

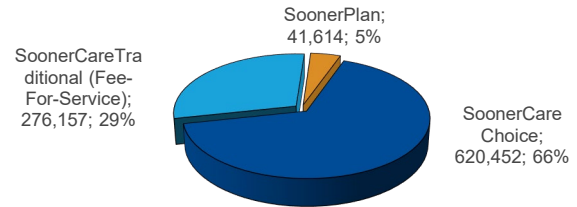
# SoonerCare Fast Facts

## December 2020

### TOTAL ENROLLMENT – OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	16,976	1.81%
Aged/Blind/Disabled	Adult	144,273	15.38%
Children/Parents	Child	588,564	62.73%
Children/Parents	Adult	114,249	12.18%
Other	Child	521	0.06%
Other	Adult	30,653	3.27%
Oklahoma Cares (Breast and Cervical Cancer)		513	0.05%
SoonerPlan (Family Planning)		41,614	4.44%
TEFRA		860	0.09%

### Delivery System Breakdown of Total Enrollment



Total Enrollment	938,223	Adults	329,598	35%
		Children	608,625	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 501,360 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](http://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](http://www.insureoklahoma.org)

New Enrollees	
Oklahoma SoonerCare members that have not been enrolled in the past 6 months.	
Adult	6,231
Child	7,275
<b>Total</b>	<b>13,506</b>

### 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 guidelines.

Age Breakdown	% of FPL	CHIP Enrollees
INSURE OK DEPENDENTS (ESI)		261
PRENATAL		6,983
INFANT	170% to 210%	1,788
1 to 5	152% to 210%	18,915
6 to 13	116% to 210%	56,527
14-18	66% to 210%	54,102
<b>Total</b>		<b>138,576</b>

### Other Enrollment Facts

Total Monthly Enrollment (Including Insure Oklahoma) - 972,356

Unduplicated Enrollment SFY (July through report month including Insure Oklahoma) - 991,211

### Other Breakdowns of Total Enrollment

Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility - 13,895

Oklahoma persons enrolled in both Medicare and Medicaid (Dual Enrollees) - 122,746

SoonerCare (Medicaid) members enrolled in Home & Community-Based Services (HCBS) Waivers - 23,859

SoonerCare (Medicaid) members enrolled in Program of All-Inclusive Care for the Elderly (PACE) - 656

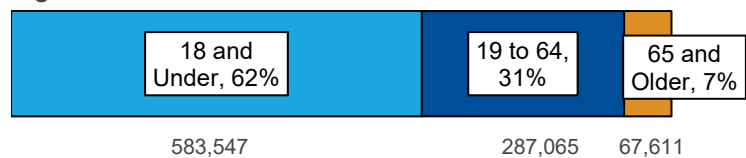
Small Businesses Enrolled in ESI	Employees w/ ESI	Individual Plan (IP) Members
3,598	15,104	19,039

### Race Breakdown of Total Enrollment

	Children	Adults	Percent	Pregnant Women
American Indian	70,181	26,446	10%	4,174
Asian or Pacific Islander	13,099	6,312	2%	995
Black or African American	65,016	43,792	12%	3,784
Caucasian	349,833	223,133	61%	22,137
Two or More Races	70,690	18,940	10%	2,392
Declined To Answer	39,806	10,975	5%	2,303
Hispanic or Latino	140,861	29,713	18%	9,009

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.

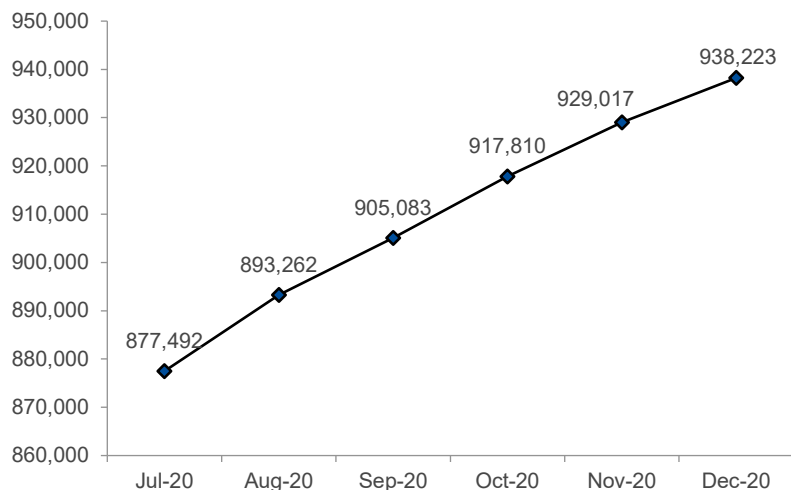
### Age Breakdown of Total Enrollment



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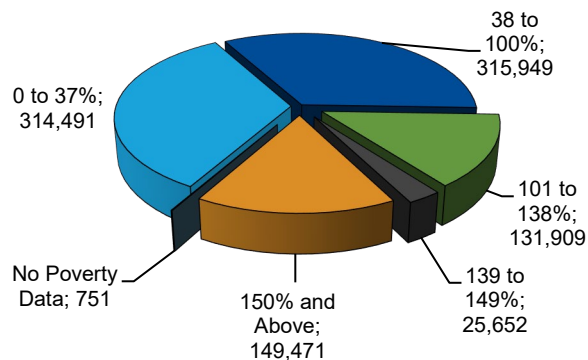


### Total Enrollment Trend



\*Increase beginning in March due to COVID-19 economic impact and relief measures (continuity of care by postponing recertifications)

### Percent of Federal Poverty Levels Totals



The "No Poverty Data" group consists of members with no poverty data and members enrolled with an aid category of U- DDSD State, R2 - OJA not Incarcerated, or R4 - OJA Incarcerated. These aid categories do not require poverty data or do not use the poverty data

## Waiver Approval Increases Ability to Provide Mental Health and Addiction Services in Oklahoma

OKLAHOMA CITY – More Oklahomans will now be able to receive mental health and addiction services thanks to a recent federal waiver bringing more unity to the treatment of behavioral health illnesses. Oklahoma is one of only seven states to receive an Institution for Mental Diseases (IMD) waiver for serious mental illness and addiction from the Centers for Medicare & Medicaid Services (CMS).

The waiver is typically sought after by states to address either mental health or addiction issues. This was a joint effort between the Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority.

The waiver gives the state authority to provide medically necessary residential treatment, facility-based crisis stabilization and inpatient treatment services, within IMDs, for Medicaid beneficiaries with serious mental illness, serious emotional disturbance and/or substance use disorder diagnoses.

"With Medicaid expansion beginning July 1, many Oklahomans with behavioral health disorders will be able to access the appropriate care at the right place when they need it," said Kevin Corbett, Secretary of Health and Mental Health and CEO of the Oklahoma Health Care Authority.

The IMD exclusion limited Medicaid reimbursement for large, free-standing psychiatric hospitals and crisis stabilization units were capped at 16 patient beds. That cap is now waived, which will allow for the facility-based stabilization of more Oklahomans in crisis due to mental health or addiction issues.

Viewed by many mental health advocacy groups as discriminatory, the IMD exclusion has been a controversial policy primarily because it was based on the location where services are delivered as opposed to medical necessity.

"Frankly, the practice is unfair," said Carrie Slatton-Hodges, ODMHSAS Commissioner. "The waiver is something we have been pursuing for some time now and by improving access to crisis care, we will see a reduction in behavioral health admissions to emergency departments and inpatient hospital settings."

Through this project, high-intensity services supporting the full continuum of care – from detox to inpatient treatment – will provide better outcomes, support recovery and reduce health care costs for Medicaid beneficiaries.

"Addiction and mental illness are considered diseases of the brain and should be treated as any other disease," said Traylor Rains, OHCA Deputy State Medicaid Director. "Approval of the waiver recognizes that and promotes parity for behavioral health disorders."

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