Medicaid Eligibility

State Name: Oklahoma

OMB Control Number: 0938-1148

Transmittal Number: OK - 22 - 0042

Eligibility Groups - Mandatory Coverage
Pregnant Women

S28

42 CFR 435.116
1902(a)(10)(A)(i)(III) and (IV)
1902(a)(10)(A)(ii)(I), (IV) and (IX)
1931(b) and (d)
1920

■ **Pregnant Women -** Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

■ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

○ Yes ◉ No

■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

■ Income standard used for this group

■ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

○ Yes ◉ No

The minimum income standard for this eligibility group is 133% FPL.

■ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

○ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

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- ○ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ○ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ○ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ◉ 185% FPL

■ Income standard chosen

Indicate the state's income standard used for this eligibility group:

- ○ The minimum income standard
- ◉ The maximum income standard
- ○ Another income standard in-between the minimum and maximum standards allowed.

■ There is no resource test for this eligibility group.

■ Benefits for individuals in this eligibility group consist of the following:

- ◉ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ○ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

■ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

○ Yes ◉ No

PRA Disclosure Statement

OK - Submission Package - OK2022MS0008D - Eligibility

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | OK2022MS0008D

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CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

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SPA ID N/A
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Effective Date N/A

View Implementation Guide

VIEW ALL RESPONSES

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

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The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

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The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- (•) Yes
- ( ) No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

   a. The individual requests voluntary termination of eligibility;

   b. The individual ceases to be a resident of the state;

   c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or

   d. The individual dies.

C. Additional Information (optional)

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Character count: 0/4000

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○ Yes ◉ No

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Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

   ☐ Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

   ☒ Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

   Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

   The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

   The state:

   ☐ Applies existing state data from periods before January 1, 2014.

   ☐ Applies data obtained through a post-eligibility statistically valid sample of individuals.

   Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. ☐ An enrollment cap adjustment is applied by the state (complete items 2 through 4).

   ☒ An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).

3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:

   ☐ Yes. The combined enrollment cap adjustment is described in Attachment C

   ☐ No.

4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:

   ☐ Applies a special circumstances adjustment(s).

   ■ Does not apply a special circumstances adjustment.

2. The state:

   ■ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).

   ■ Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).

3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 5 - State Attestations

The State attests to the following:

A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.

B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

☐ Attachment A – Conversion Plan Standards Referenced in Table 1

☐ Attachment B – Resource Criteria Proxy Methodology

☐ Attachment C – Enrollment Cap Methodology

☒ Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

☒ Attachment E – Transition Methodologies

PRA Disclosure Statement

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Effective January 1, 2023, Oklahoma has elected the extended postpartum option, which extends postpartum coverage from 60 days to 12 months, under Sections 9812 and 9822 of the American Rescue Plan Act of 2021. The new extended postpartum coverage provides ongoing care that will reduce pregnancy related deaths and severe maternal morbidity and will improve continuity of care for chronic health conditions.

Oklahoma requests continuous enhanced federal financial participation (FFP) for individuals who remain on a Medicaid category under the new extended postpartum coverage for 12 months, who would have otherwise moved to the adult coverage group and been determined newly eligible, as described in 42 CFR 435.119 after the original 60-day period. This proxy methodology accounts for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible federal medical assistance percentage (FMAP) under section 1905(y) of the Social Security Act.

Prior to January 1, 2023, postpartum individuals with income at or below 133% but above parent caretaker fixed income limit, who were at least nineteen years old but less than sixty-five years old, no longer pregnant, not disabled, not enrolled in Medicare Part A or Part B, and would have been determined newly eligible and moved to the adult coverage group after receiving 60 days of postpartum coverage. Once moved to the adult coverage group, Oklahoma would have received enhanced FMAP for these individuals.

Denominator:
Based on State Fiscal Year 2019 data (pre-Medicaid Expansion for Oklahoma), 27,684 individuals in Oklahoma received postpartum care. Oklahoma has also elected to increase the income threshold for pregnancy related individuals from 133% FPL to 185% FPL, converted to MAGI-equivalent percent of FPL and applicable disregards. Oklahoma has an existing unborn child benefit with eligibility up to 185% FPL and using State Fiscal Year 2019 data that will increase the denominator by 3,205. Total denominator is 27,684 + 3,205 = 30,889 individuals receiving postpartum care annually.

Numerator:
Out of those individuals, 8,748 would qualify for a non-adult coverage group full scope benefit. The remaining 18,936 would have been above the income threshold for any non-adult coverage group full scope benefit. In 2019, the pregnancy related threshold was the same as the existing adult group so all 18,936 would have moved to the adult coverage group. Oklahoma has also elected to increase the income threshold for pregnancy related individuals from 133% FPL to 185% FPL. Oklahoma has an existing unborn child benefit with eligibility up to 185% FPL and using State Fiscal Year 2019 data that will increase the numerator by 1,857. Since this group is up to 185% FPL, we utilize 2019 American Community Survey (ACS) census data to determine the percent below 133% of FPL; 20.8% of Oklahoma adults, aged 19-64, have income below 137% of FPL (137% was used as approximation from census data). As a result, 1,857 x 20.8% = 386 + 18,936 = 19,322 individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the 60-day postpartum period, but for the state's election of the extended postpartum coverage option. Oklahoma redetermines eligibility annually and assumes the coverage would be for the entire additional 10-month period.

Proxy Percentage:
Oklahoma estimates that 62.6% (19,322/30,889) of postpartum individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the 60-day postpartum period, but for the state's election of the extended postpartum coverage option.