

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 16-0015

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

April 21, 2016

Our Reference: SPA OK 16-15

Becky Pasternik-Ikard
State Medicaid Director
2401 NW 23rd Street, Suite 1A
Oklahoma City, Oklahoma 73107

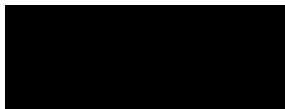
Dear Ms. Pasternik-Ikard:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 16-15, dated February 10, 2016. This state plan amendment clarifies the Hospital Presumptive Eligibility performance standard metrics.

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, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Suzette Seng of my staff at (214) 767-6478 or by email at suzette.seng@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

Cc: Melinda Thomason
Sandra Puebla
Tywanda Cox

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.

16-15

Proposed Effective Date

01/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Update to Hospital Presumptive Eligibility Slides

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:


Mar 8, 2016

Submit Date:

Mar 8, 2016

Official Submission Date: February 10, 2016
(Was officially submitted to SPA/Waiver Mailbox on 2/10/16)

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
S12- Page 20 S12- Page 21	S12- Page 20, TN 14-07 MM7 S12- Page 21, TN 14-07 MM7

FOR REGIONAL OFFICE USE ONLY	
DATE RECEIVED February 10, 2016	DATE APPROVED April 21, 2016
PLAN APPROVED - ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2016	SIGNATURE OF REGIONAL OFFICIAL 
TYPED NAME Bill Brooks	TITLE Associate Regional Administrator Division of Medicaid and Children's Health
REMARKS c: Nico Gomez Becky Pasternik-Ikard Tywanda Cox	

HPE PERFORMANCE STANDARDS

- Provider (hospital facility) has 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.
- Provider has 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.



TN: 16-15
Superseded By:
TN 14-07 MM7

Date Approved: 04/21/16

Date Effective: 01/01/16

State: Oklahoma
Date Received: February 10, 2016
Date Approved: April 21, 2016
Date Effective: January 1, 2016

HPE PERFORMANCE STANDARDS

- Provider has at least 99 percent of HPE applications include an Eligibility Verification Check with the HPE application using the OHCA's Secure Provider Portal.



TN: 16-15 Date Approved: 04/21/16 Date Effective: 01/01/16
Superseded By:
TN 14-07 MM7

State: Oklahoma
Date Received: February 10, 2016
Date Approved: April 21, 2016
Date Effective: January 1, 2016