



# OKLAHOMA HEALTH CARE AUTHORITY UPDATE

**Nico Gomez, CEO**  
January 2014

# Agenda

- Performance Report
  - 7 Agency Goals
    - What we are doing well
    - Where we need to improve
  
- Budget Request (SFY 2015)
  - Financial requirement to run the same program
  - No additional FTEs requested

# Mission Statement

- Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; and to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

# Goals

- **Goal #1 – Financing and Reimbursement** To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure
- **Goal #2 – Program Development** To ensure that medically necessary benefits and services are responsive to the health care needs of our members
- **Goal #3 – Personal Responsibility** To educate and engage members regarding personal responsibilities for their health services utilization, behaviors, and outcomes

# Goals, continued

- **Goal #4 – Satisfaction and Quality** To protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care
- **Goal #5 – Eligibility and Enrollment** To provide and improve health care coverage to the qualified populations of Oklahoma
- **Goal #6 – Administration** To foster excellence and innovation in the administration of the OHCA
- **Goal #7 – Collaboration** To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma

# Goal 1 – Financing and Reimbursement

- Payment Error Rate Measurement = 0.28 percent
- 94.11 percent of expenditures pay for services
- Top two provider expenditures
  - Hospitals = \$1.2 billion
  - Physicians = \$937 million
- Room for Improvement
  - Seek more ways to increase transparency
  - Move to state's PeopleSoft accounting system

# Goal 2 – Program Development

- Health Management Program
- High Risk OB Case Management
- Patient Centered Medical Homes
  
- Room for improvement
  - Appropriate Emergency Department Use
  - Explore additional care coordination opportunities that support better outcomes in a balanced budget

# Goal 3 – Personal Responsibility

- SoonerCare members using tobacco cessation benefits = 22,790
- Well child visits in first 15 months = 97.3 percent
- Qualified women seeking prenatal care = 97.32 percent
- Room for improvement
  - Immunization rate = 61 percent
  - Child dental visits = 64 percent

# Goal 4 – Satisfaction and Quality

- Agency reports 62 quality measures annually
- 52 provider and 506 member formal appeals filed
- Investigated 283 SoonerCare member complaints
- 28 provider training sessions statewide
- Room for improvement
  - Breast Cancer Screening = 36.9 percent
  - Appropriate treatment for strep infections = 49.1 percent

# Goal 5 – Eligibility and Enrollment

- 1,040,332 unduplicated members (SFY2013)
- # of members removed
- 77.9 percent of people apply online
- 65,000 are estimated to be eligible but not enrolled
- Room for Improvement
  - Increase member integrity efforts
  - Improve data matching opportunities

# Goal 6 - Administration

- Payment Error Rate Measurement = 0.28 percent
- Processed 49.5 million claims
  - 94 percent electronic
- Total Medicaid Administration = 5.89 percent
  - OHCA 2.82 percent
    - 37 percent direct operations
    - 63 percent vendor contracts

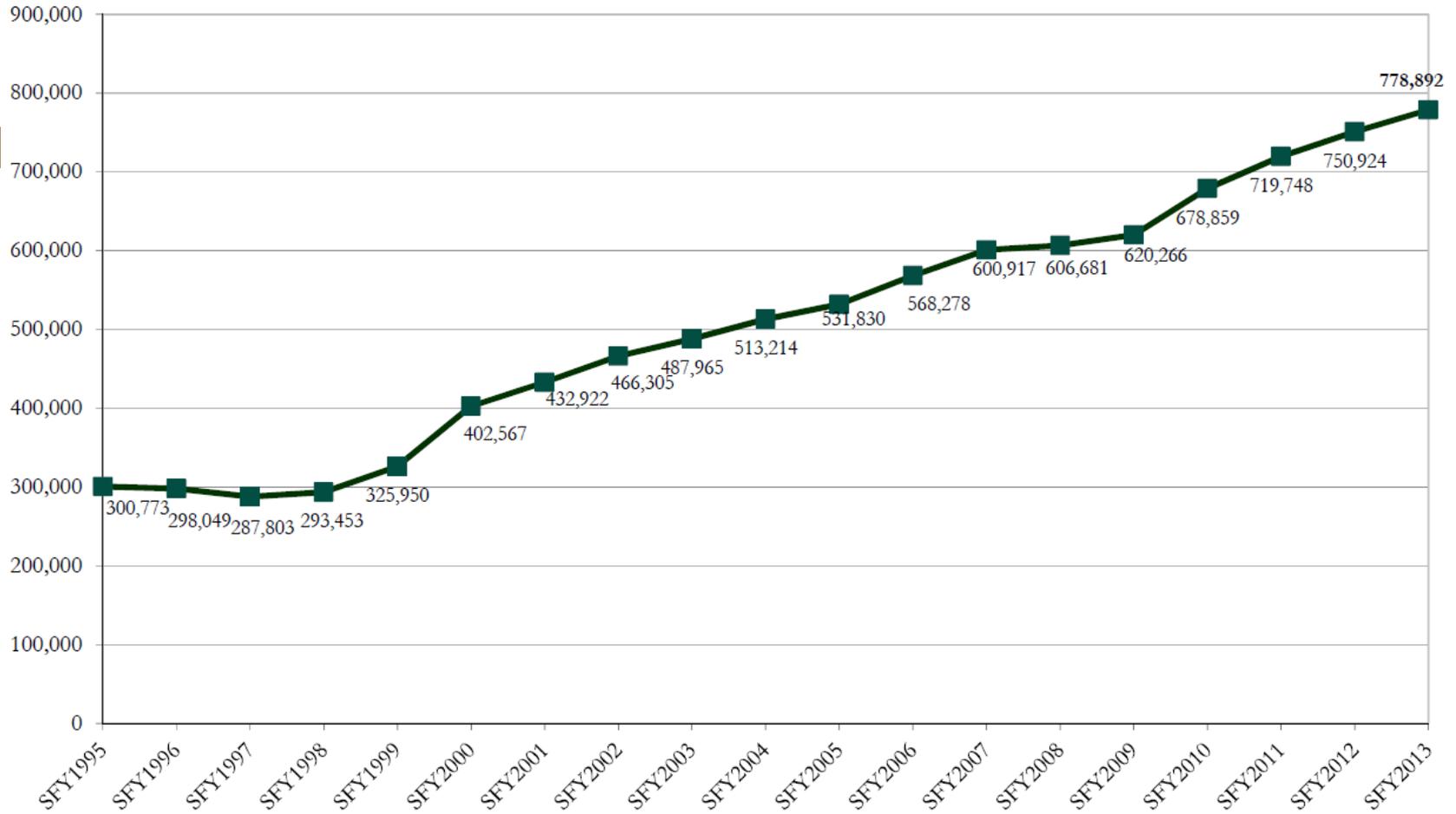
# Goal 6 – Administration, continued

- Post Payment Recoveries = \$48 million
- Drug Rebate Collections = \$195 million
- Savings through generic pharmacy management = \$138 million
- Room for Improvement
  - Continued scrutiny of FTE needs and requests
  - Continued review of outsourcing opportunities

# Goal 7 - Collaboration

- Nationally recognized tribal relations
- DMH- Health Homes
- OSDH- Infant Mortality
- TSET- Tobacco Cessation
- Comprehensive Primary Care Initiative
  - Public/private partnership among payers

## Historic Average Monthly SoonerCare Enrollment Per State Fiscal Year



State Fiscal Year (SFY) is July - June. Data prior to SFY2000 is from the OKDHS County Summary Report. During SFY1998 Tide 19 expansion and CHIP were implemented. SoonerPlan and Oklahoma Cares enrollment began in the last half of SFY2005. In SFY2006 OHCA implemented 12 month certifications and TEFRA.

Figures do not include Insure Oklahoma enrollees.

# SFY2015 Budget Request Summary

- Annualizations = \$58.8 million
- Maintenance = \$46.9 million
- Replace one-time carryover = \$38.8 million
- Total \$144.5 million
- No provider rate increases
- No additional FTEs

# Additional Resources

[www.okhca.org](http://www.okhca.org)

[www.insureoklahoma.org](http://www.insureoklahoma.org)