

SoonerCare Fast Facts

March 2010

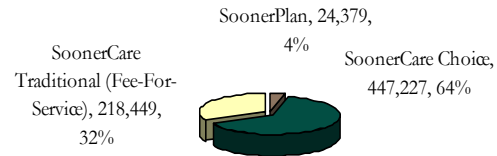


TOTAL ENROLLMENT — OKLAHOMA SOONERCARE (MEDICAID)

Qualifying Group	Age Group	Enrollment	% of Total
Aged/Blind/Disabled	Child	18,317	2.65%
Aged/Blind/Disabled	Adult	125,506	18.19%
Children/Parents	Child	454,900	65.92%
Children/Parents	Adult	45,992	6.66%
Other	Child	490	0.07%
Other	Adult	17,780	2.58%
Oklahoma Cares (Breast & Cervical Cancer)		2,368	0.34%
SoonerPlan (Family Planning)		24,379	3.53%
TEFRA		323	0.05%

Total Enrollment	690,055	Adults	212,778	31%
		Children	477,277	69%

Delivery System Breakdown of Total Enrollment



Other Enrollment Facts

Unduplicated enrollees State Fiscal Year-to-Date (July through report month including Insure Oklahoma) — **838,019**

Other Breakdowns of Total Enrollment

Oklahoma SoonerCare (Medicaid) members residing in a long-term care facility — **15,868**

Oklahoma persons enrolled in both Medicare and Medicaid (dual eligibles) — **100,853**

OTHER Group includes—Child custody-Refugee-Qualified Medicare Beneficiary-SLMB-DDSD Supported Living-Program of All Inclusive Care for the Elderly (PACE)-Soon to be Sooners (STBS) and TB patients. For more information go to www.okhca.org under Individuals then to 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

Small Businesses Enrolled in ESI	Employees w/ ESI	Individual Plan (IP) Members
5,606	18,774	11,778

New Enrollees

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

Adults	6,836
Children	9,017
Total	15,853

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.

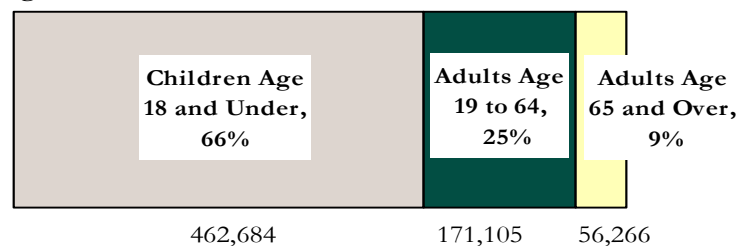
Age Breakdown	% of FPL	CHIP Enrollees
PRENATAL		3,051
INFANT	150% to 185%	1,478
01-05	133% to 185%	11,486
06-12	100% to 185%	32,954
13-18	100% to 185%	20,711
Total		69,680

Race Breakdown of Total Enrollment

	Children	Adults	Percent	Pregnant Women
American Indian	60,778	19,989	12%	2,818
Asian or Pacific Islander	6,888	2,821	1%	598
Black or African American	69,583	29,511	14%	2,436
Caucasian	325,839	158,039	70%	18,866
Multiple Races	14,189	2,418	2%	665
Hispanic Ethnicity	75,194	10,871	12%	5,053

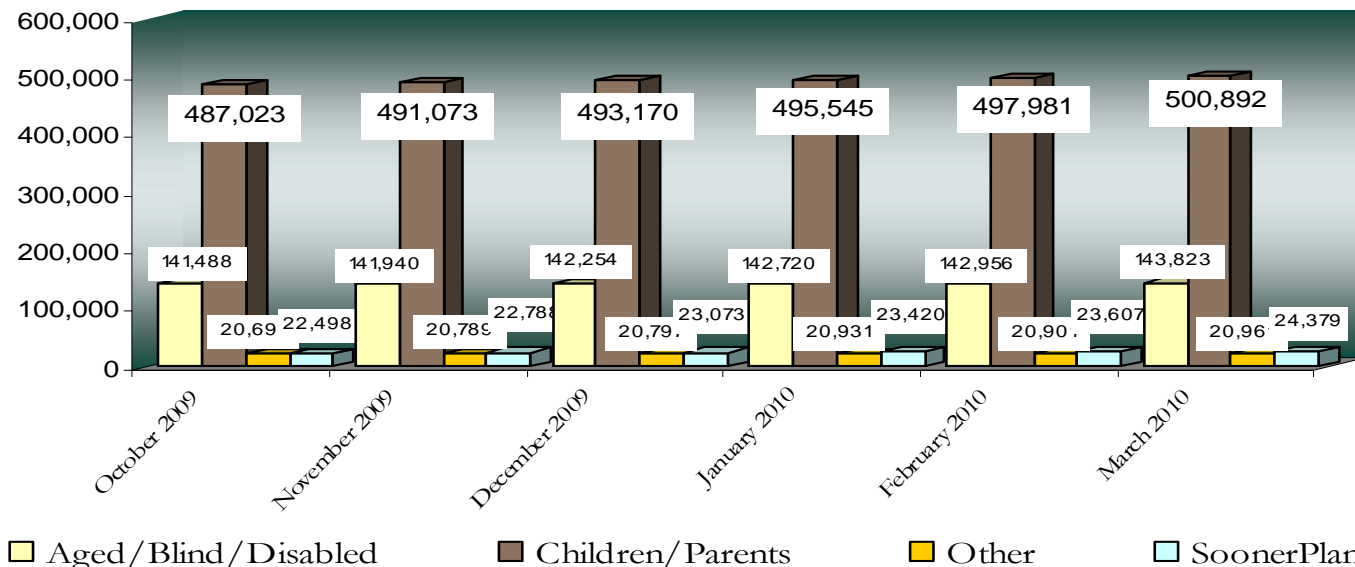
Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races. Hispanic is an ethnicity not a race. Hispanics can be of any race and are accounted for in a race category above.

Age Breakdown of Total Enrollment



Data was compiled on 4/12/2010. 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 4/12/2010. 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.

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.

April 8, 2010

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OHCA Program Integrity Division Ensures Quality Program

OKLAHOMA CITY – Provider audits are one of the tools the Oklahoma Health Care Authority uses in its program integrity efforts to make sure state and federal tax dollars are being used correctly in the state’s SoonerCare (Oklahoma Medicaid) program.

Deputy Chief Executive Officer Cindy Roberts who leads the agency’s Policy, Planning and Integrity Division presented the OHCA Board with an update of their efforts during the board’s meeting April 8. According to Roberts, in 2009 approximately 5 percent of the estimated 28,000 SoonerCare providers had some level of audit or review performed.

The reviews, she said, are initiated because of some type of risk analysis such as peer-to-peer comparisons, referrals or data mining. Federal regulations require each Medicaid state agency to have an automated claims processing and retrieval system that can be used to detect post-payment errors. These systems, known as Medicaid Management Information Systems contain subsystems which compare and contrast SoonerCare claims activity by provider in comparison to their peers. The system also allows the program integrity division to perform comprehensive data mining of claims history.

“The extent of these audits or reviews may vary, from the validation of a single claim line to a representative sample of a provider’s SoonerCare services over a certain time period to a 100 percent review of a specific service billed by a provider,” Roberts noted.

For the first three quarters of state fiscal year 2010, OHCA closed 88 audits involving 1,155 providers. The majority of those audits, 73 percent, were the result of data-mining and peer-to-peer comparisons. The audits resulted in the recovery of \$14.7 million in state and federal funds. The recovery represents .4 percent of the agency’s total program expenditures of \$3.4 billion for the first three quarters of 2010. The federal share of any overpayment must be returned to the agency’s federal partner, the Centers for Medicare & Medicaid Services.

“It is interesting to note that these recoveries represent only .4 percent of the total program spending for the same time period,” Roberts said. “We have found that errors are far more common than activities that are specifically fraudulent or abusive.”

If fraud is suspected, the case is turned over to the Oklahoma Attorney General’s Medicaid Fraud Control Unit for further investigation. The OHCA also regularly reviews its policy and educates providers to try to avoid overpayments.