

# Oklahoma Health Care Authority

## NOVEMBER 2005 Fast Facts

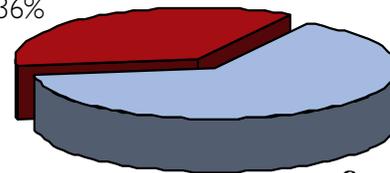


### TOTAL ENROLLMENT — OKLAHOMA MEDICAID

AID GROUP	Age Group	Enrollment	% of Aid Group	% of Total
Aged/Blind/Disabled	Child	13,820	10.59%	2.43%
Aged/Blind/Disabled	Adult	116,692	89.41%	20.48%
Children/Parents	Child	367,529	89.74%	64.51%
Children/Parents	Adult	42,021	10.26%	7.38%
Other	Child	658	7.18%	0.12%
Other	Adult	8,511	92.82%	1.49%
Breast and Cervical Cancer		2,663		0.47%
Family Planning		17,823		3.13%
<b>Total Enrollment</b>		<b>569,717</b>		
	Adults	187,710	33%	
	Children	382,007	67%	

### Delivery System Breakdown of Total Enrollment

Fee-For-Service,  
202,875, 36%



**SoonerCare,**  
366,842, 64%

OTHER Group includes—Child custody-Refugee-Qualified Medicare Beneficiary-SLMB-DDSD Supported Living and TB patients.

Note that all subsequent “breakdown” figures are groups within the above total enrollment numbers.

### New Enrollees

Oklahoma Medicaid beneficiaries that have not been enrolled in the past 6 months.

Adults	3,750
Children	8,233
<b>Total</b>	<b>11,983</b>

### Age Breakdown of Total Enrollment



### Other Enrollment Facts

Unduplicated enrollees State Fiscal Year-to-Date (July through report month) — **637,135**

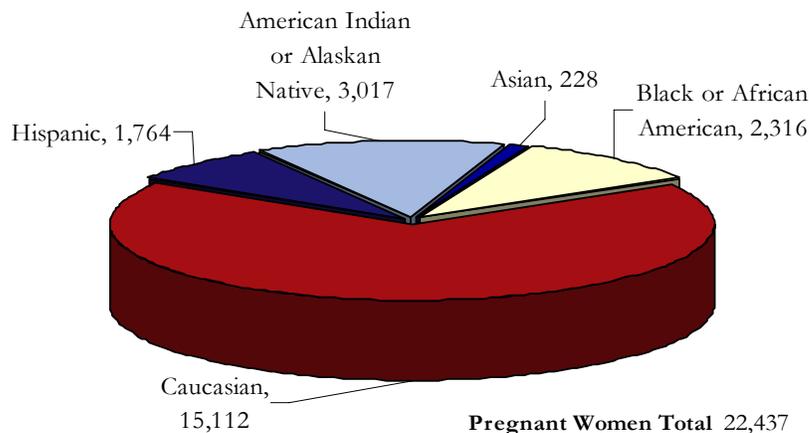
Oklahoma Medicaid enrollees residing in a long-term care facility — 16,935

Oklahoma persons enrolled in both Medicare and Medicaid (dual eligibles) — 80,571

### Race Breakdown of Total Enrollment

	Children	Adults	Total	Percent
African American	64,531	26,458	90,989	16%
American Indian	54,070	16,257	70,327	12%
Asian or Pacific Islander	3,879	1,903	5,782	1%
Caucasian	217,706	133,515	351,221	62%
Hispanic	44,989	6,409	51,398	9%

### Pregnant Women Enrolled by Race — Oklahoma Medicaid



### SCHIP Breakdown of Total Enrollment

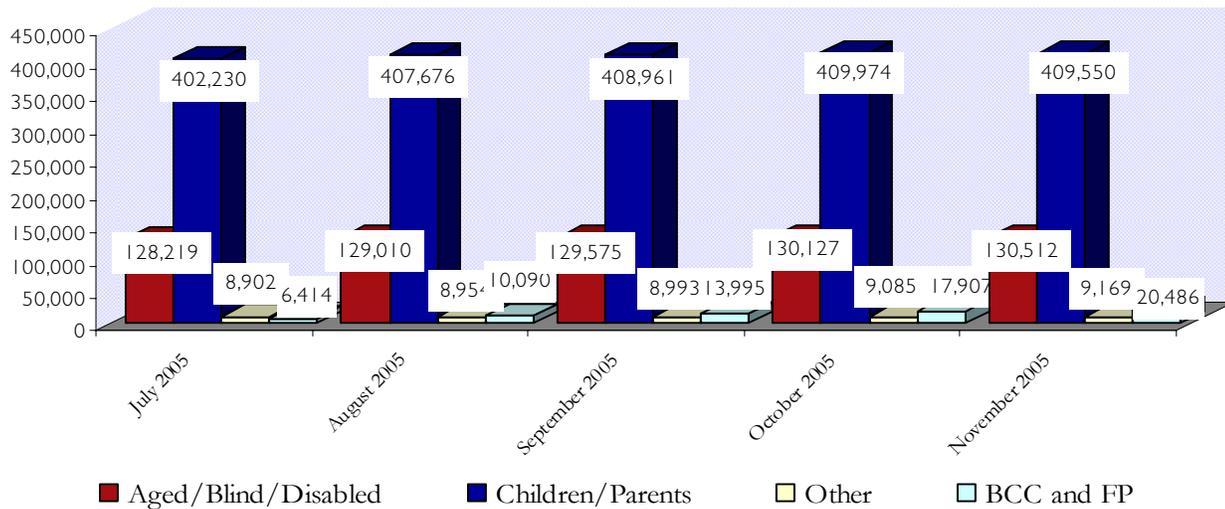
Persons eligible for expanded Medicaid eligibility under the SCHIP program are under age 19 and have income between the maximum for standard eligibility and the expanded 185% of Federal Poverty Level (FPL) income guidelines.

Age Breakdown	% of FPL	SCHIP Eligibles
INFANT	150% to 185%	1,508
01-05	133% to 185%	11,765
06-12	100% to 185%	28,742
13-18	100% to 185%	17,833
<b>Total</b>		<b>59,848</b>

Data was compiled on 12/13/2005. Numbers frequently change due to retro-certifications and other factors. This report is based on data within the system prior to 12/13/2005. 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 2006 Enrollment by Aid Category



State Fiscal Year is defined as the period between July 1 and June 30 of each fiscal year. BCC is the acronym for Breast and Cervical Cancer coverage and FP is Family Planning waiver clients.

## News Release

October 25, 2005

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

### Project targets ER usage

The Oklahoma Health Care Authority (OHCA) is taking aim at inappropriate use of the emergency room by Medicaid recipients in an effort to pair them with more efficient and economical health care.

The ER Utilization project, implemented in 2004, addresses factors that may play a part in the utilization of the ER. The agency has found that in SFY 2005 alone, more than \$35.5 million has been spent for ER services to some 189,830 recipients, about 28 percent of the total Medicaid population. Four percent of that population had six or more ER visits in one year.

In an effort to bring members' ER utilization down, the OHCA has taken a two-prong approach, targeting both recipients and provider factors that may be at play. On the provider side, the agency has been profiling ER utilization by enrollees who are assigned to individual *SoonerCare* providers. The ER provider profiles are mailed to providers on a bi-annual basis for a rolling 12-month period. The profiles are a tool for the OHCA to communicate with providers and should make them aware of the habits of their patients so they can work with them accordingly.

To assist on the recipient side of the issue, the OHCA has implemented a "Care Management Referral" system. Emergency room providers as well as other providers, caseworkers, etc., can make referrals to the OHCA Care Management department for follow up with Medicaid recipients. The OHCA Care Management department is made up of nurse care managers and support staff. They will coordinate care for recipients with complex medical needs and/or healthcare costs; evaluate for high service utilization and drug-seeking behavior; and provide outreach to identified populations such as high ER utilization, chronic disease, transitional events, etc.

The OHCA Care Management department may be reached by calling the dedicated referral line, toll-free at 1-877-252-6002. The referral form is also available on the agency's Web site at [www.okhca.org](http://www.okhca.org), on the "Provider" link, click on "Forms" in the left hand column and the form is HCA-24.