

SoonerCare Fast Facts April 2016

TOTAL ENROLLMENT — OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	18,326	2.33%
Aged/Blind/Disabled	Adult	136,227	17.35%
Children/Parents	Child	495,524	63.10%
Children/Parents	Adult	78,243	9.96%
Other	Child	174	0.02%
Other	Adult	22,951	2.92%
Oklahoma Cares (Breast & Cervical Cancer)		420	0.05%
SoonerPlan (Family Planning)		32,870	4.19%
TEFRA		613	0.08%

Total Enrollment	785,348	Adults	267,922	34%
		Children	517,426	66%

OTHER Group includes—DDSD State-PKU-Q1-Q2-Refugee--SLMB-Soon to be Sooners (STBS) and TB patients. The Total Enrollment figure makes up 445,513 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.

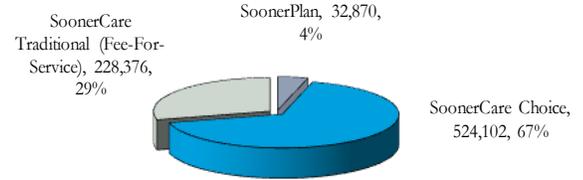
Adults	8,417
Children	9,686
Total	18,103

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)		N/A
PRENATAL		3,947
INFANT	170% to 210%	1,848
01-05	152% to 210%	14,784
06-13	116% to 210%	42,116
14-18	66% to 210%	38,498
Total		101,193

Delivery System Breakdown of Total Enrollment



Other Enrollment Facts

Total Enrollment (Including Insure Oklahoma) - N/A*
*IO numbers not available due to eligibility system changes.

Unduplicated Enrollment SFY (July through report month including Insure Oklahoma) - 1,023,435

Other Breakdowns of Total Enrollment

Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility - 14,868

Oklahoma persons enrolled in both Medicare and Medicaid (Dual Enrollees) - 112,045

SoonerCare (Medicaid) members enrolled in Home & Community-Based Services (HCBS) Waivers - 23,203

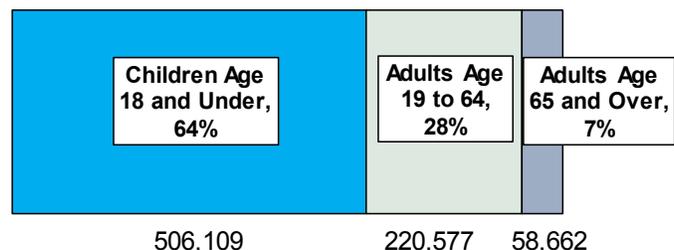
SoonerCare (Medicaid) members enrolled in Program of All-Inclusive Care for the Elderly (PACE) - 288

Race Breakdown of Total Enrollment

	Children	Adults	Percent	Pregnant Women
American Indian	57,466	20,423	10%	2,675
Asian or Pacific Islander	9,392	4,763	2%	620
Black or African American	57,260	35,705	12%	2,419
Caucasian	310,042	188,171	63%	15,681
Multiple Race	53,127	11,972	8%	1,645
Declined to Answer	30,139	6,888	4.71%	1,328
Hispanic Ethnicity	114,441	19,181	17%	5,103

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

Age Breakdown of Total Enrollment

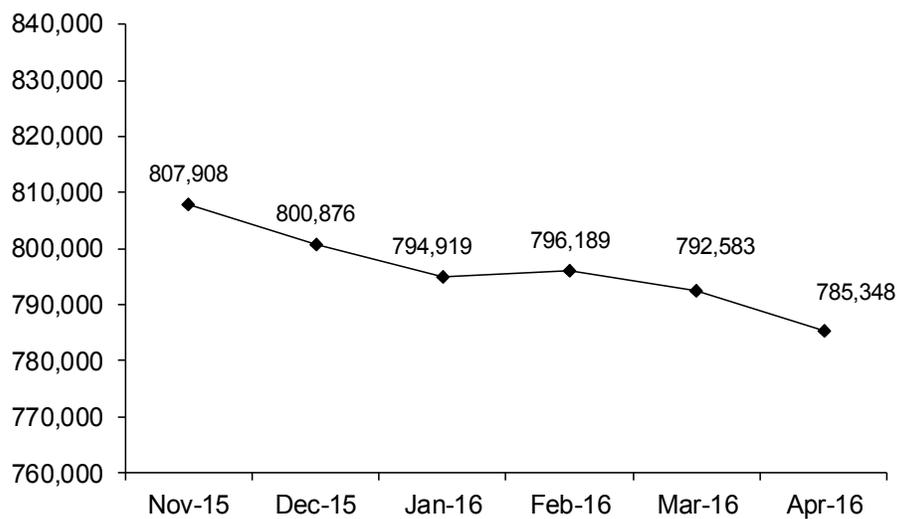


Data was compiled by Reporting and Statistics as of the report date and is subject to change. Numbers frequently change due to certifications occurring after the data is extracted and other factors. This report is based on data within the system prior to the report date. A majority of the data is a "point in time" representation of the specific report month and is not cumulative. Unless stated otherwise, CHILD is defined as an individual under the age of 21.

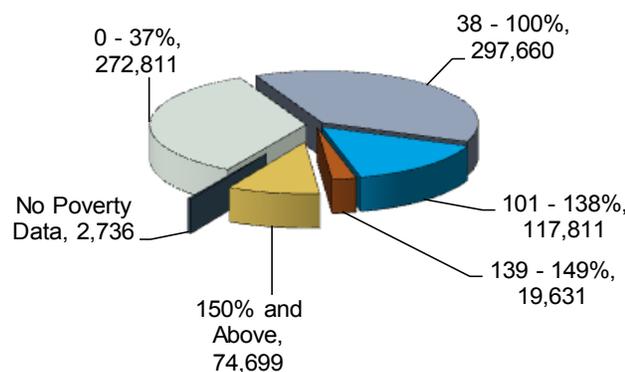
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Total Enrollment Trend



Percent of Federal Poverty Level Totals



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

May 3, 2016

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Health and Human Services Agency Directors unite behind Medicaid programs

Oklahoma City—The Directors of the Oklahoma Health Care Authority, The Department of Human Services, and the Department of Mental Health and Substance Abuse Services united Tuesday behind a program they all have in common—Medicaid—which provides a host of critical public health and safety services to more than a million Oklahomans through their agencies and contractors. The directors were invited to speak at the “Medicaid Matters Rally” by families, advocates, and providers who came to the capitol to express their concerns over potentially unprecedented cuts to services funded through Medicaid. “I appreciate each and every one who has taken time out of their day to show support. It’s encouraging to know that others are willing to step up and ask what can be done to find solutions,” said Nico Gomez, OHCA CEO. “As illustrated by the remarks today, we work hand-in-hand with our partner agencies to serve the whole person across a continuum of services. Cuts to one program can often result in increased costs in another. In some cases, there may be no other programs to serve our loved ones. This is a moral issue, and I’m inspired by the spirit of Oklahomans uniting to care for one another.”

The OHCA has proposed a 25 percent provider rate reduction in order to balance their SFY17 budget. Gomez has provided a plan, called the Medicaid Rebalancing Act of 2020, which would decrease enrollment in SoonerCare (Oklahoma Medicaid) while increasing the number of Oklahomans covered under commercial plans. If passed, a proposed cigarette tax would be used to stabilize provider rates and fund the Act aimed at ensuring long-term sustainability of the programs serving vulnerable Oklahomans and improving the fiscal strength of the state. “The potential impacts of cuts to our programs and the people we serve are sobering,” said Ed Lake, DHS Director. “The Medicaid home and community-based waiver programs administered by our agency enables seniors and people with disabilities to receive supports to live independently in their homes and communities, providing an alternative to or delaying the need for institutional care. If these services are cut, many of the more than 23,500 people served would be facing placement in nursing homes or intermediate care facilities for people with disabilities. However, if the OHCA also has to cut rates for these facilities, it is entirely possible there will be no place for our most vulnerable Oklahomans to go for care. The domino effect from cutting these programs will be significant.”

DHS provides Medicaid waiver services which means the people who receive the services qualify for Medicaid and nursing home level of care, but Medicaid has “waived” some of the requirements so that services can be provided in home-based settings. More than 18,000 persons who are aging receive home health, nutrition, and other support services through the Advantage Medicaid waiver. Over 5,300 people with developmental disabilities receive home-based care, specialized therapies, and vocational support services through the Developmental Disabilities waiver programs.

“Already, too many Oklahomans are unable to access appropriate mental health and substance abuse services,” said White. “The result is increased negative consequences for individuals and families, and for our state.”

White points to the resulting negative consequences of untreated behavioral health issues and increased burden on other community and state functions such as overcrowded emergency rooms, increased law enforcement engagement, rising incarceration rates and more children entering foster care.

ODMHSAS has already been forced to slash \$22.8 million from its current budget. “Just last week we implemented a 13.5 percent rate cut for behavioral health treatment providers and placed caps on treatment services that will impact 73,000 Oklahomans,” said White. “The fact is that it costs more to address the poor outcomes than to provide treatment in the first place.”

That is why it is imperative that revenue be identified and made available for appropriation by July 1 in order to reverse these recent devastating cuts and prevent future loss of services.”