

# SoonerCare Fast Facts March 2017

## TOTAL ENROLLMENT — OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	18,220	2.21%
Aged/Blind/Disabled	Adult	137,497	16.71%
Children/Parents	Child	527,095	64.06%
Children/Parents	Adult	78,929	9.59%
Other	Child	349	0.04%
Other	Adult	25,353	3.08%
Oklahoma Cares (Breast & Cervical Cancer)		427	0.05%
SoonerPlan (Family Planning)		34,264	4.16%
TEFRA		622	0.08%

<b>Total Enrollment</b>	<b>822,756</b>	<b>Adults</b>	<b>273,685</b>	<b>33%</b>
		<b>Children</b>	<b>549,071</b>	<b>67%</b>

OTHER Group includes—DDSD State-PKU-Q1-Q2-Refugee--SLMB-Soon to be Sooners (STBS) and TB patients. The Total Enrollment figure makes up 464,778 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](http://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](http://www.insureoklahoma.org)

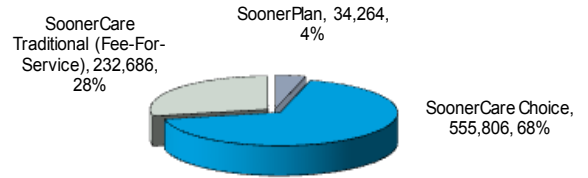
New Enrollees	
Oklahoma SoonerCare members that have not been enrolled in the past 6 months.	
Adults	7,143
Children	9,276
<b>Total</b>	<b>16,419</b>

### 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)		232
PRENATAL		3,880
INFANT	170% to 210%	1,900
01-05	152% to 210%	17,273
06-13	116% to 210%	48,555
14-18	66% to 210%	44,042
<b>Total</b>		<b>115,882</b>

### Delivery System Breakdown of Total Enrollment



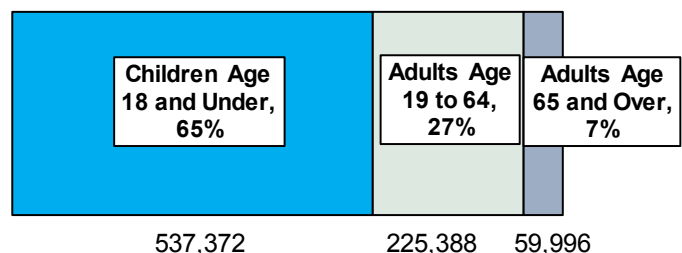
Other Enrollment Facts
<b>Total Enrollment (Including Insure Oklahoma) - 842,128</b>
<b>Unduplicated Enrollment SFY (July through report month including Insure Oklahoma) - 972,057</b>
<b>Other Breakdowns of Total Enrollment</b>
Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility - 14,921
Oklahoma persons enrolled in both Medicare and Medicaid (Dual Enrollees) - 113,288
SoonerCare (Medicaid) members enrolled in Home & Community-Based Services (HCBS) Waivers - 22,970
SoonerCare (Medicaid) members enrolled in Program of All-Inclusive Care for the Elderly (PACE) - 390

Small Businesses Enrolled in ESI	Employees w/ ESI	Individual Plan (IP) Members
<b>4,336</b>	<b>14,463</b>	<b>4,909</b>

Race Breakdown of Total Enrollment				
	Children	Adults	Percent	Pregnant Women
American Indian	62,454	21,548	10%	2,640
Asian or Pacific Islander	10,124	4,760	2%	621
Black or African American	60,207	36,496	12%	2,404
Caucasian	323,881	190,070	62%	14,951
Multiple Race	57,783	12,909	9%	1,699
Declined to Answer	34,622	7,902	5%	1,502
<b>Hispanic Ethnicity</b>	<b>122,557</b>	<b>20,063</b>	<b>17%</b>	<b>5,025</b>

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.

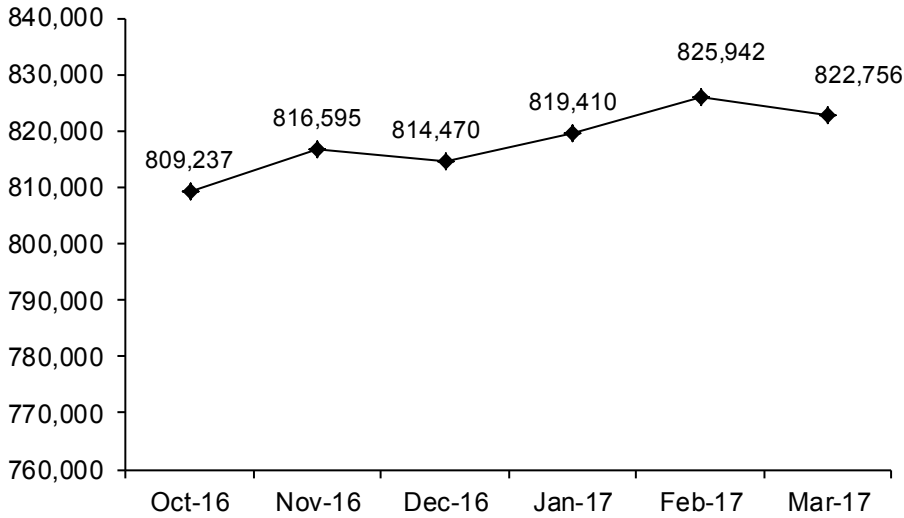
### Age Breakdown of Total Enrollment



Data was compiled by the Office of Data Governance and Analytics 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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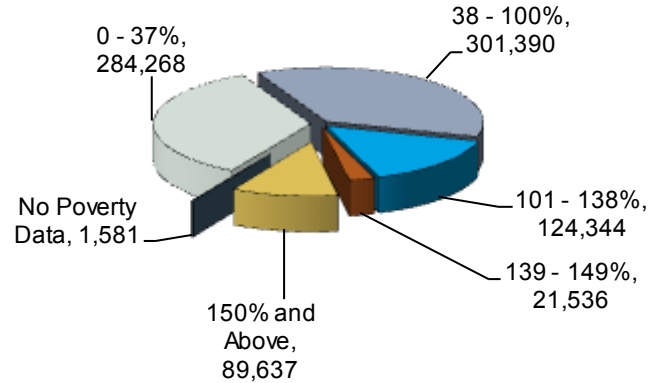
## Total Enrollment Trend



March 23, 2017

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## 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.

## OHCA board hears budget scenarios

The Oklahoma Health Care Authority (OHCA) board was presented various appropriations scenarios for state fiscal year 2018 during their board meeting March 23.

At the request of state leadership, agency staff put together scenarios ranging from a 5 percent to a 15 percent reduction in state appropriations. Following the March 2017 revenue failure, OHCA's revised base appropriation is \$986.4 million for state fiscal year (SFY) 2017.

Chief Financial Officer Carrie Evans told the board that even a flat appropriation to the agency for SFY18 would result in reductions to the program due to shrinking federal funds and growth and utilization increases. To meet a flat appropriation, the agency will have to make an across-the-board provider rate reduction of 8 percent. Evans noted that for every 1 percent in provider rate reductions, there are state savings of \$8.6 million. Should the agency's appropriation be reduced by 15 percent, the provider rate reduction will increase to 25 percent.

Evans noted that these budget and rate reduction calculations are based on the assumption that Congress extends the Affordable Care Act (ACA) Children's Health Insurance Program (CHIP) enhanced federal matching funds through federal fiscal year 2019. If the CHIP funds aren't extended, the OHCA will need an additional \$49 million for SFY18. Provider rate reductions could increase to as much as 14 percent for a flat appropriation up to 31 percent for a 15 percent appropriation reduction.

The scenarios are based on 12 months of savings. The agency needs at least 30 days for public notice requirements in order to implement a provider rate reduction. These reductions will affect all provider types including hospitals, physicians, pharmacy, durable medical equipment suppliers and nursing facilities. The OHCA currently contracts with 45,013 providers.

OHCA has filed a budget request that includes an increase of \$118 million to operate the program in SFY18. The increase would fund growth and utilization, replace one-time carryover and funding, and cover decreases in federal funds.

"Following the request from state leadership, we felt compelled to share this information with our board in order to prepare them for the possibility of having to vote on a provider rate reduction in the near future," said OHCA CEO Becky Pasternik-Ikard. "We must consider whether we will have viable access to the SoonerCare program if we have to continue to reduce payments to our providers. There is no good way to measure the impact of these potential reductions on providers. We do not know the tipping point, but we can reasonably speculate that with continued rate reductions we would lose providers, both urban and rural, across all provider types. When a state changes provider reimbursement rates, the agency must also revise its Access Monitoring Review Plan, which provides our federal partner, the Centers for Medicare & Medicaid Services (CMS), information on adequate access to care for SoonerCare members. Those changes must be approved by CMS."

Since SFY2010, more than \$400 million in state and federal funds has been cut out of OHCA's budget. In 2010, the agency made targeted program reductions, administrative cuts, and implemented a 3.25 percent provider rate reduction in order to balance the budget.

In 2015 when state revenue dipped, the agency made strategic changes to the program and implemented a 7.75 percent provider rate reduction. In 2016, when agency leaders recognized that revenues were continuing to fall, the agency reduced provider rates yet another 3 percent.

OHCA's portion of the 2017 revenue failure was small enough (\$4.7 million) that the agency was able to absorb the cut, through current year budget savings, without making further rate reductions. Physicians are currently reimbursed at 86.57 percent of the Medicare fee schedule.

To view the complete board agenda and appropriations scenarios, visit <http://www.okhca.org/board-meetings>.