# Oklahoma Health Care Authority

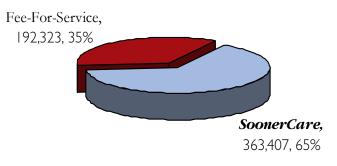
# **AUGUST 2005 Fast Facts** TOTAL ENROLLMENT - OKLAHOMA MEDICAID

AID GROUP	Age Group	Enrollment	% of Aid	% of Total	
	-		Group		
Aged/Blind/Disabled	Child	13,479	10.45%	2.43%	
Aged/Blind/Disabled	Adult	115,531	89.55%	20.79%	
Children/Parents	Child	365,117	89.56%	65.70%	
Children/Parents	Adult	42,559	10.44%	7.66%	
Other	Child	619	6.91%	0.11%	
Other	Adult	8,335	93.09%	1.50%	
Breast and Cervical Canœr Family Planning		2,081		0.37%	
		8,009		1.44%	
Total Enrollment	555,730	Adults	176,515	32%	
		Children	379,215	68%	



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### Delivery System Breakdown of Total Enrollment



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 4,268 Children 11,547 15,815 Total

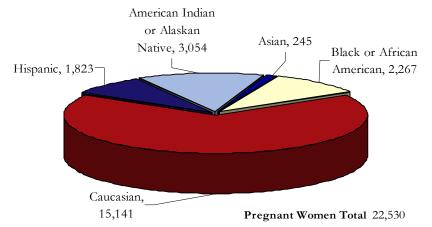
#### **Other Enrollment Facts**

Unduplicated enrollees State Fiscal Year-to-Date (July through report month) — 574,578

Oklahoma Medicaid enrollees residing in a long-term care facility --- 17,018

Oklahoma persons enrolled in both Medicare and Medicaid (dual eligibles) - 79,821

### Pregnant Women Enrolled by Race - Oklahoma Medicaid



#### Age Breakdown of Total Enrollment



Race Breakdown o	ce Breakdown of Total Enrollment					
	Children	Adults	Total	Perce		
African American	63,762	25,567	89,329	16%		
American Indian	53,990	15,607	69,597	13%		
Asian or Pacific Islander	3,708	1,815	5,523	1%		
Caucasian	215,725	126,085	341,810	62%		
Hispanic	43,576	5,895	49,471	9%		

#### 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.

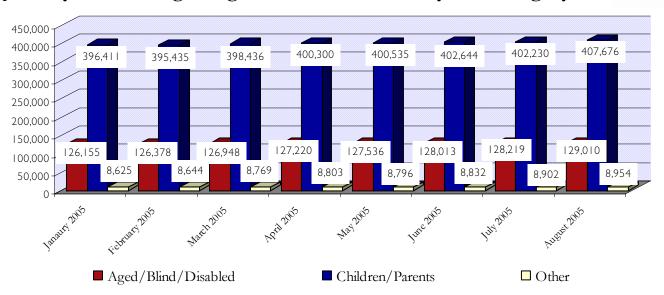
Age Breakdown	% of FPL	<b>SCHIP</b> Eligibles
INFANT	150% to 185%	I,338
01-05	133% to 185%	10,810
06-12	100% to 185%	26,989
13-18	100% to 185%	l 6,889
Total		56,026

Data was compiled on 09/19/2005. Numbers frequently change due to retro-certifications and other factors. This report is based on data within the system prior to 09/19/2005. 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.

Hispanic

# Oklahoma Health Care Authority

# AUGUST 2005 Fast Facts



### January 2005 through August 2005 Enrollment by Aid Category

State Fiscal Year is defined as the period between July 1 and June 30 of each fiscal year.

## **News Release**

August 2, 2005

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

#### OHCA receives enhanced federal funding

*Oklahoma City* – The Oklahoma Health Care Authority (OHCA) was recently notified that the agency was approved for additional federal money which will save the agency almost \$750,000 over the next two years in administrative costs.

The Centers for Medicare & Medicaid Services (CMS), the OHCA's federal partner approved the agency's Advance Planning Document (APD) and contract amendment to enhance the Medicaid Management Information Systems. This means the agency's computer system is more prepared to pay doctors and other providers more efficiently. The request included extending the service contract with Electronic Data Systems (EDS) through Dec. 31, 2010. EDS provides support for the computer operations, including claims processing, for the agency at its Oklahoma City office.

"We included all of the projects we knew would qualify for the enhanced funding and worked up the APD to help offset our administrative costs," said John Calabro, OHCA Director of Information Services.

The Centers for Medicare and Medicaid Services encourage states to invest in technology and reward states that use technology to effectively improve the administration of the Medicaid program.

"We are constantly looking at ways to maximize our state dollars to make our funding go farther," OHCA CEO Mike Fogarty noted.

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