

317:35-6-60. Certification for SoonerCare for pregnant women and families with children

(a) General rules of certification.

(1) An individual determined eligible for SoonerCare may be certified for a prospective period of coverage on or after the date of certification.

(2) In accordance with 42 Code of Federal Regulations (C.F.R.) § 435.915 and Oklahoma Administrative Code (OAC) 317:35-6-60.2, an individual may also be determined eligible and certified for a retroactive period of coverage during the ~~three (3)~~two (2) month period directly prior to the date of application. For individuals related to the adult expansion group, retroactive eligibility is limited to the one (1) month directly prior to the month of application. This only applies if the individual received covered medical services at any time during that period and would have been eligible for SoonerCare at the time he or she received the services, regardless of whether the individual is alive when application for Medicaid is made. An individual may be eligible for the retroactive period even though ineligible for the prospective period.

(3) The individual who is categorically needy and related to pregnancy-related services retains eligibility for the period covering prenatal, delivery, and postpartum periods without regard to eligibility for other household members in the case. Eligibility during the postpartum period does not apply to women receiving pregnancy-related coverage under Title XXI.

(b) Certification as a TANF (cash assistance) recipient. A categorically needy individual who is determined eligible for Temporary Assistance for Needy Families (TANF) is certified effective the first day of the month of TANF eligibility.

(c) Certification of non-cash assistance individuals related to the children and parent and caretaker relative groups. The certification period for the individual related to the children or parent and caretaker relative groups is twelve (12) months. The certification period can be less than twelve (12) months if the individual:

(1) Is certified as eligible in a money payment case during the twelve-month (12-month) period;

(2) Is certified for long-term care during the twelve-month (12-month) period;

(3) Becomes ineligible for SoonerCare after the initial month, except for children who are eligible for twelve months continuous coverage; or

(4) Becomes financially ineligible.

(A) If an income change after certification causes the case to exceed the income standard, the case is closed.

(B) Individuals, however, who are determined pregnant and financially eligible continue to be eligible for pregnancy-related services through the prenatal, delivery and postpartum period, regardless of income changes. A pregnant individual included in a TANF case which closes continues to be eligible for pregnancy-related services through the postpartum period.

(d) Certification of individuals related to pregnancy-related services. The certification period for the individual related to pregnancy-related services will cover the prenatal, delivery and postpartum periods. The postpartum period is defined as the twelve (12) months following the month the pregnancy ends. Financial eligibility is based on the income received in the first

month of the certification period. No consideration is given to changes in income after certification.

(e) Certification of newborn child deemed eligible.

(1) Every newborn child is deemed eligible on the date of birth for SoonerCare when the child is born to a woman who is eligible for and enrolled in pregnancy-related services as categorically needy. The newborn child is deemed eligible through the last day of the month the newborn child attains the age of one (1) year. The newborn child's eligibility is not dependent on the mother's continued eligibility. The mother's coverage may expire at the end of the postpartum period; however, the newborn child is deemed eligible until age one (1). The newborn child's eligibility is based on the original eligibility determination of the mother for pregnancy-related services, and consideration is not given to any income or resource changes that occur during the deemed eligibility period.

(2) The newborn child is deemed eligible for SoonerCare as long as he/she continues to live in Oklahoma. In accordance with 42 C.F.R. § 435.117, no other conditions of eligibility are applicable, including social security number enumeration, child support referral, and citizenship and identity verification. However, it is recommended that social security number enumeration be completed as soon as possible after the newborn child's birth. It is also recommended that a child support referral be completed, if needed, as soon as possible and sent to the Oklahoma Child Support Services (OCSS) division at DHS. The referral enables child support services to be initiated.

(3) When a categorically needy newborn child is deemed eligible for SoonerCare, he/she remains eligible through the end of the month that the newborn child reaches age one (1). If the child's eligibility is moved from the case where initial eligibility was established, it is required that the newborn receive the full deeming period. The certification period is shortened only in the event the child:

- (A) Loses Oklahoma residence; or
- (B) Expires.

(4) A newborn child cannot be deemed eligible when the mother's only coverage was presumptive eligibility, and continued eligibility was not established.

(f) Certification of individuals related to expansion adults.

(1) Prior to January 1, 2027, the certification period for the individual related to the expansion adult group is twelve (12) months.

(2) On and after January 1, 2027, the certification period for the individual related to the expansion adult group is six (6) months. Certification periods for American Indian/Alaska Native (AI/AN) individuals remain twelve (12) months, even when determined eligible and related to the expansion adult group.

317:35-6-60.2. Retroactive eligibility.

(a) Retroactive eligibility, as outlined in this section, shall be available to pregnant women and/or members under the age of nineteen (19) and expansion adults. For retroactive eligibility rules related to other SoonerCare population groups, refer to Oklahoma Administrative Code (OAC) 317:35-7-60(b).

(b) In addition to the period of eligibility specified in Oklahoma Administrative Code (OAC) 317:35-6-60, an applicant, or individuals within the applicant's household, shall be eligible for

SoonerCare benefits up to ~~three (3)~~two (2) months prior to the date of application if all of the following requirements are met:

- (1) The individual for whom retroactive coverage is being requested would have been eligible for SoonerCare coverage if an application for SoonerCare had been made during the retroactive month.
 - (A) The individual does not have to be eligible for the month of application to be found eligible for one (1) of the ~~three (3)~~two (2) retroactive months.
 - (B) The eligibility factors (e.g. income, residency, household composition, etc.) are evaluated separately for each retroactive month for which retroactive eligibility is being requested.
- (2) The applicant completes the retroactive eligibility application form and provides, within six (6) months of the date the services were provided, documentation for verification purposes as requested by SoonerCare.
- (3) The individual applying for retroactive coverage states that the individual for whom retroactive coverage is being requested received reimbursable SoonerCare services which were provided by a SoonerCare-contracted provider during the retroactive month.
- (4) An applicant cannot be approved for retroactive coverage for a month in which his or her application was previously denied.
- (5) For individuals related to the adult expansion group, retroactive eligibility is limited to the one (1) month directly prior to the month of application.
- (c) Per 42 Code of Federal Regulations (CFR) '§ 435.915(b), if an applicant is determined to be eligible for retroactive coverage at any time during the requested retroactive month, then coverage will begin on the first (1st) day of the month and be effective for the entire month.
- (d) If the applicant is applying for SoonerCare benefits due to pregnancy, then the applicant must have been pregnant during the requested retroactive month.
- (e) Regardless of retroactive eligibility being granted, the requirement for the claim to be filed timely, per OAC 317:30-3-11, is still in effect.
- (f) Retroactive coverage for SoonerCare health services received during a retroactive month will be secondary to any third-party which has primary responsibility for payment. If the individual eligible for retroactive coverage has already paid for the health services, the provider may refund the payment and bill SoonerCare in accordance with the timely filing requirements in OAC 317:30-3-11.
- (g) Retroactive coverage for SoonerCare reimbursable health services that require prior authorization shall not be denied solely because of a failure to secure prior authorization. Medical necessity, however, must be established before reimbursement can be made.
- (h) Denials of requests for retroactive eligibility may be appealed in accordance with OAC 317:2-1-2(d)(1)(F).

317:35-6-61. Redetermination of eligibility for persons receiving SoonerCare

- (a) A periodic redetermination of eligibility for SoonerCare is required for all members. The redetermination is made prior to the end of the initial certification period and each twelve (12) months thereafter or each six (6) months thereafter for expansion adult members who are not American Indian/Alaska Native per OAC 317:35-6-60(f). A deemed newborn is eligible through

the last day of the month the newborn child attains the age of one year, without regard to eligibility of other household members in the case.

(b) Effective January 1, 2014, when the agency has sufficient information available electronically to redetermine eligibility, eligibility will be redetermined on that basis and a notice will be sent to the household explaining the action taken by the agency. The member is responsible for notifying the agency if any information used to redetermine eligibility is incorrect. If the agency does not have sufficient information to redetermine eligibility, the agency will send notice to that effect, and the member is responsible for providing the necessary information to redetermine eligibility.

(c) A member's case is closed if he/she does not return the form(s) and any verification necessary for redetermination timely. ~~If the member submits the form(s) and verification necessary for redetermination within ninety (90) days after closure of the case, benefits are reopened effective the date of the closure, provided the member is eligible and benefits were closed because the redetermination process was not completed.~~ The effective date of eligibility is determined in accordance with applicable federal and state requirements governing retroactive eligibility.

(d) Effective January 1, 2024, a child who meets the criteria for continuous eligibility shall remain eligible for SoonerCare, until the earlier of:

- (1) Twelve (12) months from the effective date of the child's most recent certification period; or
- (2) The child's nineteenth (19th) birthday.

SUBCHAPTER 7. MEDICAL SERVICES

PART 7. CERTIFICATION, REDETERMINATION AND NOTIFICATION

317:35-7-60. Certification for SoonerCare

(a) **General.** The rules in this Section apply to the following categories of eligibles:

- (1) Categorically needy SoonerCare members who are categorically related to Aged, Blind, and Disabled (ABD);
- (2) Categorically needy SoonerCare members who are categorically related to ABD, and are eligible for one of the following:
 - (A) Qualified Medicare Beneficiary Plus (QMBP);
 - (B) Qualified Disabled and Working Individual (QDWI);
 - (C) Specified Low-Income Medicare Beneficiary (SLMB);
 - (D) Tuberculosis (TB) related services;
 - (E) Qualifying Individual (QI); or
 - (F) Tax Equity and Fiscal Responsibility Act (TEFRA).

(b) **Certification of individuals categorically needy and categorically related to ABD.** The certification period for the categorically needy individual who is categorically related to ABD can be up to twelve (12) months from the date of certification. The individual must meet all factors of eligibility for each month of the certification period. The certification can be for a retroactive period of coverage, during the ~~three (3)~~ two (2) months directly before the month of application, if the individual received covered medical services at any time during those ~~three (3)~~ two (2) months and would have been eligible for SoonerCare at the time he or she received the services. The cash

payment portion of the State Supplemental Payment (SSP) may not be paid for any period prior to the month of application.

- (1) The certification period is twelve (12) months unless the individual:
 - (A) Is certified as eligible in a money payment case during the twelve (12) month period;
 - (B) Is certified for long-term care during the twelve (12) month period;
 - (C) Becomes ineligible for medical assistance after the initial month;
 - (D) Becomes ineligible as categorically needy; or
 - (E) Is deceased.

- (2) If any of the situations listed in subparagraph (1) of this paragraph occur after the initial month, the case is closed by the worker.

- (A) If income and/or resources change after certification causing the case to exceed the categorically needy maximums, the case is closed.

- (B) A pregnant individual included in an ABD case which closes continues to be eligible for pregnancy related services through the postpartum period.

(c) Certification of individuals categorically related to ABD and eligible as QMBP. The SoonerCare benefit may be certified on the first day of the ~~third~~second month prior to the month of application or later. If the individual receives Medicare and is eligible for SSP, the effective date of certification for the Medicare Part B premium buy-in is the month of certification for SSP. If the individual receives Medicare and is not eligible for SSP, the effective date of certification for the Medicare Part B premium buy-in is the first day of the month following the month in which the eligibility determination is made (regardless of when application was made).

- (1) An individual determined eligible for QMBP benefits is assigned a certification period of twelve (12) months. At any time during the certification period that the individual becomes ineligible, the case is closed using regular negative action procedures.

- (2) At the end of the certification period a redetermination of QMBP eligibility is required, using the same forms and procedures as for ABD categorically needy individuals.

(d) Certification of individuals categorically related to ABD and eligible as QDWI. The Social Security Administration (SSA) is responsible for referrals of individuals potentially eligible for QDWI. Eligibility factors verified by the SSA are Medicare Part A eligibility and discontinuation of disability benefits due to excessive earnings. When the OKDHS State office receives referrals from the SSA, the county will be notified and is responsible for obtaining an application and establishing other factors of eligibility. If an individual contacts the county office stating he/she has been advised by SSA that he/she is a potential QDWI, the county takes a SoonerCare application. The effective date of certification for QDWI benefits is based on the date of application and the date all eligibility criteria, including enrollment for Medicare Part A, are met. For example, if an individual applies for benefits in October and is already enrolled in Medicare Part A, eligibility can be effective October 1 [or up to ~~three (3)~~two (2) months prior to October 1, if all eligibility criteria are met during the ~~three (3)~~two (2) month period]. However, if in the example, the individual's enrollment for Part A is not effective until November 1, eligibility cannot be effective until that date. Eligibility can never be effective prior to July 1, 1990, the effective date of this provision. These cases will be certified for a period of twelve (12) months. At the end of the twelve (12) month period, eligibility redetermination is required. If the individual becomes ineligible at any time during the certification period, the case is closed.

(e) Certification of individuals categorically related to ABD and eligible as SLMB. The

effective date of certification of SLMB benefits may begin on the first day of the ~~third~~second month prior to the month of application or later. A certification can never be earlier than the date of entitlement of Medicare Part A. An individual determined eligible for SLMB benefits is assigned a certification period of twelve (12) months. At any time during the certification period the individual becomes ineligible, the case is closed using standard negative action procedures. At the end of the certification period a redetermination of SLMB eligibility is required. A redetermination of SLMB eligibility must also be done at the same time a dually eligible individual has a redetermination of eligibility for other SoonerCare benefits such as long-term care.

(f) Certification of individuals categorically related to disability and eligible for TB related services.

- (1) An individual determined eligible for TB related services may be certified the first day of the ~~third~~second month prior to the month of application or later, but no earlier than the first day of the month the TB infection is diagnosed.
- (2) A certification period of twelve (12) months will be assigned. At any time during the certification period that the individual becomes ineligible, the case is closed using the regular negative action procedures.
- (3) At the end of the certification period a new application will be required if additional treatment is needed.

(g) Certification of individuals categorically related to ABD and eligible as QI. The effective date of certification for the QI-1 may begin on the first day of the ~~third~~second month prior to the month of application or later. A certification can never be earlier than the date of entitlement of Medicare Part A. An individual determined eligible for QI benefits is assigned a certification period of twelve (12) months. At any time during the certification period the individual becomes ineligible, the case is closed using standard negative action procedures. At the end of the certification period, a redetermination of QI eligibility is required.

- (1) Since the State's allotment to pay Medicare premiums for this group of individuals is limited, the State must limit the number of QIs so that the amount of assistance provided during the year does not exceed the State's allotment for that year.
- (2) Persons selected to receive assistance are entitled to receive assistance with their Medicare premiums for the remainder of the federal fiscal year, but not beyond, as long as they continue to qualify. The fact that an individual is selected to receive assistance at any time during the year does not entitle the individual to continued assistance for any succeeding year.

(h) Certification of individuals related to Aid to the Disabled for TEFRA. The certification period for individuals categorically related to the Disabled for TEFRA is twelve (12) months.