

FY21 Budget Performance Review
Oklahoma Health Care Authority # 807

Lead Administrator: Kevin Corbett

Lead Financial Officer: Aaron Morris (CFO)

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

Division 20 - SoonerCare (Medicaid Program)

Medicaid serves as the nation's primary source of health insurance for the poor. Medicaid, known as "SoonerCare" in Oklahoma, is a federal and state health coverage program that provides medical benefits to low income individuals who are uninsured or underinsured. 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; qualified Medicare beneficiaries; TEFRA children; women with breast and cervical cancer; and certain children and pregnant women. State Medicaid programs are funded with both federal and state dollars and in accordance with a federally-approved State Plan. In order for states to draw down federal dollars, 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 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. In SFY 2019, a total of 998,209 SoonerCare unduplicated members, or clients, were served.

Division 40 - SoonerCare (Medicaid Program)

Insure Oklahoma comprises two specific insurance programs offering premium assistance. The first is Employer Sponsored Insurance (ESI), a premium assistance program for employers who offer insurance coverage. The employees select an Oklahoma-qualified benefit plan. The second is the Individual Plan (IP), which offers premium assistance for working Oklahomans who do not have access to employer sponsored insurance. Insure Oklahoma supports small businesses that have fewer than 250 employees on payroll, are located in Oklahoma, contribute a minimum of 25 percent of eligible employees' premiums, and offer an Insure Oklahoma qualified benefit plan. For ESI, eligibility includes: household income that does not exceed 200 percent of the Federal Poverty Level ("FPL"); Oklahoma residency; US citizenship or legal resident status. To qualify for the Individual Plan, eligibility includes: household income that does not exceed 100 percent FPL; uninsured sole proprietorship; employment that does not provide health insurance; ineligibility for their employer's insurance plan; and the unemployed, who are currently seeking work, as well as certain working adults with a disability who work for any size employer and who, except for employment income, would be eligible for disability benefits.

Division 10 - Administrative Operations

Administrative costs associated with the delivery of the federal Medicaid program for the State of Oklahoma are included in this program category.

FY'20 Budgeted Department Funding By Source

Div / Dept.	Division / Department Name	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
10	Administration/Operations	25,668,172	28,210,220	530,301			\$54,408,692
20	Medicaid Payments	952,701,347	3,511,909,373	1,227,606,593			\$5,692,217,313
21 thru 25	Non-Title XIX Medical Services			92,650,000			\$92,650,000
30	Medicaid Contracts	\$12,119,262	\$20,413,949	\$4,129,906			\$36,663,117
40	Premium Assistance Program (IO)	\$0	\$62,132,250	\$35,647,434			\$97,779,684
50	Grants Management	25,552	3,698,588	77,863		610,427	\$4,412,431
88	ISD Information Services	9,525,035	95,617,071	14,471,532			\$119,613,637
Total		\$1,000,039,368	\$3,721,981,450	\$1,375,113,628	\$0	\$610,427	\$6,097,744,874

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

FY'19 Carryover by Funding Source

	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
Carryover	\$0	\$0	\$20,110,285	\$0	\$0	\$20,110,285
	\$0					\$0

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

What changes did the agency make between FY'19 and FY'20?

- 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?
- 3.) What services are still provided but with a slower response rate?
N/A
- 4.) Did the agency provide any pay raises that were not legislatively/statutorily required?
No

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FY'21 Requested Funding By Department and Source							
Div / Dept.	Division / Department Name	Appropriations	Federal	Revolving	Other ¹	Total	% Change
10	Administration/Operations	\$26,347,594	\$29,026,297	\$530,301	\$0	\$55,904,192	2.75%
20	Medicaid Payments	\$965,274,912	\$3,729,073,877	\$1,238,988,743	\$0	\$5,933,337,532	4.24%
21 thru 25	Non-Title XIX Medical Services	\$0	\$0	\$92,650,000	\$0	\$92,650,000	0.00%
30	Medicaid Contracts	\$13,298,254	\$21,592,941	\$4,129,906	\$0	\$39,021,101	6.43%
40	Premium Assistance Program (IO)	\$0	\$62,132,250	\$35,647,434	\$0	\$97,779,684	0.00%
50	Grants Management	\$25,552	\$3,698,588	\$77,863	\$610,427	\$4,412,431	0.00%
88	ISD Information Services	\$18,697,253	\$152,739,533	\$14,471,532	\$0	\$185,908,317	55.42%
Total		\$1,023,643,565	\$3,998,263,486	\$1,386,495,779	\$610,427	\$6,409,013,257	5.10%

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

FY'21 Top Five Operational Appropriation Funding Requests		
Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1:	Annualizations	-\$47,373,100
Request 2:	Maintenance	\$32,424,966
Request 3:	One-Time Funding	\$22,257,202
Request 4:	Mandates	\$1,338,414
Request 5:	Program Enhancements / Operational Excellence	\$14,956,715
Top Five Request Subtotal:		\$23,604,197
Total Increase above FY-20 Budget (including all requests)		\$ 23,604,197
Difference between Top Five requests and total requests:		\$0

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

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%.

How would the agency be affected by receiving the same appropriation for FY '21 as was received in FY '20? (Flat/ 0% change)

FY2021 funding changes estimated for Agency's top 5 priorities listed below to maintain the Medicaid program at the current level including Program Enhancements projects equates to 2.4% or \$24M on top of the FY20 base appropriation. If the agency receive only same base appropriation as received in FY20 would require a substantial reduction of \$72 million Total dollars in the spending level of the Medicaid Program to balance the FY21 agency budget.

How would the agency handle a 2% appropriation reduction in FY '21?

The 2% of FY20 appropriation reduction of \$20M combined with Agency's top 5 priorities listed below to maintain the Medicaid program at the current level including Program Enhancements projects in FY21 equates to a total of \$44M reduction in state dollars. This scenario will require a substantial reduction of \$134 million Total dollars in the spending level of the Medicaid Program to balance the FY21 agency budget. OHCA would look for administrative efficiencies to find savings, however the majority of the reduction would likely come from provider rate reductions.

Is the agency seeking any fee increases for FY '21?		
	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1	N/A	
Increase 2	N/A	
Increase 3	N/A	

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 20 budgeted	FY 19	FY 18	FY 17	FY 16
93.778	Title XIX Medical Assistance Program		3,500,361,567	3,022,485,976	2,792,154,677	2,914,643,321	2,887,652,988
93.791	Money Follows the Person (MFP) grant		2,034,974	1,103,968	2,035,385	1,252,812	4,227,818
93.796	HQSB-Medicaid Survey & Certification		5,505,750	3,533,567	3,850,748	4,061,828	5,918,352
93.767	Title XXI Children's Health Insurance Program		214,079,159	247,585,895	224,856,351	208,456,823	181,301,692

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Federal Government Impact

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

State participation in Medicaid is optional; however, if a state chooses to participate (which all currently do) federal financial participation (the federal government guarantees matching funds to states for qualifying Medicaid expenditures; states are guaranteed at least \$1 in federal funds for every \$1 in state spending on the program) is tied to federal requirements/mandates and an approved State plan for medical assistance.

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

In relation to the response in the previous question, 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?

Ending the federally funded Medicaid and CHIP programs would negatively impact the Oklahoma economy, the Oklahoma healthcare provider network and the health of Oklahomans. Turning back federal Medicaid funds would leave only state funds to support the program. In FY-2019, State funds comprised 43% of the total program expenditures that provided health care to nearly 1 million Oklahomans and had a \$5.8 billion impact on the economy.

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

Under current federal law, Medicaid is not capped and federal financial participation is tied to state expenditures; therefore no direct impact is anticipated.

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

No

FY'20 Budgeted FTE

Division #	Division Name	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
10	Operations	109	0	512.5	5.35	414.2	92.95
20	Medicaid Payments	0	0	0	0	0	0
30	Medicaid Contracts	0	0	0	0	0	0
40	Premium Assistance	3	0	36	0	34	2
50	Grants Management	2	0	13	0	12	1
88	ISD Information Services	19	0	54	0.25	38.75	15
Total		133	0	615.5	5.6	498.95	110.95

FTE History

Division #	Division Name	2020 Budgeted	2019	2018	2016	2011
10	Operations	513	507	497	486	441
20	Medicaid Payments	0	0	0	0	0
30	Medicaid Contracts	0	0	0	0	0
40	Premium Assistance	36	36	36	37	28
50	Grants Management	13	26	27	36	16
88	ISD Information Services	54	42	41	45	0
Total		615.5	611.0	601.0	604.0	484.5

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Performance Measure Review

	FY 19	FY 18	FY 17	FY 16	FY 15
Goal 1 - Responsible Financing					
1. Reimbursement as a Percentage of Medicare Rates	89.17	86.57%	86.57%	86.57%	89.25%
2. Reimbursement to Hospitals as a % of Federal Upper Pymt Limit	96.71	96.71%	97.21%	94.19%	90.21%
3. Average % Reimbursement for Nursing Home Costs per Patient Day	91.44	90.70%	91.79%	90.67%	92.66%
4. Average % Reimbursement for ICF/ID Facility Costs per Patient Day	99.92	98.60%	96.90%	98.21%	98.85%
5. # of Eligible Professionals Receiving an EHR Incentive Pymt	382	692	808	569	1,003
6. # of Eligible Hospitals Receiving an EHR Incentive Payment	8	30	24	16	70
7. Total EHR Incentive Pymts to Eligible Professionals/Hospitals	\$5,508,088	\$9,973,327	\$17,204,062	\$10,640,175	\$32,050,254
8. % of Eligible Professionals in Compliance with Meaningful Use of EHR	100%	96.0%	70.0%	64.7%	70.3%
9. % of Eligible Hospitals in Compliance with Meaningful Use of EHR	100%	100.0%	75.0%	100.0%	97.1%
10. Avg SoonerCare Program Expenditure per Member Enrolled	N/A	\$4,407	\$4,370	\$4,103	\$4,260
11. Total # of Unduplicated SoonerCare Members Enrolled	998,209	1,020,726	1,014,983	1,052,826	1,021,359
12. Average Expenditure per Insure Oklahoma Member Enrolled	N/A	\$2,745	\$2,648	\$2,056	\$2,365
13. Total # of Unduplicated Insure Oklahoma Members Enrolled	31,005	32,186	32,356	32,574	28,397
14. Avg Monthly Enrollment in Health Access Networks (HANs)	145,690	150,358	131,859	116,553	121,891
15. Total # of HAN Member Months	2,107,913	1,804,673	1,582,311	1,412,479	1,462,695
16. Total Payments Made to HANs	\$10,542,955	\$8,424,185	\$7,665,365	\$6,359,145	\$7,063,475
Goal 2 - Responsive Programs					
Health Management Program					
17. HMP Total Enrollment	5,766	5,036	2,721	4,544	4,297
HMP Per Member Per Month					
18. Forecast PMPM	\$1,153	\$1,144	\$1,136	\$1,127	\$1,097
19. Actual PMPM	\$697	\$723	\$854	\$899	\$979
20. % Below Forecast	39.0%	37.0%	25.0%	21.0%	11.0%
21. HMP/Number of Providers with On-Site Practice Facilitation	52	42	38	44	41
Chronic Care Unit					
22. Number of Unduplicated Members Enrolled	1,312	1,154	1,772	1,500	1,147
23. Percent of Members with a Diagnosis of Hemophilia	N/A	3.5%	4.1%	7.4%	4.7%
24. Percent of Members with a Diagnosis of Sickle Cell Anemia	1.3%	2.90%	1.70%	1.4%	5.4%
25. Percent of Members with a Combination of Chronic Conditions	98.7%	94%	94.2%	91.2%	89.9%
Case Management					
26. Number of New High-Risk OB members	2,351	2,343	1,790	3,840	2,192
27. Number of New At-Risk OB members	1,212	1,508	1,192	1,278	459
28. Number of New Fetal Infant Mortality Reduction Outreach to Moms	62	38	48	1,795	1,694
29. Number of New Fetal Infant Mortality Reduction Outreach to Babies	1,860	1,911	1,999	2,245	2,059
Health Access Networks (HANs)					
30. Number of Contracted HANS	3	3	3	3	3
31. Total Number of Enrollees (at June 30)	181,779	168,831	147,559	117,750	133,471
32. Number of Members Required to Receive Care Management	1,985	15,728	11,787	13,200	8,405
33. Number of Unduplicated Providers in HANs	140	798	957	767	698
SoonerCare Provider Network					
34. SC Choice Providers	2,556	2,534	2,844	2,719	2,558
35. SC Choice PCP Total Capacity	1,272,687	1,275,205	1,233,680	1,166,074	1,151,757
36. SC Choice PCP % of Capacity Used	38.42%	38.85%	40.16%	41.96%	42.92%
37. Percent of Tier 1 Entry-Level Medical Homes	50.6%	39.32%	53.30%	52.91%	53.76%
38. Percent of Tier 2 Advanced Medical Homes	27.1%	27.65%	25.05%	24.88%	25.55%
39. Percent of Tier 3 Optimal Medical Homes	22.3%	33.03%	21.64%	22.19%	20.69%
40. # of Tier 1 Advanced Medical Homes		449	468	472	486
41. # of Tier 2 Advanced Medical Homes		244	220	222	231
42. # of Tier 3 Optimal Medical Homes		189	190	184	184
Patient-Centered Medical Home Enrollment/Tiers					
43. Total # of SC Members Enrolled in Medical Home	528,280	534,105	545,858	529,917	548,162
44. % of SC Members Enrolled in Medical Home	69%	67.00%	67.00%	67.23%	66.00%
Member aligned with Medical Homes by Tier Level					
45. Percent of Members Aligned with Tier 1 Entry-Level Medical Homes	34.4%	39%	39%	39%	40%
46. Percent of Members Aligned with Tier 2 Advanced Medical Homes	28.8%	28%	28%	28%	27%
47. Percent of Members Aligned with Tier 3 Optimal Medical Homes	36.8%	33%	33%	32%	34%
48. Number of Members Aligned with Tier 1 Entry-Level Medical Homes		208,301	223,066	234,880	205,814
49. Number of Members Aligned with Tier 2 Advanced Medical Homes		149,549	156,997	169,374	144,334
50. Number of Members Aligned with Tier 3 Optimal Medical Homes		176,255	186,497	193,424	175,071

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Goal 3 - Member Engagement					
% of Children Accessing Well-Child Visits/EPSTD:					
51. First 15 months	N/A	97.6%	96.3%	96.40%	94.3%
52. 3 to 6 years	N/A	57.1%	56.5%	56.10%	57.1%
53. Adolescents	N/A	25.2%	23.2%	22.40%	22.1%
Adults Health Care Use - Preventive Care:					
54. 20 to 44 years	N/A	79.6%	80.8%	80.30%	81.0%
55. 45 to 64 years	N/A	89.9%	90.4%	90.00%	90.1%
56. Number of Medicaid Members Calling Tobacco Helpline	3,947	4,245	5,127	5,710	4,102
57. Number of Oklahomans Calling the Tobacco Helpline		29,885	35,079	34,339	24,879
58. Percent of Medicaid Members Calling the Tobacco Helpline		14.20%	14.60%	16.60%	16.49%
59. Number Of Medicaid Members Utilizing Tobacco Cessation Benefits	24,939	46,027	43,535	28,464	26,783
60. EPSTD Participation Ratio	N/A	65.0%	61.0%	63.0%	60.0%
61. Average # of Members in Pharmacy Lock-In	197	219	283	390	406
62. % of Members Seeking Prenatal Care	N/A	95.60%	95.89%	96.46%	97.74%
63. # of Births	N/A	28,787	29,644	30,594	31,237
64. Accessed care in First Trimester	N/A	18,000	17,195	18,192	18,824
65. Accessed care in Second Trimester	N/A	6,709	8,055	8,091	8,077
66. Accessed care in Third Trimester	N/A	2,800	3,175	3,227	3,630
Goal 4 - Satisfaction & Quality.					
Customer Survey Results (CAHPS) Adults:					
67. Customer Service	N/A	85%	N/A	87%	92%
68. How Well Doctors Communicate	N/A	92%	N/A	91%	90%
69. Getting Care Quickly	N/A	86%	N/A	84%	86%
70. Getting Needed Care	N/A	86%	N/A	85%	85%
71. Shared Decision Making	N/A	76%	N/A	77%	77%
Customer Survey Results (CAHPS) Children:					
72. Customer Service	N/A	87%	91%	86%	86%
73. How Well Doctors Communicate	N/A	97%	96%	97%	96%
74. Getting Care Quickly	N/A	94%	92%	93%	92%
75. Getting Needed Care	N/A	89%	81%	89%	85%
76. Shared Decision Making	N/A	79%	80%	78%	78%
Other					
77. % of 5-Star Facilities in Focus on Excellence	21%	20%	17%	18%	20%
78. % of 4-Star Facilities in Focus on Excellence	49%	29%	30%	29%	19%
79. % of Members Participating in the Resident Satisfaction Survey Rating Overall	89%	92%	92%	92%	93%
80. % of Employees Participating in the Employee Satisfaction Survey Who Rate Overall	85%	87%	87%	85%	87%
81. % of Member calls answered	95.3%	98%	95.30%	93%	90%
82. % of Provider calls answered	96.4%	96%	96.00%	97%	95%
83. # Involuntary Provider Contract Terminations	293	205	171	62	100
Goal 5 - Effective Enrollment					
84. Number of Online Enrollment Applications Received		442,830	429,993	383,914	210,571
85. % of Online Enrollment Applications That Are New		65%	63%	59%	60%
86. % of Online Enrollment Applications That Are Recertifications		35%	37%	41%	40%
87. Number of Online Applications Approved		358,676	348,871	331,918	179,782
88. Number of Online Applications Denied		84,154	81,122	51,916	30,789
89. Home Internet	61%	59%	48%	70%	59%
90. Paper	0%	0%	0%	1%	5%
91. Agency Internet	24%	25%	21%	29%	35%
92. Agency Electronic	10%	11%	26%	0%	1%
93. Telephone	4%	0%	0%	0%	0%
Goal 6 - Administrative Excellence					
94. Percent of Administration Budgeted Dollars Used	64.81%	70.69%	70.14%	69.00%	64.00%
95. Per Capita OHCA Administrative Cost	\$116.60	\$115.45	\$115.70	\$116.65	\$122.24
96. Total Claims Paid	48,598,046	48,990,891	51,200,808	49,362,595	51,039,537
97. Payment Accuracy Measurement Rate (PAM)		97.61%	97.87%	94.78%	95.38%
98. OHCA Payment Error Measurement Rate (PERM)		3.82%	3.82%		0.28%
99. Number of Prior Authorizations Generated for Prescriptions	169,886	174,230	173,914	161,387	91,786
100. Percentage of Manual Prior Authorizations for Prescriptions	60.59%	57.60%	58.91%	62.74%	57.56%
101. Payment Integrity Recoveries	\$4,449,487	\$5,324,312	\$5,806,096	\$5,995,190	\$4,524,690
102. Number of Provider Audits	492	431	725	1159	611
103. Third Party Liability Recoveries	\$27,640,673	\$28,908,160	\$27,362,860	\$43,537,686	\$39,050,461
104. Number of SoonerCare Members with Third Party Insurance	166,977	165,342	166,418	158,337	162,886
105. Percent of SoonerCare Members with Third Party Insurance	21.2%	20.80%	20.50%	15.04%	15.95%

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Goal 7 - Collaboration					
106. Percent of Applications Submitted as Agency Internet and Agency Electronic Media	24%	25%	21%	29%	37%
107. State and Federal Revenue Generated by Collaborations to Provide Services	N/A	\$1,422,466,365	\$1,452,181,746	\$1,441,259,300	\$1,429,947,269
108. State and Federal Revenue Generated by Collaborations to Provide Medical	\$1,418,421,737	\$1,370,051,614	\$1,432,415,183	\$1,430,392,442	\$1,415,623,385
109. Number of Tribes Represented at Tribal Consultations	17	19	19	19	17
110. Number of Tribal Partners Represented at Tribal Consultations (I/T/U and I.H.S.)	4	4	4	4	4

Revolving Funds (200 Series Funds)

	FY'17-19 Avg. Revenues	FY'17-19 Avg. Expenditures	June '19 Balance
Fund 200 Administrative Disbursing Fund			
This fund is utilized for tracking revenues (federal & state) and expenditures for OHCA's administrative cost (except administrative cost of Fund 245-HEEIA). Normally, there are no transfers from this account, only transfers in. However, in the case of a federal disallowance, we have transferred from Fund 200 to Fund 240 (Federal Deferral Account). This is a revolving fund; balances are carried forward into the next fiscal year.	\$131,599,885	\$128,442,031	\$27,566,131
Fund 205 SHOPP Fund			
This fund maintains the revenues and expenditures for the Supplemental Hospital Offset Payment Program. Transfers from this account are stipulated in House Bill 1381 with payments of \$7,500,000 directed to Fund 340 on a quarterly basis. Also, included is a \$200,000 yearly administrative expense. As of 1/1/14 SHOPP expenditures are processed through the agency's Fund 340.	\$220,514,055	\$220,676,255	\$1,580,741
Fund 230 Quality of Care (QOC) Revolving Fund			
This fund is utilized for posting of Assessment fees, penalties and interest. Expenditures for this fund were directed in HB 2019 to be used for enhancements to specific Medicaid program rates of pay which included increases in the rate of pay for ICFs/MR facilities, to the nursing facilities, to the nursing home rate of pay for eyeglasses and denture services, personal needs allowance increases, etc. These Medicaid program expenditures are processed through the Medicaid Management Information System which is budgeted and posted in mass to Fund 340. OHCA transfers money from Fund 230 to Fund 340 to replenish the fund for these enhanced costs.	\$77,924,923	\$77,907,686	\$78,577
Fund 240 Federal Deferral Account			
Amounts are transferred in from different funds in anticipation of repayment of Federal Disallowances. Payments are not made from this account; amounts are transferred and paid from the account in which the disallowance is found.	\$11,084,747	\$7,632,379	\$13,258,359
Fund 245 OEPIC Health Employee and Economy Improvement Act			
Revenue for this account includes tobacco tax collections, federal draws, interest income, and appropriations for prior year carryover. Expenditures passing through the fund are for managed program costs for employer sponsored insurance, individual plan service costs and administrative costs. Payments are processed through the Medicaid Management Information System which is budgeted and posted in mass to Fund 340.	\$78,034,685	\$77,403,170	\$8,433,128
Fund 250 Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund			
This fund receives tobacco tax funds and those funds are transferred to Fund 340 which are expended for the purpose specified and associated with the Oklahoma Breast and Cervical Act. This act established a new member group. The health services for this group are paid through the Medicaid Management Information System which is budgeted and in mass posted to Fund 340.	\$810,317	\$810,317	\$0
Fund 255 OHCA Medicaid Program Fund			
This fund receives tobacco tax funds and those funds are transferred to Fund 340. This fund provided hospital rate increases, increase in number of physicians visits allowed, increase in emergency physician rates, enhanced drug benefits, dental services, etc. The health services for this fund are paid through the Medicaid Management Information System which is budgeted and in mass posted to Fund 340.	\$49,750,496	\$49,750,496	\$0
Fund 260 Income Tax Check-Off Fund			
			\$0