

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 **1-833-752-1664 (TTY: 711)**, Monday through Friday, from 8 a.m. to 5 p.m.
or go to **OklahomaCompleteHealth.com** any time.

Make Oklahoma Complete Health Part of Your Plan

Oklahoma Complete Health provides quality healthcare coverage 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.

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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 forms located in the back of this booklet and mail them using the postage-paid envelope.
- Call Member Services at **1-833-752-1664 (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 **1-833-752-1664 (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 Oklahoma Complete Health member handbook. The handbook is located at **OklahomaCompleteHealth.com** under the member section. If you would like a printed copy, call Member Services at **1-833-752-1664 (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 9.

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.

Please fill out the form located in the back of the booklet and return it using the postage-paid envelope. You can also complete the form online by scanning the QR code on the form, or on our website at **Member.OklahomaCompleteHealth.com** through your member portal.

 **Start Earning *myhealthpays*® Rewards**

Oklahoma Complete Health members can earn rewards just for staying healthy!

Go to **OklahomaCompleteHealth.com** or turn to page 15 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 at **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 the booklet and return it to us using the postage-paid envelope. Earn \$25 in *myhealthpays*® rewards for filling out the form in your first trimester or \$10 for filling it out in your second trimester. 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



*Oklahoma Complete Health 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:

Oklahoma Complete Health 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

Oklahoma Complete Health members are eligible for the extra benefits listed below:

Benefit	Description
Boys & Girls Club Memberships	Oklahoma Complete Health provides Boys & Girls Clubs memberships to members ages 6-18 years old.
Breathe Better at Home	<p>Oklahoma Complete Health offers 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, such as dust, pests, mold, etc. • In-home asthma management education and tobacco cessation resources. • Care grants of up to \$250 per year per member to support home-based remediation (remedy) of asthma triggers (e.g., hypoallergenic bedding, pest control, carpet cleaning, cleaners low in volatile organic compounds, etc.). • Additional nebulizer for members ages 0-18 years old.
ConnectionsPlus®	Through our ConnectionsPlus® program, Oklahoma Complete Health provides no-cost cell phones and data plans to members in care management who do not have safe, reliable access to phone or 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 .
Digital Behavioral Health (BH) App	<p>Oklahoma Complete Health offers members ages 13 and older access to myStrength® Complete, our digital BH app for health education and coaching. myStrength® has personalized online tools and coaching to help members with depression, anxiety, stress, substance use, chronic pain, and sleep problems. Members can use the app through our website any time.</p> <p>myStrength® also supports the physical and spiritual aspects of whole-person health. Members ages 18 and older may also access two more items through myStrength® Complete:</p> <ul style="list-style-type: none"> • Virtual BH provider visits. • Choose Tomorrow suicide prevention support.



Benefit	Description
Educational Support and Work Skills	<p>Oklahoma Complete Health offers three benefits to help members improve their grades in school or get their diploma or GED. Benefits include:</p> <ul style="list-style-type: none">• For members ages 16 and older without a high school diploma, we offer GED tutoring and vouchers for testing.• For qualified members in grades K-12, we provide in-person or virtual tutoring to eligible youth in care management who are at risk of failing one or more core subjects.• For adult members in care management, we offer scholarships to attend Rose State College for a Community Health Worker (CHW) micro-certification.
Enhanced Transportation Services	<p>To fully support members, we offer these enhanced transportation (ride) benefits through our transportation partners:</p> <ul style="list-style-type: none">• We will provide one trip per day to parents or guardians to visit a child inpatient in the hospital.• We will provide 15 roundtrips per member per year, up to 50 miles from the member's home to support social drivers of health (SDOH) needs. These include grocery, food pantries, farmer's markets, WIC, childcare, job interviews, educational activities, and support groups.• Member's using non-emergency medical transportation (NEMT) may be allowed to bring up to four children when childcare is not available.* <p><i>*Total number of passengers cannot exceed more than five.</i></p>
Health, Wellness, and Health Literacy	<p>Oklahoma Complete Health helps members take charge of their health, learn about their conditions, and engage in healthy behaviors. Our benefits include:</p> <ul style="list-style-type: none">• No-cost access to our online health library. It has more than 4,000 easy-to-read articles. Members can learn about wellness, illnesses, care plans, medications, and other health tips and facts.• Our Healthy Kids Club mails youth members a new book, welcome packet, Kid Club membership card, and quarterly newsletters when signed up by a parent or guardian.
Healthy Weight	<p>Oklahoma Complete Health provides this benefit to support healthy weight. We offer virtual WeightWatchers® memberships for adult members ages 18 and older in care management whose providers recommend an increase in healthy eating and physical activity to reduce their body mass index (BMI).</p>



Value-Added Services

Benefit	Description
Housing Insecurity and Homelessness	<p>Oklahoma Complete Health supports members experiencing housing insecurity or homelessness by:</p> <ul style="list-style-type: none">• Partnering with organizations that provide shelter for 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 employment, housing, social service benefits, or health-related legal matters.
Nutrition Support and Food Security	<p>Oklahoma Complete Health offers these benefits:</p> <ul style="list-style-type: none">• For members in care management who screen positive for food insecurity, we will provide up to \$100 per year in Food Rx vouchers for nutritional foods.• For qualified members in care management upon hospital discharge, including those with high-risk pregnancies, we will provide 14 specialty meals delivered to your home.• For members in care management who need more nutritional counseling for a chronic condition, we will expand the state's nutritional counseling benefit by four additional hours per year.
Over-the-Counter (OTC) Products	<p>Oklahoma Complete Health provides an OTC benefit to all members for up to \$50 per household per quarter. Items can include cold, cough, allergy, vitamins, supplements, eye/ear preparations, pain relievers, gastrointestinal products, first aid care, hygiene products, insect repellent, oral hygiene products, and skin care.</p>
Pyx Health (Pyx)	<p>Pyx is a mobile app that reduces social isolation. It provides companionship and resources to adult members 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.</p>
Ready for my Recovery	<p>Our Ready for my Recovery benefit helps members on their recovery journey. It provides 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.</p>



Benefit	Description
Remote Patient Monitoring (RPM)	<p>Our diabetes program uses cellular technology, real-time glucose (blood sugar) readings, and automatic supply refills to help members keep track of their diabetes. 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 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> <p>Oklahoma Complete Health care managers will help schedule visits if needed.</p>
Respite Care	<p>Oklahoma Complete Health will cover the cost of up to 48 hours per year of respite (rest) support for the caregivers of members who are in care management. More respite care hours can help reduce caregiver burnout.</p>
Sports and Camp Physicals	<p>Oklahoma Complete Health covers sports or camp physicals for youth members age 5-18. 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 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;• A hospital-grade breast pump to support breastfeeding (one per pregnancy);



Value-Added Services

Benefit	Description
Start Smart for Your Baby® (SSFYB) Additional Benefits	<ul style="list-style-type: none"> • Community baby showers where members can get a portable crib gift and safe sleep education (one crib per pregnancy); • Transportation (rides) to appointments for members in care management with high-risk pregnancies. This is provided by our local partners; and • Prenatal (before birth) education and parenting classes when referred by Care Manager.
Tobacco Cessation	Helping Oklahomans quit tobacco will reduce the burden of chronic conditions for members. Oklahoma Complete Health offers My Health Pays® rewards to help members who want to stop using tobacco. We offer \$25 for the first fill of medication to quit and \$50 for completing the program.
Traditional Healing Grants	Oklahoma Complete Health respects member’s cultural preferences for healthcare. We provide a \$250 per year grant for ceremonial or spiritual healing that may help with improved behavioral or physical health management and overall well-being. Member must be enrolled in a Federally Recognized Tribe.
Vision Services for Adults	Oklahoma Complete Health expands 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.
YMCA membership	<p>We provide adult and youth memberships to local YMCAs to members to support physical activity and healthy lifestyles.</p> <p>Your YMCA membership can be renewed up to a full year if:</p> <ul style="list-style-type: none"> • You are an adult who has visited at least 10 days in three months. • You are a youth who has visited at least 20 days in six months.

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 **1-833-752-1664** (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 Oklahoma Complete Health 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 Oklahoma Complete Health 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 **1-833-752-1664** (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 **1-833-752-1664** (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 Oklahoma Complete Health, 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 Oklahoma Complete Health you can continue the care 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.
- ✓ If you are on a current treatment plan and getting treatment for a chronic or acute medical condition, you may continue treatment through the current period or active treatment, or for up to 90 calendar days, whichever is less. After this period, we can help you find a network provider.
- ✓ If you are pregnant and in the second or third trimester, you may continue your care through the postpartum period which begins immediately after childbirth and extends for about six weeks. After this period, we can help you find a network provider.



**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 or assistance.

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. Then, mail it back to us using the postage paid 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. If you need more My Health Screening forms, call Member Services at **1-833-752-1664** (TTY: **711**) or complete additional forms online. Go to **Member.OklahomaCompleteHealth.com** and login into your member portal.

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. Your rewards will be added 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 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 **1-833-752-1664 (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 **1-833-752-1664 (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 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 the booklet. Fill it out and mail it back to us using the postage-paid envelope 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 or \$10 for completing in your second trimester.



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

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 Health:

https://www-es.oklahomacompletehealth.com/about-us/Statement_of_Non_Discrimination.html

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).

<p>မြန်မာ (Burmese)</p>	<p>ဤအကြောင်းအရာကို အခြားဘာသာစကားဖြင့်ဖြစ်စေ၊ အခြားဖောမတ်ဖြင့်ဖြစ်စေ လိုအပ်ပါက စာဖြင့်ရေးသားထားသော၊ ရုပ်ပုံဖြင့်ပြထားသော၊ အသံကြားနိုင်စေရန်ပြုလုပ်ထားသော အထောက်အကူများအပါအဝင် ဘာသာပြန်ဝန်ဆောင်မှုများကို အခမဲ့ ရရှိနိုင်ပါသည်။ Oklahoma Complete Health ဖုန်းနံပါတ် 1-833-752-1664 (TTY- 711) ကို ခေါ်ဆိုပါ။</p>
<p>Hmong (Hmong)</p>	<p>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).</p>
<p>Tagalog (Tagalog)</p>	<p>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).</p>
<p>Français (French)</p>	<p>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).</p>
<p>ພາສາລາວ (Laotian)</p>	<p>ຫາກທ່ານຕ້ອງການເອກະສານນີ້ໃນພາສາ ຫຼື ຮູບແບບອື່ນມີບໍລິການແປພາສາໃຫ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ລວມທັງບໍລິການຊ່ວຍເຫຼືອແປຂຽນ, ແບບຮູບພາບ ແລະ ສຽງ. ໂທຫາ Oklahoma Complete Health ທີ່ເບີ 1-833-752-1664 (TTY: 711).</p>

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 05/02/2024

For help to translate or understand this, please call **1-833-752-1664**.
Hearing impaired (TTY: **711**).

Para obtener ayuda para traducir o entender esta notificación, llame al **1-833-752-1664**.
Personas con Discapacidad Auditiva (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 in 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.

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

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 healthcare 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 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 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 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.

Oklahoma Complete Health

Attn: Privacy Official

14000 Quail Springs Pkwy, Suite 650

Oklahoma City, OK 73134

OCH-Compliance@OklahomaCompleteHealth.com

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

White

Asian

Other (If answer is other, please go to question 6)

Black/African American

I prefer not to answer.

Native Hawaiian/Other Pacific Islander

Unknown

6 Please list other race: _____

7 Ethnicity:

Hispanic or Latino

I prefer not to answer.

Not Hispanic or Latino

Unknown

Other (if answer is other, please go to question 8)

8 Please list other ethnicity: _____

9 What language do you prefer to speak?

English

Vietnamese

Spanish

Korean

Chinese

Other (if answer is other, please go to question 10)

Mandarin

No response

10 Please list other language: _____

OklahomaCompleteHealth.com

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 Fair
 Very Good Poor (If answer is poor, go to question 13)
 Good 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 Post Emergency Room visit
 Sick care visit Other visit (If other visit, go to question 18)
 Post hospital visit

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 Three or more times
 One time Unknown
 Two times

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

- None Three or more times
 One time Unknown
 Two times

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

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

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
- Involve
- 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: _____



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

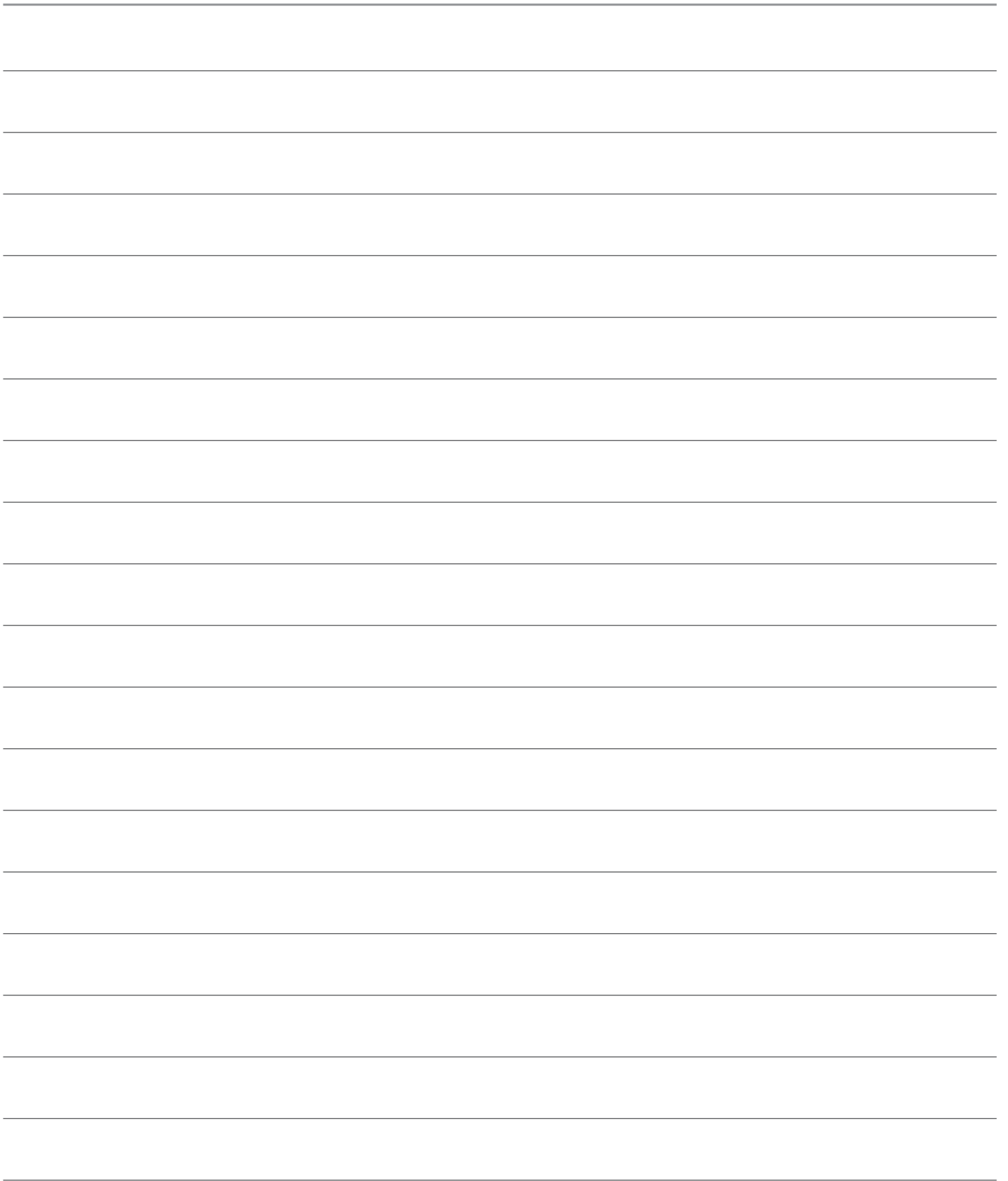
Please list any other social needs you may have:

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

1-833-752-1664 (TTY: 711)