

Member Handbook

numbers to know

For Emergencies | 911

If you are not sure if you have an emergency, call your medical home.

SoonerCare Helpline | 800-987-7767 or 711 (TDD)

For questions concerning benefits, access to medical care and eligibility, call 8 a.m. to 5 p.m. Monday through Friday. Visually impaired and translation services are available.

SoonerCare Choice Provider List | 800-987-7767

A list of medical home providers may also be found at okhca.org/providers.

SoonerRide | 877-404-4500 or 711 (TDD)

SoonerRide arranges for non-emergency transportation for members who have no other way to get to medical and dental appointments. Available Monday through Saturday, 8 a.m. to 6 p.m.

Care Management | 877-252-6002 or 711 (TDD)

For members who have complex and/or unusual health care needs, call Monday through Friday 8 a.m. to 5 p.m.

Behavioral Health Helpline | 800-652-2010 or 711 (TDD)

For help finding a behavioral health provider, call Monday through Friday from 8 a.m. to 5 p.m. Please note this is not for emergencies. For emergencies, call 911.

SOONERCARE UPDATES

SoonerCare member ID card changes

You no longer need to show your SoonerCare ID card for appointments. However, you will need to know your ID card number to fill prescriptions.

If you are asked to show your ID card, you can print it from the member portal, if you applied online. You can print a SoonerCare ID card from the member portal at mysoonerhealth.org for each covered member in your household. If you applied through the Department of Human Services, they can print an ID card for you. Call the SoonerCare Helpline if you need assistance.



Connect4Health

SoonerCare sends important information through text messages. The messages are sent to pregnant women, caregivers of children, and adults covered by SoonerCare. These messages promote SoonerCare benefits, helpful resources, health tips, appointment and application renewal reminders, and more! Please make sure to update your contact information at mysoonerhealth.org so you won't miss out!

Update email and mailing address

You can change usernames and passwords to your account online instead of calling the SoonerCare Helpline. If you enroll or renew online, you are required to have an active email address. Once you provide an active email address, you will start receiving helpful information via email. We will still send some member letters and information through the mail, so be sure you have a correct email and mailing address on your account. Update your information anytime by visiting mysoonerhealth.org.

After-hours locator

Don't forget, you now have a way to search for after-hours care providers using your mobile device! To find after-hours clinics, visit afterhoursok.com and use our locator tool.

Cost-sharing copays

Cost-sharing does not apply to everyone. If you do have a copay, your cost-sharing copay caps are monthly. This means your out of pocket cost will be 5 percent of your household monthly income for copays. This is regardless of whether a copay is for your medical home services or prescriptions.

You will not pay any more copays for that month after the 5 percent.

SOONERQUIT

SoonerCare can help when you are ready to quit smoking. Smoking and other types of tobacco can cause major health problems.

SoonerCare provides all seven FDA-approved medications to help you quit. Nicotine gum, patches, lozenges, inhaler, nasal spray, Chantix and Zyban are all free with your coverage. Talk to your health care provider to see if one of these options will work for you.



The Oklahoma Tobacco Helpline offers free help to Oklahomans who are cigarette and cigar smokers; smokeless or spit tobacco users; and friends or family who want to offer support.

Call 1-800 QUIT NOW (800-784-8669) to receive the following resources:

- free information on quitting tobacco;
- one-to-one, telephone counseling with a Quit Coach to boost your chance for success in quitting; and
- referrals to local programs and services in your community to help you quit tobacco (dependent on availability).

Or, visit quitnow.net/oklahoma to register and receive services through the web without any phone calls.

SOONERFIT

We want to support your efforts to be SoonerFit!

SoonerFit offers tools and resources to help you and your family stay healthy, including:

- Links to local farmers' markets that take SNAP (Supplemental Nutrition Assistance Program) benefits
- Tobacco cessation resources
- Healthy recipes
- Low-cost gyms
- Cooking demos
- Exercise routines
- Wellness tips
- Nutritional service information
- And much more!

Visit soonerfit.org today!

WELCOME TO SOONERCARE CHOICE

What is it?

SoonerCare Choice is a program run by the Oklahoma Health Care Authority (OHCA). Like other medical insurance, SoonerCare helps pay for your medical care. In some cases though, SoonerCare may not pay for all or any of your medical care. When you have questions, please call the SoonerCare Helpline at 800-987-7767 or 711 (TDD).

Insure Oklahoma and Family Planning are not part of SoonerCare Choice.

Who qualifies?

If you applied through online enrollment and selected your medical home, you are a SoonerCare Choice member.

If any of the following situations apply to you, you do not qualify for SoonerCare Choice and have limited SoonerCare benefits:

- in a health management organization (HMO), nursing home or special care center;
- in a home and community-based waiver program;
- receive Medicare; or
- in a subsidized adoption, tribal custody or state custody.

It is very important to keep your membership information current. Please respond to all letters and phone calls from the Oklahoma Department of Human Services (DHS) and OHCA as soon as possible so your coverage does not end.

If you have questions or need help finding out if you are covered for a medical service, call the SoonerCare Helpline at 800-987-7767. The Helpline is open from 8 a.m. to 5 p.m., Monday through Friday.

Online enrollment and renewal

Most SoonerCare Choice members can apply or renew online. If you do not have internet access, you can apply at your local DHS office, county health department office or an Indian health center.

SoonerCare no longer processes paper applications. Applicants wanting to use a paper form may download a form from the federal website, healthcare.gov, or they may call the Federally Facilitated Marketplace (FFM) at 1-800-318-2596 and request a paper application to be mailed to them. Please mail the application to the address that is provided. These applications will be evaluated by the FFM, and the information will be given to OHCA.

Not all SoonerCare members can use the online application. For example, if you receive Social Security Income (SSI) payments or cash assistance Temporary Assistance for Needy Families (TANF), you must apply at your local DHS office.

important

Before SoonerCare can help pay for your medical care, the following three conditions must be met:

- The person receiving care must be a SoonerCare member when care is provided.
- The provider who treats the member must have a current contract with SoonerCare.
- The medical care or service given must be a covered benefit under SoonerCare.

If any of the above conditions are not met, you will be responsible for payment. Please note that most out-of-state providers are not contracted with SoonerCare. SoonerCare will make an effort to offer a contract to an out-of-state provider on your behalf. If that provider is unwilling to accept a SoonerCare contract, you will be responsible for payment.

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SOONERCARE STORY



Stephanie Miller is a member of the OHCA's Member's Task Advisory Board. She and her husband have been foster parents for six years and have adopted two boys from Oklahoma's foster care system.

When they first started this journey, Stephanie says the couple was unprepared not only for the initial amount of paperwork and follow-ups but also for unexpected health issues that hit them head on.

"Two days after we got our first placement, we ended up being in the hospital for three days," Stephanie said.

"Our oldest was in the NICU for the first 30 days," she said, explaining that the baby boy had pancreatic issues his first year of life. The same child was

hospitalized a year later due to an abscessed tonsil.

However, Stephanie said that her family did not let these setbacks panic them because they could rely on SoonerCare.

"Because we had SoonerCare, we didn't worry about it," said Stephanie. "He was able to see the doctors he needed that specialized in what he had."

Stephanie credits SoonerCare with allowing her to focus on the well-being of her children instead of stressing about their health care needs. She says it also helps the children not to worry.

"Being removed from home is very traumatic," Stephanie said. "The fact that that [SoonerCare] is there is just very reassuring, especially for the kids – knowing that they will be cared for."

Stephanie is grateful for the opportunity to provide a loving, safe environment for children who have had a rough start in life. Being able to connect them with quality health care has been an invaluable part of the process.

"SoonerCare has meant peace of mind for me and my family," said Stephanie.

"We've used the ER at least three different times, all of them resulting in extended hospital stays," she said. "I've had three sets of kids that have had tonsils out. I've had kids that have had to have counseling, which has allowed them to actually see real improvement and changes in their behavior that I really feel will carry with them lifelong."

WANT TO SHARE YOUR **SOONERCARE STORY?**

We want to hear how SoonerCare and/or Insure Oklahoma has helped you or your family member. Email your story to ocmd@okhca.org.

HOW DOES SOONERCARE CHOICE WORK?



In SoonerCare Choice, members have their own health care provider called a medical home. You get to choose your medical home.

Medical home refers to:

- one provider;
- sees you when needed;
- provides for your overall health care needs;
- continues to provide care as long as you are his or her patient; and
- coordinates your care with other medical providers as needed.

Sometimes you may need specialized care that your medical home cannot provide. If the service is covered under SoonerCare, your medical home will help by referring you to the appropriate medical provider.

Payment for services

Children (birth through age 20) do not have copays for SoonerCare-covered services. Adult pregnant women do not have copays for pregnancy-related SoonerCare-covered services. Adults have copays for most SoonerCare-covered services. Payment is due at the time of service.

Choosing a medical home

If you became a member using the online enrollment process, you have already chosen a medical home. If you applied by any other method you will need to choose a medical home. You must call the SoonerCare Helpline to choose your medical home at 800-987-7767. Your SoonerCare benefits will be limited if you do not choose a medical home.

You can use the same medical home for your whole family or each family member can choose a different one. Your medical home must be within 45 miles of your home to qualify for SoonerRide. SoonerRide is free transportation for non-emergency care.

Making an appointment with your medical home

If you have never been seen by your medical home, please call them as soon as possible to schedule your first appointment. It is very important that your medical home knows who you are and your health history. When you call, please:

- Tell the staff why you need an appointment.
- Know your SoonerCare member ID number.
- If you have a problem getting an appointment, call the SoonerCare Helpline.

Call your medical home's office if your problem gets worse before your scheduled appointment. Ask to speak to the nurse to explain your symptoms. Ask if you can get an earlier appointment based on your symptoms.

If you can't make your doctor's appointment, you must let them know as soon as possible. Your provider may choose not to continue your care if you miss too many visits or you do not call ahead to cancel.

AMERICAN INDIAN MEMBERS

If you are an American Indian, you may select Indian Health Service, tribal or urban Indian (I/T/U) health clinics as your medical home provider. If you do not enroll with an I/T/U clinic, you may still receive your health care services there.

Most I/T/U clinics have patient benefit coordinators or registration clerks who can assist you with choosing a medical home and managing your SoonerCare membership.

There are certain copay exemptions for American Indian SoonerCare members for services received at an I/T/U.

SOONERRIDE (TRANSPORTATION)

SoonerRide provides non-emergency transportation to and from your scheduled SoonerCare appointments:

- You must call at least three business days before your regularly-scheduled appointment to arrange for your ride.
- If you are sick and need a ride, make an appointment with your provider first and then immediately call SoonerRide.
- SoonerRide will not take you to your medical home or pay for your gas if you live more than 45 miles from your medical home.



Additional child passengers

If you or your child is sick and your provider wants to see you right away (to be seen within 24 hours), SoonerRide can take you and up to three children to the urgent medical appointments. The appointment can be for either a sick child or sick parent. All of the following conditions must be met:

- The medical appointment must be urgent (to be seen within 24 hours) as determined by your doctor. SoonerRide will confirm this with your doctor.
- All children must be the member's by birth, marriage, legal adoption, foster child or legal guardianship.
- All additional children (not the patient) must be younger than 13 years of age unless the child has complex medical, intellectual or physical disabilities that require constant care and supervision.
- Each child must have their own car seat, provided by the caretaker if required by state law.

Members must make the request for additional child passengers when making the trip reservation. The total number of passengers, including the driver, cannot be more than five for any vehicle.



**If your ride is 15 minutes late, call
“Where’s My Ride?” at 800-435-1034 or
711 (TDD)**



**For more information about SoonerRide,
visit okhca.org/sooneride.**



**To set up a ride or a gas reimbursement
trip number, please call 877-404-4500 or
711 (TDD).**

*In order to receive gas reimbursement, you must call SoonerRide no later than one business day before your scheduled appointment to get a trip number.

SPECIALISTS AND REFERRALS

Sometimes your health care needs require you to see a specialist. When this happens, your medical home will make the referral for you. If you have never been seen by your medical home, you must be seen by them first before a specialty referral can be made.

How it works:

- You must get a referral before you go to the specialist.
- Your medical home will send the specialist a referral form. You can only get a form from them.
- Sometimes the medical home's office will make your appointment to a specialist for you or let you know that you can make one once the referral has been sent.
- You cannot ask your medical home for a referral after you have seen the specialist.
- If your medical home gives you a referral for a service not covered under SoonerCare, you will have to pay for it.
- A referral is not a guarantee of payment.
- If you do not keep your appointment, the specialist may not give you another appointment.

Prior Authorizations (PA)

A prior authorization (PA) is required before SoonerCare will pay for some medical procedures or medications. Your medical home or specialist will ask SoonerCare, on your behalf, to authorize your treatment. You and your provider will be notified by mail about SoonerCare's decision whether to authorize the treatment.

- Your doctor must send all medical records with the PA to show a medical need for the services.
- A PA is not a promise of payment.

If you have questions, call the SoonerCare Helpline.

PHARMACY

Adult member:

- You are limited to six covered prescriptions per month (four generic and two brand names).
- Your medical home may need to have some drugs approved by SoonerCare.
- You do not have a monthly limit for vitamins for pregnancy(prenatal), birth control, some drugs for HIV/AIDS, some cancer drugs, and some stop-smoking products.
- You may have a copay.

Members birth through age 20

- You have no limits or copays for medically-necessary prescriptions.

You must know your SoonerCare member ID number or show your card to get your prescriptions. The pharmacy may not fill your prescription if you do not know your member ID number.

If you are not sure if a drug is covered, call your medical home or the Pharmacy Help Desk at 405-522-6205 (OKC area) or 800-522-0114.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

SoonerCare's Durable Medical Equipment (DME) program covers items such as oxygen equipment and supplies, wheelchairs, walkers, and hospital beds ordered by your medical home for use in the home. These supplies can also be ordered by any health specialist contracted with SoonerCare.

Some DME items are covered for children only (birth through age 20), such as nebulizers and orthotics. There are additional items covered for use in nursing facilities.

Contact a contracted DME supplier for specific coverage. For a list of suppliers, visit okhca.org/dme.

Services for children and adults

- Oxygen and related supplies *
- Parenteral nutrition *
- Diabetic supplies, urinary catheters, as well as colostomy and urostomy supplies *
- Ventilators *
- Manual wheelchairs
- Power wheelchairs

*Covered for nursing facility residents

Services for children only (birth through age 20)

- Apnea monitors
- Enteral nutrition
- Nebulizers
- Orthotics
- Prosthetics
- Incontinence supplies

Oklahoma Durable Medical Equipment Reuse Program (OKDMERP)

Oklahoma ABLE Tech partners with us to provide the OKDMERP. The program is designed to reuse DME that is no longer needed by its previous owner and reassign it to those who are in need at no cost.

- Medical equipment purchased by SoonerCare belongs to SoonerCare.
- Contact OKDMERP at 405-523-4810 when you no longer need OHCA medical equipment to arrange for pickup and reuse.
- To request donated equipment, visit ok.gov/abletech/DME_Reuse/ or call 405-523-4810.



EMERGENCY SERVICES

Medical emergencies are a covered benefit if you receive services from a hospital contracted with SoonerCare.

Most hospitals outside Oklahoma are not contracted with SoonerCare. SoonerCare will try to contract with the out-of-state hospital that provided your emergency care. However, if a hospital or doctor does not sign a contract, you are responsible for your bill from the hospital.

What is an emergency?

- You could die if you don't get the care you need.
- You could be permanently hurt (disabled).

Examples of emergencies:

- Decreased consciousness or not being able to respond to questions
- Chest, head or eye injuries
- Difficulty breathing or extreme shortness of breath
- Babies younger than 3 months with a high fever
- Extreme bleeding
- Broken bones
- Accidental poisoning
- Sexual assault or abuse
- Burns with blisters
- Pain or tightness in chest
- Drug overdose
- Feeling you might hurt yourself or others
- Breathing tube blockage

If you have an emergency:

- Go to the nearest emergency room or call 911 (or your local emergency number). You do not need a referral to go to the emergency room.
- Call your medical home as soon as possible, so he or she will know about the emergency. Your medical home will need to manage your follow-up care.

If you are not sure you have an emergency:

Call your medical home. Someone should be available to answer your questions 24 hours a day.

Care after emergency room visit

If you or a covered family member go to the emergency room, you may need follow-up care from your medical home. If the emergency room referred you to a specialist, you must call your medical home for a referral to see the specialist.

PREGNANCIES



If you are pregnant, it is important to see a provider as soon as possible.

- You may continue to see your medical home if he or she provides prenatal care and delivers babies.
- You can choose any SoonerCare obstetrician, gynecologist (OB/GYN) or nurse midwife for your pregnancy care without a referral from your medical home.
- The SoonerCare Helpline can help you find a pregnancy provider.
- Your eligibility will continue for 60 days after you deliver. After the 60 days, you may qualify for the SoonerPlan family planning program.

Pregnancy services

SoonerCare has many services to help you have the healthiest pregnancy possible:

- Prenatal care (pregnancy visits)
- Help with breastfeeding at 877-271-MILK (6455)
- Help to quit smoking
- Help for drug or alcohol use
- Help with mental health problems
- Prenatal vitamins and medicines
- Hospital and delivery services
- Hospital nursery services for your newborn
- Ultrasounds
- Extra benefits for high-risk pregnancy
- Transportation to appointments (SoonerRide) at 877-404-4500 or 711 (TDD)
- Postpartum (after delivery) appointment

Pregnancy to-do list

- Make an appointment with your SoonerCare pregnancy provider right away. If you don't have a pregnancy provider, call 800-987-7767 or 711 (TDD) for help finding one in your area.
- Take a prenatal supplement with folic acid each day. Certain vitamins can prevent some birth defects. Ask your doctor for a prenatal supplement prescription.
- If you use alcohol or illegal drugs, stop now. They can hurt your baby. For help quitting, call your provider or the OHCA Care Management Unit at 877-252-6002.
- If you use tobacco, stop now. Tobacco can cause problems in your pregnancy and affect your baby's health. Talk with your provider about getting help to quit. You can also call the Oklahoma Tobacco Helpline at 800 QUIT-NOW (800-784-8669) for help.
- Keep seeing your provider regularly throughout your pregnancy. These appointments allow your doctor to closely watch the health and progress of both you and your baby.

CHILD HEALTH SERVICES

SoonerCare provides medical, vision, hearing and dental checkups for babies, children and teens with SoonerCare coverage. Regular checkups help children stay healthy.

Why are health check-ups important?

- You get helpful information on your child's growth and development.
- Your provider may find problems that you may not be aware of and catch them before they get worse.
- You and your provider can make sure your child gets needed services at the right time.
- If your child has ongoing health needs, you and your provider can discuss the plan of care.
- They allow time for you, your child and your child's provider to get to know one another.

What will a child health check-up include?

At each child health check-up, your child's provider will talk with you and check your child from head to toe. The checkup will include:

- A medical history
- Growth measurements
- Immunizations (shots)
- A developmental and behavioral check (be ready to discuss your child's learning and behaviors)
- Lab tests (if needed)
- Lead testing (at 12 and 24 months)
- Vision, hearing and dental screens at some ages
- Health education and information, such as keeping your child and family safe, healthy sleep habits, preventing injury and violence, and healthy nutrition

If your child has any special problems or if you have worries, your provider may suggest extra visits. These extra visits will still be free.

When should I get a child health check-up?

Regular health checkups are important for all children from birth through age 20. Children and teens who have SoonerCare need to have health checkups at the ages listed below:

- | | |
|-------------|------------|
| • Birth | • 4 Years |
| • 2 Months | • 5 Years |
| • 4 Months | • 6 Years |
| • 6 Months | • 8 Years |
| • 9 Months | • 10 Years |
| • 12 Months | • 12 Years |
| • 18 Months | • 14 Years |
| • 24 Months | • 16 Years |
| • 3 Years | • 20 Years |

note

The teen years bring many changes for teenagers and their families. Physical, mental, emotional and social changes are all part of growing up.

It is important to remember that these changes happen at different times for teens. Health checkups are important to track changes and keep them healthy.

Checkups are recommended every two years but teens can have checkups more often if needed.

CHILD HEALTH SERVICES

Immunizations (shots)

- Immunizations are important to keep your child healthy.
- Shots are given according to a recommended schedule (available at okhca.org).
- If you are not sure your child has received their recommended shots, talk with your medical home.
- Remember to take your child's current shot record to each medical home appointment.
- If your child misses a shot, call your medical home for a make-up appointment.

Developmental checks

Developmental checks let your provider know about your child's overall development, not just his or her physical health. At every child health checkup, the doctor will ask you about your child's behavior, development and learning progress. If concerns arise during the exam, your provider will do more screening. Your medical home also will tell you if other steps are needed.

Blood lead test

Getting a blood test is the only way to know if your child has lead poisoning. Too much lead can damage a child's body and brain. It can cause permanent health, behavior and learning problems. You can find lead in unexpected places.

How do children get lead poisoning?

- Breathing in or swallowing lead dust or paint chips from old paint.
- Breathing in or swallowing dust while playing in dirt that has lead in it.
- Chewing on toys or other things that have lead in them.
- Eating foods cooked or kept in dishes made with lead.

Lead levels must be checked at:

- 1 year
- 2 years
- 6 years (if not previously checked)

VISION SERVICES

Services for children include:

- Eye exams and glasses (Referral is not required.)

Services for adults include:

- Treatment of eye disease or injuries (Referral from your medical home is required.)

HEARING SERVICES

Services for children include:

- Hearing exams and hearing aids (must be prior authorized)

Services for adults include:

- Hearing evaluation only

DENTAL SERVICES

Early childhood oral health:

- Early childhood caries (cavities) are the number one chronic disease affecting young children.
- Early childhood caries are five times more common than asthma and seven times more common than hay fever.
- Fluoride varnish has been proven to lessen tooth decay.

Services for children (birth through age 20):

- Prevention – exams, cleaning, education, sealants, and fluoride.
- Treatment – fillings, crowns, root canals, gum disease treatment, full or partial dentures, and extractions.
- Emergency – control bleeding, relieve pain and eliminate acute infection.
- Correction of cleft palate.
- Medically-necessary braces.
- Smoking and tobacco use cessation counseling for teens aged 12 and older.



Medical home providers may give two applications of fluoride varnish during the course of a child health check-up for members aged 6 months to 60 months.

Services for adults

Emergency extractions, which may include:

- Immediate and/or persistent pain or symptoms of a short-term infection.
- Advanced gum disease resulting in the loss of supporting bone or gum tissue.
- A member has been placed on antibiotics to remove an infection prior to removing a tooth.
(Note: Removal of teeth without documented medical necessity is not a covered service).
- Smoking and tobacco use cessation counseling.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

You do not need a referral to see a behavioral health provider. For help finding a behavioral health provider, call the Behavior Health Helpline at 800-652-2010.

- Your medical home can screen your child or teenager for possible depression, anxiety, substance abuse or other issues.
- Your medical home can refer you to a local behavioral health provider.

Behavioral health services for children include:

- Medication management from a psychiatrist.
- Testing and counseling from a licensed provider.
- Psychiatric inpatient acute or residential medical detox hospital treatment services.
- Therapeutic foster care for children in state custody.*
- Services from a mental health or substance abuse agency

*prior authorization is required. Your medical home or emergency room can assist you.

The OHCA behavioral health management team can help match up services for SoonerCare members who have complex mental health issues.

For substance abuse services, please contact the Oklahoma Department of Mental Health and Substance Abuse at 405-522-3908. Services for adults include:

- Medication management from a psychiatrist.
- Mental health and substance abuse counseling services.
- Psychiatric inpatient acute medical detox hospital treatment services. (Prior authorization is required for those 18 through 20 years.)

For crisis services, call:

- Reach-Out Hotline (for mental health or substance abuse issues): 800-522-9054
- Safeline (for domestic violence): 800-522-7233 (open 24/7)
- Teenline: 800-522-8336 (M - F, 2 p.m. to 6 p.m.)
- Oklahoma Department of Mental Health and Substance Abuse 405-522-3908

POPULATION CARE MANAGEMENT

The care management team helps match up medical services for SoonerCare members who have complex and/or unusual health care needs. Staff provides education and help for high-risk users, high-risk pregnancies and the very sick who need help keeping up with medical care.

WHAT IS THE HEALTH MANAGEMENT PROGRAM?

The Health Management Program (HMP) helps SoonerCare Choice members and their medical homes work together to improve members' severe chronic health conditions. Members learn skills to self-manage their conditions. Members also get help with community resources and behavioral health needs.



Who is chosen for the HMP?

Not all SoonerCare Choice members qualify for HMP. Only extremely high-risk members with a chronic condition are chosen to participate in this program. The HMP helps the whole person, not just focusing on a specific condition.

Some examples of health conditions served by the program are diabetes, high blood pressure, high cholesterol, congestive heart failure, hemophilia, asthma and mental health disorders.

SoonerCare Choice members who qualify for the HMP receive a letter in the mail and a phone call from a health coach.

HOW TO KEEP YOUR BENEFITS AND MEDICAL HOME

Renew

- You must renew your SoonerCare Choice membership every 12 months.
- You must renew on time to keep your benefits.
- If you do not renew on time, your benefits will stop and you will lose your medical home.
- If you lose your medical home, call the SoonerCare Helpline to see if you can continue with that medical home after your renewal is approved.

Member rights

As a SoonerCare member, you have the right to:

- Choose your medical home.
- Get information that is easy to understand.
- Be treated with respect and dignity. This includes respect for your privacy.
- Get information about SoonerCare services and providers.
- Take part in decisions about your medical care.
- Get information about available treatments.
- Tell us if you have problems with SoonerCare or any medical care you get.
- Make advance directives (living wills).
- Have access to your medical records as stated by federal and state laws.
- Not be discriminated against by your provider based on your age, sex, race, physical or mental handicap, national origin, illness or condition.
- Expect quick action on issues you raise.
- Expect your personal and health information will be kept confidential.

Member responsibilities:

- Choose a SoonerCare Choice medical home.
- Read and follow the rules of SoonerCare Choice.
- Follow the treatment plans and guidelines from your medical home.
- Make appointments and keep them.
- Call your medical provider and SoonerRide at least 24 hours before any appointment you cannot keep.
- Give staff information they need to help you. This includes telling them about your symptoms.

Notify SoonerCare when any of the following occur:

- When a family member moves into or out of your house.
- If you or a household family member's name changes.
- When you or a household family member marries, divorces or dies.
- If you or a household family member has a baby or puts a child up for adoption.
- If your child is placed in custody.
- If you or a family household member enters a nursing home or special care center.
- If you or a household family member gets Social Security benefits or Medicare.
- If you or your household have a change in income.

Who to notify

If you qualify for SoonerCare due to your age (65 or older) or a disability, you are in custody or you receive Supplemental Security Income benefits, you must call your DHS caseworker to report any changes. If none of these situations apply to you, you may enter new information online (see online enrollment information on page 5) or call the SoonerCare Helpline and report changes to the call representative.

Right to privacy

The law says some of your information is private. Certain information cannot be shared unless you allow it. Private information includes your name, address and health services you receive. This also includes income, coverage, social conditions, finances and any medical information.

Getting a second medical opinion

For a second opinion, you may ask your medical home for a referral to a specialist. If you have a problem getting a second opinion, please call the SoonerCare Helpline.

Removal from your medical home

Your medical home cannot stop seeing you as a patient because your health gets worse. However, your medical home can ask to dismiss you as a patient if:

- You are disruptive.
- You are verbally abusive (threats and profanity) to the medical home, the office staff or other patients.
- You regularly miss appointments without telling your medical home at least 24 hours before your appointment.
- You were dismissed by others in the same office.
- You no longer qualify for SoonerCare.
- You don't follow your medical home's treatment advice.

If you have problems

We want you to be happy with SoonerCare. We are here to help you with questions or problems. Talking about an issue or filing a complaint or an appeal for a denied service does not affect your membership or benefits.

How to file a complaint

Call the SoonerCare Helpline. We want to know if you have problems with SoonerCare or its providers. The Helpline will make document your problem and will work with you to try to resolve it.

How to file an appeal

You may appeal SoonerCare's decision to deny any services or treatment your medical home or other provider requests. Ask the OHCA docket clerk for an LD-I form. You must request an appeal within 20 days after you receive a denial of services notice or you will lose your right to appeal.

The LD-I forms can be found online at okhca.org under "Member Appeals". You can also request the form by U.S. mail, fax or email:

Oklahoma Health Care Authority
Legal Division
P.O. Drawer 18497
Oklahoma City, OK 73154-0497

Fax: 405-530-3444
Phone: 405-522-7217
Email: docketclerk@okhca.org

LIVING WILLS (ADVANCE DIRECTIVES)

A living will is for people aged 18 or older. A living will allows you to say how you want to be treated if you cannot make decisions for yourself. You can also list care you do or do not want to receive. For example, some people do not want to be put on life-support machines if they go into a coma. These papers are also called "advance directives for health care." Call 877-283-4113 toll free to request the "advance directives" form.

You will get a brochure about how you fill it out. You may also get a living will at office supply stores, pharmacies or a lawyer's office. Ask your family, your medical home or someone you trust to help you with these matters.

OTHER THINGS TO KNOW

If you have other insurance

If you have other medical benefits, the law says you must give this information to your DHS worker and OHCA.

- To report other insurance or ask questions about other insurance benefits, contact the SoonerCare Helpline.
- Even if you have benefits in addition to SoonerCare, you are obligated to follow the rules of the primary policy and SoonerCare.
- To find out what insurance your SoonerCare Choice medical home may take, call your medical home's office.
- All other insurances must be used before SoonerCare pays.

Translation services in your medical home's office

Your medical home can get help to speak with you in another language.

What to do if you get a bill

Usually, you will not get a bill from a SoonerCare provider. Sometimes you will get a "statement" that is not a bill. If you are not sure, call and ask your provider. If you are billed, you may have to pay the charges. You may have to pay if:

- You received services not covered.
- You received covered services from an out-of-state provider not contracted with SoonerCare.
- You received services without a referral from your medical home.
- You received services from a provider who does not accept SoonerCare.

You also may be billed for copays if you were unable to pay them when you received the service. If you get a bill and do not think you have to pay for the charges, call OHCA at 800-522-0114.

OTHER THINGS TO KNOW

Questions to ask about care and treatment choices

It is your right as a SoonerCare member to take part in your care and to know what to expect. Sometimes it is hard to know what to ask. Here are a few questions you might ask.

When a test is suggested, ask:

- What is the reason for this test?
- What problem are we looking for?
- What will the test tell us?
- If the test finds a problem, what will happen next?
- What will happen if I don't get the test?

When a treatment is suggested, ask:

- What is the problem? Why is it a problem? How serious is it?
- When do we start treatment?
- Would you describe the treatment?
- How is it done? Will it solve the problem?
- What are the side effects?
- What else can we do? Are there other types of treatment (including waiting or doing nothing)?

You may not be able to get answers to these questions in an emergency. The provider should tell you how serious your problem is and how sick you are.

Child abuse

- Parents or guardians may ask their medical home to check a child for signs of abuse.
- Any SoonerCare provider can do the exam. This service does not require a referral from the medical home.

Child Abuse Hotline: 800-522-3511

SOONERPLAN (FAMILY PLANNING)

What is SoonerPlan?

SoonerPlan is a family planning program for men and women who are not enrolled in SoonerCare. It is not health insurance. This program is limited to family planning services, such as birth control.

To apply, you must be a U.S citizen or qualified immigrant and meet income standards. To apply online, please visit mysoonerplan.org.

What does SoonerPlan cover?

These services are paid for as part of a family planning visit:

- Birth control information and supplies.
- Limited office visits and physical exams related to family planning.
- Laboratory tests related to family planning services, including pregnancy tests, pap smears and screening for some sexually transmitted infections and diseases.
- Tubal ligations for women aged 21 and older.
- Vasectomies for men aged 21 and older.
- Gardasil for males and females through age 26.

SOON-TO-BE-SOONERS (STBS)

Limited pregnancy benefits

Because of changes with the federal law effective Jan. 1, 2014, the income standards for pregnant women have changed. Pregnant women whose monthly income is less than or equal to 133 percent of the federal poverty level still qualify for full benefits under SoonerCare.

In addition, pregnant women whose monthly incomes are greater than 133 percent but less than 185 percent of the federal poverty level now qualify for STBS. STBS provides for pregnancy-related care only. Examples of covered and non-covered services are shown below:

Examples of STBS covered services

- Routine office visits related to the baby (prenatal care)
- Pregnancy-related medications
- Two ultrasounds during pregnancy (additional ultrasounds are approved when medically necessary)
- Lab services related to the pregnancy
- Some specialty services when it impacts the baby (requires medical approval)
- Hospital services for the baby (delivery services only)

Examples of non-covered services under STBS

- Services to treat you for conditions that have no relationship to the well-being of the baby
- Postpartum care
- Vision services
- Dental

soonerplan

Even if you are not a SoonerCare member, you may be eligible to receive family planning services, such as birth control, pregnancy tests and limited office visits.

You can apply for SoonerPlan benefits online at mysoonerplan.org.

Note: SoonerPlan is not health insurance.

HELP FIGHT FRAUD

What is SoonerCare (Medicaid) fraud?

Fraud is when a person or organization tries to get benefits that do not belong to them. If someone other than the member presents a SoonerCare card for services, that person is committing fraud. If a member provides false or inaccurate information on their SoonerCare application, this could be considered fraud. Providers who charge for services that the member did not receive could also be considered fraud.

The OHCA sends an Explanation of Benefits (EOB) every few months to selected members. If you are sent an EOB, please review it to ensure you have received all the services listed. If it is not correct, please contact the SoonerCare Helpline. This process helps identify services charged to members who did not receive them.

What can I do to prevent fraud?

- Guard your SoonerCare information carefully. Protect it as you do your Social Security number and credit cards.
- Do not give your SoonerCare member ID number to anyone except your health care providers.
- Look at your SoonerCare medical bill carefully. Be sure the date of service is correct. Make sure you recognize the names of providers. If you don't, ask them to explain services provided.
- Make sure you have prior authorization or your medical home's referral before getting services from someone other than your medical home. Besides making sure services are medically needed, this step helps protect you from identity theft.
- Do not ask a health care provider for medical care you do not need.
- Never sign your name to a blank form and ask for copy of everything you sign. Keep the copy for your records.
- Do not trust anyone who claims to know how to make SoonerCare pay for services or goods not usually covered.

How do I report fraud?

If you suspect Medicaid fraud, please report it using one of the methods below. If you call, please leave your name, phone number and a detailed message; and we will return your call during normal business hours. If you wish to remain anonymous, please give the provider's name, address and as much information about the fraud as possible. This includes a description of the acts that you suspect involve fraud or abuse. If possible, include the member's name and SoonerCare ID number.

Office of Inspector General: 800-784-5887

OHCA Suspected Provider Fraud Hotline: 405-522-7421 or toll free 855-667-5578

OHCA Suspected Member Fraud Hotline: 405-522-5508 or toll free 855-817-3728

OHCA Email: member.audit@okhca.org

INSURE OKLAHOMA INDIVIDUAL PLAN

Do you know someone who needs health coverage, but can't get it through work, SoonerCare or Medicare? Insure Oklahoma-a state program-may be an option! The Insure Oklahoma Individual Plan offers low-cost health coverage to qualifying adults aged 19-64. Monthly premiums are based on income levels, and the plan features low copays with no deductible.

Oklahoma residents may qualify if they meet the program's income guidelines and one of the additional criteria below:

- Work for an Oklahoma business with 250 employees or less (or are self-employed).
- Are temporarily unemployed and qualify to receive unemployment benefits from Oklahoma Employment Security Commission (OESC).
- Have a disability, a Ticket-to-Work, and work for any size employer.
- Are a college student aged 19-22.

For more information about Insure Oklahoma or to apply, please call 888-365-3742 or visit insureoklahoma.org.

What's new with Insure Oklahoma?

Insure Oklahoma has made some changes that can help your family manage your OHCA benefits.

- You can now apply for Insure Oklahoma using the same online application and login information that you use for your family's SoonerCare coverage.
- Insure Oklahoma members can also update their personal information and make payments through the same online member portal that SoonerCare members use. Links to the combined portal can be found on both insureoklahoma.org and mysooner.org.



<u>Please note: All covered services must be medically necessary</u>	<u>SoonerCare Traditional</u>		<u>SoonerCare Choice</u>	
	<u>Children Under 21</u>	<u>Adults 21 and Over</u>	<u>Children Under 21</u>	<u>Adults 21 and Over</u>
Ambulance or emergency transportation	Covered - emergency only	Covered - emergency only	Covered - emergency only	Covered - emergency only
Behavioral health and substance abuse services (some services may require prior authorization)	Covered	Covered - some services may require a \$4 copay; Behavioral Health Inpatient - \$10.00 per day, up to a maximum of \$75	Covered	Covered - some services may require a \$4 copay; Behavioral Health Inpatient - \$10 per day, up to a maximum of \$75
Care management services for complex and/or unusual needs (prior authorization required)	Covered	Covered	Covered	Covered
Child Health Wellness Screens (including health & immunization history; physical exams, various health assessments and counseling; lab & screening tests and necessary follow-up care)	Covered	N/A	Covered	N/A
Dental services	Cleaning twice a year, X-rays, fillings & crowns	Emergency extractions	Cleaning twice a year, X-rays, fillings & crowns	Emergency extractions
Diabetic supplies (100 glucose strips and lancets per month; one spring-loaded lancet device, three replacement batteries per year; Additional supplies require prior authorization)	Covered, plus one glucometer per year	Covered - \$4 per claim	Covered, plus one glucometer per year	Covered - \$4 per claim
Durable medical equipment	Covered when prescribed by medical provider and may require prior authorization	Covered when prescribed by medical provider and may require prior authorization. \$4 copay per claim	Covered when prescribed by medical provider and may require prior authorization	Covered when prescribed by medical provider and may require prior authorization. \$4 copay per claim
Emergency Department (ER services)	Covered	Covered	Covered	Covered
Family Planning services	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies
Hearing services	Covered - evaluations, hearing aids and supplies	Covered evaluation only	Covered - evaluations, hearing aids and supplies	Covered evaluation only
Home health care services	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - \$4 copay per visit	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - \$4 copay per visit

<u>Please note: All covered services must be medically necessary</u>	<u>SoonerCare Traditional</u>		<u>SoonerCare Choice</u>	
	<i>Children Under 21</i>	<i>Adults 21 and Over</i>	<i>Children Under 21</i>	<i>Adults 21 and Over</i>
Inpatient hospital services	Covered	Covered -\$10 per day for first seven days - \$5 on the eighth day	Covered	Covered -\$10 per day for first seven days - \$5 on the eighth day
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	Covered	Covered as recommended for adults; \$4 per date of service	Covered	Covered as recommended for adults - \$4 per date of service
Laboratory and X-ray services	Covered	Covered - \$4 per visit	Covered	Covered - \$4 per visit
Long-term care services	Covered	Covered	No coverage	No coverage
Mammograms	Covered	Covered	Covered	Covered
Nurse midwife and birthing center services	Covered	Covered	Covered	Covered
Orthodontic services	Covered when prior authorized	No coverage	Covered when prior authorized	No coverage
Outpatient hospital and surgery services	Covered medically necessary	Covered medically necessary - \$4 copay per visit	Covered medically necessary	Covered medically necessary - \$4 copay per visit
Over-the-counter contraceptives	Covered	Covered	Covered	Covered
Personal care	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan
Physician services	Covered	4 visits per month; including any specialist visits - \$4 copay per visit	Covered	Unlimited Medical Home/PCP visits. Up to 4 specialist or non-PCP visits per month - \$4 copay per visit
Pregnancy and Maternity services (including prenatal, delivery and postpartum) * For Soon-to-be-Sooners, refer to the notes at the bottom of this document.	Covered	Covered	Covered	Covered
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits. No copays for children and pregnant women.) ** For Home and Community-Based Waiver Services copays, refer to the notes at the bottom of this document.	Unlimited coverage	6 per month limit; up to 2 brand-name. \$4 copay for each prescription.	Unlimited coverage	6 per month limit; up to 2 brand name. \$4 copay per prescription
Prosthetic devices	Covered when prior authorized; Orthotics are Covered	Limited coverage with prior authorization; Orthotics are Not Covered	Covered when prior authorized; Orthotics are Covered	Limited coverage with prior authorization; Orthotics are Not Covered
Inpatient psychiatric services	Covered when prior authorized	No coverage	Covered when prior authorized	No coverage
Residential substance abuse treatment services	No coverage	No coverage	No coverage	No coverage

<u>Please note: All covered services must be medically necessary</u>	<u>SoonerCare Traditional</u>		<u>SoonerCare Choice</u>	
	<u>Children Under 21</u>	<u>Adults 21 and Over</u>	<u>Children Under 21</u>	<u>Adults 21 and Over</u>
SoonerRide - Transportation to non-emergency covered medical services	Covered	Covered	Covered	Covered
Stop smoking (cessation) products	90 days without an authorization	90 days without an authorization	90 days without an authorization	90 days without an authorization
Substance abuse treatment services (medical detoxification only)	Covered when prior authorized	Covered	Covered when prior authorized.	Covered
Physical therapy (PT), Speech therapy (ST), Occupational therapy (OT) Services	PT and OT - Covered when prior authorized; initial evaluation does not require PA. ST - Evaluation and treatment require prior authorization.	PT, ST, OT - no prior authorization required; 15 visits per year in hospital outpatient; \$4 copay per visit	PT and OT - Covered when prior authorized; initial evaluation does not require PA. ST - Evaluation and treatment require prior authorization.	PT, ST, OT - no prior authorization required; 15 visits per year in hospital outpatient; \$4 copay per visit
Transplant services	Covered when prior authorized	Covered when prior authorized	Covered when prior authorized	Covered when prior authorized
Vision services	Covered	Coverage for eye diseases or eye injuries only	Covered	Coverage for eye diseases or eye injuries only

* Soon-to-be-Sooners	Members in Soon-to-be Sooners receive pregnancy and maternity services only. The individual who is covered for pregnancy-related benefits under Soon-to-be-Sooners retains eligibility until the end of pregnancy. Section 317:30-22-8
**Prescription Drugs for Home and Community-Based Services	Members in Home and Community-Based Services waivers pay the following copays for prescriptions: \$0.65 copay per drug costing \$10.00 or less; \$1.20 copay per drug costing \$10.01 - \$25.00; \$2.40 copay per drug costing \$25.01 - \$50.00; \$3.50 copay per drug costing \$50.01 or more.

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Refer to OAC 317:30-3-5 for further information related to cost sharing. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, copays and limitations are subject to change. Refer to OHCA's pharmacy website for further information related to perscription drugs. Updated 08/24/2018

<u>Please note: All covered services must be medically necessary</u>	<u>SoonerPlan</u>	<u>Insure Oklahoma Individual Plan Adults (IP)</u>
Ambulance or emergency transportation	No coverage	Covered - only emergency ground
Behavioral health and substance abuse services (some services may require prior authorization)	No coverage	Covered - Psychiatrist visits included in 4 physician services limit per month. Physicians & Outpatient - \$4 copay per visit; Inpatient - \$50 copay per admission
Care management services for complex and/or unusual needs (prior authorization required)	No coverage	Covered
Child Health Wellness Screens (including health & immunization history; physical exams, various health assessments and counseling; lab & screening tests and necessary follow-up care)	No coverage	No coverage
Dental services	No coverage	Emergency extractions
Diabetic supplies (100 glucose strips and lancets per month; one spring-loaded lancet device, three replacement batteries per year; Additional supplies require prior authorization)	No coverage	Covered - \$4 copay
Durable medical equipment	No coverage	Covered when prescribed by medical provider with copay (\$4 copay for durable, non-durable supplies; \$8 copay for DME equipment)
Emergency Department (ER services)	No coverage	Covered - \$30 copay (waived if admitted)
Family Planning services	Men and women age 19 and over - Birth control information, services and supplies. Gardasil for men and women through age 26. Tubal ligation & vasectomy for persons age 21 and older - \$0 copay for any family planning-related service or supply	Birth control information and supplies - Pap smears - Pregnancy tests - \$0 copay; Tubal ligation and vasectomy for persons age 21 and older
Hearing services	No coverage	No coverage
Home health care services	No coverage	36 visits covered annually without prior authorization when prescribed by a physician - \$4 copay per visit

<u>Please note: All covered services must be medically necessary</u>	<u>SoonerPlan</u>	<u>Insure Oklahoma Individual Plan Adults (IP)</u>
Inpatient hospital services	No coverage	Covered - \$50 copay per admission
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	No coverage	Covered as recommended for adults - \$4 copay
Laboratory and X-ray services	Services related to family planning only - \$0 copay	Covered - \$0 copay for standard radiology (\$4 copay per specialized scan - MRI, MRA, PET, CT)
Long-term care services	No coverage	No coverage
Mammograms	No coverage	Covered - \$0 copay
Nurse midwife and birthing center services	No coverage	Covered
Orthodontic services	No coverage	No coverage
Outpatient hospital and surgery services	Services related to family planning only - \$0 copay	Covered medically necessary - \$4 copay per visit. Therapeutic radiology - \$4 copay per visit
Over-the-counter contraceptives	Contraceptives only - \$0 copay	Covered - \$0 copay
Personal care	No coverage	No coverage
Physician services	Physician visits and physical exams related to family planning only - \$0 copay	4 visits per month; including any specialist visits - \$4 copay per visit
Pregnancy and Maternity services (including prenatal, delivery and postpartum) * For Soon-to-be-Sooners, refer to the notes at the bottom of this document.	Pregnancy tests for women - \$0 copay	Covered - \$0 copay
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits. No copays for children and pregnant women.) ** For Home and Community-Based Waiver Services copays, refer to the notes at the bottom of this document.	Contraceptives only - \$0 copay	6 per month limit; up to 2 brand-name; \$4 copay for generic - \$8 copay for brand name
Prosthetic devices	No coverage	Limited coverage with prior authorization; orthotics are not covered
Inpatient psychiatric services	No coverage	Under Age 21 covered when prior authorized - \$50 copay per admission; Age 21 and over - no coverage
Residential substance abuse treatment services	No coverage	No coverage

<u>Please note: All covered services must be medically necessary</u>	<u>SoonerPlan</u>	<u>Insure Oklahoma Individual Plan Adults (IP)</u>
SoonerRide - Transportation to non-emergency covered medical services	Covered	No coverage
Stop smoking (cessation) products	No coverage	90 days without an authorization - \$4 copay for generic; \$8 copay for brand name
Substance abuse treatment services (medical detoxification only)	No coverage	Covered; Outpatient - \$4 copay per visit; Inpatient - \$50 copay per admission
Physical therapy (PT), Speech therapy (ST), Occupational therapy (OT) Services	No coverage	PT, ST, OT - no prior authorization required; 15 visits per year in hospital outpatient; \$4 copay per visit
Transplant services	No coverage	No coverage
Vision services	No coverage	Coverage for eye diseases or eye injuries only - \$4 copay

* Soon-to-be-Sooners	N/A	N/A
**Prescription Drugs for Home and Community-Based Services	N/A	N/A

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Refer to OAC 317:30-3-5 for further information related to cost sharing. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, copays and limitations are subject to change. Refer to OHCA's pharmacy website for further information related to perscription drugs. Updated 08/24/2018