

Oklahoma Health Care Authority
P. O. Box 548804
Oklahoma City, OK 73154

*
DET-9001-D

LNEM-EM

DEMONTRA SMITH
1705 1ST AVE SW
ARDMORE, OK 73401

Oklahoma Health Care Authority
P. O. Box 548804
Oklahoma City, OK 73154

DET-9001-D

Case Number: 2028N3Z
TXN ID: 00-875-092-57
PIN: 5kUejP58P
Date: 02/06/2023

Dear DEMONTRA SMITH,

Your application was received on 02/05/2023. Keep this letter as your official proof for those who qualify. This replaces any earlier notice you have received. Below are the results for each member of your household. Some people may need to send in more documents.

Pregnant women, children and expansion adults may apply for SoonerCare to pay for some services received during the last 90 days. Please find the Retro Eligibility Application on the summary page of the secure member portal at www.MySoonerCare.org. You will need to log into your account and follow the steps outlined in the form. If approved, you must contact the SoonerCare provider and they must send us any claims for services received during the application period in a timely manner. SoonerCare cannot guarantee that the bill will be paid.

You are required to tell the Oklahoma Health Care Authority within 10 days if there are any changes in your income, the people in your home or tax household, where you live or get your mail, your health insurance, or other changes in circumstances that might affect your family's eligibility for benefits. To report any changes login to your SoonerCare account at www.mySoonerCare.org and click Manage My Account. If you don't have a login, use the PIN provided at the top of this letter to create a User ID and Password to access your account. You will be required to register using an email address. You may also call Member Services.

SoonerCare Helpline: 1-800-987-7767

Insure Oklahoma Helpline: 1-888-365-3742

TDD/Oklahoma Relay 711

Refer to letter DET-9001-D and the case number listed at the top of this letter when you call.

You have the right to appeal any denied or reduced services. To appeal, send in an LD-1 form to the OHCA Docket Clerk in the OHCA Office of Hearings and Appeals. LD-1 Forms are available on OHCA's website at www.okhca.org. You may also call 405-522-7217 or email docketclerk@okhca.org to have one sent to you. A completed LD-1 form must be received by the Docket Clerk within 30 days of the date on this notice. Include a copy of this notice and any other information you want to be considered at the hearing. You may represent yourself at the hearing or you may have someone else speak for you. If you want someone else to speak for you, you must complete the "Authorized Representative Information" section on the LD-1.

Important notice to members whose services have been reduced or discontinued: If you want your services to be continued while your appeal is being decided, your LD-1 form must be received by the Docket Clerk within 10 days of the date on this notice. If you want to continue receiving services, and the appeal decision is not in your favor, you may have to pay for any services you received.

Sincerely,

Oklahoma Health Care Authority

Email Notices!

If you have an email address you can receive case notifications electronically and view your letters online.
For more information on email notices visit www.mySoonerCare.org.

Case Number: 2028N3Z

Name: DEMONTRA SMITH

Member ID: 003278903

DET-9001-D
02/06/2023

Program	Status	Reason	Benefits Start	Benefits End
SoonerCare-Adults	Approved		02/05/2023	01/31/2024