

**Oklahoma Health Care Authority # 807**  
**Information for FY-19 Budget Hearings (FY-19 Summary)**

Programs	Program Amount (includes FY-19 Request)	Clients Served	Program Efficiency
Medicaid Programs & Administration Medicaid Administration	\$ 52,142,290	Administrative costs associated with the delivery of the Medicaid program include a variety of program integrity activities to detect and deter fraud, waste, and abuse in Medicaid and care coordination functions. Ultimately these activities are intended to ensure that beneficiaries receive quality care and that taxpayer dollars are spent appropriately.	1)In 2017 the OHCA conducted 725 provider audits and recovered \$5.8M in overpayments 2) The pharmacy benefit is tightly managed by the department using the following methods: monthly prescription limits for adults, limiting both the number of days of medication allowed and number of pills per day, aggressive use of Prior Authorization and step therapy, maximizing rebate opportunities by participating in the Sovereign States Drug Consortium, limiting refills, and rate setting for individual drugs. 3)The Population Care Management (PCM) Department coordinates care for SoonerCare members with complex medical needs. The PCM Department is comprised of three distinct units and programs to provide care management and coordination services for SoonerCare members: Health Management Program, Chronic Care Unit, and Case Management Unit. 4)The Case Management Unit (CMU) offers a diverse set of care coordination and utilization management services to a broad-range of the SoonerCare population. Nurses and Social Service Coordinators in the CMU provide service to women with high-risk or at-risk pregnancies, at-risk newborns, children with special needs receiving private duty nursing, women eligible for SoonerCare due to breast or cervical cancer, as well as members in need of complex, multi-specialty care coordination and provider alignment. The CMU provided case management and utilization management services to nearly 13,000 members in SFY2017.

Medicaid Payments (Title 19 & 21)	5,537,108,140	Medical Coverage for certain low income groups, including the aged, blind, and disabled; families qualifying under TANF guidelines; qualified Medicare beneficiaries; and certain children and pregnant women with income levels ranging from 100% to 150% of FPL. Effective 12/01/1997, the state expanded its coverage of children and pregnant women to include those with incomes up to 185% of FPL funded thru CHIP(Title 21) Total Unduplicated Medicaid Enrollment as of June 30, 2017 was 1,014,983	1) Avoided \$72.6 million in medical costs through the Health Management Program as of SFY2016 2) In SFY2017, avoided \$53 million in prescription drug costs through the State Maximum Allowable Cost program by limiting the price of generic drugs 3) Through SFY2016, the SoonerCare Chronic Care Unit generated approximately \$2.26 in net medical savings for every dollar in administrative expenditures 4) Saved \$96,000 by converting medical identification cards from plastic to digital 5) The agency obtains eligibility services from the Department of Human Services and survey/certification services from the Oklahoma State Department of Health 6) OHCA continues to work with both public and private partners on projects such as tobacco cessation, education for medical professionals, and health information technology
Non-Title XIX Medical Services	83,650,000	Clients serviced and funded by Other State Agencies	
Medicaid Contracts	31,079,425	Contracts for professional services with private contractors, governmental entities, and medical professionals which support functions of the Medicaid program.	Decreased customer call volume while maintaining quality service level by improving call tree options available to our members. Maximized revenues from collection of overpayments. Minimized the number of provider overpayment appeals. Recovery audit contract reduced overlap with existing OHCA program integrity programs. Improve health outcomes and reduce the medical costs of the population served through health coaching. Improve effectiveness of providers in caring for members with chronic disease and/or chronic pain through practice facilitation resulting in \$72M in program savings. Improve initial care coordination through information obtained in the Health Information Exchange (HIE) allowing the case/care manager the opportunity to view instant, relevant information about a member prior to contact being made.
Premium Assistance (IO)	96,461,279	Insure Oklahoma is a public-private partnership that helps employers provide their qualified employees with affordable insurance and health care. The state, the employer and the employee share in the premium costs.	1)Implemented the ESI Employer Portal in SFY16 providing employers the ability to update business information, add or remove employees to staff listings, request and look up Employee Eligibility Numbers and submit invoices. 2) Aligned eligibility determination with SoonerCare program using modified adjusted gross income (MAGI) 3)Combined the SoonerCare and IO application for eligibility determination by enhancing Online Enrollment.

Grants Management	5,435,623	Health Information Technology; SoonerQuit Program; Money Follows the Person	<p>1)The Health Information Technology grant allows for providers to transition and utilize electronic health records. Those who transition are able to coordinate care more efficiently, reduce errors in patient records, decrease duplicative services, and better engage patients in their own health care. OHCA has had 3,927 health professionals and 131 hospitals register for .EHR program 2)The SoonerQuit program trains medical professionals and provides resources to SoonerCare members to aid in smoking cessation. Since SFY2015 there have been 4,899 members register through the Oklahoma Tobacco Hotline and 38 providers have been trained through the program since SFY2017. 3)The Money Follows the Person (MFP) Rebalancing Demonstration Grant helps states rebalance their Medicaid long-term care systems. Over 75,151 people nationwide with chronic conditions and disabilities have transitioned from institutions back into the community through MFP programs as of December 2016. OHCA transitioned 38 individuals in calendar year 2018, reducing the use of institutionally-based services and migrating them to community-based services improving the quality of life and reducing expenditures.</p>
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\$ 5,805,876,756

ISD Data Processing	73,979,434
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TOTAL	<u>\$ 5,879,856,190</u>
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- FY-19 program totals include State, Federal, and Revolving funds and FY-19 Appropriation Request.