Oklahoma Health Care Authority (807)

Lead Administrator: Becky Pasternik-Ikard **Lead Financial Officer: Aaron Morris (CFO)**

FY'19 Projected Division/Program Funding By Source

	Appropriations	Federal	Revolving	Local	Other*	Total
Administration/Operations - 10	$25,314,348	$27,792,016	$511,980			$53,618,344
Medicaid Payments - 20**	$1,081,701,940	$3,147,930,925	$1,227,003,687			$5,456,636,552
Non-Title XIX Medical Services - 21 thru 25			$90,650,000			$90,650,000
Medicaid Contracts - 30	$12,077,245	$19,444,057	$3,238,975			$34,760,276
Premium Assistance (IO) - 40		$59,942,433	$39,918,556			$99,860,989
Grants Management - 50	$6,850	$3,773,706	$37,841		$595,267	$4,413,664
ISD Information Services - 88	$13,365,564	$61,501,567	$5,535,400			$80,402,531
Total	**$1,132,465,946**	**$3,320,384,704**	**$1,366,896,439**	**$0**	**$595,267**	**$5,820,342,356**

*Source of "Other" and % of "Other" total for each.

**Includes one time appropriation of $110,044,319 (HB 1022 - Dean's Graduate Medical Education program)

FY'18 Carryover and Refund by Funding Source

	Appropriations	Federal	Revolving	Local	Other*	Total
FY'18 Carryover	$5,000,000					
	$0					$5,000,000

*Source of "Other" and % of "Other" total for each.

What Changes did the Agency Make between FY'18 and FY'19?

1.) Are there any services no longer provided because of budget cuts?
No

2.) What services are provided at a higher cost to the user?
There were no changes between FY'18 and FY'19

3.) What services are still provided but with a slower response rate?
N/A

4.) Did the agency provide any pay raises that were not legislatively/statutorily required?
No

FY'20 Requested Division/Program Funding By Source

	Appropriations	Federal	Revolving	Other	Total	% Change
Administration/Operations 10	$26,194,422	$28,672,090	$511,980	$0	$55,378,492	3.28%
Medicaid Payments - 20	$1,007,278,567	$3,534,438,084	$1,244,277,094	$0	$5,785,993,744	6.04%
Non-Title XIX Medical Services- 21 thru 25	$0	$0	$90,650,000	$0	$90,650,000	0.00%
Medicaid Contracts - 30	$14,353,162	$23,030,485	$3,238,975	$0	$40,622,622	16.87%
Premium Assistance (IO) - 40	$0	$59,942,433	$39,918,556	$0	$99,860,989	0.00%
Grants Management - 50	$6,850	$3,773,706	$37,841	$595,267	$4,413,664	0.00%
ISD Information Services - 88	$19,116,385	$80,484,992	$5,535,400	$0	$105,136,777	30.76%
Total	**$1,066,949,386**	**$3,730,341,790**	**$1,384,169,846**	**$595,267**	**$6,182,056,288**	**6.21%**

*Source of "Other" and % of "Other" total for each.

***Excludes one time appropriation of $110,044,319 (HB 1022 - Dean's Graduate Medical Education program)

FY'20 Appropriation Funding Requests

	$ Amount
Request 1: **Annualizations** - FMAP change from 62.38% to 66.02% / A&B Premiums (1/1/2019) / CHIP Enhanced FMAP reduced by 11.5% in FFY2020	($107,791,151)
Request 2: **Maintenance** - Medicaid Program growth (2.6%) / Rebase physician fee schedule / Applied Behavioral Analysis (ABA)	$34,805,042
Request 3: **One-Time Funding** - FY2018 One-time budgeted Carryover & Replace	$5,000,000
Request 4: **Mandates** - Home Health - Waiver to TXIX (Federal - 42 CFR 440.70) / Community Engagement / HOPE Act (State - HB 2932 / 1270)	$5,839,684
Request 5: **Program Enhancements** - 12.14% Across The Board (ATB) provider rate increase to 100% Physician Fee Schedule / HAN & PACE expansion	$101,916,129
Request 6: **Operational Excellence** - Implement a New Care Management Solution / MMIS Procurement Project Planning	$3,294,015
Request 7: **Employee Compensation Analysis / Implementation**	$1,464,040
Total Increase above FY-19 Request	**$ 44,527,758**

Does the agency have any costs associated with the Pathfinder retirement system and federal employees?

(If so, please describe the costs and provide an estimate for FY '20, FY '21, and FY '22.)
Yes. The agency is charged 16.5% by OPERS for all employees, however, we are only allowed to claim the federal matching dollars for the actual cost associated with the pathfinder retirement plan of 7%. Please see estimates below.

FY 2020	$	504,248
FY 2021	$	756,372
FY 2022	$	1,008,496

How would the agency be affected by receiving the same appropriation for FY '20 as was received in FY '19? (Flat/ 0% change)

The agency would potentially reduce the proposed Provider Rate increase in FY20 from **12.14% to 6.28%** if we were to receive a flat appropriation **OR reevaluate the priorities within the request to determine the best path that ensures the program moves forward as efficiently and effectively as possible.**

How would the agency handle a 2% appropriation reduction in FY '20?

The agency would potentially reduce the proposed Provider Rate increase in FY20 from **12.14% to 3.59% OR** reevaluate the priorities within the request to determine the best path that ensures the program moves forward as efficiently and effectively as possible.

Is the agency seeking any fee increases for FY '20?

		$ Amount
Increase 1	N/A	$0
Increase 2	N/A	$0
Increase 3	N/A	$0

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

N/A

Federal Funds

	FY 19 projected	FY 18	FY 17	FY 16	FY 15
Federal Funding I Title XXI 93.767	230,863,724	224,856,351	208,456,823	181,301,692	139,619,385
Federal Funding II Title XIX 93.778	3,082,497,670	2,792,154,677	2,914,643,321	2,887,652,988	2,963,488,357
Federal Funding III Survey & Certification 93.796	5,505,750	3,850,748	4,061,828	5,918,352	2,584,977
Federal Funding IV Money Follows the Person 93.791	1,517,561	2,035,385	1,252,812	4,227,818	10,442,267

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

State participation in Medicaid is optional; however, if a state chooses to participate (which all currently do) federal financial participation (the federal government guarantees matching funds to states for qualifying Medicaid expenditures; states are guaranteed at least $1 in federal funds for every $1 in state spending on the program) is tied to federal requirements/mandates and an approved State plan for medical assistance.

2.) Are any of those funds inadequate to pay for the federal mandate?

In relation to the response in the previous question, State matching funds are required to receive federal financial participation for the Medicaid program, thus, federal funds are not adequate.

3.) What would the consequences be of ending all of the federal funded programs for your agency?

Ending the federally funded Medicaid and CHIP programs would negatively impact the Oklahoma economy, the Oklahoma healthcare provider network and the health of Oklahomans. Turning back federal Medicaid funds would leave only state funds to support the program. In FY-2018, State funds comprised 43% of the total program expenditures that provided health care to nearly 1 million Oklahomans and had a $5.6 billion impact on the economy.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

Under current federal law, Medicaid is not capped and federal financial participation is tied to state expenditures; therefore no direct impact is anticipated.

5.) Has the agency requested any additional federal earmarks or increases?

No

Division and Program Descriptions

Medicaid Program

Medicaid is a federal and state entitlement program that provides medical benefits to low income individuals who have no or inadequate health insurance coverage. Medicaid guarantees coverage for basic health and long term care services based upon income and/or resources. Medicaid serves as the nation's primary source of health insurance for the poor. The terms on which federal Medicaid matching funds are available to states include five broad requirements related to eligibility. In order to be eligible for Medicaid, an individual must meet all of these requirements. The availability of federal matchings funds does not necessarily mean that a state will cover these individuals since the state must still contribute its own matching funds toward the cost of coverage. In exchange for federal financial participation, states agree to cover groups of individuals referred to as "mandatory groups" and offer a minimum set of services referred to as "mandatory benefits." States can also receive federal matching funds to cover additional "optional" groups of individuals and benefits. A detailed summary of the categorical eligibility standards as well as mandatory and optional benefits provided in Oklahoma can be found in the OHCA Annual Report.

FY'19 Budgeted FTE						
	Supervisors	**Classified**	**Unclassified**	**$0 - $35 K**	**$35 K - $70 K**	**$70 K - $$$**
Operations - 10	109	0	507	10	407	90
Medicaid Payments - 20	0	0	0	0	0	0
Medicaid Contracts - 30	0	0	0	0	0	0
Premium Assistance (IO) - 40	5	0	36	0	33	3
Grants Management - 50	1	0	26	0	22	4
ISD Information Services - 88	19	0	42	0	33	9
Total	**134**	**0**	**611**	**10**	**495**	**106**

FTE History					
	2019 Budgeted	**2018**	**2017**	**2015**	**2010**
Operations - 10	507	497	494	479	441
Medicaid Payments - 20	0	0	0	0	0
Medicaid Contracts - 30	0	0	0	0	0
Premium Assistance (IO) - 40	36	36	37	22	28
Grants Management - 50	26	27	31	31	19
ISD Information Services - 88	42	41	43	46	0
Total	**611**	**601**	**605**	**578**	**488**

Performance Measure Review					
	FY 18	**FY 17**	**FY 16**	**FY 15**	**FY 14**
Goal 1 - Responsible Financing					
1. Reimbursement as a Percentage of Medicare Rates	86.57%	86.57%	86.57%	89.25%	96.75%
2. Reimbursement to Hospitals as a % of Federal Upper Pymt Limit	96.71%	97.21%	94.19%	90.21%	87.96%
3. Average % Reimbursement for Nursing Home Costs per Patient Day	90.70%	91.79%	90.67%	92.66%	94.42%
4. Average % Reimbursement for ICF/ID Facility Costs per Patient Day	98.60%	96.90%	98.21%	98.85%	99.81%
5. # of Eligible Professionals Receiving an EHR Incentive Pymt	692	808	569	1,003	1,022
6. # of Eligible Hospitals Receiving an EHR Incentive Payment	30	24	16	70	55
7. Total EHR Incentive Pymts to Eligible Professionals/Hospitals	$9,973,327	$17,204,062	$10,640,175	$32,050,254	$32,553,188
8. % of Eligible Professionals in Compliance with Meaningful Use of EHR	96.0%	70.0%	64.7%	70.3%	61.0%
9. % of Eligible Hospitals in Compliance with Meaningful Use of EHR	100.0%	75.0%	100.0%	97.1%	98.2%
10. Avg SoonerCare Program Expenditure per Member Enrolled	$4,407	$4,370	$4,103	$4,260	$4,257
11. Total # of Unduplicated SoonerCare Members Enrolled	1,020,726	1,014,983	1,052,826	1,021,359	1,033,114
12. Average Expenditure per Insure Oklahoma Member Enrolled	$2,745	$2,648	$2,056	$2,365	$2,350
13. Total # of Unduplicated Insure Oklahoma Members Enrolled	32,186	32,356	32,574	28,397	40,261
14. Avg Monthly Enrollment in Health Access Networks (HANs)	150,358	131,859	116,553	121,891	109,194
15. Total # of HAN Member Months	1,804,673	1,582,311	1,412,479	1,462,695	1,310,322
16. Total Payments Made to HANs	$8,424,185	$7,665,365	$6,359,145	$7,063,475	$6,551,610
Goal 2 - Responsive Programs					
Health Management Program					
17. HMP Total Enrollment	5,036	2,721	4,544	4,297	5,355
HMP Per Member Per Month					
18. Forecast PMPM	$1,144	$1,136	$1,127	$1,097	$1,075
19. Actual PMPM	$723	$854	$899	$979	$960
20. % Below Forecast	37.00%	25.00%	21.0%	11.0%	11.0%
21. HMP/Number of Providers with On-Site Practice Facilitation	42	38	44	41	33
Chronic Care Unit					
22. Number of Unduplicated Members Enrolled	1,154	1,772	1,500	1,147	978
23. Percent of Members with a Diagnosis of Hemophilia	3.5%	4.1%	7.4%	4.7%	10.1%
24. Percent of Members with a Diagnosis of Sickle Cell Anemia	2.90%	1.70%	1.4%	5.4%	12.9%
25. Percent of Members with a Combination of Chronic Conditions	94%	94.2%	91.2%	89.9%	77.0%
Case Management					
26. Number of New High-Risk OB members	2,343	1,790	3,840	2,192	2,474
27. Number of New At-Risk OB members	1,508	1,192	1,278	459	618
28. Number of New Fetal Infant Mortality Reduction Outreach to Moms	38	48	1,795	1,694	1,781
29. Number of New Fetal Infant Mortality Reduction Outreach to Babies	1,911	1,999	2,245	2,059	2,138
Goal 2 - Responsive Programs (Continued)					
Health Access Networks (HANs)					
30. Number of Contracted HANS	3	3	3	3	3
31. Total Number of Enrollees (at June 30)	168,831	147,559	117,750	133,471	118,107
32. Number of Members Required to Receive Care Management	15,728	11,787	13,200	8,405	740
33. Number of Unduplicated Providers in HANs	798	957	767	698	584
SoonerCare Provider Network					
34. SC Choice Providers	2,534	2,844	2,719	2,558	2,309
35. SC Choice PCP Total Capacity	1,275,205	1,233,680	1,166,074	1,151,757	1,177,398
36. SC Choice PCP % of Capacity Used	38.85%	40.16%	41.96%	42.92%	42.26%
37. Percent of Tier 1 Entry-Level Medical Homes	39.32%	53.30%	52.91%	53.76%	56.90%
38. Percent of Tier 2 Advanced Medical Homes	27.65%	25.05%	24.88%	25.55%	23.98%
39. Percent of Tier 3 Optimal Medical Homes	33.03%	21.64%	22.19%	20.69%	19.12%
40. # of Tier 1 Advanced Medical Homes	449	468	472	486	503

41. # of Tier 2 Advanced Medical Homes	244	220	222	231	212
42. # of Tier 3 Optimal Medical Homes	189	190	184	184	169

Patient-Centered Medical Home Enrollment/Tiers					
43. Total # of SC Members Enrolled in Medical Home	534,105	545,858	529,917	548,162	560,887
44. % of SC Members Enrolled in Medical Home	67.00%	67.00%	67.23%	66.00%	70.00%
Member aligned with Medical Homes by Tier Level					
45. Percent of Members Aligned with Tier 1 Entry-Level Medical Homes	39%	39%	39%	40%	41%
46. Percent of Members Aligned with Tier 2 Advanced Medical Homes	28%	28%	28%	27%	28%
47. Percent of Members Aligned with Tier 3 Optimal Medical Homes	33%	33%	32%	34%	31%
48. Number of Members Aligned with Tier 1 Entry-Level Medical Homes	208,301	223,066	234,880	205,814	229,964
49. Number of Members Aligned with Tier 2 Advanced Medical Homes	149,549	156,997	169,374	144,334	157,048
50. Number of Members Aligned with Tier 3 Optimal Medical Homes	176,255	186,497	193,424	175,071	173,875
Goal 3 - Member Engagement					
% of Children Accessing Well-Child Visits/EPSDT:					
51. First 15 months	N/A*	96.3%	96.40%	94.3%	96.3%
52. 3 to 6 years	N/A*	56.5%	56.10%	57.1%	58.5%
53. Adolescents	N/A*	23.2%	22.40%	22.1%	21.8%
Adults Health Care Use - Preventive Care:					
54. 20 to 44 years	N/A*	80.8%	80.30%	81.0%	82.4%
55. 45 to 64 years	N/A*	90.4%	90.00%	90.1%	89.9%
56. Number of Medicaid Members Calling Tobacco Helpline	4,245	5,127	5,710	4,102	4,076
57. Number of Oklahomans Calling the Tobacco Helpline	29,885	35,079	34,339	24,879	22,251
58. Percent of Medicaid Members Calling the Tobacco Helpline	14.20%	14.60%	16.60%	16.49%	18.32%
59. Number Of Medicaid Members Utilizing Tobacco Cessation Benefits	46,027	43,535	28,464	26,783	21,610
60. EPSDT Participation Ratio	N/A*	61.0%	63.0%	60.0%	60.0%
61. Average # of Members in Pharmacy Lock-In	219	283	390	406	404
62. % of Members Seeking Prenatal Care	95.60%	95.89%	96.46%	97.74%	97.68%
63. # of Births	28,787	29,644	30,594	31,237	32,254
64. First Trimester	18,000	17,195	18,192	18,824	19,881
65. Second Trimester	6,709	8,055	8,091	8,077	8,088
66. Third Trimester	2,800	3,175	3,227	3,630	3,538
Goal 4 - Satisfaction & Quality.					
Customer Survey Results (CAHPS) Adults:					
67. Customer Service	85%	N/A	87%	92%	82%
68. How Well Doctors Communicate	92%	N/A	91%	90%	90%
69. Getting Care Quickly	86%	N/A	84%	86%	82%
70. Getting Needed Care	86%	N/A	85%	85%	82%
71. Shared Decision Making	76%	N/A	77%	77%	50%
Customer Survey Results (CAHPS) Children:					
72. Customer Service	87%	91%	86%	86%	88%
73. How Well Doctors Communicate	97%	96%	97%	96%	97%
74. Getting Care Quickly	94%	92%	93%	92%	92%
75. Getting Needed Care	89%	81%	89%	85%	89%
76. Shared Decision Making	79%	80%	78%	78%	60%
Other					
77. % of 5-Star Facilities in Focus on Excellence	20%	17%	18%	20%	17%
78. % of 4-Star Facilities in Focus on Excellence	29%	30%	29%	19%	29%
79. % of Members Participating in the Resident Satisfaction Survey Rating Overall Quality as Excellent or Good	92%	92%	92%	93%	93%
80. % of Employees Participating in the Employee Satisfaction Survey Who Rate Overall Satisfaction as Excellent or Good	87%	87%	85%	87%	85%
81. % of Member calls answered	98%	95.30%	93%	90%	88%
82. % of Provider calls answered	96%	96.00%	97%	95%	92%
83. # Involuntary Provider Contract Terminations	205	171	62	100	95

Goal 5 - Effective Enrollment					
84. Number of Online Enrollment Applications Received	442,830	429,993	383,914	210,571	291,323
85. % of Online Enrollment Applications That Are New	65%	63%	59%	60%	52%
86. % of Online Enrollment Applications That Are Recertifications	35%	37%	41%	40%	48%
87. Number of Online Applications Approved	358,676	348,871	331,918	179,782	253,723
88. Number of Online Applications Denied	84,154	81,122	51,916	30,789	37,830
89. Home Internet	59%	48%	70%	59%	59%
90. Paper	0%	0%	1%	5%	5%
91. Agency Internet	25%	21%	29%	35%	35%
92. Agency Electronic	11%	26%	0%	1%	1%
93. Telephone	0%	0%	0%	0%	0%
Goal 6 - Administrative Excellence					
94. Percent of Administration Budgeted Dollars Used	71.00%	70.14%	69.00%	64.00%	73.00%
95. Per Capita OHCA Administrative Cost	$114.96	$115.70	$116.65	$122.24	$138.96
96. Total Claims Paid	48,990,891	51,200,808	49,362,595	51,039,537	51,226,118
97. Payment Accuracy Measurement Rate (PAM)	97.61%	97.87%	94.78%	95.38%	97.64%
98. OHCA Payment Error Measurement Rate (PERM)	3.82%	3.82%		0.28%	0.28%
99. Number of Prior Authorizations Generated for Prescriptions	174,230	173,914	161,387	91,786	115,206
100. Percentage of Manual Prior Authorizations for Prescriptions	57.60%	58.91%	62.74%	57.56%	77.90%
101. Payment Integrity Recoveries	$5,324,312	$5,806,096	$5,995,190	$4,524,690	$4,731,822
102. Number of Provider Audits	431	725	1159	611	285
103. Third Party Liability Recoveries	$28,908,160	$27,362,860	$43,537,686	$39,050,461	$37,965,691
104. Number of SoonerCare Members with Third Party Insurance	165,342	166,418	158,337	162,886	160,271
105. Percent of SoonerCare Members with Third Party Insurance	20.80%	20.50%	15.04%	15.95%	20.30%
Goal 7 - Collaboration					
106. Percent of Applications Submitted as Agency Internet and Agency Electronic Media Type	25%	21%	29%	37%	41%
107. State and Federal Revenue Generated by Collaborations to Provide Services	$1,422,466,365	$1,452,181,746	$1,441,259,300	$1,429,947,269	$1,292,233,657
108. State and Federal Revenue Generated by Collaborations to Provide Medical Education	$92,880,149	$141,002,176	$113,526,078	$140,931,567	$136,788,040
109. Number of Tribes Represented at Tribal Consultations	19	19	19	17	17
110. Number of Tribal Partners Represented at Tribal Consultations (I/T/U and I.H.S.)	4	4	4	4	4

*SFY 2017 is the most recent data available.

Revolving Funds (200 Series Funds)			
	FY'16-18 Avg. Revenues	**FY'16-18 Avg. Expenditures**	**June '18 Balance**
Fund 200 Administrative Disbursing Fund This fund is utilized for tracking revenues (federal & state) and expenditures for OHCA's administrative cost (except administrative cost of Fund 245-HEEIA). Normally, there are no transfers from this account, only transfers in. However, in the case of a federal disallowance, we have transferred from Fund 200 to Fund 240 (Federal Deferral Account). This is a revolving fund; balances are carried forward into the next fiscal year.	$130,217,247	$125,978,373	$19,039,100
Fund 205 SHOPP Fund This fund maintains the revenues and expenditures for the Supplemental Hospital Offset Payment Program. Transfers from this account are stipulated in House Bill 1381 with payments of $7,500,000 directed to Fund 340 on a quarterly basis. Also, included is a $200,000 yearly administrative expense. As of 1/1/14 SHOPP expenditures are processed through the agency's Fund 340.	$217,991,347	$218,916,177	$1,233,157
Fund 230 Quality of Care (QOC) Revolving Fund This fund is utilized for posting of Assessment fees, penalties and interest. Expenditures for this fund were directed in HB 2019 to be for enhancements to specific Medicaid program rates of pay which included increases in the rate of pay for ICR/MR facilities, to the nursing facilities, to the nursing home rate of pay for eyeglasses and denture services, personal needs allowance increases, etc. These Medicaid program expenditures are processed through the Medicaid Management Information System which is budgeted and posted in mass to Fund 340. OHCA transfers money from Fund 230 to Fund 340 to replenish the fund for these enhanced costs.	$77,276,394	$77,399,890	$79,773
Fund 240 Federal Deferral Account Amounts are transferred in from different funds in anticipation of repayment of Federal Disallowances. Payments are not made from this account; amounts are transferred and paid from the account in which the disallowance is found.	$5,205,753	$11,073,473	$12,022,805
Fund 245 OEPIC Health Employee and Economy Improvement Act Revenue for this account includes tobacco tax collections, federal draws, interest income, and appropriations for prior year carryover. Expenditures passing through the fund are for managed program costs for employer sponsored insurance, managed care costs covered under the All Kids Act, individual plan service costs and administrative costs. Payments are processed through the Medicaid Management Information System which is budgeted and posted in mass to Fund 340.	$76,528,031	$81,476,755	$12,902,064
Fund 250 Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund This fund receives tobacco tax funds which may be budgeted and expended for the purpose specified and associated with the Oklahoma Breast and Cervical Act. This act established a new member group. The health services for this group are paid through the Medicaid Management Information System which is budgeted and in mass posted to Fund 340.	$835,612	$835,612	$0
Fund 255 OHCA Medicaid Program Fund This fund receives tobacco tax funds and those funds are transferred to Fund 340. This fund provided hospital rate increases, increase in number of physicians visits allowed, increase in emergency physician rates, enhanced drug benefits, dental services, etc. The health services for this fund are paid through the Medicaid Management Information System which is budgeted and in mass posted to Fund 340.	$50,081,114	$50,081,114	$0
Fund 260 Income Tax Check-Off Fund	$0	$0	$0