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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 Tamara.Sampson@cms.hhs.gov.

Sincerely,



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:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

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
First Year	2014	\$ 5607000.00
Second Year	2015	\$ 7476000.00

Subject of Amendment

Hospital Presumptive Eligibility

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Governor's Office does not review State Plan Amendments.

Signature of State Agency Official

Submitted By:

Tywanda Cox

Last Revision Date:

Jan 23, 2015

Submit Date:

Mar 31, 2014

Date Received: 31 March, 2014

Date Approved: 29 January, 2015

Date Effective: 1 January, 2014

Signature of the Approving Official:

Printed Name and Title:


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



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of
 its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance
 with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

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 Cancer, 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

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The state establishes standards for qualified hospitals making presumptive eligibility determinations.

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Medicaid Eligibility

Yes 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.

- 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 eligible for HPE who submit a full Medicaid application are found by the OHCA to be eligible for Medicaid.

- 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.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the e_____y period.
- Other reasonable limitation:

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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 eligibility, 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.

TN: OK 14-0007

Date Approved: 1-29-15

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Medicaid Eligibility

- The presumptive eligibility determination is based on the following factors:
 - The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid 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 national, 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.

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Hospital Presumptive Eligibility

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OHCA Training for Qualified Hospitals



TN: OK 14-0007

Date Approved: 1-29-15

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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

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The logo for the Oklahoma HealthCare Authority. It features the word "Oklahoma" in a grey sans-serif font at the top. Below it, the words "HealthCare" are written in a bold, blue sans-serif font, with "Health" and "Care" separated by a vertical bar. At the bottom, the word "Authority" is written in a grey sans-serif font. The entire logo is set against a white background within a blue-bordered box.

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HPE as Part of the Continuum of Coverage

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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

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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

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- **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



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

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Hospital Presumptive Eligibility (HPE) Overview

State: Oklahoma
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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

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

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How Hospitals Can Participate in HPE

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HOW HOSPITALS CAN PARTICIPATE IN HPE

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- 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 number ()
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 are 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.

Signature	Title of Authorized Agent	Date
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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 SoonerCare 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.

Signature	Title of Authorized Agent	Date

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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 non-hospital staff
- Third party vendors or contractors may not make PE determinations

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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

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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.

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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.

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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.

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

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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)

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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.

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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

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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: [PE MAGI Household and Income Training Manual](#).
- OHCA will be providing additional training on the MAGI rules, separate from this general HPE training and guidance, to help hospitals prepare for HPE.

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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

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How The HPE Process Works

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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).

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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.
7. 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 .

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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.

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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.

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HOSPITAL PE APPLICATION



PE Application

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

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HOSPITAL PE APPLICATION

Member Demographics:

Legal Name: _____
(Ex: Joseph, not Joe) First name Middle Name Last Name Maiden Name Suffix

Date of Birth: _____ Gender: Female Male SSN: _____

Pregnant: Yes No If pregnant, due date: _____ Number of babies expected: _____

Race & Ethnicity: Check all that apply.

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White

Or

Member declined to answer

Hispanic or Latino origin: Yes No Member declined to answer

Is this person a US citizen or here legally for at least 5 years as a qualified alien with documentation? Yes 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

Does the member live in Oklahoma? Yes No

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HOSPITAL PE APPLICATION

Member Contact information

Home address: _____
Street City State Zip

Mailing 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): \$_____

Other Insurance Information:

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

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

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HOSPITAL PE APPLICATION

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 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: _____

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



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

State: Oklahoma
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Oklahoma
HealthCare
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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.

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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.

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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.

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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

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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

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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

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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? Yes No
If yes, which 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 Demographics:

Legal Name: _____
(Ex: Joseph, not Joe) First name Middle Name Last Name Maiden Name Suffix

Date of Birth: _____ Gender: Female Male SSN: _____

Pregnant: Yes No If pregnant, due date: _____ Number of babies expected: _____

Race & Ethnicity: Check all that apply.

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Or
 Member declined to answer

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? Yes 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

Does the member live in Oklahoma? Yes No

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Member Contact information

Home address: _____
Street City State Zip

Mailing 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): \$ _____

Other Insurance Information:

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

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

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Signatures:

Member: _____ Date: _____

Authorized Hospital Employee: _____ Date: _____

HPE Program Administrator: _____ Date: _____

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Household Income and Size:

List Other Household Members (Use Additional Pages if more space is needed)

Other Household Members	Relationship to Applicant

Total household size (including member): _____

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									
	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: _____

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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 Income	Amount	Frequency	Monthly Total

Total household income per month: \$ _____