

Insure Oklahoma/O-EPIC

Member Handbook

Insure Oklahoma/O-EPIC Helpline..... 1-888-365-3742
..... TDD/1-405-416-6848
Monday through Friday 7:30 a.m. to 5:30 p.m.

Call the Insure Oklahoma/O-EPIC Helpline for help with:

- * Finding a Primary Care Provider (PCP) in your area
- * Changing your PCP
- * Requesting a Medical ID card
- * Questions about benefits and services
- * What to do if you move
- * Eligibility and enrollment questions
- * Bills for health care services
- * Invoices for premiums

For questions about verification of Prior Authorizations call 1-888-365-3742, option 2.

Monday through Friday 8 a.m. to 5 p.m.

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*Please note - These help lines are not equipped to deal with emergencies.
For any health emergency, contact your PCP or local emergency room.*

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Insure Oklahoma/O-EPIC

Welcome to the Insure Oklahoma/O-EPIC Individual Plan program for working Oklahomans. This member handbook has been prepared by the Oklahoma Health Care Authority to serve as a guide for plan benefits and how to receive services. This handbook is a summary of eligibility requirements, medical coverage, co-payment, definitions of terms, and other rules of the Insure Oklahoma/O-EPIC Individual Plan. Read your handbook carefully.

This plan provides coverage to eligible:

- Uninsured self-employed individuals
- Workers whose employers do not provide a qualified health plan
- Workers who are not eligible to take part in their employer's health plan
- Workers who have a disability and have a Federal Ticket to Work
- The unemployed who are approved for unemployment benefits in Oklahoma
- College Students ages 19 through 22

If you have questions about specific benefits or the plan in general, contact:

Insure Oklahoma/O-EPIC Helpline

1-888-365-3742

TDD/405-416-6848

Monday through Friday 7:30 a.m. to 5:30 p.m.

*This handbook is a guide and does not answer every question.
All benefits are subject to plan and policy rules including eligibility.*

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Insure Oklahoma/O-EPIC

Individual Plan

What is the Insure Oklahoma/O-EPIC Individual Plan? Insure Oklahoma/O-EPIC is run by the Oklahoma Health Care Authority (OHCA). As an Insure Oklahoma/O-EPIC Individual Plan member, you can choose an Insure Oklahoma/O-EPIC provider for yourself and your spouse if eligible. Your health care provider is called your Primary Care Provider (PCP).

Eligibility

- Your eligibility for the Insure Oklahoma/O-EPIC Individual Plan has to be renewed at least every 12 months.
- You should start your renewal process at least 60 days before the end of your annual eligibility. You will receive a Renewal Notice in the mail.
- You need to complete the renewal process and return any requested documentation on time to keep your Insure Oklahoma/O-EPIC benefits.
- If you do not complete your renewal process or return any requested documentation, your Insure Oklahoma/O-EPIC benefits will stop.

People Not Eligible for the Insure Oklahoma/O-EPIC Individual Plan

Certain people are not eligible for Insure Oklahoma/O-EPIC even though they may be under other portions of the SoonerCare program. They are called “exempt.” You and/or a family member will not be eligible in Insure Oklahoma/O-EPIC if you are:

- A dependent under the age of 19
- Eligible for Medicare or Medicaid (SoonerCare) including SoonerCare Choice, etc.
- Currently enrolled in SoonerPlan (Family Planning Services) or BCC (Breast and Cervical Cancer Treatment Program)

If any of the above are enrolled in Insure Oklahoma/O-EPIC, please call the Insure Oklahoma/O-EPIC Helpline at 1-888-365-3742 or for the TDD line 405-416-6848.

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Coverage for Children

Free health care coverage is available for qualifying children through SoonerCare Choice. Make sure your kids are able to get the care they need to stay well and protect your family budget.

Your child can be covered for:

- Doctor visits
- Hospitalization
- Prescriptions
- Vision care, including eye exams and glasses
- Dental Care

Please call the SoonerCare Helpline at 1-800-987-7767 or TDD/1-800-757-5979 for information on how to get these services.

Change in Family Information

It is important that we have your family's most current information. To make changes, fill out the "Subscriber Change Form" found on the Insure Oklahoma website, www.insureoklahoma.org or call the Insure Oklahoma/O-EPIC Helpline to have the form mailed to you. You must fill out a change form for any of the following changes:

- You or a family member move
- You or a family member change telephone numbers
- You or a family member changes your name
- You marry or divorce
- Your eligible spouse dies
- You or your eligible spouse gets Social Security benefits, Medicaid (SoonerCare) or Medicare

Medical I.D. Card

- Always carry your Medical I.D. card with you.
- You must show your card every time you get medical or pharmacy services.
- An Insure Oklahoma/O-EPIC Individual Plan Medical I.D. card will be sent after your first payment has been received by the due date.

- Call the Insure Oklahoma/O-EPIC Helpline 1-888-365-3742 to replace your Medical I.D. card.



Individual Plan

ID No.
Name
RxBIN: _____ **RxPCN:** _____

COPAY

Office Visit: \$\$\$	Emergency: \$\$\$
Rx Generic: \$\$\$	Inpatient: \$\$\$
Rx Brand: \$\$\$	Outpatient: \$\$\$

EMERGENCY SERVICES

Call 911 or go to the nearest emergency room. Call your medical provider as soon as possible. Do not use the Emergency Room for urgent care. Urgent care is when you get sick or hurt **and** there is no immediate danger. Call your medical provider for urgent care.

PROVIDERS

Only claims from OHCA contracted providers will be considered for payment. This card does not guarantee eligibility or payment for services. To confirm eligibility call nationwide toll-free 1-800-767-3949; Oklahoma City Metro (405) 840-0650 or access our secure Web site at: [www.okhca.org]. All other provider inquiries, call the **O-EPIC Helpline 1-888-3-OK-EPIC (1-888-365-3742)**.

MEMBERS

For more information, call the O-EPIC Helpline 1-888-365-3742.
For TDD Line, call (405) 416-6848.
For the **Patient Advice Line**, call 1-800-530-3002.

*If you have questions about your health or need medical care, call your PCP first.
In a medical emergency, call 911 or go to the nearest emergency room.*

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Getting Started

With Insure Oklahoma/O-EPIC, you choose a health care provider for yourself and your spouse, if he or she is also enrolled. This provider is called a Primary Care Provider (PCP). First, choose a PCP from the directory that is on the Insure Oklahoma/O-EPIC website at www.insureoklahoma.org. If you do not have internet access, you may call the Insure Oklahoma/O-EPIC Helpline to select a PCP. Next, if you are a new patient to this provider, call and make an appointment.

When to call the Insure Oklahoma/O-EPIC Helpline

- When you are not able to contact your PCP for an appointment
- To change your PCP
- To ask for a new Medical I.D. card
- If you have enrollment or general information questions
- If you have questions about benefits
- If you need basic information about the Insure Oklahoma/O-EPIC program
- If you need an enrollment packet or application

Choosing Your Provider

Primary Care Provider (PCP)

Your health care provider is called your Primary Care Provider or PCP. This is your “medical home.” The PCP will take care of you and if applicable, your spouse’s basic health care needs. You and your spouse can use the same PCP, or each of you can have a different PCP. You may want to choose a PCP close to your home or place of work. Doctors, physician assistants, or nurse practitioners who provide primary care services, can all be PCPs.

If you have questions about your choice of PCPs or if you would like to change your PCP, call the Insure Oklahoma/O-EPIC Helpline at **1-888-365-3742**.

To find a PCP, you can look in the Insure Oklahoma/O-EPIC Provider Directory that is on the Insure Oklahoma/O-EPIC website at www.insureoklahoma.org, or you can call the Insure Oklahoma/O-EPIC Helpline at **1-888-365-3742**. The Insure Oklahoma/O-EPIC Helpline can also help:

- If you need a provider directory
- If you need the name or address of a PCP in your area
- If you need to know your PCP’s name

Sometimes the PCP you choose is not taking new Insure Oklahoma/O-EPIC patients. In this case, you will have to select another PCP. You can change your PCP once every 30 days up to four times a year by calling the Insure Oklahoma/O-EPIC Helpline. Your PCP change request will not go into effect right away. Ask the Insure Oklahoma/O-EPIC Helpline when you can visit your new PCP.

What does a PCP do?

- Routine checkups
- See you when you are sick or hurt
- Refer you to a specialist if needed
- Admit you to the hospital or arrange for you to be admitted

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Call your PCP when you:

- Are sick or hurt
- Need a checkup
- Need prescription drugs
- Need health advice

How to Get Service

- Call and make an appointment with your PCP.
- If you have not received a Medical I.D. card, your PCP may want to know your Social Security Number and date of birth to check eligibility.
- Pay your co-pay -see pages 18-22 (If you still have questions please call the Insure Oklahoma/O-EPIC Helpline 1-888-365-3742)

If you see a provider who is not your PCP or does not have a referral from your PCP, you WILL have to pay for the visit and you cannot file for payment from Insure Oklahoma/O-EPIC.

Choosing Your PCP If You Are Pregnant

You can go to your current PCP if he or she provides prenatal care and delivers babies. You can get all your basic health care needs and your pregnancy care in one place. You may choose to go to any Insure Oklahoma/O-EPIC health care provider for your pregnancy care without a referral (self-refer). Make sure you tell your PCP who will deliver your baby and where the birth will take place.

Choosing Your PCP If You Are American Indian

American Indians in the Insure Oklahoma/O-EPIC program must choose a PCP from the Insure Oklahoma/O-EPIC Provider Directory.

How do I enroll?

- There is a special section in the Provider Directory that lists IHS, Tribal and Urban Indian Clinics (I/T/U) that are Insure Oklahoma/O-EPIC PCPs.
- You need to have a CDIB card or be CDIB card eligible for enrollment.
- To enroll with an I/T/U clinic, you need to contact the Insure Oklahoma/O-EPIC Helpline or the clinic of your choice.

- You may choose a provider from any section of the directory.

Whether your PCP is an I/T/U provider or not, you can still use the I/T/U clinics for medical care without a referral. However, if you need care the I/T/U clinic cannot provide (such as contract health,) you will need to get a referral from your PCP for those services.

Changing Your PCP

Call the Insure Oklahoma/O-EPIC Helpline to change your PCP.

Ask the Insure Oklahoma/O-EPIC Helpline when you can see your new PCP.

You can change PCPs once every 30 days up to four times a year. The Insure Oklahoma/O-EPIC Provider Directory is on the Insure Oklahoma/O-EPIC website at www.insureoklahoma.org. If the PCP you pick is not taking any more patients, you will be asked to choose another PCP. *Please do not pick a provider from an office that has dismissed or dropped you.*

How to Get Medical Care

Your First PCP Visit

Your PCP wants to get to know you and your health care needs. Help your PCP take care of you by making an appointment. The first appointment is your PCP's time to get to know you.

When you go to your first appointment:

- Bring all prescription drugs that you are taking.
- Tell your PCP about any doctors or counselors you have seen in the past.
- Tell them if you have had any surgeries or about any illnesses you may have had.
- Tell your PCP about any medical equipment you are using and the name of the rental company.
- During your visit, fill out a **Release of Medical Information Form**. This will allow your new PCP to get your old health care records and better understand your health care needs. Check with your provider's staff on how to get your records to your new PCP.
- Ask your PCP any health questions that you may have.

If you need to cancel your appointment, please call the provider's office and let them know at least 24 hours before your appointment.

Scheduling Appointments

Most PCPs need you to call and make an appointment as early as possible. You can call the Insure Oklahoma/O-EPIC Helpline to find out your PCP's name and telephone number if you do not know it. Your PCP will decide if your needs are routine or urgent. Ask what the PCP's office hours are so you will know when you can make appointments. Do not expect same-day appointments, unless your PCP says you need to be seen the same day because of your medical needs.

Your PCP will try to see you in the following time frames. Appointments for:

- **Routine or new patient care** - You may have to wait up to three weeks.
- **Urgent care** - Your PCP will usually see you within 24 hours or make arrangements for you to be seen within 24 hours.

When you call to make an appointment, you should always be ready to:

- Tell the staff why you need an appointment.
- Give any information the staff might need such as your Insure Oklahoma/O-EPIC number, etc.

Other helpful appointment information:

- Call your PCP's office if your problem gets worse before your scheduled appointment. Ask to speak to the nurse for advice or an earlier appointment.
- Sometimes, even if you have an appointment, you may have to wait to see your PCP. He/she can be very busy with emergencies. You may even be asked to reschedule your appointment.
- If you cannot wait and choose to leave, please let the office staff know and reschedule your appointment.
- If you have a hard time getting an appointment, call the Insure Oklahoma/O-EPIC Helpline at 1-888-365-3742.

If you go to see a provider who is not your PCP for basic health care needs, you WILL have to pay for the visit and you cannot file for payment from Insure Oklahoma/O-EPIC.

Canceling Appointments

If something happens and you cannot keep your appointment, please call the office. Your provider may dismiss you as a patient if you keep missing your appointments. Call at least 24 hours before your appointment if you think you will not be able to make it.

If Your PCP Wants You to See a Specialist (Referrals)

Your PCP will refer you to a specialist when you need one. You will get a referral **only** if your PCP believes you need one. The specialist must be contracted with the OHCA.

- Your PCP will send the specialist a referral form.
- Make sure the specialist's office has received your referral form **BEFORE** you call to set up an appointment. Sometimes, the PCP's office will call and set up the appointment for you.
- You must get a referral **BEFORE** you go to the specialist. Do not ask your PCP for a referral **AFTER** you have already seen the specialist.
- If you go to another provider without a referral, you **WILL** have to pay for those services and cannot file for payment from Insure Oklahoma/O-EPIC.
- If your PCP gives you a referral for a service that is not covered under the Insure Oklahoma/O-EPIC program, you will have to pay for this service.
- A referral is not a guarantee of payment.
- If you have questions about a covered service, please call the Insure Oklahoma/O-EPIC Helpline at 1-888-365-3742.

If You Want To See a Specialist:

Ask your PCP for a referral **BEFORE** going to the specialist. If you think you need a referral but your PCP will not give you one, call the Insure Oklahoma/O-EPIC Helpline at 1-888-365-3742.

You **MUST** have a referral from your PCP in order to see another provider or it will be your responsibility to pay for the visit.

Services That Do Not Need a Referral (Self-Referral Services):

- **Emergency Care** – If you think you have a true *medical* emergency, go to the nearest emergency room or call your local emergency number. The emergency room visit does not require a referral. If other services are performed, such as surgery, or you are admitted to the hospital, a referral will be needed.
- **Outpatient Behavioral Health Services** – You can ask your PCP to help you get care if you need it.
- **OB Care** – Pregnancy care
- **Indian Health Benefits** – Members who are eligible do not have to have a referral to go to any IHS, Tribal, or Urban Indian Health Clinic provider.

O-EPIC/Insure Oklahoma can only pay providers that are contracted with the OHCA. There may not be any providers out-of-state that are contracted with the OHCA.

Emergency Care:

What is an emergency?

- You could be hurt, permanently disabled, or die if you don't get the care you need right away.

If you have an emergency:

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

Examples of emergencies are:

- Extreme bleeding
- Broken bones
- Rape
- Pain and tightness in chest
- Chest or head injuries
- Accidental poisoning
- Miscarriage
- Burns with blisters
- Drug overdoses

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- Decreased consciousness or not being able to respond to questions
- A hard time breathing or extreme shortness of breath

If you are not sure you have an emergency, call:

- Your PCP's office if it is during office hours and ask if a nurse is available and explain your symptoms
- The Patient Advice Line at 1-800-530-3002 or Relay Service 711 or TDD/1-800-722-0353 after 5 p.m.

Care After an Emergency Room Visit

If you went to the Emergency Room, after care may be needed. It is important to follow all after care instructions. Be sure to call your PCP who will help you with your follow up care including specialty care. Your PCP can even help if you have problems filling prescriptions.

Urgent Care (Not an Emergency)

Urgent care is when you get sick or hurt and there is no immediate danger of death or permanent disability. You may need attention soon, but *it is not* an emergency.

If you need urgent care services:

- Call your PCP's office during office hours and ask if a nurse is available. Try to call early in the day and be sure to explain your symptoms.
- Your PCP will usually see you within 24 hours or arrange for you to be seen.
- You may call the Patient Advice Line from 5 p.m. to 8 a.m. weekdays or anytime on the weekends and holidays. The nurses have lots of information to help you.

In an emergency, call 911 or your local emergency phone number or go to the nearest hospital Emergency Room (ER).

Routine Care (Non-Urgent)

Your PCP will try to see you within three weeks for non-urgent care.

After Hours

If you become ill or injured after regular office hours, call your PCP or the Patient Advice Line, describe your problem, and follow the instructions they give you.

Out-of-State Care

O-EPIC/Insure Oklahoma will only pay providers that have a contract with the OHCA. If you get medical services from a provider that does not have a contract with the OHCA, you will have to pay for those services. Some out-of-state providers have a contract with the OHCA. This includes out-of-state emergency rooms. Call the O-EPIC/Insure Oklahoma Helpline if you have questions.

For **emergency** out-of-state care:

- Go to the nearest medical provider (doctor, clinic or hospital).
- You do not need a referral from your PCP if you have an emergency.
- The doctor must contract with Insure Oklahoma/O-EPIC to get paid for the services provided to you or your covered spouse.

For **urgent** out-of-town care:

- Call your PCP and he/she will tell you how to get the care you need.
- Call the toll-free Patient Advice Line after 5 p.m. weekdays or anytime on the weekends and holidays.
- The doctor must contract with Insure Oklahoma/O-EPIC to get paid for the services provided to you or your covered spouse.

Services and Benefits

Remember! A referral, and in some cases, a prior authorization from your PCP is required before you schedule an appointment with any other health care provider or specialist. The only exceptions are emergencies and those services listed in the “Self-Referral Services” section.

List of Covered/Not Covered Services

The covered services listed below are available for Insure Oklahoma/O-EPIC members. Changes in your covered services will be mailed to you. **All services are subject to medical need. This is NOT a complete list.**

If you have questions regarding a certain service not listed, please contact the Insure Oklahoma/O-EPIC helpline at 1-888-365-3742.

****Lifetime maximum of \$1 million per member**

Service	Co-Payment	Benefit Detail/Limits
Ambulance	None	Not covered for adults.
Ambulatory Surgery Centers	\$25 co-pay per visit	Covered as medically necessary.
Anesthesia	None	Eligible services for covered illness or surgery, including services provided by a certified registered nurse anesthetist.
Asst. Surgeon and Anesthesiologist	None	Covered if in attendance during surgery. Covered if surgical procedure requires an assistant.
Behavioral Health Outpatient	\$10 co-pay per outpatient visit	Outpatient services limited to case management, behavioral health and PACT services (Requires prior authorization). Psychiatrist visits included in four physician services limit per month.
Behavioral Health-Inpatient	\$50 co-pay per admission	Inpatient acute care only (DRG).

Service	Co-Payment	Benefit Detail/Limits
Blood and Blood Products	None	Processing, storage and administration of blood and blood products in inpatient and outpatient settings.
Case Management	None	Covered as medically necessary; Requires prior authorization
Chelation Therapy	None	Covered for heavy metal poisoning only.
Chemotherapy and Radiation Therapy	\$10 co-pay per visit	Covered as medically necessary.
Clinic services including Renal Dialysis services	None for dialysis; \$10 co-pay per office visit	Covered as medically necessary.
Dental Services	None	Not covered for adults. Limited dental benefits for pregnant women.
Diabetic Supplies	\$5 co-pay per prescription	One glucometer- one spring-loaded lancet device- three replacement batteries per year- 200 glucose strips and lancets per month, additional supplies require prior authorization; not included in DME \$15,000 max.
Diagnostic X-ray, including ultrasound	\$25 co-pay per scan MRI, MRA, PET, CT scans only	Covered as medically necessary.
Dialysis	None	Covered as medically necessary.
Donor Transplant	None	Not covered for adults.
Durable Medical Equipment and Medical Supplies	\$5 per item for durable/non-durable supplies; \$25 co-pay per item for DME	Covered as medically necessary with \$15,000 annual maximum. If rental item, co-pay is per month. (Exceptions: Glucometer (\$5 co-pay) and Oxygen (\$5 co-pay), not included in \$15,000 annual maximum.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for Children	None	Not covered for adults 19 and older.
Service	Co-Payment	Benefit Detail/ Limits
Emergency Room	\$30 co-pay per	Covered as medically necessary.

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Services	occurrence, waived if admitted	
Family Planning services and supplies	None	Birth control information and supplies- Pap smears- Pregnancy tests- Tubal ligations and vasectomies.
FQHC services	\$10 co-pay per visit	Covered as medically necessary.
Hearing Aids	None	Not covered for adults.
Home Health Services	None	Not covered for adults.
Hospice	None	Not covered for adults.
Immunizations	\$10 co-pay per immunization	Covered as recommended by the Advisory Committee of Immunization Practices.
Inpatient Hospital Services (Acute Care Only)	\$50 co-pay per admission	Covered as medically necessary.
Laboratory	None	Covered as medically necessary.
Maternity	\$10 co-pay first visit	High risk OB/pregnancy not covered.
Mammogram (Radiological or Digital)	None	Medical necessary screening mammography. Additional follow-up mammograms are covered when medically necessary.
Nurse Midwife services	\$10 co-pay per visit; if not pregnancy related	Covered as medically necessary. Included in four physician services visit limit.
Optometric or Optical services, including eyeglasses	None	Not covered for adults.

Service	Co-Payment	Benefit Detail/ Limits
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Oral Surgery	\$50 per admission Inpatient Hospital \$25 per visit Outpatient Hospital/Facility	Includes removal of tumors or cysts. Does not include removal of wisdom teeth.
Orthodontics	None	Not covered for adults.
Outpatient Hospital Services	(a) \$25 co-pay per visit (b) \$10 per visit	(a) Covered as medically necessary. (b) Therapeutic radiology or chemotherapy on an outpatient basis without limitation to the number of treatments per month for persons with proven malignancies or opportunistic infections.
PCP visits	\$10 co-pay per visit	Included in four physician services visit limit per month.
Perinatal Dental	None	Limited dental benefits for pregnant women
Physician services, including preventive services	\$10 co-pay per visit	Included in four physician services visit limit. One preventive visit allowed per year; included in four visit limit per month.
Prescription Drugs and insulin	\$5 co-pay generic prescription \$10 co-pay per brand-name prescription	Limited to six per month; three may be brand-name. Prenatal vitamins and smoking cessation products do not count toward the six prescription limit.
Private duty nursing	None	Not covered for adults.
Prosthetic devices	None	Not covered for adults.
Smoking Cessation Product Therapy	\$5 generic \$10 single brand-name	Limited coverage, up to 3 month supply without a prior authorization. Products do not count against prescription drug limits.
Specialty clinic visits	\$10 co-pay per visit	Included in four physician services visit limit.

Service	Co-Payment	Benefit Detail/ Limits
Substance Abuse Treatment(Outpatient)	\$10 co-pay per visit	Covered as medically necessary with prior authorization.
Therapies (PT, OT, Speech)	\$10 co-pay per visit	Hospital based only. Limited to 15 per discipline per calendar year.
Transplants	None	Not covered for adults.
Transportation (non-emergency or emergency) to obtain covered medical care	None	Not covered for adults.
Tuberculosis services	\$10 co-pay per visit	Covered as medically necessary.

Care Management

The Care Management team helps coordinate medical services for Insure Oklahoma/O-EPIC members who have **complex** and/or **unusual** health care needs.

Services provided by Care Management include:

- Help for health care providers with complex discharge planning.
- Education and help for:
 - * High service users
 - * The very sick who have problems keeping up with medical care

Care Management can be reached at 1-877-252-6002.

Inpatient: Patient stays longer than 24 hours and receives room and board from the hospital/facility.

Outpatient: Patient stays no longer than 24 hours in the hospital/facility and does not receive room and board.

Behavioral Health and Substance Abuse Services

Do I need a referral from my PCP to visit a Behavioral Health provider?

- No – Insure Oklahoma/O-EPIC members do not need a referral for outpatient behavioral health or substance abuse services, but telling your PCP will make it easier to manage your care.

What behavioral health and substance abuse services are available through Insure Oklahoma/O-EPIC?

- Services from a **psychiatrist** contracted with Insure Oklahoma/O-EPIC can diagnose conditions and prescribe medicine. A few see patients for therapy services. You will need to contact a specific psychiatrist in your area to see if he or she is taking new clients. You also should ask if they provide the services you need. Call the Behavioral Health Helpline at **1-800-652-2010** from 8:00 a.m. through 5:00 p.m. Monday through Friday for a list of psychiatrists in your area.
- **Outpatient behavioral health agencies** or **substance abuse agencies** provide various services. These can include outpatient therapy and rehabilitation, psychological testing and evaluation and medication management services. Many also provide case management services for people who need more intense services. These agencies can assess your needs and explain what services you need. The Oklahoma Department of Mental Health and Substance Abuse Services is the largest outpatient behavioral health/substance abuse provider in the state. Please call your local agency to see if the services they provide fit your needs. The Behavioral Health Helpline at **1-800-652-2010** from 8:00 a.m. through 5:00 p.m. Monday through Friday for a list of agencies in your area.

Does the Insure Oklahoma/O-EPIC Individual Plan provide residential substance abuse services?

- The Insure Oklahoma/O-EPIC Individual Plan does not provide coverage for any residential substance abuse service except medical detoxification. If you need detoxification help, contact your local Insure Oklahoma/O-EPIC contracted hospital. For information on residential substance abuse services, contact the Oklahoma Department of Mental Health and Substance Abuse Services.

Reachout Hotline
1-800-522-9054

Safeline
1-800-522-7233

Teenline
1-800-522-8336

For more information, call the Insure Oklahoma/O-EPIC Helpline at 1-888-365-3742 from 7:30 a.m. through 5:30 p.m. Monday through Friday.

Family Planning

Family planning can help you avoid unwanted or unplanned pregnancies. It can also help detect serious health problems that could affect you or your unborn child if you become pregnant. Members may get family planning services from any Insure Oklahoma/O-EPIC contracted family planning provider without a referral.

Some family planning benefits are:

- Family planning physical exams
- Laboratory tests
- Pregnancy tests
- Information on birth control
- Contraceptive devices

Dental Services (Teeth)

Dental services for members are **not** a covered benefit regardless of the diagnosis.

Limited dental benefits for pregnant women. Call 1-888-365-3742 for more information. You must use a dentist contracted with OHCA.

Vision Services (Eyes)

Vision services for members are **not** covered except for treatment of eye disease or eye injuries.

Hearing Services (Ears)

Hearing services for members are **not** a covered benefit.

Services That Are Not Covered

Insure Oklahoma/O-EPIC does **not cover** everything. Below is a list of some common services that are not covered or paid for. **This is only a partial list.**

- Services that your PCP or Insure Oklahoma/O-EPIC does not consider medically necessary
- Any medical service when the member refuses to allow release of information needed to make a medical decision
- Services not considered medically necessary
- Organ transplants
- Treatment for obesity
- Procedures, services and supplies related to sex transformation
- Supportive devices for the feet (orthotics) except for the diagnosis of diabetes
- Cosmetic surgery
- Over-the-counter drugs, medicines and supplies except contraceptive devices and products, and diabetic supplies
- Experimental procedures, drugs or treatments
- Dental services regardless of the diagnosis
- Vision care and services (including glasses), except services treating diseases or injuries to the eye
- Chiropractic, Acupuncture and Osteopathic Manipulation therapy
- Hearing services
- Transportation (air or ground)
- Rehabilitation (Inpatient)
- Cardiac rehabilitation
- Allergy Testing and Treatment
- Hospice
- Temporomandibular Joint Dysfunction (TMD)(TMJ)
- Ultraviolet Treatment-Actinotherapy
- Genetic Counseling
- Infertility Services
- Fertility Treatments
- Sterilization Reversal
- Christian Science Nurse
- Christian Science Practitioner

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- Skilled Nursing Facility
- Long-Term Care
- Standby Services
- Thermograms
- Services of a Lactation Consultant
- Bariatric surgery
- Residential Treatment Centers

You Will Have to Pay for Services If:

- You receive services that are not covered
- You get services from another provider that requires a referral without getting one from your PCP
- You get services from a provider that does not accept Insure Oklahoma/O-EPIC

Patient Advice Line

- Health professionals at this toll-free line can give you home care tips and answer medical questions.
- The Patient Advice Line is available 5 p.m. to 8 a.m. weekdays or anytime on weekends and holidays.
- If you speak a language other than English and need help communicating, the Patient Advice Line can help. Translation services are offered to help you and your PCP.
- If you are not sure if you have an emergency, call your PCP and ask if a nurse is available to speak to you, OR call the Patient Advice Line.
- The Patient Advice Line **cannot** give you a referral to another provider.
- The Patient Advice Line gives advice only.
- Call 1-800-530-3002 5 p.m. to 8 a.m. weekdays, weekends and holidays
- Relay Service 711 or 1-800-722-0353 (TDD)

You Have Rights and Responsibilities

Members' Rights and Responsibilities

As a member of Insure Oklahoma/O-EPIC, you have rights. These rights include but are not limited to:

- Getting information in a way that is easy to understand
- Being treated with respect and dignity and having a right to privacy
- Taking part in decisions about your medical care
- Receiving information on available treatment choices and courses of care
- Voicing concerns about Insure Oklahoma/O-EPIC or care provided
- Making advance directives (Living Wills)
- Having access to your medical records as stated by federal and state laws
- Not being discriminated against by your health care provider based on your age, sex, race, physical or mental handicap, national origin, or type/degree of illness or condition
- Being able to change your PCP once every 30 days up to four times a year by calling the Insure Oklahoma/O-EPIC Helpline
- Prompt resolutions of issues you raise

As a member of Insure Oklahoma/O-EPIC, you have responsibilities. These responsibilities include but are not limited to:

- Picking an Insure Oklahoma/O-EPIC PCP
- Reading and following the rules of Insure Oklahoma/O-EPIC
- Telling the Insure Oklahoma/O-EPIC Helpline about any change in address. You must also tell them anything that may affect your eligibility, such as if you got married or divorced or had any deaths in your family.
- Following the treatment plans and guidelines that your PCP gives you
- Scheduling appointments and keeping them
- Calling your PCP at least 24 hours before any appointment you cannot keep
- Providing information needed by staff to help care for you, including telling them about your symptoms

Confidentiality (Right to Privacy)

The law says that some information is private. Certain information cannot be shared without your permission. Private things are your name, address, and health services you receive. This also includes income eligibility, finances, social conditions, and any medical information.

Getting a Second Medical Opinion

If your doctor wants you to have treatment or surgery, you may ask for a second medical opinion. Talk with your PCP about a referral for another opinion.

If you are denied a second opinion, you can:

- Call the Insure Oklahoma/O-EPIC Helpline, which will send a report to the Oklahoma Health Care Authority

Removal from Your PCP

Your PCP cannot stop seeing you as a patient because your health gets worse. However, he/she can remove you if:

- You move out of the PCP's area
- Your behavior is disruptive
- You are verbally abusive (threatening) to the PCP, to their office staff, or to other patients
- You regularly miss scheduled appointments without telling your PCP at least 24 hours before the appointment
- You have been previously dismissed by the provider or others in that office
- You have not paid your co-pay or you have an outstanding balance
- You are no longer eligible for the Insure Oklahoma/O-EPIC Individual Plan

Complaints or Problems

We want you to be happy with the Insure Oklahoma/O-EPIC Individual Plan. We are here to help you if you have questions or problems. Talking about a problem or filing a complaint or formal grievance will not affect your membership or benefits with Insure Oklahoma/O-EPIC.

Call the Insure Oklahoma/O-EPIC Helpline if you have problems with Insure Oklahoma/O-EPIC or its providers. We want to know. If you don't like the answer you are given, you may ask to speak with an Insure Oklahoma/O-EPIC Helpline supervisor. You may also mail us a letter telling us about your problem. The letter will need to have the "who, what, when, where and why" of your complaint. Insure Oklahoma/O-EPIC will review your letter. You will get a response to your complaint in 10 days if it is medically related and 20 days if it is not. Mail your letter to:

Insure Oklahoma/O-EPIC
Oklahoma Health Care Authority
Attention: Docket Clerk
Legal Division
P.O. Box 18497
Oklahoma City, OK 73154-0497

If you have any questions about filing a formal grievance or complaint, you may contact the Oklahoma Health Care Authority at 405-522-7217 or TDD/405-522-7182.

Living Wills (Advance Directive)

A living will is for people 18 or older. A living will allows you to tell people how you want to be treated if you cannot talk or make decisions for yourself. You can also list care you do or do not want to receive. For example, some people do not want to be put on life-support machines if they go into a coma.

These papers are also called "Advance Directives for Health Care." You may call toll-free 1-877-283-4113 to request the "Advance Directives" form. You will get a brochure with instructions on how to fill out the form. You may also get a living will at office supply stores, pharmacies or a lawyer's office. Ask your family, your PCP or someone you trust to help you in these matters.

Other Things To Know

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If You Have Other Insurance

If you have other medical coverage, you must give this information to the Insure Oklahoma/O-EPIC Individual Plan. The law says this information must be shared.

- To report other insurance or if you have questions about other insurance coverage you can call the OHCA Third Party Liability Unit at 1-888-365-3742.
- If you do have some other coverage besides your Insure Oklahoma/O-EPIC Individual Plan, you should know one important thing: You must still follow the rules of both the Insure Oklahoma/O-EPIC program and your private insurance carrier.
- Your private insurance will be billed first.

What to Do If You Get a Bill

Usually, you do not receive a bill from an Insure Oklahoma/O-EPIC provider. Sometimes, you will get a “statement” from a provider that is not a bill. If you are not sure, call the provider and ask if you have been billed.

There may be times you are responsible for charges if:

- You or your spouse received services that are not covered
- You missed paying a co-pay
- You do not have a referral from your PCP for services that require a referral
- You or your spouse received services from a provider who does not accept Insure Oklahoma/O-EPIC
- If you miss an appointment and do not call at least 24 hours in advance to cancel

If you receive a bill and do not think that you are responsible for the charges, call the Insure Oklahoma/O-EPIC Helpline at **1-888-365-3742** from 7:30 a.m. through 5:30 p.m. Monday through Friday. Give the following information:

- The date of the service
- The amount being charged

- Who the bill is from
- Why you are being billed

It is a good idea to have the bill with you when you call. The representative will help you understand what you have received and whether you could be responsible for payment.

Questions to Ask About Care and Treatment Choices

It is your right as a member of Insure Oklahoma/O-EPIC to take part in your care and to know what to expect. Sometimes it is hard to know what to ask. The following are a few questions that you can ask when talking to a provider about care and treatment.

When a test is suggested:

- What reason is there for this test? What problem are we looking for?
- What will the test tell us? If the test finds a problem, what will happen next?

When treatment or intervention is suggested:

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

In an emergency, you may not be able to get answers to these questions. The provider should tell you how serious and urgent the problem is.

Out of Pocket Reimbursement Information

What is covered?

Expenses that are the responsibility of the individual (member) may be reimbursed. These expenses may include premiums and co-pays. Total expenses that exceed 5 percent of the individual's annual household income may be reimbursed up to a maximum annual amount (see below for more information on the 5 percent limit and the maximum amount).

5 percent of annual household income out of pocket limit

Please refer to the cover acceptance letter (PMS-9011-D). This letter indicates the 5 percent limit (of annual household income) over which the individual (including a covered spouse) may be reimbursed by Insure Oklahoma/O-EPIC. Individuals must first pay for their covered medical expenses up to the 5 percent limit before becoming eligible to receive reimbursement. The individual must submit the Out of Pocket claim form with original receipts for reimbursement consideration.

Out of Pocket Reimbursement Maximum

The acceptance letter (PMS-9011-D) also indicates the maximum amount that will be reimbursed during an eligible period. The maximum amount will remain in effect during the entire eligibility period. The maximum amount is the most that an individual (and their eligible Insure Oklahoma/O-EPIC spouse) will receive during their eligibility period.

Covered Medical Care

The medical care received must be for the individual (or the Insure Oklahoma/O-EPIC covered spouse) and must be covered and allowed. The member is responsible to pay all co-pays due to providers. Members should ensure that all medical care is covered by checking their member handbook or by calling the Insure Oklahoma/O-EPIC helpline at 1-888-365-3742.

If you have any questions about out of pocket expenses or the Insure Oklahoma/O-EPIC program, please feel free to call our Insure Oklahoma/O-EPIC helpline at 1-888-365-3742.

OUT OF POCKET EXPENSE REIMBURSEMENT CLAIM FORM FOR INSURE OKLAHOMA/O-EPIC

Instructions

- 1) **Please PRINT or TYPE.** Use only BLUE or BLACK ink to complete this form. Failure to provide complete, accurate information will result in a non-paid expense(s). Remember to make copies of the documents you are submitting for your own record.

For additional assistance or information, call our helpline at **1-888-365-3742** or visit our website at www.insureoklahoma.org. For the hearing impaired, call **(405) 416-6848** (TDD/TTY).
- 2) You **MUST** attach original documentation (Explanation of Benefits (EOB) or paid receipt) for each expense listed below. A cash register receipt is **not** acceptable. For a complete list of acceptable documentation see the informational packet.
- 3) All claim forms must be received no later than 90 days after the end of the applicant's eligibility period.
- 4) **Mail to:** Insure Oklahoma/O-EPIC, P.O. Box 54200, Oklahoma City, OK 73154-1200

<u>Applicant Information</u>	
Name: Last: _____	First: _____ M.I: _____
SSN: _____ - _____ - _____	Daytime Phone Number: (_____) _____
Address: _____	City: _____ State: _____
Employer Name: _____	

List only the expenses incurred by the applicant and eligible Insure Oklahoma/ O-EPIC household member(s).

(Attach additional page if necessary)

Date of Services (mm/dd/yyyy)	Person for Whom Expense Was Incurred		Expense Description	Expense Amount
	Name (Last, First, M.I.)	Social Security Number		
Total Requested				\$

The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to repay the State of Oklahoma for any payments or claims incurred which were paid due to my fraud or error. (28 USC 1746)

Signature: _____ **Today's Date:** _____

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History of Insure Oklahoma/O-EPIC

Oklahoma Employer and Employee Partnership for Insurance Coverage (Insure Oklahoma/O-EPIC) was founded in 2005 to provide health coverage to uninsured and working Oklahomans.

Insure Oklahoma/O-EPIC is a program under the SoonerCare umbrella managed by the Oklahoma Health Care Authority. This program consists of two branches of benefits.

One branch is the Premium Assistance program geared to small businesses and offers premium subsidy assistance for qualified group health care plans to eligible employees.

The second branch is an individual plan designed as a safety net for eligible people who cannot access group health care coverage through their employer. This plan also extends coverage to eligible people who are currently uninsured self-employed individuals, workers whose employers do not provide health coverage, sole proprietors and the unemployed who are seeking work.

For more information please contact:

Insure Oklahoma/O-EPIC Helpline

1-888-365-3742

405-416-6848 (TDD)

Monday through Friday-7:30 a.m. to 5:30 p.m.

or

Insure Oklahoma/O-EPIC website:

www.insureoklahoma.org