SoonerCare Fast Facts

April 2008

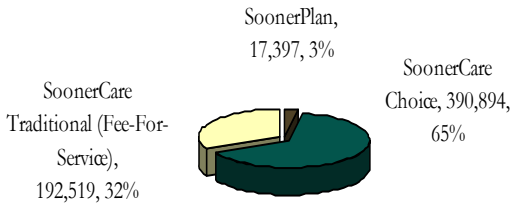
TOTAL ENROLLMENT —
OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	16,206	2.70%
Aged/Blind/Disabled	Adult	118,902	19.79%
Children/Parents	Child	391,205	65.11%
Children/Parents	Adult	38,084	6.34%
Other	Child	511	0.09%
Other	Adult	15,518	2.58%
Oklahoma Cares (Breast & Cervical Cancer)		2,789	0.46%
SoonerPlan (Family Planning)		17,397	2.90%
TEFRA		198	0.03%
Total Enrollment	**600,810**	Adults	190,331 32%
		Children	410,479 68%

OTHER Group includes—Child custody-Refugee-Qualified Medicare Beneficiary-SLMB-DDSD Supported Living and TB patients. For more information on TEFRA go to www.okhca.org under Individuals & Families and Programs. Insure Oklahoma members are NOT included in the figures above.

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

Delivery System Breakdown of Total Enrollment



Other Enrollment Facts

Unduplicated enrollees State Fiscal Year-to-Date (July through report month including O-EPIC) — **768,124**

Other Breakdowns of Total Enrollment

Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility — **15,911**

Oklahoma persons enrolled in both Medicare and Medicaid (dual eligibles) — **74,713**

The Insure Oklahoma (Oklahoma Employer/Employee Partnership for Insurance Coverage—O-EPIC) is a program to assist qualifying small business owners, employees & their spouses (Employer Sponsored Insurance—**ESI**) and some individual Oklahomans (Individual Plan—**IP**) with health insurance premiums. www.insureoklahoma.org

Small Businesses Enrolled in ESI	Employees w/ ESI	Individual Plan (IP) Members
2,292	7,163	2,253

New Enrollees

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

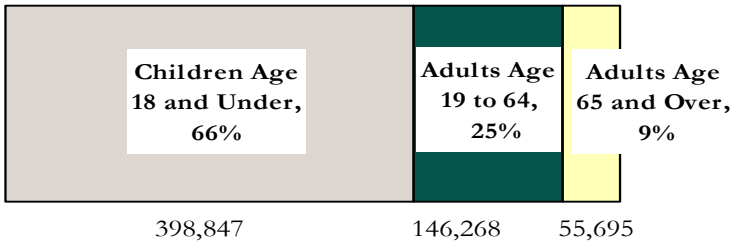
Adults	6,335
Children	8,437
Total	**14,772**

Race Breakdown of Total Enrollment

	Children	Adults	Percent	Pregnant Women
African American	65,074	26,194	15%	2,292
American Indian	55,774	17,085	12%	2,768
Asian or Pacific Islander	4,618	2,199	1%	243
Caucasian	224,236	136,256	60%	13,761
Hispanic	56,607	7,956	11%	2,883
Multiple Races	4,170	641	1%	335

Effective July 2007, OKDHS is collecting any and all related "race" categories; therefore a member could have up to seven races. Members in the Hispanic category are only counted in Hispanic even though they may have multiple races also.

Age Breakdown of Total Enrollment



SCHIP Breakdown of Total Enrollment

Members qualifying for SoonerCare (Medicaid) eligibility under the SCHIP 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	SCHIP Enrollees
INFANT	150% to 185%	1,204
01-05	133% to 185%	11,057
06-12	100% to 185%	29,593
13-18	100% to 185%	18,280
Total		**60,134**

Data was compiled on 05/12/2008. 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 05/12/2008. 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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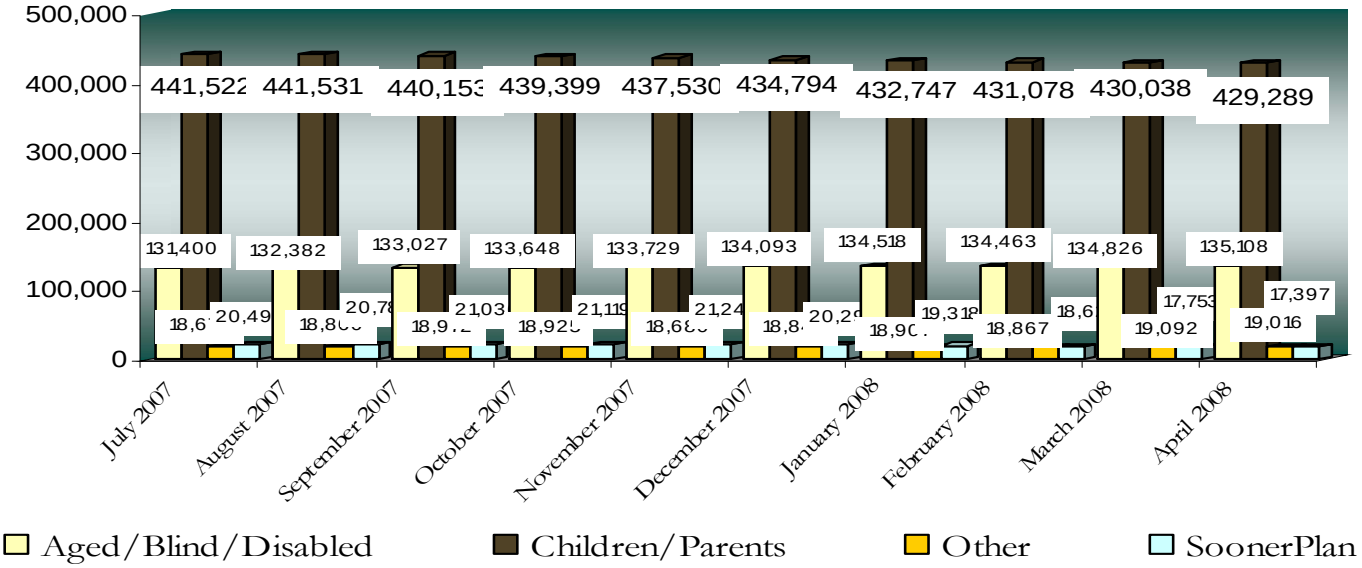
State Fiscal Year 2008 Enrollment by Aid Category



State Fiscal Year is defined as the period between July 1 and June 30 of each fiscal year. Oklahoma Cares (Breast and Cervical Cancer coverage) and TEFRA are included in the OTHER category. SoonerPlan are members receiving family planning services only.

News Release

April 11, 2008

Contact: Jo Kilgore, Public Information Manager, (405) 522-7474.

Proposed Legislation to Help Pay Safety Net Hospitals

OKLAHOMA CITY – A bill introduced in Congress by Oklahoma Rep. John Sullivan will ensure that hospitals throughout the state will get funds to help pay for uncompensated care, according to the Oklahoma Health Care Authority.

The "Strengthening the Safety Net Act of 2008" will redistribute unused federal hospital funds to "safety net" hospitals, facilities that provide health care and emergency treatment for a large number of low-income or indigent patients who are uninsured.

"With almost 19 percent of Oklahomans currently without insurance, this legislation will make sure that they will continue to have access to health care and that providers who care for them will receive compensation that will allow them to continue to provide these services without putting an additional financial strain on the system," said Mike Fogarty, OHCA's chief executive officer.

Sullivan's bill involves Disproportionate Share Hospital, or DSH, funds. The amount allocated varies from state to state. H.R. 5721 would take states' surplus DSH funds, previously returned back to the general treasury, and redistribute them to states like Oklahoma that are not fully reimbursed. H.R. 5721 also creates an innovative grant program through the Department of the Health and Human Services that would focus on health care access issues and prevention in an effort to help people receive regular, appropriately delivered health care and reduce unnecessary, expensive demands on emergency rooms.

In 2006, almost 7.5 percent of care provided by Oklahoma hospitals was not reimbursed by the patient or an insurer, significantly higher than the national rate of 5.7 percent. The increase in Sullivan's bill would bring another $49 million in federal funds, which when matched by the state could amount to $75 million over a five-year period to help hospitals offset the cost of uncompensated care.

"In the last federal fiscal year, Oklahoma was able to reimburse state hospitals $50.8 million in DSH funds to care for low-income and uninsured people," Fogarty said. "If this legislation passes, the state will be able to distribute more than $60 million next year. Those funds would be especially valuable for rural hospitals that have been struggling for years to bear the increasing costs of meeting local health care needs."