R5 – ONLINE ENROLLMENT HOME VIEW

www.mySoonerCare.org
www.InsureOklahoma.org

Oklahoma Health Care Authority
November, 2020 (version 5.9)
GENERAL OVERVIEW

Applying on a home computer → Home View
ONLINE ENROLLMENT

Home View
Application

Application
Walkthrough
WEB SITE OPTIONS

• Accessing online application
  
  • [www.mysoonercare.org](http://www.mysoonercare.org) or [www.insureoklahoma.org](http://www.insureoklahoma.org)

• Maintaining and updating the application after eligibility determination

• Printing a paper application for the Health Insurance Marketplace

• Currently Internet Explorer 11; Microsoft Edge, Google Chrome, Mozilla Firefox and Safari are acceptable browsers for Home View.

• Fictitious applicant data used throughout this document for demonstration purposes.
WEB APPLICATION (WWW.INSUREOKLAHOMA.ORG) HOME PAGE
WEB APPLICATION (WWW.MYSOONERCARE.ORG) HOME PAGE
APPLICATION REQUIREMENTS – INFORMATION NEEDED

Names, DOB, SSN, Contact Information, including a valid email address

Household Tax Information

Gross Income: Earned & Unearned

Expenses

Health Insurance

Payment Service
APPLY FOR BENEFITS (WWW.MYSOONERCARE.ORG)
HOME PAGE
Rights and Responsibilities

Thank you for your interest in our programs.
To apply for benefits, you must agree to the terms listed below. You must select “I agree” to complete the application.

I agree to:

- Help the Oklahoma Health Care Authority check any information on this application, and let them get needed information from government agencies, employers, medical providers and other sources.
- Tell the Oklahoma Health Care Authority within 10 days if there are any changes in our income, the people who live in our home, where we live or get our mail, and/or our health insurance.
- Transfer, assign and authorize payment to the Oklahoma Health Care Authority all claims I have or may have against health insurance or liability insurance companies, or other third parties. This covers all payments for medical services made by the Oklahoma Health Care Authority for me or my dependents.
- Help the Oklahoma Department of Human Services or the Oklahoma Health Care Authority identify and find absent parents who might be liable for the costs of medical care for me or others in my family receiving SoonerCare or Insure Oklahoma.
- Adults who want health benefits or family planning are required by federal law to cooperate with the child support office to get medical support established for any of their children whose other parent is not in the home. I agree to cooperate in establishing medical support. I understand that if I fail to cooperate in establishing medical support, I will be responsible for the medical bills that result from taking me to the hospital. I also understand that I can contact my local child support office to request good cause consideration. I also understand that I can contact my local child support office to ask that my home address or location not be released if there is a fear of family violence.
- If approved for Insure Oklahoma I understand I will be responsible for paying the appropriate premiums and out-of-pocket costs including but not limited to co-payments.
I will allow the Oklahoma Health Care Authority to:

- Collect payments from anyone who is supposed to pay for any of my or my family’s medical care provided by the Oklahoma Health Care Authority.
- Share any of my necessary information that the Oklahoma Health Care Authority maintains with any insurance company, person or entity who is responsible for paying the medical bill.
- Access and receive my medical records from any of my medical providers.
- Share important health and benefits information through electronic messages. Message and Data Rates may apply.

I will allow any of my medical providers to:

- Give any of my information they have to the Oklahoma Department of Human Services or the Oklahoma Health Care Authority to make payment or overpayment decisions.

You have the right to a hearing if you disagree with an adverse action taken on your case. You must fill out and submit an LD-1 form to the Oklahoma Health Care Authority within twenty (20) days from the day of adverse action. You can get an LD-1 form by contacting Member Services at 1-800-887-7767. You can represent yourself at the hearing, or you can have an attorney or other representative.

I understand if I give information that isn’t true or if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the Oklahoma Health Care Authority for any medical bills that were not paid correctly.

You must select either ‘I agree’ or ‘I do not agree’.

- I agree
- I do not agree

EXIT
CREATING AN ACCOUNT

Log On or Create Your Account

To log on to your existing account, please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: *
Password: *

Forgot your User ID?
Forgot your Password?

If you do not have a user account, but you have your Personal Identification Number (PIN), you may create an account using your PIN now.
If you do not have a user account or PIN, please create a new account now.
STEP 1: PEOPLE AND CONTACTS

The first step in the application process is to tell us about all of the people living in the household.

Start with an adult. If there is one living in the house, he or she will be the contact person for the case. The contact person must be at least 15 years old. When you have finished, select "Next" to continue.

Personal Information

- **First Name:** Claire
- **Middle Name:**
- **Last Name:** Example
- **Suffix:**
- **Date of Birth:** February 19, 1980
- **Marital Status:** Single or Unknown
- **Gender:** Female
- **Pregnant:** No
STEP 1: PEOPLE AND CONTACTS - HEALTH CONDITION ASSESSMENT

• Pregnancy fields trigger additional health condition assessment questions.

Due Date: * 

Number of Babies Expected: *

Note: You must provide medical proof of pregnancy if you are including the unborn child on this application.
STEP 1: PEOPLE AND CONTACTS

• The selection of SoonerCare or help paying for health insurance is made automatically for children and pregnant women.
STEP 1: PEOPLE AND CONTACTS

Residency & Citizenship

Does this person live in Oklahoma?  
- ☑ Yes  
- ☐ No

If you have to verify the citizenship or alien status for this person we may need additional documentation. Can you provide a document or have you ever had a document that shows this person?

- ☑ is a U.S. citizen
- ☐ is here as an alien with documentation
- ☐ none of the above

Documentation that can be provided:  
- ☑ U.S. Birth Certificate

[Buttons: RESET FORM, SAVE & EXIT, NEXT]
STEP 1: PEOPLE AND CONTACTS – CONTACT INFORMATION
STEP 1: PEOPLE AND CONTACTS

• Receive English or Spanish notices by letter or email.
• The authorized representative section of this page allows a user to identify an authorized representative.
STEP 1: PEOPLE AND CONTACTS – AUTHORIZED REPRESENTATIVE

• Provide all of the required authorized representative information.
STEP 1: PEOPLE AND CONTACTS

• Address standardization.
STEP 1: PEOPLE AND CONTACTS

• Create a user ID and password.
STEP 1: PEOPLE AND CONTACTS

• Choose questions and answers that are not easily known by others.

Create a User Account - Challenge Questions

Do not use your browser back button or do a screen refresh.

Please select 3 challenge questions and provide the answers below. We will use this information to identify you if you forget your User ID or password. When you select and answer your 3 questions:

• Do not select a question that everyone who knows you would know the answer to.
• Remember that answers to challenge questions should be protected in the same way passwords are.

Required fields are marked with an asterisk (*).

Question 1: * What is your favorite color? ▼
Answer 1: * Blue
Re-type Answer 1: *

Question 2: * What is the name of the maid of honor at your wedding? ▼
Answer 2: *
Re-type Answer 2: *

Question 3: * What is your favorite relative’s name? ▼
Answer 3: *
Re-type Answer 3: *
STEP 1: PEOPLE AND CONTACTS – ACCOUNT CREATION

- When the account is successfully created, the confirmation message displays.
STEP 1: ACCOUNT LOGIN – ACCOUNT CREATION

• Log on using your user ID or email address and password created on the previous page.
STEP 1: ACCOUNT REGISTRATION

• Enter the registration code sent to the email address used to create your account.

Dear SoonerCare applicant,

You are receiving this notice because you either have started an application or you are a SoonerCare member who needs to complete their registration.

Registration code: 85Ehez

Please login to your account by clicking the following link to complete your registration.

SoonerCare

Please do not reply to this email.

Sincerely,
SoonerCare

This email was sent from a notification-only email address that cannot accept incoming email.
STEP 1: ACCOUNT REGISTRATION

• Enter the registration code sent to the email address used to create your account and click Register.
STEP 1: PEOPLE AND CONTACTS

• Click Continue to resume the application.
**STEP 1: PEOPLE AND CONTACTS**

- Entering additional household members.

### Step 1 - People & Contacts

Do not use your browser back button or do a screen refresh.

You have told us about the following person living in the household:

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire V. Example</td>
<td>XXX-XX-</td>
<td>02/19/1</td>
<td>Female</td>
</tr>
</tbody>
</table>

- Who should I include?

- Are there other people living in the household?
  - Yes, there are other people in the household
  - No, everyone in the household is listed above
STEP 1: PEOPLE AND CONTACTS - HOUSEHOLD
### Step 1 - People & Contacts

You have told us about the following people living in the household:

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire V-Example</td>
<td>JDX-XX-3031</td>
<td>02/19/1980</td>
<td>Female</td>
</tr>
<tr>
<td>Alexis V-Example</td>
<td>JDX-XX-6866</td>
<td>02/19/2001</td>
<td>Female</td>
</tr>
<tr>
<td>Charlotte V-Example</td>
<td>JDX-XX-2525</td>
<td>02/19/2010</td>
<td>Female</td>
</tr>
<tr>
<td>John V-Example</td>
<td>JDX-XX-1313</td>
<td>02/19/2019</td>
<td>Male</td>
</tr>
</tbody>
</table>

**Who should I include?**

Are there other people living in the household?

- Yes or No is required.

- **Yes**, there are other people in the household
- **No**, everyone in the household is listed above
STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD QUESTIONS

Household Questions:
• There will be an unemployment benefits question for Insure Oklahoma applicants between the ages of 19 and 64.
• There will be a foster care question for members in the household between the ages of 19 and 25.
• There will be a full-time college student question for members in the household applying for Insure Oklahoma, between the ages of 19 and 22.
STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD QUESTIONS

• When Yes is selected for any of the questions, a household member must be selected.
STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD QUESTIONS

• When a household member is between ages 19 and 22, applying for Insure Oklahoma and enrolled in an accredited Oklahoma college, you must select their college from the drop-down menu. If their college is not listed, select ‘Other’.
STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD RELATIONSHIPS

- Relationship information is collected by making a selection from the drop-down.
STEP 1: PEOPLE AND CONTACTS – SPOUSAL RELATIONSHIPS

• Relationship information is collected by making a selection from the drop-down.
STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD RELATIONSHIPS
STEP 1: PEOPLE AND CONTRACTS – HOUSEHOLD RELATIONSHIPS

• If the child’s other parent is in the household, he or she should be selected from the drop-down.
STEP 1: PEOPLE AND CONTRACTS – HOUSEHOLD RELATIONSHIPS
STEP 1: PEOPLE AND CONTACTS – SIBLING RELATIONSHIPS

- Add sibling relationships for children with no parents in the home.
STEP 1: PEOPLE AND CONTACTS – SIBLING RELATIONSHIPS

• Select brothers and sisters.
STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review
STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review
STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review

### Household Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone in the household blind or disabled?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household in need of Long Term Care?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household incarcerated (serving a sentence in prison or jail)?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household eligible for Unemployment Benefits?</td>
<td>No</td>
</tr>
<tr>
<td>Were any of the following household members in foster care in Oklahoma on their 16th birthday?</td>
<td>No</td>
</tr>
<tr>
<td>Are you a full-time college student?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Alexis V. Sample, College: Northeastern State University**

### Household Relationships

#### Relationships to Applicant
- Alexis V. Sample is the Daughter of Claire V. Example
- Charlotte V. Example is the Other child residing in household of Claire V. Example
- John V. Example is the Son of Claire V. Example

#### Marital Status
- Claire V. Example is Single or Unknown
- Alexis V. Sample is Single or Unknown

#### Oklahoma Child Support Services
- Charlotte V. Example's Other Parent is Divorced
- Cooperation with Child Support Services: Yes

### Sibling Relationships

<table>
<thead>
<tr>
<th>Sibling Relationships</th>
<th>Alexis V. Example is Sister of John V. Example</th>
</tr>
</thead>
</table>


STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review

<table>
<thead>
<tr>
<th>Contacts</th>
</tr>
</thead>
</table>
| Residence: 7423 N Mesa  
Oklahoma City, OK 74112 |
| Mailing Address: 7423 N Mesa  
Oklahoma City, OK 74112 |
| Primary Language Spoken in Household: English |
| Written Communication in: Email |
| Notification Type: Email |
| Day Time Phone: No Phone  
Okay to leave Message: No |
| Night Time Phone: No Phone  
Okay to leave Message: No |
| Email: ShakedownTesting@sink.sendgrid.net |

Change contact information
STEP 1: PEOPLE AND CONTACTS - REVIEW

• A pop-up message allows one more opportunity to review and update household members before moving on to Step 2.
STEP 2: TAX HOUSEHOLD

• Make selections from the drop-downs.
• Additional fields may display depending on the tax filer status.

Now we need to ask you about the people in the household and their tax filing status. Start by telling us how Claire will pay taxes next year and whom she can legally claim as a dependent. For each person claimed as a dependent select how they are related to Claire. If a person is not related to her or the relationship type is not in the drop-down list, select “Other”.

When you are finished, select “Next.”
STEP 2: TAX HOUSEHOLD

• Household members display based on the filing status.
• Check the individuals that will be claimed.
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

• Step 3 collects household income and begins by collecting employment information for anyone in the household who is working.
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

• Add the employment details for the individual listed.

![Image of the page with a form for adding employment details for a household income entry.](image-url)
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- If an Insure Oklahoma applicant has an EEN, click on the ‘Yes’ radio button and click on the ‘Enter EEN’ button.
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

• Enter Employee Enrollment Number.
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- The employer’s data will automatically populate.
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- Add Taxable Income.
- Insure Oklahoma applicants will include number of hours worked per week, and whether or not the employer offers health insurance.
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

• If you don’t have an EEN, add the employment details for the individual listed.
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

• Validate Employer Information
STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

• Entry of the Taxable Income fields.
STEP 3: HOUSEHOLD INCOME – OTHER INCOME

• Step 3 also collects income that is not received through employment.
STEP 3: HOUSEHOLD INCOME – OTHER INCOME

### Step 3 - Household Income - Other

Do not use your browser back button or do a screen refresh.

Select all of Claire Example’s income sources. For each income source:
- Enter the amount of money Claire Example receives
- Select how often that money is received

When you have finished, select “Next” to continue.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount (dollars only, no cents)</th>
<th>How Often Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Benefits</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>SSI (Required to determine eligibility)</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Alimony</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Dividends or Interest</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Retirement, Pension or Annuities</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Rental or Royalty Income</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Strikers Benefits</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Lump Sum</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
</tbody>
</table>
STEP 3: HOUSEHOLD INCOME – OTHER INCOME

- Select the other source of income then enter the amount and how often it is received.

![Image of the interface for step 3 of household income]

- Do not use your browser back button or do a screen refresh.
**STEP 3: HOUSEHOLD INCOME – OTHER INCOME**

- Additional sources of income continues down the page.
STEP 4: EXPENSES

Step 4 - Expenses

Do not use your browser back button or do a screen refresh.

Please tell us about your tax-deductible expenses. These will be expenses that you are going to report on your next year’s tax return. Verification must be provided for all declared expenses. Your eligibility period will be limited until verification is received and approved.

More information on deductible expenses

Does anyone in the household have deductible expenses?

Yes or No is required.

- Yes
- No

Select all household members who have deductible expenses

- Claire V. Example
- Alexis V. Example
- Charlotte V. Example
- John V. Example
STEP 4: EXPENSES

• Enter the details for the deductible expense for each person.
STEP 4: EXPENSES

- Additional deductible expenses.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving expenses allowed on Form 3903</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penalty for early withdrawal of savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed SEP, SIMPLE, and qualified plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employment health insurance deduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Loan Interest Paid</td>
<td>$100</td>
<td>Yearly</td>
</tr>
<tr>
<td>Tuition and fees allowed on Form 3917</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Select how often -
STEP 5: HEALTH INSURANCE

• Tell us about any commercial health insurance.

Tell us about health insurance.

- When answering this question, include medical, pharmacy, dental, vision, hospitalization, and cancer insurance. This includes insurance coverage paid for by someone outside the household.
- Do not consider SoonerCare, Indian Health Services, or Medicare as insurance companies.

Why do we need this?

Does anyone in the household have health insurance (not including SoonerCare)?

- Yes or No is required.
  - Yes, at least one household member has health insurance
  - No, no one has health insurance
STEP 5: HEALTH INSURANCE
STEP 5: HEALTH INSURANCE
STEP 5: HEALTH INSURANCE - MEDICARE

• Medicare is another source of health insurance that is asked about.
STEP 5: HEALTH INSURANCE - MEDICARE

- Selecting Yes to the Medicare question generates a list of household members. Select the member with Medicare coverage.
- No additional information is collected.
STEP 6: REVIEW

• Review information provided: People and Contacts.
STEP 6: REVIEW
STEP 6: REVIEW

• Household questions and household relationships.

<table>
<thead>
<tr>
<th>Household Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone in the household Elderly or Disabled?</td>
</tr>
<tr>
<td>Is anyone in the household in need of Long Term Care?</td>
</tr>
<tr>
<td>Is anyone in the household incarcerated (serving a sentence in prison or jail)?</td>
</tr>
<tr>
<td>Is anyone in the household eligible for Unemployment Benefits?</td>
</tr>
<tr>
<td>Were any of the following household members in foster care in Oklahoma on their 18th birthday?</td>
</tr>
<tr>
<td>Are you a full time college student?</td>
</tr>
</tbody>
</table>

| Alexis V. Sample | College: Northeastern State University |

<table>
<thead>
<tr>
<th>Household Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships to Applicant</td>
</tr>
<tr>
<td>Alexis V. Sample is the Daughter of Claire V. Example</td>
</tr>
<tr>
<td>Charlotte V. Example is the Other child residing in household of Claire V. Example</td>
</tr>
<tr>
<td>John V. Example is the Son of Claire V. Example</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire V. Example is Single or Unknown</td>
</tr>
<tr>
<td>Alexis V. Sample is Single or Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oklahoma Child Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte V. Example’s Other Parent is Divorced</td>
</tr>
<tr>
<td>Cooperation with Child Support Services: Yes</td>
</tr>
</tbody>
</table>

Change answers
Change household relationships
STEP 6: REVIEW

• Sibling relationships and contacts.
STEP 6: REVIEW

• Tax household and household income.
STEP 6: REVIEW

• Other income and expenses.
STEP 6: REVIEW

• Health insurance and Medicare coverage.
STEP 6: PROCESSING
STEP 7: CITIZENSHIP AND IDENTIFY

- Citizenship and identity.

![citizenship and identity step](image-url)
STEP 7: CITIZENSHIP AND IDENTITY

• Identity for a child under 16.

Identity of a Child under the age of 16

Because Alexis is under the age of 16, identity must be verified by either a parent or legal guardian who is living in the house with the child.

How are you, the person completing the application, related to Alexis

- Parent
- Other

The parent or legal guardian must read and agree to the Statement of Identity of a Child (below)

I hereby state under penalty of perjury that I have knowledge of the identity of Alexis V. Example born on 2/1/2009.

Select the name of the parent: * Claire V. Example
STEP 8: SUBMIT APPLICATION

• Submit application.
STEP 8: SUBMIT APPLICATION

Before submitting your application, you must indicate, by checking the box below, that you read the Rights and Responsibilities that were shown to you at the beginning of the application.

Yes, I read and agree.

You must also sign the application by signing it as shown here. Your signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: [signature]

Name of the person signing the application

Your application is being processed. This may take a few moments. Please don’t refresh or close the browser.
PROVIDER SELECTION - PCP SELECTION
PROVIDER SELECTION – PROVIDER DETAIL
PROVIDER SELECTION – PCP SELECTION
PROVIDER SELECTION – PROVIDER DETAIL
PROVIDER SELECTION: PCP SELECTION
PROVIDER SELECTION – PROVIDER DIRECTIONS
MY BENEFITS: SUBMIT APPLICATION

• Application results – My Benefits page displays.
MY BENEFITS: SUBMIT APPLICATION

Welcome Claire Example

Current Benefits Status
Your application was received on 10/25/2016 at 14:22:46
Your case number is 200
Transaction ID: 7883568

You have 2 alerts below
UPLOAD DOCUMENTS NOW

CLAIRE V- EXAMPLE
ID: B163

Program Status
Insure OK-Individual Plan PENDING

- Has pending eligibility for IO IP
- You must provide proof of US Citizenship
- You must provide proof of Monetary Determination

PAY PREMIUM

Print Application Results
Update/Renew My Application
Change Password
Change Phone, eMail, or Authorized Rep
PAYMENT SERVICE: PAY PREMIUM

Welcome
CLAIRE EXAMPLE

Return to My Account Home

Secure Site

Make One Time Payment

1 Add Account Information  2 Add Payment Information  3 Authorize Payment  4 Confirmation

Account Information

Account Number: B28E
Selected Account to Pay: My Account
Bill Due Amount: $8.60

Check the box next to each invoice number you would like to pay, and enter the amount you will be paying. You may optionally enter text in the memo field. Your selections will be saved as you search or page through results. Click "Continue" when you are finished.

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>Coverage Month</th>
<th>Amount Due</th>
<th>Amount To Pay</th>
<th>Memo</th>
</tr>
</thead>
<tbody>
<tr>
<td>10156</td>
<td>7/1/2017</td>
<td>$8.60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continue  No Thanks

Privacy Statement  Refund Policy
PAYMENT SERVICE: PAY PREMIUM
PAYMENT SERVICE: PAY PREMIUM
## PAYMENT SERVICE – PAY PREMIUM

### Make A One-Time Payment

**Account Information**
- To make changes, click on the "Change Selection" button. Do not use your browser Back button.
- **Account Number**: 1234
- **Selected Account to Pay**: My Account
- **Bill Due Amount**: $8.50

### Enter Payment Information

- *Indicates required field
- **Payment Method**:
  - Credit Card
  - Debit Card
  - Bank Account
- **Card Number**: *
- **Card Expiration Date**: 06 - Jun - 2017
- **ZIP/Postal Code**: *
- **Payment Method Nickname**: My Payment Method
- **Payment Delivery Date**: 06/13/2017

There is no fee to use this service.

There is no fee to use this service.

Next, review your information and give approval for this payment. Click "No Thanks" to stop this payment process and exit. To change your account click the "Change Selection" button above, do not use your browser Back button.
PAYMENT SERVICE – PAY PREMIUM
PAYMENT SERVICE – PAY PREMIUM
PAYMENT SERVICE – PAY PREMIUM
MY BENEFITS: BENEFITS SUMMARY

Current Benefits Status
Your case number is 29X

You have 3 alerts below
UPLOAD DOCUMENTS NOW

CLAIRED V- EXAMPLE
ID:

Program          Start       End          Status
-----------------------------------------
Insure Oklahoma-Unemployed 11/01/2016  11/30/2016 TEMPORARY

- Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
- Proof of Monetary Determination needs to be turned in within 31 days to continue eligibility
- There are only 36 days of eligibility remaining

PAY PREMIUM
MY BENEFITS: BENEFITS SUMMARY
MY BENEFITS: BENEFITS SUMMARY

View/Upload Documents

View or Upload Your Documents
- Read the Requirements

[VIEW/UPLOAD DOCUMENTS]

By Mail
Attach the cover sheet and mail your documents to:

Oklahoma Health Care Authority
PO Box 548804
Oklahoma City, OK 73154

Bring your documents to an Office
See the complete list

Give Us Your Feedback
We want to serve you better. Please click here to take a survey about your experience with this application.

Other Programs
- Voter Registration
- OKJobMatch.com
- Food Stamps
Please allow up to 21 business days for your document(s) to be processed.
If you prefer to mail in your documents, print the cover sheet and mail it with a copy of your documents to OHCA. Please NO originals, they will NOT be returned. (If mailed in, processing time could take longer than 21 days).
Uploaded documents will be available to view when the documents are assigned to a clerk.

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Upload Date</th>
<th>Status</th>
<th>Status Date</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST DOCUMENT FOR MANUAL UPDATES.pdf</td>
<td>11/13/2020 12:03:44 PM</td>
<td>Pending Approval</td>
<td>11/13/2020 12:03:44 PM</td>
<td></td>
</tr>
</tbody>
</table>
UPLOADING DOCUMENT: BENEFITS SUMMARY

Document Upload

- Do not use your browser back button or do a screen refresh.
- Do not upload files that are password protected. Password protection prevents us from viewing your documents.
- Each document file must be less than 10MB. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp.
- Click on the 'Browse' button and select the files to add to your Documents to Send list. When you have added all of the needed documents to the list, click the 'Upload' button.

Documents to Send

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
</table>

BROWSE

UPLOAD

CLOSE
DOCUMENT UPLOADING: BENEFITS SUMMARY

• Uploading a document.

Do not upload files that are password protected. Password protection prevents us from viewing your documents.
Each document file must be less than 10MB. Acceptable file formats are .pdf, .gif, .jpeg, .png, .tif, .tiff, and .bmp.
Click on the ‘Browse’ button and select the files to add to your Documents to Send list. When you have added all of the needed documents to the list, click the ‘Upload’ button.

You have selected an invalid file format. Acceptable file formats are .pdf, .gif, .jpeg, .png, .tif, .tiff, and .bmp.
• Uploading a document.
DOCUMENT UPLOADING: BENEFITS SUMMARY

• Upload successful.

Document Upload

Do not use your browser back button or do a screen refresh.

Do not upload files that are password protected. Password protection prevents us from viewing your documents.

Each document file must be less than 10MB. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp.

Click on the 'Browse' button and select the files to add to your Documents to Send list. When you have added all of the needed documents to the list, click the 'Upload' button.

Success! Documents marked with ✓ have been received by OHCA and will be processed in up to 21 business days.
MY BENEFITS PAGE: HEALTH CONDITION ASSESSMENT

- Application results.
HEALTH CONDITION ASSESSMENT

- Health condition assessment questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>CLAIRE</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does anyone in the household smoke tobacco or use other tobacco products?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a doctor told anyone in the household that they are overweight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in the household have diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in the household have asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in the household have high blood pressure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in the household have heart disease (coronary artery disease/CAD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in the household have congestive heart failure (CHF)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in the household have chronic obstructive pulmonary disease (COPD)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone in the household had a health care provider tell them they have a mental illness or do they believe they have a mental illness?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEALTH CONDITION ASSESSMENT

- Health condition assessment questions.

- Does anyone in this household worry that they use too much alcohol or drugs?
- Does anyone in the household take more than 6 prescription medications?
- Does anyone in the household see more than 3 doctors on a regular basis?
- Does anyone in the household use special medical equipment or supplies?
- Has anyone in the household been to the emergency room more than 3 times in the past 3 months?
- Has anyone in the household been hospitalized for something other than routine surgery or procedure in the past 3 months?

Thank you for completing the assessment. If you meet criteria for one of our care management programs, you will be contacted by telephone or letter.
MY BENEFITS PAGE – OTHER PROGRAMS

• Application results.

- Voter Registration
- OKJobMatch.com
- Food Stamps
- Federally Facilitated Marketplace
- School Lunches
- Child Support Services
- WIC
- Behavioral Health
- Childcare
- Text4Baby
RETURNING TO THE APPLICATION: MANAGE ACCOUNT
RETURNING TO THE APPLICATION: LOG ON TO YOUR ACCOUNT

To log on to your existing account, please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

- **User ID or E-Mail Address:**
- **Password:**

If you do not have a user account, but you have your Personal Identification Number (PIN), you may create an account using your PIN now.

If you do not have a user account or PIN, please create a new account now.
RETURNING TO THE APPLICATION: APPLICATION

SoonerCare Health Benefits - Online Application

Do not use your browser back button or do a screen refresh.

Welcome back.
The application you started on 10/21/2016 is not complete. You stopped at Step 1, People & Contacts.
To review what you told us, select any of the links below.

- Step 1: People and Contacts

Select "Continue" to complete the application.

CONTINUE
### Current Benefits Status

**Your case number is**

---

**You have 2 alerts below**

- ! **Proof of US Citizenship needs to be turned in within 90 days to continue eligibility**
- ! **Proof of Expenses needs to be turned in within 90 days to continue eligibility**

---

**CLAIRE V-EXAMPLE**

<table>
<thead>
<tr>
<th>Program</th>
<th>Start</th>
<th>End</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare-Parent/Caretaker</td>
<td>05/13/2020</td>
<td>08/16/2020</td>
<td>TEMPORARY</td>
</tr>
</tbody>
</table>

---

**Update/Renew**

- **My Application**

**Change**

- Contact Information (address, phone, email) and Authorized Representative

**Select/Change**

- **My Provider**
MY BENEFITS PAGE: GET ID CARD

I want to...

- Get ID Card
- End Benefits
- View Letters
- View/Upload Documents
- View definitions of programs
- Contact the Federally Facilitated Marketplace
PRINT ID CARD: GET ID CARD

Print ID Card

Do not use your browser back button or do a screen refresh.

Select each member that you would like to generate a card for. You will be able to print or save this card to your computer. Only members that are currently eligible will be allowed to print a card.

Select All

| Member | CLAIRE EXAMPLE |

PRINT CANCEL
PRINT ID CARD

This card does not guarantee coverage. Copay may apply.

Member Name: CLAIRE V- EXAMPLE
Member ID
Member DOB: 01/04/2004
Date Issued: 10/13/2014

For emergencies, call 911 or your local rescue unit.

This card does not guarantee coverage. Visit our websites or call our toll-free numbers to verify benefits, view claims or find a provider:

SoonerCare™ www.okhca.org 1-800-987-7767
TDD Line (Hearing Impaired) 711

Insure Oklahoma™ www.InsureOklahoma.org 1-888-365-3742
TDD Line (Hearing Impaired) 711

Provider EVS: (405) 840-0650 or 1-800-767-3949
Other inquiries: (405) 522-6205 or 1-800-522-0114

www.okhca.org
MY BENEFITS: END BENEFITS

I want to...

- Get ID Card
- End Benefits
- View Letters
- View/Upload Documents
- View definitions of programs
- Contact the Federally Facilitated Marketplace
End benefits for someone in my household

Do not use your browser back button or do a screen refresh.

This does not remove the person from the case. It only ends the benefits for the selected person(s).
If you need to remove the person from the case, then you must update your application to show that the person has left your household and resubmit it. If you need assistance, contact the SoonerCare Helpline at 1-800-987-7767.

Changed your mind? Go Back to My Benefits

Whose benefits will end? *
- All household members
- Only certain household member(s)

Reason *
- Member's request due to other insurance

Member
- DAVID MILLER

Required fields are marked with an asterisk (*).
MY BENEFITS: VIEW LETTERS

I want to...

- Get ID Card
- End Benefits
- View Letters
- View/Upload Documents
- View definitions of programs
- Contact the Federally Facilitated Marketplace
LETTERS: VIEW LETTERS

Welcome CLAIRE EXAMPLE
Member Enrollment

Letters

Do not use your browser back button or do a screen refresh.

Letters for: *
Letters relating to: *
Date Range: *

SEARCH

For any changes in eligibility made today, the letter will be available within 24 hours.
If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.

RETURN TO HOME PAGE
LETTERS: VIEW LETTERS

Welcome Claire Example

Member Enrollment

For any changes in eligibility made today, the letter will be available within 24 hours.
If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.
LETTERS: VIEW LETTERS

For any changes in eligibility made today, the letter will be available within 24 hours. If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.
CONTACT US

SoonerCare
Oklahoma Health Care Authority
1-800-987-7767
8 a.m. to 5 p.m.
Monday-Friday