

Oklahoma

Total Medicaid Enrollment: 763,565 (July 2007)¹

Source: Oklahoma Health Care Authority. State Fiscal Year 2007 Annual Report. July 2006 through July 2007. Appendix B. Pages 64 -69. <http://www.ohca.state.ok.us/research.aspx?id=84>.

Total Population: 3,617,316 (July 2007)

Source: Source: Population Division, U.S. Census Bureau
<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>

For Oklahoma specific information, visit Oklahoma Medicaid Website:

<http://www.ohca.state.ok.us/>.

Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Infants (Ages 0 – 1)	185
Children (Ages 1 – 5)	185
Children (Ages 6 – 19)	185
Working Parents ^{2, 3}	200
Non-Working Parents ^{1, 3}	200
Pregnant Women	185
Aged and Disabled (OBRA '86), 2001	100
Supplemental Security Income, 2000 ⁴	74
Medicaid expansion group (1115 waiver):	
Childless Adults ⁵	185

Source: www.statehealthfacts.org

State Children's Health Insurance Program (SCHIP)

SCHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum SCHIP income limits.

Total SCHIP Enrollment: 66,570 ("point-in-time" monthly enrollment counts, June 2007)

Source: <http://www.statehealthfacts.org>

Structure of SCHIP As of August 21, 2007		
Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/SCHIPStatePlanActivityMap.pdf>

Maximum Income Limits for Children's Separate SCHIP Program as a Percentage of Federal Poverty Guidelines 2008	
Population Segment	%
Income Eligibility – Separate SCHIP Program	NA

Source: www.statehealthfacts.org

Services Covered

For information about the services covered by Medicaid, visit the Kaiser Family Foundation's Medicaid Benefits Online Database: www.kff.org/medicaid/benefits.

Delivery System Description

Medicaid Enrollment by Delivery System Type, as of June 30, 2006		
Delivery System	#	%
Fee-for-Service	78391	14
Managed Care	477,677	86
Total	556,068	100

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006	
Managed Care Program	#
Commercial MCO ⁶	0
Medicaid-only MCO ⁷	0
Health Insuring Organization ⁸	0
Primary Care Case Management ⁹	6,347
Prepaid Inpatient Health Plan ¹⁰	0
Prepaid Ambulatory Health Plan ¹¹	843,846
PACE ¹²	0
Other ¹³	0

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Notes: Individuals can fall within more than one type of managed care program type.

Federal Matching Rate (FMAP)

FMAP¹⁴ for Medicaid and Multiplier¹⁵ FY 2008
67.10%

Source: www.statehealthfacts.org

Rural Information

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

Current Population Survey Data

Percent of Residents Enrolled in Medicaid, by Age and Rurality		
Age	Urban % on Medicaid	Rural % on Medicaid
0 – 18	32.0	37.7
19 – 64	4.7	7.7
65 and Over	5.8	8.9

Source: Current Population Survey, 2005 - 2006

State Website Data

Medicaid Data, Urban and Rural		
	Urban	Rural
I. Total Eligibles (SFY 2007) ¹⁶	439,217	319,802
II. Eligibles per Population	19.30%	24.40%
III. Dollars Spent: (SFY 2007) ¹⁷		
Provider County	\$1,880,097,950	\$1,045,335,798
Member County	\$1,669,979,943	\$1,359,654,626
IV. Dollars Spent per Eligible:		
Member County	\$3,802	\$4,252

For county level data on the above information, visit:

I & III: Oklahoma Health Care Authority. State Fiscal Year 2007 Annual Report. July 2006 through June 2007. Appendix B. Pages 64 -69.

<http://www.ohca.state.ok.us/research.aspx?id=84>.

II: Calculation based on Total Eligibles/Total Population. Total Population based upon Bureau of the Census data updated by information from the Office of Management and Budget.

Bureau of the Census, (US). Metropolitan And Micropolitan Statistical Areas And Components, December 2006, With Codes: Department of Commerce; 2007. Available from: http://www.census.gov/population/estimates/metro_general/List1.txt.

Executive Office of the President; Office of Management and Budget; OMB BULLETIN NO. 08-01: Update of Statistical Area Definitions and Guidance on Their Uses. Available from: <http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf>.

IV: Calculation: dollars spent by county of recipient/total eligibles.

Critical Access Hospitals (CAH)

	Yes	No
CAH Cost Base for Medicaid Patients?		X

Source: Rod Hargrave, Oklahoma Flex Coordinator, 2008.

¹ Eligibles based upon unduplicated SoonerCare Enrollees.

² Parents' eligibility levels are based upon the income threshold applied to a working parent in a family of three. Oklahoma obtained a waiver to create a health plan for employees of small employers and other individuals. Coverage for employees of participating employers is currently available. The state plans to open enrollment to other individuals by the end of 2006.

³ Oklahoma increased its income eligibility limit for employees of small employers covered under its waiver from 185% to 200% of the FPL in November 2007. The state plans to expand its waiver coverage to employers with 250 or more workers. The state also plans to expand the income eligibility limit under the waiver coverage to 250% of the FPL.

⁴ This Section 209b state exercises an option that allows states to use their 1972 financial and non-financial standards instead of the federal SSI standards to determine eligibility for the disabled. If a state uses its more restrictive 1972 financial eligibility standards, it must also allow disabled individuals to "spend down" into Medicaid eligibility by deducting incurred medical expenses from income.

⁵ Oklahoma O-EPIC premium assistance individual plan is available to working adults who are not eligible for an O-EPIC employer-sponsored qualified health plan and work for an Oklahoma small business with 50 or fewer employees, temporarily unemployed adults who are eligible to receive unemployment benefits through the Oklahoman Employment Security Commission and working adults with a disability. O-EPIC helps individuals with incomes below 185% FPG purchase health insurance for themselves and their spouse. Premiums are based on income. For more information:

<http://www.okhca.org/about.aspx?id=2759&terms=O-EPIC>. Oklahoma also offers a premium subsidy to help employees and qualified small businesses purchase health insurance coverage. For more information: <http://www.oepic.ok.gov/employer/employer.aspx?x=1#top>.

⁶ A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.

⁷ A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.

⁸ CMS defines a Health Insuring Organization (HIO) as "a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs."

⁹ CMS defines a Primary Care Case Management (PCCM) provider as: "a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as "primary care case managers."

¹⁰ CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services." States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.

¹¹ CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services." States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.

¹² CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a "program that provides prepaid, capitated comprehensive, health care services to the frail elderly."

¹³ CMS categories managed care organizations as "other" if it is "not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE."

¹⁴ The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.

¹⁵ The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.

¹⁶ Eligibles based upon unduplicated SoonerCare Enrollees.

¹⁷ Total Dollars Spent does not equal one another for “Provider County” and “Member County” because those expenditures classified as “out-of-state” and “other” are not included in these totals.