

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 21-0038

This file contains the following documents in the order listed:

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

OK - Submission Package - OK2021MS00050 - (OK-21-0038) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News

Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group (MCOG)
601 E. 12th St., Room 355
Kansas City, KS 64106



Center for Medicaid & CHIP Services

July 25, 2023

Traylor Rains
Chief Executive Officer / State Medicaid Director
Oklahoma Health Care Authority
4345 N Lincoln Blvd
Oklahoma City, OK 73105

Re: Approval of State Plan Amendment OK-21-0038

Dear Traylor Rains,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oklahoma's State Plan Amendment (SPA) 21-0038. This amendment proposes changes to Hospital Presumptive Eligibility (HPE) to include the adult group in the eligibility groups for which hospitals may conduct HPE determinations.

We approve Oklahoma State Plan Amendment (SPA) OK-21-0038 with an effective date(s) of October 01, 2021.

We understand Oklahoma currently uses a paper application for HPE determinations. As part of the submission, the state provided copies of the paper HPE application and provider training materials. CMS has reviewed all submitted materials and the HPE Reviewable Unit (RU).

If you have any questions regarding this amendment, please contact Stacey Steiner at (469) 904-1068 or via email at stacey.steiner@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

OK - Submission Package - OK2021MS00050 - (OK-21-0038) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

CMS-10434 OMB 0938-1188

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Oklahoma

Medicaid Agency Name: Oklahoma Health Care Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

Package Header

Package ID OK2021MS00050
Submission Type Official
Approval Date 07/25/2023
Superseded SPA ID N/A

SPA ID OK-21-0038
Initial Submission Date 9/16/2021
Effective Date N/A

SPA ID and Effective Date

SPA ID OK-21-0038

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	10/1/2021	N/A
Presumptive Eligibility by Hospitals	10/1/2021	16-0015

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives State plan amendment to update the hospital presumptive eligibility (HPE) training materials and application to include expansion adults.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR 435.1110

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not review state plan amendments.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 8/17/2023 9:33 PM EDT

OK - Submission Package - OK2021MS00050 - (OK-21-0038) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[RAI](#)
[Transaction Logs](#)
[News](#)

Related Actions

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

CMS-10434 OMB 0938-1188

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	<u>10/1/2021</u>
Superseded SPA ID	N/A		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Hospitals				

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	10/1/2021
Superseded SPA ID	N/A		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 8/17/2023 9:34 PM EDT

OK - Submission Package - OK2021MS00050 - (OK-21-0038) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

CMS-10434 OMB 0938-1188

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	<u>10/1/2021</u>
Superseded SPA ID	16-0015		
	User-Entered		

- The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
- The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

- Participates as a provider under the 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

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	10/1/2021
Superseded SPA ID	16-0015		
	User-Entered		

B. Eligibility Groups or Populations Included

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

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	10/1/2021
Superseded SPA ID	16-0015		
	User-Entered		

C. Standards for Participating Hospitals

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

Yes No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Percentage of individuals submitting a regular application:

95.00%

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Percentage of individuals found eligible for Medicaid

95.00%

The state has elected one or more other reasonable standard(s).

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. 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.
3. Periods of presumptive eligibility are limited as follows:

- a. No more than one period within a calendar year.
- b. No more than one period within two calendar years.
- c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- e. Other reasonable limitation:

Name of limitation	Description
Number of non-pregnancy-related PE periods allowed	The number of PE periods that may be authorized is one (1) period within 12 calendar months.
Number of pregnancy-related PE periods allowed	Individuals applying for pregnancy-related PE are limited to one PE period per pregnancy.

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS0005O | OK-21-0038

Package Header

Package ID	OK2021MS0005O	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	10/1/2021
Superseded SPA ID	16-0015		
	User-Entered		

E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
HPE Application 12.12.22	4/27/2023 8:05 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

At the individual's initial visit to a Hospital Presumptive Eligibility (HPE) Qualified Entity, an Authorized Hospital Employee takes the following steps to screen a participant's enrollment:

1. Verifies the applicant is not currently enrolled in Medicaid through the Provider Portal Eligibility Verification System (EVS).
2. Assists the individual in completing all the required questions of the HPE application.
3. Determine if individual meets the reasonable estimate of Modified Adjusted Gross Income (MAGI) methodology.
4. Provide the eligibility notice to the member.
5. Summarize benefits and answer any questions.
6. Email the individual's application and benefits eligibility to the State Medicaid Agency within 5 days of the application date .
7. Assist the individual with completing the full Medicaid application within 15 days of the start of the HPE determination date.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. 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)
2. 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.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OK2021MS00050 | OK-21-0038

Package Header

Package ID	OK2021MS00050	SPA ID	OK-21-0038
Submission Type	Official	Initial Submission Date	9/16/2021
Approval Date	07/25/2023	Effective Date	10/1/2021
Superseded SPA ID	16-0015		
	User-Entered		

G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
HPE Attestation	5/27/2022 11:36 AM EDT	
HPE MAGI Training	4/27/2023 8:09 PM EDT	
HPE Training	4/27/2023 8:09 PM EDT	
HPE Application 12.12.22	4/27/2023 8:09 PM EDT	
HPE Applicant Approval Notice 11.09.22	4/27/2023 8:09 PM EDT	
HPE Applicant Denial Notice 11.09.22	4/27/2023 8:09 PM EDT	

1 - 6 of 6

H. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children’s Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state’s program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 8/17/2023 9:35 PM EDT