

**FY 2024 Budget Performance Review**

**77500-OSU Medical Authority**

Lead Administrator: Eric Polak

Lead Financial Officer: Eric Polak

**Agency Mission**

The mission and purposes of the Oklahoma State University Medical Authority are to serve as teaching and training facilities for students enrolled at the Oklahoma State University Center for Health Sciences, to acquire and provide a site for conducting medical and biomedical research by faculty members of the Oklahoma State University Center for Health Sciences and to provide care for the patients of Oklahoma State University Center for Health Sciences physician trainers.

**Division and Program Descriptions**

Provision of State Match
Deans GME pass-through
Residency Program Support
Strategic Plan Implementation
Mental Health Hospital Construction
Grants & Contracts
Agency Administration

**FY'23 Budgeted Department Funding By Source**

Dept. #	Department Name	Appropriations	Federal	Revolving	Local <sup>1</sup>	Other <sup>2</sup>	Total
1100001	Provision of State Match	\$4,008,356					\$4,008,356
1100001	Deans GME pass-through	\$28,927,141					\$28,927,141
1100001	Residency Program Support	\$30,862,692					\$30,862,692
1100001	Strategic Plan Implementation	\$13,300,000					\$13,300,000
1100001	Mental Health Hospital Construction			\$700,000			\$700,000
1100001	Grants & Contracts						\$0
1100001	Agency Administration	\$250,000					\$250,000
<b>Total</b>		<b>\$77,348,189</b>	<b>\$0</b>	<b>\$700,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$78,048,189</b>

- Please describe source of Local funding not included in other categories:
- Please describe source(s) and % of total of "Other" funding if applicable for each departmer

**FY'22 Carryover by Funding Source**

Class Fund #	Carryover Class Fund Name	Appropriations	Federal	Revolving	Local <sup>1</sup>	Other <sup>2</sup>	Total
							\$0
							\$0

- Please describe source of Local funding not included in other categories:
- Please describe source(s) and % of total of "Other" funding if applicable:

**What changes did the agency make between FY'22 and FY'23?**

- Are there any services no longer provided because of budget cuts?  
No
- What services are provided at a higher cost to the user?  
N/A
- What services are still provided but with a slower response rate?  
N/A
- Did the agency provide any pay raises that were not legislatively/statutorily required?  
N/A

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**FY'24 Requested Funding By Department and Source**

Dept. #	Department Name	Appropriations	Federal	Revolving	Other <sup>1</sup>	Total	% Change
1100001	Provision of State Match	\$4,008,356	\$0	\$0	\$0	\$4,008,356	0.00%
	Deans GME pass-through	\$28,927,141	\$0	\$0	\$0	\$28,927,141	0.00%
	Residency Program Support	\$30,862,692	\$0	\$0	\$0	\$30,862,692	0.00%
	Strategic Plan Implementation	\$13,300,000	\$0	\$0	\$0	\$13,300,000	0.00%
	Mental Health Hospital Construction	\$0	\$0	\$700,000	\$0	\$700,000	0.00%
	Grants & Contracts	\$0	\$0	\$0	\$0	\$0	#DIV/0!
	Agency Administration	\$250,000	\$0	\$0	\$0	\$250,000	0.00%
<b>Total</b>		<b>\$77,348,189</b>	<b>\$0</b>	<b>\$700,000</b>	<b>\$0</b>	<b>\$78,048,189</b>	<b>0.00%</b>

1. Please describe source(s) and % of total of "Other" funding for each department:

**FY'24 Top Five Operational Appropriation Funding Requests**

Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1:		
Request 2:		
Request 3:		
Request 4:		
Request 5:		
<b>Top Five Request Subtotal:</b>		<b>\$0</b>
<b>Total Increase above FY-23 Budget (including all requests)</b>		<b>\$ -</b>
Difference between Top Five requests and total requests:		<b>\$0</b>

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

No

**How would the agency be affected by receiving the same appropriation for FY '24 as was received in FY '23? (Flat/ 0% change)**

Agency request is a flat budget, however OSUMA requests the ability to utilize a portion of the appropriated budget to to make debt service payment for capital improvements to the teaching ho

**How would the agency handle a 2% appropriation reduction in FY '24?**

Reduce operational support provided to residency training at OSUMC

**Is the agency seeking any fee increases for FY '24?**

	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1		
Increase 2		
Increase 3		

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

Description of request in order of priority	Appropriated Amount (\$)	Submitted to LRCPC? (Yes/No)
Priority 1		
Priority 2		
Priority 3		

**Federal Funds**

CFDA	Federal Program Name	Agency Dept. #	FY 23 budgeted	FY 22	FY 21	FY 20	FY 19

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**Federal Government Impact**

<b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b>
None
<b>2.) Are any of those funds inadequate to pay for the federal mandate?</b>
No
<b>3.) What would the consequences be of ending all of the federal funded programs for your agency?</b>
N/A
<b>4.) How will your agency be affected by federal budget cuts in the coming fiscal year?</b>
No impact
<b>5.) Has the agency requested any additional federal earmarks or increases?</b>
No

**FY'23 Budgeted FTE**

Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
<b>Total</b>		0	0	0	0	0	0

**FTE History**

Division #	Division Name	2023 Budgeted	2022	2021	2019	2014
<b>Total</b>		0.0	0.0	0.0	0.0	0.0

**Performance Measure Review**

Program Name	FY 22	FY 21	FY 20	FY 19	FY 18
Provision of State Match	Achieved	Achieved	Achieved	Achieved	Achieved
Deans GME pass-through - ACGME Accreditation	100%	100%	100%	94%	72%
Residency Program Support - Medicare VBP Total Performance Score	26.909	26.125	25.170	22.170	19.650

**Revolving Funds (200 Series Funds)**

Please provide fund number, fund name, description, and revenue source	FY'20-22 Avg. Revenues	FY'20-22 Avg. Expenditures	June '22 Balance
<b>Fund number:</b> Fund name			
29000-Revolving Fund	\$31,230,875	\$30,004,908	\$10,625,774

**FY 2023 Current Employee Telework Summary**

<i>List each agency location, then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees, not budgeted or actual FTE.</i>			<b>Full-time and Part-time Employees (#)</b>			
Agency Location / Address	City	County	Onsite (5 days onsite, rarely remote)	Hybrid (2-4 days onsite weekly)	Remote (1 day or less weekly onsite)	Total Employees
						0
<b>Total Agency Employees</b>						<b>0</b>