OPEN MINDS

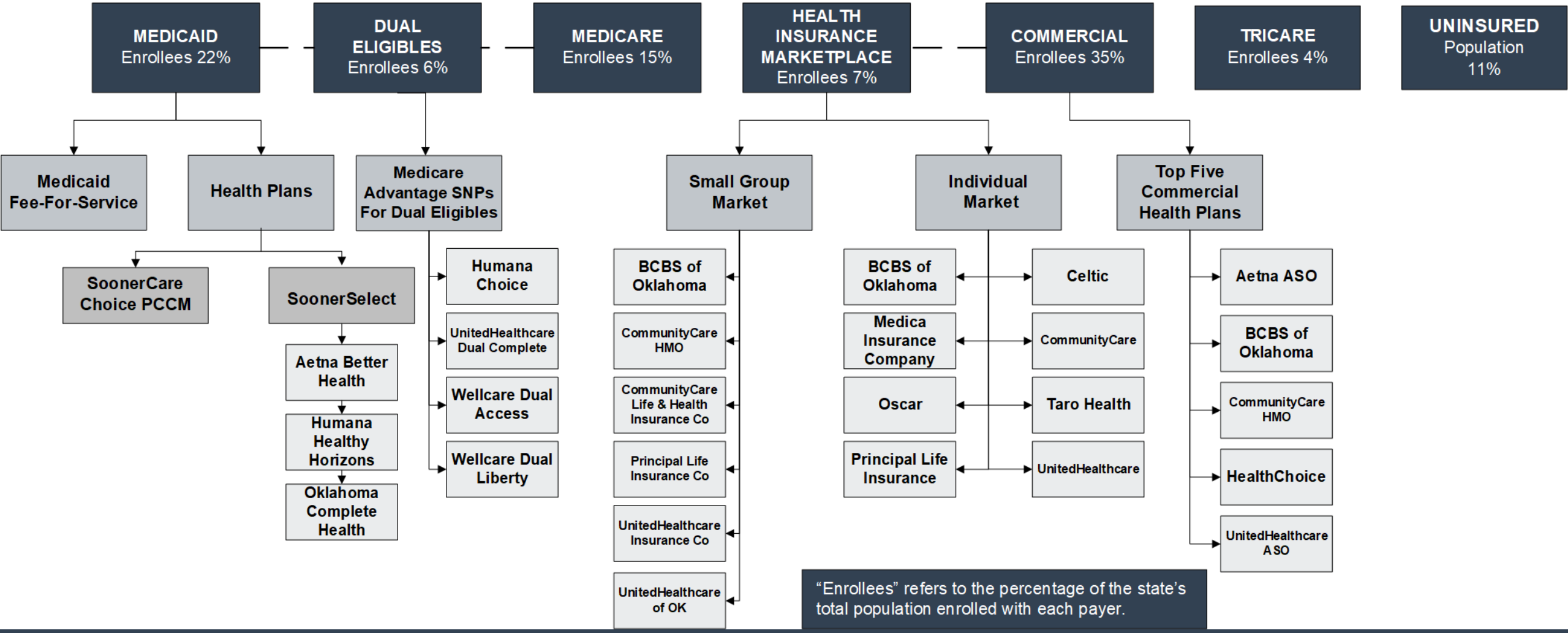
Oklahoma Health & Human Services System Market Profile: 2025

Health & Human Services Market Profile Overview

A. Executive Summary

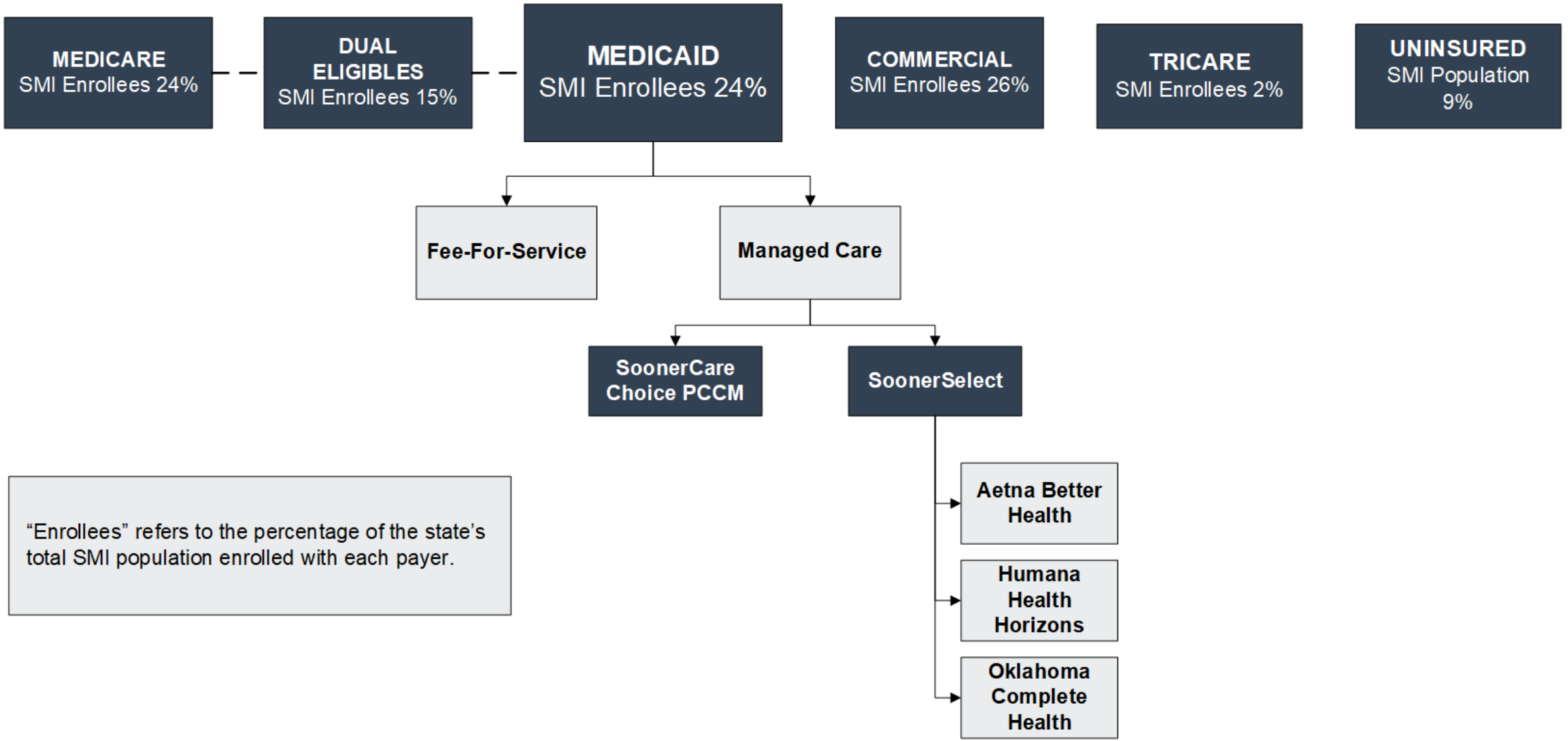
A.1. Oklahoma Physical Health Care Coverage by Payer

Total Oklahoma Population- 4,053,824
Estimated SMI Population- 243,229



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Oklahoma Behavioral Health Care Coverage by Payer



"Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer.

A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan		None
Primary Care Case Management (PCCM)	✓	SoonerCare Choice, the state's managed care program, operates under a PCCM model. The state began a shift to a managed care program, SoonerSelect, in early 2024.
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	All primary care provider (PCP) organizations in the state's PCCM program operate as PCMHs.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates 13 CCBHCs. The CCBHC program replaced the Health Home and CMHC programs.
Other Care Coordination Initiatives		None

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Office of Primary Care and Rural Health Development within the Oklahoma State Department of Health is responsible for delivery of physical health services to the uninsured population.

Mental Health Services

- The Oklahoma Department of Mental Health and Substance Abuse Services provides mental health and addiction disorder treatment services to the safety-net population through 13 CCBHCs.

Addiction Treatment Services

- The Oklahoma Department of Mental Health and Substance Abuse Services provides mental health and addiction disorder treatment services to the safety-net population through 13 CCBHCs.

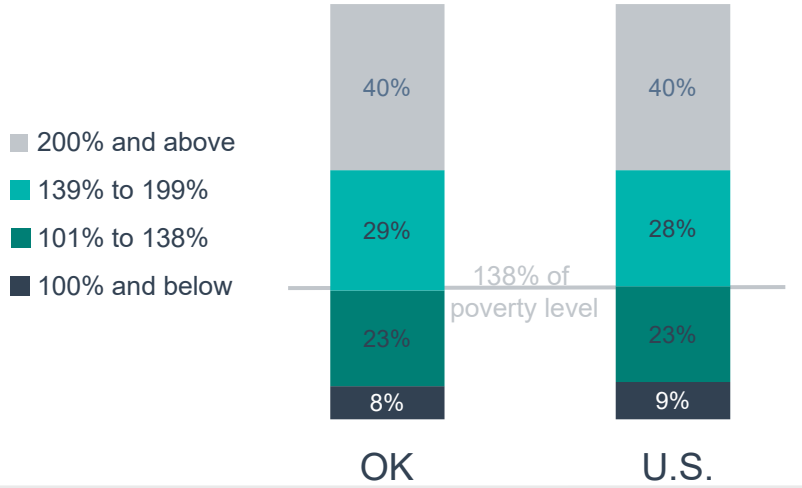
B. Oklahoma Health Financing System Overview

B.1. Population Demographics

Total Oklahoma Population- 4,053,824
Estimated SMI Population- 243,229

1% of the
U.S. population

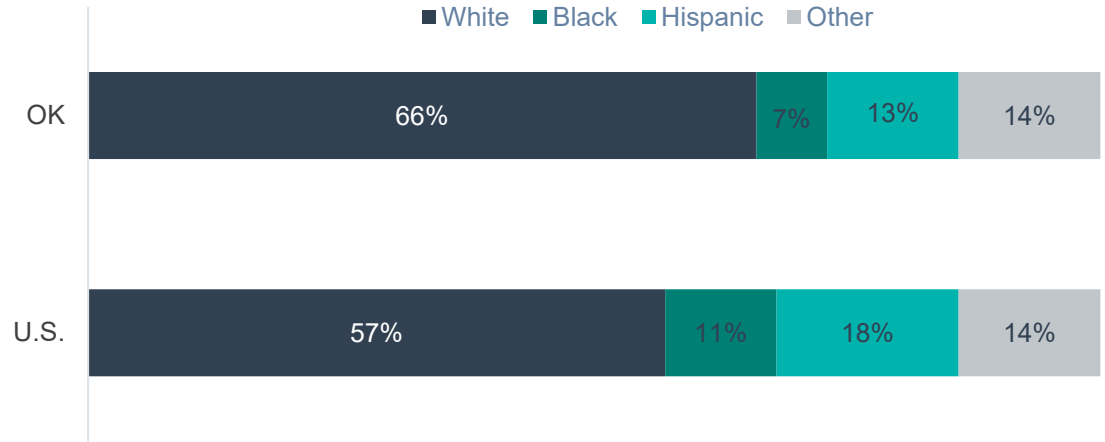
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
Oklahoma	$62,138
U.S.	$77,719

Population Distribution By Age

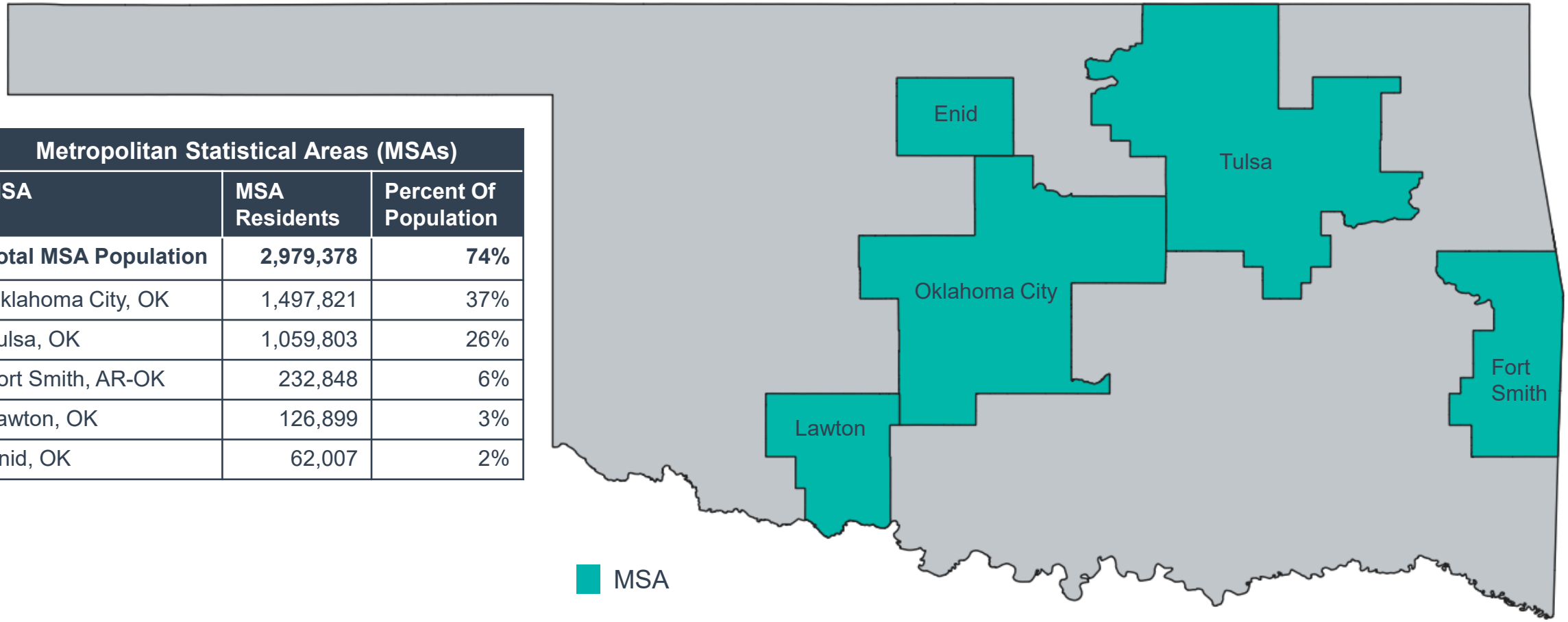
Oklahoma & U.S. Racial Composition



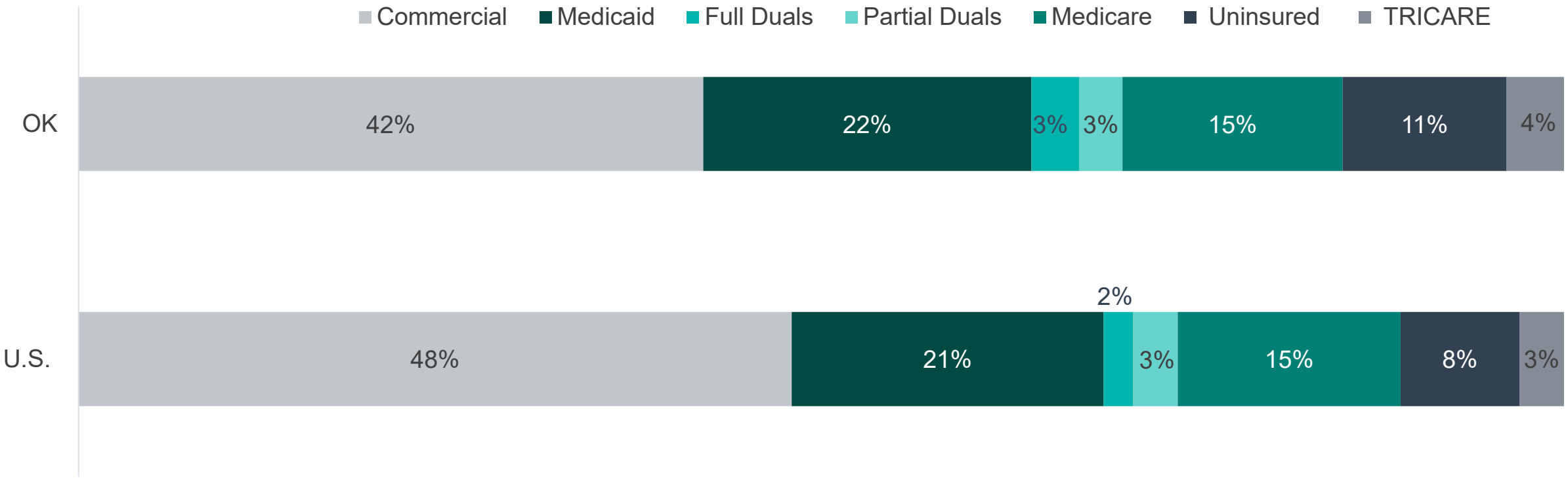
Totals may not equal 100% due to rounding.

B.2. Population Centers

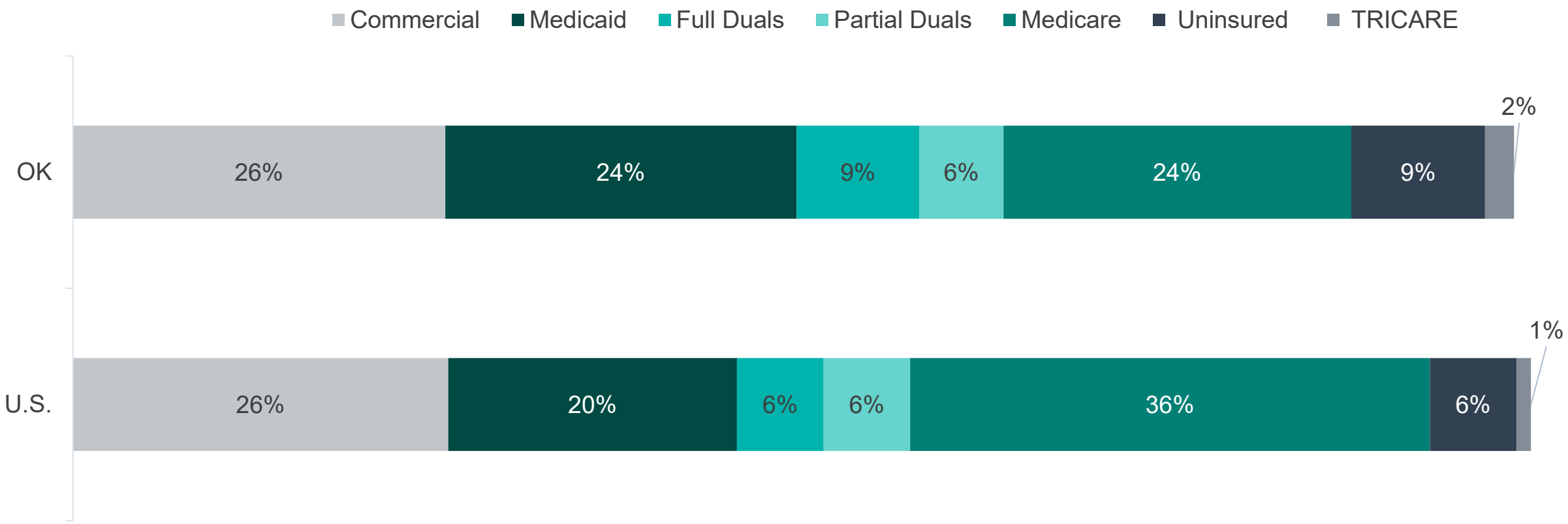
Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent Of Population**
Total MSA Population	**2,979,378**	**74%**
Oklahoma City, OK	1,497,821	37%
Tulsa, OK	1,059,803	26%
Fort Smith, AR-OK	232,848	6%
Lawton, OK	126,899	3%
Enid, OK	62,007	2%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Oklahoma Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross and Blue Shield of Oklahoma	Commercial	720,164
Medicare Fee-For-Service (FFS)	Medicare	476,866
Medicaid FFS	Medicaid	262,660
Aetna ASO	Commercial administrative services only (ASO)	231,042
Oklahoma Complete Health	Medicaid managed care	199,064
UnitedHealthcare ASO	Commercial ASO	198,848
Humana Healthy Horizons	Medicaid managed care	195,730
Aetna Better Health	Medicaid managed care	192,318
HealthChoice	Commercial	191,332
SoonerCare Choice	PCCM	170,008

*Medicaid enrollment as of May 2025; TRICARE as of December 2023; Commercial as of October 2023; Medicare enrollment as of March 2024

B.4. Largest Oklahoma Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	476,866	61,993
Blue Cross and Blue Shield of Oklahoma	Commercial	720,164	35,288
Medicaid FFS	Medicaid	262,660	23,114
UnitedHealthcare Dual Complete	Medicare Advantage	100,002	21,000
Oklahoma Complete Health	Medicaid managed care	199,064	17,517
Humana Healthy Horizons	Medicaid managed care	195,730	17,224
Aetna Better Health	Medicaid managed care	192,318	16,923
SoonerCare Choice	PCCM	170,008	14,961
Aetna ASO	Commercial ASO	231,042	11,321
UnitedHealthcare ASO	Commercial ASO	198,848	9,744

*Medicaid enrollment as of May 2025; TRICARE as of December 2023; Commercial as of October 2023; Medicare enrollment as of March 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health plan Marketplace Percentage	7%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2025 Individual Market Health Plans
1. Blue Cross Blue Shield of Oklahoma
2. Medica Insurance Company
3. Oscar
4. Principal Life Insurance Company
5. Celtic Insurance Company
6. CommunityCare
7. Taro Health
8. UnitedHealthcare
2025 Small Group Market Health Plans
1. Blue Cross Blue Shield of Oklahoma
2. CommunityCare HMO, Inc.
3. CommunityCare Life and Health Insurance Company
4. Principal Life Insurance Company
5. UnitedHealthcare of Oklahoma
6. UnitedHealthcare Insurance Company

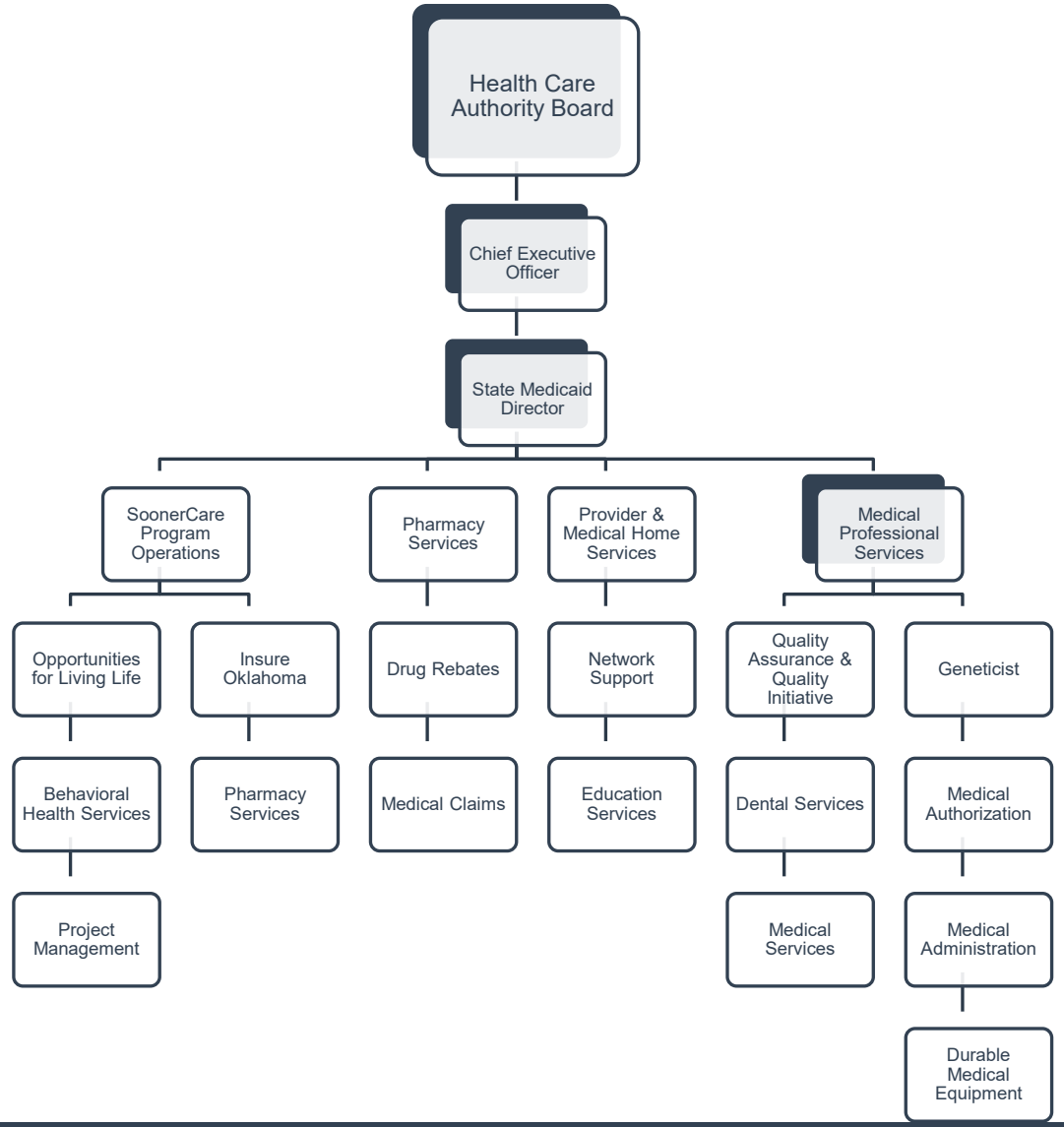
B.6. Accountable Care Organizations

Medicare Shared Savings Model ACOs
1. Aledade 149 Regional MSSP
2. Baptist Health - UAMS Accountable Care Alliance
3. Caravan Collaborative Pathways
4. CHSPSC ACO 17, LLC
5. CHSPSC ACO 7, LLC
6. CHSPSC ACO 8, LLC
7. Imperium Clinical Partners
8. INTEGRIS Health Partners, LLC
9. IntraCare Premier ACO
10. Lifecare ACO LLC
11. Main Street Rural Health Hickory ACO LLC
12. Main Street Rural Health Juniper ACO LLC
13. Mercy Health ACO, LLC
14. Oklahoma Health Initiatives
15. Saint Francis Accountable Health Alliance LLC
16. Texas Panhandle Clinical Partners ACO LLC
17. Texoma Clinical Partners ACO LLC
18. Votion ACO 1

Commercial ACOs	
ACO	**Commercial Insurer**
SJFI, LLC	Aetna
Mercy Health ACO	Aetna, Cigna, Humana

C. Medicaid Administration, Governance & Operations

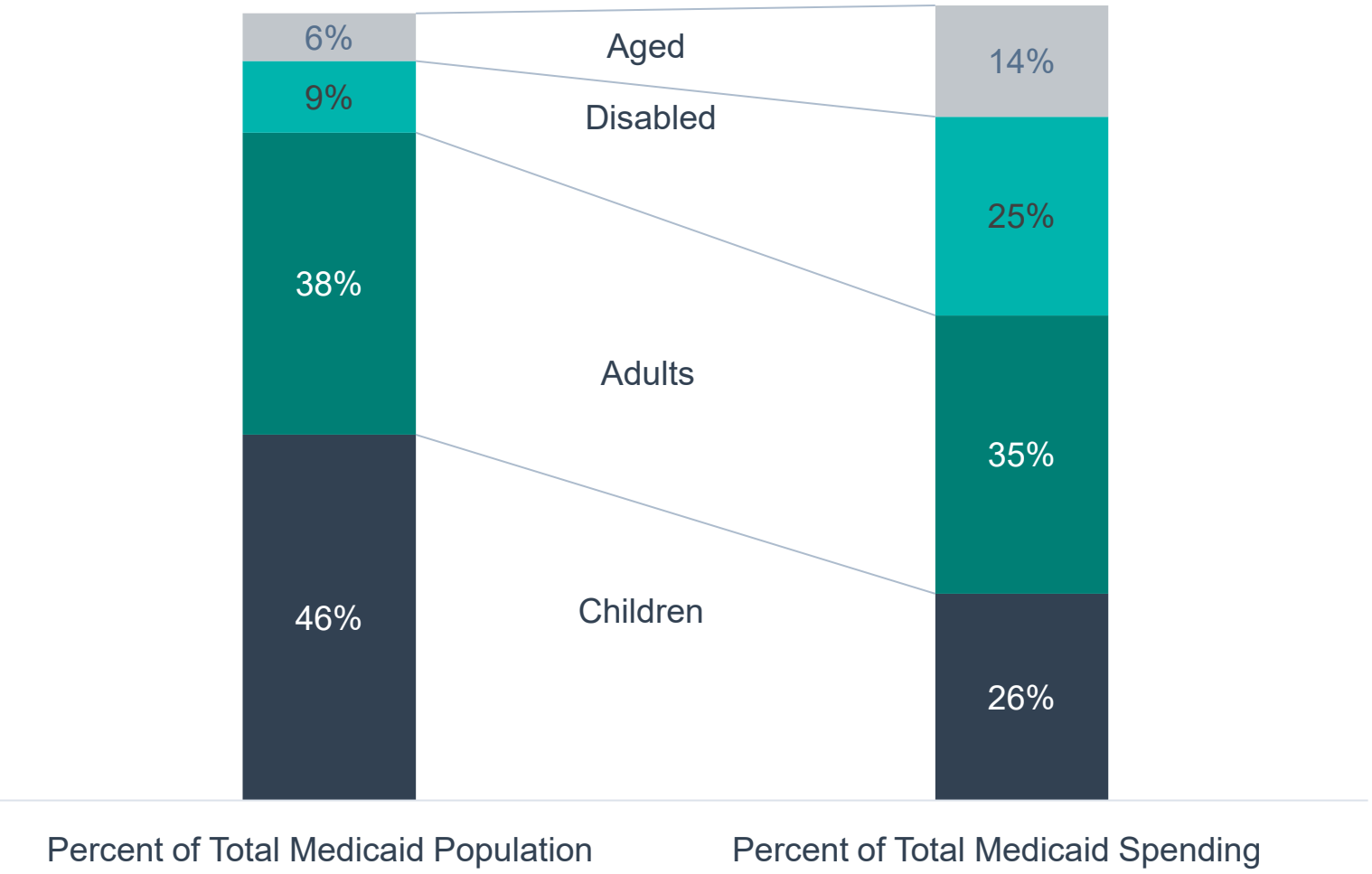
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Ellen Buettner	Chief Executive Officer	Oklahoma Health Care Authority	ellen.buettner@okhca.org
Josh Richards	Chief Financial Officer	OHCA	josh.richards@okhca.org
Sherri White	Chief Operating Officer	OHCA	Not available
Christina Foss	State Medicaid Director	OHCA	christina.foss@okhca.org
Garth Splinter	Deputy CEO	OHCA	garth.splinter@okhca.org
Paula Root	Chief Medical Officer	OHCA	Not available

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2022 data

Totals may not equal 100% due to rounding

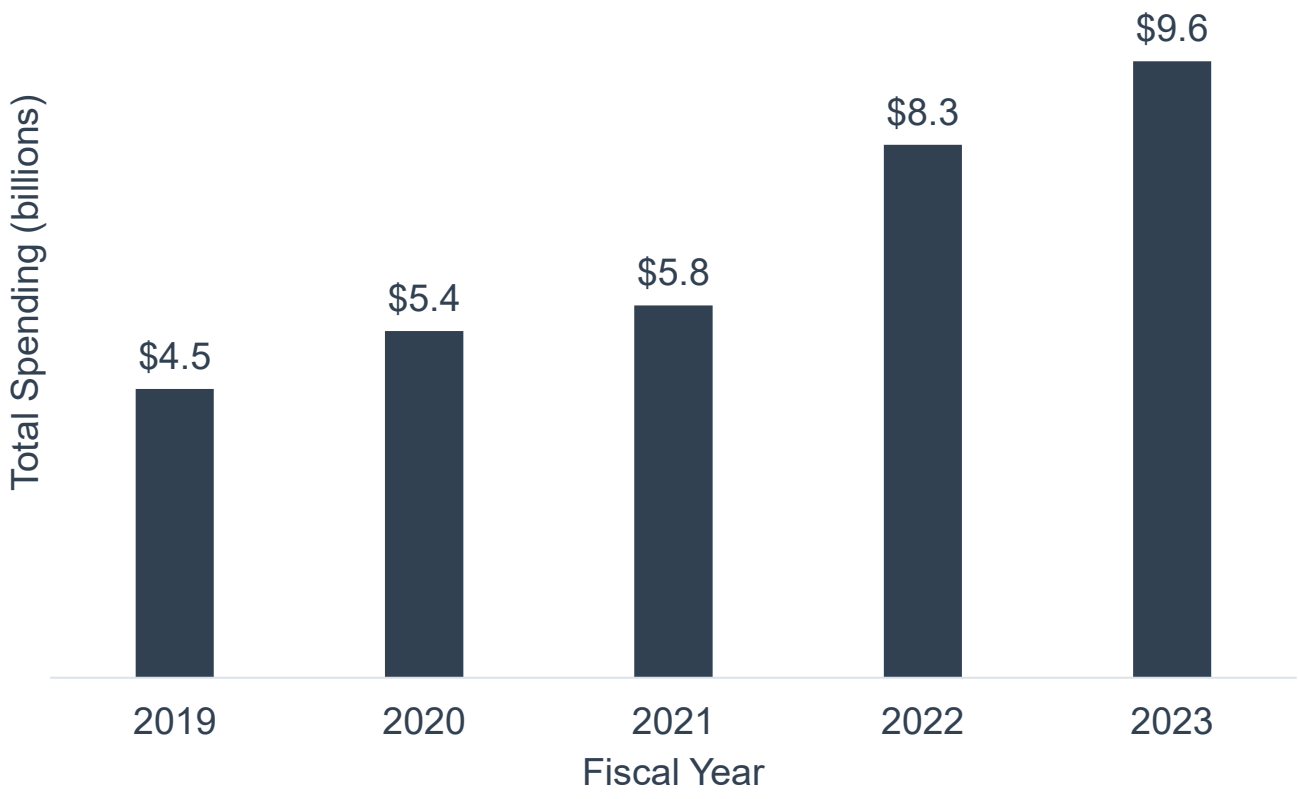
Medicaid Spending Per Enrollee, FY 2022		
	U.S.	OK
All populations	$8,813	$7,412
Children	$3,786	$4,317
Adults	$5,443	$5,377
Expansion adults	$7,569	$7,419
Blind and disabled	$25,483	$18,479
Aged	$19,191	$14,880

C.2. Medicaid Program Spending: Budget

Budget Item	SFY23 Spending	Percent Of Budget
Hospital	$3,065,000,000	32%
Drugs	$1,442,000,000	15%
Institutional LTSS	$1,041,000,000	11%
Home- and community-based LTSS	$853,000,000	9%
Physician	$847,000,000	9%
Clinic and health center	$869,000,000	9%
Other acute services	$799,000,000	8%
Medicare premiums and coinsurance	$244,000,000	3%
Dental	$220,000,000	2%
Managed care and premium assistance	$111,000,000	1%
Other practitioner	$79,000,000	1%
Budget Total: $9,570,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	67.1%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	July 1, 2021
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) for individuals over 19 and under 65 who would not normally be eligible for Medicaid.
Legislation Used To Expand Medicaid	1115 Waiver
Number Of Individuals Enrolled In The Expansion Group (June 2024)	245,688
Number Of Enrollees Newly Eligible Due To Expansion	245,688
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals aged 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Oklahoma's Optional Benefits

1. Prescription drugs
2. Physical and occupational therapy
3. Speech, hearing, and language disorder services
4. Respiratory care services
5. Other diagnostic, screening, preventive, and rehabilitative services
6. Podiatry services
7. Optometry services
8. Dental services
9. Prosthetics
10. Private duty nursing services
11. Personal care
12. Tuberculosis-related services
13. Inpatient psychiatric services for individuals under age 21
14. Hospice
15. Lactation services
16. Nutritional counseling
17. Services for individuals aged 65 and older in an IMD
18. Intermediate care facility for I/DD services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (May 2025)	262,660	766,886
SMI Enrollment	Oklahoma does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, dual eligibles are required to enroll in FFS. Estimated 74% of SMI population is enrolled in managed care, 26% in fee-for-service.	
Management	Health Care Authority	Health Care Authority
Payment Model	FFS	FFS plus care coordination fee
Geographic Service Area	Statewide	Statewide

Total Medicaid: 1,029,546 | Total Medicaid With SMI: 90,600

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of May 2025, 26% in fee-for-service (FFS), 74% in managed care (Oklahoma considers its PCCM to be managed care)
SMI population inclusion in managed care	• Oklahoma does not specifically preclude individuals with SMI from enrolling in managed care; however, dual eligibles are excluded from managed care. • Estimated 26% of population in FFS, 74% in managed care
Dual eligible population inclusion in managed care	• Dual eligibles are excluded from managed care. • Estimated 100% of dual eligibles are covered under FFS.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	Covered FFS by the state (state operates a PCCM)
Specialty behavioral health	Covered FFS by the state	Covered FFS by the state
Pharmaceuticals	Covered FFS by the state	Covered FFS by the state
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan		None
Primary Care Case Management (PCCM)	✓	SoonerCare Choice, the state's managed care program, operates under a PCCM model. The state began a shift to a managed care program, SoonerSelect, in early 2024.
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	All primary care provider (PCP) organizations in the state's PCCM program operate as PCMHs.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates 13 CCBHCs. The CCBHC program replaced the Health Home and CMHC programs.
Other Care Coordination Initiatives		None

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care (PCCM)	Mandatory Managed Care Enrollment (PCCM)
Parents and caretakers			✓
Children			✓
Blind and disabled individuals		✓	
Dual eligibles	✓		
Medicaid expansion	✓		
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care	Former foster care children		✓
Other populations	• Individuals eligible for home- and community-based services (HCBS) waivers • Individuals covered by a managed care program other than the PCCM demonstration • Children in state custody, tribal custody, or a subsidized adoption	Women with breast and cervical cancer	Pregnant women

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of May 2025 was 262,660.
- Oklahoma calls its Medicaid FFS program SoonerCare Traditional.

D.2. Medicaid FFS Program: Behavioral Health Benefits

All mental health and addiction treatment services are covered FFS.

FFS Mental Health Benefits
1. Inpatient psychiatric treatment
2. Screening and assessment
3. Medical, psychiatric, and social evaluations
4. Service plan development
5. Psychotherapy
6. Psychosocial rehabilitation
7. Medication training and support
8. Crisis intervention
9. Program of assertive community treatment
10. Peer recovery support services
11. Case management
12. Applied Behavioral Analysis

FFS Addiction Treatment Benefits
1. Counseling services
2. Inpatient detoxification
3. Outpatient addiction treatment rehabilitation services
4. Crisis intervention
5. Peer recovery support services

D.2. Medicaid FFS Program: SMI Population

- Oklahoma does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, dual eligibles are required to enroll in FFS.
- As of May 2025, *OPEN MINDS* estimates 26% of the SMI population is enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Oklahoma FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	The state does not use a pharmacy PDL for general pharmacy, mental health, or addiction treatment drugs. However, the state provides separate documentation for medications that require prior authorization and have quantity limits.
State Uses A PDL For Mental Health Drugs	
State Uses A PDL For Addiction Treatment Drugs	
Coverage Of Antipsychotic Injectable Medications	Long-acting injectable antipsychotics are covered as a pharmaceutical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Mental health and addiction treatment drugs are subject to quantity limits, step therapy, and prior authorization requirements. Individuals are limited to six covered prescriptions per month.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	The Oklahoma Health Care Authority Pharmacy Lock-In program restricts members to one pharmacy and one provider organization. After six months, members' utilization habits are reviewed to determine if they have improved. If not, members may be referred to a PCP, pain management specialist, or addiction treatment specialist to receive additional treatment.

D.3. Medicaid Managed Care Program: Overview

- As of May 2025, managed care enrollment is 766,886.
- The state considers its primary care case management program, SoonerCare Choice, to be managed care.
  - Medicaid beneficiaries are enrolled with a primary care physician (PCP) who acts as a medical home.
  - PCPs receive a care coordination fee in addition to FFS payments. The care coordination fee is determined by the tier of the medical home (established by the state) the PCP achieves.
  - Additionally, PCPs can participate in the SoonerExcel program, which provides incentive payments to provider organizations that meet quality of care standards.
- In April 2024, Oklahoma began a transition to a managed care program called SoonerSelect.
- OKHCA selected three health plans to serve Medicaid members in SoonerSelect:
  - Aetna Better Health of Oklahoma
  - Humana Healthy Horizons of Oklahoma
  - Oklahoma Complete Health

D.3. Medicaid Managed Care Program: PCMH Payment Structure

- Primary care providers (PCPs) in the SoonerCare Choice program act as patient-centered medical homes (PCMHs).
- The PCPs are certified by the state into one of the three PCMH tiers based on the number of completed activities. See the next slide for more information.
  - Per member per month (PMPM) care coordination fees are determined by health care provider's PCMH tier.
- The PCPs also receive incentive payments for meeting program targets through the SoonerExcel program. The performance payments are based on claims data analysis of the following:
-
  a. Behavioral health screenings
  b. Immunizations
  c. Breast and cervical cancer screenings
  d. Emergency room utilization
  e. EPSDT services
  f. Inpatient admissions

- SoonerExcel eligible PCMH providers' total allotment is $750,000 annually. The corresponding amount available per quarter is $187,500. Every dollar will be dispensed to qualifying providers who meet the criteria in accordance with OHCA's rules and procedures.
  - For BH screening utilization, the payment will be based on screens performed on members from ages 5 to 64 in the provider's panel. OHCA will pull claims data looking back 12 months using the members on the providers panel on the last day of the quarter.
  - The panel size will be the denominator and the number of members with at least one screen in the 12 months prior to the end of the reporting period will be the numerator. Based on the percent of a provider's panel receiving screens, the SoonerExcel eligible PCMH providers will be ranked. Incentive payments will be based upon this rank.

D.3. Medicaid Managed Care Program: PCMH Redesign

- The state implemented a redesign plan for their PCMH program in January 2022.
  - There is an emphasis on value-based purchasing, with uniform standards for providers, recognizing and rewarding highly quality and improved outcomes, and promotes integration of primary care with “health neighborhoods”. The state also intends on focusing on outcomes, increasing funding, and simplifying and enhancing the recognition criteria for participation.
- SoonerExcel is the performance-based reimbursement component of the SoonerCare Choice program that recognizes achievement of excellence in improving quality of care and providing effective care.
- SoonerExcel payments are made to qualifying PCMH providers that meet or exceed various quality of care targets within an area of clinical focus selected by OHCA.
- The amount dispensed to each practice will be calculated by combining:
  - Specific quality indicator performance on the whole set of metrics.
  - The composite performance relative to the state.
  - Whether the practice moved to the next level of performance.
- Every dollar will be dispensed to qualifying providers. Any funds not dispensed for the incentive measures are placed in the improver bonus pool.

Incentive Measure	Annual Cap	Quarterly Cap
Emergency Department Utilization	$1,000,000	$250,000
Behavioral Health Screening	$750,000	$187,500
Diabetic Control	$750,000	$187,500
Obesity	$500,000	$125,000

D.3. Medicaid Managed Care Program: PCMH Certification Tiers

Tier 1: Entry Level	Tier 2: Advanced	Tier 3: Optimal
14 required activities: 1. Primary and preventive care 2. State children's vaccine program 3. Data in paper or electronic format 4. Maintain medication list 5. Track lab and diagnostic tests 6. Track referrals 7. Care coordination 8. Consumer and family education 9. Medical home agreement 10. Maintains open schedule 11. Electronic communications 12. Phone coverage 24/7 13. Behavioral health screening annually 14. At least 20 service hours per week	**Tier 1 required activities plus:** 1. Track panel members inside and outside of practice 2. Transitional care 3. Multi-modal communication 4. 10 additional hours, for a minimum of 30 service hours per week 5. Post-visit outreach 6. Health assessment tools **Plus 3 of 5 optional services:** 1. Health care team led by PCP 2. Post-visit outreach 3. Evidence-based guidelines 4. Medication management 5. Minimum four (4) service hours after regular business hours	**Tier 2 activities plus:** 1. Health care team led by PCP 2. Evidence-based guidelines 3. Medication management 4. Minimum four (4) service hours after regular business hours **Optional services:** 1. Secure interactive web site 2. Integrated care plans 3. Performance improvement
Per Member Per Month Care Coordination Fees		
• Adult only panel: $5.08 • Child and adult panel: $4.39 • Child only panel: $3.63	• Adult only panel: $6.63 • Child and adult panel: $5.73 • Child only panel: $4.73	• Adult only panel: $8.82 • Child and adult panel: $7.61 • Child only panel: $6.28

D.3. Medicaid Managed Care Program: Health Access Networks

- Health Access Networks (HANs) are non-profit administrative entities that focus on coordinating health at the population/network level.
  - HANs contract with medical homes to provide care coordination support.
  - They receive a $5 PMPM care management fee from the state based on the number of SoonerCare enrollees empaneled with the contracted medical homes.
  - The PMPM is in addition to the SoonerCare Choice PCCM care coordination fee that the state pays the PCPs. The HANs are not eligible for PCCM payments.
- HANs are required to:
  - Reduce the costs of health care services for SoonerCare beneficiaries;
  - Improve access to and the availability of health care services for SoonerCare beneficiaries;
  - Improve the quality and care coordination of high-risk SoonerCare beneficiaries with chronic illnesses; and
  - Impact the PCMH program through the expansion of HANs.
- SoonerCare beneficiaries are enrolled in one of three HANs:
  - Oklahoma State University Network HAN
  - University of Oklahoma Sooner HAN
  - Partnership for Healthy Central Communities HAN

D.3. Medicaid Managed Care Program: Health Management Program

- The Health Management Program (HMP) is a statewide program that provides additional services to individuals aged 4 to 63 years, with chronic illnesses and are at risk for adverse outcomes and increased health costs.
- The program has two main components:
  - Health coaching: Health coaches are embedded in primary care practices and provide educational materials and referrals. They help enrollees develop a plan of care, as well as learn to self-manage their care. The evaluation of services needed is dependent upon an individual's goals, progress, and diagnoses.
  - Practice facilitation: Selected medical homes are provided with practice facilitation services — such as education and quality improvement strategies — that support chronic disease prevention. Practice facilitation assists coaches with quality improvement initiatives.
- A single vendor, Telligen, provides HMP services to enrollees statewide. Telligen receives a monthly fixed payment for operational costs and monthly payments based on the number of health coaching and practice facilitation staff members, with the total contract amount not to exceed $7 million annually.
- Individuals eligible for health coaching are identified using predictive software and can then voluntarily enroll in the program.

D.3. Medicaid Managed Care Program: Insure Oklahoma

- Insure Oklahoma provides premium assistance to individuals between the ages of 19 and 64 years through the Oklahoma SoonerCare section 1115 demonstration waiver. As of January 2025, 4,827 individuals were enrolled in Insure Oklahoma.
  - The Employer-Sponsored Plan offers premium assistance coverage through a qualifying employer-sponsored plan. Individuals enrolled in the employer-sponsored plan are responsible for no more than 15% of the premium, which cannot exceed more than 3% of an individual's income.

Employer-Sponsored Plan Eligibility
Persons with an income below 200% of the FPL employed by a non-profit employer with no more than 500 employees, or a for-profit employer with no more than 250 employees. Includes: 1. Non-disabled individuals and their spouses 2. Working adults with disabilities 3. Full-time college students aged 19 to 22 4. Foster parents

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health of Oklahoma

1. **Profit status:** For profit
2. **Parent company:** Aetna/ CVS Health
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefit manager:** CVS/ Caremark
5. **Enrollment share:** 33%

Humana Healthy Horizons of Oklahoma

1. **Profit status:** For profit
2. **Parent company:** Humana, Inc
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefit manager:** Humana Pharmacy Solutions
5. **Enrollment share:** 33%

Oklahoma Complete Health

1. **Profit status:** For profit
2. **Parent company:** Centene
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefit manager:** Express Scripts
5. **Enrollment share:** 34%

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

- All behavioral health and addiction treatment services are provided on an FFS basis through the PCCM.

Managed Care Mental Health Benefits
1. Inpatient psychiatric treatment
2. Screening and assessment
3. Medical, psychiatric, and social evaluations
4. Service plan development
5. Psychotherapy
6. Psychosocial rehabilitation
7. Medication training and support
8. Crisis intervention
9. Program of assertive community treatment
10. Peer recovery support services
11. Case management
12. Applied Behavioral Analysis

Managed Care Addiction Treatment Benefits
1. Inpatient detoxification
2. Counseling services
3. Outpatient substance addiction treatment rehabilitation services
4. Crisis intervention
5. Peer recovery support services

D.3. Medicaid Managed Care Program: SMI Population

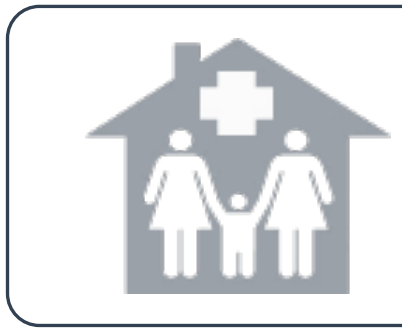
- Oklahoma does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, dual eligibles are required to enroll in FFS.
- As of May 2025, *OPEN MINDS* estimates that 74% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

- All pharmacy services are provided on an FFS basis through the PCCM.

Oklahoma Managed Care Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	The state does not use a pharmacy PDL for general pharmacy, mental health, or addiction treatment drugs. However, the state provides separate documentation for medications that require prior authorization and have quantity limits.
State Uses A PDL For Mental Health Drugs	
State Uses A PDL For Addiction Treatment Drugs	
Coverage Of Antipsychotic Injectable Medications	Long-acting injectable antipsychotics are covered as a pharmaceutical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Mental health and addiction treatment drugs are subject to quantity limits, step therapy, and prior authorization requirements. Individuals are limited to six covered prescriptions per month.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	The OHCA Pharmacy Lock-In program restricts members to one pharmacy and one provider organization. After six months, members' utilization habits are reviewed to determine if they have improved. If not, members may be referred to a PCP, pain management specialist, or addiction treatment specialist to receive additional treatment.

D.4. Medicaid Program: Care Coordination Initiatives

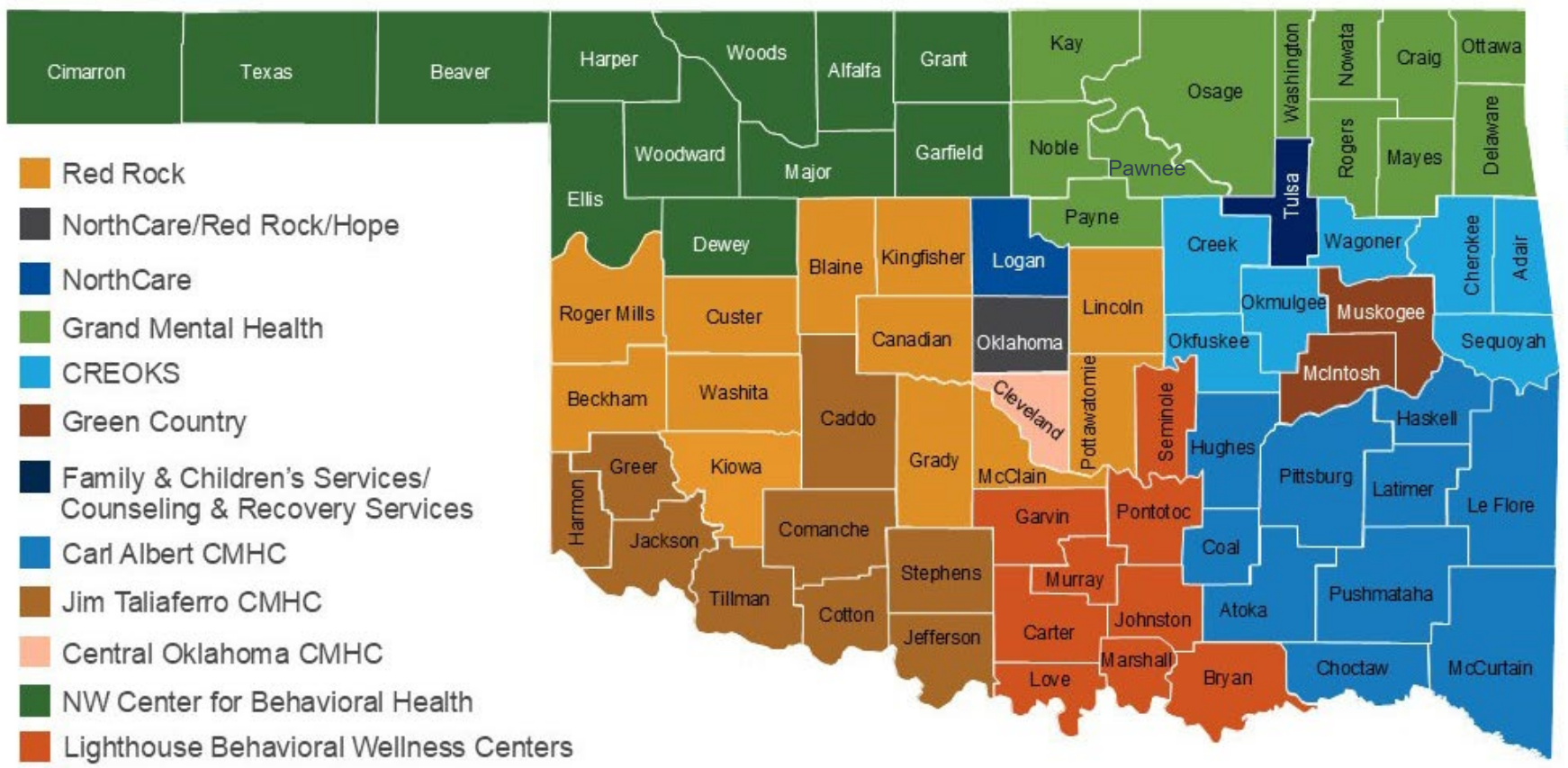


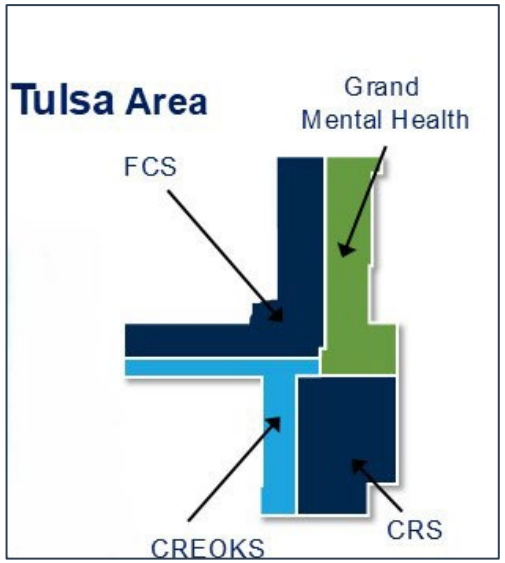
Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
None	None	Primary care providers in Oklahoma's PCCM program act as PCMHs.	The state currently operates 13 CCBHCs.

D.4. Medicaid Program Care Coordination Initiatives: Certified Community Behavioral Health Clinics

- As of July 2025, Oklahoma operates 13 CCBHCs statewide.
- CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.
  - In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their costs of services to meet the needs of these populations.
- Oklahoma's CCBHCs are paid using a Prospective Payment System (PPS) basis using federal, state, and the Department of Mental Health and Substance Abuse Services monies.
  - PPS rates vary by category and level of intensity for the population served, either the standard population or special population. Individuals in the special population are broken into two groups: Adults with SMI or Children with SED.
- CCBHCs are required to provide:
  - 9 types of services
  - Provision of 24-hour crisis care
  - Evidence-based practices
  - Care coordination with local primary care and hospital partners
  - Integration with physical health care
- CCBHCs in Oklahoma are increasing access to services, bringing innovative relationships with law enforcement, reducing crisis hospitalizations, enhancing crisis services and increasing use of evidenced-based practices.
- The CCBHC program replaced both Health Homes and CMHC programs.

D.4. Medicaid Program Care Coordination Initiatives: CCBHC Service Areas





D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Oklahoma SoonerCare	Authorizes the state's PCCM program, SoonerCare Choice, and the premium assistance program, Insure Oklahoma.	1115	None	04/01/1996	12/31/2025
Oklahoma Institutions for Mental Disease Waiver for Serious Mental Illness/Substance Use Disorder	Authorizes the state to reimburse for short-term residential treatment or inpatient stabilization services offered in an IMD. The state would also be authorized to institute value-based payment structures to encourage providers.	1115	None	12/22/2020	12/31/2025

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
OK In-Home Supports Waiver for Adults (0343.R05.00)	Individuals with an intellectual disability aged 18 and above	4,650	Oklahoma Department of Health and Human Services, Developmental Disabilities Services	No
OK In-Home Supports Waiver for Children (0351.R05.00)	Individuals with an intellectual disability aged 3 to 17	1,400	Oklahoma Department of Health and Human Services, Developmental Disabilities Services	No
OK Medically Fragile (0811.R03.00)	Individuals who are medically fragile or technology dependent aged 19 and above	155	Community Living and Quality Assurance Unit	No
OK Homeward Bound Waiver (0399.R04.00)	Individuals with intellectual disabilities ages 21 – no max age.	640	Oklahoma Department of Health and Human Services, Developmental Disabilities Services	No
OK Community Waiver (0179.R07.00)	Individuals with intellectual disabilities ages 3 to no max age.	3,376	Oklahoma Department of Health and Human Services, Developmental Disabilities Services	No
OK Advantage Waiver (0256.R06.00)	Individuals aged 65 – no max age, and individuals with physical and other disabilities ages 21-64.	28,472	Oklahoma Human Services, Division of Aging Services	No

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (February 2025)	473,957	336,981
SMI Enrollment	• *OPEN MINDS* estimates 42% of the population in Medicare Advantage, 58% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 810,938 | Total Medicare With SMI: 105,422

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of February 2025: 42% Medicare Advantage, 58% in traditional Medicare.
SMI population inclusion in managed care	Estimated 42% of population in Medicare Advantage, 58% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP)	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP)	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of February 2025, was 810,938.
- It is estimated around 15% of the state's total population is enrolled in Medicare, compared with about 19.5% of the U.S. population enrolled in Medicare.
  - *OPEN MINDS* estimates approximately 24% of the state's SMI population is enrolled in a Medicare plan.
- For 2025, the availability of Medicare Advantage plans in Oklahoma ranges from just two plans in some rural counties, to 40 plans in some urban counties.
  - There are 80 Medicare Advantage plans available for purchase in 2025.
- 43 insurers offer Medigap plans in Oklahoma for 2025.
- There are 17 stand-alone Medicare Part D prescription drug plans in Oklahoma, with premiums that start at $0/month.
  - As of September 2024, 301,493 Oklahoma Medicare beneficiaries had prescription drug coverage under stand-alone Medicare Part D prescription drug (PDP) plan enrollment. Another 300,289 Oklahoma Medicare beneficiaries had Medicare Part D prescription drug coverage integrated with their Medicare Advantage Prescription Drug (MAPD) plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings Model ACOs
1. Aledade 149 Regional MSSP
2. Baptist Health - UAMS Accountable Care Alliance
3. Caravan Collaborative Pathways
4. CHSPSC ACO 17, LLC
5. CHSPSC ACO 7, LLC
6. CHSPSC ACO 8, LLC
7. Imperium Clinical Partners
8. INTEGRIS Health Partners, LLC
9. IntraCare Premier ACO
10. Lifecare ACO LLC
11. Main Street Rural Health Hickory ACO LLC
12. Main Street Rural Health Juniper ACO LLC
13. Mercy Health ACO, LLC
14. Oklahoma Health Initiatives
15. Saint Francis Accountable Health Alliance LLC
16. Texas Panhandle Clinical Partners ACO LLC
17. Texoma Clinical Partners ACO LLC
18. Votion ACO 1

E.4. Medicare Program: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Program of All-inclusive Care for the Elderly (PACE)**
Enrollment (June 2023)	104,774	1,345
Estimated SMI Enrollment	22,002	282
Management	Health Care Authority	Health Care Authority
Payment Model	FFS	Blended capitated rate
Geographic Service Area	Statewide	Three regions in Tahlequah, Tulsa, and Oklahoma City

Total Dual Eligible Enrollment: 106,119 | Total Dual Eligible Enrollment With SMI: 22,285

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	December 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	100,002	21,000
Wellcare Dual Liberty	Centene	Medicare Advantage D-SNP	603	127
Valir PACE Foundation	N/A	PACE	414	87
Cherokee Elder Care PACE	Cherokee Elder Care	PACE	378	79
LIFE PACE	N/A	PACE	290	61
Valir PACE	N/A	PACE	263	55
Wellcare Dual Access	Centene	Medicare Advantage D-SNP	65	14

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of September 2023, dual eligible enrollment was 106,119.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are excluded from enrolling in Oklahoma's PCCM program and are automatically enrolled in FFS.
- D-SNP enrollment as of December 2023 was 100,670; SMI enrollment for D-SNP was 21,141.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Oklahoma does not currently have any new initiatives with the Centers for Medicare and Medicaid Services.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

- Oklahoma does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2024)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or PCCM	Mandatory PCCM
Disabled adults		✓	
Disabled children		✓	
Blind individuals		✓	
Aged individuals		✓	
Dual eligibles	✓		
Individuals with I/DD	✓		
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations	• Individuals eligible for home- and community-based services (HCBS) waivers • Individuals covered by a managed care program other than the PCCM demonstration • Children in state custody, tribal custody, or a subsidized adoption	Women with breast and cervical cancer	Pregnant women

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Oklahoma does not offer MLTSS services and instead all individuals receive care through the FFS system.

G.3. Medicaid LTSS Program: Health Benefits

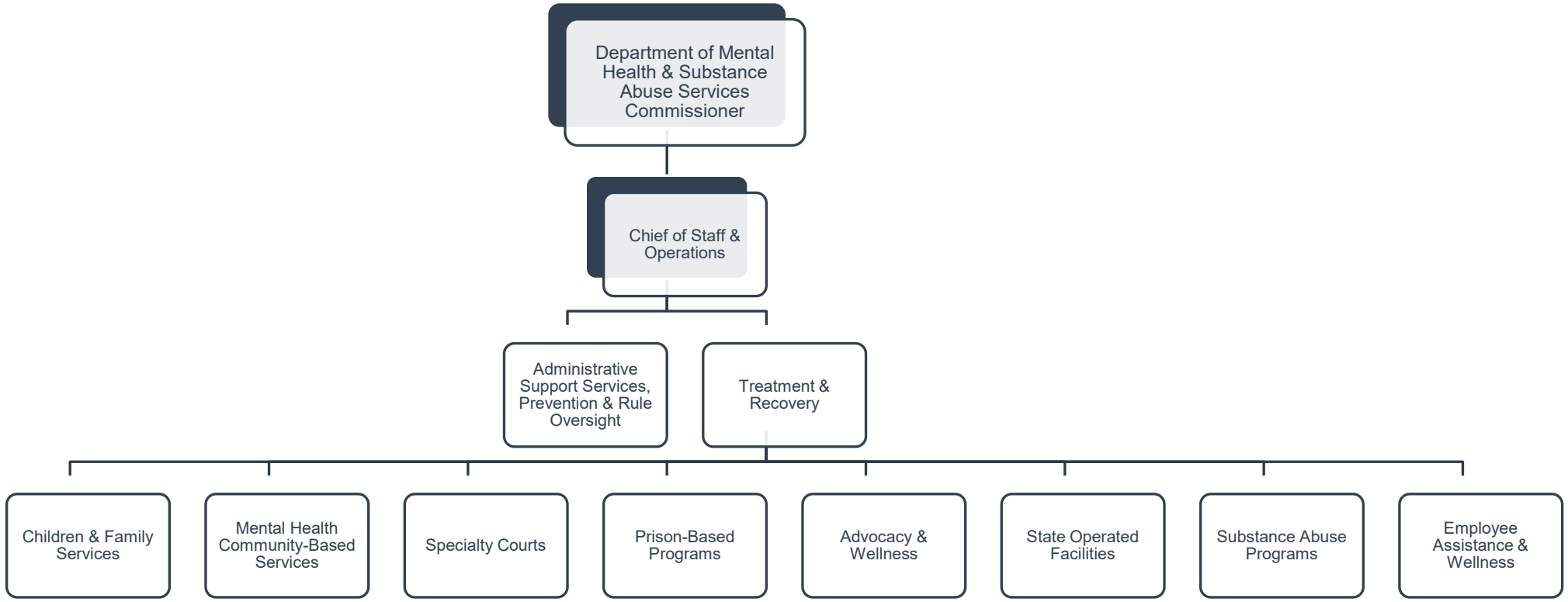
- Oklahoma does not offer MLTSS services and instead all services are the same as the FFS program.

G.4. LTSS Medicaid Financing & Delivery System: New Initiatives

- Oklahoma has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

H. State Behavioral Health Administration & Finance System

H.1. Department Of Mental Health & Substance Abuse Services Governance: Organization Chart



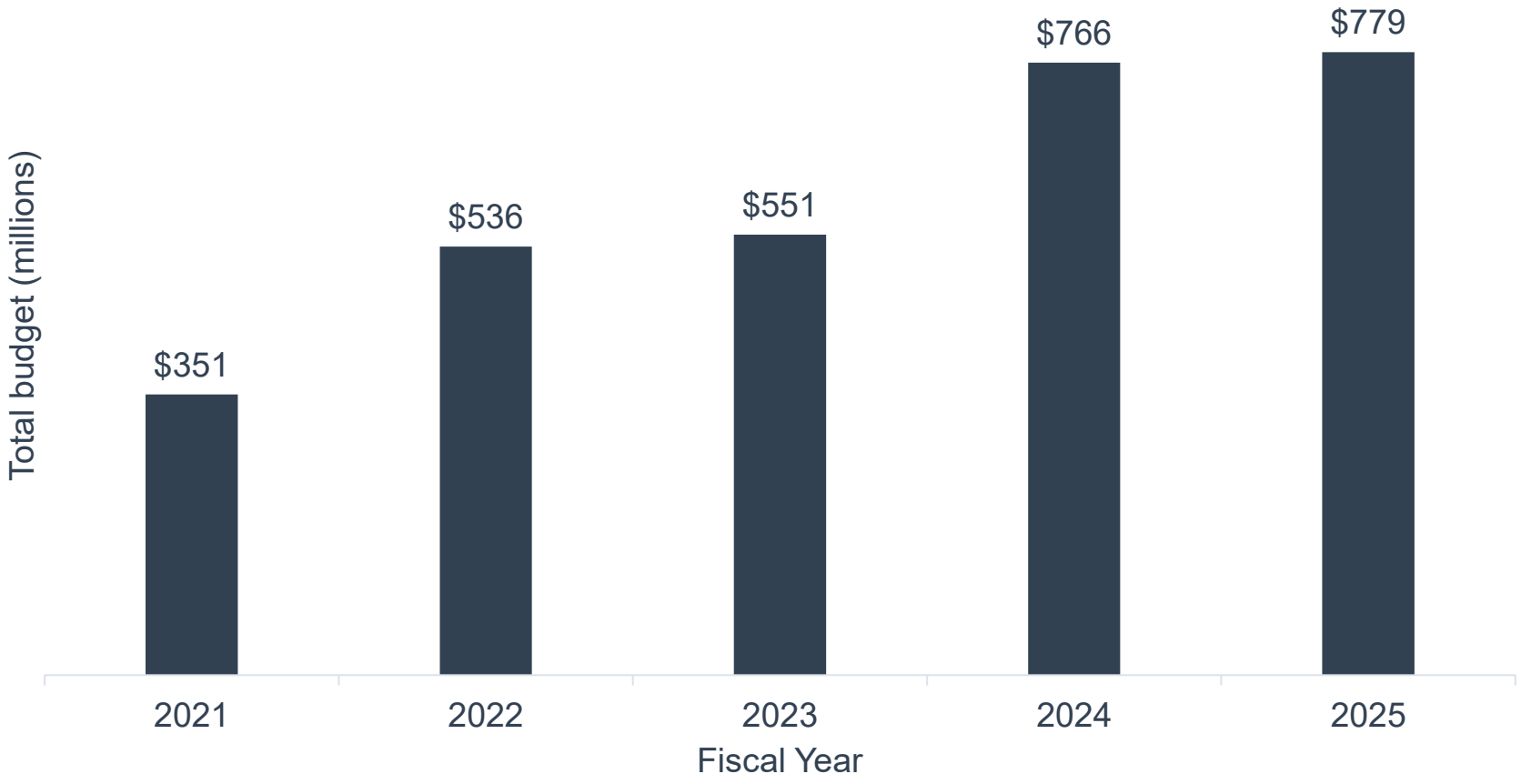
H.1. Department Of Mental Health & Substance Abuse Services Governance: Key Leadership

Name	Position	Department	Email
Gregory Slavonic	Interim Commissioner	Department of Mental Health and Substance Abuse Services	Not available
Vacant	Deputy Commissioner for Treatment & Recovery	Department of Mental Health and Substance Abuse Services	Not available
Young Onuorah	Sr Director of Prevention Services	Department of Mental Health and Substance Abuse Services	yonuorah@odmhsas.org

H.2. Department Of Mental Health & Substance Abuse Services: Budget

Budget Item	SFY 2025 Budget Requested	Percent Of Budget
Community-based treatment and recovery services	$423,740,567	54%
Treatment beds	$299,493,434	38%
Administration and data processing	$37,465,698	5%
Prevention services	$18,598,692	2%
Budget Total: $779,298,391		

H.2. Department Of Mental Health & Substance Abuse Services: Budget Over Time



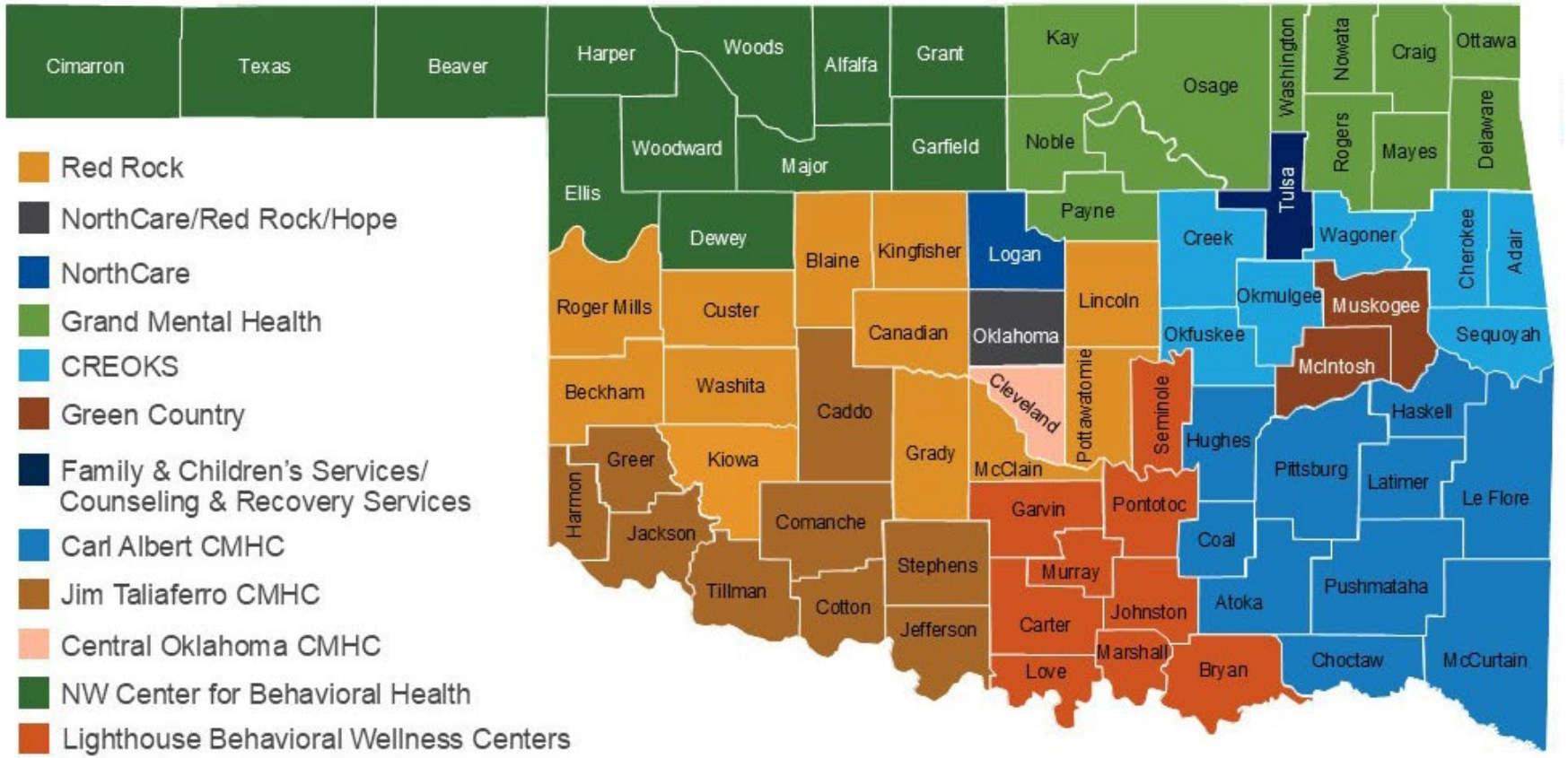
H.3. State Psychiatric Institutions

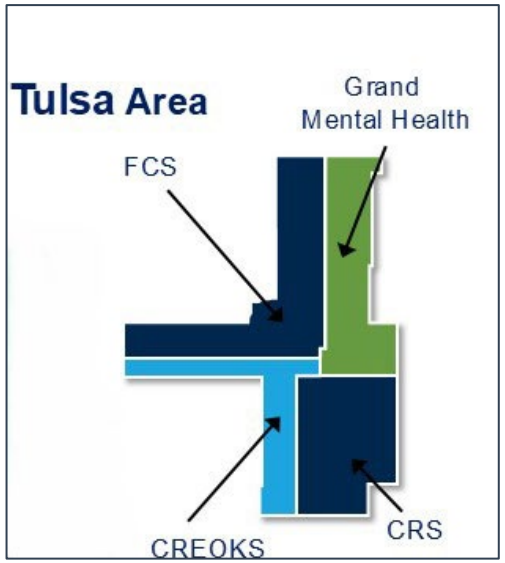
State Psychiatric Institutions		
Institution	**Location**	**Beds**
Griffin Memorial Hospital	Norman	120
Oklahoma Forensic Center	Vinita	216
Total		**336**

H.4. Behavioral Health Safety-Net Delivery System

- The Oklahoma Department of Mental Health and Substance Abuse Services provides mental health and addiction disorder treatment services to the safety-net population through CCBHCs.
- Oklahoma currently operates 13 CCBHCs statewide.
- Oklahoma's CCBHCs are paid using a Prospective Payment System (PPS) basis using federal, state, and the Department of Mental Health and Substance Abuse Services monies.
  - PPS rates vary by category and level of intensity for the population served, either the standard population or special population. Individuals in the special population are broken into two groups: Adults with SMI or Children with SED.

H.4. Behavioral Health Safety-Net Delivery System: Service Areas





H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is $15,060 for an individual and $31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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