmental Disability Service Division) - Homemaker Services	67
DDSD (Developmental Disability Service Division) - Volunteer Transportation	
Provider	237
DDSD (Developmental Disability Service Division) - Waiver Behavioral Health	0.40
Provider	612
Dentist	1,377
Direct Support Services	225
DME (Durable Medical Equipment)/Medical Supply Dealer	957
End-Stage Renal Disease Clinic	111
Extended Care and Skilled Nursing Facilities	313
Extended Care Facility - Facility Based Respite Care	114
Extended Care Facility - ICF/MR	92
Genetic Counselor	12

27. OHCA Provider Network (Cont.)

Provider Types	Provider Network
Health Home	137
Home Health Agency	179
Hospice	82
Hospital - Acute Care	810
Hospital - Critical Access	114
Hospital - Native American	13
Hospital - Psychiatric	3
Hospital - Resident Treatment Center	6
Laboratory	359
Lactation Consultant	54
Licensed Behavioral Health Professional	4,837
Licensure Candidates	1,846
Maternal/Child Health LCSW	7
Nursing Agency - Non-Skilled	29
Nursing Agency - Skilled	102
Nutritionist	235
Optician	60
Optometrist	699
Outpatient Behavioral Health Agency	449
Outpatient Behavioral Health Agency - DMHSAS Contracted	107
Para Professional	4,100
Partial Hospitalization	10
Personal Care Services	3,357
Pharmacy	1,393
Physciatric Residential Treatment Facility (PRTF)	38
Physician - Allergist	90
Physician - Anesthesiologist	1,403
Physician Assistant	2,136
Physician - Cardiologist	670
Physician - General/Family Medicine	3,234
Physician - General Pediatrician	1,899
Physician - General Surgeon	904
Physician - Internist	2,431
Physician - Obstetrician/Gynecologist	956
Physician - Other Specialist	8,185
Physician - Pediatric Specialist	2,333

27. OHCA Provider Network (Cont.)

Provider Types	Provider Network
Physician - Radiologist	1,842
Physician - Resident in Training	299
Preadmission Screening and Resident Review (PASRR)	13
Program for Assertive Community Treatment (PACT)	14
Psychologist	390
Public Health Nurse - Native American	68
Registered Nurse	14
Residential Behavior Management Services (RBMS)	27
Respite Care	77
Room and Board	13
School Based Para Professional	132
School Corporation	90
Specialized Foster Care/MR	116
Therapist - Occupational	363
Therapist - Physical	823
Therapist - Speech/Hearing	818
Transportation Provider	306
X-Ray Clinic	52
Total Provider Network [Unduplicated]	55,739

Provider Network is providers who contracted to provide health care services by locations, programs, types and specialties. Providers are being counted multiple times if they have multiple locations, programs, types or specialties.