Member Handbook Changes

There are new updates to the Member Handbook. These changes are not in the current member handbook, so please keep this insert as a reminder.

The sections below have been updated.

1. **Covered Services:** explanation of coverage.
2. **Prior Authorization Request for Children Under Age 21:** added calendar days to make a decision.
3. **More Information About Appeals:** updated to add calendar days.
4. **If You Are Unhappy with Your Plan: How to File a Grievance:** a member or provider, as an authorized representative, may also request an extension.
5. **Value Added Services:** updates to benefits.

Please see the details about each of these changes below.

1. Covered Benefits

The following services were updated.

Service	Children (Under 21)	Non-Expansion Adults	Expansion Adults
Therapeutic behavioral services, family support and training	Covered for children with Serious Emotional Disturbance (SED) in a systems of care wraparound team.	Not Covered.	
Organ transplant services	Covered with a prior authorization (PA). Cornea and kidney transplants do not require PA.		

2. Prior Authorization

Prior Authorization timeframes have been updated.

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We will review your request for a prior authorization (PA) within the following timeframes:

- **For Standard Health Care Services:** We will make a decision about your request within seven (7) days of receiving the prior authorization request.
- **For Urgent Health Care Services:** We will make a decision about your request within 72 hours of receiving the prior authorization request.
- **For Covered Prescription Drugs:** We will make a decision about your request within 24 hours of receiving the prior authorization request.
- **For Bio Marker Testing:** We will make a decision about your request within 72 hours of receiving all the information needed to make the prior authorization decision. For urgent requests, we will make a decision within 24 hours.
- **Qualified Clinical Trials:** We will make a decision about your request within 72 hours of receiving all the information needed to make the prior authorization decision. For urgent requests, we will make a decision within 24 hours.

The timeframe for the decision may be extended if you or your provider requests an extension, or Oklahoma Complete Health proves the need for more information and that the extension is in your best interest. If additional information is needed to make the decision, the review could take up to an additional 7 days (for a total of 14 days). In cases of Private Duty Nursing (PDN), State Plan Personal Care (SPPC) or nursing home admission requiring PASSR, an additional 14 days (for a total of up to 21 days) is granted. If the determination is not made in the above timeframes, the prior authorization will be automatically approved. You will receive a notification of automatic approval. Oklahoma Complete Health will review the request within 7 days to ensure the request meets medical necessity. If the request does not meet medical necessity, you will receive a notification of an adverse decision. If this happens, Oklahoma Complete Health will send you a written notice along with information on how to file an appeal on the extension. In most cases, if you are receiving a service and a new request is made to keep receiving a service, we must tell you at least 10 calendar days before we change the service if we decide to reduce, stop or restrict the service.

3. More Information About Appeals

We added the word “calendar” to clarify the timeframe.

If we need more information to make either a standard or an expedited (faster) decision about your appeal, we may extend the time to resolve your appeal. If so, we will:

- Write you and tell you what information is needed. For expedited appeals, we will call you right away and send a written notice later.

- Explain why the delay is in your best interest.
- Make a decision no later than 14 calendar days from the original decision date.

4. **If You Are Unhappy with Your Plan: How to File a Grievance**
   We added that a member or provider can ask for more time to finish a grievance.

What Happens Next?

- We will let you know in writing that we got your grievance within 10 days of receiving it.
- We will decide the resolution of a grievance within 60 days after receiving your grievance.
- We will tell you how we resolved it in writing within 3 days after we resolve the grievance.
- The member or provider, as an authorized representative, may request an extension to the grievance timeline.

5. **Value Added Benefits**
   New members can access these benefits after 90 days on the plan: Breathe Better at Home, Work Certification and Training Scholarship, Housing Insecurity and Homelessness Support, Orthodontia, and Traditional Healing Grant. Limitations apply.

If you have any questions, please call 1-833-752-1664, Monday – Friday 8 AM to 5 PM or visit oklahomacompletehealth.com.

Statement of Non-Discrimination

Oklahoma Complete Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Oklahoma Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Oklahoma Complete Health:

- Provides free aids and services 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 free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Oklahoma Complete Health at **1-833-752-1664** (TTY: **711**). We're here for you Monday-Friday from 8 a.m. to 5 p.m.

If you believe that Oklahoma Complete Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with Oklahoma Complete Health by mail, phone, fax or email at:

1557 Coordinator
P.O. Box 31384, Tampa, FL 33631
Phone: **1-855-577-8234** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

If you need help filing a grievance, our **1557 Coordinator** 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 **https://www.hhs.gov/ocr/complaints/index.html**.

This notice is available at Oklahoma Complete Health website:
https://www.oklahomacompletehealth.com/about-us/Statement_of_Non_Discrimination.html

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Declaración de No Discriminación

Oklahoma Complete Health cumple con las leyes Federales vigentes sobre derechos civiles y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Oklahoma Complete Health no excluye a personas ni las trata de forma diferente por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Oklahoma Complete Health:

- Proporciona asistencia y servicios gratuitos a personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los que se indican a continuación:
  - Intérpretes de lengua de señas calificados
  - Información escrita en otros formatos (letra grande de imprenta, audio, formatos electrónicos accesibles u otros formatos)
- Proporciona servicios lingüísticos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita estos servicios, llame a Oklahoma Complete Health al **1-833-752-1664** (TTY: **711**). Estamos aquí para usted De lunes a viernes de 8 a.m. a 5 p.m.

Si considera que Oklahoma Complete Health no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluidos el embarazo, la orientación sexual y la identidad de género), puede presentar una queja ante Oklahoma Complete Health por correo postal, teléfono, fax o correo electrónico:

1557 Coordinator
P.O. Box 31384, Tampa, FL 33631
Teléfono: **1-855-577-8234** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

Si necesita ayuda para presentar una queja, nuestro **Coordinador 1557** está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles a la Office for Civil Rights del U.S. Department of Health and Human Services 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 **https://www.hhs.gov/ocr/complaints/index.html**.

Esta notificación está disponible en el sitio web de Oklahoma Complete Healt:
https://www-es.oklahomacompletehealth.com/about-us/Statement_of_Non_Discrimination.html

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If you need this material in another language or format, translation services are available at no cost including written, visual and audible aids. Call Oklahoma Complete Health at **1-833-752-1664** (TTY: **711**).

Español (Spanish)	Si necesita este material en otro idioma o formato, contamos con servicios de traducción disponibles sin costo alguno, entre los que se incluyen ayudas escritas, visuales y auditivas. Llame a Oklahoma Complete Health al **1-833-752-1664** (TTY: **711**).
Tiếng Việt (Vietnamese)	Nếu quý vị cần tài liệu này bằng ngôn ngữ hoặc định dạng khác, chúng tôi cung cấp dịch vụ dịch thuật miễn phí bao gồm hỗ trợ bằng văn bản, hình ảnh và âm thanh. Gọi Oklahoma Complete Health theo số **1-833-752-1664** (TTY: **711**).
中文 (Chinese)	如需其他語言或格式的資料，您可以免費使用翻譯服務，包括書面、視覺和語音輔助。請撥打 Oklahoma Complete Health 電話 **1-833-752-1664** (TTY：**711**)。
한국어 (Korean)	다른 언어 또는 형식으로 이 자료가 필요한 경우 서면 및 시청각 도구 등의 번역 서비스를 무료로 이용할 수 있습니다. **1-833-752-1664**(TTY: **711**)번으로 Oklahoma Complete Health에 전화해 주십시오.
Deutsch (German)	Wenn Sie dieses Material in einer anderen Sprache oder in einem anderen Format benötigen, stehen Ihnen kostenlose Übersetzungsdienstleistungen zur Verfügung, einschließlich schriftlicher, visueller und akustischer Hilfsmittel. Sie erreichen Oklahoma Complete Health unter **1-833-752-1664** (TTY: **711**).
العربية (Arabic)	إذا كنت بحاجة إلى هذه المواد بلغة أو تنسيق آخر، تتوفر خدمات الترجمة بدون تكلفة بما في ذلك الوسائل المساعدة المكتوبة والمرئية والصوتية. اتصل بـ Oklahoma Complete Health على الرقم **1-833-752-1664** (TTY: **711**).

မြန်မာ **(Burmese)**	ဤအကြောင်းအရာကို အခြားဘာသာစကားဖြင့်ဖြစ်စေ၊ အခြားဖောမတ်ဖြင့်ဖြစ်စေ လိုအပ်ပါက စာဖြင့်ရေးသားထားသော၊ ရုပ်ပုံဖြင့်ပြထားသော၊ အသံကြားနိုင်စေရန်ပြုလုပ်ထားသော အထောက်အကူများအပါအဝင် ဘာသာပြန်ဝန်ဆောင်မှုများကို အခမဲ့ ရရှိနိုင်ပါသည်။ Oklahoma Complete Health ဖုန်းနံပါတ် **1-833-752-1664** (TTY- **711**) ကို ခေါ်ဆိုပါ။
Hmong (Hmong)	Yog tias koj xav tau cov ntaub ntawv no ua lwm hom lus los sis lwm hom ntawv, yuav muaj cov kev pab cuam txhais lus yam tsis tau them nqi nrog rau kev sau ntawv, cov ntaub ntawv pom thiab cov khoom pab mloog kom hnov lus. Hu rau Oklahoma Complete Health ntawm **1-833-752-1664** (TTY: **711**).
Tagalog (Tagalog)	Kung kailangan ninyo ang materyal na ito sa ibang wika o format, available ang mga serbisyo sa pagsasalin nang libre kabilang ang mga nakasulat, visual, at audible na tulong. Tawagan ang Oklahoma Complete Health sa **1-833-752-1664** (TTY: **711**).
Français (French)	Si vous avez besoin de ce document dans une autre langue ou un autre format, des services de traduction sont disponibles gratuitement, y compris des aides écrites, visuelles et sonores. Appelez Oklahoma Complete Health au **1-833-752-1664** (TTY : **711**).
ພາສາລາວ **(Laotian)**	ຫາກທ່ານຕ້ອງການເອກະສານນີ້ໃນພາສາ ຫຼື ຮູບແບບອື່ນມີບໍລິການແປພາສາໃຫ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ລວມທັງບໍລິການຊ່ວຍເຫຼືແປຂຽນ, ແບບຮູບພາບ ແລະ ສຽງ. ໂທຫາ Oklahoma Complete Health ທີ່ເບີ **1-833-752-1664** (TTY: **711**).

ไทย (Thai)	**หากคุณต้องการเอกสารนี้ในภาษาหรือรูปแบบอื่น คุณสามารถใช้บริการแปลภาษาได้โดยไม่มีค่าใช้จ่าย รวมถึงเอกสารคู่มือ ภาพ และเสียง โทรติดต่อ** Oklahoma Complete Health **ที่ 1-833-752-1664** (TTY: **711**)
اُردُو (Urdu)	اگر آپ اس مواد کو کسی دوسری زبان یا فارمیٹ میں چاہتے ہیں تو بغیر کسی قیمت کے ترجمہ کی خدمات دستیاب ہیں جن میں تحریری، ویزوئل اور قابل سماعت امداد شامل ہیں۔ Oklahoma Complete Health کو **1-833-752-1664** (TTY: **711**) پر کال کریں۔
ᏣᎳᎩ ᎦᏬᏂᎯᏍᏗ (Cherokee)	ᎢᏯᏍᏙᏴ ᎤᏂᎬᎢ ᏯᎠ ᎤᏩᏒᎥᏍᎢ ᏗᏥ anᏂᏲᏂᏏ, ᏳᏓᎴᏯ ᎬᏗ ᎠᎴ ᏍᎾᏍᏛ,ᏧᏎᏣᏛᏁᏗ ᎠᎡᏍᎥᎡᏍᎩ ᎠᎩᏁᎳᏗ ᎾᏍᎩ ᎾᏂᏃᏩᏗ ᏓᏁᏂᏗᏥ ᎪᏪᎵᎠ, ᎤᏍᏗ ᎠᏍᎥᏂᏍᎩ ᎠᎴ ᎦᏙᎤᏍᏗ ᎠᏍᎥᏂᏍᎩ. ᎦᎡᏙᎩ Oklahoma Complete Health ᎠᎢ **1-833-752-1664** (TTY: **711**).
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