

SoonerCare Fast Facts

November 2015

TOTAL ENROLLMENT — OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	18,362	2.27%
Aged/Blind/Disabled	Adult	135,834	16.81%
Children/Parents	Child	509,437	63.06%
Children/Parents	Adult	81,793	10.12%
Other	Child	163	0.02%
Other	Adult	22,948	2.84%
Oklahoma Cares (Breast & Cervical Cancer)		448	0.06%
SoonerPlan (Family Planning)		38,327	4.74%
TEFRA		596	0.07%

Total Enrollment	807,908	Adults	276,407	34%
		Children	531,501	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 458,348 cases. A case is used to group members of the same family living in the same household.

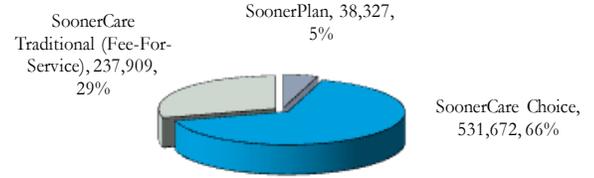
For more information go to www.okhca.org under Individuals then to Programs. Insure Oklahoma members are NOT included in the figures above.

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

Delivery System Breakdown of Total Enrollment



Other Enrollment Facts

- Total Enrollment (Including Insure Oklahoma) - 826,060
- Unduplicated Enrollment SFY (July through report month including Insure Oklahoma) - 934,431
- Other Breakdowns of Total Enrollment
 - Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility - 15,062
 - Oklahoma persons enrolled in both Medicare and Medicaid (Dual Enrollees) - 111,313
 - SoonerCare (Medicaid) members enrolled in Home & Community-Based Services (HCBS) Waivers - 23,111
 - SoonerCare (Medicaid) members enrolled in Program of All-Inclusive Care for the Elderly (PACE) - 264

Small Businesses Enrolled in ESI	Employees w/ ESI	Individual Plan (IP) Members
3,559	14,274	3,878

New Enrollees

Oklahoma SoonerCare members that have not been enrolled in the past 6 months.

Adults	7,297
Children	9,012
Total	16,309

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 185% of Federal Poverty Level (FPL) income guidelines.

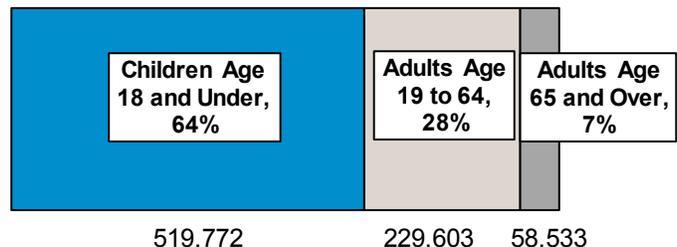
Age Breakdown	% of FPL	CHIP Enrollees
INSURE OK DEPENDENTS (ESI)		221
PRENATAL		3,865
INFANT	150% to 185%	1,908
01-05	133% to 185%	16,612
06-12	100% to 185%	41,949
13-18	100% to 185%	40,883
Total		105,438

Race Breakdown of Total Enrollment

	Children	Adults	Percent	Pregnant Women
American Indian	60,200	21,591	10%	2,593
Asian or Pacific Islander	9,492	4,736	2%	610
Black or African American	59,560	36,894	12%	2,332
Caucasian	320,051	194,036	64%	15,184
Multiple Race	53,967	12,222	8%	1,659
Declined to Answer	28,231	6,928	4.35%	1,243
Hispanic Ethnicity	115,992	19,557	17%	4,928

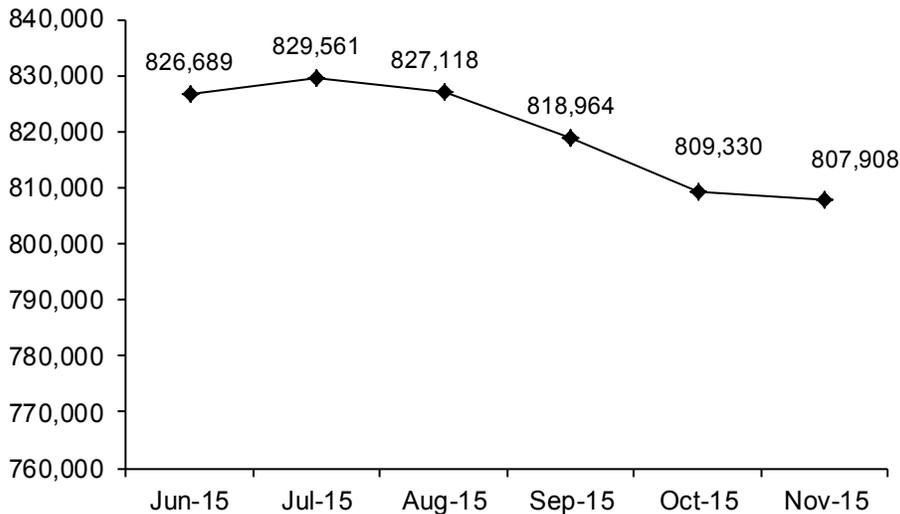
Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races. Hispanic is an ethnicity not a race. Hispanics can be of any race and are accounted for in a race category above.

Age Breakdown of Total Enrollment

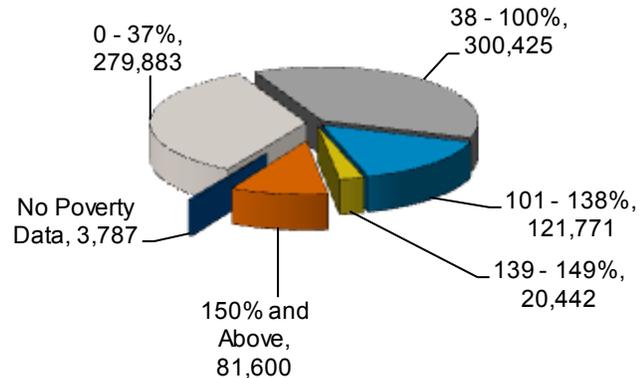


Data was compiled by Reporting and Statistics as of the report date and is subject to change. Numbers frequently change due to certifications occurring after the data is extracted and other factors. This report is based on data within the system prior to the report date. A majority of the data is a "point 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.

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.

November 30, 2015

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Agency selects care coordination model for Aged, Blind and Disabled populations

OKLAHOMA CITY – Following five months of intensive planning, leaders of the Oklahoma Health Care Authority (OHCA) announced they will develop a Request for Proposals (RFP) aimed at contracting for a fully capitated, statewide model of care coordination for Oklahoma Medicaid’s Aged, Blind and Disabled (ABD) populations.

The RFP is the result of HB1566, passed during the 2015 Oklahoma Legislative session. The bill charged OHCA with issuing an RFP for care coordination models for its ABD populations. The intent of the legislation is to provide better access to care, improve quality and health outcomes and control costs.

"Oklahomans with complex medical needs can benefit greatly from a care coordination model that gives them one effective team whose job is to help them navigate the medical world of doctors and specialists in every field. One effective team that helps them make their appointments, get their medicine, and get them on the road to better health. One effective team who helps them receive needed specialized services that could prevent a hospital stay. Our goal is a healthier Oklahoma!" said state Sen. Kim David, R-Porter, co-author of the measure and chair of the Senate Appropriations Subcommittee on Health and Human Services.

“The goal behind House Bill 1566 is to improve health outcomes for the aged, blind and disabled while maximizing limited resources,” said state Rep. Glen Mulready, R-Tulsa, co-author of the measure and chair of the House Insurance Committee. “We believe we can provide better quality healthcare at a lower cost for this particular population of Oklahomans by introducing competition into the system. We have just completed a very extensive review process that included hundreds of providers and participants. I am very pleased that we have reached this point in the process, and I am excited to work with the Health Care Authority as we move forward.”

OHCA solicited input on potential care coordination models from a wide variety of stakeholders. Over a three-month period, OHCA and its consultant, Pacific Health Policy Group (PHPG), held meetings with ABD members, their families, providers, advocates and other stakeholders throughout Oklahoma. OHCA also gathered recommendations through a Request for Information (RFI) that drew responses from 22 Oklahoma-based and national health care organizations interested in serving ABD members.

After careful review and analysis of the information received through the various venues for stakeholder engagement, and through responses to the RFI, the OHCA has chosen a fully capitated, statewide model of care coordination. OHCA believes this model will meet the intent of the legislation by providing the highest quality of care for the ABD populations, while helping to control costs and improve health outcomes. RFP development will begin in December with an anticipated release date of June 2016.