

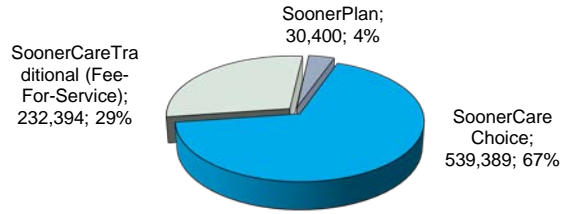
SoonerCare Fast Facts

August 2018

TOTAL ENROLLMENT – OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	17,932	2.24%
Aged/Blind/Disabled	Adult	139,822	17.43%
Children/Parents	Child	512,469	63.88%
Children/Parents	Adult	75,460	9.41%
Other	Child	349	0.04%
Other	Adult	24,657	3.07%
Oklahoma Cares (Breast and Cervical Cancer)		414	0.05%
SoonerPlan (Family Planning)		30,400	3.79%
TEFRA		680	0.08%

Delivery System Breakdown of Total Enrollment



Total Enrollment	802,183	Adults	268,155	33%
		Children	534,028	67%

OTHER Group includes—DDSD State-PKU-Q1-Q2-Refugee--SLMB-Soon to be Sooners (STBS) and TB patients. The Total Enrollment figure makes up 453,728 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	7,352
Child	11,034
Total	18,386

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

Age Breakdown	% of FPL	CHIP Enrollees
INSURE OK DEPENDENTS (ESI)		211
PRENATAL		3,699
INFANT	170% to 210%	2,010
1 to 5	152% to 210%	19,148
6 to 13	116% to 210%	55,200
14-18	66% to 210%	49,035
Total		129,303

Other Enrollment Facts

Total Enrollment (Including Insure Oklahoma) - 821,781

Unduplicated Enrollment SFY (July through report month including Insure Oklahoma) - 842,113

Other Breakdowns of Total Enrollment

Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility - 14,973

Oklahoma persons enrolled in both Medicare and Medicaid (Dual Enrollees) - 115,113

SoonerCare (Medicaid) members enrolled in Home & Community-Based Services (HCBS) Waivers - 22,382

SoonerCare (Medicaid) members enrolled in Program of All-Inclusive Care for the Elderly (PACE) - 478

Small Businesses Enrolled in ESI	Employees w/ ESI	Individual Plan (IP) Members
4,570	14,229	5,393

Race Breakdown of Total Enrollment

	Children	Adults	Percent	Pregnant Women
American Indian	60,923	20,972	10%	2,834
Asian or Pacific Islander	10,329	4,740	2%	579
Black or African American	57,257	36,262	12%	2,402
Caucasian	308,013	184,018	61%	14,351
Two or More Races	58,232	13,429	9%	1,644
Declined To Answer	39,274	8,734	6%	1,659
Hispanic or Latino	122,102	20,168	18%	4,937

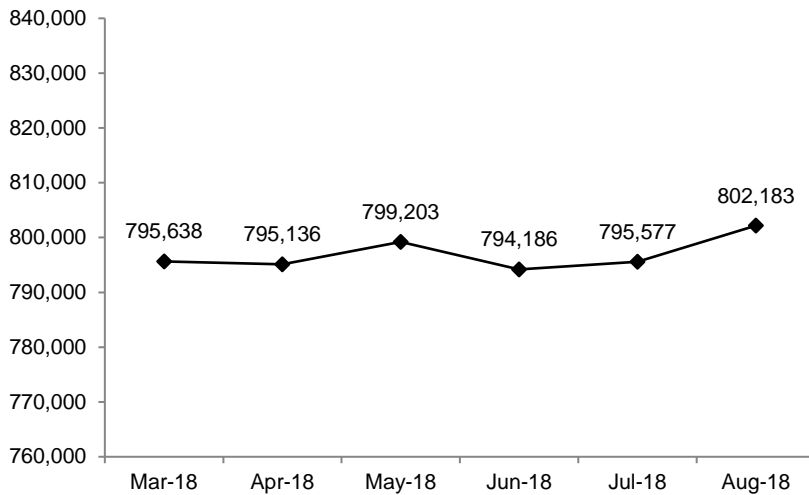
Race is self-reported by members at the time of enrollment. The two or more race members have selected two or more races. Hispanic or Latino is an ethnicity, not a race. Hispanics or Latinos can be any race and are accounted for in the race category above. Pregnant women includes CHIP Prenatal.

Age Breakdown of Total Enrollment

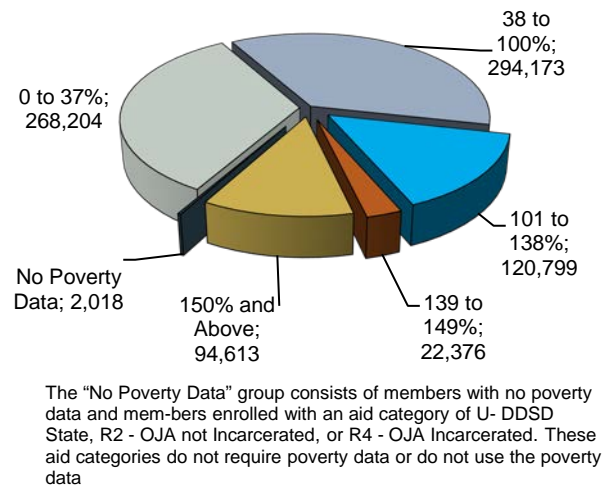


Data was compiled by the Office of Data Governance and Analytics as of the report date and is subject to change. Numbers frequently change due to certifications occurring after the data is extracted and other factors. This report is based on data within the system prior to the report date. A majority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

Total Enrollment Trend



Percent of Federal Poverty Levels Totals



August 29, 2018

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OHCA to increase provider reimbursement rates for first time since 2009

OKLAHOMA CITY – In collaboration with state and legislative leadership, the Oklahoma Health Care Authority (OHCA) will give the first across-the-board reimbursement rate increases since 2009 to long-term care and other SoonerCare (Oklahoma Medicaid) providers.

No new state dollars, carryover or other one-time funds will be used for the increases, which are planned to go into effect on Oct. 1.

Consistent with the legislative direction of Senate Bill 1605 that was signed into law in May 2018, OHCA will propose using program and administrative savings and record drug rebate collections to increase the provider rates by four percent for long-term care facilities and three percent for other certain contracted provider types or groups.

As also directed in the legislation, these rate increases will be in compliance with federal and state law and regulations, as well as state cost reimbursement methodologies.

"Increasing provider reimbursement rates has long been a priority to the Legislature and me," said Governor Mary Fallin. "I commend the Oklahoma Health Care Authority for overcoming historical budgetary constraints and achieving this goal by efficiently managing precious agency resources. Restoring rates is a positive measure to foster continued partnership with providers, which benefits not only members, but our state as a whole."

"As we strive to improve the health of our state, increasing reimbursement rates is a critical part of attaining that goal," said Senator Kim David, chair of the Oklahoma Senate Appropriations Committee. "It's also important to the economies of the towns and cities where these healthcare facilities are located. As we move forward, I think it is vital to target additional rate increases that are tied to better health outcomes."

"My entire time in the State Senate, I have been concerned about health care, but especially rural health care," said Sen. Roger Thompson, chair of the Oklahoma Senate Appropriations Subcommittee on Finance. "Rural health care has been challenged for the last few years. The increase in provider rates is a positive step forward, providing quality health care statewide. I commend the Health Care Authority for their diligent work in making this happen."

"Increasing Oklahoma provider rates is a priority for the legislature and the Oklahoma Health Care Authority," said Rep. Kevin Wallace, chair of the Oklahoma House Appropriations and Budget Committee. "I'm pleased that the legislature has been able to provide the funding along with the increased Federal Medical Assistance Percentages for this rate increase. As we continue to work together, I am confident we will build a better, healthier Oklahoma."

"The OHCA shares a common intent with state and legislative leadership to increase provider rates. We recognize the importance of rates to sustaining our provider network and ensuring access for our members," said OHCA CEO Becky Pasternik-Ikard. "State fiscal year 2018 reflects a multitude of efforts and hard work by leadership and the Health Care Authority. We appreciate being in the position to increase rates and are thankful our providers stayed with us through difficult budget years."

A three percent rate increase will put SoonerCare physician rates at about 89.17 percent of the Medicare physician fee schedule. In addition to physician rates, the three percent increase will affect most provider types including hospitals and pharmacies. The agency is moving forward with the required public notification process and will present the proposed increases for action at upcoming public meetings including the Sept. 10 State Plan Amendment Rate Committee and the Sept. 13 OHCA Board meeting. The meetings will be held at the OHCA in the Charles (Ed) McFall Boardroom, 4345 N. Lincoln Blvd., Oklahoma City. Anyone interested in the SoonerCare program is encouraged to attend. Additional information about these meetings, including agendas, will be posted at www.okhca.org/calendar as the information becomes available.

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