FY 2027 Budget Performance Review
80700 - Oklahoma Health Care Authority _ Revision 4

Version Revision 04 **Date submitted** 1/15/2026
Lead Administrator: Clay Bullard **Lead Financial Officer: Josh Richards**

Agency Mission

The mission of the OHCA is to responsibly purchase state and federally-funded health care in the most efficient and comprehensive manner possible; 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.

Division and Program Descriptions

Note: Please define any acronyms used in program descriptions.

Division 20 - SoonerCare (Oklahoma Medicaid Program)

Medicaid serves as the nation's primary source of health insurance for low-income individuals. Oklahoma's Medicaid program, commonly known as SoonerCare, is a federal and state health coverage program that provides medical benefits to low income individuals who are uninsured or under-insured. Medicaid guarantees coverage for basic health and long-term care services based upon specific eligibility guidelines. These categories of eligibility include the aged, blind and disabled (ABD); families qualifying under federal Temporary Assistance to Needy Families (TANF) guidelines; Expansion adults; qualified Medicare beneficiaries; children served through the Tax Equity and Fiscal Responsibility Act (TEFRA); women with breast and cervical cancer; and other qualifying children and pregnant women. State Medicaid programs are funded with both federal and state dollars and in accordance with a federally-approved State Plan. To receive federal dollars, the state must agree to cover "mandatory groups" and offer a minimum set of services referred to as "mandatory benefits." States can also receive federal funds for "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. In SFY 2024, the OHCA launched SoonerSelect, a new health care delivery system organized to manage cost, utilization, and quality. SoonerSelect provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between the OHCA and managed care organizations (MCOs) that accept a set per member per month (capitation) payment. Through this program, most SoonerCare members will receive their health care services coverage through health and dental plans. A health or dental plan is an organization that provides health care services through a network (group) of doctors, dentists, pharmacists, mental health professionals and other service providers. Eligible Members have the option to choose between three health plans and two dental plans: Aetna Better Health of Oklahoma, Humana Healthy Horizons of Oklahoma, Oklahoma Complete Health, DentaQuest or LIBERTY Dental. In SFY 2025, the OHCA contracted with approximately 93,626 medical and dental providers to provide Medical services to more than 1.3 million SoonerCare members.

Division 40 - Insure Oklahoma (Premium Assistance Program)

Employee Sponsored Insurance (ESI) is a program operated under Insure Oklahoma that provides premium assistance to eligible employees of qualifying Oklahoma small businesses who offer insurance coverage. Eligibility criteria for employees includes: household income that does not exceed 227 percent of the FPL; Oklahoma residency; US citizenship or legal resident status.

Divisions 10,30,50,88 - Administrative Operations

Administrative Operations comprises of the direct and indirect operating expenses associated with the delivery, management and fiscal oversight of the Medicaid program for the State of Oklahoma. It includes personnel costs and vendor contract costs with public and private entities to acquire professional services that support the administrative and program operations. Services include but are not limited to; compliance, evaluation, legal, technical, case management, health outcome improvement initiatives and professional medical review, which are essential in ensuring the success of the SoonerCare program and delivery of service to members.

Division 80 - EGID Administrative Operations

EGID fund supports the administrative expenses of the State Health and Life Insurance Plan, HealthChoice, including all personnel costs and vendor contracts costs with public and private entities to acquire professional services that support the program operations. Services include but are not limited to; actuarial, compliance, claims administration for Health, Dental, Life and Disability plans as outlined by statute, finance, investment consulting and management, legal, pharmacy services and technology.

FY'26 Budgeted Department Funding By Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Local[1]	Other[2]	Total
10	Administration/Operations	$26,728,752	$34,186,084	$2,931,440	-	-	$63,846,276
20	Medicaid Payments	$1,355,125,343	$8,302,169,792	$2,443,956,194	-	-	$12,101,251,329
21 thru 25	Non-Title XIX Medical Services	-	-	$119,095,000	-	-	$119,095,000
30	Medicaid Contracts	$17,370,271	$27,695,042	$4,132,066	-	-	$49,197,379
40	Premium Assistance Program (IO)	-	$19,744,456	$10,147,461	-	-	$29,891,917
50	Grants Management	$58,634	$13,200,406	$500,315		$156,160	$13,915,515
80	EGID	-	-	$51,114,523	-	-	$51,114,523
88	ISD Information Services	$11,257,778	$95,122,901	$27,436,596	-	-	$133,817,275
	*Rate Preservation Fund 236						$0
							$0
Total		**$1,410,540,778**	**$8,492,118,681**	**$2,659,313,595**	**$0**	**$156,160**	**$12,562,129,214**

1. Please describe source of Local funding not included in other categories: Tulsa Community Foundation
2. Please describe source(s) and % of total of "Other" funding if applicable for each department:

Balances of Appropriated Funds from Prior Fiscal Years

3-digit Class Fund #	Class Fund Name	GA Bill # and Section #	Fiscal Year of Original Appropriation	Original Appropriation Amount ($)	Total Expended Amount as of 8/31/2025 ($)	Balance as of 8/31/2025 ($)
20000	Administrative Disbursing Fund	SB32X Section 1	2024	$30,000,000	$10,137,155	$19,862,845
20000	Xfer from Administrative Disbursing Fund to Medicaid Program Disbursing Fund	SB1125 Section 82	2025	$9,000,000	$9,000,000	$0
29000	Intra Xfer from Special Account					$0
29200	Other Non-Revenue Receipts					$0
34000	Medicaid Program Disbursing Fund					$0
			Total remaining prior year appropriation balance:			**$19,862,845**

Report appropriations that have existing balances from all prior fiscal years at the 3-digit class fund number (i.e. 194, 195). Do not report carryover class funds separately.
Include appropriations located in disbursing funds. Report PREP, but not ARPA/SRF, appropriations.

What changes did the agency make between FY'25 and FY'26?

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?

None

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

No

4.) Did the agency provide any pay raises that were not legislatively/statutorily required?

Yes

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Appropriation Increase Review

Appropriation Increase Purpose	Appropriation Increases (Additional to Agency Base Appropriation) FY 2024	FY 2025	Total Amount Received FY 2024-2025	Expenditures: Total Expenditure of Increase as of 6/30/2025	If funds have not been spent, please explain why.
Annualization - Impact of FMAP Change	$24,400,658	$11,354,122	$35,754,780	$35,754,780	
Maintenance (Cost to Continue Program Changes)	$53,079,162	$648,984,100	$702,063,262	$702,063,262	
Program Enhancement/Operational Excellence	$3,027,977	$3,296,114	$6,324,091	$6,324,091	
Remove MCO Premium Tax	-$12,103,458	$0	-$12,103,458	-$12,103,458	
OKSHINE Grants for Providers (One-time)	$30,000,000	$0	$30,000,000	$30,000,000	
Hospital Funding (one-time in FY24, reduced in FY25)	$200,000,000	-$192,830,171	$7,169,829	$7,169,829	
Total:	**$298,404,339**	**$470,804,165**	**$769,208,504**	**$769,208,504**	

List appropriation increases that the agency has received in the prior two years. List amounts received in each year. Include PREP, but not ARPA/SRF, appropriations.

FY'27 Requested Funding By Department and Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Other[1]	Total	% Change
10	Administration/Operations	$26,728,752	$34,186,084	$2,931,440	$0	$63,846,276	0.00%
20	Medicaid Payments	$1,830,911,870	$9,254,460,705	$2,445,371,931	$0	$13,530,744,505	11.81%
21 thru 25	Non-Title XIX Medical Services	$0	$0	$119,095,000	$0	$119,095,000	0.00%
30	Medicaid Contracts	$17,370,271	$27,695,042	$4,132,066	$0	$49,197,379	0.00%
40	Premium Assistance Program (IO)	$0	$19,744,456	$10,147,461	$0	$29,891,917	0.00%
50	Grants Management	$58,634	$13,200,406	$500,315	$156,160	$13,915,515	0.00%
80	EGID	$0	$0	$51,114,523	$0	$51,114,523	0.00%
88	ISD Information Services	$30,218,293	$123,580,037	$27,436,596	$0	$181,234,926	35.43%
Total		**$1,905,287,820**	**$9,472,866,730**	**$2,660,729,332**	**$156,160**	**$14,039,040,041**	**11.76%**

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

FY'27 Top Five Incremental Appropriated Funding Increase Requests

Request by Priority	Request Description	Is this a Supplemental Request? (Yes/No)	Timeframe (One-Time or Recurring)	Appropriation Request Increase Amount ($)
Request 1:	Annualizations (Impact of Federal Medical Assistance Percentage changes)	No	Recurring	$30,873,792
Request 2:	Maintenance (Cost to Continue Program Changes)	No	Recurring	$345,212,545
Request 3:	One-Time Funding / Replace FY26 Rate Preservation Funds	No	One-Time/Recurring	$84,228,868
Request 4:	Mandates (Federal)	No	Recurring	$34,431,837
Request 5:				
		Top Five Request Subtotal:		**$494,747,042**
Total Increase above FY-26 Budget (including all requests)				$494,747,042
Difference between Top Five requests and total requests:				$0

** Capital requests in the table above should be listed in the next table.*

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

Description of requested increase in order of priority	Total Project Cost ($)	Needed State Funding for Project ($)	Submitted to LRCPC? (Yes/No)
Priority 1			
Priority 2			
Priority 3			

Does the agency has any costs associated with the Pathfinder retirement system and federal employees? If so, please describe the impact.

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%.

** Include the total number of federally funded FTE in the Pathfinder system.*

How would the agency be affected by receiving the same appropriation for FY '27 as was received in FY '26? (Flat / 0% change)

The agency estimates it will need an additional $494.7 million to maintain the program, not enhance the program. A flat appropriation would necessitate reductions in optional benefits, programs, and /or reductions in reimbursement rates. The rate preservation fund (236) was created to protect against provider rate reductions so a flat appropriation may trigger the need to access one-time funds.

How would the agency handle a 2% appropriation reduction in FY '27?

The agency estimates it will need an additional $494.7 million to maintain the program, not enhance the program. A flat appropriation would necessitate reductions in optional benefits or programs and /or reductions in reimbursement rates. The rate preservation fund (236) was created to protect against provider rate reductions so a flat appropriation may trigger the need to access one-time funds.

Is the agency seeking any fee increases for FY '27?

Description of requested increase in order of priority		Fee Increase Request ($)	Statutory change required? (Yes/No)
Increase 1	NA	NA	
Increase 2			
Increase 3			

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Federal Funds

CFDA	Federal Program Name	Agency Dept. #	FY 26 budget ($)	FY 25 actuals ($)	FY 24 actuals ($)	FY 23 actuals ($)	FY 25 budgeted FTE (#)
93.778	Title XIX Medical Assistance Program	10/20/30/40/50/88	8,162,461,256	7,764,208,841	6,822,898,450	7,238,188,259	574
93.767	Title XXI Children's Health Insurance Program	20/50	309,546,696	311,924,730	231,817,283	264,998,042	
93.796	HQSB-Medicaid Survey & Certification	30	4,005,750	1,988,460	3,358,503	2,649,075	
93.791	Money Follows the Person (MFP) grant	20/50	14,200,841	7,884,345	8,443,989	5,001,848	16
93.639	Mobile Crisis Grant	30	0	N/A	N/A	39,635	
93.771	School Based Services Enhancement Grant	10	1,000,000	169,722	N/A	N/A	2
93.869	OK Transforming Maternal Health Model (TMaH)	10	904,137	117,055			2

Federal Government Impact

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

100% - State participation in Medicaid is optional; however, if a state chooses to participate it must adhere to all federal mandates and requirements associated with the federally funded program which includes an approved State plan. The federal government guarantees matching funds to states for qualifying Medicaid expenditures. States are guaranteed at minimum $1 in federal matching funds for every $1 in state spending.

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

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?

In FY 2026, federal funds accounted for approximately $8.5 billion, or 68% of the total estimated resources needed to provide health care to nearly 1.3 million Oklahomans. Ending the federally funded program would require significant state investment or elimination of the Medicaid and CHIP program; negatively impacting Oklahoma's economy, healthcare delivery system/network, and the health of Oklahomans. Opting out of participating with the federal government would shift the cost entirely to the state placing a strain on the states' resources necessary to maintain and operate the Medicaid program.

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

Under current federal law, Medicaid is an entitlement program and federal financial participation is tied to state expenditures; thus, no direct impact is anticipated. However, the federal matching percentage (FMAP) determines the federal share of the cost of Medicaid services in each state and changes annually. The FMAP is calculated using a formula set forth in the federal Medicaid statute and is based on a three- year rolling average of the state's per capita income relative to the national average. The lower the state's per capita income, the higher the state's FMAP. The risk associated with FMAP is the lag in data used in the calculation. A state's FMAP does not always correspond with the current state of its economic climate. A reduction in FMAP results in a decrease in federal matching dollars, thus requiring additional state resources or reductions in the Medicaid budget (as shown in the current budget request).

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

No

FY 2026 Budgeted FTE

Division #	Division Name	Supervisors	Non-Supervisors	$0 - $35 K	$35 K - $70 K	$70 K - $100K	$100K+
10	Operations	135	409	0	317	171	56
20	Medicaid Payments	0	0	0	0	0	0
30	Medicaid Contracts	0	0	0	0	0	0
40	Premium Assistance	2	14	0	13	3	0
50	Grants Management	4	14	0	15	3	0
80	EGID	13	89	3	73	15	11
88	ISD Information Services	1	2			2	1
Total		**155**	**528**	**3**	**418**	**194**	**68**

FTE History by Fiscal Year

Division #	Division Name	FY 2026 Budgeted	FY 2026 YTD	FY 2025	FY 2024	FY 2023	FY 2017
10	Operations	543.2	495.0	552.8	562.8	570.0	494.0
20	Medicaid Payments	0.0	0.0	0.0	0.0	0.0	0.0
30	Medicaid Contracts	0.0	0.0	0.0	0.0	0.0	0.0
40	Premium Assistance	16.0	16.0	16.0	16.0	16.0	37.0
50	Grants Management	18.4	15.0	19.3	21.3	18.0	31.0
80	EGID	102.4	96.0	106.0	0.0	0.0	0.0
88	ISD Information Services	3.0	4.0	6.0	6.0	5.0	43.0
Total		**683.0**	**626.0**	**700.0**	**606.0**	**609.0**	**605.0**

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Performance Measure Review

Program Name	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Fiscal Responsibility:					
1. Total # of Unduplicated SoonerCare Members Enrolled	1,311,729	1,525,755	1,470,692	1,323,301	1,075,881
2. Avg SoonerCare Program Expenditure per Member Enrolled	Avail Nov 25	$5,792	$5,681	$5,118	$4,812
3. Physician reimbursement as a Percentage of Medicare Rates	93.63%	93.63%	93.63%	93.63%	93.63%
4. Maintain administrative cost at or below 5% of total annual costs.	1.85%	1.93%	1.71%	2.03%	2.30%
5a. Medicaid - Maintain program growth below national Medicaid trend (NHE Projections Table 17)	15%	4.00%	24.00%	30.0% (Medicaid Expansion)	6.00%
5b. EGID - Manage health care premium cost growth at or below national 5-year rolling avg for HealthChoice members	2.8%	2.70%	5.00%		
Health Outcomes:					
6. Engagement of Alcohol and other Drug Dependency Treatment	Avail Jan 2026	13.8%	10.5%	6.3%	6.6%
7. EPSDT Participation Ratio (Under age 21)	Avail Jan 2026	48.5%	40%	35.2%	35.2%
8. Adult Preventive Care 20 to 65+ years	84.9%	81%	76.8%	78.9%	81.0%
9a. Increase primary care services (adults)	Avail Jan 2026	80.3%	76.2%	79.2%	81.5%
Well-Child Visits in the first 30 months of life					
Age: First 15 months	67.8%	64.4%	63%	60.96%	59.4%
Age: 15-30 months	69.4%	60.3%	57.6%	56.56%	63.0%
9b. Increase primary services (children) Child and adolescent well-care Visits	37.1%	40.8%	34.6%	42.45%	35.9%
10a. Decrease emergency department visits (adults) by 2 per 1,000 beneficiary months in FY 25 and an additional 8 by FY29 *	Avail Jan 2026	71.58	60.88	53.87	N/A
10b. Decrease emergency department visits (children) by 2 per 1,000 beneficiary months in FY 25 and an additional 8 by FY29 *	Avail Jan 2026	39.22	67.94	62.31	53.70
Operational Excellence:					
11. Drive cost and innovation to transform EGID services through technology modernization	96.8%	97.6%	97.0%		
12. Increase operational excellence by instituting monthly management process for key operational metrics to drive improvemer	Pending	10	10	8	8
13. Call Center wait times	0.00:00:58	0.00:11:18	0.00:15:38	n/a	n/a
14. Prior Authorization turnaround time by type	See attachment #4	See attachment #4	See attachment #4	See attachment #4	See attachment #4
High Performing Teams:					
15. Continuously build and attract high-performing teams through performance management and calibration initiatives, competency and succession development and promote a culture of collaboration and communication	9%	8%	5%	6%	9.93%

[1] SFY25 Revenues and expenditures reported as of 11/25/25 not accounting for receivables

Revolving Funds (200 Series Funds)

	FY'23-25 Avg. Revenues[1]	FY'23-25 Avg. Expenditures[1]	June 2025 Balance
200 - Administrative Disbursing Fund *Fund 200 is utilized for tracking (federal/state) revenues and expenditures for OHCA's administrative costs (except Insure Oklahoma Program administrative costs disbursed thru Fund 245-HEEIA). Funds from this account are transferred out only in the event of a federal deferral or disallowance to Fund 240 (Federal Deferral Fund). Remaining fund balances are carried forward to the next fiscal year.*	$207,754,790	$197,534,408	$40,291,184
205 - Supplemental Hospital Offset Payment Program (SHOPP) *Fund 205 is utilized to track the revenues for SHOPP assessment fees, penalties and interest. Transfers from this account were stipulated initially in House Bill 1381 and later amended most recently in 2022 SB 1396. As of 1/1/14, SHOPP expenditures are processed through Fund 340.*	$329,737,537	Not a disbursing fund - Revenue is transferred to fund 340 for expenditure	$11,993,703
230 - Quality of Care Fee (QOC) *Fund 230 is utilized to track revenues for Quality of Care assessment fees, penalties and interest. Expenditures for this fund are processed through Fund 340 and were directed in House Bill 2019 to be used for enhancements to specific Medicaid program rates of pay which include the daily rate for Nursing Facilities, ICFs/MR facilities, Nursing Facility residents eyeglasses and dentures, personal needs allowance increases, etc.*	$95,005,557	Not a disbursing fund - Revenue is transferred to funds 200 or 340 for expenditure	$1,372
236 - Rate Preservation Fund *Fund 236 was authorized in HB2767 to appropriate monies for the sole purpose of maintaining reimbursement rates to providers should the state experience a reduction in the Federal Matching Assistance Percentage (FMAP) which would otherwise result in implementation of reimbursement rate decreases.*	$142,758,704	Not a disbursing fund - Revenue is transferred to fund 340 for expenditure	$595,678,835
240 - Federal Deferral Fund *Fund 240 is utilized to reserve and track monies received for anticipated repayment of a federal deferral or disallowance and interest. All monies accruing to the credit of said fund may be budgeted and expended by the OHCA at the discretion of the Oklahoma Health Care Authority Board for eventual settlement of the appropriate pending disallowances. If utilizing these funds, OHCA would budget and transfer to the appropriate disbursing Fund 200 or 340.*	$985,185	Not a disbursing fund - Revenue is transferred to funds 200 or 340 for expenditure	$19,099,602
245 - Health Employee and Economy Improvement Act (HEEIA) *Apportioned tobacco tax collections. Fund 245 is utilized to track revenues for tobacco tax collections, federal draws and interest income. Expenditures for this fund are for the Insure Oklahoma Employee Sponsored Insurance (ESI) program and related administrative costs. The revenues generated from this fund also provide the state share for Medicaid program expenditures as amended in 2020 SB1073 which are disbursed through Fund 340.*	$63,434,414	$34,498,142	$2,064,379
250 - Belle Maxine Hilliard Breast & Cervical Cancer Treatment Fund *Apportioned tobacco tax collections. Revenues are transferred to Fund 340 for Medicaid program expenditures for purposes specified in the Oklahoma Breast and Cervical Act; establishing a new Oklahoma Medicaid eligibility group.*	$652,157	Not a disbursing fund - Revenue is transferred to fund 340 for expenditure	$0
255 - Medicaid Program Fund *Apportioned tobacco tax collections. Revenues are transferred to Fund 340 for Medicaid program expenditures to support hospital rates, increase in number of physicians visits allowed, increase in emergency physician rates, enhanced drug benefits, dental services, etc.*	$39,078,726	Not a disbursing fund - Revenue is transferred to fund 340 for expenditure	$0
256 - ITU Shared Savings Fund *Fund 256 was created to maximize and direct the reinvestment of any savings to the Oklahoma Health Care Authority*			

generated by enhanced federal matching authorized under Section 1905(b) of the Social Security Act at a rate of one hundred percent (100%) for covered services received through participating Indian Health Service, Tribal and Urban Indian (I/T/U) facilities. The OHCA shall distribute up to fifty percent (50%) of any savings that result from the I/T/U Shared Savings Program provided for in this section to participating I/T/U facilities that have complied with the terms of this act and applicable federal law, but only after administrative costs incurred by the Authority in implementing the I/T/U Shared Savings Program have been fully satisfied. Distributions to participating I/T/U facilities shall be used to increase care coordination and to support health care initiatives for AI/AN populations. The OHCA shall deposit any shared savings that remain after administrative costs have been fully paid, and after distributions have been made to participating I/T/U facilities, into the I/T/U Shared Savings Revolving Fund for the purpose of increasing Medicaid provider rates. Monies in the fund shall not be used to replace other general revenues appropriated and funded by the Legislature or other revenues used to support Medicaid.	$0	Not a disbursing fund - Revenue is transferred to fund 340 for expenditure	$0

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270 - Ambulance Service Provider Access Payment Program (ASPAPP) assessment fees *Fund 270 is utilized to track the revenues for Ambulance Service Provider Access Payment Program (ASPAPP) assessment fees, penalties and interest. Transfers from this account were stipulated initially in House Bill 2950 to be codified in Section 3242.5 of Title 63. ASPAPP expenditures are processed through Fund 340.*	$4,269,177	Not a disbursing fund - Revenue is transferred to fund 340 for expenditure	$0
275 - Insurance Premium Tax *Fund 275 is a revolving fund utilized for the collection of premium taxes from contracted entities. The "Medicaid Health Improvement Revolving Fund" shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received from the premium tax levied on contracted entities under paragraph 2 of subsection A of Section 624 of Title 36 of the Oklahoma Statutes and such other funds as may be provided by law. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Authority for the following purposes: 1. To supplement the state Medicaid program; 2. To supplement the Supplemental Hospital Offset Payment Program; and 3. To supplement the Rate Preservation Fund created in Section 5020A of Title 63 of the Oklahoma Statutes. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.*	SFY23-25 Average unavailable - first Premium Tax received in SFY25	Not a disbursing fund - Revenue is transferred to fund 340 for expenditure	$0
290 - Employee Group Health Insurance Revolving Fund *Title 74 Section 1312.1 There is hereby created in the State Treasury a Revolving Fund for the Oklahoma Employees Insurance and Benefits Plan. The revolving fund shall consist of funds transferred from the Health and Dental Insurance Reserve Fund and the Life Insurance Reserve Fund for operational expenses of the State Health and Life Insurance Plan and monies assessed from or collected for and due a Health Maintenance Organization (HMO) as approved by the Office of Management and Enterprise Services. Expenditures from said funds shall be made pursuant to the laws of the state statues relating to the plan. This revolving fund shall be a continuing fund, not subject to fiscal year limitations, and shall be under the control and management of the office.*	SFY23-25 Average unavailable - Administration of EGID transferred to OHCA in SFY25	SFY23-25 Average unavailable - Administration of EGID transferred to OHCA in SFY25	$3,009,462
292 - Medical Expense Liability Fund *Title 19 Section 746.1 There is hereby created in the State Treasury a revolving fund for the State and Education Employees Group Insurance Board to be designated the "Medical Expense Liability Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received from fees assessed pursuant to Section 1313.7 of Title 20 of the Oklahoma Statues. All monies accruing to the credit of the fund shall be appropriated and may be budgeted and expended by the State and Education Employees Group Insurance Board for qualified medical expenses for inmates or persons in the custody of a county or city jail pursuant to the criteria set forth in Section 1313.7 of Title 20 of the Oklahoma Statues. A portion of the Medical Expense Liability Revolving Fund shall be used for the costs the Board incurred in administering such monies.*	SFY23-25 Average unavailable - Administration of EGID transferred to OHCA in SFY25	SFY23-25 Average unavailable - Administration of EGID transferred to OHCA in SFY25	$4,128,912
340 - Medicaid Program Fund - Continuing Fund *Fund 340 is the Medicaid program disbursing fund utilized to track revenues and expenditures for OHCA's program costs. Expenditures for this fund are paid through the Medicaid Management Information System (MMIS). The MMIS is an integrated group of procedures and computer processing operations (subsystems) developed to mechanize claims processing and information retrieval systems as identified in section 1903(a)(3) of the Act and defined in regulation at 42 CFR 433.111. The MMIS system must meet federal mandated requirements including HIPAA compliance. The MMIS claims are processed and uploaded to the State Treasurer. Expenditures are posted in mass to PeopleSoft.*	$10,129,731,324	$10,527,846,533	$135,119,165

FY 2026 Current Employee Telework Summary

List each agency physical location (not division), 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 (headcount), not budgeted or actual FTE.

			Full-time and Part-time Employees (#)			
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**
Medicaid Division - 4345 N Lincoln Blvd	Oklahoma City	Oklahoma	107	197	226	530
EGID Division - 4345 N. Lincoln Blvd	Oklahoma City	Oklahoma	57	24	15	96
						0
						0
This count includes three EGID Grievance Panel judges who serve on a part-time, as-needed basis.				**Total Agency Employees**		**626**