

COVID-19 Public Health Emergency Monthly Unwinding Fast Facts July 2023



OKLAHOMA
Health Care Authority

In March 2020, the Centers for Medicare & Medicaid Services temporarily waived certain Medicaid requirements and conditions allowing people to continue their health coverage during the public health emergency. Now states are required to resume eligibility reviews and disenroll those members no longer eligible. OHCA estimates it will be required to disenroll approximately 270,000 ineligible members over a 9-month process starting April 30, 2023.

PHE Members Disenrolled	48,910	
Procedural Denial Disenrolled	28,958	59.2%
PHE Disenrollment Appeals	22	0.04%

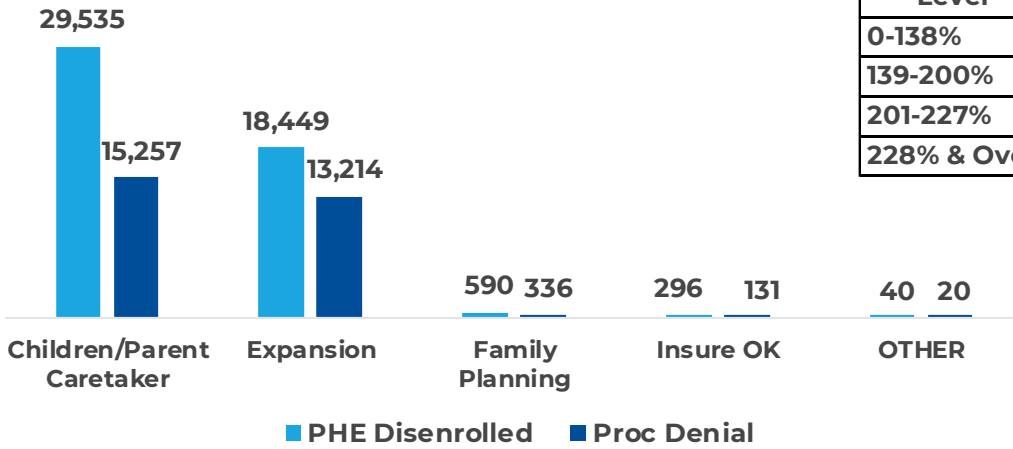
	Female	Male
PHE Members Disenrolled	27,153	21,757
Procedural Denial Disenrolled	15,842	13,116

A procedural denial is a denial that occurs when there is no confirmation of ineligibility. They include but are not limited to failing to turn in requested documentation or not completing the renewal process.

The Procedural Denial count is a subset of the total monthly PHE Members Disenrolled count.

Beginning in June, OHCA was able to implement a strategy to delay procedural denial disenrollments for 30 days to allow for additional targeted outreach to that cohort.

Qualifying Group



Federal Poverty Level	PHE Members Disenrolled		Proc Denial Disenrolled	
	Child <19	Adult 19+	Child <19	Adult 19+
0-138%	2,469	4,487	1,007	2,367
139-200%	1,297	8,010	392	5,142
201-227%	2,827	3,379	1,546	2,256
228% & Over	15,157	11,284	8,564	7,684

2,367 children under 201% FPL and 2,120 adults under 139% FPL were disenrolled for non-procedural reasons.

OHCA is conducting additional outreach to families identified in the blue shade on this chart to remind them to renew or re-enroll due to children who may still be eligible. Oklahoma has real-time application processing through MySoonerCare.org and eligible members can resume benefits the same day.

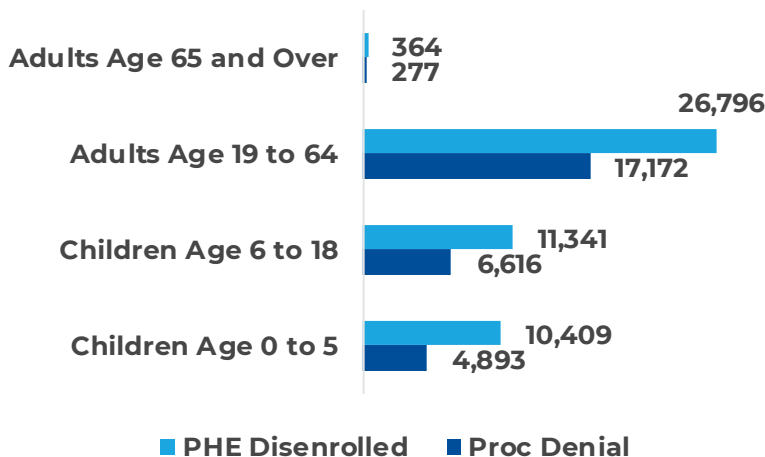
OTHER includes Aged/Blind/Disabled and Dual Enrollees (Medicare/Medicaid).

Third Party Liability (Major Medical)		
PHE Members Disenrolled	17,192	35.2%
Procedural Denial Disenrolled	11,166	38.6%

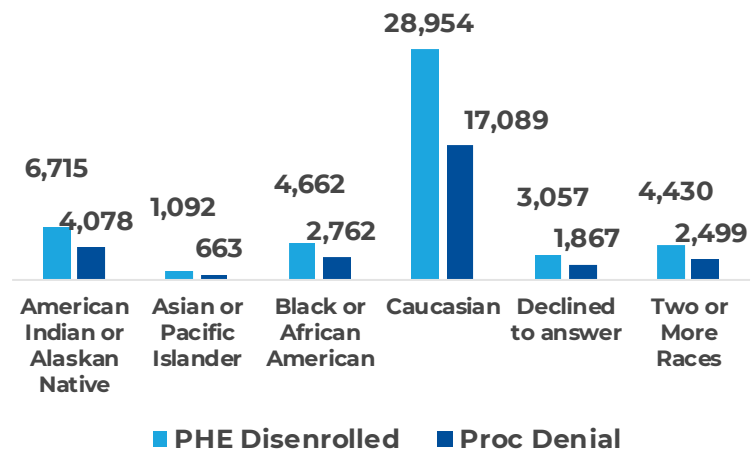
Member also has insurance coverage through another insurer.

Ethnicity	PHE Members Disenrolled	Proc Denial Disenrolled
Hispanic	7,441	3,976
Non-Hispanic	41,469	24,982

Age Group

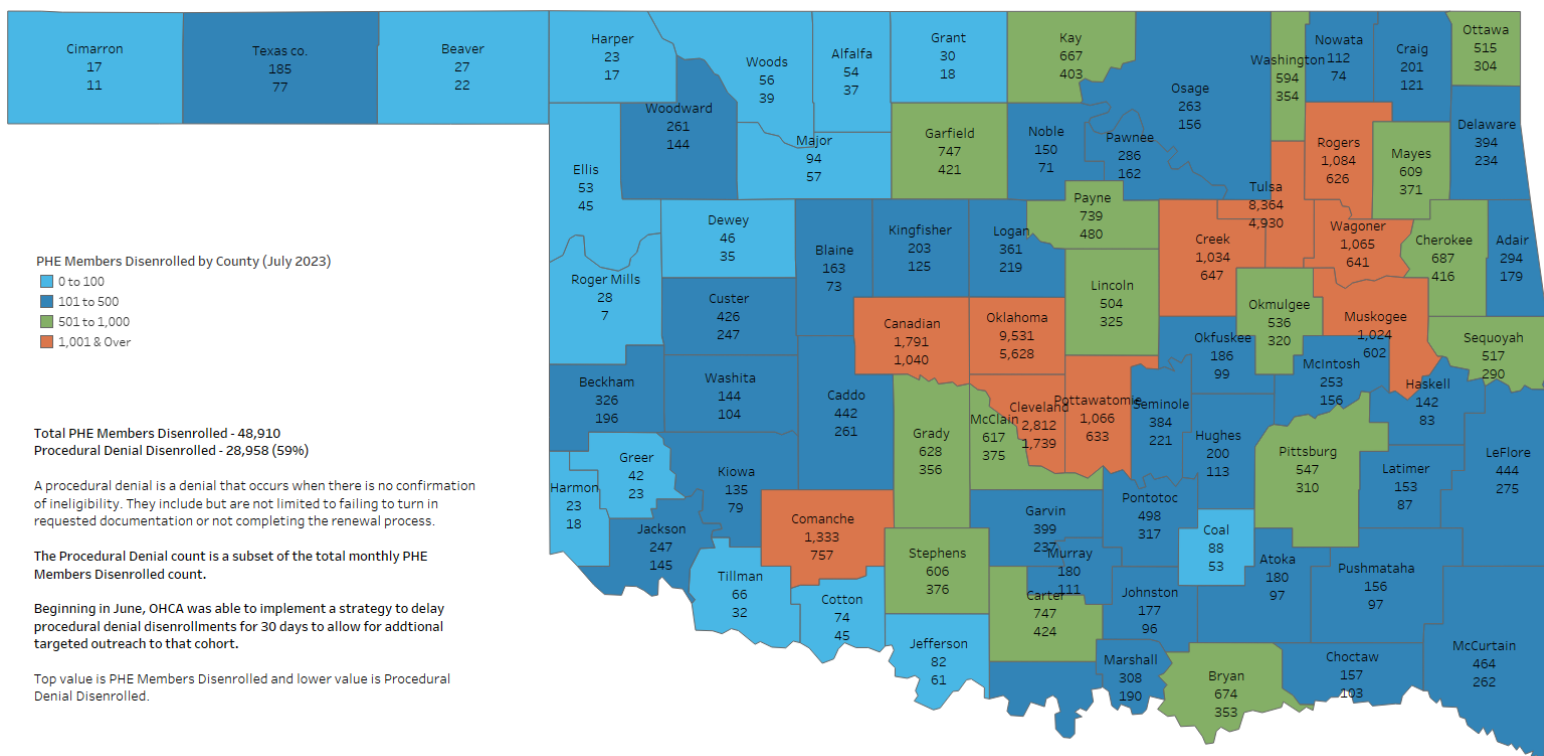


Race



Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races. Hispanic or Latino is an ethnicity not a race. Hispanics and Latinos can be of any race. The data is valid as of the report date and is subject to change.

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Restarting the Renewal Process for Members

Oklahoma has developed a risk-based approach for prioritizing members through the unwind process in alignment with the goal of protecting our most vulnerable members. OHCA will be reviewing the circumstances of our PHE-protected population to determine if a member is higher or lower risk. To achieve the goal of aligning and reprocessing on a case level, each case will be prioritized and processed according to the most at-risk member on the case.

Since the continuous enrollment condition has been in effect, Oklahoma has maintained application processing standards for MAGI populations and has continued conducting realtime eligibility redeterminations cross-checking data sources. Because of this thorough process, the State could pinpoint those individuals with the highest income levels first, compared to states who may be disenrolling all at once or renewing eligible members. Members determined to have lower risks, such as no children under 5, current insurance coverage other than SoonerCare, no recent claims or at a federal poverty level of 228% or higher were slated as the first group to be disenrolled. Before their coverage ends, members will be reprocessed and compared with data matches to determine if they may be eligible for their current or another program. For members whose eligibility is determined by Oklahoma Human Services using Non-MAGI factors (i.e. Aged, Blind, Disabled, members in nursing facilities and being serviced by home and community based waivers), eligibility redeterminations are being conducted over a 12 month period based on an individual’s renewal date. Those not eligible for any program will have their coverage ended and will be referred to the Federal Health Insurance Marketplace. Those found eligible will have their current coverage extended or will be moved to a new program the following month.

For more details on Oklahoma's approach to resuming renewals, please see the [OHCA Unwinding Approach](#) document on our website.

<https://oklahoma.gov/ohca/about/public-health-emergency.html>