

**Oklahoma Health Care Authority**

**Lead Administrator**  
Nico Gomez, (CEO)

**Lead Financial Officer**  
Carrie Evans (CFO)

FY'14 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Operations - 10	111	0	488	12	414	62
Medicaid Payments - 20	0	0	0	0	0	0
Medicaid Contracts - 30	0	0	0	0	0	0
Premium Assistance (IO) - 40	3	0	22	1	20	1
Grants Management - 50	1	0	36	0	36	0
ISD Information Services - 88	3	0	37	0	34	3
Division 7	0	0	0	0	0	0
Division 8	0	0	0	0	0	0
Division 9	0	0	0	0	0	0
<b>Total</b>	<b>118</b>	<b>0</b>	<b>583</b>	<b>13</b>	<b>504</b>	<b>66</b>

FTE History					
	2014 Budgeted	2013	2010	2009	2004
Operations - 10	488	472	441	425	384
Medicaid Payments - 20	0	0	0	0	0
Medicaid Contracts - 30	0	0	0	0	0
Premium Assistance (IO) - 40	22	25	28	9	0
Grants Management - 50	36	35	19	0	7
ISD Information Services - 88	37	36	0	0	0
Division 7	0	0	0	0	0
Division 8	0	0	0	0	0
Division 9	0	0	0	0	0
<b>Total</b>	<b>583</b>	<b>568</b>	<b>488</b>	<b>434</b>	<b>391</b>

FY'14 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
Operations - 10	\$22,401,905	\$28,318,943	\$3,711,648	\$0	\$0	\$54,432,496
Medicaid Payments - 20	\$900,385,437	\$3,135,642,642	\$1,166,430,115	\$0	\$0	\$5,202,458,194
Medicaid Contracts - 30	\$15,318,508	\$31,746,678	\$7,071,513	\$0	\$0	\$54,136,699
Premium Assistance (IO) - 40	\$0	\$71,597,762	\$48,282,852	\$0	\$0	\$119,880,614
Grants Management - 50	\$103,900	\$2,687,384	\$0	\$0	\$195,314	\$2,986,598
ISD Information Services - 88	\$15,491,524	\$68,350,696	\$2,728,725	\$0	\$0	\$86,570,945
Division 7	\$0	\$0	\$0	\$0	\$0	\$0
Division 8	\$0	\$0	\$0	\$0	\$0	\$0
Division 9	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$953,701,274</b>	<b>\$3,338,344,105</b>	<b>\$1,228,224,853</b>	<b>\$0</b>	<b>\$195,314</b>	<b>\$5,520,465,546</b>

\*Source of "Other" and % of "Other" total for each.  
TSET Provider Engagement Grant (77%) and TSET Health Promotions Coordinator Grant (23%)

FY'13 Carryover by Funding Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
FY'13 Carryover	\$38,811,007	\$0	\$0	\$0	\$0	\$38,811,007

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

What Changes did the Agency make between FY'13 and FY'14	
1.) Are there any services no longer provided because of budget cuts?	N/A (no budget cuts)
2.) What services are provided at a higher cost to the user?	None
3.) What services are still provided but with a slower response rate?	None

FY'15 Requested Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Other	Total	% Change
Operations - 10	\$22,401,905	\$28,318,943	\$3,711,648	\$0	\$54,432,496	0.00%
Medicaid Payments - 20	\$1,044,822,607	\$3,193,434,584	\$1,134,542,601	\$0	\$5,372,799,792	3.27%
Medicaid Contracts - 30	\$15,318,508	\$31,746,678	\$7,071,513	\$0	\$54,136,699	0.00%
Premium Assistance (IO) - 40	\$0	\$71,597,762	\$48,282,852	\$0	\$119,880,614	0.00%
Grants Management - 50	\$103,900	\$2,687,384	\$0	\$195,314	\$2,986,598	0.00%
ISD Information Services - 88	\$15,491,524	\$68,350,696	\$2,728,725	\$0	\$86,570,945	0.00%
Division 7	\$0	\$0	\$0	\$0	\$0	0.00%
Division 8	\$0	\$0	\$0	\$0	\$0	0.00%
Division 9	\$0	\$0	\$0	\$0	\$0	0.00%
<b>Total</b>	<b>\$1,098,138,444</b>	<b>\$3,396,136,047</b>	<b>\$1,196,337,339</b>	<b>\$195,314</b>	<b>\$5,690,807,144</b>	<b>3.09%</b>

\*Source of "Other" and % of "Other" total for each.  
TSET Provider Engagement Grant (77%) and TSET Health Promotions Coordinator Grant (23%)

FY'15 Top Five Appropriation Funding Requests		\$ Amount
Request 1	Annualizations - FMAP rate change/ Anesthesiologist rate increase/ Cost to cover woodwork population (34k)	\$58,763,255
Request 2	Maintenance - Medicaid growth (4.1%) / Medicare A & B prem incr (1/1/15) / Physician fee schedule	\$46,862,908
Request 3	One-Time Funding - FY-13 one-time Carryover & Replace	\$38,811,007

**How would the agency handle a 3% appropriation reduction in FY'15?**

A reduction of 3% in the General Revenue appropriation level amounts to a cut of \$27 million. Coupled with the \$145 million required to maintain the program at its current level, an additional reduction of \$27 million would result in a funding shortage of approximately \$172 million. Consequently, this equates to a total reduction of \$460 million to the SoonerCare Program to achieve a 3% appropriation cut.

With a three month lead time to meet the required public notification process, the agency would recommend a reduction of overall provider rates by approximately 17% to accommodate a 3% reduction in the FY- 2014 appropriation base of \$904 million. Assuming an effective date of July 1, this provider rate cut would achieve \$172 million in state dollars and reduce the matching federal dollars by \$288 million. The federal statutory maintenance of effort requirement prohibits states from reducing the number of people in the program by reducing qualification standards. Federal mandates also limit the majority of benefit reductions especially as it pertains to children. Although some optional adult benefits can be reduced, savings would be minimal and would actually shift more cost to mandatory benefit categories. For example, the elimination of the adult emergency dental extractions will shift additional cost to the mandatory hospital emergency room payments and other costs of treating conditions caused by dental infection. Therefore, any significant budget reduction could only be achieved by provider rate reductions. Each one percent reduction in provider rates equates to a reduction of \$10 million in expenditure of state funds. Therefore, a 3% budget reduction requires a 17% provider rate cut.

**How would the agency handle a 5% appropriation reduction in FY'15?**

A reduction of 5% in the General Revenue appropriation level amounts to a cut of \$45 million. Coupled with the \$145 million required to maintain the program at its current level, an additional reduction of \$45 million would result in a funding shortage of approximately \$190 million. Consequently, this equates to a total reduction of \$509 million to the SoonerCare Program to achieve a 5% appropriation cut.

To achieve a 5% appropriation reduction, the agency would be held to the same restrictions and utilize the same option as described above; however, the reduction in provider rates would be greater. Each one percent reduction in provider rates equates to a reduction of \$10 million in expenditure of state funds. Therefore, a 5% budget reduction requires a 19% provider rate cut.

Is the agency seeking any fee increases for FY'15?		\$ Amount
Increase 1		\$0
Increase 2		\$0
Increase 3		\$0

**Federal Government Impact**

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?  
None. Participation in the Medicaid program is optional for states; however, if a state chooses to participate in Medicaid then the federal matching funds received are tied to federal requirements.

2.) Are any of those funds inadequate to pay for the federal mandate?  
In relation to the response in the previous question, Medicaid is funded with federal funds matching state funds. Therefore, by definition, the federal funds are inadequate because there are not 100% federal funds tied to those mandates.

3.) What would the consequences be of ending all of the federal funded programs for your agency?  
Turning back federal Medicaid funds would leave only state funds to support the program. State funds comprise about 40% of the total program expenditures that provide health care to nearly 1 million Oklahomans and has a \$5.5 billion impact on the economy in SFY-2014.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?  
Medicaid is included in the exempt mandatory spending. Therefore, any upcoming federal budget cuts will have no direct impact.

5.) Has the agency requested any additional federal earmarks or increases?  
No

**Division and Program Descriptions**

**Division 1 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 matching 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. Additional performance information is available in the annually issued Service Efforts and Accomplishments Report.

**Performance Measure Review**

	<b>FY13</b>	<b>FY12</b>	<b>FY'11</b>	<b>FY'10</b>	<b>FY'09</b>
<b>Goal Number One</b>					
1 Total Expenditures for Physicians & Other Practitioners' Services <sup>1</sup>	\$937,418,890	\$887,498,582	\$893,069,345	\$844,813,899	\$646,348,284
2 Reimbursement as a Percentage of Medicare Rates	96.75%	96.75%	96.75%	99.19%	100.00%
3 Total Expenditures for Hospital Services <sup>1,2</sup>	\$1,217,016,550	\$1,218,359,248	\$906,160,879	\$927,614,585	\$862,201,042
4 Reimbursement as a Percentage of Federal Upper Payment Limit <sup>2</sup>	83.33%	85.24%	64.87%		
5 Average % Reimbursement for Nursing Home Costs per Patient Day <sup>3</sup>	89.00%	89.00%	89.20%	94.50%	97.50%
6 Average % Reimbursement for ICF/ID Facility Costs per Patient Day	100.00%	100.00%	100.00%	100.00%	100.00%
7 # of Eligible Professionals/Hospitals Receiving an EHR Incentive Payment	826	762	625		
8 Total EHR Incentive Payments to Eligible Professionals/Hospitals	\$38,968,791	\$44,062,545	\$35,271,710		
9 Percentage of Eligible Professionals/Hospitals in Compliance with Meaningful Use Standards <sup>4</sup>	47.0%	3.8%			
10 Total # of Unduplicated SoonerCare Members Enrolled	1,040,332	1,007,356	968,296	885,238	825,138
11 Total SoonerCare Program Expenditures (by type of service) <sup>5</sup>	\$4,240,915,548	\$4,075,519,279	\$4,019,868,307	\$4,327,974,101	\$3,959,130,141
12 Average SoonerCare Program Cost per Member enrolled <sup>5</sup>	4,077	4,046	4,151	4,889	4,798
13 Total # of Unduplicated Insure Oklahoma Members Enrolled	42,398	44,600	45,220	41,735	28,450
14 Total Expenditures for Insure Oklahoma	\$113,536,514	\$119,399,496	\$108,806,386	\$97,080,049	\$48,236,972
15 Average Cost per Insure Oklahoma Member	\$2,670	\$2,677	\$2,406	\$2,326	\$1,695
16 Average Monthly Enrollment in Health Access Networks	64,730	50,295	25,860		
17 Total Payments Made to HANs	\$3,885,990	\$3,017,725	\$1,551,595		
18 Total # of HAN Member Months	776,756	603,545	310,309		
<b>Durable Medical Equipment (April 2012 to December 2013)</b>					
1 Total # Sooner Care Donations	11				
2 Total # Non-Sooner Care Donations	1,049				
3 Total # Donations	1,060				
4 Total \$ Value Sooner Care Donations	\$ 12,384				
5 Total \$ Value Non-Sooner Care Donations	\$652,298				
6 Total \$ Value of Donations	\$ 664,682				
7 Total # Reassigned to Sooner Care Members	412				
8 Total # Reassigned to Non-Sooner Care Members	436				
9 Total # Reassigned	848				
10 Total \$ Reassigned to Sooner Care Members	\$249,478				
11 Total \$ Reassigned to Private Citizens	\$302,266				
12 Total \$ Value of Reassignments	\$551,744				

<b>Goal 2 - Program Development</b>						
<b>Health Management Program</b>						
1 Output - HMP Total Enrollment <sup>6</sup>	4,743	4,130	5,008	4,812	3,853	
2 Tier 1 Engaged Members	953	888	975	940	834	
3 Tier 2 Engaged Members	3,790	3,242	4,033	3,872	3,019	
<b>HMP Per Member Per Month (First 12 month following participation in HMP)</b>						
1 Forecast PMPM	\$1,400	\$1,405	\$1,381	\$1,332		
2 Outcome - Actual PMPM	\$1,196	\$1,173	\$1,192	\$1,153		
3 Outcome - % Below Forecast	14.82%	16.5%	13.7%	13.4%		
4 Output - HMP/Number of Providers with On-Site Practice	56	53	56	57	62	
5 Facilitation						
<b>Chronic Care Unit (Unit initiated January 1, 2013)</b>						
1 Output - Number of Unduplicated Members Enrolled <sup>7</sup>	206					
2 Outcome - Percent of Members with a Diagnosis of Hemophilia	31.00%					
3 Outcome - Percent of Members with a Diagnosis of Sickle Cell Anemia	41.30%					
4 Outcome - Percent of Members with a Combination of Chronic Conditions	27.70%					
<b>Case Management</b>						
1 Output - Number of New High-Risk OB members	1,998	1,832	1,586			
2 Output - Number of New At-Risk OB members	637	713	430			
3 Output - Number of New Fetal Infant Mortality Reduction Outreach to Moms	2,041	2,274	715 (partial)			
4 Output - Number of New Fetal Infant Mortality Reduction outreach to Babies	2,100	1,713 (11 mos)	N/A			
5 Target - OHCA's Goal for Reduction in Primary Cesarean Sections Less Than 18%	less than 18%	less than 18%	less than 18%			
6 Outcome - OHCA's Actual Rate for Primary Cesarean Sections	16.90%	16.60%	19.50%	Not Available	20.30%	
<b>Health Access Networks (HANs)</b>						
1 Output - Number of Contracted HANS	3	3	1			
2 Output - Total Number of Enrollees (at June 30)	90,688	61,078	26,411			
3 Output - Number of Members Required to Receive Care Management	1,418	1,961				
4 Output - Number of Unduplicated Providers in HANs	484	309				
<b>SoonerCare Provider Network<sup>8</sup></b>						
1 Output - SC Provider Network Count	38,486	40,825	30,113	28,637	28,466	
2 Output - SC Choice Providers	2,170	1,993	1,598	1,531	1,455	
3 Output - SC Choice PCP Total Capacity	1,139,130	1,202,168	1,071,965	1,037,499	1,829,549	
4 Output - SC Choice PCP % of Capacity Used	44.06%	37.85%	39.55%	41.30%	21.90%	
5 Outcome - Percent of Tier 1 Entry-Level Medical Homes	58.60%	64.88%	67.43%			
6 Outcome - Percent of Tier 2 Advanced Medical Homes	27.70%	26.37%	26.18%			
7 Outcome - Percent of Tier 3 Optimal Medical Homes	13.70%	8.75%	6.39%			
<b>Patient-Centered Medical Home Enrollment/Tiers<sup>9</sup></b>						
1 # of SC Members Enrolled in Medical Home	522,310	462,426	425,267	434,969		
2 # of Native American IHS/ASO enrollees	17,360	17,066	13,961	14,247		
3 Output - Total # of SC Members Enrolled in Medical Home	539,670	479,492	439,228	449,216		
4 Output - # of SC Traditional Members	194,294	240,920	245,159	220,283		
5 Total Enrollees	733,964	720,412	684,387	669,499		
6 Outcome - % of SC Members Enrolled in Medical Home	73.53%	66.56%	64.18%	67.10%		
<b>Member aligned with Medical Homes by Tier Level</b>						
1 Outcome - Percent of Members Aligned with Tier 1 Entry Level Medical Home	42%					
2 Outcome - Percent of Members Aligned with Tier 2 Advanced Medical Home	31%					
3 Outcome - Percent of Members Aligned with Tier 3 Optimal Medical Home	27%					

<b>Goal 3 - Personal Responsibility</b>						
<b>% of Children Accessing Well-Child Visits/EPST<sup>10</sup>:</b>						
1 First 15 months	N/A	97.3%	98.3%	98.3%	97.4%	
2 3 to 6 years	N/A	57.6%	57.4%	59.8%	64.9%	
3 Adolescents	N/A	31.6%	34.5%	33.5%	40.1%	
4 Outcome - immunization rate <sup>11</sup>	N/A	61.0%	66.0%	54.4%	70.8%	
<b>Adults Health Care Use - Preventive / Ambulatory Care<sup>10</sup>:</b>						
1 20 to 44 years	N/A	82.5%	83.1%	84.2%	83.3%	
2 45 to 64 years	N/A	90.8%	91.0%	91.1%	89.7%	
3 Number of Medicaid Members Calling Tobacco Helpline	5,575	5,778	4,739	3,937		
4 Number of Oklahomans Calling the Tobacco Helpline	35,123	38,732	37,321	37,974		
5 Percent of Medicaid Members Calling the Tobacco Helpline	15.87%	14.92%	12.70%	10.37%		
6 Number Of Medicaid Members Utilizing Tobacco Cessation Benefits	22,790	25,098	25,731			
7 EPST Participation Ratio	N/A	56.0%	55.0%	56.0%	58.0%	
8 Average # of Members in Pharmacy Lock-In	313	273	303	268	165	
9 % of Members Seeking Prenatal Care	97.32%	97.12%	97.54%	95.50%	97%	
10 # of Births	32,915	32,904	32,060	33,669	33,228	
11 First Trimester	20,306	19,331	18,336	18,034	15,123	
12 Second Trimester	8,289	8,890	9,175	9,911	11,861	
13 Third Trimester	3,493	3,737	3,759	4,215	5,095	
14 ER Visits per 1,000 Member Months (calendar year)	N/A	73.5 (half yr)	72.9	72.6	79.7	

<b>Goal 4 - Satisfaction &amp; Quality</b>					
<b>Customer Survey Results (CAHPS) Adults<sup>12</sup>:</b>					
1 Outcome - Customer Service	90%				
2 Outcome - How Well Doctors Communicate	80%				
3 Outcome - Getting Care Quickly	87%				
4 Outcome - Getting Needed Care	48%				
5 Outcome - Shared Decision Making	79%				
<b>Customer Survey Results (CAHPS) Children<sup>12</sup>:</b>					
1 Outcome - Customer Service	84%				
2 Outcome - How Well Doctors Communicate	89%				
3 Outcome - Getting Care Quickly	93%				
4 Outcome - Getting Needed Care	52%				
5 Outcome - Shared Decision Making	93%				
<b>Other</b>					
1 % of 5-Star Facilities in Focus on Excellence	18%	15%			
2 % of 4-Star Facilities in Focus on Excellence	29%	16%			
3 % of Members Participating in the Resident Satisfaction Survey Rating Overall Quality as Excellent or Good			94%		
4 % of Employees Participating in the Employee Satisfaction Survey Who Rate Overall Satisfaction as Excellent or Good			88%		
5 # of Member Calls	78,746	88,473			
6 # of Provider Calls	34,027	32,090			
7 # Involuntary Provider Contract Terminations	43	59	36	47	36
8 Number of Provider Trainings:					
· Seminars/Workshops	28	43	117	185	149
· Onsite Trainings Attendees	5,242	5,200	11,672	11,739	9,584
· Policy Letters	70	104	91		

<b>Goal 5 - Eligibility &amp; Enrollment</b>					
1 Output - Unduplicated Medicaid Enrollment - Total	1,040,332	1,007,356	968,296	885,238	825,138
2 Outcome - % of Enrollment Change (includes Insure Oklahoma)	3.9%	4.0%	9.3%	7.3%	3.5%
3 Insure Oklahoma—Employee Sponsored Enrollment	16,502	16,865	18,816	18,573	14,217
4 Insure Oklahoma—Individual Plan Enrollment	13,358	13,511	13,784	13,107	7,381
5 % of SoonerCare & Insure Oklahoma Population Who Are Children	57%	57%	59%		
6 % of SoonerCare & Insure Oklahoma Population Who Are Adults	43%	43%	41%		
7 Estimated Count of Eligible-But-Not-Enrolled Population (EBNE)	64,965	64,860	64,783		
8 % of Online Enrollment Applications That Are New	55%	57%	71%		
9 % of Online Enrollment Applications That Are Recertifications	45%	43%	29%		
10 Percent of OE Applications by Media Type:					
Home Internet	55%	48%	41%		
Paper	5%	9%	10%		
Agency Internet	26%	24%	24%		
Agency Electronic	14%	20%	26%		

<b>Goal 6 - Administration</b>					
1 Output - Total Claims Paid	37,824,044	36,636,568	32,298,927	31,691,202	28,428,254
2 OHCA PERM		0.28%			1.24%
3 Output - Payment Integrity Recoveries	\$3,404,767	\$6,552,765	\$9,077,565	\$18,047,254	\$3,988,042
4 Output - Third Party Liability Recoveries	\$53,212,491	\$40,258,563	\$43,241,434	\$41,521,418	\$24,910,078
5 Total OHCA admin costs	\$146M	\$137.3M	\$134.2M	\$119.2M	\$97.3M
6 Total OHCA contracts cost (subset of admin)	\$101M	\$95.3M	\$94.8M	\$83.3M	\$59.8M
7 % total contracts to total admin	69.0%	70.0%	71.0%	70.0%	61.0%
8 % total OHCA admin to program	2.9%	2.9%	3.0%	2.2%	2.6%
8 Total cost	\$5B	\$4.79B	\$4.4B	\$4.3B	\$4B
9 # FTE (Authorized)	536	465.5	464.5	444.5	444.5

<b>Goal 7 - Collaboration</b>					
1 Percentage of Enrollment Applications Received Online <sup>13</sup>	77.9%	69.0%	61.0%		
2 The Accumulated State and Federal Revenue Generated By Collaborations To Provide Services <sup>14</sup>	\$1,230,314,375				
3 Accumulated State and Federal Revenue Generated By Collaborations to Provide Medical Education <sup>14</sup>	\$126,057,898				
4 Number of Tribes Represented at Tribal Consultations	11				
5 The Number of Tribal Consultations Per Year	7				
6 Number of Individuals Who Completed Certification Through the Certified Nurse Aide (CNA) Waiver Training Program	881	957	711		

**NOTES:**

<sup>1</sup>Does not include Other State Agency expenditures.

<sup>2</sup>Includes SHOPP in SFY2013 and SFY2012.

<sup>3</sup>Includes Quality of Care fee.

<sup>4</sup>This is the combined percentage of those EP/EH attesting to attainment of Level 1 Meaningful Use. This can be broken down as follows:  
(SFY2013 EP - 45%; EH - 74%); (SFY2012 EP - 3.8% EH - 4.5%)

<sup>5</sup>Does not include non member specific payments.

<sup>6</sup>The HMP is a vendor-operated chronic disease initiative. The program provides practice-based, chronic disease focused supports to SoonerCare members and primary care providers. The HMP provides specially trained process improvement support, known as practice facilitators, to practices with a significant burden of SoonerCare members with chronic illness.

<sup>7</sup>The Population Care Management Chronic Care Unit originated 1/1/2013, to provide care management services to SoonerCare members identified with chronic disease who are not aligned with a primary care provider where a health coach is present. Comprehensive risk profiling, self-referral and provider referrals are all avenues through which members can receive care management services.

<sup>8</sup>Effective July 2012, the methodology for counting providers has changed to count provider network. Previous counts include group practice and its members; the current count will include members only. Provider Network is providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and/or specialties. The term "contracted" is defined as a provider that was enrolled with Oklahoma SoonerCare within the reporting period, it does not necessarily indicate participation. OHCA is currently in a provider contract renewal period. There may be a temporary decrease in the provider counts due to this process. This occurrence is typical during all renewal periods.

<sup>9</sup>This data represents a point-in-time. (June 30)

<sup>10</sup>These measures are reported on a calendar year basis. Data for CY2013 will be available in 2014.

<sup>11</sup>Healthy People 2010 campaign is now Healthy People 2020 campaign. The immunization series measure has changed beginning in SFY2011. This measure is reported on a calendar year basis. Data for CY2013 will be available in 2014.

<sup>13</sup>Not all can apply online. Of those who can apply online approximately 90% do. This measure reports the % of online applications received through home applications and through agency partners.

<sup>14</sup>These measures report the accumulated state and federal revenue generated by collaborations with other state agencies and state universities to provide services and medical education.

Other State Agencies contributing the state share to provide services include:

Oklahoma Department of Human Services

Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma State Department of Health

Oklahoma Department of Corrections

Oklahoma State Department of Education

Universities contributing the state share to provide medical education include:

University of Oklahoma

Oklahoma State University