

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

*
DET-9001-D
LNM-EM

WENDY SULLIVAN
205668 EAST CR 48
SHARON, OK 73857

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

DET-9001-D

Case Number: 2004A2R
TXN ID: 00-662-527-97
PIN: 5Ub34LJbE
Date: 04/29/2021

Dear WENDY SULLIVAN,

Based on the information provided to the Oklahoma Health Care Authority (OHCA), we have taken action on your case. This replaces any earlier notice you have received. Please review each person's status below.

Pregnant women and children 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.

Because someone is blind, disabled, or in need of long term care, information from this application has been sent to the Oklahoma Department of Human Services. To check the status of that request, go to www.OKDHS.org or call your local OKDHS office.

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: 2004A2R

DET-9001-D
04/29/2021

Name: WENDY SULLIVAN		Member ID: 002612951	
Program	Status	Reason	Benefits Start Benefits End
SoonerCare	Denied	Member needs to contact OKDHS county office - Has active ABD (OAC 317:35-5-63)	

Name: KHLOE MUKES		Member ID: 050721178	
Program	Status	Reason	Benefits Start Benefits End
SoonerCare-Children	Approved		04/07/2016 03/31/2022