

SoonerSelect Children's Specialty Program Benefits and Forms

Use this booklet to help you understand your new health plan and benefits.
That way you can focus on being healthy!



LOOK INSIDE TO FIND:



Healthcare Services



Value-Added Services



Where to go for Care



How to Earn Rewards



How to Find a Primary Care Provider (PCP)



Important Health Forms

QUESTIONS? Call **1-833-752-1665 (TTY: 711)**, Monday through Friday, from 8 a.m. to 5 p.m.
or go to **OklahomaCompleteHealth.com** any time.

Make SoonerSelect Children's Specialty Program Part of your Plan

SoonerSelect Children's Specialty Program provides quality healthcare coverage with valuable programs and services. That way children and youth can focus on being healthy. Use this booklet to get the most out of your insurance. Keep it handy for helpful information about your health plan.

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GO ONLINE:

- Go to **Member.OklahomaCompleteHealth.com** to set up your online member portal account.
- See your health plan benefits.
- Access other important information, such as your ID card, claims, authorizations, and more.

IF YOU DO NOT HAVE INTERNET ACCESS:

- Read this booklet and other member materials included in this packet.
- Fill out the Notification of Pregnancy (NOP) form and mail it using the postage-paid envelope that is included in the back of this booklet.
- Call Member Services at **1-833-752-1665 (TTY: 711)** for help finding a Primary Care Provider (PCP) or to answer any other questions you may have.

If you need oral interpretation, auxiliary aids and services, or this information in another language or an alternate format call us at **1-833-752-1665 (TTY: 711)**.

USE THIS LIST TO HELP YOU GET STARTED

Follow the steps below. Fill out any forms that are needed. Then, **check the boxes** as you finish each step.

 **Learn More About Your Benefits**

Find important information about your benefits and services inside this booklet and in the SoonerSelect Children's Specialty Program member handbook. The handbook is located at **OklahomaCompleteHealth.com** under the member section. If you would like a printed copy, contact Member Services at **1-833-752-1665 (TTY: 711)**. Additional copies of the Member Handbook will be sent upon request.


 **Set Up Your Member Portal Account**

Set up your online member portal account using the steps on page 11.

Login: _____

Password: _____

Keep this in a safe place.

 **Complete Your My Health Screening Form**

The My Health Screening form helps us stay updated about your healthcare needs. We use this form to find out about any health changes you've had. That's why it's important to complete this form every year. By having this information, we can meet your specific health needs with more services or resources.

You can complete the form online by scanning the QR code located on page 16, or on our website at **Member.OklahomaCompleteHealth.com** through your member portal.

 **Start Earning *myhealthpays*® Rewards**

SoonerSelect Children's Specialty Program members can earn rewards just for staying healthy! Go to **OklahomaCompleteHealth.com** or turn to page 17 to learn more about *myhealthpays*®.

 **Make an Appointment to See Your Primary Care Provider (PCP)**

PCP name: _____

Address: _____

Phone: _____ Email: _____

Office Hours: _____ First Appointment Date: _____

Change your PCP by visiting **Member.OklahomaCompleteHealth.com**.

 **Notification of Pregnancy**

If you are pregnant, please complete the Notification of Pregnancy (NOP) form. Fill it out online through the member portal at **OklahomaCompleteHealth.com** or use the one included in the back of this booklet. Then, mail it to us using the postage-paid envelope that is included in the back of this booklet. Earn \$25 in *myhealthpays*® rewards for filling out the form in your first trimester (13 weeks) or \$10 for filling it out in your second trimester (weeks 14 to 27). During your pregnancy and postpartum period, earn \$25 for completing one Start Smart for Your Baby® prenatal visit and \$10 for completing one postpartum visit. Call your OB case manager for more details.* *Restrictions may apply



*The SoonerSelect Children's Specialty Program offers a wide range of healthcare services.**

*Limitations apply.



MEDICAL SERVICES:

- Provider office visits.
- Medication.
- Labs.
- X-rays.
- Home healthcare.
- Hospital admissions.
- Medical supplies.



VISION SERVICES:

- Eye exams.
- Eyeglasses.



BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES:

- Applied Behavioral Analysis (how behavior works to real-life situations).
- Therapy, family support, and training.
- Individual, group, and family counseling services.
- Certified Community Behavioral Health (CCBH) services.
- Inpatient psychiatric evaluation and treatment.
- Substance use disorder screening and treatment, including addiction services and help with withdrawal symptoms.
- Mental health services provided in a residential setting.
- Partial hospitalization.
- Day treatment services.
- Peer recovery support services.
- Rehabilitation case management.

This is only an overview of services. Check your benefits to see if a certain medical, vision, or behavioral health service is covered.



Emergency:

If you need emergency transportation, such as an ambulance, call **911**.

Non-emergency:

The SoonerSelect Children's Specialty Program can arrange for transportation to help you get to and from your Medicaid-covered care appointments. This service is at no cost to you. Non-emergency transportation includes personal vehicles, taxis, vans, and public transportation.



Call transportation services at 1-877-718-4212 to make a reservation. You must call at least 72 hours before your appointment, excluding weekends and state holidays.



Value-Added Services

SoonerSelect Children's Specialty Program members are eligible for the extra benefits listed below:

Benefit	Description
Breathe Better at Home	<p>The SoonerSelect Children's Specialty Program provides asthma self-management through these benefits:</p> <ul style="list-style-type: none">• Home visits by a Care Manager or Community Health worker to check the home for environmental triggers.• In-home asthma management education and tobacco cessation resources.• Care grants of up to \$250 per member per year to help eliminate asthma triggers at home. This can include special bedding, pest control, carpet cleaning, special cleaners, and more.• Nebulizers for members ages 0-18.
Celebrating You	<p>The SoonerSelect Children's Specialty Program sends \$10 gift cards to members ages 14-25 on their birthdays.</p>
Club and Camp Scholarships	<p>The SoonerSelect Children's Specialty Program helps members grow their social and leadership skills and increase their physical activity through these benefits:</p> <ul style="list-style-type: none">• Boys & Girls Club memberships for members ages 6-18 (maximum benefit of \$150 per year).• Oklahoma FFA Foundation scholarships for high school students interested in agricultural careers.• Child and adult memberships to local YMCAs to support physical activity and healthy lifestyles (maximum benefit of \$150 per year).
Comfort To-Go Bags	<p>The SoonerSelect Children's Specialty Program provides Oklahoma Human Services (OHS) duffle bags for children who are changing foster homes. Bags contain age-appropriate personal care items, clothing, and art or hobby supplies. For American Indian / Alaska Native members, we also include culturally and tribally sensitive items.</p>



Benefit	Description
ConnectionsPlus®	Through our ConnectionsPlus® program, the SoonerSelect Children's Specialty Program provides no-cost cell phones and data plans to members in Care Management who do not have safe, reliable access to phone and web services to those who do not qualify for the federal SafeLink Wireless®. ConnectionsPlus® lets members have access to providers, Care Managers, telehealth services, and 911 .
Customized Sensory Supports	For members with sensory-related needs, the SoonerSelect Children's Specialty Program collaborates closely with caregivers and providers to offer sensory support kits. Each kit is tailored to the member's developmental and health needs. The kits may have: <ul style="list-style-type: none">• Sensory swings.• Exercise balls for bouncing or rocking.• Weighted vests or blankets.• Warm compresses.• Manipulative toys like pop-its.• Headphones and/or ear plugs.
Digital Behavioral Health (BH) App	The SoonerSelect Children's Specialty Program provides members ages 13 years and older with access to myStrength® Complete, our Digital BH app for health education and coaching. myStrength® can help users with depression, anxiety, stress, substance use, chronic pain, and sleep problems. Members can use the app through our website any time. Members ages 18 and older may also access two more items through myStrength® Complete: <ul style="list-style-type: none">• Virtual BH provider visits.• Choose Tomorrow suicide prevention support.
Educational Support and Work Skills	The SoonerSelect Children's Specialty Program offers two benefits to help members improve their grades in school or get their diploma or GED. Benefits include: <ul style="list-style-type: none">• For members ages 16 and older without a high school diploma, we provide GED tutoring and vouchers for testing.• For children in K-12 and at risk of failing, we will provide virtual or in-person tutoring.



Value-Added Services

Benefit	Description
Enhanced BH Therapies	<p>The SoonerSelect Children’s Specialty Program provides art, music, and equine therapies as alternatives to talk therapies for youth with BH conditions and those who have experienced complex trauma.</p>
Enhanced Transportation Services	<p>The SoonerSelect Children’s Specialty Program offers these enhanced transportation benefits through our transportation partners:</p> <ul style="list-style-type: none"> • Five roundtrips per member per year for social outings and visits with biological family. • Five roundtrips per member per year to help members get to grocery stores, food pantries, farmer’s markets, childcare services, job interviews, educational activities, and support groups. • Transportation for biological parents to attend medical appointments in support of reunification as requested by Oklahoma Human Services (OHS). • Transportation for youth and caregivers to attend Office of Juvenile Affairs (OJA) appointments.
Enhanced Vision Services	<p>The SoonerSelect Children’s Specialty Program will offer unlimited eyewear replacements as well as \$100 for contact lenses and enhanced eyewear packages to support members in foster care.</p> <p>The SoonerSelect Children’s Specialty Program expands the state’s covered vision services for CSP members ages 21 and older by offering a routine eye exam every other year.</p>
Health, Wellness, and Health Literacy	<p>The SoonerSelect Children’s Specialty Program helps members take charge of their health, learn about their conditions, and engage in healthy behaviors. Our benefits will include:</p> <ul style="list-style-type: none"> • Bi-monthly issues of <i>Fostering Families</i> to foster homes in Oklahoma. Each issue includes a four-page insert with education on SoonerSelect Children’s Specialty Program services, covered benefits, upcoming training, EPSDT education, VAS’s and more. • No-cost access to our online health library, which has more than 4,000 easy-to-read articles through our online Krames Staywell Health Library. Members can learn about wellness, illnesses, care plans, medications, and other health tips and facts.



Benefit	Description
Health, Wellness, and Health Literacy	<ul style="list-style-type: none">• Our Healthy Kids Club mails youth members a new book, welcome packet, Kid Club membership card, online activities for children and parents or guardians and quarterly newsletters when signed up by a parent or guardian.• Reach Out and Read, with a grant for services in Health Equity Zones, integrates reading into pediatric practices. It advises families about the importance of reading with their children, and shares books that catalyze healthy childhood development.
Holistic Care Grants and Independent Living Stipends	<p>The SoonerSelect Children’s Specialty Program provides members in foster care and those transitioning out of foster care or OJA custody with additional items to support their emotional and physical well-being. We offer:</p> <ul style="list-style-type: none">• Care grants of up to \$150 per year to support positive youth development, including culturally appropriate hair care, sports fees, hobby supplies, art supplies, and other items.• Stipend up to \$500 per youth transitioning out of foster care or OJA custody to support the transition from foster care to independent living. Our partnership with Pivot in Oklahoma City connects transition-aged youth with housing and other resources. Limited to one per member.• Tattoo removal for youth with tattoos affiliated with gangs or human trafficking related tattoos, to improve emotional well-being.
My Health Pays® Rewards	<p>SoonerSelect Children’s Specialty Program members can earn rewards for doing things like annual screenings, tests, and more. Ways to earn include completing activities such as annual screenings, tests and other ways to protect their health. Spend rewards at Walmart® or on necessities like rent, utilities, and child care.** After your child completes a healthy activity, we will add the rewards they have earned directly to their My Health Pays® Visa® prepaid card.</p> <p>**Rewards cannot be used to buy alcohol, tobacco, or firearm products.</p>
Nutrition Support and Food Security	<p>The SoonerSelect Children’s Specialty Program offers these nutrition benefits:</p> <ul style="list-style-type: none">• Foster care alumni members who screen positive for food insecurity can get up to \$100 per year in Food Rx vouchers for nutritional foods at local markets like DG Market.



Value-Added Services

Benefit	Description
Nutrition Support and Food Security	<ul style="list-style-type: none">• To welcome new caregivers to foster parenting, we will provide seven days of welcome meals to first-time foster parents when they receive the first child into their home.• For qualified members in Care Management who are coming home from a hospital stay, including members with high-risk pregnancies, we provide seven days of special meals delivered to their homes.• For members in Care Management who need more nutritional counseling for a chronic condition, we expand upon the state's nutritional counseling benefit by four more hours per year.
Orthodontia	The SoonerSelect Children's Specialty Program provides members with enhanced dental benefits for non-covered orthodontia (oral braces to correct tooth problems).
Over-the-Counter (OTC) Products	The SoonerSelect Children's Specialty Program provides an OTC benefit to all members for up to \$30 per household per quarter to buy items like cold medicine, vitamins, pain relievers, first aid care, and more.
Peer Mentoring for Caregivers	The SoonerSelect Children's Specialty Program offers peer mentoring to the caregivers of members under age 18 to provide guidance, emotional support, and role modeling to those newer to the field. This will be done in partnership with the Foster Care and Adoption Association of Oklahoma.
Pyx Health (Pyx)	Pyx is a mobile app that reduces social isolation by providing companionship and resources to members 18 and above who screen positive for social isolation or who have a health condition that would benefit from daily contact with Pyx. Members get phone calls from the Pyx Compassionate Call Center and have daily interaction with Pyx, a friendly 24/7 chatbot that provides an interactive and supportive experience.
Ready for my Recovery	Our Ready for my Recovery benefit supports members on their recovery journey by providing a \$30 My Health Pays® reward for every six months of active participation in recovery treatment, as well as a recovery backpack that includes a water bottle, self-care kit, journal, pen, and BH information and resources.



Benefit	Description
Remote Patient Monitoring (RPM)	<p>Our diabetes RPM program uses cellular technology, real-time glucose readings, and automatic supply refills to help timely intervention and improve diabetes self-management. Members will get a supply kit delivered to their home with an introduction to the program, a glucometer, a how-to guide, and a supply of testing strips. Our diabetes vendor will monitor the member's records and contact them if readings are missed or higher than normal.</p> <p>Our high-risk pregnancy diabetes RPM program is a special program for pregnant members. It helps members keep track of their blood pressure, their glucose, and their baby's heartbeat.</p>
Respite Care	<p>For Members with respite services or private duty nursing as part of their Care Plan and who have exhausted all covered and community based respite services, we will provide up to 48 additional hours per year of respite services to reduce caregiver burnout and allow time to attend foster care training or personal appointments.</p>
Sports and Camp Physicals	<p>The SoonerSelect Children's Specialty Program covers sports or camp physicals for members ages 6-18. Sports and camp physicals include a medical history and a physical exam. The physical exam checks:</p> <ul style="list-style-type: none">• Height, weight, and blood pressure.• Vision.• The heart and lungs.• Joints and motion.
Start Smart for Your Baby® (SSFYB) Additional Benefits	<p>In addition to our evidence-based SSFYB CM program, we offer SSFYB members several benefits, including:</p> <ul style="list-style-type: none">• Access to community-based doulas in Tulsa through the Tulsa Birth Equity Initiative and in Oklahoma City through Agape Midwifery and and Wellness;• Unlimited 24/7 access to virtual doulas;• Support for members who are breastfeeding for up to 12 months after delivery through Health in Her HUE and Pacify; Health in Her HUE connects Black women and women of color to culturally sensitive health care providers, evidence-based health content, and Centering Pregnancy community support groups;



Value-Added Services

Benefit	Description
Start Smart for Your Baby® (SSFYB) Additional Benefits	<ul style="list-style-type: none">• A hospital-grade breast pump to support breastfeeding (1 per pregnancy);• Community baby showers where members can get a portable crib gift and safe sleep education (1 crib per pregnancy);• Transportation to appointments for members in care management with high-risk pregnancies provided by local partners OK PICK Transportation, MedHaul, SendaRide, and Modivcare; and• Prenatal education and parenting classes when referred by Care Manager.
Tobacco Cessation	Helping Oklahomans quit tobacco will reduce the burden of chronic conditions for members. The SoonerSelect Children's Specialty Program members can get My Health Pays® rewards if they want to stop using tobacco. We offer \$25 for the first fill of medication to quit and \$50 for the completing the program.
Traditional Healing Grants	The SoonerSelect Children's Specialty Program respects member's cultural preferences for healthcare by providing \$250 per year grants for ceremonial or spiritual healing that may help in improved behavioral health or physical health management and overall well-being.



We also offer these benefits at no cost:

- ✓ Extra help for complex health conditions through our case and disease management programs.
- ✓ Coordination of care with programs and services in your community.
- ✓ A **24/7** Nurse Advice Line for advice about any health-related problems. Call **1-833-752-1665** (TTY: **711**) to talk to a nurse live.

These Important Documents are on our Website:



Go to **OklahomaCompleteHealth.com** to view:



Our Provider Directory: The SoonerSelect Children's Specialty Program online provider directory has the most current list of in-network healthcare providers. This list is updated daily. Use our "Find a Provider" tool to search for a provider in your area.



Your Member Handbook: The SoonerSelect Children's Specialty Program member handbook can be found under the "Member" section. It has helpful information about your coverage and benefits.

To get a printed copy of the provider directory or member handbook, please call Member Services at **1-833-752-1665** (TTY: **711**). We will send you copies of these materials at no cost.

Set Up Your Online Member Portal Account



Getting your healthcare information online is easy. To get started, go to **Member.OklahomaCompleteHealth.com** to make an account with EntryKeyID. If you already have an EntryKeyID login, you can use the same email and password for the Oklahoma Complete Health member portal.

To make an account, you will need:

- ✓ An email address.
- ✓ Your member ID, as found on your membership card.
- ✓ Your first name, last name, and date of birth.

Follow the instructions on screen to make an ID and password. After you log in, you will have to enter your member ID and date of birth to link your new EntryKeyID.

Once your account is set up on the Oklahoma Complete Health member portal, you will be able to see your health data, claims, risk assessments, and more. Your EntryKeyID can also be used to access your health data from third-party applications that support patient access.



Know Where to go for Care

Get the Right Care at the Right Place

Make sure you know where to get medical care when you need it. If you get sick or hurt, you have many options to get the care you need.



PRIMARY CARE PROVIDER (PCP)

Your PCP is your main provider. If your condition isn't life threatening, calling your PCP should be your first choice.

Call your PCP if you need:

- Help with colds, the flu, or fever.
- Care for ongoing health issues like asthma or diabetes.
- An annual wellness exam.
- Vaccines.
- General advice about your overall health.



NURSE ADVICE LINE

Our Nurse Advice Line is here for you 24 hours a day, seven days a week. Call **1-833-752-1665** (TTY: **711**) to talk to someone who can answer questions about your health. They can also help you decide where to go for care.

Call the Nurse Advice Line if you need:

- Help knowing if you should go to urgent care or wait to see your PCP.
- Help caring for a sick child.
- Answers to questions about your health.



URGENT CARE CENTER

Urgent care centers help treat illnesses or injuries that aren't life threatening but can't wait until the next day. If your PCP's office is closed, an urgent care center can give you fast, hands-on care. Urgent care centers can also offer shorter wait times than the ER.

Go to an in-network urgent care center for:

- Sprains.
- Ear infections.
- High fevers.
- Flu symptoms with vomiting.



EMERGENCY ROOM (ER)

Anything that could endanger your life (or your unborn child's life, if you're pregnant) without immediate medical attention is considered an emergency situation. Emergency services treat accidental injuries or the onset of what may be a life-threatening medical condition.

Go to the ER if you have:

- Broken bones.
- Bleeding that won't stop.
- Labor pains or other bleeding (if you're pregnant).
- Severe chest pains or heart attack symptoms.
- Stroke symptoms, such as slurred speech, facial drooping, or arm numbness.
- Overdosed on drugs.
- Eaten poison.
- Bad burns.
- Convulsions or seizures.
- Trouble breathing.
- The sudden inability to see, move, or speak.
- Gun or knife wounds.
- Self-harm that needs medical attention.

Although some things may seem like an emergency at the time, you should only use the ER if it is a true emergency.

Avoid the ER and call your PCP, the Nurse Advice Line, or an urgent care center for things like:

- A cold, sore throat, ear ache, or the flu.
- Sprains or strains.
- Cuts or scrapes that don't need stitches.
- Medicine or prescription refills.
- Diaper rash.



MENTAL HEALTH CRISIS SERVICES

Mental health crisis services help individuals who are having a mental health crisis, which is any situation in which a person's behavior could put them at risk of hurting themselves or others.

Call or text the Suicide & Crisis Lifeline at **988** if you are having:

- A panic attack.
- Extreme depression or anxiety.
- Drug or alcohol problems.
- Thoughts about suicide.
- Thoughts of wanting to harm yourself or others.



Your Care When You Change Health Plans or Doctors

- ✓ If you choose to leave SoonerSelect Children's Specialty Program, we will share your health information with your new plan. You can finish receiving any services that have already been authorized by your previous health insurance or SoonerCare, even if the provider you are seeing is an out-of-network provider. Prior authorizations will be honored until the services are used or until 90 days after your new plan benefits begin, whichever comes first. After that, we will help you find a provider in our network to get any additional services if you need them.
- ✓ If you are pregnant when you join SoonerSelect Children's Specialty Program, you can continue the care that you were receiving before you joined our plan. You can continue seeing your doctor even if he or she is an out-of-network provider.
- ✓ If you are receiving chemotherapy or radiation treatment, dialysis, major organ or tissue transplant services, bariatric surgery, Synagis treatment, medications for hepatitis C treatment or if you are terminally ill, when you change plans you can continue your current treatment plan.
- ✓ Children receiving private duty nursing services will continue to receive these services. These services will only change if we perform a new assessment and determine your child needs different services.
- ✓ We will continue to cover your out-of-state services and/or meals and lodging assistance if it is already being received from SoonerCare when you join our plan.
- ✓ If you are receiving services for hemophilia, those services will continue being provided by your current hemophilia providers for up to 90 days even if the provider is out-of-network. After 90 days, we can help you find a network provider.
- ✓ If you are on a current treatment plan and receiving behavioral health services, you may keep seeing your current behavioral health treatment provider(s) for up to 90 days, even if the provider is out-of-network. After 90 days, we can help you find a network provider.



- ✓ If you are waiting for durable medical equipment (DME) or supplies authorized and ordered prior to joining our plan, we will help you to receive these items on time.
- ✓ If your PCP leaves Oklahoma Complete Health, we will tell you in writing within 15 days from when we know about this. We will tell you how you can choose a new PCP, or we will choose one for you if you do not make a choice. For those members who are receiving treatment for a chronic or ongoing medical condition, the SoonerSelect Children's Specialty Program will ensure that there is no disruption in services. Depending on your specific situation, changing your PCP may cause some of your services to change. You can find out more about changing your PCP by calling member services at **1-833-752-1665** (TTY: **711**).
- ✓ If you are transitioning out of Foster Care or Juvenile Services, the SoonerSelect Children's Specialty Program will provide support in many areas, which may include finding a place to live, completing education, locating medical and/or behavioral health providers, managing money and getting a job.
- ✓ We will monitor the age status of children and youth, to assist those approaching age thresholds that will affect their coverage or eligibility by utilizing our a2A (Adolescence to Adulthood) program that provides wraparound supports and education for transitioning youth. If you would like to get Foster Care related specialist, call **1-833-752-1665** (TTY: **711**) and ask to speak with a Care Manager.



**If you have any questions, call Member Services
at 1-833-752-1665 (TTY: 711).**



Tell Us About Your Health

The SoonerSelect Children's Specialty Program wants to help you get and stay healthy. Our My Health Screening helps us stay updated about your current health needs.

My Health Screening will ask you questions about your current health. Your provider and health plan will use this information to learn about any health changes you've had or to better meet your health needs. That's why it's important to complete this form every year. With this information, we can meet your specific health needs with more services or assistance.

COMPLETE THE MY HEALTH SCREENING FORM

There are several ways to complete the form:

- 1 Scan the QR code to complete the form online.
- 2 Go to **Member.OklahomaCompleteHealth.com** to complete the form on the member portal.



Scan with your phone to complete this form on the member portal.



This form is confidential. Make sure to complete one form for every SoonerSelect Children's Specialty Program member. If you are in our care management program, a member of our care coordination team will call you to complete the screening over the phone.

Remember to complete this screening every year. As part of our My Health Pays® program, you will earn a \$10 reward for completing the form.



It's easy to earn rewards.

After your child completes a healthy activity, we will add the rewards they earned directly to their My Health Pays® Visa prepaid card*.

If your child doesn't have a card yet, we will mail them one after they have completed their first healthy activity. Your child can keep earning My Health Pays® rewards by completing more healthy activities. Their rewards will be added to their card once we are notified.



Your child can earn rewards for doing things like annual screenings, tests, and more.

Spend rewards at Walmart or on necessities like rent, utilities, and child care.**

* This My Health Pays® Visa® Prepaid Card is issued by The Bancorp Bank, N.A. Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card cannot be used everywhere Visa debit cards are accepted.

**Rewards cannot be used to buy alcohol, tobacco, or firearm products.



Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your main personal doctor.

After you choose your PCP, it's important to make an appointment with them so you can get to know each other. Building a strong relationship with your PCP helps you feel comfortable talking about your health.

Your PCP will keep your records and be aware of any changes to your health. Always call your PCP when you feel sick or have any health questions. If you did not choose a PCP, one was assigned to you. You can change your PCP any time through our secure online member portal. You can also call us.

FIND A PCP

Go to **Member.OklahomaCompleteHealth.com** to choose or change your PCP.

-or-

Call us at **1-833-752-1665 (TTY: 711)**.

AFTER YOU CHOOSE YOUR PCP, CALL TO SET UP YOUR APPOINTMENT.



A yearly checkup with your PCP is the best way for you to stay informed about your health. Talk with your provider about any changes you've noticed or concerns you may have. Your PCP may recommend tests or other preventive care services to help monitor your health. Take this opportunity to ask any questions you may have.

If you need help scheduling this visit, call us at **1-833-752-1665 (TTY: 711)**.



STAY INFORMED ABOUT YOUR CHILD'S HEALTH

Babies and young children need to see their providers regularly, too. It is important for your child to have an annual health check, even when they are not sick. The chart below shows when babies, young children and teens should see their PCP.

HEALTH CHECK SCHEDULE



Birth

- 3 to 5 days
- 1 month
- 2 months
- 3 months
- 4 months
- 6 months
- 9 months



Early Childhood

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years



Middle Childhood & Adolescence

- Every year until your child is age 21

Your child's health check includes an exam and vaccines to help prevent diseases. Talk to your child's provider about any health issues or concerns.





Notification of Pregnancy

Take Care of Yourself and Your Baby

Start Smart for Your Baby®

Our Start Smart for Your Baby® program provides customized support and care for pregnant individuals and new parents. This program helps you focus on your health during your pregnancy and your baby's first year.

START SMART FOR YOUR BABY® OFFERS THESE BENEFITS AT NO COST TO YOU:

- Information about pregnancy and newborn care.
- Community help with housing, food, clothing, and cribs.
- Breastfeeding support and resources.
- Medical staff to work with you and your provider if you have any issues during your pregnancy.
- Text and email health tips for you and your newborn.

GET STARTED

If you are pregnant, complete our Notification of Pregnancy (NOP) form online. You can also find the form in the back of this booklet. Fill it out and mail it back to us using the postage-paid envelope included in the back of this booklet. We will follow up to talk with you about the details of our Start Smart for Your Baby® program.

Earn \$25 for completing this within your first trimester (13 weeks) or \$10 for completing in your second trimester (weeks 14 to 27).





Statement of Non-Discrimination

SoonerSelect Children's Specialty Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SoonerSelect Children's Specialty Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SoonerSelect Children's Specialty Program:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SoonerSelect Children's Specialty Program at **1-833-752-1665** (TTY: **711**). We're here for you Monday-Friday from 8 a.m. to 5 p.m.

If you believe that SoonerSelect Children's Specialty Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with SoonerSelect Children's Specialty Program by mail, phone, fax or email at:

SoonerSelect Children's Specialty Program

Attn: Grievances Department

P.O. Box 10353

Van Nuys CA, 91410-0353

Phone: **1-833-752-1665** (TTY: **711**)

Fax: **1-833-812-0027**

Email: **OKCompleteHealth_Grievances@CENTENE.COM**

If you need help filing a grievance, SoonerSelect Children's Specialty Program is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services,

200 Independence Avenue SW., Room 509F, HHH Building

Washington, DC 20201

Phone: **1-800-368-1019**, **1-800-537-7697** (TDD).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Declaración de No Discriminación

SoonerSelect Children's Specialty Program cumple con las leyes de derechos civiles Federales aplicables y no discrimina por raza, color, nacionalidad de origen, edad, discapacidad ni sexo. SoonerSelect Children's Specialty Program no excluye a personas ni las trata de forma diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

SoonerSelect Children's Specialty Program:

- Brinda asistencia y servicios, sin costo alguno, a las personas con discapacidades para comunicarse de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lengua de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Brinda servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como los siguientes:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, llame a SoonerSelect Children's Specialty Program al **1-833-752-1665** (TTY: **711**). Atendemos de lunes a viernes, de 8 a.m. a 5 p.m.

Si considera que SoonerSelect Children's Specialty Program no le proporcionó estos servicios o que, de otra manera, lo discriminó por motivos de raza, color, nacionalidad de origen, edad, discapacidad o sexo, puede presentar una queja ante SoonerSelect Children's Specialty Program por correo postal, teléfono, fax o correo electrónico:

SoonerSelect Children's Specialty Program

Attn: Grievances Department

P.O. Box 10353

Van Nuys CA, 91410-0353

Teléfono: **1-833-752-1665** (TTY: **711**)

Fax: **1-833-812-0027**

Correo electrónico: **OKCompleteHealth_Grievances@CENTENE.COM**

Si necesita ayuda para presentar una queja, SoonerSelect Children's Specialty Program está disponible para ayudarlo.

También puede presentar una queja de derechos civiles a la U.S Department of Health and Human Services, Office for Civil Rights de manera electrónica mediante el Portal de Reclamos de la Office for Civil Rights, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o teléfono mediante la siguiente información:

U.S. Department of Health and Human Services,

200 Independence Avenue SW., Room 509F, HHH Building

Washington, DC 20201

Teléfono: **1-800-368-1019, 1-800-537-7697** (TDD).

Los formularios de reclamo están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you are helping, have questions about SoonerSelect Children’s Specialty Program, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at **1-833-752-1665** (TTY: **711**).

Español (Spanish)	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de SoonerSelect Children’s Specialty Program y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con Servicios para Miembros al 1-833-752-1665 (TTY: 711).
Tiếng Việt (Vietnamese)	Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về SoonerSelect Children’s Specialty Program và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số 1-833-752-1665 (TTY: 711).

<p>中文 (Chinese)</p>	<p>如果您，或是您正在協助的對象，有關於 SoonerSelect Children’s Specialty Program 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務，請聯絡會員服務部，電話是 1-833-752-1665 (TTY: 711)。</p>
<p>한국어 (Korean)</p>	<p>귀하 또는 귀하의 도움을 받는 분이 SoonerSelect Children’s Specialty Program에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 번역 또는 보조 서비스를 받으시려면 1-833-752-1665(TTY: 711) 번으로 가입자 서비스부에 연락해주시십시오.</p>
<p>Deutsch (German)</p>	<p>Falls Sie oder jemand, dem Sie helfen, Fragen zu SoonerSelect Children’s Specialty Program hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Um eine Übersetzung oder zusätzliche Dienstleistungen zu erhalten, wenden Sie sich an den Kundendienst unter 1-833-752-1665 (TTY: 711).</p>

العربية
(Arabic)

إذا كان لديك أو لدى شخص تساعدُه أسئلة حول SoonerSelect، فلم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعدُه تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على **1-833-752-1665** (TTY: **711**).

မြန်မာဘာသာ
(Burmese)

အကယ်၍ သင် သို့မဟုတ် သင်ကူညီနေသူတစ်ဦးသည် SoonerSelect Children's Specialty Program အကဲဖြတ်ခြင်း နှင့် ပတ်သက်၍ မေးခွန်းများ မေးလိုပါက အင်္ဂလိပ်လို ကျွမ်းကျင်စွာ မပြောနိုင်ပါက၊ သင့်တွင် အကူအညီ နှင့် အချက်အလက်များကို သင့်ဘာသာစကားဖြင့် အခကငြိမ်းပေးစရာမလိုဘဲ အချိန်နှင့်တစ်ပြေးညီ ရယူပိုင်ခွင့်ရှိသည်။ အကယ်၍ သင် သို့မဟုတ် သင်ကူညီနေသူတစ်ဦးသည် ဆက်သွယ်ရေးကို အဟန့်အတား ဖြစ်စေသော အကဲဖြတ်မှုနှင့်/သို့မဟုတ် အမင်္ဂလာ အာရုံနှင့် သက်ဆိုင်သော အခြေအနေတစ်ခုရှိပါက၊ သင့်တွင် အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကို အခကငြိမ်းပေးစရာမလိုဘဲ အချိန်နှင့်တစ်ပြေးညီ ရယူပိုင်ခွင့်ရှိသည်။ ဘာသာပြန် သို့မဟုတ် အရန်ဝန်ဆောင်မှုများကို လက်ခံရယူရန် **1-833-752-1665** (TTY: **711**) ရှိ အဖွဲ့ဝင် ဝန်ဆောင်မှုများ ကို ဆက်သွယ်ပါ။

**Lus Hmoob
(Hmong)**

Yog tias koj, los sis ib tug neeg twg uas koj tab tom muab kev pab, muaj cov lus nug hais txog SoonerSelect Children’s Specialty Program, thiab tsis paub lus Askiv zoo heev, koj muaj cai tau txais kev pab thiab tej ntaub ntawv qhia paub ua koj hom lus yam tsis tau them dab tsi li thiab kom tau raws sij hawm. Yog tias koj, los sis ib tug neeg twg uas koj tab tom pab, muaj tsos mob txog kev hnov lus thiab/los sis kev pom kev uas cuam tshuam txog kev sib txuas lus, koj muaj cai kom tau txais cov kev pab thiab cov kev pab cuam ntxiv yam tsis tau them dab tsi li thiab kom tau raws sij hawm. Txhawm rau kom tau txais cov kev pab cuam txhais ntawv los sis kev pab ntxiv, thov tiv tauj Member Services (Cov Chaw Muab Kev Pab Cuam Tswv Cuab) tau ntawm **1-833-752-1665** (TTY: **711**).

**Tagalog
(Tagalog)**

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa SoonerSelect Children’s Specialty Program, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa **1-833-752-1665** (TTY: **711**).

<p>Français (French)</p>	<p>Si vous-même ou une personne que vous aidez avez des questions à propos de SoonerSelect Children’s Specialty Program et que vous ne maîtrisez pas l’anglais, vous pouvez bénéficier gratuitement et en temps utile d’aide et d’informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d’un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d’aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services aux membres au 1-833-752-1665 (TTY : 711).</p>
<p>ລາວ (Laotian)</p>	<p>ຖ້າຫາກທ່ານ ຫຼື ຜູ້ໃດຜູ້ໜຶ່ງທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ SoonerSelect Children’s Specialty Program, ແລະ ບໍ່ຊ່ວຍຊາບສາອັງກິດ, ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນທີ່ເປັນພາສາຂອງທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ຖ້າຫາກທ່ານ ຫຼື ຜູ້ໃດຜູ້ໜຶ່ງທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອ, ມີສະພາບທາງການໄດຍິນ ແລະ/ຫຼື ການເບິ່ງເຫັນທີ່ຂັດຂວາງ ການສື່ສານ, ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ເພື່ອໃຫ້ໄດ້ຮັບການບໍລິການແປພາສາ ຫຼື ບໍລິການເສີມ, ກະລຸນາຕິດຕໍ່ຫາ Member Services (ການບໍລິການສະມາຊິກ) ໂດຍທີ່ 1-833-752-1665 (TTY: 711).</p>

<p>ไทย (Thai)</p>	<p>หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีคำถามเกี่ยวกับ SoonerSelect Children’s Specialty Program และไม่ชำนาญในการใช้ภาษาอังกฤษ คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีภาวะด้านการฟังและ/หรือการมองเห็นที่เป็นอุปสรรคต่อการสื่อสาร คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและบริการเสริมโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที หากต้องการบริการด้านการแปลหรือบริการเสริม โปรดติดต่อ บริการสำหรับสมาชิก ที่หมายเลข 1-833-752-1665 (TTY: 711)</p>
<p>اردو (Urdu)</p>	<p>اگر آپ، یا جس کی آپ مدد کر رہے ہیں وہ SoonerSelect Children’s Specialty Program کے بارے میں سوالات کرنا چاہتے ہیں، اور وہ انگریزی میں ماہر نہیں ہیں، تو آپ کو اپنی زبان میں بلا معاوضہ اور بروقت مدد اور معلومات حاصل کرنے کا حق ہے۔ اگر آپ، یا جس کی آپ مدد کر رہے ہیں، انہیں سماعت اور/یا بصارت میں کوئی پریشانی درپیش ہو جس سے مواصلت میں رکاوٹ پیدا ہوتی ہے، تو آپ کو مفت اور بروقت معاون امداد اور خدمات حاصل کرنے کا حق ہے۔ ترجمہ یا معاون خدمات حاصل کرنے کے لیے، براہ کرم 1-833-752-1665 (TTY: 711) پر ممبر سروسز سے رابطہ کریں۔</p>
<p>cwy (Cherokee)</p>	<p>Ej hɪt tʰɑːw, Dɔ̃ YGT ʌD sɾwɔwɔw Dɔ̃sɾɔ, ɔ̃VLID ɔ̃SLW ɔ̃rɔcɔ̃ DLɔ̃ɔ̃_sAD, Dɔ̃ sɾwɔwɔwɔw tʰɔ̃D bθ̃ SoonerSelect Children’s Specialty Program, tʰɑːw ɔ̃VLID Zɔ̃ Dɔ̃ɔ̃y βɾʌ̃ DYD Dɔ̃sɾɔ Dɔ̃ sɾɔ̃ɔ̃ EJ tʰɑːw tɛɪtɔ̃ ɸhC ɔ̃ɔ̃ dEGGJ Dɔ̃ EJ a TG̃GhɾA DEɟJC. EJ hɪt tʰɑːw, Dɔ̃ YGT ʌD sɾwɔwɔw Dɔ̃sɾɔ, ɔ̃VLID Zɔ̃ Dsɔ̃ɔ̃ Dɔ̃/Dɔ̃ JhGɔ̃ɔ̃A r̃Gy ɔ̃y DWɾAɔ̃ ɔ̃ɔ̃ET, tʰɑːw ɔ̃VLID Zɔ̃ Dɔ̃ɔ̃y βɾʌ̃ LLhɾS D4Aɔ̃ Dɔ̃sɾɔ Dɔ̃ ɔ̃VWh ɸhC ɔ̃ɔ̃ dEGGJ Dɔ̃ EJ a TG̃GhɾA DEɟJC. βɾʌ̃ LLhɾS Dɔ̃ɔ̃ Dɔ̃ D4Aɔ̃ ɔ̃VWh, DWɾAɔ̃ DRhɔ̃ Bθ̃ ɔ̃VWh ɸhC 1-833-752-1665 (TTY: 711).</p>

فارسی
(Persian)

اگر شما یا فردی که دارید به او کمک می‌کنید، سؤالی درباره
SoonerSelect Children's Specialty Program دارید، و
انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان
به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او
کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط
را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان
خودتان به رایگان و به موقع دریافت کنید. برای دریافت کمک‌ها و
خدمات امدادی لطفاً با خدمات اعضا به شماره **1-833-752-1665**
(TTY: **711**) تماس بگیرید.

SoonerSelect Children's Specialty Program Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
*PLEASE REVIEW IT CAREFULLY.***

Effective 5/5/2023

For help to translate or understand this, please call **1-833-752-1665**.
Hearing impaired (TTY: **711**).

Para obtener ayuda para traducir o entender esta notificación, llame al **1-833-752-1665**.
Personas con Discapacidad Auditiva (TTY: **711**).

Covered Entity's Duties:

SoonerSelect Children's Specialty Program is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). SoonerSelect Children's Specialty Program is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect, and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

SoonerSelect Children's Specialty Program reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. SoonerSelect Children's Specialty Program will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website or through a separate mailing.

Internal Protections of Oral, Written and Electronic PHI:

SoonerSelect Children's Specialty Program protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** - We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** - We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, and reviewing services for medical necessity.
- **Health Care Operations** - We may use and disclose your PHI to perform our healthcare operations. These activities may include providing customer service, responding to complaints and appeals, and providing care management and care coordination.

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- Quality assessment and improvement activities
 - Reviewing the competence or qualifications of healthcare professionals
 - Care management and care coordination
 - Detecting or preventing healthcare fraud and abuse
- **Group Health Plan/Plan Sponsor Disclosures** - We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- **Fundraising Activities** – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Underwriting Purposes** – We may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- **Appointment Reminders/Treatment Alternatives** - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.
- **Victims of Abuse and Neglect** - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** - We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a subpoena, discovery request, or other similar requests.
- **Law Enforcement** - We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- **Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** – We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of cadaveric organs, eyes, and tissues.
- **Threats to Health and Safety** - We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

- **Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security concerns, intelligence activities, The Department of State for medical suitability determinations, the protection of the President, and other authorized persons as may be required by law.
- **Workers' Compensation** - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Individuals Rights:

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restrictions apply. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.
- **Right to Access and Receive a Copy of your PHI** - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your PHI** - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request

this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

- **Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling **1-800-368-1019**, (TTY: **1-800-537-7697**) or visiting **<https://www.hhs.gov/guidance/document/filing-complaint-0>**.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- **Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information listed at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Contact Information

Questions about this Notice: If you have any questions about this notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by email using the contact information listed below.

SoonerSelect Children's Specialty Program

Attn: Privacy Official - Darnell Burgess

14000 Quail Springs Pkwy, Suite 650

Oklahoma City, OK 73134

Darnell.Burgess@OklahomaCompleteHealth.com

Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Oklahoma Complete Health at **1-833-752-1664** (TTY: **711**) and for SoonerSelect Children's Specialty Program please call **1-833-752-1665** (TTY: **711**). This form is also available online at **OklahomaCompleteHealth.com**.

***Required Field**

***Are You Pregnant?** Yes No * If you are pregnant, please continue to answer all the questions.

Return the form in the envelope provided.
We may call you if we find that you are at risk for problems with your pregnancy.

***Member ID #:** Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Mailing Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Would you like to receive text messages about pregnancy and newborn care? Yes No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address:

***Your OB Provider's Name:**

***Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? Yes No

Race/Ethnicity (select all that apply): White Black/African American Hispanic/Latina
 American Indian/Native American Asian Hawaiian/Pacific Islander
 Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed? Yes No If no, what is the reason?

Pediatrician chosen? Yes No Pediatrician Name:

Number of Full Term Deliveries: Number of Miscarriages:

Number of Preterm Deliveries: Number of Stillbirths:

Height (Feet, Inches): Pre-Pregnancy Weight:

***Do you have any of the following?** Yes No If yes, mark all that apply.

Your Medical History

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? Yes No

Recent delivery within past 12 months? Yes No Was delivery within past 6 months? Yes No

Previous C-Section? Yes No Diabetes (Prior to Pregnancy)? Yes No



*Member ID #:

Name: Last, First:

Sickle Cell? Yes No

Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No

High blood pressure (prior to pregnancy)? Yes No Previous neonatal death or stillbirth? Yes No

HIV Positive? Yes No HIV Negative? Yes No Testing refused? Yes No AIDS? Yes No

Thyroid Problems? Yes No If yes, is this a new thyroid problem? Yes No

Seizure Disorder? Yes No Seizure within the last 6 months? Yes No

Previous alcohol or drug abuse? Yes No

Current Pregnancy History

Preterm labor this pregnancy? Yes No Current gestational diabetes? Yes No

Current twins? Yes No Current triplets? Yes No

Currently having severe morning sickness? Yes No

Current mental health concerns? Yes No List:

Current STD? Yes No List:

Current tobacco use? Yes No Amount:

If yes, are you interested in quitting? Yes No

Current alcohol use? Yes No Amount:

Current street drug use? Yes No

Taking any prescription drugs (other than prenatal vitamins)? Yes No List:

Any hospital stays this pregnancy? Yes No

If yes, please list hospitalizations during this pregnancy.

Social Issues

Do you have enough food? Yes No Are you enrolled in WIC? Yes No

Do you have problems getting to your doctor visits? Yes No Do you have reliable phone access? Yes No

Are you homeless or living in a shelter? Yes No

Are you currently experiencing domestic violence or feel unsafe in your home? Yes No

Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:

If your answers indicate you are at an increased risk for complications during this pregnancy, would you consent to participate in our Start Smart Case Management program to help you and your baby?

Yes No





OklahomaCompleteHealth.com

1-833-752-1665 (TTY: 711)