

# 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%      |

|                         |                |          |         |     |
|-------------------------|----------------|----------|---------|-----|
| <b>Total Enrollment</b> | <b>600,810</b> | 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](http://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.

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](http://www.insureoklahoma.org)

#### New Enrollees

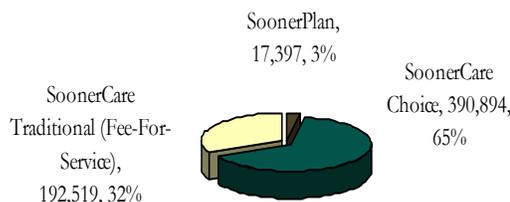
Oklahoma SoonerCare members that have not been enrolled in the past 6 months.

|              |               |
|--------------|---------------|
| Adults       | <b>6,335</b>  |
| Children     | <b>8,437</b>  |
| <b>Total</b> | <b>14,772</b> |

#### Age Breakdown of Total Enrollment



#### 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**

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

#### 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.

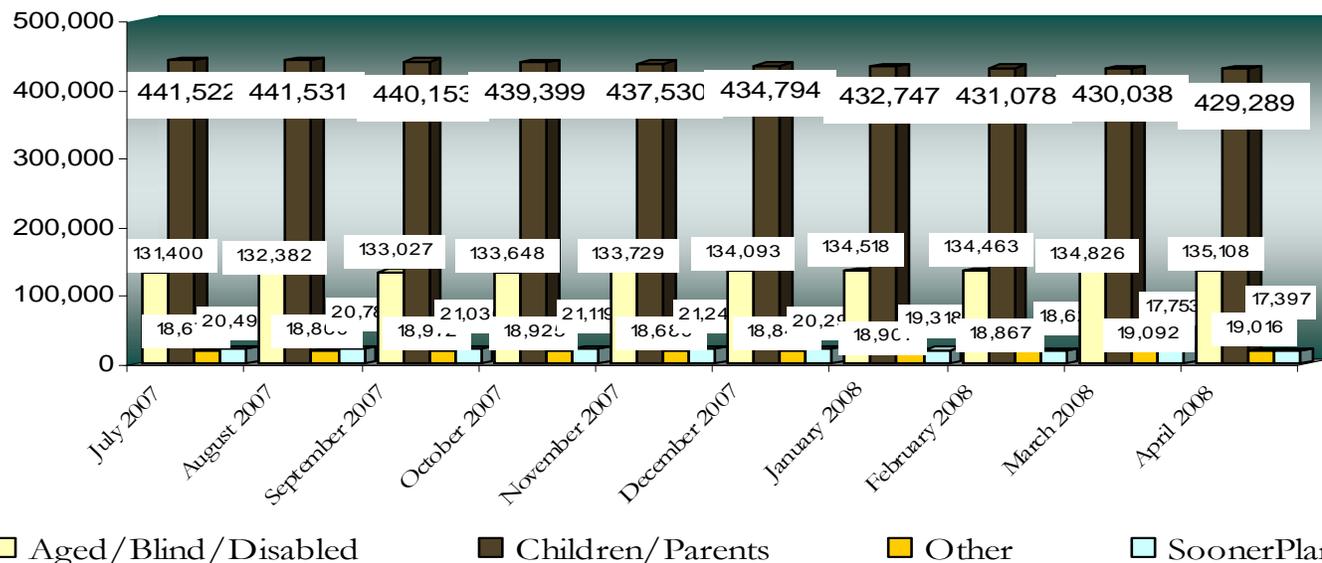
#### SCHIP Breakdown of Total Enrollment

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          |
| <b>Total</b>  |              | <b>60,134</b>   |

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.

## 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

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### 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.”