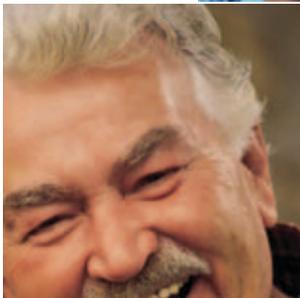


Oklahoma Health Care Authority

Oklahomans Working for Oklahomans

Annual Report SFY2011
July 2010 through June 2011





Our Mission Statement

Our mission is to purchase state and federally funded health care in the most efficient and comprehensive manner possible and to study and recommend strategies for optimizing the accessibility and quality of health care.

Our Vision

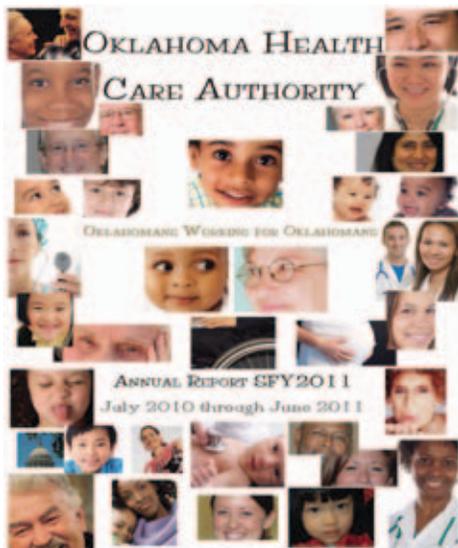
Our vision is for Oklahomans to enjoy optimal health status through having access to quality health care regardless of their ability to pay.

Our Values and Behaviors

OHCA staff will operate as members of the same team, with a common mission and each with a unique contribution to make toward our success.

OHCA will be open to new ways of working together.

OHCA will use qualitative and quantitative data to guide and evaluate our actions and improve our performance in a purposeful way over time.



On the cover: On average, 450 Oklahomans come to work at OHCA to make sure the 720,000 Oklahomans enrolled monthly are able to receive and access health care.

OHCA works hard for our families, neighbors and fellow Oklahomans. We are dedicated to reaching new heights in the SoonerCare program, while maintaining our high standards of service and quality to our members and providers.

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Mary Fallin
Governor
State of Oklahoma

EXECUTIVE BRANCH

Todd Lamb
Lieutenant Governor

Dr. Terry Cline, Ph.D.
Secretary of Health

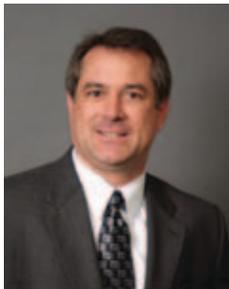
LEGISLATIVE BRANCH

1st Session of the 53rd Legislature

Brian Bingman
President Pro Tempore, State Senate

Kris Steele
Speaker, House of Representatives

OHCA BOARD MEMBERS as of June 2011



Chairman Lyle
Roggow



Vice Chairman Anthony
(Tony) Armstrong



Ann Bryant



Sandra
Langenkamp



Charles (Ed)
McFall, DPH



Melvin McVay



George Miller

Message from the Chief Executive Officer



State Fiscal Year 2011 (SFY2011) was the year SoonerCare and Insure Oklahoma put OHCA on the national map as an innovator and model for Medicaid agencies throughout the country. It all happened as we focused our skill, talent and resources on serving Oklahomans in need of high quality, affordable health care while also being responsible stewards of Oklahoma tax dollars.

OHCA staff has welcomed out-of-state visitors and has travelled across the country on the invitation (and expense) of several states, responding to requests for information about our many successes. Insure Oklahoma, patient-centered medical home, health management, emergency room utilization management and child enrollment outreach were among the topics of interest. In addition, Oklahoma achieved “first in the nation” status in several areas.

In our effort to continue the evolution of Oklahoma Medicaid out of its welfare origins and into the world of health insurance coverage, last fall OHCA launched the NATION’S FIRST real-time online enrollment system. This revolutionary web-based portal allows qualified Oklahomans to sign up for SoonerCare coverage online with same day coverage. And Oklahomans responded! In early 2011, Oklahoma was hit by severe winter storms that forced state agencies to close. In those two days, 780 Oklahomans enrolled in SoonerCare from the convenience of a personal computer! Not even a year old at the end of the fiscal year, mysoonercare.org website had processed 384,487 SoonerCare applications and renewals.

OHCA also was the FIRST agency IN THE NATION to make federal Medicaid Electronic Health Records Incentive payments to qualified health care providers. Oklahoma health professionals and hospitals are taking this early and critical action by investing in the transition to electronic health records. OHCA is proud to partner with our provider network by providing some of the financial capital necessary to improve the quality and efficiency of Oklahoma’s health care delivery system.

This Annual Report offers comprehensive information about OHCA programs and operations during SFY2011. In spite of the economic conditions that bring increased demand and shrinking resources, OHCA continues to prepare for the changes on the horizon in health care. It is without hesitation and with considerable pride that I say the Oklahoma Health Care Authority will continue to be a model for this country. We will continue to move toward realizing our vision: Oklahomans enjoying optimal health status through having access to quality health care regardless of their ability to pay. For all the citizens of our state to live that vision, we must continue to build upon today’s successes in establishing a health care system for Oklahomans, by Oklahomans.

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

SFY2011 Highlights

Members

- ⇒ There were 968,296 unduplicated members enrolled in either SoonerCare (Oklahoma Medicaid) or Insure Oklahoma during SFY2011 (July 2010 through June 2011).
- ⇒ A total of 929,348 SoonerCare members received services during SFY2011.
- ⇒ Overall SoonerCare enrollment increased by 9.4 percent and the number served increased 5.5 percent from SFY2010 (July 2009 through June 2010).
- ⇒ Enrollment in the Insure Oklahoma program has increased 2.3 percent since June 2010. As of June 2011, 32,600 enrollees and 5,276 businesses were participating.
- ⇒ During SFY2011, Oklahoma provided coverage to 58,693 SoonerPlan enrollees and 5,141 women needing further diagnosis or treatment for breast and/or cervical cancer or precancerous conditions through the Oklahoma Cares program.
- ⇒ 59 percent of the estimated Oklahoma population younger than age 18 have been enrolled in SoonerCare at one point during SFY2011. Approximately 13 percent of Oklahomans aged 65 and older are enrolled in SoonerCare.
- ⇒ SoonerCare covers approximately 64 percent of the births in Oklahoma. In calendar year 2010, SoonerCare deliveries were 33,125 of the 51,799 total state births (OSDH preliminary figures accessed 7/18/2011).

Expenditures and Revenues

- ⇒ An average of 17 percent of SoonerCare members were aged, blind and disabled enrollees. These enrollees accounted for 51.8 percent of the SoonerCare expenditures in SFY2011.
- ⇒ SoonerCare funded 65.9 percent of Oklahoma's long-term care occupied bed days.
- ⇒ OHCA expended \$25.8 million on behalf of the Oklahoma Cares enrollees and \$8 million on SoonerPlan enrollees.
- ⇒ The average cost per prescription funded by SoonerCare was \$60.51, and the average monthly prescription cost per utilizer was \$147.
- ⇒ A monthly average of 10,778 members used SoonerRide for a total of 774,187 one-way transports.
- ⇒ Nursing facility Quality of Care revenues totaled \$51,685,588.
- ⇒ Dollars recovered by OHCA through post-payment reviews totaled \$9,077,565.
- ⇒ Federal and State Drug rebate collections, including interest, totaled \$154,039,193.
- ⇒ By limiting the amount paid for generic drugs, OHCA saved more than \$105.3 million through the State Maximum Allowable Cost (SMAC) program.

Administration

- ⇒ OHCA processed 37 emergency rules, 28 permanent rules and 12 State Plan amendments.
- ⇒ There were 117 group provider training sessions attended by more than 11,672 providers. OHCA and HP held 6,644 individual, on-site, provider training sessions during SFY2011.
- ⇒ OHCA received and investigated 372 SoonerCare member complaints. This number represents less than 1 percent of the 968,296 SoonerCare enrollees.
- ⇒ There were 26 provider and 522 member formal appeals filed. This number is less than one-fourth of 1 percent of both populations.
- ⇒ OHCA administrative costs comprised 2.55 percent of the total SoonerCare expenditures. OHCA operating costs represented 40 percent of OHCA administrative costs, and the other 60 percent were contract costs.

For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

SFY2011 Year in Review

INSURE OKLAHOMA GROWTH CONTINUES

The Insure Oklahoma program makes affordable health coverage available to Oklahomans who are uninsured or at risk of losing their coverage due to high premium costs.

Oklahoma's tobacco tax revenues fund the state share of Insure Oklahoma. The program is designed to grow until cost reaches the rate of the revenue that can adequately sustain participation, factoring in the prevailing federal match rate and cost of premiums. Because this program is not an entitlement, participation will be capped at the revenue limit and a waiting list would be instituted. When the program reaches 35,000 people, enrollment will stop to ensure the program is stable.

Insure Oklahoma covers full-time college students ages 19 to 22 who meet the income qualifications. At the end of the fiscal year, 465 college students were covered by Insure Oklahoma.

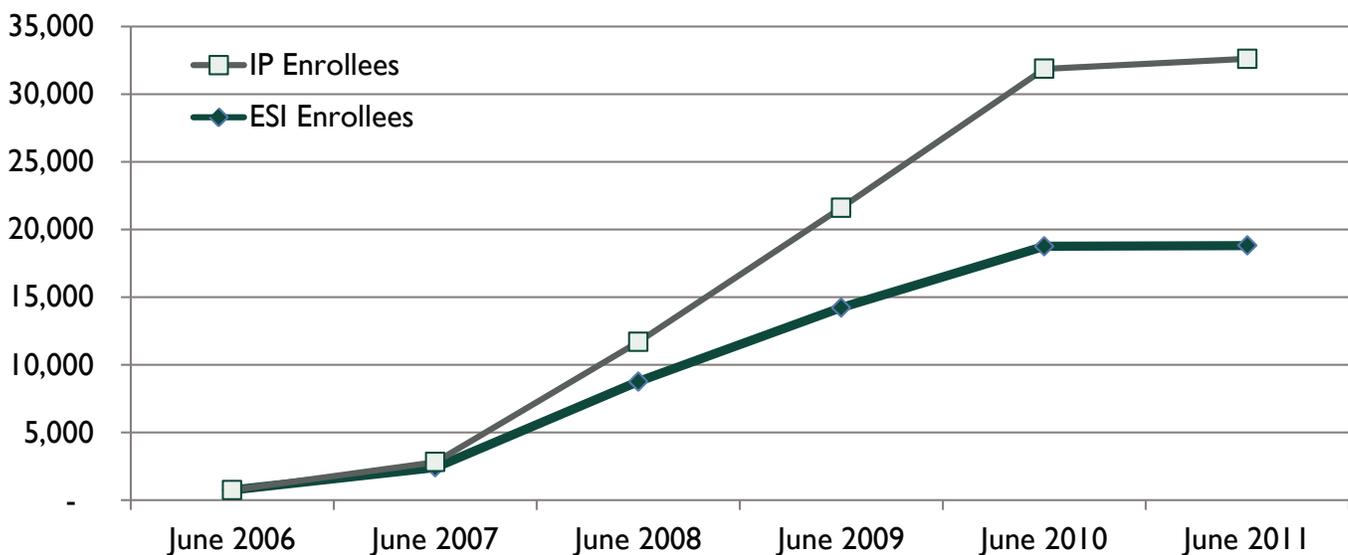
The Insure Oklahoma Employer-Sponsored Insurance (ESI) plan is designed to assist Oklahoma small business owners, with 99 or fewer employees, purchase health insurance on the private market. Their employees are eligible if their income is 200 percent of the federal poverty level or less.

The Insure Oklahoma Individual Plan (IP) offers health coverage to uninsured adults ages 19-64 whose allowable household income is no more than 200 percent of federal poverty level (FPL) and are not receiving Medicaid or Medicare. IP is available to people who meet the definition in one of the following groups: 1) working adults who do not qualify for ESI and work for an Oklahoma business with 99 or fewer employees, 2) temporarily unemployed adults who qualify to receive unemployment benefits, 3) working adults with disability who work for any employer and have a ticket to work, or 4) adults who are self-employed.

INSURE OKLAHOMA EXTENDS COVERAGE TO DEPENDENTS

In July of 2010, Insure Oklahoma began to enroll children younger than age 19 in eligible households with income between 185 percent to 200 percent of the federal poverty level.

Children of ESI members are covered through their family's private insurance plan, and Insure Oklahoma subsidizes a portion of the family's premium costs. Children of IP members are covered through the state-operated Individual Plan network and benefit plan.



For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

SFY2011 Year in Review (continued)

SOONERCARE ONLINE ENROLLMENT

In September 2010, OHCA launched online enrollment. This implementation included transferring responsibility to qualify and enroll more than 500,000 Oklahomans from the Oklahoma Department of Human Services (OKDHS) to OHCA. Prior to this innovation, qualified applicants were required to visit an OKDHS county office in person, or fill out a paper application and mail it to OKDHS. Qualification and subsequent enrollment could take a month to complete.

Online enrollment provides many options for SoonerCare applicants. An online home application can be accessed from any computer that has Internet access, and an agency application can be accessed by partner agencies. The agency application is used by OKDHS, the Oklahoma State Department of Health (OSDH), Indian Health Services, and several Tribes to assist members in the enrollment process. With online enrollment, members receive the results of their application within minutes, instead of weeks.

The paper application still exists, but it is now received at OHCA, where it is scanned, data-entered, and processed for enrollment in a matter of days. With the option to receive an immediate response, the number of paper applications dropped sharply soon after the implementation of online enrollment.

The process uses a rules engine to determine qualification for the programs including SoonerCare, SoonerPlan and state-sponsored behavioral health services. This process ensures policy is applied uniformly for all Oklahomans. Verifications are accomplished through data exchanges with the Social Security Administration, the Oklahoma Employment Security Commission and OSDH, as well as other

state and federal agencies. When applicants click “submit”, and qualify to receive benefits, they receive real-time SoonerCare enrollment. Members receive a SoonerCare identification number, align with a medical home and can seek services immediately.

With less than a year of operation, OHCA processed 384,487 applications, and enrolled or re-enrolled 564,409 members through online enrollment. Approximately 30 percent of applications received originated at OKDHS, 19 percent from other partner agencies using the agency application and 41 percent using the home application. The remaining 10 percent used the paper process.

This innovation is considered one of the most advanced state enrollment services in the nation, and at the 2011 Team awards received a Governor’s Commendation and the “Motivating the Masses” award.



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

Source: U.S. Census Bureau, Current Population Survey, Table 1156. Household Internet Usage In and Outside of the Home by State: 2010 - http://www.census.gov/compendia/statab/cats/information_communications/internet_publishing_and_broadcasting_and_internet_usage.html

SFY2011 Year in Review (continued)

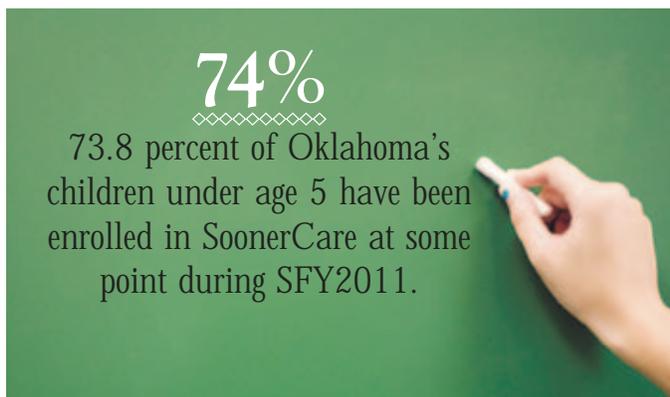
OHCA REACHES OUT

To reach the approximately 60,000 Oklahoma children uninsured but qualified for SoonerCare, OHCA coordinated an outreach effort called SoonerEnroll. SoonerEnroll has two primary goals: 1) enroll children that would be qualified for SoonerCare but are not currently enrolled; and, 2) improve the rate of successful and timely recertification of children in SoonerCare. OHCA is committed to providing quality health care for all of Oklahoma's children, and SoonerEnroll is instrumental in reaching that goal.

SoonerEnroll uses a number of state and community-level strategies to increase enrollment and retention of children in SoonerCare. Four regional coordinators and a number of temporary community outreach workers provide training and technical assistance to more than 500 community partners and work closely with them in the development, implementation and evaluation of action plans to meet the needs of local communities. An important outcome of SoonerEnroll has been the creation of a sustainable, statewide infrastructure for outreach and enrollment efforts beyond the scope of the CHIPRA grant.

The Oklahoma Health Care Authority also has contracted with the University of Oklahoma School of Social Work to conduct focus groups and administer surveys concerning the challenges and barriers associated with enrollment in SoonerCare. The results will be used to develop and implement future outreach strategies. A re-enrollment pilot also was launched allowing members in pilot counties to renew their SoonerCare membership by phone. The grant continues through September 2011.

For more information, go to www.okhca.org/soonerenroll.



SMOKING CESSATION EFFORTS CONTINUE

Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants. An estimated 58 percent of Oklahoma's SoonerCare population smokes. Women who quit smoking before, or early in pregnancy, significantly reduce the risk for several adverse outcomes.

OHCA received funding through December 2012 from the Tobacco Settlement Endowment Trust (TSET) for the SoonerQuit: Prenatal Tobacco Cessation Initiative. The project uses methods proven effective at improving providers' knowledge of best practice methods and provides on-site assistance in integrating these processes into daily routine. OHCA has worked on site with more than 20 SoonerCare obstetric care providers.

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

SFY2011 Year in Review (continued)

BOARDING SCHOOL DENTAL OUTREACH PROJECT CONTINUES

In September 2010, the Oklahoma Health Care Authority took advantage of a unique opportunity to improve the well-being of more than 500 American Indian children who reside at the Riverside Indian Boarding school in Anadarko. The majority of Riverside Indian School students come from remote and poverty-stricken areas of the country where access to education and comprehensive health care is a challenge.

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

HEALTH MANAGEMENT PROGRAM (HMP) IMPACTING QUALITY OF CARE

APS Healthcare evaluated the preventive and diagnostic services provided to SoonerCare HMP participants with six targeted chronic conditions: asthma, congestive heart failure, COPD, coronary artery disease, diabetes and hypertension. The evaluation was performed through a combination of paid claims and medical record reviews. APS also calculated the SFY2010 compliance rates for a “comparison group” consisting of SoonerCare members who were eligible, but not enrolled in the SoonerCare HMP. The comparison group compliance rates were calculated for the measures derived from administrative data.

Results of the analysis were promising. The participant compliance rate exceeded the comparison group rate by a statistically significant amount for 11 of 20 diagnosis-specific administrative data measures, suggesting the program has a positive effect on quality of care. The full evaluation of the HMP can be viewed at www.okhca.org/reports.

OHCA OPEN FOR INPUT

SoonerCare Member Advisory Task Force

OHCA has always strived to involve consumers, agency stakeholders and health care professionals in the development and implementation of SoonerCare programs. However, SoonerCare members' voices sometimes are lost in the process. OHCA is working to inform SoonerCare members of changes to the program that affect their benefits through targeted mailings, quarterly newsletters and a user-friendly website. Until recently, the agency has not had an advisory group consisting solely of SoonerCare members and/or their families. In January 2011, years of planning and collaboration alongside the Oklahoma Family Network culminated in the creation of the SoonerCare Member Advisory Task Force (MATF). The MATF meets every other month and already has contributed greatly to the direction of the SoonerCare program.

OHCA Rule Changes on the Web

OHCA implemented a website for proposed administrative rule changes. OHCA publishes all proposed rules changes and gives the public an opportunity to comment on the proposed rules. The online comment site seeks advice and consultation from medical professionals, tribal organizations and the general public in developing or amending policies and rules. The site provides a forum for the public to share comments and suggestions related to the proposed rule change and can be accessed from www.okhca.org/proposed-changes.

SFY2011 Year in Review (continued)

FOURTH ANNUAL SOONERCARE TRIBAL CONSULTATION MEETING A SUCCESS

All Indian health facilities in Oklahoma contract with OHCA and more than 100,000 tribal members receive all or part of their health care through SoonerCare. OHCA's fourth annual SoonerCare Tribal Consultation Meeting was held in October 2010 at the Cherokee Nation Hard Rock Hotel in Tulsa.

Tribal consultation allows participants to interact and openly discuss ideas for partnerships and projects. The 2010 consultation meeting had the largest attendance thus far, with more than 200 attendees representing tribes, state and federal health programs and various other stakeholders. Areas of discussion included long term care, electronic health records and meaningful use and health care reform.

GENERIC MEDICATIONS SAVE MONEY

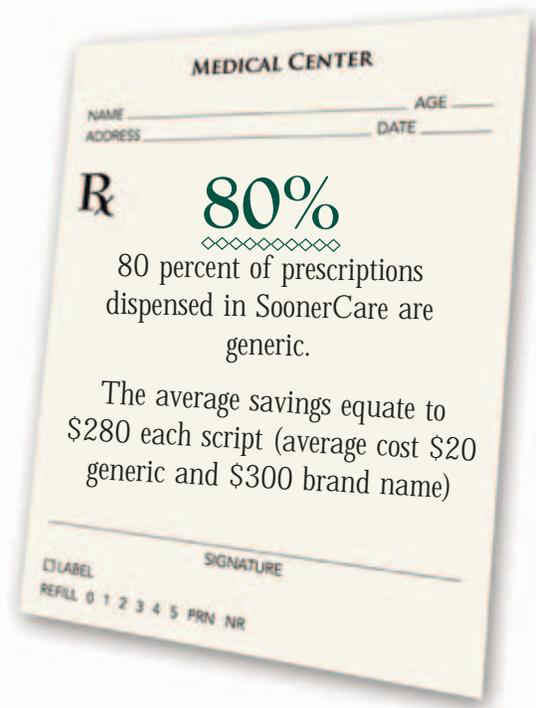
Thanks to wide availability of generic medications, OHCA can provide a robust pharmacy benefit for SoonerCare members. A 10 year retrospective analysis of the pharmacy program shows that the cost of the pharmacy benefit per member per month is actually lower in 2011 than it was in 2001. This drop is partly due to a slightly different mix of members, but the availability of additional generic products since 2011 is a major factor. In 2001, the generic utilization rate was 48 percent, meaning 48 percent of all prescriptions paid for by SoonerCare were filled with generic medications. For 2011, the generic utilization rate jumped to more than 80 percent. Four of five prescriptions paid for by SoonerCare is filled with a generic medication. The SoonerCare pharmacy program has one of the highest generic utilization rates of any Medicaid pharmacy benefit plan in the nation. The average cost of a generic prescription filled for a SoonerCare member is about \$20. Compare that to the average cost of brand name prescription, which is approaching \$300.

ELECTRONIC PROVIDER NOTIFICATIONS

To reduce the Oklahoma Health Care Authority's overhead costs and carbon footprint, a workgroup of employees from various departments within the agency was established to assess the possibility of moving to an electronic provider notification system.

The workgroup was tasked with evaluating and analyzing the pros and cons associated with converting to an electronic notification system, costs associated with mailing more than 300,000 provider letters, and possible avenues to ensure information reaches providers in a timely and cost effective manner.

As a result, the agency implemented an eco-friendly electronic provider notification process. The electronic provider notification process consists of three sources of communication: email notification, web alerts and faxed information updates.



For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

SFY2011 Year in Review (continued)

OKLAHOMA FIRST TO MAKE ELECTRONIC HEALTH RECORDS INCENTIVE PAYMENT

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH). Eligible hospitals including critical access hospitals, cancer hospitals and children’s hospitals participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Records (EHR) technology.

The incentive payments are not a reimbursement, but are intended to encourage Oklahoma EPs and EHs to adopt, implement or upgrade certified EHR technology and use it in a meaningful manner.

Oklahoma was the first state in the nation to approve eligible professionals for payment through the Oklahoma EHR Incentive Program. 100 percent of the incentive payments are federal dollars. While implementing and administering the Oklahoma EHR Incentive Program OHCA plans to:

- ⇒ Establish, administer and oversee the program.
- ⇒ Use stakeholder input to assist with development and implementation of meaningful use definitions.
- ⇒ Capture attestations and report data electronically.
- ⇒ Monitor and report clinical quality measures to CMS.
- ⇒ Disburse and monitor incentive payments.
- ⇒ Update the state’s electronic systems to improve functionality and interoperability.
- ⇒ Pursue incentives to encourage adoption, implementation or upgrade of certified EHRs and meaningful use by EPs and EHs.
- ⇒ Ensure privacy and security of electronic protected health information (ePHI).
- ⇒ Prevent fraud and abuse.

\$35 Million Federal Dollars

Direct to Oklahoma Providers

As of June 30, 2011, OHCA has paid \$12,572,917 to 592 eligible professionals and \$22,698,793 to 33 hospitals for a total of \$35,271,710.

OHCA works closely with federal and state partners to ensure the Oklahoma EHR Incentive Program fits into the overall strategic plan for the Oklahoma Health Information Exchange (OKHIE), advancing national and Oklahoma goals for electronic information.

SOONERCARE HEALTH ACCESS NETWORK

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

The three approved pilot HANs are; 1) OU Sooner Health Access Network began operations in July 2011 with full functionality in November. This network contains 45 medical home providers, serving more than 28,000 members. 2) Partnership for a Health Canadian County (PHCC) is specific to the providers within the county. This HAN supports 5 medical homes servicing approximately 2,500 members. In addition to the services provided by other HANs, PHCC has established a strong connection with the county health department as well as food banks and other community resources. 3) The OSU Health Access Network is in the final stages of contracting with OHCA. This pilot will be similar to OU Sooner HAN in scope. This network will support more than 10 medical homes and more than 10,000 members.

For more details regarding the SoonerCare program, go to www.okhca.org. The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

SFY2011 Year in Review (continued)

BEHAVIORAL HEALTH QUALITY IMPROVEMENT PROJECT

In 2005, OHCA behavioral health care coordinators initiated a quality improvement project aimed at exploring how intensive care management might affect the length of stay for many SoonerCare members under the age of 21 in inpatient behavioral health settings. This project resulted in reduced costs of approximately \$1 million. The positive results supported the decision to add care coordination services to the current Quality Improvement Organization contract and led to a collaboration of multiple state agencies for a statewide Care Management Oversight project.

OHCA collaborated with Oklahoma Department of Mental Health and Substance Abuse Services, Office of Juvenile Affairs, Federation of Families, Oklahoma Commission on Children and Youth, Oklahoma Department of Rehabilitation Services and Oklahoma Department of Human Services to conduct the Care Management Oversight project with the following goals:

- ⇒ Creating a more integrated and seamless system of mental health and substance abuse services.
- ⇒ Offer children and youth with serious emotional disturbances and their families direct linkages to community-based services.
- ⇒ Increase usage of community-based services.
- ⇒ Decrease inpatient psychiatric hospital days.
- ⇒ Decrease number of days from inpatient/residential discharge to first community-based service.
- ⇒ Increase community capacity to respond to crises.
- ⇒ Ensure continuity of care.

Behavioral Health Care Managers from each agency took high-risk level children (N=87) and provided frequent state-level care coordination. The project included comparison to an equivalent control group (N=90).

Results of the care coordinated group were remarkable:

- ⇒ Average length of inpatient stay per child went from 70.6 days to 29.2 days.
- ⇒ Decrease of 41 percent in total inpatient expenditures.
- ⇒ Increased usage of community-based services by 16 percent.
- ⇒ Total SoonerCare average annual expenditures per child dropped 35 percent.
- ⇒ Overall cost savings of \$788,037.



For more details regarding the SoonerCare program, go to www.okhca.org.
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SFY2011 Year in Review (continued)

FEDERAL RELIEF EXTENDED

The federal and state governments share Medicaid costs. Congress took two significant actions in February 2009 that were designed to assist states in assuring and financing coverage through Medicaid and the Children’s Health Insurance Program (CHIP). The CHIP Reauthorization Act (CHIPRA) renewed CHIP federal funding through the end of 2013 and expanded its scope. CHIPRA provisions are financed largely by an increase in federal tobacco tax.

American Recovery and Reinvestment Act of 2009 (ARRA)

Section 5001 of the ARRA provided for temporary increases of the federal medical assistance percentages (FMAP) for all states during the period of economic downturn. Total dollars for the SoonerCare program remained the same; however, the increase in federal matching dollars decreased the state share amount, providing much needed relief to the state budget.

The ARRA, also referred to as the stimulus package, was amended to extend the recession adjustment period to June 30, 2011, and to extend the hold harmless provision that prevents a state’s FMAP rate from decreasing due to a lower unemployment rate.

To access the additional funds associated with the increased FMAP, each state must ensure the “eligibility standards, methodologies, or procedures” under its Medicaid State Plan, or under its Medicaid waiver or demonstration programs, are not more restrictive than those in effect July 1, 2008.

The State of Oklahoma anticipated a budget shortfall of \$725 million for SFY2011. This projected shortfall meant the 3.25 percent cut in provider rates enacted in SFY2010, continued through SFY2011. In SFY2010, the OHCA collectively trimmed more than \$38 million in state funds from administrative costs and the SoonerCare program. These cuts ultimately resulted in a total program reduction of more than \$148 million because of the corresponding reduction in federal Medicaid matching funds, including the loss of the additional federal stimulus package money.



SFY2011 Year in Review (continued)

OHCA STAFF RECEIVE AWARDS

Often OHCA staff efforts are heralded through calls and letters. Occasionally, outstanding efforts are recognized through awards. Such is the case for Paula Printup-Porter. Ms. Printup-Porter was named Oklahoma's Certified Public Manager of the Year for 2010. She was recognized for her service to the U.S. Air Force, federal government and State of Oklahoma, and her leadership of the Oklahoma Certified Public Managers Society. A proclamation from Gov. Brad Henry designated Dec. 13, 2010, as Paula Printup-Porter Day in Oklahoma.

The "Heart of Our Family 2011 Award" was presented to Erin Meyer, LMFT, MS. in April 2011. According to the presenter, Meyer was honored for making a difference in strengthening Family and Children's Services and the lives of others in our community.

Debbie Spaeth, LMFT, LADC, LPC, was recognized by the Journal Record in the 2010 "50 Making a Difference" award. The award is a special tribute to Oklahoma's female business and community leaders. The 50 women selected include several from the health care and nonprofit fields as well as entrepreneurs, attorneys and city and state officials.

Leah Taylor, PhD, received the "Advocate of the Year" award from the Oklahoma Drug and Alcohol Professional Counselor's Association. The award is given to nominees who have made meaningful and consistent contributions that have had a significant impact on drug and alcohol addiction treatment.



URAC, a leading independent health care quality accrediting organization, awarded the Oklahoma Medical Risk Management program the Bronze Award in Health Information/Decision Support at the 2010 Best Practices in Health Care Consumer Empowerment and Protection Awards. The awards honor programs that advance patient safety and empower consumers.

The OHCA and Oklahoma Department of Mental Health and Substance Abuse Services developed the MRM program in partnership with research firm Care Management Technologies. Eli Lilly and Company, an Indianapolis-based pharmaceutical company, provides funding for the program to promote excellence in patient care.



**For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.**

SFY2011 Year in Review (continued)

OHCA 2011 QUALITY OKLAHOMA TEAM DAY AWARDS

OHCA highlighted 13 projects at the 2011 Quality Oklahoma Team Day at the state Capitol. Projects receiving a Governor's Commendation for Excellence award are included below.

OHCA Online Enrollment - At the time of the awards OHCA's online enrollment project showed resounding results, with nearly half of all applicants choosing to apply from home instead of through a state agency. Online enrollment frees up nearly 5,000 person-hours of state employee time each month in processing paper applications, while also empowering SoonerCare and SoonerPlan members to manage their benefit renewals and updates. This project also received the "Motivating the Masses" specialty award.

SoonerCare Choice: Oklahoma's Patient-Centered Medical Home Program - Sixty percent of SoonerCare members receive health care through the SoonerCare Choice program. To improve access and quality, OHCA transitioned to a Patient-Centered Medical Home (PCMH) model in January 2009. The PCMH is patient-centric and fosters a team approach to health care delivery, engaging the patient and family, as well as medical staff. The PCMH uses a care coordination fee based on a tiered PCP classification system with a fee-for-service and incentive payment structure, all within the same budget parameters as the previous model.

Practice Facilitation: Strengthening Primary Care for Chronic Illness in Oklahoma Through the SoonerCare Health Management Program - The OHCA, partnering with Iowa Foundation for Medical Care, is achieving cost savings and improved quality of care for patients with chronic disease through a process known as Practice Facilitation. This component of the SoonerCare Health Management Program (HMP),



operating since February 2008, provides direct process improvement support to primary care medical practices. An independent evaluator credits practice facilitation with saving 2.8 million dollars in the first 17 months of operation.

Measuring Success-SoonerCare's Payment Accuracy Project - With Medicaid's expenditures totaling more than \$4 billion (1.2 billion state dollars), it is paramount that agencies be diligent stewards of taxpayers dollars. The purpose of the program is to measure and reduce improper payments while protecting access to these essential services for all Oklahomans.

Statewide Care Management Oversight Project - The project studied the effects of state level care management for children who were at moderate to high risk of future inpatient behavioral health hospitalizations and was funded by the Innovation Center's Transformation of System's Infrastructure Grant (TSIG). The project was a collaboration among multiple state agencies. The University of Oklahoma's E-Team evaluated the results of the study and APS Healthcare assisted with prior authorization and care coordination.

OHCA also had information booths for: SoonerEnroll: Partnering for a Healthy Oklahoma; Behavioral Health Consolidated Claims Processing & Outcomes Data; Electronic Provider Notifications; Reducing Psychiatric Residential Treatment Expenditures; Online: Proposed Rule Change; SoonerCare Member Advisory Task Force; Focus On Excellence; and the SoonerQuit Prenatal Initiative.

For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

What Is Medicaid?

MEDICAID:

- ⇒ Was created as Title XIX of the Social Security Act in 1965.
- ⇒ Is a federal and state partnership program that makes coverage available for basic health and long-term care services based upon income and/or resources.
- ⇒ Is overseen at the federal level by the Centers for Medicare & Medicaid Services (CMS) within the Department of Health and Human Services.
- ⇒ Has requirements concerning funding, qualification guidelines and quality and extent of medical services set and monitored by CMS.
- ⇒ Is known as SoonerCare in Oklahoma.

Who Qualifies for Medicaid?

Medicaid serves as the nation's primary source of health insurance coverage for vulnerable populations. Federal law requires states to cover certain "mandatory" groups to receive any federal matching funds. The mandatory groups are pregnant women and children under age 6 with family income below 133 percent FPL; children age 6 to 18 below 100 percent FPL; parents below cash assistance eligibility levels; and elderly and persons with disabilities who receive Supplemental Security Income (SSI).

FIGURE 1 2011 FEDERAL POVERTY GUIDELINES (FPL)

Family Size	Annual (Monthly) Income			
	100%	133%	185%	300%
1	\$10,890 (\$908)	\$14,484 (\$1,207)	\$20,147 (\$1,679)	\$32,670 (\$2,723)
2	\$14,710 (\$1,226)	\$19,564 (\$1,631)	\$27,214 (\$2,268)	\$44,130 (\$3,678)
3	\$18,530 (\$1,545)	\$24,645 (\$2,054)	\$34,281 (\$2,857)	\$55,590 (\$4,633)
4	\$22,350 (\$1,863)	\$29,726 (\$2,478)	\$41,348 (\$3,446)	\$67,050 (\$5,588)
5	\$26,170 (\$2,181)	\$34,806 (\$2,901)	\$48,415 (\$4,035)	\$78,510 (\$6,543)
6	\$29,990 (\$2,500)	\$39,887 (\$3,324)	\$55,482 (\$4,624)	\$89,970 (\$7,498)
7	\$33,810 (\$2,818)	\$44,967 (\$3,748)	\$62,549 (\$5,213)	\$101,430 (\$8,453)
8	\$37,630 (\$3,136)	\$50,048 (\$4,171)	\$69,616 (\$5,802)	\$112,890 (\$9,408)
For Each Additional Member	\$3,820	\$5,081	\$7,067	\$11,460

SOURCE: Federal Register, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638; <http://aspe.hhs.gov/poverty/index.shtml>.

The designation of some groups as mandatory and others as optional is an artifact of Medicaid's origins as a health care provider for traditional welfare populations. Through laws enacted over the past 40 years, eligibility has been extended to include not only people who are receiving cash assistance programs but also individuals who are not.

Still, Medicaid does not provide medical assistance for all impoverished people. Even under the broadest provisions of the federal statute (except for emergency services for certain individuals), the Medicaid program does not provide health care services for very poor people unless they are in one of the designated qualifying groups.

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

**For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.**

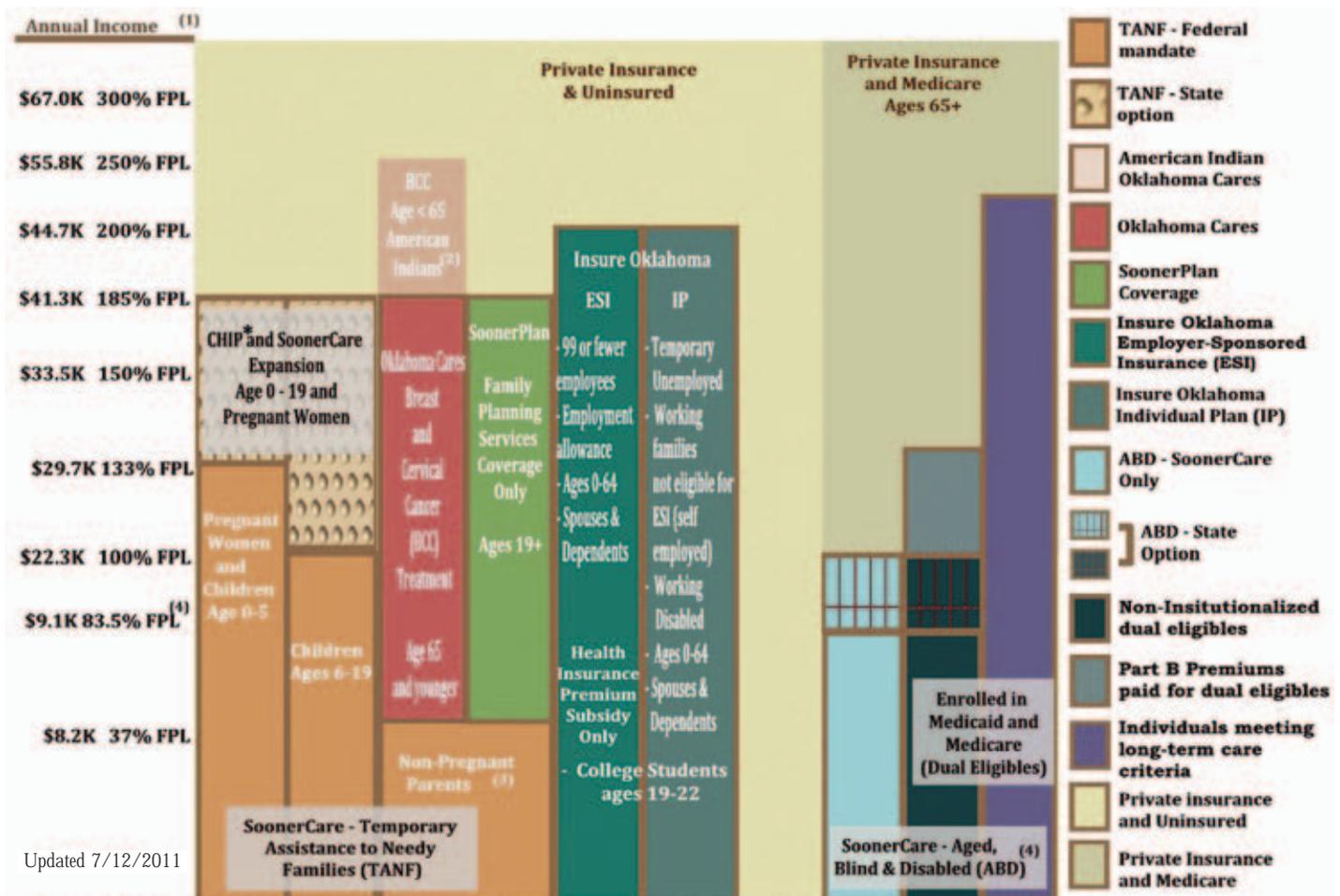
Who Qualifies for Medicaid? (continued)

Oklahoma Department of Human Services' Role in Qualifying Members

In accordance with Oklahoma State Statutes, Title 63, Sec. 5009, OHCA contracts with the Oklahoma Department of Human Services (OKDHS) to determine if certain individuals qualify for SoonerCare. Individuals who are disabled, aged, in custody, qualified for cash assistance or receive a State supplemental payment are processed and approved or denied by OKDHS. Applications and renewals for these programs are reviewed by each OKDHS county office for financial and/or medical qualifications. Once an individual meets the qualifications and completes the enrollment process, his or her records are sent to OHCA to coordinate medical benefits and make payments for services.



FIGURE 2 2011 FEDERAL POVERTY GUIDELINES (FPL) AND COVERAGE



Updated 7/12/2011

(1) Federal Poverty Guidelines. U.S. Department of Health and Human Services. Based on a family of four.
 (2) Oklahoma Cares qualifications are up to 250% FPL for American Indians only.
 (3) Approximately 37 percent of federal poverty level (FPL) based on single parent family.
 (4) Income shown is for single individuals.
 * CHIP is the Children's Health Insurance Program.
IMPORTANT - the above information is a very basic overview of the federal poverty level and coverage groups. Each group has varying qualifying criteria. Specific details can be found at www.okhca.org under Individuals.

Who Are the Members of SoonerCare?

MAIN QUALIFYING GROUPS

To be eligible for federal funds, states are required to provide Medicaid coverage for certain individuals who receive federally assisted income-maintenance payments (cash assistance), as well as for related groups not receiving cash payments. Overall, less than half of the SoonerCare enrollees receive any type of cash assistance.

Children and Parents. More than 112,000 low-income pregnant women or adults in families with children were enrolled under TANF guidelines. The majority of these members receive the SoonerCare Choice benefit package. 683,180 children and parents received services for an annual cost average of \$2,343 per member.

Aged. More than 66,000 adults ages 65 and older, excluding those who are blind or disabled, were covered by SoonerCare in SFY2011. 55,826 aged members were served in SFY2011 with an average annual cost of \$14,092.

Blind and Disabled. During SFY2011, more than 130,000 Oklahomans who were blind or had chronic conditions and disabilities were enrolled in SoonerCare. In SFY2011, 122,828 blind or disabled members were served with an average annual cost of \$12,029.

Dual Eligibles. Some individuals qualified for Medicaid and Medicare. SoonerCare covered 119,797 dually eligible enrollees and served 100,600 for an average annual cost of \$9,008. Dually eligible enrollees may be accounted for in other qualifying groups.

ADDITIONAL QUALIFYING GROUPS

Children’s Health Insurance Program (CHIP). As a federal incentive, Oklahoma receives a higher rate of federal matching dollars for members qualified under CHIP. On average each month, 65,000 children qualified under CHIP. In SFY2011, 124,675 CHIP children received services with an average annual cost of \$964.

TEFRA. TEFRA allows children who qualify for institutional services to be cared for in their homes. The majority of the 550 children qualified since inception are receiving SoonerCare Choice benefits. In SFY2011, 442 children were served with an average annual cost of \$11,057.

Oklahoma Cares. OHCA’s breast and cervical cancer treatment program provides SoonerCare health care benefits to more than 26,000 women ages 65 and younger found to need further diagnostics or treatment from the result of breast or cervical screenings with abnormal findings, precancerous conditions or cancer. For SFY2011, 6,184 women were served with an average annual cost of \$4,172.



FIGURE 3 SOONERCARE CHILDREN UNDER 21 — SFY2011

Total unduplicated children under 21	604,301
Children qualified under TANF	527,309
Children qualified under Blind and Disabled	22,329
Children qualified under TEFRA	429
Children qualified under Insure Oklahoma	1,683
Children qualified under CHIP	117,229

Children above may be counted in multiple qualifying groups. The list above is not all inclusive, there are other groups that children are qualified through.

182%
 Since the implementation of the SoonerCare qualification expansion programs in 1997, the number of children enrolled in SoonerCare has increased more than 182 percent.

For more details regarding the SoonerCare program, go to www.okhca.org. The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

Who are the Members of SoonerCare? (continued)

ADDITIONAL QUALIFYING GROUPS (CONTINUED)

SoonerPlan. SoonerPlan is Oklahoma’s family planning program for women and men. SoonerPlan member benefits are limited to only specific family planning services. Since inception, 113,565 men and women have been enrolled through SoonerPlan. In SFY2011, 29,597 members received services for an average annual cost of \$270. A list of available services is located at www.okhca.org/benefits.

Soon-to-be Sooners. The Soon-to-be Sooners (STBS) program makes SoonerCare coverage of pregnancy-related medical services available to just more than 7,000 women who would not otherwise qualify for benefits due to citizenship status. STBS benefits are more limited than SoonerCare full-scope benefits and cover only those medical services related to the well-being of the pregnancy. During SFY2011, 6,603 pregnant women were served with an average cost of \$1,273.

Insure Oklahoma. Insure Oklahoma is a unique product designed to provide affordable health coverage to adults and their dependents who are either uninsured or at risk of losing their coverage due to high premium costs. The state share of Insure Oklahoma costs comes from the state’s tobacco tax revenues.

Insure Oklahoma also covers dependent children younger than age 19 whose household income is 185 percent to 200 percent of the federal poverty level.

During SFY2011, 27,012 individuals were served through Insure Oklahoma ESI for an annual average of \$1,894 per member. IP members had an average cost of \$3,166 for the 18,208 members served.

For more specific Insure Oklahoma qualifying requirements and application information, go to the website, www.insureoklahoma.org.

Home and Community-Based Services

(HCBS) Waivers. Medicaid Home and Community-Based Services (HCBS) waivers afford states the flexibility to develop and implement creative alternatives to placing SoonerCare members in a nursing facility or intermediate care facility for the mentally retarded (ICF/MR). Overall, \$16,950 was the average annual cost of waiver services for the 27,428 members served in SFY2011. Waiver members may have also received services paid through Title XIX funds.

FIGURE 4 OKLAHOMA HOME AND COMMUNITY-BASED WAIVERS ENROLLEE COUNTS — SFY2011

ADvantage Waiver	24,352
Community Waiver	2,947
Homeward Bound Waiver	740
In-Home Supports Waiver - Adults	1,514
In-Home Supports Waiver - Children	472
Medically Fragile Waiver	21
My Life; My Choice Waiver	10
Sooner Seniors Waiver	6

FIGURE 5 LONG-TERM CARE FACILITY MEMBER COUNTS AND COSTS

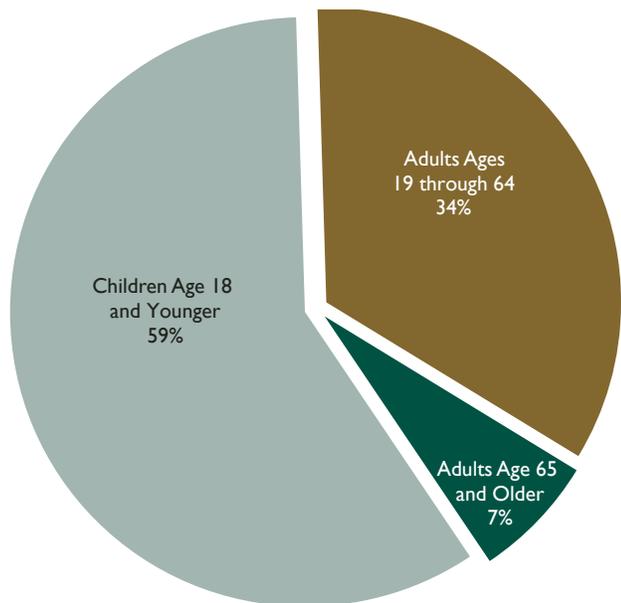
Facility Type	Unduplicated Members	Bed Days	Reimbursement	Yearly Average Per Person*	Average Per Day
Nursing Facilities	20,075	4,865,002	\$488,768,742	\$24,347	\$100.47
ICFs/MR (ALL)	1,736	585,341	126,784,862	\$73,033	\$216.60
ICFs/MR (Private)	1,415	473,256	\$55,768,063	\$39,412	\$117.84
ICFs/MR (Public)**	321	112,085	\$71,016,799	\$221,236	\$633.60

ICFs/MR = Intermediate Care Facilities for the Mentally Retarded. *Average Per Person figures do not include the patient liability that the member pays to the nursing facility (avg \$25.40/day). **ICFs/MR public facilities per day rate includes ancillary services not included in ICFs/MR private facility rate. Reimbursement includes \$13,441,208 in Public ICF/MR cost settlements.

**For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.**

Who are the Members of SoonerCare? (continued)

FIGURE 6 AGE OF SOONERCARE ENROLLEES

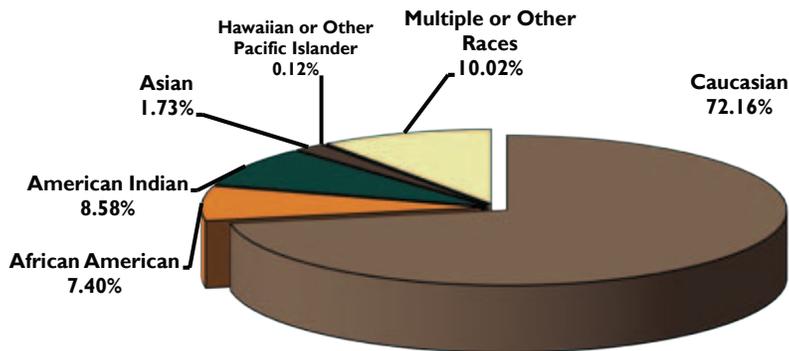


1 in 4 Oklahomans Enrolled in SoonerCare

There were 968,296 unduplicated members enrolled in the SoonerCare or Insure Oklahoma programs during SFY2011. On average, 752,002 members were enrolled each month of the state fiscal year. Females comprised 58 percent of the unduplicated enrollees.

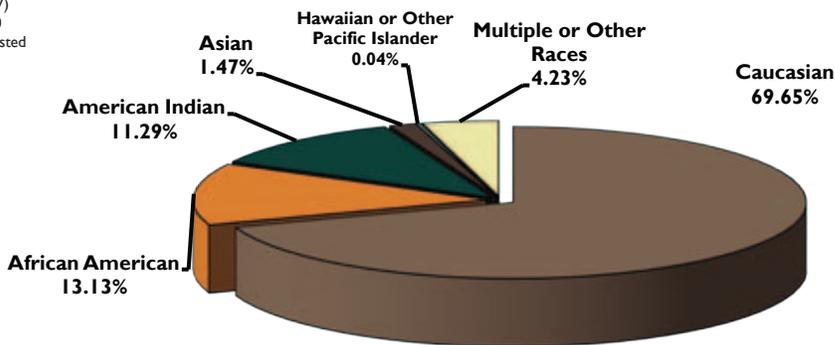
Oklahomans can declare any combination of five races. The pie charts below represent the counts of races reported alone.

FIGURE 7 OKLAHOMA AND SOONERCARE POPULATION BY RACE
State of Oklahoma Population 2010



Total Estimated Population 2010 - 3,751,351 (Hispanic or Latino Ethnicity = 332,007)
Oklahoma totals based on U.S. Census Bureau, Oklahoma State Data Center 2010
Population - single race reported alone counts. Census collects Other Race, not listed in the other 5 major categories.

SoonerCare Population SFY2011



Total Enrolled in SoonerCare and/or Insure Oklahoma - 968,296 (Hispanic or Latino Ethnicity = 137,241) The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.

For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

How Is SoonerCare Financed?

The federal and state governments share Medicaid costs. For program administration costs, the federal government contributes 50 percent for each state, with enhanced funding provided for some administrative activities, such as fiscal agent operations. For medical services provided under the program, the federal matching rate varies between states. Each year the federal matching rate, known as the federal medical assistance percentage (FMAP), is adjusted. Oklahoma must use state or local tax dollars (called “state matching dollars”) to meet its share of SoonerCare costs.

FIGURE 8 FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

Regular Medicaid Match		
Federal Fiscal Year	Federal Match (FMAP)	State Match
2011	64.94%	35.06%
2012	63.88%	36.12%
CHIP [‡] Match		
Federal Fiscal Year	Federal Match (FMAP)	State Match
2011	75.46%	24.54%
2012	74.72%	25.28%

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



*For every \$1 in state Medicaid dollars spent, Oklahoma receives \$2.97 in federal dollars available for direct medical services and administrative costs.

(Included in the total federal dollars are the regular Federal Matching Assistance Percentage dollars of \$2.67 and ARRA/Stimulus dollars of \$.30.)

FIGURE 9 - CONDENSED SUMMARY OF REVENUE SOURCES

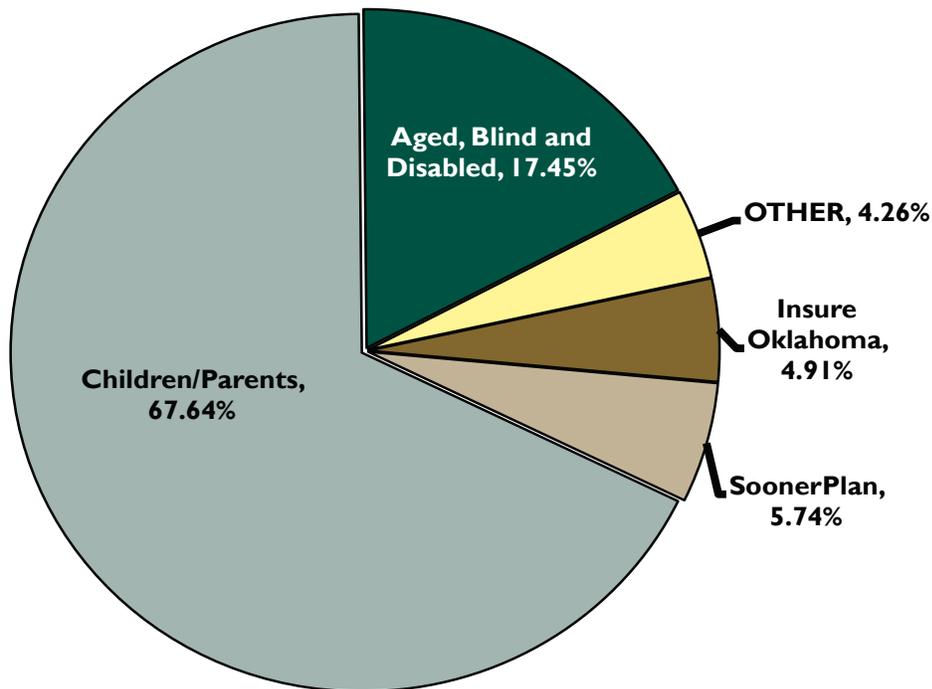
Revenue Source	Actual Revenues
State Appropriations	\$699,875,770
State Appropriations - ARRA/Stimulus	\$278,139,951
Unappropriated - ARRA/Stimulus	\$76,891,075
Federal Funds - OHCA	\$2,073,419,788
Federal Funds for Other State Agencies	\$694,855,878
Refunds from Other State Agencies	\$320,387,664
ARRA/Stimulus reimbursed from OSA	\$106,142,366
Tobacco Tax Funds	\$101,702,935
Drug Rebate	\$151,700,328
Medical Refunds	\$78,795,540
Quality of Care Fees	\$51,685,588
Prior Year Carryover	\$35,663,786
HEEIA Fund Transfer	\$30,000,000
Other Revenue	\$24,893,464
Total Revenue	\$4,724,154,133

Source: OHCA Financial Services Division, September 2011. HEEIA is the Health Employee and Economy Improvement Act (HEEIA) Revolving Fund. 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.

Where Are the SoonerCare Dollars Going?

FIGURE 10 SOONERCARE ENROLLEES AND EXPENDITURES BY AID CATEGORY PERCENTAGES

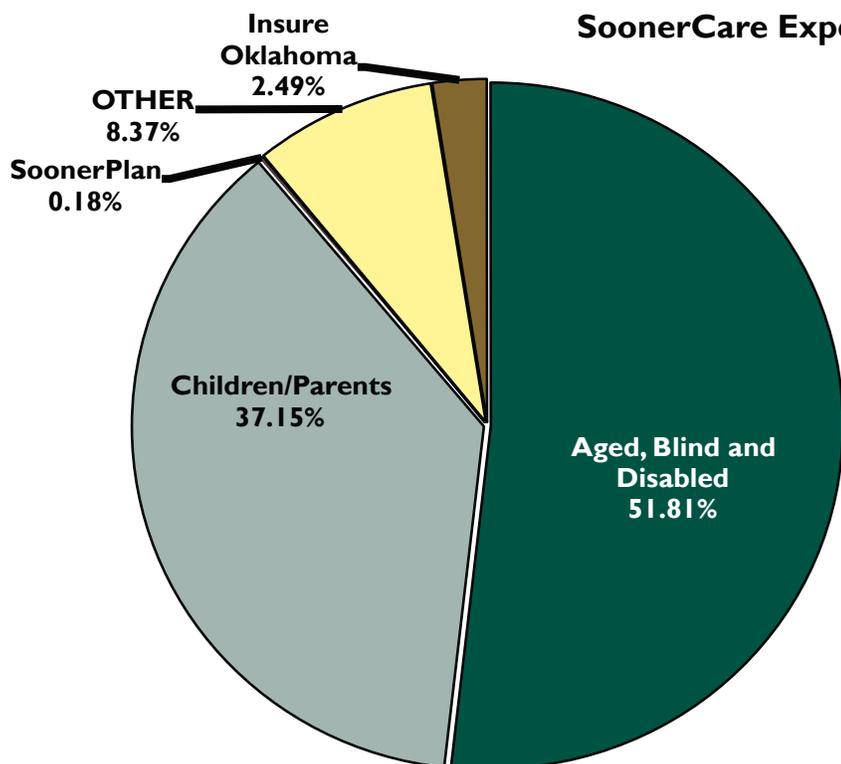
SoonerCare Enrollees



17%
 17.45 percent of enrollees were Aged, Blind and Disabled



SoonerCare Expenditures



52%
 51.8 percent of expenditures were on behalf of Aged, Blind and Disabled

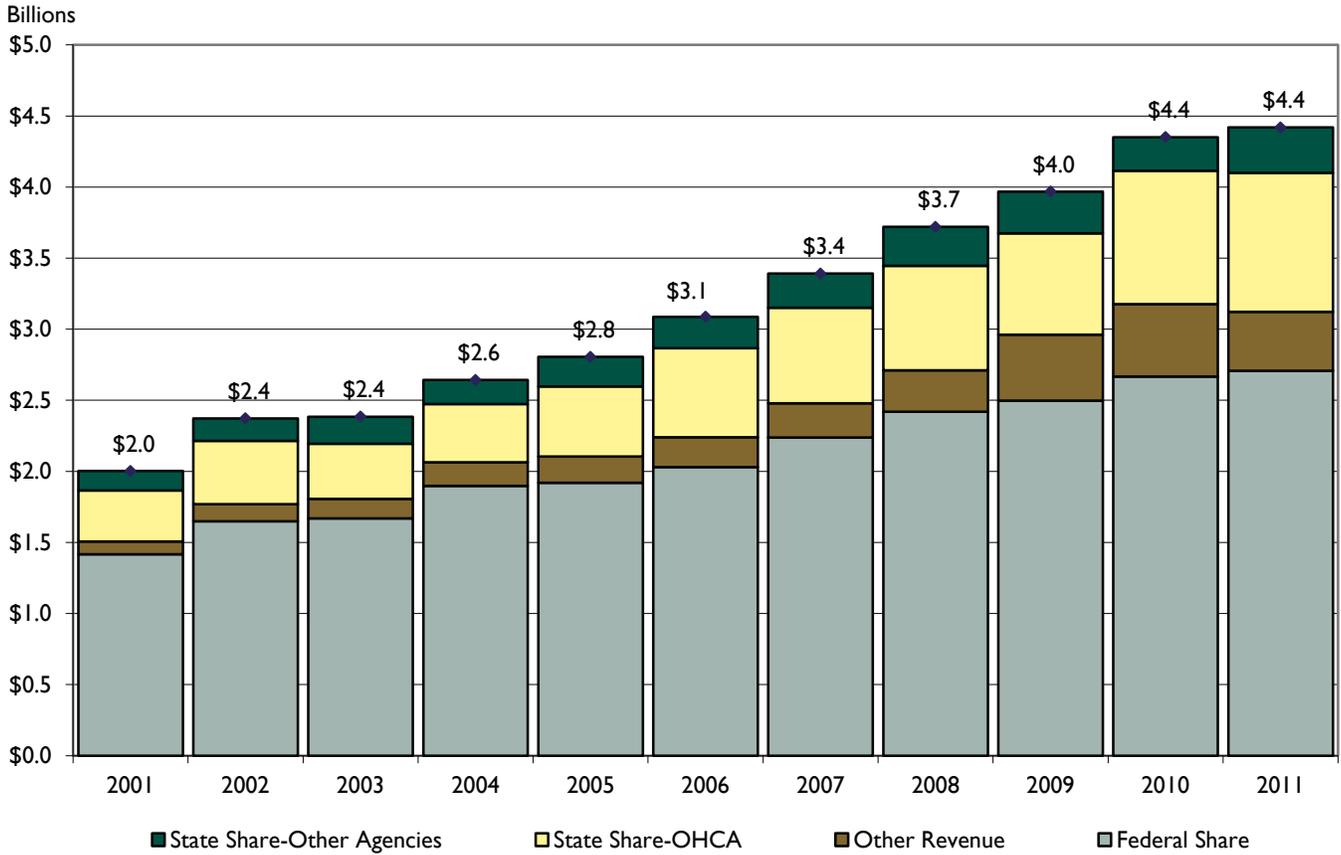
68%
 SoonerCare funded 68.2 percent of the total actual nursing facility occupied bed days in the state. Statewide, nursing facilities have a 71 percent occupancy rate.
 Occupancy rate is unadjusted for semiprivate rooms rented privately or for hospital and therapeutic leave days.

Other enrollees and expenditures include — Refuge, PKU, Q1, SLMB, DDSD Supported Living, Soon-to-be Sooners and TB members. Children/Parents includes child custody. ABD includes TEFRA enrollees and expenditures. Other expenditures also include GME/IME/DSH and hospital supplemental payments.

For more details regarding the SoonerCare program, go to www.okhca.org. The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

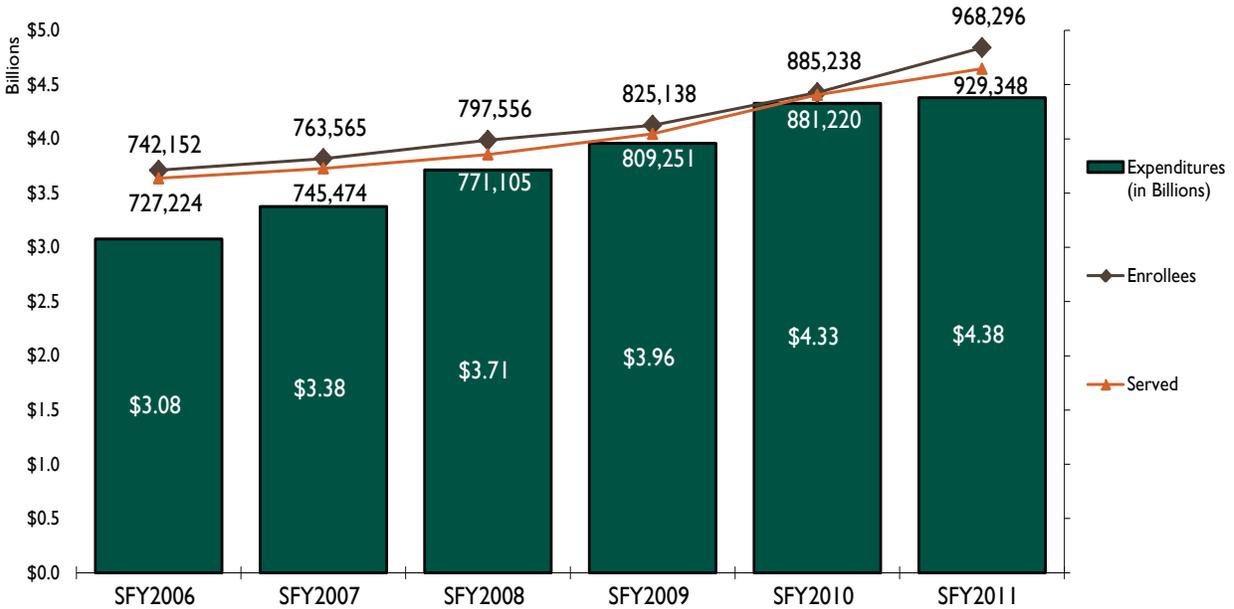
Where are the SoonerCare Dollars Going? (continued)

FIGURE 11 SUMMARY OF EXPENDITURES AND REVENUE SOURCES, FEDERAL FISCAL YEAR 2001-2011



Source: OHCA Financial Services Division. Federal fiscal years are between October 1 and September 30. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.

FIGURE 12 HISTORIC SOONERCARE ENROLLEES, SERVED AND EXPENDITURES, SFY2005-SFY2011



For more details regarding the SoonerCare program, go to www.okhca.org. The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

Oklahoma's Uninsured

Despite access problems and other barriers, uninsured Oklahomans still receive some health care. Studies indicate that, on average, these individuals do not pay for more than half of their health care costs. Obviously, others are stepping in to pick up the tab.

The burden is distributed very unevenly throughout the health care delivery system. Some providers serve very few uninsured people, while others face great cost pressures because they serve very large uninsured populations. Additionally, if people who have access problems could get proper care at a clinic or doctor's office, they would be less likely to go to the emergency room. This would free up emergency rooms to treat life-threatening events and reduce costs.

FIGURE 13 OKLAHOMA UNINSURED ESTIMATES BY FEDERAL POVERTY LEVEL

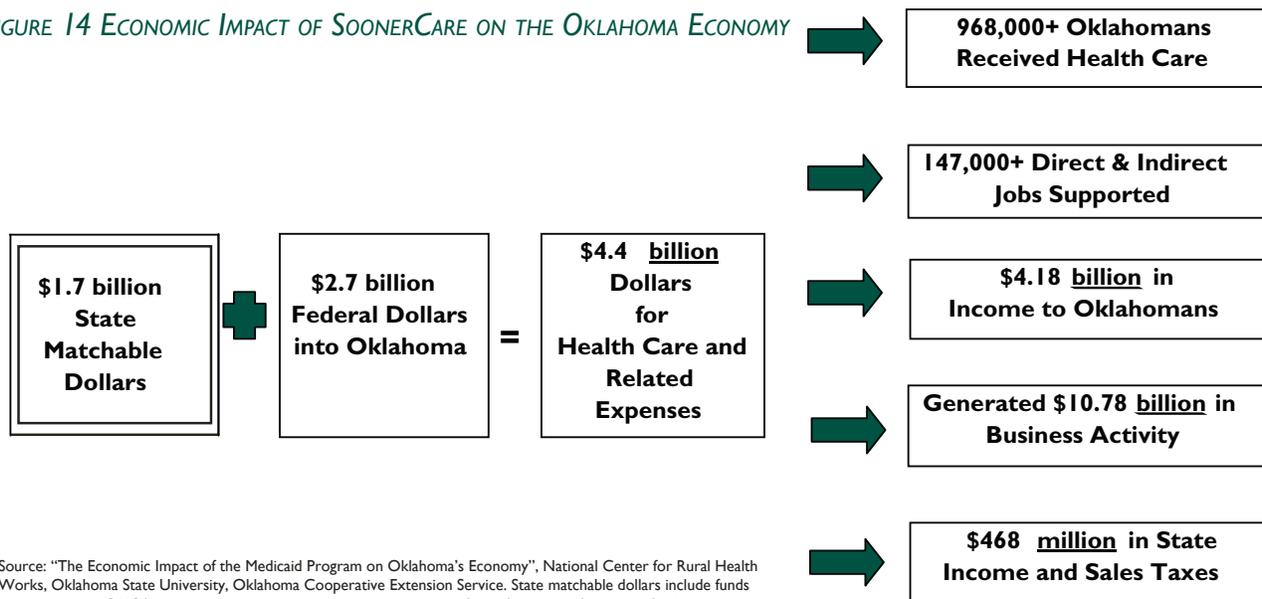
Age Range	Total Uninsured	Uninsured Percent of OK Population	Uninsured Less Than 150% of FPL	Uninsured Less Than 200% of FPL	Uninsured Less Than 250% of FPL	Uninsured Less Than 300% of FPL
Total	624,480	17.03%	296,859	366,411	429,965	479,042
0-18	119,747	12.17%	58,273	75,579	90,333	97,456
19-64	503,644	23.09%	238,586	290,832	338,543	380,497
65+	1,089	0.22%	0	0	1,089	1,089
3 Yr Avg	592,202	16.37%	243,621	325,421	398,667	447,139

Source: U.S. Census, Current Population Survey (CPS) 2010 Poverty universe data collected 2011. Figures are cumulative per federal poverty level threshold.

SoonerCare and the Economy

Health care services are a substantial economic presence in Oklahoma. Most people do not think of SoonerCare health care services beyond the critical role they play in meeting the needs of vulnerable and low-income Oklahomans. The health care sector affects the economy in much the same way a manufacturing plant does; it brings in money, provides jobs to residents and keeps health care dollars circulating within the state economy. Health care businesses, in turn, have an additional impact through the purchase of utility services and cleaning supplies, as well as payment of property taxes.

FIGURE 14 ECONOMIC IMPACT OF SOONERCARE ON THE OKLAHOMA ECONOMY



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

For more details regarding the SoonerCare program, go to www.okhca.org. The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

FIGURE 15 STATEWIDE SOONERCARE FIGURES BY COUNTY

County	Population Proj. July 2010*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
ADAIR	22,683	38	9,957	30	44%	1
ALFALFA	5,642	69	914	71	16%	75
ATOKA	14,182	48	4,261	48	30%	30
BEAVER	5,636	70	920	70	16%	74
BECKHAM	22,119	39	5,966	41	27%	42
BLAINE	11,943	53	3,173	55	27%	44
BRYAN	42,416	22	12,923	20	30%	27
CADDO	29,600	33	10,069	29	34%	14
CANADIAN	115,541	5	18,569	8	16%	76
CARTER	47,557	16	15,049	13	32%	20
CHEROKEE	46,987	18	13,780	16	29%	33
CHOCTAW	15,205	45	6,029	40	40%	3
CIMARRON	2,475	77	626	77	25%	49
CLEVELAND	255,755	3	42,607	3	17%	73
COAL	5,925	68	2,020	64	34%	13
COMANCHE	124,098	4	27,067	4	22%	59
COTTON	6,193	67	1,534	67	25%	50
CRAIG	15,029	47	5,082	43	34%	15
CREEK	69,967	10	19,521	7	28%	37
CUSTER	27,469	35	6,788	38	25%	51
DELAWARE	41,487	25	11,780	23	28%	35
DEWEY	4,810	71	892	72	19%	70
ELLIS	4,151	73	772	75	19%	69
GARFIELD	60,580	12	16,003	11	26%	45
GARVIN	27,576	34	8,057	34	29%	34
GRADY	52,431	13	11,643	25	22%	58
GRANT	4,527	72	815	73	18%	72
GREER	6,239	66	1,732	65	28%	39
HARMON	2,922	76	1,097	69	38%	4
HARPER	3,685	74	774	74	21%	60
HASKELL	12,769	51	4,711	47	37%	5
HUGHES	14,003	49	4,237	49	30%	28
JACKSON	26,446	36	7,356	35	28%	38
JEFFERSON	6,472	65	2,304	63	36%	9
JOHNSTON	10,957	58	3,945	52	36%	8
KAY	46,562	19	14,541	14	31%	22
KINGFISHER	15,034	46	3,154	56	21%	61
KIOWA	9,446	60	2,852	59	30%	29
LATIMER	11,154	57	3,461	54	31%	24
LEFLORE	50,384	15	16,236	10	32%	19
LINCOLN	34,273	30	8,412	32	25%	52

FIGURE 15 STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
ADAIR	\$33,693,431	33	\$1,485	15	\$282	59
ALFALFA	\$2,853,008	70	\$506	73	\$260	66
ATOKA	\$15,877,669	51	\$1,120	34	\$310	41
BEAVER	\$2,103,195	75	\$373	76	\$191	74
BECKHAM	\$23,416,859	42	\$1,059	41	\$327	33
BLAINE	\$11,716,866	56	\$981	45	\$308	45
BRYAN	\$48,019,060	23	\$1,132	33	\$310	43
CADDO	\$31,658,514	35	\$1,070	40	\$262	64
CANADIAN	\$63,862,021	11	\$553	70	\$287	56
CARTER	\$56,023,094	17	\$1,178	29	\$310	42
CHEROKEE	\$60,370,174	13	\$1,285	24	\$365	17
CHOCTAW	\$25,447,639	39	\$1,674	4	\$352	20
CIMARRON	\$1,201,857	77	\$486	74	\$160	75
CLEVELAND	\$152,286,222	3	\$595	67	\$298	52
COAL	\$8,974,877	62	\$1,515	11	\$370	15
COMANCHE	\$80,640,796	7	\$650	65	\$248	71
COTTON	\$4,785,912	68	\$773	58	\$260	68
CRAIG ‡	\$27,293,333	37	\$1,816	3	\$448	4
CREEK	\$87,575,702	6	\$1,252	27	\$374	14
CUSTER	\$26,661,491	38	\$971	48	\$327	32
DELAWARE	\$44,876,203	25	\$1,082	38	\$317	35
DEWEY	\$2,806,853	71	\$584	68	\$262	63
ELLIS	\$2,225,479	74	\$536	72	\$240	72
GARFIELD ‡	\$95,628,695	5	\$1,579	6	\$498	2
GARVIN ‡	\$56,970,457	15	\$2,066	1	\$589	1
GRADY	\$43,051,973	26	\$821	54	\$308	44
GRANT	\$2,789,505	72	\$616	66	\$285	57
GREER	\$6,940,566	66	\$1,112	36	\$334	29
HARMON	\$4,414,103	69	\$1,511	13	\$335	28
HARPER	\$2,431,679	73	\$660	63	\$262	65
HASKELL	\$18,713,268	47	\$1,466	16	\$331	30
HUGHES	\$21,019,784	43	\$1,501	14	\$413	8
JACKSON	\$24,121,027	40	\$912	51	\$273	61
JEFFERSON	\$8,451,335	64	\$1,306	21	\$306	46
JOHNSTON	\$16,747,638	48	\$1,528	9	\$354	19
KAY	\$51,804,116	19	\$1,113	35	\$297	53
KINGFISHER	\$9,842,337	58	\$655	64	\$260	67
KIOWA	\$12,954,260	55	\$1,371	20	\$379	12
LATIMER	\$14,478,046	52	\$1,298	23	\$349	21
LEFLORE	\$65,646,283	9	\$1,303	22	\$337	27
LINCOLN	\$27,293,810	36	\$796	57	\$270	62

FIGURE 15 STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Population Proj. July 2010*	Rank	Unduplicated SoonerCare Enrollees**	Rank	Percent Population Enrolled in SoonerCare	Rank
LOGAN	41,848	24	8,324	33	20%	63
LOVE	9,423	61	2,967	57	31%	21
MCCLAIN	34,506	29	6,933	37	20%	62
MCCURTAIN	33,151	31	13,470	17	41%	2
MCINTOSH	20,252	41	6,287	39	31%	23
MAJOR	7,527	64	1,466	68	19%	65
MARSHALL	15,840	44	4,860	45	31%	25
MAYES	41,259	26	12,207	21	30%	32
MURRAY	13,488	50	3,683	53	27%	41
MUSKOGEE	70,990	9	23,372	5	33%	17
NOBLE	11,561	56	2,695	60	23%	55
NOWATA	10,536	59	2,891	58	27%	40
OKFUSKEE	12,191	52	4,203	50	34%	11
OKLAHOMA	718,633	1	192,047	1	27%	43
OKMULGEE	40,069	27	13,387	18	33%	16
OSAGE	47,472	17	7,173	36	15%	77
OTTAWA	31,848	32	11,471	27	36%	7
PAWNEE	16,577	43	4,939	44	30%	31
PAYNE	77,350	7	14,474	15	19%	68
PITTSBURG	45,837	20	11,897	22	26%	47
PONTOTOC	37,492	28	10,613	28	28%	36
POTTAWATOMIE	69,442	11	21,188	6	31%	26
PUSHMATAHA	11,572	55	3,961	51	34%	12
ROGER MILLS	3,647	75	710	76	19%	66
ROGERS	86,905	6	17,169	9	20%	64
SEMINOLE	25,482	37	8,997	31	35%	10
SEQUOYAH	42,391	23	15,276	12	36%	6
STEPHENS	45,048	21	11,538	26	26%	48
TEXAS	20,640	40	5,448	42	26%	46
TILLMAN	7,992	63	2,581	62	32%	18
TULSA	603,403	2	147,621	2	24%	53
WAGONER	73,085	8	13,198	19	18%	71
WASHINGTON	50,976	14	11,761	24	23%	56
WASHITA	11,629	54	2,639	61	23%	57
WOODS	8,878	62	1,678	66	19%	67
WOODWARD	20,081	42	4,773	46	24%	54
Out of State			4,265			
OTHER ◇			4,503			
TOTAL	3,751,351		968,296		25.81%	

*Source: Population Division, U.S. Census Bureau. Estimates rounded to nearest 100. <http://www.odoc.state.ok.us/index.html> **Enrollees listed above are the unduplicated count per last county on enrollee record for the entire state fiscal year (July-June).

FIGURE 15 STATEWIDE SOONERCARE FIGURES BY COUNTY (CONTINUED)

County	Expenditures	Rank	Annual Per Est. Population	Rank	Monthly Average Per Enrollee	Rank
LOGAN	\$34,804,671	31	\$832	53	\$348	22
LOVE	\$8,975,108	61	\$952	49	\$252	70
MCCLAIN	\$19,792,426	46	\$574	69	\$238	73
MCCURTAIN	\$50,677,763	21	\$1,529	8	\$314	39
MCINTOSH	\$33,739,880	32	\$1,666	5	\$447	5
MAJOR	\$7,368,376	65	\$979	46	\$419	7
MARSHALL	\$19,986,628	45	\$1,262	26	\$343	24
MAYES	\$45,736,063	24	\$1,109	37	\$312	40
MURRAY	\$13,933,278	53	\$1,033	42	\$315	38
MUSKOGEE	\$108,082,637	4	\$1,523	10	\$385	11
NOBLE	\$13,297,281	54	\$1,150	32	\$411	9
NOWATA	\$10,456,696	57	\$992	43	\$301	49
OKFUSKEE ‡	\$23,466,458	41	\$1,925	2	\$465	3
OKLAHOMA	\$703,240,617	1	\$979	47	\$305	47
OKMULGEE	\$62,631,980	12	\$1,563	7	\$390	10
OSAGE	\$31,846,594	34	\$671	61	\$370	16
OTTAWA	\$40,343,866	28	\$1,267	25	\$293	55
PAWNEE	\$20,319,006	44	\$1,226	28	\$343	23
PAYNE	\$51,313,691	20	\$663	62	\$295	54
PITTSBURG	\$53,694,851	18	\$1,171	30	\$376	13
PONTOTOC	\$56,673,334	16	\$1,512	12	\$445	6
POTTAWATOMIE	\$80,174,304	8	\$1,155	31	\$315	37
PUSHMATAHA	\$16,181,131	50	\$1,398	19	\$340	26
ROGER MILLS	\$1,288,999	76	\$353	77	\$151	76
ROGERS	\$65,252,018	10	\$751	59	\$317	36
SEMINOLE	\$36,770,542	30	\$1,443	17	\$341	25
SEQUOYAH	\$60,299,378	14	\$1,422	18	\$329	31
STEPHENS	\$41,274,491	27	\$916	50	\$298	51
TEXAS	\$9,631,919	59	\$467	75	\$147	77
TILLMAN	\$8,578,544	63	\$1,073	39	\$277	60
TULSA	\$540,240,820	2	\$895	52	\$305	48
WAGONER	\$40,155,729	29	\$549	71	\$254	69
WASHINGTON	\$50,203,714	22	\$985	44	\$356	18
WASHITA	\$9,456,560	60	\$813	55	\$299	50
WOODS	\$6,553,313	67	\$738	60	\$325	34
WOODWARD	\$16,244,727	49	\$809	56	\$284	58
Out of State	\$1,398,833					
OTHER ◊	\$687,632,171					
TOTAL	\$4,379,387,533		\$1,167		\$377	

‡Garfield and Garvin counties have public institutions and Okfuskee and Craig counties have private institutions for the intellectually disabled causing the average dollars per SoonerCare enrollee to be higher than the norm. ◊Other - non-member specific payments include \$265,701,195 in Hospital Supplemental payments; \$138,460,084 in Medicare Part A & B (Buy-In) payments; \$68,908,787 in Medicare Part D (clawback) payments; \$58,567,572 in GME payments to medical schools; \$50,957,037 in Insure Oklahoma premiums; \$209,782 in Insure Oklahoma ESI Out-Of-Pocket payments; \$35,250,459 in EHR incentive payments; \$33,808,002 in Outpatient Behavioral Health Supplemental payments; \$13,441,208 in Public ICF/MR cost settlements; \$3,566,018 in SoonerExcel payments; \$1,551,618 in Health Access Network payments; \$1,288,927 in SFY2009 DMHSAS inpatient cost settlement and \$1,058,887 in non-member specific provider adjustments. Additionally, Other includes \$14,862,595 paid on behalf of custody children within the State Office county code.

FIGURE 16 EXPENDITURES BY TYPE OF SERVICE TOTALS

SFY2011 Type of Service	Totals		
	Expenditures	Members Served	Avg per Member Served
Adult Day Care	\$4,173,972	766	\$5,449
Adv Comp Health	(\$32,374)	13	(\$2,490)
Advanced Practice Nurse	\$5,545,762	25,173	\$220
ADvantage Home Delivered Meals	\$14,180,845	12,853	\$1,103
Ambulatory Surgical Services	\$9,594,710	17,945	\$535
Architectural Modification	\$299,181	162	\$1,847
Audiology Services	\$208,342	1,322	\$158
Behavioral Health Services	\$215,353,434	75,489	\$2,853
Capitated Services	\$28,805,885	621,114	\$46
Capitated Services - GME to Medical Schools	\$58,567,572	-	\$0
Chiropractic Services	\$7,952	123	\$65
Clinic	\$72,851,344	119,347	\$610
Clinics - OSA Services	\$10,757,524	104,215	\$103
Community Mental Health	\$29,750,230	30,063	\$990
Dental	\$142,860,976	297,476	\$480
Direct Support	\$192,158,556	4,406	\$43,613
EHR Incentive Payments	\$35,250,459	-	\$0
Employee Training Specialist	\$26,934,314	2,733	\$9,855
End-Stage Renal Disease	\$4,442,506	2,288	\$1,942
Eye Care and Exams	\$17,606,439	116,628	\$151
Eyewear	\$6,556,005	47,911	\$137
Fiscal Agent	\$4,900,188	598	\$8,194
Group Home	\$20,324,358	622	\$32,676
Home Health	\$19,282,249	7,127	\$2,706
Homemaker Services	\$1,530,395	410	\$3,733
Hospice	\$1,641,119	141	\$11,639
HSP - Indirect Medical Education (IME)	\$28,813,252	-	\$0
HSP - Graduate Medical Education (GME)	\$16,241,944	-	\$0
HSP - Acute DSH ¹	\$19,722,631	-	\$0
HSP - Supplemental Payments	\$200,923,368	-	\$0
ICF-MR Services	\$126,784,862	1,735	\$73,075
Inpatient Services	\$650,640,200	134,630	\$4,833
Laboratory Services	\$37,977,649	248,448	\$153
Medicare Part A & B (Buy-In) Payments	\$138,460,083	-	\$0
Medicare Part D Payments	\$68,908,484	-	\$0
Mid-Level Practitioner	\$1,274,087	8,009	\$159
Medical Supplies/DMEPOS	\$65,762,277	87,078	\$755
Nursing Facility	\$488,766,114	19,360	\$25,246
Nursing Services	\$7,647,524	19,615	\$390
Nutritionist Services	\$787,795	871	\$904

For more details regarding the SoonerCare program, go to www.okhca.org.
The full SFY2011 OHCA Annual Report is located at www.okhca.org/reports.

FIGURE 16 EXPENDITURES BY TYPE OF SERVICE TOTALS (CONTINUED)

SFY2011 Type of Service	Totals		
	Expenditures	Members Served	Avg per Member Served
Insure Oklahoma ESI Out-of-Pocket	\$209,782	-	\$0
Insure Oklahoma ESI Premium	\$50,957,037	27,012	\$1,886
Other Practitioner	\$10,891	97	\$112
Outpatient Hospital	\$241,347,549	436,134	\$553
Personal Care	\$100,072,867	22,282	\$4,491
Physician	\$499,998,171	660,491	\$757
Podiatry	\$2,507,217	13,035	\$192
Prescribed Drugs	\$358,245,229	569,179	\$629
Psychiatric Services	\$103,683,801	4,964	\$20,887
Residential Behavior Management	\$25,626,265	2,311	\$11,089
Respite Care	\$357,752	279	\$1,282
Room and Board	\$689,958	928	\$743
School-Based Services	\$6,103,271	7,401	\$825
Specialized Foster Care/MR Services	\$3,893,404	245	\$15,891
Targeted Case Manager	\$111,936,335	43,274	\$2,587
Therapy Services	\$8,882,590	9,829	\$904
Transportation - Emergency	\$40,818,863	77,487	\$527
Transportation - Non-Emergency	\$27,207,503	816,979	\$33
X-Ray Services	\$19,615,484	212,294	\$92
Uncategorized Services	\$961,351	19,493	\$49
Total	\$4,379,387,533	929,348	\$4,712

Source: OHCA Financial Service Division, November 2011. ¹The decline in DSH payments is due to adjustments made in SFY2011 for prior fiscal years that amounted to \$27,106,997. The actual DSH paid to hospitals in SFY2011 was \$46,829,628.
 Claim dollars were extracted from the MMIS claims history file for claims paid within the fiscal year. Financial statement data represents actual cash expenditures as reported to the Office of State Finance while MMIS data warehouse expenditure data is net of overpayments and adjustments.
 Member Served figures are the unduplicated counts of members that received a service. If a member received services from multiple service type providers, they would be counted once for each type of service; the total count is the unduplicated count overall.

FIGURE 17 PATIENT-CENTERED MEDICAL HOME COMPONENTS

The Patient-Centered Medical Home model of care, implemented in January 2009, is designed to provide SoonerCare Choice members with a comprehensive, coordinated approach to primary care. Primary Care Providers (PCPs) will receive additional reimbursement for each panel member enrolled for providing enhanced services and a supportive infrastructure.

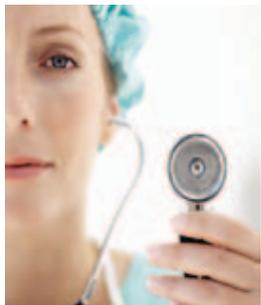
The primary care payment structure for SoonerCare Choice includes three components:

- ⇒ A care coordination component.
- ⇒ A visit-based fee-for-service component.
- ⇒ Payments for excellence (SoonerExcel).

During SFY2011, OHCA paid primary care providers nearly \$3.6 million in SoonerExcel payments.

Oklahoma Health Care Authority

Oklahomans Working for Health Care for Oklahomans



Important Telephone Numbers

OHCA Main Number	405-522-7300
SoonerCare Helpline	1-800-987-7767
SoonerRide	1-877-404-4500
Member Services	405-522-7171 or 1-800-522-0310
Provider Services	405-522-6205 or 1-800-522-0114

Oklahoma Health Care Authority offices are temporarily located at:

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

Visit our websites at:

www.okhca.org
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