

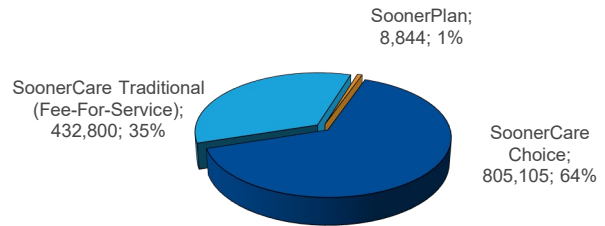
SoonerCare Fast Facts

May 2022

TOTAL ENROLLMENT – OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	18,091	1.45%
Aged/Blind/Disabled	Adult	151,503	12.15%
Children/Parents	Child	634,674	50.91%
Children/Parents	Adult	116,871	9.37%
Expansion	Adult	284,332	22.81%
Other	Child	277	0.02%
Other	Adult	30,627	2.46%
Oklahoma Cares (Breast and Cervical Cancer)		556	0.04%
SoonerPlan (Family Planning)		8,844	0.71%
TEFRA		974	0.08%

Delivery System Breakdown of Total Enrollment



Total Enrollment	1,246,749	Adults	563,955	45%
		Children	682,794	55%

OTHER Group includes—DDSD State-PKU-Q1-Q2-Refugee--SLMB--Soon to be Sooners (STBS) and TB patients. The Total Enrollment figure makes up 669,849 cases. A case is used to group members of the same family living in the same household.

For more information go to www.okhca.org under Individuals then to Programs. Insure Oklahoma members are NOT included in the figures above.

Unless stated otherwise, CHILD is defined as an individual under the age of 21.

Note that all subsequent figures are groups within the above total enrollment numbers (except Insure Oklahoma). SoonerPlan members are not entitled to the full scope of benefits, only family planning services are covered.

The Insure Oklahoma is a program to assist qualifying small business owners, employees & their spouses (Employer-Sponsored Insurance- ESI) with health insurance premiums and some individual Oklahomans (Individual Plan-IP) with limited health coverage.

www.insureoklahoma.org

New Enrollees	
Oklahoma SoonerCare members that have not been enrolled in the past 6 months.	
Adult	10,988
Child	6,271
Total	17,259

CHIP Breakdown of Total Enrollment

Members qualifying for SoonerCare (Medicaid) eligibility under the CHIP program are under age 19 and have income between the maximum for standard eligibility and the expanded Federal Poverty Level (FPL) income guidelines.

Age Breakdown	% of FPL	CHIP Enrollees
INSURE OK DEPENDENTS (ESI)		318
PRENATAL		3,487
INFANT	170% to 210%	1,882
1 to 5	152% to 210%	18,439
6 to 13	116% to 210%	54,760
14-18	66% to 210%	55,401
Total		134,287

Other Enrollment Facts

Total Monthly Enrollment (Including Insure Oklahoma) - 1,256,859

Unduplicated Enrollment SFY (July through report month including Insure Oklahoma) - 1,305,288

Other Breakdowns of Total Enrollment

Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility - 13,689

Oklahoma persons enrolled in both Medicare and Medicaid (Dual Enrollees) - 133,767

SoonerCare (Medicaid) members enrolled in Home & Community-Based Services (HCBS) Waivers - 24,936

SoonerCare (Medicaid) members enrolled in Program of All-Inclusive Care for the Elderly (PACE) - 720

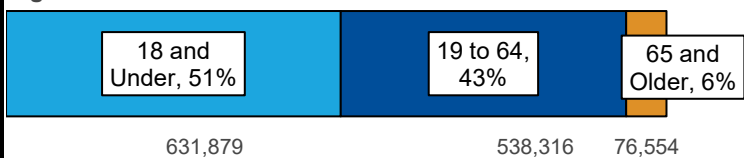
Small Businesses Enrolled in ESI	Employees w/ ESI	Individual Plan (IP) Members
3,295	10,110	0

Race Breakdown of Total Enrollment

	Children	Adults	Percent	Pregnant Women
American Indian	80,503	59,364	11%	3,362
Asian or Pacific Islander	16,322	12,471	2%	794
Black or African American	72,214	68,495	11%	3,335
Caucasian	389,237	364,075	60%	18,018
Two or More Races	81,339	32,179	9%	2,102
Declined To Answer	43,179	27,371	6%	2,087
Hispanic or Latino	157,028	53,509	17%	7,104

Race is self-reported by members at the time of enrollment. The two or more race members have selected two or more races. Hispanic or Latino is an ethnicity, not a race. Hispanics or Latinos can be any race and are accounted for in the race category above. Pregnant women includes CHIP Prenatal.

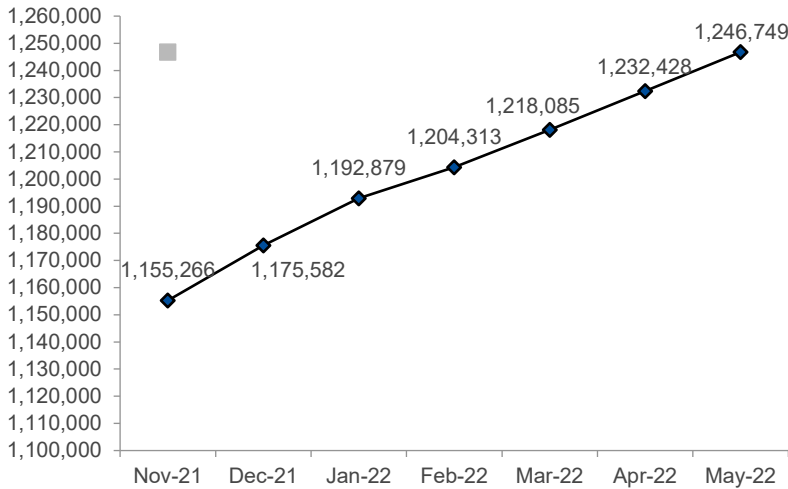
Age Breakdown of Total Enrollment



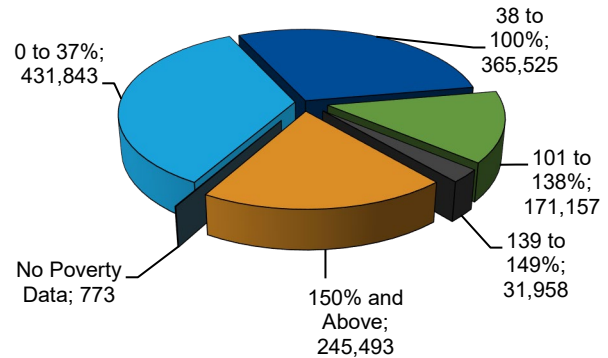
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Total Enrollment Trend



Percent of Federal Poverty Levels Totals



The "No Poverty Data" group consists of members with no poverty data and members enrolled with an aid category of U- DSDS State, R2 - OJA not Incarcerated, or R4 - OJA Incarcerated. These aid categories do not require poverty data or do not use the poverty data

OHCA to Transition to New Health Care Model Two Delivery Reform Bills Signed

Oklahoma City, OK – The Oklahoma Health Care Authority will transition to a new health care model following Governor J. Kevin Stitt’s signing of two delivery reform bills, SB 1337 and SB 1396. SB 1337 codifies the system design for a transformed Medicaid program, which prioritizes access and quality health outcomes for SoonerCare members and creates preferential opportunities for Oklahoma provider led entities to partner with OHCA as contracted entities under this new model.

SB 1396 brings a unique opportunity to invest additional funding into the Oklahoma health care community by drawing down additional federal dollars in the form of supplemental payments to qualifying providers.

“I have pushed since 2020 to find a solution that improves health outcomes for Oklahomans and also protects the taxpayers from rising costs,” said Gov. Stitt. “I want to congratulate Secretary of Health and Mental Health Kevin Corbett and the employees at the Oklahoma Health Care Authority for their hard work to create an innovative solution that will deliver results.”

“These bills encapsulate months of collaboration with the provider community and legislative partners in crafting this new system design,” said Kevin Corbett, Chief Executive Officer of OHCA and Secretary of Health and Mental Health. “I am proud we came together to put Oklahomans’ health at the forefront of these important decisions and design a system that values the unique contributions of Oklahoma-based SoonerCare providers.”

Under the law, contracted entities can include accountable care organizations, provider-led entities, commercial plans and/or dental benefit managers.

OHCA is required to choose at least three contracted entities for medical services, two contracted entities for dental services, and one contracted entity for the children’s specialty plan.

“Contracted entities will be expected to achieve specific quality metrics and develop strategies to address health disparities and social determinants of health,” said Traylor Rains, State Medicaid Director. “This includes partnering with community-based organizations or social service providers, employing, or partnering with community health workers or other non-traditional health workers, as well as furnishing physical health, behavioral health, and pharmacy benefits to all covered members.”

The transition in health care delivery will allow the State to achieve the following payment and delivery system reform goals:

- Improve health outcomes for Oklahomans
- Move toward value-based payment
- Improve SoonerCare member satisfaction
- Contain costs by investing in preventive and primary care.
- Increase cost predictability to the State

“The reality is Oklahoma ranks at the bottom when it comes to health outcomes. We must and can do better,” said Corbett. “It’s important for all of us to stay focused on the task at hand, which is serving Oklahomans to our best ability.”

A medical and dental RFP is expected to be finalized and made public by fall 2022. The anticipated implementation date of the new delivery system is October 1, 2023, subject to the requirements and approval of the Centers for Medicare and Medicaid Services.

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