

Description	2014	2015	2016
Federal Share for Newly Enrolled	100%	100%	100%
Total Computable Program Costs	\$605,207,000	\$617,311,140	\$629,657,363
Total Computable Administrative Costs	\$18,717,742	\$19,092,097	\$19,473,939
Total Computable	\$623,924,742	\$636,403,237	\$649,131,302
State Program Costs	\$32,196,673	\$32,840,606	\$33,497,418
State Administrative Costs	\$9,358,871	\$9,546,049	\$9,736,970
Total State Costs	\$41,555,544	\$42,386,655	\$43,234,388
Estimated Number of People Covered	241,000	241,000	241,000
Average Cost Per Person Total Computable	\$2,589	\$2,641	\$2,693
Per Person Per Month Total Computable	\$216	\$220	\$224
Average Cost Per Person State Share	\$172	\$176	\$179
Per Person Per Month State Share	\$14.37	\$14.66	\$14.95

Notes:

1. Census Bureau: Table Creator II; Current Population Survey, Annual Social and Economic Supplement

2. Average cost for adults calculated using Annual Reports SFY 2005 to 2009. Calculations based on 2006 and 14 in 2005. Expenditures found on same pages for 05 and 06 and on pages 77 in 07 and 7 reports. All average costs have been adjusted to 2014 based on annual change of 2% Growth.

4. According to NASMD and a summary from the Kaiser Foundation the state will be required to implement FPL. People who should be covered by the current State Medicaid and/or CHIP program but for whom program under the current state/federal partnership. Uninsured non traditional people under 133% of 4.1 State costs will be offset by savings to the state from shifting reimbursement expenses from other has not been determined by the State.

5. The Census Bureau CPS report undercounts Medicaid participation. The percent of the undercounted uninsured.

6. Native Americans who report to the Census Bureau in the Annual Survey for health insurance coverage Health Services facilities are counted as Uninsured. The four year average number of Native Americans 73,000 are considered Uninsured. When broken down by poverty level Census reports 31,000 Uninsured law IHS facilities in Oklahoma that serve Native Americans who qualify for Medicaid are reimbursed and will continue to receive their health services solely from IHS facilities.

7. Administration for OHCA is approximately 5% of the total cost of operations. A portion of the administrative determination. Under the reform legislation eligibility will be determined in a variety of new methods to For the purposes of this analysis administrative expenses are calculated at 3% of total costs.

8. The reform legislation changes and reduces the Disproportionate Share Hospital program. It is unclear legislation requires the Secretary of HHS to develop a formula based on use of funds and state level written Oklahoma's DSH reductions may not be as substantial as other states because Oklahoma is a funds meets the criteria for less severe reductions and Oklahoma traditionally spends its DSH allocated

2017 95%	2018 94%	2019 93%	2020 90%	Cumulative Total
\$642,250,510	\$655,095,520	\$668,197,431	\$681,561,379	\$4,499,280,343
\$19,863,418	\$20,260,686	\$20,665,900	\$21,079,218	\$139,153,000
\$662,113,928	\$675,356,206	\$688,863,331	\$702,640,597	\$4,638,433,343
\$56,955,110	\$62,742,912	\$68,739,444	\$84,623,755	\$371,595,919
\$9,931,709	\$10,130,343	\$10,332,950	\$10,539,609	\$69,576,500
\$66,886,819	\$72,873,255	\$79,072,394	\$95,163,364	\$441,172,419
241,000	241,000	241,000	241,000	
\$2,747	\$2,802	\$2,858	\$2,916	
\$229	\$234	\$238	\$243	
\$278	\$302	\$328	\$395	
\$23.13	\$25.20	\$27.34	\$32.91	

ment, 2009 (four year average).

enrollment graphs page 29 in 2007 and 2008 and page 25 in 2011 in 08. Cost for children based on MARS/MMIS calendar year

element presumptive eligibility for people earning below 133% of FPL. For other reasons are not in the program will be covered by the state. For FPL will be covered by the federal government at 100% FPL. For state agencies to the Medicaid program. The savings amount

ent can be used as a proxy for possible participation of the

verage that their sole source of health care is from the Indian Health Service in Oklahoma is 231,000 according to the Census and Bureau of Economic Analysis. Under the current program, 231,000 Native Americans below 133% FPL. Under the current program at 100% matching rate. This report assumes that those people

administration, approximately 2% of the 5%, is for eligibility through OHCA, designated providers and the health exchanges.

clear how this change will impact Oklahoma because the distribution of DSH funds. As the reform legislation is currently a low DSH state, it appears the Oklahoma model of allocating DSH funds is not ideal.