#### Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-07 MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Room 714 Dallas, Texas 75202



#### **DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

January 29, 2015

Dr. Garth Splinter State Medicaid Director 2401 NW 23rd Street, Suite 1A Oklahoma City, Oklahoma 73107

Our Reference: SPA OK-14-0007-MM7

Dear Dr. Splinter:

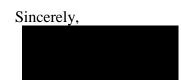
We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-0007, dated March 31, 2014. This state plan amendment establishes the procedures for Hospital Presumptive Eligibility.

In its SPA, the State has proposed high threshold performance standards. (*At least 95% of individuals determined eligible for HPE submit the full Medicaid application within the required time frame of 15 days after the HPE application is completed; and at least 95% of individuals determined eligible for HPE who submit a full Medicaid application are found by the OHCA to be eligible for Medicaid.*) CMS has discussed these performance standards with the state on several occasions and we understand that the state feels strongly about the performance standards and does not want to consider a phase in or hold harmless period for implementation. While the state does have the flexibility to select and set its own performance metrics, CMS is responsible for ensuring that states can provide a program for those hospitals that want to serve as qualified entities. To this point, CMS will periodically ask for updates from the state regarding the number of hospitals enrolled in the program, and may request to revisit these performance standards if the state reports that no hospitals are able to meet the threshold and are disenrolled from the program.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of January 1, 2014. A copy of the CMS-179 and approved plan page are enclosed with this letter.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment.

If you have any questions concerning this SPA, please contact Tamara Sampson at (214) 767-6431 or via e-mail at <u>Tamara.Sampson@cms.hhs.gov</u>.



Bill Brooks Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

#### Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory	
name:	
Oklahoma	
Transmittal Number:	TND in the former of CT XXX 0000 mbours CT the state allowing the XXX the last time disi
	TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digit ur digit number with leading zeros. The dashes must also be entered.
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OK-14-0007	
Proposed Effective Date	
01/01/2014 (mm/dd/yyyy	•)
	, 
Federal Statute/Regulation Citation	
42 CFR 435.1110	
Federal Budget Impact	
Federal Fiscal Year	Amount
reuerai riscai rear	Amount
First Year 2014	
	\$ 5607000.00
Second Year 2015	\$ 7476000.00
Subject of Amendment	
Hospital Presumptive Eligibility	
Governor's Office Review	
O Governor's office reported no co	omment
<b>O</b> Comments of Governor's office	received
Describe:	
O No reply received within 45 days	s of submittal
Other, as specified	
Describe:	
Covernar's Office does not	t review State Plan Amendments.
Governor's Office does no	t review State Plan Amendments.
Signature of State Agency Official	
Submitted By:	
Tywanda Cox	
Last Revision Date:	
Jan 23, 2015	
Submit Date:	
Submit Date: Mar 31, 2014	
Submit Date: Mar 31, 2014 ate Received: 31 March, 2014	
Submit Date: Mar 31, 2014 ate Received: 31 March, 2014 ate Approved: 29 January, 2015	
Submit Date: Mar 31, 2014 ate Received: 31 March, 2014 ate Approved: 29 January, 2015 ate Effective: 1 January, 2014	
Submit Date: Mar 31, 2014 ate Received: 31 March, 2014 ate Approved: 29 January, 2015	Bill Brooks, Associate Regional Administrator

Bill Brooks, Associate Regional Administrator Division of Medicaid & Children's Health



#### **Medicaid Eligibility**

Presumptive Eligibility by Hospitals	S21
42 CFR 435.1110	
One or more qualified hospitals are determining presumptive eligibility under 42 coverage for individuals determined presumptively eligible under this provision.	CFR 435.1110, and the state is providing Medicaid
• Yes O No	
$\checkmark$ The state attests that presumptive eligibility by hospitals is administered in ac	cordance with the following provisions:
A qualified hospital is a hospital that:	
<ul> <li>Participates as a provider under the Medicaid state plan or a Medicai</li> <li>its election to make presumptive eligibility determinations and agree consistent with state policies and procedures.</li> </ul>	• •
<ul><li>Has not been disqualified by the Medicaid agency for failure to make</li><li>with applicable state policies and procedures or for failure to meet an Medicaid agency.</li></ul>	
Assists individuals in completing and submitting the full application and	d understanding any documentation requirements.
• Yes $\bigcirc$ No	
The eligibility groups or populations for which hospitals determine eligib	bility presumptively are:
Pregnant Women	Otata, Oldahama
■ Infants and Children under Age 19	State: Oklahoma Date Received: 31 March, 2014
Parents and Other Caretaker Relatives	Date Approved: 29 January, 2015
Adult Group, if covered by the state	Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007
Individuals above 133% FPL under Age 65, if covered by the state	
Individuals Eligible for Family Planning Services, if covered by the	state
Former Foster Care Children	
Certain Individuals Needing Treatment for Breast or Cervical Cance	r, if covered by the state
Other Family/Adult groups:	
Eligibility groups for individuals age 65 and over	
Eligibility groups for individuals who are blind	
Eligibility groups for individuals with disabilities	
Other Medicaid state plan eligibility groups	
Demonstration populations covered under section 1115	
The state establishes standards for qualified hospitals making presumptive el	igibility determinations.
TN: OK 14-0007 Date Approved: 1-29-15	Date Effective: 1-1-1



#### **Medicaid Eligibility**

• Yes O No			
Select one or both:			
The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.			
Description of standards: At least 95% of individuals determined eligible for HPE submit the full Medicaid application within the required time frame of 15 days after the HPE application is completed.			
$\boxtimes$ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.			
Description of standards: At least 95% of individuals determined eligib are found by the OHCA to be eligible for Me	le for HPE who submit a full Medicaid application dicaid.		
The presumptive period begins on the date the determination is made.			
The end date of the presumptive period is the earlier of:			
The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or			
The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.			
<ul> <li>Periods of presumptive eligibility are limited as follows:</li> <li>State: Oklahoma</li> <li>Date Received: 31 March, 2014</li> </ul>			
O No more than one period within a calendar year. Date Approved: 29 January, 2015			
$\bigcirc$ No more than one period within two calendar years.	Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007		
• No more than one period within a twelve-month period, starting with the end of the period.			
○ Other reasonable limitation:			
The state requires that a written application be signed by the applicant, parent or representative, as appropriate.			
• Yes 🔿 No			
○ The state uses a single application form for Medicaid and presumptive eli	gibility, approved by CMS.		
• The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.			
An attachment is submitted.			



#### **Medicaid Eligibility**

The presumptive eligibility det	ermination is based on the following factors:		
being determined (e.g., bas	al or non-financial eligibility for the group for which the individua sed on age, pregnancy status, status as a parent/caretaker relative, state plan or a Medicaid 1115 demonstration for that group)		
Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.			
State residency			
Citizenship, status as a nat	ional, or satisfactory immigration status		
The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.			
	An attachment is submitted.		

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007

# **Hospital Presumptive Eligibility**

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007

#### **OHCA Training for Qualified Hospitals**



TN: OK 14-0007

Date Approved: 1-29-15

# AGENDA

- HPE as part of the Continuum of Coverage
- HPE Overview
- How Hospitals Can Participate in HPE
- Who is Eligible to Enroll in Medicaid through HPE?
- What are the Benefits?
- How the HPE Process Works
- Contact Information

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007





# HPE as Part of the Continuum of Coverage

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



TN: OK 14-0007

Date Approved: 1-29-15

## ACA COVERAGE CHANGES

The Affordable Care Act (ACA) was signed into law in March 2010; it makes major changes to how people secure health coverage in the U.S. Coverage changes include:

- Medicaid and CHIP expansion and improvements
- Health insurance marketplaces for individuals and small businesses
- Private insurance market reforms

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



## THE NEW VISION FOR MEDICAID AND CHIP

#### • Single, Streamlined Application

- Individuals can apply for Marketplace coverage and all insurance affordability programs (Medicaid, CHIP, premium tax credits) on one application
   State: Oklahoma Date Received: 31 March, 2014
- Simplified Eligibility and Enrollment Rules
  - Modified Adjusted Gross Income (MAGI) is the new income methodology based on IRS- defined concepts of income and household to determine Medicaid and CHIP eligibility for children, pregnant women, parents and caretaker relatives, and adults 19-64

#### Modernized Eligibility Systems

 Increases use of automated rules engines to enable real-time eligibility determinations; individuals can apply for coverage online



TN: OK 14-0007

Date Effective: 1-1-14

Date Approved: 29 January, 2015 Date Effective: 1 January, 2014

Transmittal Number: OK 14-0007

### THE NEW VISION FOR MEDICAID AND CHIP

- Children's Coverage Improvements
  - All children up to age 19 with family incomes up to 133% FPL are now Medicaid-eligible
- Hospital Presumptive Eligibility
  - Hospitals can now determine individuals to be presumptively eligible for Medicaid

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



TN: OK 14-0007

Date Approved: 1-29-15

# Hospital Presumptive Eligibility (HPE) Overview

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



TN: OK 14-0007

Date Approved: 1-29-15

#### WHAT IS HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)?

- HPE is a mandate of the Affordable Care Act
- As of Jan. 1, 2014, hospitals can immediately determine Medicaid eligibility for certain individuals who are likely to be eligible
- Eligibility under PE is temporary but allows immediate access to coverage for eligible individuals

State: Oklanoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



TN: OK 14-0007

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#### HOW HPE WORKS TO GET PEOPLE CONNECTED TO COVERAGE AND CARE

- HPE improves individuals' access to SoonerCare and necessary services by providing another channel to apply for coverage
- It ensures the hospital will be reimbursed for services provided, just as if the individual was enrolled in standard SoonerCare

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007

 HPE should be considered a bridge to being connected with long term coverage options



# How Hospitals Can Participate in HPE

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



TN: OK 14-0007

Date Approved: 1-29-15

## HOW HOSPITALS CAN PARTICIPATE IN HPE

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007

- Hospital participation in HPE is optional
- To make HPE determinations, a hospital must:

-Participate in the SoonerCare program

-Notify OHCA of its election to make HPE determinations by submitting a Statement of Interest and Attestation page to OHCA Provider Enrollment

-Agree to make HPE determinations consistent with policies and procedures of the OHCA by completing a Memorandum of Understanding and returning it to OHCA Provider Enrollment

-Hospital staff must attend HPE trainings and pass HPE certification



### STATEMENT OF INTEREST

#### **Qualified Entity Application for Hospital Presumptive Eligibility**

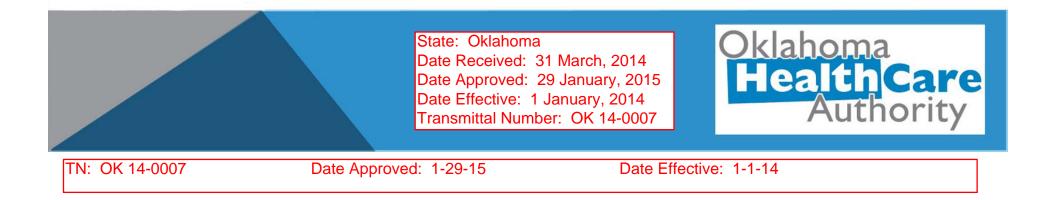
This is an application to become a Qualified Entity for Hospital Presumptive Eligibility for the purposes of offering Presumptive Eligibility to your patients. You must participate as a Medicaid provider to perform Hospital Presumptive Eligibility determinations. Please complete, sign, and return this application to the OHCA.

If you have questions about this application or the Hospital Presumptive Eligibility program, contact OHCA\_at: (800) 522-0114 option 1 or HPE@okhca.org

1. Name of hospital	
Other name (if any used for provider services)	2. County
Telephone number	FAX sumber
( )	
3. Mailing address (no P.O. Box) for Site	City
4. Contact person	
Telephone number	FAX number
( )	( )
5. Please estimate the number of patients your hospital sees each month that an	e not covered by health insurance or Medicaid at the time of their visit.

I hereby certify that all the above information is true and accurate to the best of my knowledge.

Siznature	Title of Authorized Agent	Date



## **ATTESTATION FORM**

Hospital Presumptive Eligibility (HPE) Qualified Entity Responsibilities and Agreement

I understand the responsibilities as a HPE Qualified Entity include:

- · Offering the HPE program to patients without health coverage or Medicaid;
- Screening interested patients for income eligibility via the prescribed PE forms and guidelines;
- Informing patients at the time of the HPE determination that they must file
  a Medicaid application in order to obtain regular Medicaid coverage
  beyond the PE period;
- Attesting that all individuals performing HPE are direct employees of the entity and do not work as contractors or vendors of the hospital;
- Assisting the patient with filling out a full <u>SoonerCare</u> application within 15 days of the HPE determination date
- Providing with the HPE determination notice a written statement to applicants informing them that they may file a regular Medicaid application regardless of eligibility for PE;
- Notifying the OHCA within five working days with the required information on those patients eligible for HPE;
- Attending HPE training and keeping current with changes affecting HPE through provider bulletins, notices and/or further training.

I, (print name)\_\_\_\_\_\_, agree to cooperate with OHCA in complying with the above Qualified Entity responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in the Memorandum of Understanding, training guidelines, and Oklahoma Administrative Code or I may lose status as a Qualified Entity. I agree to notify the OHCA in writing of any changes in application information at least 15 days prior to the effective date of the change.

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Signature	Title of Authorized Agent	Date

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



TN: OK 14-0007

Date Approved: 1-29-15

### HOSPITAL STAFF ELIGIBLE TO MAKE HPE DETERMINATIONS

Once a hospital is a qualified entity:

- A qualified hospital must assign a PE Hospital Administrator to be in charge of the program and coordinate PE activities with the OHCA.
- Any hospital employee who is properly trained and certified can make HPE determinations as an Authorized Hospital Employee (AHE).
- This includes employees in hospital-owned physician practices or clinics, including those in off-site locations as long as they are contracted as a "hospital"
- Participating hospitals may not delegate HPE determinations to nonhospital staff
- Third party vendors or contractors may not make PE determinations

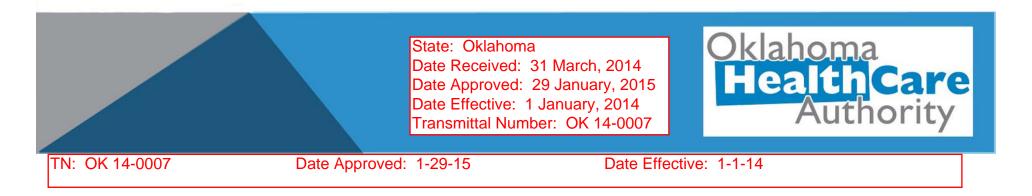


# STAFF TRAINING AND CERTIFICATION

• All AHEs chosen by the hospital to make HPE determinations will be required to have HPE training

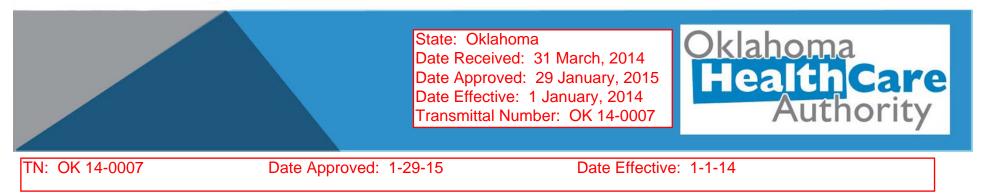
-AHEs and PE Program Administrators will be required to attest that they have participated in training and have passed certification

- On-site training will be provided by OHCA Provider Service personnel
- Training materials will be made available on the OHCA public website at www.okhca.org
- Additional or follow-up training will be available as needed by OHCA Provider Service personnel



## HPE AUDITS & PERFORMANCE STANDARDS

- All HPE applications are subject to audit by the OHCA, and they will be performed on a routine basis to determine accuracy rate.
- In addition, the OHCA will be reviewing HPE hospitals to make sure they comply with other HPE regulations and conditions, including the Memorandum of Understanding.
- The OHCA has the authority to take corrective action against hospitals, including termination from the HPE program, if the hospital does not follow the OHCA policies or does not meet established standards.
- The OHCA reserves the right to change these performance guidelines in order to improve the overall integrity and performance of the HPE program.



# HPE PERFORMANCE STANDARDS

- For this provider, at least 95 percent of individuals determined eligible for HPE submit the full SoonerCare application within the required time frame of 15 days after the HPE application is completed.
- For this provider, at least 95 percent of individuals determined eligible for HPE who submit a full SoonerCare application are found by the OHCA to be eligible for SoonerCare.
- For this provider, at least 95 percent of HPE claims paid under HPE(measured in total dollar amount and the number of claims paid) are for individuals found eligible for SoonerCare.

	Date Approved Date Effective:	1: 31 March, 2014 1: 29 January, 2015	noma <b>IthCare</b> Authority
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## HPE PERFORMANCE STANDARDS

•For this provider, at least 95 percent of claims paid under HPE (measured in total dollar amount and the number of claims paid) are for individuals found eligible for SoonerCare beyond any initial data exchange income verification check.

•For this provider, at least 99 percent of HPE applications include an Eligibility Verification Check with the HPE application using the OHCA's Secure Provider Portal.



# Who is Eligible to Enroll in SoonerCare through HPE? What are the Benefits?

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007

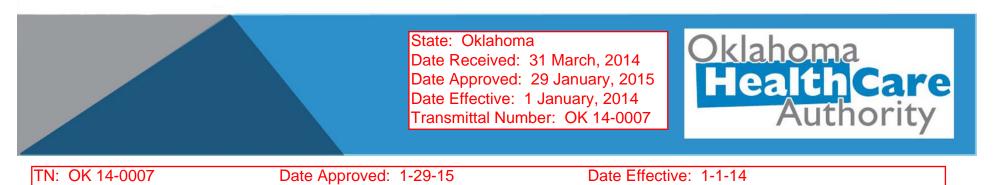


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#### POPULATIONS ELIGIBLE FOR HPE DETERMINATIONS

- Individuals who do not currently receive SoonerCare benefits and have not had a PE period within the last 365 days.
- Individuals applying for PE must be Oklahoma residents and be US citizens or Qualified Aliens who have lived in the US legally for five years with proper documentation.
- Individuals who fall into one of the following income-based groups:
  - Parent and caretaker relative group
  - Children
  - Former Foster Care
  - Pregnant Women (Coverage will be limited to antepartum only)
  - Breast and Cervical Cancer
  - Family Planning (SoonerPlan)



## HPE INCOME ELIGIBILITY CHART

- Please see the PE Worksheet for the income standard for each population covered under HPE
- AHEs will determine if the member applying for HPE benefits is eligible based on the information provided on the HPE application. This will include information about the member's household composition and income.



### DURATION OF ELIGIBILITY UNDER HPE

- HPE period begins with, and includes, the day on which the hospital makes the HPE determination
- HPE period ends with the earlier of:

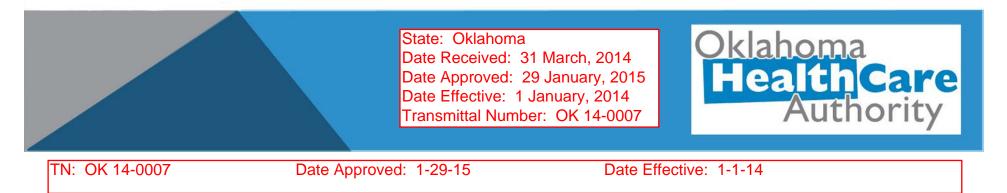
-the day on which the OHCA makes the eligibility determination after a full SoonerCare application is submitted; or

-the last day of the month following the month in which the hospital makes the HPE determination, if the individual does not file a full SoonerCare application by that time



### DETERMINING HPE ELIGIBILITY

- HPE eligibility will be determined using the new Modified Adjusted Growth Income (MAGI) methodology that was created under the ACA.
- In order to assist hospitals in understanding how to apply MAGI methodology, OHCA has provided the CMS training: <u>PE MAGI Household and Income Training</u> <u>Manual</u>.
- OHCA will be providing additional training on the MAGI rules, separate from this general HPE training and guidance, to help hospitals prepare for HPE.



### COVERED SERVICES UNDER PE

- Benefits are the same as those provided under the SoonerCare group for which the individual is determined presumptively eligible
- Exceptions

-Pregnant women - benefits limited to ambulatory prenatal care (birthing expenses are not covered)

-Family planning group - benefits limited to family planning services and supplies



# How The HPE Process Works

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



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### THE HPE DETERMINATION PROCESS

At the individual's initial visit, HPE worker should take the following steps:

- 1. Providers must verify that the applicant is not currently eligible for SoonerCare through the SoonerCare Provider Portal Eligibility Verification System (EVS).
- 2. Assist individual with completing HPE application if not already enrolled in SoonerCare. Assist individual in completing required questions.
- 3. Determine if individual meets HPE criteria (See MAGI training slides for more info).



### THE HPE DETERMINATION PROCESS

- 4. Print/provide eligibility notice to the member.
- 5. Summarize benefits and answer any questions.
- 6. Email the individual's application and benefits eligibility to OHCA.
- Encourage application for full SoonerCare. Hospital staff should follow up with the individual within 15 days of the start of the PE as required by their Memorandum of Understanding.



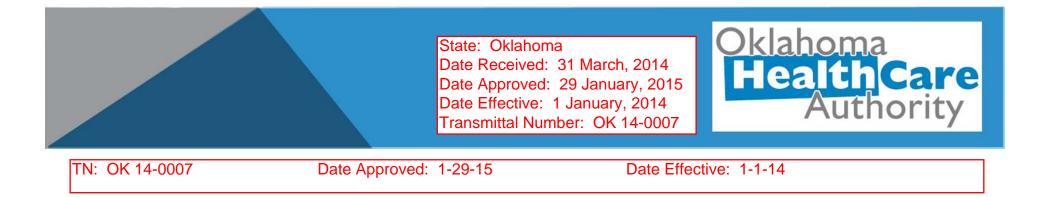
#### THE ELIGIBILITY VERIFICATION SYSTEM

- The EVS will allow providers to review current member SoonerCare eligibility to ensure HPE applicants are not currently enrolled in SoonerCare.
- The EVS can be accessed through the Provider Portal.
- The EVS is already used by most SoonerCare providers to ensure member eligibility and accurate claims billing.

	Date R Date A Date E	Oklahoma eceived: 31 March, 2014 pproved: 29 January, 2015 ffective: 1 January, 2014 hittal Number: OK 14-0007	Oklahoma HealthCare Authority
TN: OK 14-0007	Date Approved: 1-29-15	Date Effectiv	/e: 1-1-14

### **HOSPITAL PE APPLICATION**

- A paper application is the only acceptable form of application for HPE
- Completed applications should be submitted to OHCA, via email, within five days of the application date for processing.
- The hospital will be responsible for following back up with the member to apply with a full SoonerCare application and for providing the correct/new SoonerCare ID for eligible participants.





### **Hospital Information:**

:	Authorized Hospital Employee Name:
:	Provider ID number:
:	Provider's telephone:

## Screening:

EVS screen checked? Yes No (Note: A printout of the EVS screen must be attached to the PE application.)

Existing or former member found in EVS? Yes No If Yes, SoonerCare ID: \_\_\_\_\_\_.

Is the member currently eligible for SoonerCare? 
Yes No If yes, program: \_\_\_\_\_\_

Has the member had an approved PE within the past 365 days? 🗖 Yes 📮 No

Member's PE Program: Pregnancy Parent or Caretaker Relative Child under 19 Family Planning Former Foster child age 18-26



Member Demograp	hics:			-	
Legal Name:					
(Ex: Joseph, not Joe)	First name	Middle Name	Last Name	Maiden Name	Suffix
Date of Birth:	Geno	der: 🗖 Female 🗖 Ma	le SSN:		_
Pregnant: Yes	lo If pregnant, du	ue date:	Number of b	abies expected	
Race & Ethnicity: Chec American Indian or Native Hawaiian or Or Member declined to	Alaskan Native Cother Pacific Island		frican American		
Hispanic or Latino orig	in: 🗆 Yes 📮 No	Member declined	to answer		
Is this person a US citiz	en or here legally	for at least 5 years as	a qualified alien wit	th documentation?	es 🗖 No
If this person is here a	s a qualified alien,	please provide the Da	te of Entry:		
If this person is here a	s a qualified alien,	please provide the Ali	en Identification Nu	mber:	
Member State Reside	ncy				

Does the member live in Oklahoma? Yes O No



Member Contact	tinformation			
Home address:	Street	City	State	Zip
Mailing address:				
Telephone numb	Street	City	State	Zip
Member House	hold Information: n comes from the PE Worksheet)			_
Number of peopl	e in the member's household, including the m	nember:		
Total countable h	nousehold income per month (from HPE work	sheet): \$		
Other Insurance	e Information:			
Does the membe	er have major medical coverage or any other h	ealth insurance coverage	? 🛛 Yes 🗖 No	
If yes, have the r	member provide a copy of their insurance care	d if available.		

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007



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## Provider Acknowledgement:

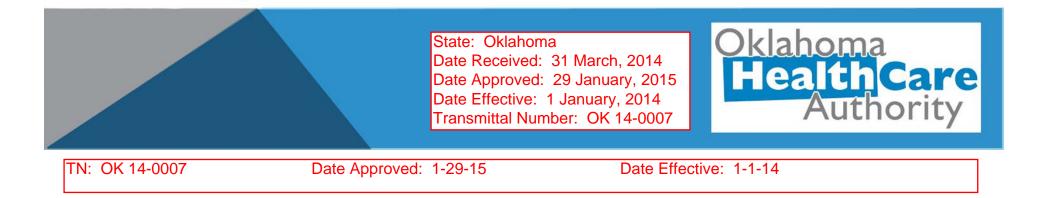
You are advising the OHCA of your determination that the individual applying for benefits is presumptively eligible for Medicaid based on information provided by the individual. You are responsible for assisting the individual in completing a full application for <u>SoonerCare</u> within the next fifteen (15) days. You acknowledge that the presumptive eligibility benefits will begin on the day the presumptive eligibility determination was made and are not retroactive. Presumptive benefits also negate any pending Notification of Date of Service (NODOS) request for backdate of coverage.

Signatures:	
Member:	Date:
Authorized Hospital Employee:	Date:
HPE Program Administrator:	Date:



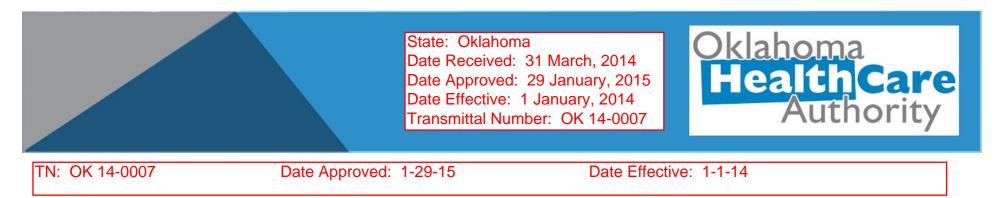
## VERIFICATION OF ELIGIBILITY CRITERIA FOR HPE

- Individual cannot be required to provide proof/documentation of any PE eligibility criteria
  - (e.g., can't require medical verification of pregnancy)
- Hospital/state must accept self-attestation of income, citizenship status, and proof of residency



# **APPLICATION PROCESS**

- AHEs will use the MAGI methodology to determine HPE eligibility based upon applicant information
- AHEs will provide written notice to the member of the determination results
- Hospital personnel will provide the determination, via email, to OHCA for processing
- HPE Program Administrators are to oversee AHE determinations to ensure that the PE determinations and procedures are done in accordance with OHCA rules and regulations.



# HOW TO INPUT/SUBMIT DATA

- HPE staff will email completed and approved applications to OHCA HPE@okhca.org for processing by OHCA
- If AHEs or HPE Program Administrators have any questions about the PE program, they can contact the OHCA for clarification and answers.



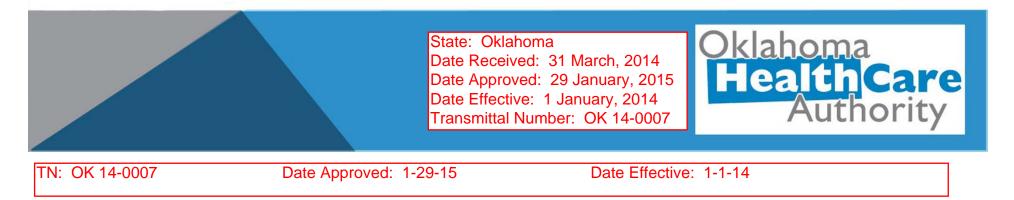
## APPROVAL AND DENIAL NOTICES

• Hospitals must provide individuals with a written notice after the HPE determination is made, which includes:

-Whether the HPE was approved or denied;

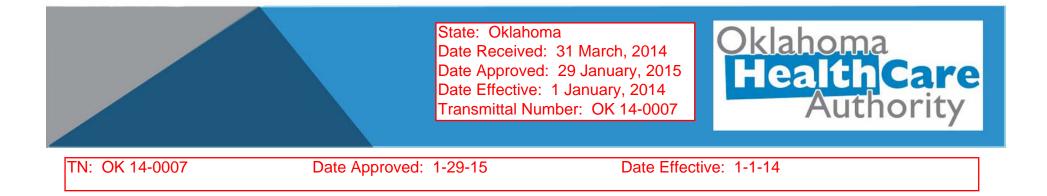
-If approved, beginning and ending dates of the HPE period that will be extended if the individuals files a SoonerCare application and eligibility is not determined by that time;

-If denied, the reason for the denial and the option to submit a regular SoonerCare application.



## **APPROVAL AND DENIAL NOTICES**

- Hospital must notify OHCA of PE approvals (and date range for the HPE period) within five days by emailing approved applications to OHCA for processing
- Hospitals will need to keep records of all PE applications for at least seven years



## CONNECTING TO FULL SOONERCARE COVERAGE OUTSIDE THE HOSPITAL

- Individuals can apply for full SoonerCare coverage:
  - -Online at www.mySoonerCare.org
  - -By mailing the paper application
  - -In-person, at your local county OKDHS office
- Individuals can find help completing the single streamlined application by calling the SoonerCare Helpline at 800-987-7767

	Date Effective: 1	31 March, 2014 29 January, 2015	oma <b>ChCare</b> Authority
TN: OK 14-0007	Date Approved: 1-29-15	Date Effective: 1-1-14	

## HOSPITAL PRESUMPTIVE ELIGIBILITY CONTACT AND ADDITIONAL RESOURCES

- For questions or more information on OHCA's Hospital Presumptive Eligibility policies, please contact: Provider Services at 800-522-0114 or 405-522-6205 option 1
- Policy and information can also be found on our public website at www.okhca.org

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007	Oklahoma HealthCare Authority

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## **Hospital Information:**

Authorized Hospital Employee Name:	
Provider ID number:	
Provider's telephone:	

### Screening:

EVS screen checked? 🛛 Yes 📮 No (Note: A printout of the EVS screen must be attached to the PE application.)				
Existing or former member found in EVS? 🛛 Yes 📮 No 🛛 If Yes, SoonerCare ID:				
Is the member currently eligible for SoonerCare?				
Has the member had an approved PE within the past 365 days? $\Box$ Ye	es 🖵 No			
Member's PE Program:  Pregnancy  Parent or Caretak Family Planning  Former				
Member Demographics:				
Legal Name:	t Name Maiden Name Suffix			
(Ex: Joseph, not Joe) First name Middle Name Las	t Name Maiden Name Suffix			
Date of Birth: Gender: D Female D Male S	SN:			
Pregnant: Tyes The No If pregnant, due date:	Number of babies expected:			
Race & Ethnicity: Check all that apply. American Indian or Alaskan Native Asian Black or African A Native Hawaiian or other Pacific Islander White Or Member declined to answer	ımerican			
Hispanic or Latino origin: 🗆 Yes 🕒 No 🛛 🗅 Member declined to answer				
Is this person a US citizen or here legally for at least five years as a qualified alien with documentation? <b>U</b> Yes <b>U</b> No				
If this person is here as a qualified alien, please provide the Date of Entry:				
If this person is here as a qualified alien, please provide the Alien Identification Number:				
Member State Residency	State: Oklahoma			
Does the member live in Oklahoma?	Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007			



### **Member Contact information**

Street City State Zip   Mailing address:	Home address:				
Street City State Zip   Telephone number: () Email: Member Household Information: (This information comes from the PE Worksheet) Number of people in the member's household, including the member: Total countable household income per month (from HPE worksheet): \$		Street	City	State	Zip
Telephone number: (	Mailing address:				
Member Household Information: (This information comes from the PE Worksheet) Number of people in the member's household, including the member: Total countable household income per month (from HPE worksheet): \$		Street	City	State	Zip
(This information comes from the PE Worksheet) Number of people in the member's household, including the member: Total countable household income per month (from HPE worksheet): \$	Telephone numb	er: () Email:			_
Number of people in the member's household, including the member: Total countable household income per month (from HPE worksheet): \$	Member House	hold Information:			
Total countable household income per month (from HPE worksheet): \$	(This information	comes from the PE Worksheet)			
	Number of peop	e in the member's household, including the	e member:		
Other Insurance Information:	Total countable h	nousehold income per month (from HPE wo	orksheet): \$		
	Other Insuranc	e Information:			

Does the member have major medical coverage or any other health insurance coverage? These No

If yes, have the member provide a copy of their insurance card if available.

### Provider Acknowledgement:

You are advising the OHCA of your determination that the individual applying for benefits is presumptively eligible for Medicaid based on information provided by the individual. You are responsible for assisting the individual in completing a full application for SoonerCare within the next 15 days. You acknowledge that the presumptive eligibility benefits will begin on the day the presumptive eligibility determination was made and are not retroactive. Presumptive benefits also negate any pending Notification of Date of Service (NODOS) request for backdate of coverage.

### Signatures:

Member:		Date:
Authorized Hospital Employee:		Date:
HPE Program Administrator:		Date:
		State: Oklahoma
		Date Received: 31 March, 2014
		Date Approved: 29 January, 2015
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## PE Worksheet

Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014

List Other Household Members (Use Additional Pages if more space is needed) Transmittal Number: OK 14-0007

Other Household Members	Relationship to Applicant

Total household size (including member):

Household Income and Size:

List Countable Income: (Use Additional Pages if more space is needed)

Household Member	Type/Source of Income	Amount	Frequency	Monthly Total

Total household income per month:

\$\_\_\_\_\_

## Member's eligibility group:

□ Pregnancy □ Child under 19 □ Parent or Caretaker Relative □ Family Planning □ Former Foster child age 18-26

Compare member's income with the maximum monthly income allowed based on household size:

MAXIMUM INCOME (\$)	Household Size									
Eligibility Group	1	2	3	4	5	6	7	8	9	10
Child under 19	2,043	2,753	3,463	4,175	4,885	5,594	6,306	7,016	7,726	8,438
Family Planning or										
Pregnancy	1,294	1,744	2,193	2,644	3,094	3,543	3,994	4,444	4,893	5,344
Parent or Caretaker Relative	467	603	759	934	1,093	1,252	1,411	1,570	1,692	1,286
Former Foster child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## Attestation: Based on the category of eligibility, household size, and income, I attest that (patient name)

**does does NOT** meet the criteria for presumptive eligibility.

Authorized signature:

\_\_\_\_\_ Date of determination: \_\_\_\_\_\_

TN: OK 14-0007

Date Approved: 1-29-15



## Additional Pages

State: Oklahoma Date Received: 31 March, 2014 Date Approved: 29 January, 2015 Date Effective: 1 January, 2014 Transmittal Number: OK 14-0007

## Household Income and Size:

## List Other Additional Household Members

Other Household Members	Relationship to Applicant				

Total household size (including member):

## List Countable Income:

Household Member Type/Source of Incom		Amount	Frequency	Monthly Total	

Total household income per month:

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TN: OK 14-0007

Date Approved: 1-29-15

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