

SoonerCare Fast Facts

September 2012



TOTAL ENROLLMENT — OKLAHOMA SOONERCARE (MEDICAID)

| Qualifying Group | Age Group | Enrollment | % of Total |
|---|-----------|------------|------------|
| Aged/Blind/Disabled | Child | 19,494 | 2.52% |
| Aged/Blind/Disabled | Adult | 132,449 | 17.09% |
| Children/Parents | Child | 478,344 | 61.74% |
| Children/Parents | Adult | 75,836 | 9.79% |
| Other | Child | 60 | 0.01% |
| Other | Adult | 21,050 | 2.72% |
| Oklahoma Cares (Breast & Cervical Cancer) | | 913 | 0.12% |
| SoonerPlan (Family Planning) | | 46,198 | 5.96% |
| TEFRA | | 440 | 0.06% |

| | | | | |
|-------------------------|----------------|----------|---------|-----|
| Total Enrollment | 774,784 | Adults | 271,331 | 35% |
| | | Children | 503,453 | 65% |

OTHER Group includes—DDSD State-PKU-Q1-Q2-Refugee--SLMB-Soon to be Sooners (STBS) and TB patients. The Total Enrollment figure makes up 448,748 cases. A case is used to group members of the same family living in the same household.

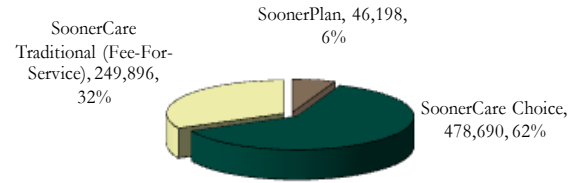
For more information go to www.okhca.org under Individuals then to Programs. Insure Oklahoma members are NOT included in the figures above.

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 — **805,003**

Unduplicated enrollees State Fiscal Year-to-Date (July through report month including Insure Oklahoma) — **865,966**

Other Breakdowns of Total Enrollment

Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility — **15,866**

Oklahoma persons enrolled in both Medicare and Medicaid (Dual Enrollees) — **108,415**

| Small Businesses Enrolled in ESI | Employees w/ ESI | Individual Plan (IP) Members |
|----------------------------------|------------------|------------------------------|
| 4,811 | 16,525 | 13,694 |

New Enrollees

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

| | |
|--------------|---------------|
| Adults | 8,621 |
| Children | 12,383 |
| Total | 21,004 |

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.

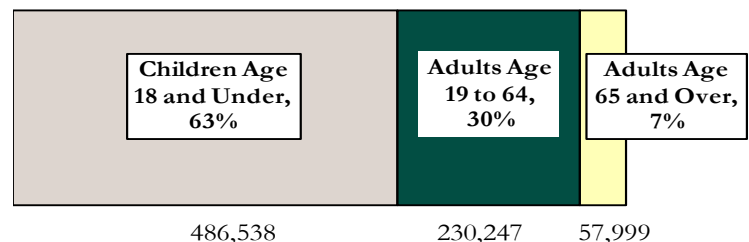
| Age Breakdown | % of FPL | CHIP Enrollees |
|---------------------------------|--------------|----------------|
| INSURE OK DEPENDENTS (ESI & IP) | | 498 |
| PRENATAL | | 2,583 |
| INFANT | 150% to 185% | 1,596 |
| 01-05 | 133% to 185% | 11,756 |
| 06-12 | 100% to 185% | 32,570 |
| 13-18 | 100% to 185% | 22,871 |
| Total | | 71,874 |

Race Breakdown of Total Enrollment

| | Children | Adults | Percent | Pregnant Women |
|---------------------------|----------|---------|---------|----------------|
| American Indian | 62,829 | 25,546 | 11% | 3,101 |
| Asian or Pacific Islander | 8,448 | 4,145 | 2% | 628 |
| Black or African American | 64,767 | 36,650 | 13% | 2,531 |
| Caucasian | 324,001 | 195,984 | 67% | 18,501 |
| Multiple Race | 43,408 | 9,006 | 7% | 1,618 |
| Hispanic Ethnicity | 98,579 | 17,496 | 15% | 4,847 |

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.

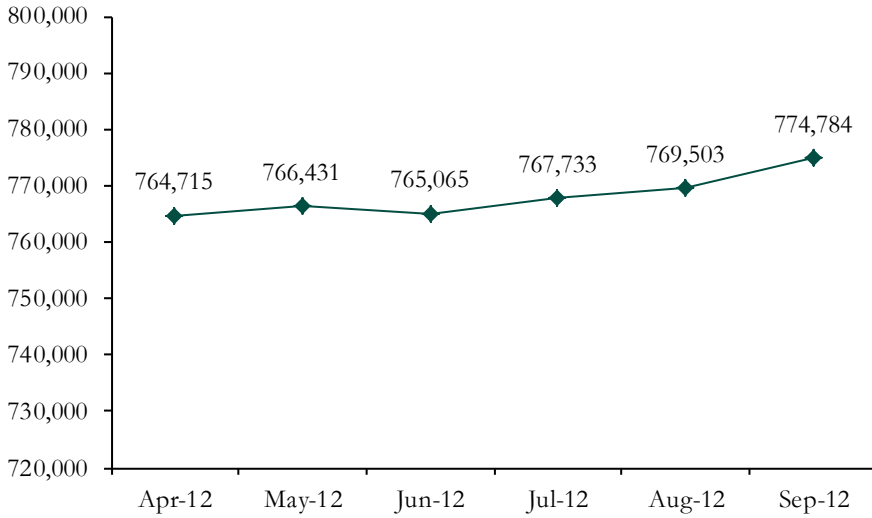
Age Breakdown of Total Enrollment



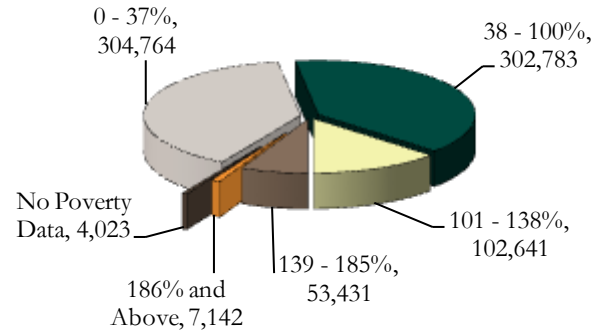
Data was compiled by Reporting & Statistics as of the report date. Numbers frequently change due to certifications occurring after the data is extracted and other factors. This report is based on data within the system prior to the report date. A majority of the data is a "point in time" representation of the specific report month and is not cumulative. Unless stated otherwise, CHILD is defined as an individual under the age of 21. The data is valid as of the report date and is subject to change.



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- DDS State, R2 - OJA not Incarcerated, or R4 - OJA Incarcerated. These aid categories do not require poverty data or do not use the poverty data.

September 26, 2012

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OHCA Brings A Geneticist On Board

The Oklahoma Health Care Authority is proud to announce and welcome Alison Martinez, Ph.D., in the role as geneticist for the agency.

For more than a year, Martinez has served the OHCA as a Clinical Data Analyst in the Reporting and Statistics unit. Effective October 1, she will become OHCA's first geneticist and will reside in the Medical Professional Services unit.

Prior to joining OHCA, Martinez received her undergraduate degree in microbiology from Pennsylvania State University - followed by a doctorate degree in genetics from the University of Chicago.

OHCA Chief Medical Officer Dr. Sylvia Lopez said Martinez has been an asset to the agency since she began – by providing extraordinary work – and said she looks forward to seeing the quality of work and expertise Martinez will bring, serving OHCA as the in-house expert on all issues related to genetics.

“Genetics is an exploding field in the world of medicine. There are a multitude of new genetic tests under development that may or may not have an impact on a patient’s condition,” said Lopez. “This is where Dr. Martinez will be such a valuable resource, in establishing guidelines for the utilization of new genetic testing and critical, objective analysis of new therapies and treatments.”

Lopez added, “it’s been challenging for OHCA because not only are genetic companies marketing to doctors but also to consumers (patients) who may start requesting genetic testing by their doctors. OHCA wanted to utilize in-house expertise to critically look at the scientific data and see if these tests/procedures will influence patient outcomes, and we know Dr. Martinez will do just that.”

“Genetic technologies have already made a significant impact on the way we understand, diagnose, and treat disease, and we fully expect genetics to play a growing role in shaping the health care landscape going forward,” said Martinez. “I am looking forward to helping the Oklahoma Health Care Authority evaluate the latest developments in the field of genetics and ensure that our members can benefit from clinically useful technologies.”