oklahoma complete health | SoonerSelect

Oklahoma Complete Health Benefits Quick Reference Guide

Focus on being healthy! Use this booklet to help understand your new health plan and benefits.

LOOK INSIDE TO FIND:

- Healthcare services.
- Value-added benefits.
- Where to go for care.
- How to earn rewards.
- How to find a primary care provider (PCP).
- Important health forms.

QUESTIONS? Call **1-833-752-1664 (TTY: 711)**, We are here Monday through Friday, from 8 a.m. to 5 p.m. Or go to **OklahomaCompleteHealth.com** any time.

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Make Oklahoma Complete Health Part of Your Plan

Oklahoma Complete Health provides quality healthcare coverage, along with valuable programs and services. That way, you and your family 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.

What's Inside:

- Learn More About Your Coverage 6
- Transportation (Rides) 7
- Value-Added Benefits 8
- Set Up Your Online Member Portal Account 15
- Know Where to go for Care 16
- Your Care When You Change Health Plans or Doctors 18
- Tell Us About Your Health 20
- Start Earning myhealthpays® Rewards 21
- Your Primary Care Provider (PCP) 22
- Notification of Pregnancy 24
- Statement of Non-Discrimination 25
- Notice of Privacy Practices 30
- Forms and Envelope 35

Set Up Your Online Member Portal Account

Go to **Member.OklahomaCompleteHealth.com** *to create an account. On the portal, you can:*

- ✔ See your health plan benefits.
- ✔ Find doctors and urgent care near you.
- ✔ Change your primary care provider (PCP).
- ✔ Access your member ID card.
- ✔ View claims, authorizations, and more.

You can also access your member portal from anywhere with the Health Insurance Portal mobile app!

HOW TO GET THE APP

1. Search for "Health Insurance Portal" in the App Store or Google Play.
2. Download and open the app.
3. Select “Oklahoma” from the "state" drop-down menu.
4. Use your member portal login or create an account to get started.

IF YOU DON’T HAVE INTERNET ACCESS

- Read this booklet and other member materials.
- Fill out the forms in the back of this booklet and mail them using the prepaid envelope.
- Call Member Services at **1-833-752-1664** (TTY: **711**) for help finding a primary care provider (PCP) or to get answers to any questions you may have.

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

USE THIS LIST TO HELP YOU GET STARTED

Follow the steps below. Fill out any required forms. Check the boxes as you finish each step.

Learn More About Your Benefits

☐

Find important information about your benefits and services in this booklet and in the Oklahoma Complete Health member handbook. The handbook is online at **OklahomaCompleteHealth.com**. From the homepage, click on the "For Members" drop-down menu and choose "SoonerSelect." Then click "Member Resources" on the left-hand menu and select "Member Handbook and Forms." From there, you can view your member handbook and other important materials. If you would like printed copies, call Member Services at **1-833-752-1664** (TTY: **711**). We will send them to you at no cost.

Set Up Your Member Portal Account

☐

Set up your online member portal account using the steps on page 4.

Login: _____

Password: _____

Keep this information in a safe place.

Complete Your My Health Screening Form

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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.

Please fill out the form in the back of this booklet. Return it to us using the prepaid envelope. You can also complete the form online by scanning the QR code on the form or in your member portal at **Member.OklahomaCompleteHealth.com**.

Start Earning myhealthpays® Rewards

☐

Oklahoma Complete Health members can earn rewards just for staying healthy!
Go to **OklahomaCompleteHealth.com** or turn to page 21 to learn more about myhealthpays®.

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

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PCP name: _____

Address: _____

Phone: _____ Email: _____

Office Hours: _____ First Appointment Date: _____

Change your PCP at **Member.OklahomaCompleteHealth.com**.

Notification of Pregnancy

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If you are pregnant, please complete the Notification of Pregnancy form in the back of this booklet. Return it to us using the prepaid envelope. You can also complete the form online in your member portal at **Member.OklahomaCompleteHealth.com**.

Earn $25 in myhealthpays® rewards for filling out the form in your first trimester (12 weeks) or $10 for filling it out in your second trimester (13 to 27 weeks). You can also earn $25 in myhealthpays® rewards for going to one Start Smart for Your Baby® prenatal (before birth) visit and $25 for going to one *postpartum* (after birth) visit. Call your OB care management team for more details*.
*Restrictions may apply.

Learn More About Your Coverage

Oklahoma Complete Health offers many healthcare services*. This is only an overview. Check your benefits to see if a certain medical, vision, or behavioral health service is covered.

*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 use disorder services:

- Applied behavioral analysis (ABA) services.
- Therapy, family support, and training.
- Individual, group, and family counseling services.
- Certified community behavioral health clinic (CCBHC) services.
- Inpatient psychiatric evaluation and treatment.
- Substance use disorder screening and treatment, like addiction services and help with withdrawal symptoms.
- Mental health services in a residential setting.
- Partial hospitalization.
- Day treatment services.
- Peer recovery support services.
- Rehabilitation case management.

Transportation (Rides):

Emergency:

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

Non-emergency:

Oklahoma Complete Health can help you get to and from your Medicaid-covered care appointments. This service is at no cost to you. Non-emergency transportation can be 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.

Members using non-emergency medical transportation can bring up to four children when childcare is not available. Total number of passengers cannot be more than five people.

Enhanced transportation:

Enhanced transportation services include:

- Fifteen roundtrips per member per year to support social determinants of health needs. These may be:
  - Food resources like grocery stores, food pantries, or farmer's markets.
  - Women, Infants, and Children (WIC) services.
  - Childcare.
  - Job interviews.
  - Education activities.
  - Support groups.
- One roundtrip per day for parents or guardians to visit a child in the hospital.

To schedule enhanced transportation rides, please call Member Services at **1-833-752-1664** (TTY: **711**) or speak to your care manager.

Value-Added Benefits

Oklahoma Complete Health members can get the extra benefits listed below. To get services, call us at 1-833-752-1664 (TTY: 711) or speak to your care manager.

Benefit	Description	Limits
Breathe Better at Home	**Oklahoma Complete Health offers asthma self-management through these benefits:** • Home visits by a care manager or community health worker to check the home for things like dust, pests, mold, etc. • Asthma education. • Help quitting tobacco. • Grants to help with things like getting special bedding, carpet cleaning, special cleaners, and air purifiers. • Up to two extra nebulizers for member ages 0-18.	Must have an asthma diagnosis. Up to $250 per member per year.
Club and association scholarships	**Oklahoma Complete Health helps members grow social and leadership skills and increase their physical activity through these benefits:** • Oklahoma Future Farmers of America (FFA) scholarships for high school students interested in agriculture careers. • Scholarships for youth and teens ages 8-18 to participate in 4-H programs.	Must be enrolled in care management and enrolled in a local FFA chapter or 4-H club. Limitations apply.
ConnectionsPlus®	Through ConnectionsPlus®, Oklahoma Complete Health gives no-cost cell phones and data plans to members who do not have safe, reliable access to phone or web services. ConnectionsPlus® lets members have access to providers, care managers, telehealth services, and **911**.	Must be in care management and ineligible for federal phone programs.

Benefit	Description	Limits
Digital behavioral health (BH) app	**Oklahoma Complete Health offers members access to:** • A digital BH app for health education and coaching. The app has personalized online tools to help members with depression, anxiety, stress, substance use, chronic pain, and sleep problems. Members can use the app through our website any time. The app also supports the physical and spiritual aspects of whole-person health. Members ages 18 and older can access: – Virtual BH provider visits. – Suicide prevention support. • A mobile app that reduces social isolation by providing companionship and resources to adult members who are in care management and screen positive for social isolation or who have a health condition that would benefit from daily contact. Members get phone calls from the Compassion Call Center and have daily interaction with a friendly 24/7 chatbot that provides an interactive and supportive experience.	Ages 13 and older. Must be 18 or older to access more benefits.
Educational support and work skills	**Oklahoma Complete Health offers three benefits to help members improve their grades in school or get their diploma or GED. Benefits include:** • GED tutoring and testing vouchers for members ages 16 and older without their high school diploma. • In-person or online tutoring for qualified members in grades K-12. Members must be at risk of failing one or more core subjects. • One-time scholarship for members ages 18 and older to participate in the work certification training program. • Member identification access grant to cover fees for getting a certified copy of a birth certificate or state-issued ID card. One per lifetime for members aged 18 or older.	No limitations on GED testing or tutoring. K-12 tutoring limited to 24 hours per year to members in care management living in the following ZIP codes: 73084, 73109, 73111, 73114, 73117, 73127, 73129, 73141, 73401, 73521, 73701, 73942, 74014, 74106, 74110, 74115, 74126, 74127, 74330, and 74944. Scholarship up to $3,000 per lifetime; prior approval is required. Must be in care management. Limitations apply.

Value-Added Benefits

Benefit	Description	Limits
Enhanced transportation services	**Oklahoma Complete Health offers these enhanced transportation benefits:** • Fifteen round trips per member per year to support social determinants of health needs. These may be: – Food resources like grocery stores, food pantries, or farmer's markets. – Women, Infants, and Children (WIC) services. – Childcare services. – Job interviews. – Education activities. – Support groups. • One round trip per day for parents or guardians to visit a child in the hospital. • Members using non-emergency medical transportation (NEMT) can bring up to four children when childcare is not available.* **Total number of passengers cannot be more than five people.*	
Health, wellness, and health literacy	**Oklahoma Complete Health helps members take charge of their health, learn about their conditions, and engage in healthy behaviors. Our benefits include:** • No-cost access to our online health library, which has more than 4,000 easy-to-read articles. Members can learn about wellness, illnesses, care plans, medications, and other health tips and facts. • Reach Out and Read with a grant for services in Health Empowerment Zones. This program advises families on the importance of reading with their children and shares books that support healthy childhood growth.	
Healthy weight	Oklahoma Complete Health offers WeightWatchers® memberships to members with a body mass index (BMI) of 30 or higher. Members can also join if a provider refers the member to the program to reduce BMI through healthy eating and more physical activity.	Ages 18 and older. Must be in care management and meet BMI requirements or must be referred by a provider.

Benefit	Description	Limits
Housing insecurity and homelessness	**Oklahoma Complete Health supports members experiencing housing insecurity or homelessness by:** • Partnering with organizations that give shelter to members experiencing homelessness after discharge from an Oklahoma City hospital.. • Partnering with Legal Aid Services to offer support to members in care management who need help with education, employment, housing, social service benefits, personal and family safety, or health-related legal matters. • Offering a one per lifetime emergency support grant up to a $500 one-time payment to support housing and utility stabilization or following a disaster (emergency).	Ages 18 and older. Must be in care management. Documentation, such as late payment and cut-off notice required. Limitations apply.
My Health Pays®	Oklahoma Complete Health members can earn rewards by completing healthy activities, like yearly screenings, tests, and more. Spend rewards at Walmart® or on necessities like rent, utilities, or childcare*. After you complete a healthy activity, we will add funds right to your My Health Pays Visa® prepaid card. *Rewards cannot be used to buy alcohol, tobacco, or firearm products.	
Nutrition support and food security	**Oklahoma Complete Health offers these benefits:** • Up to four home-delivered food boxes per year for members who screen positive for food insecurity. • Fourteen specialty home-delivered meals for qualified members upon hospital discharge, including those with high-risk pregnancies. • For members who need more nutritional counseling for chronic conditions, we will expand the state's nutritional counseling benefit by four more hours per year.	Must be in care management.

Value-Added Benefits

Benefit	Description	Limits
Over-the-counter (OTC) products	Oklahoma Complete Health gives all members an OTC benefit. Funds can be used for items like cold, cough, or allergy medicines; vitamins; supplements; eye and ear preparations; pain relievers; first-aid care; hygiene products; insect repellent; oral hygiene products; and skin care. Members can view the full OTC catalog on our website. Order online (**cvs.com/benefits**), by phone at **1-855-536-1019**, or in participating stores. Call **1-855-536-1019** to request an OTC credit card for in-store use.	Limited to $30 per quarter.
Prescription limit expansion	Important medicines will not count toward members' six prescription monthly limit. These include most medicines that treat infections, seizures, mental health, heart health, and diabetes.	
Ready for My Recovery	The Ready for My Recovery benefit helps members on their recovery journey. Members will receive a recovery backpack that includes a water bottle, journal, pen, self-care items, and information and resources after six months of active participation in recovery treatment.	One backpack per member.
Remote patient monitoring (RPM) for high-risk pregnancies	Our RPM program combines telehealth with cellular technology and real-time readings for blood pressure, blood sugar, and fetal health. It also gives virtual access to medical professionals during and after pregnancy. Call your Oklahoma Complete Health care manager to learn more about this service.	Must be pregnant, have a diagnosis of high blood pressure, and have or be at risk of having preeclampsia. Needs approval from your provider.
Respite care	Oklahoma Complete Health gives up to 48 more hours per year of respite services for members with respite services or private duty nursing who have used all covered and community-based respite services. This helps reduce caregiver burnout.	Needs care manager approval.

Benefit	Description	Limits
Sports and camp physicals	**Oklahoma Complete Health covers sports or camp physicals for youth members. The physical exam checks:** • Height, weight, and blood pressure. • Vision. • The heart and lungs. • Joints and motion.	Members ages 5-18.
Start Smart for Your Baby® benefits	**In addition to our evidence-based SSFB program, members get several more benefits, like:** • $30 per month diaper club for members ages 0-12 months. • An electric breast pump to support breastfeeding (one per pregnancy). • A portable crib and safe sleep education (one crib per pregnancy, per infant). • Unlimited 24/7 access to virtual care during pregnancy and for up to 12 months after delivery in identified high-risk counties. Benefits include doulas, lactation support, social support, NICU transitions, etc. • Support for members during pregnancy and for up to 12 months after delivery through Health in Her HUE. Health in Her HUE connects Black women and women of color to culturally sensitive healthcare providers, evidence-based health content, community events, and more. One per lifetime car seat for members under 1 year old who do not have access to a car seat through free or reduced-cost programs. Must be in care management. Limitations apply.	Infants eligible for diaper club must have a birthing parent that participated in the program during pregnancy and must be enrolled in care management. Breast pump for members due to deliver within six weeks, or members who have delivered a baby within the past 30 days (90 days for NICU). Crib for members due to deliver within 12 weeks or members who have delivered a baby within the past 30 days (90 days for NICU) without safe sleep alternatives.
Tobacco cessation	Oklahoma Complete Health can help if you want to stop using tobacco. Quitting tobacco can help with certain chronic health conditions. Oklahoma Complete Health also offers My Health Pays® rewards to members who want to quit. Earn $25 for the first prescription fill of medication to quit.	One reward per year.

Value-Added Benefits

Benefit	Description	Limits
Traditional healing grants	Oklahoma Complete Health respects your cultural preferences for healthcare. We give a yearly grant for ceremonial or spiritual healing that may help with improved behavioral or physical health management and overall well-being.	Limited to $250 per year. Member must be enrolled in a federally recognized tribe. Member must have completed a My Health Screening within the last 12 months. The My Health Screening form can be completed through the member portal.
Vision services for adults	Oklahoma Complete Health expanded the state's covered vision services for members ages 21 and older by offering an annual routine eye exam and $150 towards the cost of glasses or contact lenses every two years.	Ages 21 and older. Must be an in-network provider.
YMCA membership	We give adult and youth memberships to local YMCAs to support members' physical activity and healthy lifestyles. YMCA membership can be renewed up to a full year.	

We also offer these benefits at no cost:

- ✔ Extra help for complex health conditions through case and disease management programs.
- ✔ Coordination of care with programs and services in your community. Members can use our custom Findhelp portal at **ochpublic.findhelp.com** to explore community resources in their area.
- ✔ A 24/7 Nurse Advice Line for advice about any health-related problems. Call **1-833-752-1664** (TTY: **711**) to talk to a nurse.

Our Website:

Go to OklahomaCompleteHealth.com to view:

Our provider directory:

The Oklahoma Complete Health online provider directory has the most current list of in-network healthcare providers. This list is updated daily. You can also use our "Find a Provider" tool at **findaprovider.oklahomacompletehealth.com** to search for a provider in your area.

Your member handbook:

From the homepage, click on the "For Members" drop-down menu and choose "SoonerSelect." Then click "Member Resources" on the left-hand menu and select "Member Handbook and Forms." From there, you can view your member handbook and other important materials. If you would like printed copies, call Member Services at **1-833-752-1664** (TTY: **711**). We will send them to you at no cost within five business days.

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 ID card.
- ✔ Your first name, last name, and date of birth.

Visit **Member.OklahomaCompleteHealth.com** and click "Create New Account." Follow the instructions on the 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.

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 or urgent, call your PCP first. They can help with:

- Colds, the flu, or fever.
- Care for ongoing health issues like asthma or diabetes.
- Annual wellness exams.
- Vaccines (shots).
- 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 1-833-752-1664 (TTY: 711) to get answers about your health. Our nurses 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 about your health.

URGENT CARE CENTER

Urgent care centers help treat illnesses or injuries that are serious but not life-threatening. If your PCP's office is closed, an urgent care center can give you fast, hands-on care. Urgent care centers can also have 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. Emergency services treat accidental injuries or life-threatening medical conditions. 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 pain 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 for true emergencies. Avoid the ER and call your PCP, the Nurse Advice Line, or an urgent care center for things like:

- A cold, sore throat, earache, 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 people whose 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

- ✔ When you join Oklahoma Complete Health, you can finish getting any services that were already approved by your previous health insurance or SoonerCare, even if the provider you are seeing is out of network. 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 other services you need.

- ✔ If you are pregnant when you join Oklahoma Complete Health, you can continue the care you were getting before you joined our plan. You can keep seeing your provider, even if they are out-of-network. If you are in your second or third trimester, you may continue your care through the postpartum period, which begins immediately after childbirth and extends for 12 months after delivery. After that, we will help you find an in-network provider.

- ✔ If you are getting chemotherapy or radiation treatment, dialysis, major organ or tissue transplant services, bariatric surgery, SYNAGIS® treatment for RSV, medications for hepatitis C, or if you are terminally ill, you can continue your current treatment plan when you change health plans.

- ✔ We will continue to cover your out-of-state services and/or meals and lodging if you were getting these services from SoonerCare when you joined our plan.

- ✔ If you are waiting for durable medical equipment or supplies authorized and ordered before joining our plan, we will help you get these items on time.

- ✔ If you are getting services for any of the following conditions, you can keep getting those services from your current provider for up to 90 days, even if the provider is out-of-network. After 90 days, we will help you find an in-network provider. These conditions may include:
  - Hemophilia.
  - Chronic or acute medical conditions.
  - Behavioral health concerns.

- ✔ Children getting private duty nursing services will continue to get these services. These services will only change if we do a new assessment and determine that your child needs different services.

- ✔ If your PCP leaves Oklahoma Complete Health, we will tell you in writing within 15 days of when we learn about this. We will tell you how to choose a new PCP, or we will choose one for you if you do not make a choice.

- ✔ If you choose to leave Oklahoma Complete Health, we will share your health information with your new plan.

If you have any questions, call Member Services at 1-833-752-1664 (TTY: 711)

Tell Us About Your Health

Oklahoma Complete Health 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.

COMPLETE THE MY HEALTH SCREENING FORM

There are several ways to complete the form:

1. See the back of the booklet for the My Health Screening form. Fill it out and mail it back to us in the prepaid envelope.
2. Scan the QR code to complete the form online.
3. 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.

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. This form is confidential.

Make sure to complete one form for every Oklahoma Complete Health member in your household. If you need more forms, call Member Services at **1-833-752-1664** (TTY: **711**)) or complete them in your member portal at **Member.OklahomaCompleteHealth.com**.

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 you complete a healthy activity, we will add the reward amount directly to your My Health Pays® Visa® prepaid card*.

If you don't have a card yet, we will mail you one after you complete your first healthy activity. You can keep earning My Health Pays® rewards by completing more healthy activities. We will add new rewards to your card once we are notified.

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

Spend rewards at stores like Walmart or on necessities like rent, utilities, and childcare.**

**This My Health Pays® Visa® prepaid card is issued by The Bancorp Bank, N.A., 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.*

Your primary care provider (PCP) is your main personal doctor.

It is important to choose a PCP when you join our plan. If you did not choose a PCP, we will pick one for you.

To find a PCP, go to **findaprovider.oklahomacompletehealth.com**. Enter your address, city, county, or ZIP code, then press "Select your plan." From the drop-down menu, select "SoonerSelect" and press "Continue." A series of tiles will appear. Click "Medical Professionals." Then click "Primary Care." You can choose an optional specialty or just press the "Search" button. A list of providers will appear that you can further sort using the options on the left side of the screen.

Once you have found a PCP, you can set or change your provider on the member portal at **Member.OklahomaCompleteHealth.com** or by calling us at **1-833-752-1664** (TTY: **711**).

AFTER YOU CHOOSE YOUR PCP, BE SURE TO MAKE AN APPOINTMENT.

After you choose a PCP, be sure 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. You can change your PCP any time through the member portal or by calling Member Services.

A yearly checkup with your PCP is the best way for you to stay informed about your health. Talk with your PCP about any changes you've noticed or concerns you may have. Your PCP may recommend tests or other preventive care 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 **1-833-752-1664** (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 (shots) to help prevent diseases. Talk to your child's provider about any health issues or concerns.

Take Care of Yourself and Your Baby

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

Start Smart FOR YOUR BABY®

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.

GETTING STARTED

If you are pregnant, complete our Notification of Pregnancy Form online. You can also find a copy of the form in the back of the booklet. Fill it out and mail it back to us using the prepaid envelope. We will follow up to talk with you about the details of our Start Smart for Your Baby® program.

Earn $25 in My Health Pays® rewards for completing the Notification of Pregnancy form within your first trimester (up to 12 weeks) or $10 for completing it in your second trimester (weeks 13 to 27).

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)**	ᎢᎯᏍᏛᏡ ᎤᏂᎬᎦ ᎯᎠ ᎤᏳᏒᎥᏍᎦ ᏗᏎ anᏥᎲᏏ, ᏄᏝᎴᎯ ᎬᏗ ᎠᎴ ᏫᏁᏍᏛᏨ,ᏧᏤᏣᏨᏁᏗ ᎠᎱᏍᏆᎱᏍᎩ ᎠᎦᏄᎳᏗ ᎾᏍᎩ ᏧᏗ ᏧᎬᏳᏩᏗ ᏞᏁᏥᏗᏧ ᎪᏪᎱᎠ, ᎤᏍᏗ ᎠᏍᏆᏂᏍᎩ ᎠᎴ ᎦᏙᎤᏍᏗ ᎠᏍᏆᏂᏍᎩ. ᎦᎱᏡᎩ Oklahoma Complete Health ᎠᎦ **1-833-752-1664** (TTY: **711**).
فارسی (Persian)	اگر این مطالب را به زبان یا در قالب دیگری نیاز دارید، خدمات ترجمه رایگان ازجمله کتبی، دیداری، و شفاهی در دسترس است. ازطریق شماره **1-833-752-1664** (TTY: **711**) با Oklahoma Complete Health تماس بگیرید.

Oklahoma Complete Health
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 1/1/2026

For help translating or understanding this, please call **1-833-752-1664** (TTY: **711**).

Si necesita ayuda para traducir o comprender esta información, llame al **1-833-752-1664** (TTY: **711**).

Covered Entity's Duties:

Oklahoma Complete Health is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Oklahoma Complete Health 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.

Oklahoma Complete Health 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. Oklahoma Complete Health 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:

Oklahoma Complete Health protects your PHI. We are also committed to keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. 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.

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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.
- ***Healthcare 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

  – Case management and care coordination

  – Detecting or preventing healthcare fraud and abuse

  Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services. This information helps us to:

  – Better understand your healthcare needs.

  – Know your language preference when seeing healthcare providers.

  – Providing healthcare information to meet your care needs.

  – Offer programs to help you be your healthiest.

  This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.
- ***Group Health Plan/Plan Sponsor Disclosures —*** We may disclose your PHI 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 decide 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. This includes Substance Use Disorder (SUD) records.
- ***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.
- ***Substance Use Disorder (SUD) Records —*** We will not use or disclose your SUD records in legal proceedings against you unless:
  - We receive your written consent, or
  - We receive a court order, you've been made aware of the request and been given a chance to be heard. The court order must include a subpoena or similar legal document requiring a response.
- ***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 people 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 restriction applies. 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 means of communication or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your 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 with 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 **hhs.gov/hipaa/filing-a-complaint/index.html**.
  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 (email), 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 phone by using the contact information listed below.

Oklahoma Complete Health
Attn: Privacy Official
14000 Quail Springs Pkwy, Suite 650
Oklahoma City, OK 73134
Toll-free phone number: **1-833-752-1664** (TTY: **711**)

oklahoma complete health | SoonerSelect

Start Smart FOR YOUR BABY

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.

*Member ID #:

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Gender Identification: Phone Number:

Mailing Address:

City: State: Zip Code:

Email Address:

Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Decline to share

☐ American Indian/Native American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Hispanic or Latino ☐ Other If other ethnicity, please specify:

What Provider/Clinic is helping me during my pregnancy:

First Name:

Last Name:

Phone Number:

Clinic Name (if applicable):

My Current Situation

Please check this box if you would answer no to any of the below: ☐

I have a phone.

I feel safe at home and with the people in my life.

I have enough food for me and my family each day.

I feel good about where I live.

I have transportation for my daily needs.

I am able to pay my utility bills (gas, water, electric, etc).

My Current Pregnancy Information

I have been to my first prenatal visit? ☐ Yes ☐ No

If yes, how many weeks pregnant were you at your first visit:

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OK-MNOP-6220

***Medicaid ID #:**

Name: Last, First:

My due date is (If you do not know your due date, when was the first day of your last period):

This is my first pregnancy ☐ Yes ☐ No

Where will I give birth to my baby (Hospital or birthing center):

Please check all that apply:

- ☐ Multiples (twins, triplets)
- ☐ Diabetes (high blood sugar; type I, type II, during pregnancy only)
- ☐ Asthma or other breathing problems
- ☐ Tobacco use (smoking cigarettes, chewing tobacco, or vaping)
- ☐ Depression (feeling blue)
- ☐ Anxiety (feeling worried or stressed)
- ☐ I do not have any of these
- ☐ Other health needs
- ☐ High blood pressure or heart problems
- ☐ Very bad nausea and vomiting
- ☐ Sickle cell
- ☐ Seizures/epilepsy
- ☐ Bipolar disorder
- ☐ Kidney disease
- ☐ Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol marijuana, methamphetamines)

Please explain

My Past Pregnancy History

Please check all that apply:

- ☐ Previous delivery before 37 weeks
- ☐ Gestational diabetes (high blood sugar while pregnant)
- ☐ High blood pressure in pregnancy/preeclampsia or heart problems
- ☐ Delivery less than 18 months ago
- ☐ Taking any form of progesterone
- ☐ Previous C-section
- ☐ I did not have any of these or this is my first pregnancy
- ☐ Other

Please explain

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Oklahoma Complete Health – My Health Screening

This My Health Screening form includes demographic (member) information for verification purposes only. This is completed following all care management procedures. This information is requested in compliance with applicable federal, HIPAA, contract specific requirements, and Oklahoma state laws.

Member Information (Demographics)

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

1. Member Name: _____
2. Preferred Phone Number: _____
3. Preferred Mailing Address: _____
4. Email Address: _____
5. Race:

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other (If answer is other, please go to question 6)
- ☐ I prefer not to answer.
- ☐ Unknown

6. Please list other race: _____
7. Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Other (if answer is other, please go to question 8)
- ☐ I prefer not to answer.
- ☐ Unknown

8. Please list other ethnicity: _____
9. What language do you prefer to speak?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Mandarin
- ☐ Vietnamese
- ☐ Korean
- ☐ Other (if answer is other, please go to question 10)
- ☐ No response

10. Please list other language: _____

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Physical Health

11 Do you have any past physical health conditions or surgeries? If so, please explain.

_____

12 In general, how would you rate your health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor (If answer is poor, go to question 13)
- ☐ Unknown

13 Please explain reason for poor health rating. _____

14 Do you have a doctor or health care provider?

☐ Yes (If yes, go to question 15) ☐ No ☐ Unknown

15 What is your doctor or health care provider's name? _____

***It is important to identify a doctor or health care provider to help you stay healthy and in case you get sick.**

16 Have you seen your doctor or health care provider in the last 12 months?

☐ Yes (If yes, go to question 17) ☐ No ☐ Unknown

17 What did you see your doctor for in the past 12 months?

- ☐ Preventative Care/Wellness Visit
- ☐ Sick care visit
- ☐ Post hospital visit
- ☐ Post Emergency Room visit
- ☐ Other visit (If other visit, go to question 18)

18 What was the other visit for? _____

***Regular wellness exams can help make sure you stay as healthy as you can.**

19 How many times have you been in the hospital in the last 3 months?

- ☐ None
- ☐ One time
- ☐ Two times
- ☐ Three or more times
- ☐ Unknown

20 How many times have you been in the Emergency Department in the last 3 months?

- ☐ None
- ☐ One time
- ☐ Two times
- ☐ Three or more times
- ☐ Unknown

21 Have you ever been told by a doctor or health care provider that you have any of these conditions? (check all that apply)

- ☐ Arthritis (If yes, go to question 22)
- ☐ Asthma
- ☐ Cancer
- ☐ Chronic Kidney Disease
- ☐ COPD/Emphysema
- ☐ Diabetes, Type 1
- ☐ Diabetes, Type 2
- ☐ Pre Diabetes
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ HIV
- ☐ Learning Disability
- ☐ Sickle Cell Disease (not trait)
- ☐ Stroke

Member Name: _____

Member ID: _____ Member DOB: _____

22 What type of arthritis?

☐ Osteoarthritis ☐ Rheumatoid arthritis ☐ Unknown

23 Have you ever had a transplant?

☐ Yes ☐ No

If yes, how long ago?

☐ More than 1 year ago ☐ On the transplant list

☐ In the last 12 months ☐ Unknown

24 Do you have any other conditions not listed above? _____

25 Do you use any assistive devices such as a cane, walker, wheelchair, scooter/power wheelchair, hospital bed, Hoyer lift, or oxygen?

☐ Yes, details: _____

☐ No ☐ Unknown ☐ No Response

26 Do you currently receive any services in your home such as Home Health, Homemaking, Home-Delivered meals, Hospice, or Personal Care in or out of state?

☐ Yes, details: _____

☐ No ☐ Unknown ☐ No Response

27 Are you actively receiving treatment for a physical health disorder, including services from an out of state provider?

☐ Yes (If yes, please go to question 28) ☐ No (If no, please go to question 29)

☐ Unknown

28 Please provide details of current treatment for your physical health disorder(s) including the name and location of the provider.

_____

29 Would you like help getting treatment for a physical health disorder?

☐ Yes ☐ No ☐ Unknown

30 Are you aware of any existing authorizations for services or procedures for physical or behavioral health including those from an out of state provider?

☐ Yes, details: _____

☐ No ☐ Unknown ☐ No Response

31 Are you pregnant?

☐ Yes (If yes, go to question 32) ☐ Unknown

☐ No ☐ Not applicable

32 Do you currently have an in or out of state OB/GYN? If yes, please provide details of your current treatment for pregnancy, and the name and location of the provider.

_____

33 When is your due date (month/day/year)? _____

Medications

34 How many medicines are you currently taking that were prescribed by your doctor or health care provider?

- ☐ 0 Prescriptions
- ☐ 1-3 Prescriptions (If 1-3, answer questions 35-37)
- ☐ 4-7 Prescriptions (If 4-7, answer questions 35-37)
- ☐ Greater than or equal to 8 Prescriptions (If 8+, answer questions 35-37)
- ☐ Unknown

35 Does anything prevent you from taking your medicines the way your doctor or health care provider wants you to?

☐ Yes (If yes, please go to question 36) ☐ No ☐ Unknown

36 What prevents you from taking your medicine? _____

37 Do you ever forget to take your medicines?

☐ Yes ☐ No ☐ Sometimes ☐ Unknown

Behavioral Health

38 Do you have any past Behavioral Health conditions? If so, please explain.

_____

39 During the past month, have you often been bothered by feeling down, depressed, or hopeless?

☐ Yes ☐ No ☐ Unknown

40 Are you actively receiving treatment for a behavioral health disorder, including services from an out of state provider?

☐ Yes (If yes, please go to question 41) ☐ No (If no, go to question 42) ☐ Unknown

41 Please provide details of current treatment for a behavioral health disorder(s) including the name and location of the provider.

_____

42 Would you like help getting treatment for a behavioral health disorder?

☐ Yes ☐ No ☐ Unknown

Social Determinants of Health

1 In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household?

☐ Yes ☐ No ☐ Unknown

Member Name: _____

Member ID: _____ Member DOB: _____

2. What is your housing situation today?

- ☐ I have housing.
- ☐ I do not have housing (staying with others, in a hotel, shelter, living outside, in a car, or in a park).
- ☐ I choose not to answer this question.

3. In the past 12 months has the electric, gas, or water company threatened to shut off services in your home?

☐ Yes ☐ No ☐ Already shut off

4. In the past 3 months, how often have you worried that your food would run out before you had money to buy more?

☐ Never ☐ Sometimes ☐ Often ☐ Very often

5. In the past 12 months, or since the last time we checked in, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

☐ Yes ☐ No ☐ Unknown

6. Do you always feel safe in your home and around all the people in your life?

☐ Yes ☐ No (If no, go to question 7) ☐ Unknown

7. Please explain any safety concerns you have: _____

8. Which of the following are you currently receiving help with at this time? (Select all that apply)

- ☐ Food, details: _____
- ☐ Housing, details: _____
- ☐ Transportation, details: _____
- ☐ Utilities (heat, electricity, water, etc.), details: _____
- ☐ Medical care, medicine, medical supplies, details: _____
- ☐ Dental services and Vision services, details: _____
- ☐ Applying for public benefits (WIC, SSI, SNAP, etc.), details: _____
- ☐ Understanding health information or completing medical forms, details:

_____

- ☐ More help with activities of daily living, details: _____
- ☐ Childcare/other child-related issues, details: _____
- ☐ Debt/loan repayment, details: _____
- ☐ Legal Issues, details: _____
- ☐ Employment, details: _____
- ☐ Access to a working telephone, details: _____
- ☐ Access to the Internet, details: _____
- ☐ Other, details: _____
- ☐ I don't receive help with any of these.

9 Which of the following would you like to receive help with at this time? (Select all that apply)

- ☐ Food, details: _____
- ☐ Housing, details: _____
- ☐ Transportation, details: _____
- ☐ Utilities (heat, electricity, water, etc.), details: _____
- ☐ Medical care, medicine, medical supplies, details: _____
- ☐ Dental services and Vision services, details: _____
- ☐ Applying for public benefits (WIC, SSI, SNAP, etc.), details: _____
- ☐ Understanding health information or completing medical forms, details:

_____

- ☐ More help with activities of daily living, details: _____
- ☐ Childcare/other child-related issues, details: _____
- ☐ Debt/loan repayment, details: _____
- ☐ Legal Issues, details: _____
- ☐ Employment, details: _____
- ☐ Access to a working telephone, details: _____
- ☐ Access to the Internet, details: _____
- ☐ Other, details: _____
- ☐ I don't want help with any of these.

General Information

Assessment Completed date: _____

Assessment Completed by: _____

Relationship to Member

- ☐ Self
- ☐ Member Representative with permission
- ☐ Parent/Guardian
- ☐ Envolve
- ☐ Health Plan
- ☐ Vendor (If vendor, go to question 2)
- ☐ Other (If other, go to question 1)

1 If other relationship to member, please explain: _____

2 Name of agency completing assessment: _____

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