superior healthplan™

STAR Kids

Member Handbook

We are ready to help! Call 1-844-590-4883

SuperiorHealthPlan.com

SHP_20239589 06_2023

Numbers to Remember

If you have any questions, call Member Services at 1-844-590-4883. Our staff is available from 8 a.m. to 5 p.m. Monday through Friday, excluding state-approved holidays. You can reach a nurse 24 hours a day, 7 days a week. They can answer your health questions after hours and on weekends. These nurses can help answer your questions about the STAR Kids program, covered services, the STAR Kids population and provider resources. You can call 1-844-590-4883. Our staff is bilingual in English and Spanish. If you speak another language or are deaf/hard of hearing, call Member Services for help.

Service	Number
Superior Member Services	1-844-590-4883
Texas STAR Kids Program Helpline	1-800-964-2777
Ombudsman Managed Care Assistance Team	1-866-566-8989
24-Hour Nurse Advice Line	1-844-590-4883
Relay Texas/TTY Line (Deaf/Hard of Hearing)	1-800-735-2989
Pharmacy Helpline (Prescription Drugs)	1-844-590-4883
Superior Medical Ride Program Provided by SafeRide	1-855-932-2318
Teladoc (Telehealth Services)	1-800-835-2362
Norman MD (Telehealth Services for Austin Regional Clinic)	1-512-421-5678
Eye Care (Envolve Vision Services)	1-888-756-8768
Dental Care	1-800-516-0165 (DentaQuest) 1-844-350-6262 (MCNA Dental)
Behavioral Health	1-844-590-4883
Alcohol/Drug Crisis Line	1-844-590-4883
Connections (Additional Community Services)	1-844-590-4883
Member Advocate	1-844-590-4883

Behavioral Health Services

You can get behavioral health and/or substance use disorder help right away by calling 1-844-590-4883. You can call us 24 hours a day, 7 days a week. We will help you find the best provider for you/your child. You should call 911 if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Our staff is bilingual in English and Spanish. If you speak another language or are deaf/hard of hearing, call 1-844-590-4883 for help. You can also call 988. The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress.

Emergency Care

Call 911 or go to the nearest hospital/emergency facility if you think you need emergency care. You can call 911 for help in getting to the hospital emergency room. If you receive emergency services, call your doctor to schedule a follow up visit as soon as possible.

Remember to call Superior at 1-844-590-4883 and let us know of the emergency care you received. Superior defines an emergency as a condition in which you think you have a serious medical condition, or not getting medical care right away will be a threat to your/your child's life, limb or sight.

Service Coordination

Superior's Service Coordinators are available to help you coordinate your/your child's medical and behavioral health care. We can also help you understand your services and benefits. Please call us at 1-844-433-2074.

Numbers to Remember

Superior Medical Ride Program
Non-Emergency Medical Transportation (NEMT) Services

Superior's Medical Ride Program (NEMT services) provides transportation to non-emergency health-care appointments for members who have no other transportation options. Transportation services for Superior members are provided by SafeRide. Call 1-855-932-2318 (TTY 7-1-1), 8:00 a.m.-6:00 p.m. Central Standard Time (CST), Monday-Friday to request a ride. To find out where your ride is, call 1-855-932-2319, 4:00 a.m. to 8:00 p.m. CST, Monday-Saturday. SafeRide has staff that speak English and Spanish and can also provide interpreter services if you speak another language. If you are deaf/hard of hearing, call TTY 7-1-1 for help.

Statement of Non-Discrimination

Superior HealthPlan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior:

- 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 Superior at the number on the back of your Superior member ID Card. (Relay Texas/TTY: 1-800-735-2989).

If you believe that Superior has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

Superior HealthPlan Complaints Department 5900 E. Ben White Blvd. Austin, TX 78741	**Or**	Call the number on the back of your Superior member ID card. Relay Texas/TTY: 1-800-735-2989 Fax: 1-866-683-5369

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Superior 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
1-800-368-1019, 1-800-537-7697 (TDD)

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

Language Assistance

ENGLISH:	Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call the number on the back of your Superior ID card (TTY: 1-800-735-2989).
SPANISH:	Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al numero al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).

SPANISH:	ATENCIÓN: Si usted habla español, disponemos de servicios lingüísticos gratuitos para usted. Llame al número al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).
VIETNAMESE:	XIN LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp hoàn toàn miễn phí cho quý vị. Hãy gọi số ở mặt sau trên thẻ ID thành viên Superior của quý vị (TTY: 1-800-735-2989).
CHINESE:	注意：如果您讲中文，可免费获得语言协助服务。请拨打您Superior会员卡背面的电话号码（文本电话：1-800-735-2989）。
KOREAN:	알림: 귀하께서 한국어를 사용하신다면, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Superior 회원 ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 1-800-735-2989).
ARABIC:	تنبيه: إذا كنت تتحدث اللغة العربية، فلدينا خدمات معاونة لغوية مجانية من أجلك. اتصل بالرقم الموجود على ظهر بطاقة عضوية Superior الخاصة بك (جهاز الاتصال للصم والبكم: 1-800-735-2989)
URDU:	فرمائیں: اگر آپ اردو زبان بولتے ہیں، تو زبان میں معاونت کی خدمات آپ کو مفت میں دستیاب ہیں۔ اپنے Superior ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں (ٹی ٹی وائی: 1-800-735-2989)۔
TAGALOG:	BIGYANG-PANSIN: kung nagsasalita ka ng Tagalog, may mga serbisyong pantulong sa wika na libre para sa iyo. Tawagan ang numero sa likod ng iyong ID card ng miyembro ng Superior (TTY: 1-800-735-2989).
FRENCH:	ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont offerts gratuitement. Appelez le numéro au dos de votre carte d’identification Superior (ATS : 1-800-735-2989).
HINDI:	ध्यानार्थ: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं, आपके लिए निःशुल्क उपलब्ध हैं। आपके Superior सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें (TTY: 1-800-735-2989)।

Language Assistance

PERSIAN:	توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک رسانی زبانی، به صورت رایگان، آماده خدمت رسانی به شما هستند. با شماره واقع در پشت کارت شناسایی عضویت Superior خود (TTY: 1-800-735-2989) تماس بگیرید.
GERMAN:	HINWEIS: Wenn Sie Deutsch sprechen ist kostenlose Unterstützung in Ihrer Landessprache für Sie verfügbar. Rufen Sie die Nummer auf der Rückseite der Superior Mitgliedsausweiskarte an (TTY: 1-800-735-2989).
GUJARATI:	ધ્યાન આપોઃ જો તમે ગુજરાતી, ભાષા બોલતા હો તો સહાયતા સેવા, વિના મૂલ્યે, આપના માટે ઉપલબ્ધ છે. આપના Superior સભ્યપદ આઈડી કાર્ડ પાછળ આપેલા નંબર પર કોલ કરો (TTY: 1-800-735-2989)
RUSSIAN:	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Подзвоніть за номером, вказаним на зворотній стороні Вашої членської картки Superior (номер телетайпу: 1-800-735-2989).
JAPANESE:	お知らせ：日本語でのサポートを無料でご利用いただけます。Superior会員IDカードの裏面に記載の番号（TTY：1-800-735-2989）にお電話ください
LAOTIAN:	ກາລຸນາໃຫ້ຄວາມສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາ(ລາວ) ບໍຣິການຄວາມຊ່ອຍເຫຼືອພາສາມີໃຫ້ທ່ານໂດຍບໍເສຍເງີນ. ໃຫ້ໂທຫາເລກທີ່ຢູ່ດ້ານຫຼັງຂອງ Superior ບັດຊະມາຊິກທ່ານ (1-800-735-2989)

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Member Handbook Questions

If you have questions or concerns about anything in your member handbook, call Member Services at 1-844-590-4883.

Introduction

About

Superior HealthPlan is a Managed Care Organization (MCO) that offers health care for Texans enrolled in the STAR Kids program. Superior works with Texas Health and Human Services Commission (HHSC) and with many doctors, clinics and hospitals to give you/your child the care you need.

You/your child will get your health care from doctors, hospitals and clinics that are in Superior's network of providers. You/your child can get regular checkups, sick visits, well care and specialty care from a Superior STAR Kids provider when you need it. Superior has providers for you when your doctor or Primary Care Provider (PCP) sends you to a hospital, lab or specialist.

You must use a Superior provider to get your health services.

You will get a Superior Member ID card. It will have your PCP's name and office phone number. Carry this Member ID card and your Medicaid ID card with you all the time. Show both the Superior ID card and Medicaid ID card to your doctor so they know you are covered by Superior's STAR Kids program.

If you do not understand the member handbook or need help reading it, call Superior Member Services. We can tell you how to use our services and will answer your questions. You can get this handbook in English, Spanish, audio, larger print, Braille, CD or in other language formats if you need it. Your health plan information is available online at www.SuperiorHealthPlan.com. You can also request printed copies of this information from Member Services.

To learn more, call Superior Member Services at 1-844-590-4883.

Remember:

- Carry your Medicaid ID card and Superior ID card with you at all times.
- Call your doctor first if you have a medical problem that is not life threatening or call Superior's 24-hour nurse advice line, at 1-844-590-4883.
- If you cannot get your doctor, call Superior at 1-844-590-4883.
- We are here to help you 24 hours a day, 7 days a week.

Thank you for choosing Superior HealthPlan!

Stay Connected with Superior's Member Portal

Superior's member web portal is a convenient and secure tool to help you manage your health care. By creating a free account, you can:

- View your health history
- Print a temporary ID card.
- Review your health benefits.

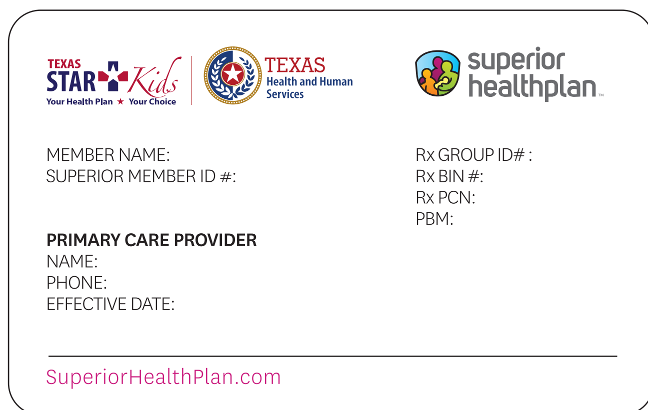
Visit www.SuperiorHealthPlan.com and click on "For Members." Then, click "Login."

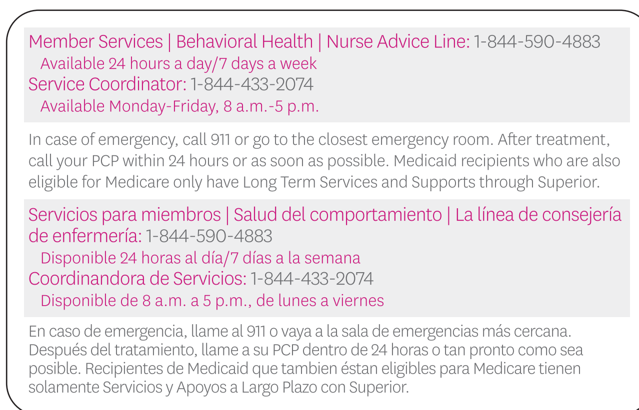
Introduction

Your Superior Member ID Card

You/your child should receive a Superior Member ID card in the mail as soon as you/your child is enrolled with Superior. Here's what the front and back of the Superior Member ID card looks like. If you did not get this card, please call Superior at 1-844-590-4883.

Example Superior HealthPlan STAR Kids ID Card





Always carry your Superior Member ID card with you and show it to the doctor, clinic or hospital to get the care you/your child needs. They will need the facts on the card to know that you are a Superior member. Do not let anyone else use your Superior Member ID card.

Your Superior Member ID card is in English and Spanish, and has:

- Member's name.
- Member's ID number.
- Doctor's name and phone number.
- 24 hours a day/7 days a week toll-free number for Superior Member Services.
- 24 hours a day/7 days a week toll-free number for Behavioral Health Services.
- Directions on what to do in an emergency.

If you lose your Superior ID card, change your name or need to pick a new doctor or PCP, call Superior at 1-844-590-4883. You will get a new ID card. You can also login to the member portal and print a temporary ID card. From the member portal you can save a digital version of your ID card or request ID card by mail as well.

Texas Health and Human Services Commission (HHSC) will send you your Medicaid ID card. You can learn more about this ID card on the next page.

Medicaid

Your Texas Benefits (YTB) Medicaid Card

When you/your child are approved for Medicaid, you will get a YTB Medicaid card. This plastic card will be your/your child's everyday Medicaid card. You should carry and protect it just like your driver's license or a credit card. Your/your child's doctor can use the card to find out if you/your child have Medicaid benefits when you/your child go for a visit.

You/your child will be issued only one card and will receive a new card only if your/your child's card is lost or stolen. If your/your child's Medicaid card is lost or stolen, you can get a new one by calling toll-free 1-800-252-8263, or by going online to order or print a temporary card at www.YourTexasBenefits.com. They will provide you with a temporary verification form – Form 1027-A. You can use this form until you receive another card.

If you are not sure if you/your child are covered by Medicaid, you can find out by calling toll-free at 1-800-252-8263. You can also call 2-1-1. First pick a language and then pick option 2.

Your/your child's health information is a list of medical services and drugs that you/your child have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you/your child need. If you don't want your/your child's doctors to see your medical and dental information through the secure online network, call toll-free at 1-800-252-8263 or opt out of sharing your/your child's health information at www.YourTexasBenefits.com.

The YTB Medicaid card has these facts printed on the front:

- Your/your child's name and Medicaid ID number.
- The date the card was sent to you/your child.
- The name of the Medicaid program you're/your child is in if you get:
  - Medicare (QMB, MQMB)
  - Healthy Texas Women Program (HTW)
  - Hospice
  - STAR Kids
  - Emergency Medicaid, or
  - Presumptive Eligibility for Pregnant Women (PE)
- Facts your/your child's drug store will need to bill Medicaid.
- The name of your/your child's doctor and drug store if you're/they're in the Medicaid Lock-in program.

The back of the YTB Medicaid card has a website you can visit (www.YourTexasBenefits.com) and a phone number you can call toll-free (1-800-252-8263) if you have questions about the new card.

If you forget your/your child's card, your/your child's doctor, dentist, or drug store can use the phone or the Internet to make sure you/your child get Medicaid benefits.

The YourTexasBenefits.com Medicaid Client Portal

You can use the Medicaid Client Portal to do all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- View, print, and order a YTB Medicaid card
- See your medical and dental plans
- See your benefit information
- See STAR and STAR Kids Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your available medical and dental information

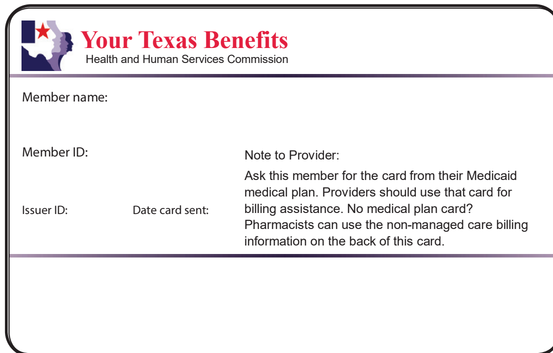
To access the portal, go to www.YourTexasBenefits.com.

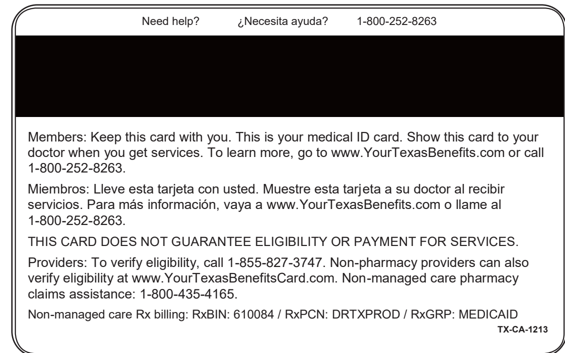
- Click **Log In**.
- Enter your User name and Password. If you don't have an account, click **Create a new account**.

Medicaid

- Click **Manage**.
- Go to the “Quick links” section.
- Click **Medicaid & CHIP Services**.
- Click **View services and available health information**.

Note: The YourTexasBenefits.com Medicaid Client Portal displays information for active clients only. A Legally Authorized Representative may view the information of anyone who is a part of their case.





Remember: You must carry your/your child’s Superior member ID card and your/your child's Medicaid ID card at all times.

Medicaid and Private Insurance

What if I or my child has other insurance in addition to Medicaid?

You are required to tell Medicaid staff about any private health insurance you/your child has. You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if:

- Your private health insurance is canceled.
- You get new insurance coverage.
- You have general questions about third party insurance.

You can call the hotline toll-free at 1-800-846-7307. You should also call Superior at 1-844-590-4883 if your private insurance is canceled, or you get new insurance coverage. If you/your child has other insurance you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

Important: Medicaid providers cannot turn you down for services because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

How do I renew my/my child’s Medicaid coverage? What do I have to do if I need help with completing the renewal application?

To renew your Medicaid coverage, look for an envelope marked “time sensitive” from Texas Health and Human Services Commission (HHSC). It will include a letter. You will get this 3 to 4 months before your benefits end.

You will need to sign a renewal form. You may also be asked to provide more information. The easiest way to do this or to sign the renewal form is to go to www.YourTexasBenefits.com. If you don’t take any action by the due date listed in the letter, your benefits might end.

Call Superior Member Services at 1-844-590-4883 if you have questions about renewing your Medicaid benefits.

Medicaid

What do I have to do if I/my child move?
As soon as you have your new address, give it to the local HHSC benefits office by calling 2-1-1 and call Superior Member Services at 1-844-590-4883. Before you get Medicaid services in your new area, you must call Superior, unless you need emergency services. You will continue to get care through Superior until HHSC changes your address.

I am a member of the Adoption Assistance and Permanency Care Assistance (AAPCA) program. What if I need to change my address or phone number?
The adoptive parent or permanency care assistance caregiver should contact the Texas Department of Family and Protective Services' regional adoption assistance eligibility specialist assigned to his or her case. If the parent or caregiver doesn't know who the assigned eligibility specialist is, they can contact the DFPS hotline, 1-800-233-3405, to find out. The parent or caregiver should contact the adoption assistance eligibility specialist to assist with the address change.

What happens if I lose my Medicaid coverage?
If you lose Medicaid coverage but get it back again within six (6) months, you will get your Medicaid services from the same health plan you had before losing your Medicaid coverage. You will also have the same Primary Care Provider (PCP) you had before.

What is the Medicaid Lock-in Program?
You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Changing to a different health plan will not change the Lock-In status. To avoid being put in the Medicaid Lock-in Program:

- Pick one drug store at one location to use all the time.
- Be sure your main doctor, main dentist or the specialists they refer you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more call Superior at 1-844-590-4883.

Accessing Care - Primary Care Providers

What is a Primary Care Provider (PCP)?

When you signed up with Superior, you picked a doctor from our list of providers to be your PCP. This person will:

- Make sure that you/your child gets the right care.
- Write prescriptions for medicines and supplies when you/your child are sick.
- Give you/your child regular checkups.
- Tell you if you/your child needs to see a specialist.

You may have other health insurance. This may include private coverage or Medicare. You can continue to see your PCP who is not in Superior's network as long as they are in network with your private insurance company.

Can a specialist be my/my child's PCP?

Superior will allow specialists to act as a PCP for members who have a special health-care need. Specialists must be approved by Superior before they can be your PCP. Tell your specialist if you would like them to be your PCP or call Member Services at 1-844-590-4883 to ask for help.

If you are a woman, you may pick an obstetrician (OB) or gynecologist (GYN) as your PCP. Call Superior at 1-844-590-4883 to find an OB/GYN provider that is also a PCP. You will need to pick a PCP for each eligible family member. You can pick from:

- Pediatricians (they only see children)
- General/family practice (they see all ages)
- Internal medicine (they usually see adults)
- OB/GYNs (they see women)
- Federally Qualified Health Centers/Rural Health Clinics

Can a clinic be my/my child's PCP? (RHC/FQHC)

Yes! Superior lets you pick a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as your PCP. If you have any questions, call Superior at 1-844-590-4883.

What if I choose to go to another doctor who is not my/my child's PCP?

Your PCP is your/your child's doctor and they have the job of taking care of you/your child. They keep your medical records, coordinate with any specialists that are involved in your/your child's care, know what medications you/your child are taking and are the best people to make sure you are getting the care you need. This is why it is very important that you stay with the same doctor.

If you are dual eligible, Medicare pays your doctor. That means you do not need to choose a PCP in STAR Kids. You can keep seeing the Medicare doctor you have been seeing for your health care.

> ***Remember:*** If you go to a doctor that is not signed up as a Superior provider, Superior will not pay that doctor and you will get billed for the services.

How can I change my/my child's PCP?

If you are not happy with your doctor, talk to them. If you are still not happy, call Superior at 1-844-590-4883. We can help you pick a new doctor. You might change your doctor because:

- The office is too far from your home.
- There is a long waiting time in the office.
- You can't talk to your doctor after-hours.

When will a PCP change become effective?

Once you have changed your doctor, you will get a new Superior ID card with their name and office phone number. This change will be effective the month after you ask. Sometimes, depending on the circumstances, we may be able to change your doctor right away.

Accessing Care - Primary Care Providers

How many times can I change my/my child's PCP?

There is no limit on how many times you can change your or your child's PCP. You can change PCPs by calling us toll-free at 1-844-590-4883. Members can mail the Primary Care Provider (PCP) Change Request Form to:

Superior HealthPlan
Attn: Member Services
5900 E. Ben White Blvd.
Austin, Texas 78741

The form can also be faxed to 1-866-918-4447.

The PCP Change Request Form is available online. https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/SHP_20174248B-PCP-Change-Request-Form-M-EN-ES-508-05152018.pdf

More information on how to change your PCP is available in Superior's Secure Member Portal. Visit Member.SuperiorHealthPlan.com to learn more.

Are there any reasons why my request to change a PCP may be denied?

If you ask to change your doctor, it can be denied because:

- Your new doctor will not take more patients.
- Your new doctor is not a Superior PCP.

Can my/my child's PCP move me to another PCP for non-compliance?

Yes. If your doctor feels that you are not following their medical advice or if you miss a lot of your appointments, your doctor can ask that you go to another doctor. Your doctor will send you a letter telling you that you need to find another doctor. If this happens, call Superior at 1-844-590-4883. We will help you find a new doctor.

What if my/my child's doctor leaves the network of Superior providers?

If your doctor decides he/she no longer wants to participate in the network of Superior providers, and that doctor is treating you for an illness, Superior will work with your doctor to keep caring for you until your medical records can be transferred to a new doctor in the Superior network of providers.

If your doctor leaves your area, call Superior at 1-844-590-4883 and they will help you pick another doctor close to you. You will also get a letter from Superior telling you when your doctor's last day as a Superior network provider will be and asking you to call Superior so we can help you pick a new doctor.

Where can I find a list of Superior providers?

The Superior provider directory is a list of PCPs, physicians, hospitals, drug stores and other health-care providers that are available to you. You may find this list at www.SuperiorHealthPlan.com. Just click on "Find a Provider." If you need assistance, call Superior at 1-844-590-4883.

Physician Incentive Plan

Superior HealthPlan rewards doctors for treatments that reduce or limit services to people covered by Medicaid. However, doctors in an incentive plan do not reduce or limit medically necessary services. You have the right to know if your primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call 1-844-590-4883 to learn more about this.

Accessing Specialty Care

What is a specialist? What if I/my child needs to see a specialist?

Your doctor might want you/your child to see a special doctor (specialist) for certain health-care needs. While you/your child's doctor can take care of most of your health-care needs, sometimes they will want you/your child to see a specialist for your care. A specialist has received training and has more experience taking care of certain diseases, illnesses and injuries. Superior has many specialists who will work with you and your doctor to care for your needs.

What is a referral?

Your doctor will talk to you about your/your child's needs and will help make plans for you to see a specialist. This is called a referral. Your doctor will work closely with your specialist to coordinate services and make sure you are getting the care you/your child needs.

Do I need a referral to see a specialist?

You do not need a referral from Superior to see a specialist. However, some specialists may require a referral from your PCP if you are a new patient. If your child has an existing relationship with a specialist, a referral would not be needed from your PCP.

What if my child's specialist is not in Superior's network?

For your first 90 Days as a Superior member, you can continue to see a Medicaid out-of-network physician specialist with whom you have an existing relationship, including providers outside the service delivery area excluding if you/your child are assigned to as Service Coordination Level 1 then you may continue to see your out of network specialty provider. Please note that all providers must be Medicaid approved providers and the services provided must be Medicaid covered services. Authorizations for office visits are not required. Authorizations for services and treatments may still be required. If you/your child receives services from a specialist who is not a Medicaid provider and/or doesn't accept your primary insurance plan, you might be responsible for the bill.

Superior will work with you and your specialist to ensure you/your child continue to receive care until the specialist joins the Superior network or you/your child are transitioned to an in-network provider. If you see a specialist who is not a Superior provider or does not accept Medicaid, you may get a bill from your provider.

You may have other health insurance. This may include private coverage or Medicare. You can continue to see your specialist who is not in Superior's network as long as they are in network with your private insurance company. Your commercial provider will need to be enrolled in Medicaid in order to bill Superior for services not covered by private insurance.

How soon can I/my child expect to be seen by a specialist?

In some situations, the specialist may see you/your child right away. Depending on the medical need, it may take up to a few weeks after you make the appointment to see the specialist.

What if my child needs emergency or urgent services from a specialist?

No referral or authorization is needed for emergent or urgent services as long as the provider is enrolled in the Texas Medicaid Program. If the specialist is not a Superior or Medicaid provider, you may receive a bill. Please note: If emergent or urgent services were provided in an office setting, your provider should contact Superior as soon as possible after the visit as some services require an authorization.

Accessing Specialty Care

What is an authorization? When do I need one?

Some services or treatments provided in a specialist's office may need approval from Superior. This is called an authorization. Contact Superior at 1-844-590-4883 to find out what requires prior authorization.

My child already has a specialist or PCP and we have Medicare/private insurance. Can we continue to see them?

Yes. If your child has Medicare or private insurance you do not need a referral or authorization from Superior. Your child can continue to see their PCP or specialists as long as they are accepted by your private insurance or Medicare plan. If your provider leaves the network, Superior can help you find a new one.

How do I ask for a second opinion?

You have the right to a second opinion from a Superior provider if you are not satisfied with the plan of care offered by the specialist. Your primary care doctor should be able to give you a referral for a second opinion visit. If your Primary Care Provider (PCP) wants you to see a specialist that is not a Superior provider, that visit will have to be approved by Superior.

What if I/my child needs to be admitted to a hospital?

If you/your child needs to be admitted to a hospital for inpatient hospital care, your doctor must call Superior to let us know about the admission.

Superior will follow your/your child's care while in the hospital to ensure that you/your child gets the proper care. The discharge date from the hospital will be based only on medical need to remain in the hospital. When medical needs no longer require hospital services, Superior and you/your child's doctor will set a hospital discharge date.

If you or your doctor do not agree with a decision to discharge you from the hospital, you have the right to ask for a review of the decision. This is called an appeal. Your appeal rights are also described in this handbook in the appeals section.

What if I/my child go to the emergency room?

If you/your child needs urgent or emergency admission to the hospital, you should get medical care right away and then you or the doctor should call Superior as soon as possible to tell us of the admission. If you are unsure if you/yourchild need to go to the emergency room, you can call Superior's 24-hour nurse advice line, at 1-844-590-4883. Our nurses are ready to help you 24 hours a day, 7 days a week. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit www.teladoc.com/Superior.

Superior Health Tip

All children should get at least one blood test to check for lead by the time they turn 2 years old.

Accessing Care - Just for Women

What if I/my child needs OB/GYN care?

You/your child can get OB/GYN services from your doctor. You can also pick an OB/GYN specialist to take care of your/your child's female health needs. An OB/GYN can help with pregnancy care, yearly checkups or if you/your child have female health needs. You/your child do not need a referral from a doctor for these services. Your/your child's OB/GYN and doctor will work together to make sure you get the best care. Women's health specialists include, but are not limited to:

- Obstetricians
- Gynecologists
- Certified Nurse Midwives

Do I have the right to choose an OB/GYN as my/my child's Primary Care Provider (PCP)? Will I need a referral?

Superior has some OB/GYN providers that can be your/your child's PCP. If you need help picking an OB/GYN, call Superior at 1-844-590-4883.

Superior allows you to pick any OB/GYN, whether that doctor is in the same network as your/your child's PCP or not. You/your child have the right to pick an OB/GYN without a referral from your PCP. OB/GYN services include, but are not limited to:

- One well-woman checkup each year. (Breast exams, mammograms, pap tests)
- Care related to pregnancy.
- Care for any female medical condition.
- Referrals to special doctor within the network.

How do I choose an OB/GYN?

You may pick an OB/GYN provider from the list in the Superior provider directory on Superior's website at www.SuperiorHealthPlan.com. Just click on "Find a Provider." Superior allows you to pick an OB/GYN, whether or not that doctor is in the same group as your PCP. If you need help picking an OB/GYN, call Superior at 1-844-590-4883. If you/your child are pregnant, your OB/GYN should see you/her within two (2) weeks of your request. Once you choose an OB/GYN for you/your child, you should go to the same OB/GYN for each visit so they will get to know your/your child's health-care needs.

If I don't choose an OB/GYN as my PCP, do I have direct access?

If you do not choose an OB/GYN as your main doctor, you can still get most services from a Superior OB/GYN without calling your doctor, or getting approval from Superior. All family planning services, OB care and routine GYN services and procedures can be accessed directly through the Superior OB/GYN you choose.

Can I/my child stay with an OB/GYN who is not with Superior?

If your/your child's OB/GYN is not with Superior, please call Member Services at 1-844-590-4883. We will work with your doctor so your doctor can keep seeing you, or we will be more than happy to help you pick a new doctor within the plan.

Accessing Care - Pregnant Women and New Mothers

What if I/my child is pregnant? Who do I need to call?

If you/your child are pregnant or might be pregnant, make an appointment to see a doctor. The doctor will confirm if you/your child are pregnant or not and tell you/your child how to care for the unborn child. Call Superior at 1-844-590-4883 to help you find a pregnancy Care Manager if you/your child needs extra care. Superior has special programs for pregnant teenagers and difficult pregnancies.

How soon can I/my child be seen after contacting an OB/GYN for an appointment?

If you/your child is pregnant, the doctor should see you within two (2) weeks of your request for an appointment.

What other services and education does Superior offer pregnant women?

Superior has a special program to help you with your pregnancy called Start Smart for Your Baby®. This program answers your questions about childbirth, newborn care and eating habits. Superior also hosts educational baby showers in many areas to teach you more about your pregnancy and new baby. For more information on dates and locations, please visit our website at www.SuperiorHealthPlan.com or call Member Services at 1-844-590-4883.

You may also connect with your care team through the Wellframe Care app. Wellframe is an application for your smartphone or tablet. Your Superior nurse can answer questions about your pregnancy or help you find extra resources. The Wellframe app sends you daily tips and advice to help you and your baby stay healthy. You can also send a private message to your nurse at any time. You'll know just what to do and feel better supported as you get further along. To install, download the Wellframe app from wellframe.com/download on your smartphone or tablet and select Create My Account.

How and when can I change my baby's PCP or doctor?

As soon as Superior knows you are pregnant, we send you information about your pregnancy and your unborn baby. Superior will ask you to choose a doctor for your baby, even before the baby's birth. This will ensure that your baby's doctor will check the baby while in the hospital, and then take care of your baby's health-care needs after you and the baby are discharged from the hospital.

After the baby is born, Superior is told about your baby's birth. We enter your baby's information in our system. If you have not selected a doctor for the baby before birth, you will be contacted to select a doctor for your baby. After the baby is thirty (30) days old, you can also change the doctor for the baby if you want a different doctor than the one you originally chose.

Please note: This does not apply to STAR Kids members who are dual-eligible.

How do I sign up my newborn baby?

If you are a Superior member when you have your baby, your baby is enrolled with Superior STAR on his/her date of birth. Superior gets information from the hospital to add your baby as a new Superior member, and the hospital will also notify Medicaid about the baby's birth. It is still important that you contact the Department of State Health Services (DSHS) office to also report the birth of your baby. This will ensure the baby's Medicaid enrollment is processed as soon as possible so your baby can get all the health care he/she needs.

How and when do I tell my health plan? How and when do I tell my caseworker?

You should let Superior know as soon as possible about the birth of your baby. We may already have the information about your baby's birth, but call us just in case. We will verify the correct date of birth for your baby with you, and also confirm that the name we have for your baby is correct.

Call your caseworker after your baby is born. You do not have to wait until you get your baby's Social Security number to get your baby signed up.

Where can I find a list of birthing centers?

To find a birthing center close to you, call Member Services at 1-844-590-4883 or visit our "Find a Provider" tool at www.SuperiorHealthPlan.com.

Accessing Care - Special Health Programs

Healthy Texas Women Program

The Healthy Texas Women Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (200 percent of the federal poverty level). You must submit an application to find out if you can get services through this program. In addition to family planning services, Texas Health and Human Services created Healthy Texas Women Plus. Healthy Texas Women Plus is an enhanced, cost-effective and limited postpartum services package for women enrolled in the Healthy Texas Women program. Healthy Texas Women Plus will be provided in the postpartum period for not more than 12 months after the enrollment date. While all women in Healthy Texas Women have access to screening, diagnosis, and medication to treat postpartum depression, women with HTW Plus coverage will also be able to receive outpatient individual, family, and group psychotherapy services, as well as peer specialist services.

To learn more about services available through the Healthy Texas Women Program, write, call, or visit the program's website:

Address:	Healthy Texas Women Program P.O. Box 149021, Austin, TX 78714-9021
Phone:	1-877-541-7905 (toll-free)
Website:	https://www.healthytexaswomen.org/htw-program
Fax: (toll-free)	1-866-993-9971

Texas Health and Human Services Commission (HHSC) Primary Health Care Services Program

The HHSC Primary Health Care Services Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co-payment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services.

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit Healthy Texas Women Find a Doctor Locator at https://www.healthytexaswomen.org/find-doctor.

To learn more about services you can get through the Primary Health Care program, email, call, or visit the program's website:

Website:	https://hhs.texas.gov/services/health/primary-health-care-services-program
Phone:	1-512-776-5922 1-800-222-3986 (toll-free)
Email:	PrimaryHealthCare@hhs.texas.gov

Accessing Care - Special Health Programs

Healthy Texas Women Breast & Cervical Cancer Services Program

The Breast and Cervical Cancer Services Program provides primary, preventive, and screening services to women age 18 to 64 years whose income is at or below the program's income limits (200 percent of the federal poverty level). Outreach and direct services are provided through community clinics under contract with HHSC. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breast feeding, such as clinical breast examination, mammogram, pelvic examination and pap test.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit https://www.healthytexaswomen.org/find-doctor.

To learn more about services you can get through the Healthy Texas Women Breast and Cervical Cancer Services Program, visit the program's website, call, or email:

Website: www.healthytexaswomen.org
Phone: 1-512-776-7796
Fax: 1-512-776-7203
Email: BCCSProgram@hhs.texas.gov

Healthy Texas Women Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

To find a clinic in your area visit https://www.healthytexaswomen.org/find-doctor.

To learn more about services you can get through the Family Planning program, visit the program's website, call, or email:

Website: www.healthytexaswomen.org/family-planning-program
Phone: 1-800-335-8957
Email: famplan@hhs.texas.gov

Superior Health Tip

To help you get and stay well, visit our helpful forms and links webpage: https://www.superiorhealthplan.com/members/medicaid/resources/helpful-links.html

Accessing Care - Appointments

How do I make an appointment?

You can call your doctor's office to make an appointment. If you need help making an appointment or if you need help with transportation, an interpreter or other services, call Superior at 1-844-590-4883.

Please keep your appointment. If you cannot keep your appointment, let the office know as soon as you can. This will give them time to put another patient in that appointment time.

What do I need to bring with me to my/my child's doctor's visits?

You must take your Medicaid ID card and your Superior ID card with you when you get any health care. You will need to show your Medicaid ID card and Superior ID card each time. Also take your child's shot record if your child needs his/her vaccines.

How do I/my child get medical care after the doctor's office is closed?

If your doctor's office is closed, your doctor will have a number you can call 24 hours a day and on weekends. Your doctor can tell you what you need to do if you are not feeling well. If you cannot reach your doctor or want to talk to someone while you wait for your doctor to call you back, call Superior's 24-hour nurse advice line, at 1-844-590-4883. Our nurses are ready to help you 24 hours a day, 7 days a week. You can also call Teladoc for non-emergency medical issues when your PCP's office closed. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit teladoc.com/Superior. You may also want to consider utilizing an after-hours/urgent care facility. If you think you have a real emergency, call 911 or go to the nearest emergency room.

What if I/my child gets sick or injured when out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at 1-844-590-4883 and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-844-590-4883.

What if I/my child are out of state?

If you/your child get sick and need medical care while you are out of state, call your Superior doctor or clinic. If you/your child has an emergency out of state, go to the nearest emergency room for care. Your doctor can tell you what you need to do if you are not feeling well. If you visit a doctor or clinic out of state, they must be enrolled in Texas Medicaid to get paid. Please show your Texas Medicaid ID card and Superior ID card before you are seen. Have the doctor call Superior for an authorization number. The phone number to call is on the back of your Superior ID card.

What if I/my child are out of the country?

Medical services performed out of the country are not covered by Medicaid.

Accessing Care - Changing Health Plans

What if I want to change health plans? Who do I call?

You can change your health plan by calling the Texas STAR Kids program helpline at 1-800-964-2777. You can change health plans as often as you want. If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place June 1.

How many times can I change health plans? When will my health plan change become effective?

You can change health plans as many times as you want. If the member requests to change MCOs on or before the monthly state cut-off date, the plan change will be effective on the first day of the month following the change request. If the member requests to change MCOs after the monthly state cut-off date, the change will be effective the first day of the second month following the change request.

Note: The state cut-off date is not always on the same day every month, but typically occurs mid-month.

Can Superior ask that I leave their plan?

Yes. Superior might ask that a member be taken out of the plan for "good cause." Examples of "good cause" are:

- Fraud or abuse by a member.
- Threats or physical acts leading to harming of Superior staff or provider.
- Making threats or mistreating a staff person.
- Sending digital communication that is inappropriate, threatening or graphic.
- Theft.
- Letting someone use your ID card.
- Repeatedly missing appointments.

Superior will not ask you to leave the program without trying to work with you. If you have any questions about this process, call Superior at 1-844-590-4883. Texas Health and Human Services Commission (HHSC) will decide if a member can be told to leave the program.

Making Care Easier - Help to Access Health Care

Can someone interpret for me when I talk with my/my child's doctor? Who do I call for an interpreter?

Superior has staff that speaks English and Spanish. If you speak another language or are deaf/hard of hearing and need help, please call Member Services at 1-844-590-4883 (TTY 1-800-735-2989).

You can also call Member Services at 1-844-590-4883 if you need someone to go to a doctor's visit with you to help you understand the language. Superior works closely with companies that have lots of people who speak different languages and can serve as sign language interpreters.

How far in advance do I need to call? How can I get a face-to-face interpreter in the provider's office?

Member Services will help you set up the doctor's visit. They will get someone to go to the visit with you. Superior recommends you call at least two (2) Business Days (48 hours) before your visit to coordinate for a face-to-face interpreter.

Superior Medical Ride Program Non-Emergency Medical Transportation (NEMT) Services

What is Superior's Medical Ride Program (NEMT)?

Superior's Medical Ride Program (NEMT services) provides transportation to non-emergency health-care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. Superior is required to facilitate the most cost-effective mode of transportation that meets a member's individual need. These trips do NOT include ambulance trips. Transportation services for Superior members are provided by SafeRide.

What services are offered by Superior's Medical Ride Program?

There are many types of transportation services included in Superior's Medical Ride Program. They include:

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vehicles, if necessary. These are types of rides where you are picked up and dropped off at the entrance/exit of your home or clinic.
- Mileage reimbursement for an individual transportation participant (ITP) using their own vehicle for a verified completed trip to a covered health-care service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.
- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health-care services. The daily rate for meals is $25 per day for the member and $25 per day for an approved attendant.
- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health-care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry service.
- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to cover NEMT (ride/transportation) services.

If you need an attendant to travel to your appointment with you, Superior's Medical Ride Program will cover the transportation cost of your attendant.

Making Care Easier - Help to Access Health Care

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian or other authorized adults on file to travel alone. Parental consent is not required if the health-care service is confidential in nature.

How do I get a ride?

You can request NEMT services through Superior's Medical Ride Program provided by SafeRide. If you need a ride, call SafeRide. SafeRide has staff that speak English and Spanish and can also provide interpreter services if you speak another language.

You should request your NEMT services (rides) as early as possible, and at least two working (business) days before you need the ride. In certain circumstances, you may request the NEMT service (ride) with less than two working (business) days' notice. These circumstances include:

- Being picked up after being discharged from a hospital;
- Trips to the pharmacy to pick up a medication or approved medical supplies;
- Trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

SafeRide

Appointments/Call Center:	1-855-932-2318; TTY: 7-1-1
Hours:	8:00 a.m.-6:00 p.m. CST, Monday-Friday
Where's My Ride:	1-855-932-2319; TTY: 7-1-1
Hours:	4:00 a.m.-8:00 p.m. CST, Monday-Saturday

How do I find out where my ride is?

You can call 1-855-932-2319 to find out the status of your ride.

How do I change or cancel my ride?

You must notify SafeRide prior to the approved and scheduled trip if your medical appointment is cancelled. To cancel your ride, log into SafeRide's member portal (https://superior.member.saferidehealth.com/login) or call SafeRide at 1-855-932-2318 to change or cancel your ride. Please call 24 hours in advance to change or cancel your ride.

Who do I call if I have a complaint about the transportation program?

If you have any problems with Superior's Medical Ride Program, call SafeRide at 1-855-932-2318.

Making Care Easier - Help to Access Health Care

Telehealth Services

What are Telehealth Services?

Telehealth services are virtual health-care visits with a provider through a mobile app, online video or telephone. Most providers in Superior's network can offer telehealth services for certain health-care needs. Ask your provider if they offer telehealth services. Superior members can access doctors as needed by phone and/or video for non-emergency medical issues. You can receive medical advice, a diagnosis and a prescription when appropriate.

Superior treats telehealth services with in-network providers in the same way as face-to-face visits with in-network providers.

- A telehealth visit with an in-network Superior provider does not require prior authorization.
- A telehealth visit with an in-network Superior provider is subject to the same co-payments, co-insurance and deductible amounts as an in-person visit with an in-network provider. As a Superior member, there is no cost for a telehealth visit with an in-network Superior provider.

Telehealth and telemedicine services are available to you when your PCP's office is closed. You can receive medical help for illnesses such as:

- Colds, flu and fever
- Sinuses, allergies
- Respiratory infections
- Pink eye
- Rash, skin conditions
- Behavioral Health*

With telehealth services, you can make an appointment for a time that works with your schedule. Use the information below to get started:

1. Most providers in Superior's network can offer telehealth services for certain health-care needs. Ask your provider if they offer telehealth services.
2. For 24/7 help, you can sign up and activate your Teladoc account by visiting Teladoc.com/Superior or calling 1-800-835-2362 (TTY: 711).
3. For members who are Austin Regional Clinic patients in Central Texas (Bastrop, Caldwell, Hays, Travis and Williamson counties), 24/7 help is available. You can sign in and activate your Norman MD account by visiting NormanMD.com.

*Behavioral Health telehealth services are currently only offered through Teladoc. Behavioral Health services through Teladoc are only available to Superior members 18 years and older at this time.

Secure Member Portal

What is the Secure Member Portal?

We want you to get the most from your health insurance. Superior’s Secure Member Portal is a convenient and secure tool to help you manage your health care. You are able to use and view your account wherever you are on a computer or your smartphone.

To create your member account please visit Member.SuperiorHealthPlan.com.

All you need to register is:

- Your date of birth and
- Your member ID number (found on your Superior ID card).

By creating a free account, you can:

- Check your eligibility.
- Find a provider.
- Change your Primary Care Provider (PCP).
- Check your rewards balance.
- Access medical records.
- Keep your profile current, and more.

Making Care Easier - Help to Access Health Care

A digital version of your ID card is also available from the Secure Member Portal to access at any time. You can show your digital ID card when you see the doctor* and use your coverage. There is no more waiting for your printed card (or a replacement) to come in the mail. The digital ID card:

- Is easy to download.
- Can be saved on your smartphone:
  - Android: save to camera roll
  - iPhone: save to mobile wallet
- Can be viewed through your account or you can print a copy.

Visit Member.SuperiorHealthPlan.com to explore these new features.

***Note**: Be sure to talk with your doctor to confirm they will accept your digital ID card.

Digital Health Records

What are My Options for Managing My Digital Health Records?

In 2021, a new federal rule made it easier for Superior members* to manage their digital medical records. This rule is called the Interoperability and Patient Access rule (CMS-9115-F) and makes it easier to get your health records when you need it most.

You now have full access to your health records on your mobile device. This allows you to manage your health better and know what resources are available to you.

*Beginning in 2022, the Payer-to-Payer Data Exchange portion of this rule will allow former and current members to request that their health records go with them as they switch health plans. For more information about this rule, visit the Payer-to-Payer Data Exchange section found on this webpage.

The New Rule Makes it Easy to Find Information** on:

- Claims (paid and denied)
- Pharmacy drug coverage
- Specific parts of your clinical information
- Health-care providers

**You can get information for dates of service on or after January 1, 2016.

For more information, please visit https://www.superiorhealthplan.com/members/medicaid/resources/interoperability-and-patient-access.html.

More Services For Your Health

Superior members can get bonus benefits in addition to their regular benefits. These are called Value-added Services. Find out what you may be able to get on page 46.

Care Defined

What is routine medical care? How soon can I/my child expect to be seen?

If you or your child needs a physical checkup, then the visit is routine. Your doctor should see you within two (2) weeks (sooner if they can). If you need to see a specialty doctor, then the doctor should see you within three (3) weeks. Children should be seen based on the Texas Health Steps schedule for checkups.

See the Texas Health Steps section for the schedule. Superior will be happy to help you make an appointment. Just call us at 1-844-590-4883.

You must see a Superior provider for routine and urgent care. You can always call Superior at 1-844-590-4883 if you need help picking a Superior provider or making an appointment.

Remember: It is best to see your doctor before you get sick so that you can build your relationship with him/her. It is much easier to call your doctor with your medical problems if he/she knows who you are.

What is urgent medical care?

Another type of care is urgent care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor burns or cuts
- Earaches
- Sore throat
- Muscle sprains/strains

What should I do if my child or I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Superior Medicaid. For help, call us toll-free at 1-844-590-4883. You can also call Superior's 24-hour nurse advice line at 1-844-590-4883 for help with getting the care you need.

If your PCP's office is closed, you can also call Teladoc for non-emergency medical issues. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit teladoc.com/Superior. Members who are Austin Regional Clinic patients in Central Texas (Bastrop, Caldwell, Hays, Travis and Williamson counties), can contact Norman MD to chat with a local doctor 24 hours a day, 7 days a week, no appointment needed. Visit NormanMD.com.

How soon should I or my child expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take Superior Medicaid.

What is emergency medical care? How soon can I/my child expect to be seen?

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions. Emergency wait time will be based on your medical needs and determined by the emergency facility that is treating you.

What is an emergency, emergency medical condition and an emergency behavioral health condition?

An emergency or an emergency medical condition is a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

Care Defined

- Serious disfigurement.
- In the case of a pregnant woman, serious jeopardy to the health of a woman or her unborn child.

Emergency behavioral health condition means any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

- Requires immediate intervention and/or medical attention without which the member would present an immediate danger to themselves or others.
- Renders the member incapable of controlling, knowing or understanding the consequences of their actions.

What are emergency services or emergency care?

Emergency services and emergency care means covered inpatient and outpatient services furnished by a Provider that is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition and/or emergency behavioral health condition, including post-stabilization care services.

What is post-stabilization care?

Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.

Call Superior 24 Hours a Day

Have a health question? Call Superior's nurse advice line 24 hours a day, 7 days a week. Just call 1-844-590-4883.

Care Defined

Where should I go for care?

When you get sick or hurt, you have several options to get the care you need. Use our "Find a Provider" tool at SuperiorHealthPlan.com to locate a doctor in Superior's network or call Member Services at 1-844-590-4883.

Do you need to see your Primary Care Provider (PCP)?

Your PCP is your main doctor. Call the office to schedule a visit if you don't need immediate medical care.

See your PCP if you need:

- Help with colds, flus and fevers
- Care for ongoing health issues like asthma or diabetes
- An annual wellness exam
- Vaccinations
- General advice about your overall health

Do you need to see your psychiatrist?

Your psychiatrist is your primary behavioral health doctor. Call the office to schedule a visit if you don't need immediate psychiatric care.

See your psychiatrist if you:

- Have changes in mood that last more than 3 days
- Have changes in sleep pattern
- Need medication refills

If you have thoughts of harming yourself or others, call 911 or go to the Emergency Room (ER).

Do You Need To Call Our 24/7 Nurse Advice Line?

Our 24/7 nurse advice line is a free health information phone line. Nurses are available to answer questions about your health and get help for you.

Contact our 24/7 nurse advice line if you need:

- Help knowing if you should see your PCP or psychiatrist
- Help caring for a sick child
- Answers to questions about your physical health or behavioral health

Do you need to call Telehealth?

Telehealth offers convenient, 24-hour access to in-network health-care providers for non-emergency health issues. You can get medical advice, a diagnosis or a prescription by phone or video. Use Telehealth anytime or schedule an appointment wherever and whenever you need it.

Contact Telehealth for illnesses such as:

- Sinus problems and allergies
- Colds, the flu and fevers
- Upper respiratory infections
- Rash and skin problems

Do you need to go to an urgent care center?

If you cannot wait for an appointment with your PCP, an urgent care center can give you fast, hands-on care for more immediate health issues. Go to an in-network urgent care center if you have an injury or illness that must be treated within 24 hours.

Visit your nearest urgent care for:

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

Urgent care centers can offer shorter wait times than the Emergency Room (ER).

Do you need to go to the Emergency Room (ER)?

Go to the ER if your illness or injury is life-threatening. Call 911 right away if you have an emergency or go to the nearest hospital.

Immediately go to an ER if you have:

- Chest pains
- Bleeding that won't stop
- Shortness of breath
- Broken bones
- Poisoning
- Severe cuts or burns
- Thoughts of harming yourself or others

Remember to bring your member ID card and Medicaid ID card with you when you see your PCP, visit an urgent care center or go to the ER.

Care Defined

Where to go for Care

Make smart choices for your health. Use these questions and answers to determine where to get care. Call Superior Member Services at the number on the back of your ID card for help finding a doctor or making an appointment.

Is your illness or injury life threatening?
(Ex. shortness of breath, chest pains, bleeding that won't stop, poisoning, burns, a broken bone or thoughts of harming yourself or others)

YES | No

If Yes, Call 9-1-1 or go to the ER?

Immediately go to an Emergency Room for

- Shortness of breath
- Chest pains
- Bleeding that won't stop
- Broken Bones
- Poisoning
- Severe cuts or burns
- Thoughts of harming yourself or others

Do you have a physical injury or an illness like the flu, an ear infection or a fever?

YES | No

Do you want to see a doctor?

Do you want to talk to a nurse for advice?

Is your doctor's office open?

YES | No

Call our 24/7 nurse advice line
Get quick reliable answers to your health questions.

Call your primary care provider (PCP)
Set up an appointment to see your main doctor.

Access telehealth services
Get 24/7/365 digital health-care services through telehealth services and talk to a doctor using your smart phone, tablet or desktop computer.

Go to urgent care
Get quickly diagnosed and treated for less serious illnesses or injuries. Ask your doctor's office if they have extended or after-hours availability.

Care Defined

What does medically necessary mean?

Covered services for STAR Kids members must meet the STAR Kids definition of "medically necessary."

Medically necessary means:

(1) For members birth through age 20, the following Texas Health Steps services:
- (a) screening, vision, and hearing services; and
- (b) other health care, including behavioral health services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
  - (i) must comply with the requirements of the Alberto N., et al. partial settlement agreements; and
  - (ii) may include consideration of other relevant factors, such as the criteria described in parts (2)(b-g) and (3) (b-g) of this definition.

(2) For members over age 20, non-behavioral health-related health care that are:
- (a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
- (b) provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
- (c) consistent with health-care practice guidelines and standards that are endorsed by professionally recognized health-care organizations or governmental agencies;
- (d) consistent with the diagnoses of the conditions;
- (e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency;
- (f) are not experimental or investigative; and
- (g) are not primarily for the convenience of the member or provider; and

(3) For members over age 20, behavioral health services that:
- (a) are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
- (b) are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- (c) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- (d) are the most appropriate level or supply of service that can safely be provided;
- (e) could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- (f) are not experimental or investigative; and
- (g) are not primarily for the convenience of the member or provider.

Benefits and Services

What are my/my child's health-care benefits? How do I get these services?

Your doctor will work with you to make sure you get the services you/your child needs. These services must be given by your doctor or referred by your doctor to another provider. Here is a list of some of the medical services you can get from Superior:

- Alcohol and substance use disorder care for members
- Doctor visits (for well child care, preventive care for adults and care when you are sick)
- Emergency care
- Eye exams and eyeglasses for children and adults
- Family planning – includes birth control, supplies and education
- Foot care (if medically necessary, with a referral)
- Home health care – requires a referral
- Hospital care (inpatient and outpatient)
- Lab tests and x-rays
- Mental health care
- Nurse midwife care
- Occupational therapy – requires a referral
- Physical therapy – requires a referral
- Pregnancy care
- Prescription medications
- Specialist visits – some might require a referral
- Speech therapy – requires a referral
- Telemonitoring
- Texas Health Steps (children's medical checkups and vaccines)
- Transplant services
- Women's health services

In addition, there are other services you can get through Medicaid including:

- Transportation to doctor visits
- Hearing tests and hearing aids for children
- Women, Infants and Children (WIC) services

What number do I call to find out more about these services?

To learn more about your/your child's benefits as a Superior member, call Member Services at 1-844-590-4883.

Are there any limits to any covered services?

Most Medicaid services for children (less than 21 years of age) do not have any limits. Some Medicaid services for adults (more than 21 years old) do have limits. If you have questions about limits on any covered services, ask your doctor, or call Superior. We will tell you if a covered service has a limit.

Benefits and Services

What services are not covered?

The following is a list of some of the services not covered by the STAR Kids program or Superior. If you have questions, call 1-844-590-4883.

- Services or items only for cosmetic purposes.
- Items for personal cleanliness and grooming.
- Services decided to be experimental or for research.
- Gender-affirming surgery.
- Services not approved by the doctor, unless doctor approval is not needed (i.e. family planning, Texas Health Steps and behavioral health).
- Care that is not medically necessary.
- Abortions except as allowed by state law.
- Infertility services.

What are my/my child's acute care benefits? How do I get these?

Your doctor will work with you to make sure you get the services you need. These services must be given by your doctor or referred by your doctor to another provider. Here is a list of some of the medical services you can get from Superior:

- Ambulance services
- Audiology services (including hearing aids)
- Behavioral health services
- Birthing center services
- Chiropractic services
- Dialysis
- Durable medical equipment and supplies
- Emergency services
- Family Planning services
- Home health care services (requires a referral)
- Laboratory
- Medical checkups (including Texas Health Steps for children 20 years of age and under)
- Nursing Facility Care
- Optometry, glasses, and contact lenses if medically necessary
- Podiatry services
- Prenatal care
- Prescription medications
- Primary care services
- Radiology, imaging and x-rays
- Specialty doctor services
- Telemonitoring
- Therapies – physical, occupational and speech (requires a referral)
- Transplantation of organs and tissues
- Vision services
- Unlimited prescriptions
- Wellness checkup (once/year) for members 21 years and older

In addition, there are other services you can get through Medicaid including:

- Transportation to doctor visits
- Women, Infants and Children (WIC) services

All of these health-care benefits are called acute care benefits. That means they are for when you are sick or trying to keep from becoming sick. You use them for medical or mental health care.

Remember: If you have Medicare and Medicaid you are dual eligible. If you are dual eligible, these health-care benefits are covered by Medicare. You can still go to your Medicare doctor for the services you need.

What number do I call to find out more about these services?

To learn more about your acute care benefits, call Superior at 1-844-590-4883.

Benefits and Services

What are my long term services and supports (LTSS) benefits?

Long term care services are benefits that help you stay safe and independent in your home or community. Long term care services help you with functional needs like bathing, dressing, taking medicine or preparing meals. Superior offers direct access to specialists that are right for your conditions and needs. You do not need a referral from a doctor for these services. They are just as important as acute care services.

There are four long term care benefits that all Superior STAR Kids members can get:

- Personal Care Services (PCS)
- Day Activity and Health Services (DAHS) (for members 18 years of age or older)
- Private Duty Nursing (PDN)
- Prescribed Pediatric Extended Care Center (PPECC)

There are other long term care benefits that some Superior STAR Kids members can get based on their medical need. These services are available through the Medically Dependent Children Program (MDCP). They are:

- Respite care
- Supported employment
- Financial Management Services
- Adaptive aids
- Employment assistance
- Flexible family support services
- Minor home modifications
- Transition Assistance Services

What is a Prescribed Pediatric Extended Care Center (PPECC)?

A Prescribed Pediatric Extended Care Center (PPECC) is meant to meet the needs of families with children who have serious medical issues or who need skilled nursing services. A PPECC can be used in place of in-home nursing care or combined with in-home coverage. One of the goals of a PPECC is to offer 100 percent coverage to a child in a way that does not disrupt family life. Members seeking PPECC services require a referral and a provider prescription.

How do I get these services? What number do I call to find out about these services?

For more information about LTSS benefits and services, or to learn how to get these, call STAR Kids Member Services at 1-844-590-4883.

What is Community First Choice (CFC)?

Community First Choice (CFC) is a Medicaid benefit that provides services for people with Intellectual and Developmental Disabilities (IDD) and/or physical disabilities. You need to meet requirements for institutional level of care from a facility like a Nursing Home, Intermediate Care Facility or Institution for Mental Disease.

You may be able to get these services if you live in a community-based home. CFC helps members with daily living needs. CFC services include:

- Personal Assistance Services (PAS): Help with daily living activities and health-related tasks.
- Habilitation: Services to help learn new skills and care for yourself.
- Emergency Response Services (ERS): Help if you live alone or are alone for most of the day.
- Support Management: Training on how to select, manage and dismiss attendants.

Your Superior Service Coordinator will be able to help schedule an assessment for CFC if you think you need these services. For more information, you can call Member Services at 1-844-590-4883.

I am in the Medically Dependent Children Program (MDCP). How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) as well as all MDCP services will be delivered through your STAR Kids MCO. Please contact your Superior Service Coordinator if you need assistance with accessing these services.

I am in the Youth Empowerment Services waiver (YES). How will I receive my LTSS?

State plan LTSS like Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through your STAR Kids MCO. Your YES waiver services will be delivered through the Department of State Health Services. Please contact your Superior Service Coordinator if you need assistance with accessing these services. You can also contact your Local Mental Health Authority (LMHA) Case Manager for questions specific to YES waiver services.

I am in the Community Living Assistance and Support Services (CLASS) waiver. How will I receive my LTSS?

State plan LTSS like Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Your CLASS waiver services will be delivered through HHSC. Please contact your Superior Service Coordinator if you need assistance with accessing these services. You can also contact your CLASS Case Manager for questions specific to CLASS waiver services.

I am in the Deaf Blind with Multiple Disabilities (DBMD) waiver. How will I receive my LTSS?

State plan LTSS like Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Your DBMD waiver services will be delivered through HHSC. Please contact your Superior Service Coordinator if you need assistance with accessing these services. You can also contact your DBMD Case Manager for questions specific to DBMD waiver services.

I am in the Home and Community-Based Services (HCS) waiver. How will I receive my LTSS?

State plan LTSS like Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Your HCS waiver services will be delivered through HHSC. Please contact your Superior Service Coordinator if you need assistance with accessing these services. You can also contact your HCS service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to HCS waiver services.

I am in the Texas Home Living (TxHmL) waiver. How will I receive my LTSS?

State plan LTSS like Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Your TxHmL waiver services will be delivered through HHSC. Please contact your Superior Service Coordinator if you need assistance with accessing these services. You can also contact your TxHmL Service Coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to TxHmL waiver services.

Will my STAR Kids benefits change if I am in a Nursing Facility?

No. Your Medicaid health benefits and services will not change if you go into a Nursing Facility.

Will I continue to receive STAR Kids benefits if I go into a Nursing Facility?

A STAR Kids member who enters a Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) will remain a STAR Kids member. Superior must provide Service Coordination and any covered services that occur outside of the Nursing Facility or ICF/IID when a STAR Kids member is a Nursing Facility or ICF/IID resident. Throughout the duration of the Nursing Facility or ICF/IID stay, Superior must work with the member and the member's Legally Authorized Representative (LAR) to identify Community-Based Services and LTSS programs to help the member return to the community.

What options do I get to choose from when my services can be self-directed?

For each service that has the option to be self-directed, you must choose one of the below. You may choose a different option for each of these services or the same option for all of them. If you need help choosing, your Service Coordinator is here to help you.

Benefits and Services

Consumer Directed Services

Consumer Directed Services (CDS) gives you a way that you can have more choice and control over some of the long term support services you get. As a STAR Kids member, you or your designated representative can choose the CDS option.

With CDS you can:

- Find, screen, hire and fire (if needed) the people who provide services to you (your staff)
- Train and direct your staff

These are the services you can manage in CDS:

- Adaptive aids
- Employment assistance
- Flexible family support services
- Habilitation
- Minor home modifications
- Personal Care Services
- Respite care
- Supported employment

If you choose to be in CDS, you will work through a contracted Financial Management Services Agency (FMSA). The FMSA will help you get started and give you training and support if you need it. The FMSA will do your payroll and file your taxes. Contact your Service Coordinator to find out more about CDS. You can call Superior's Service Coordination team at 1-844-433-2074.

Service Responsibility Option

In the service responsibility option, you or your legally authorized representative must choose an in-network agency who is the employer of record. You would then select your personal attendant from the agency's employees. You provide input when setting up the schedule and manage the services. You are also able to supervise and train your staff. You can request a different personal attendant. The agency will help you with this request. The agency establishes the payment rate and benefits. They also provide payroll, substitute (back-up) and file your tax reports.

Agency Option

In the agency model, you or your legally authorized representative choose an agency to hire, manage and fire (if needed) the person providing PCS. You must pick an in-network agency. You and your Service Coordinator will set up a schedule and send it to the agency you chose. You are able to supervise and train your staff. You can request a different personal attendant. The agency will help you with this request. The agency establishes the payment rate and benefits. They also provide payroll, substitute (back-up) and file your PCS tax reports.

How do I get these benefits? What number do I call to get these services?

Superior is committed to helping our members find the appropriate care. If you have any questions about long term care services, please call us at 1-844-433-2074.

What if I am a Traveling Farm Worker?

A Traveling Farm Worker is a person whose employment is in agriculture on a seasonal basis. To be considered a Traveling Farm Worker, you must have been employed within the last 24 months and must have established a temporary home during that time.

What benefits and services are available for Traveling Farm Workers?

If you are a Traveling Farm Worker, your children can get many of Superior's benefits and services. In fact, the children of Traveling Farm Workers can get a checkup sooner if they are leaving the area. These include Texas Steps Health Steps appointments, Care Management and help with transportation. To learn more, call Superior Member Services at 1-844-590-4883.

Benefits and Services

What is Early Childhood Intervention?
Early Childhood Intervention (ECI) is a program in Texas for families with children, up to three years old, who have disabilities or problems with development. ECI services are offered at no cost to Superior members. Services include:

- Evaluation and assessment
- Development of an Individualized Family Service Plan (IFSP)
- Case Management
- Translation and interpreter services

What are some examples of ECI services?

- Audiology and vision services
- Nursing and nutrition services
- Physical therapy
- Occupational therapy
- Speech-language therapy
- Specialized skills training

Do I need a referral for this? Where do I find an ECI provider?
No, you do not need a referral to request an evaluation of your child. You may self refer your child by contacting your local ECI provider. To find an ECI provider, call Superior at 1-844-590-4883.

What is Case Management for Children and Pregnant Women (CPW)?
Case Management for Children and Pregnant Women (CPW) is a case management program that provides health related case management services to children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and have health problems or are at a high risk for getting health problems. As of September 1, 2022, Case Management for Children and Pregnant Women is managed by Superior HealthPlan.

Case Management for Children and Pregnant Women
Need help finding and getting services? You might be able to get a CPW Case Manager to help you.

Who can get a CPW Case Manager?
Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and have health problems or are at a high risk for getting health problems.

What do CPW Case Managers do?
A CPW Case Manager will visit with you and then:

- Find out what services you need.
- Teach you how to find and get other services.
- Find services near where you live.
- Make sure you are getting the services you need.

What kind of help can you get?
CPW Case Managers can conduct in-person visits for you/your family needs. CPW Case Managers can help you:

- Get medical and dental services with the right doctors.
- Get medical supplies or equipment.
- Find the right community resources for your needs.
- Access and address education/school related issues.
- Process the application of SSI and appeal an SSI denial.
- Develop service plans for your unmet needs.
- Ensure needs identified in your service plan are being met.
- Work on school or education issues.
- Work on other problems.

CPW Case Managers cannot:

- Provide health care or health education.
- Provide clinical, medical or therapy services.
- Give you a medical or mental health diagnosis.
- Determine a need for a specialist.

Who will help with my ongoing CPW activities?

Superior has nurses, behavioral health clinicians and social workers to provide case management for you. You may receive case management services from a CPW provider contracted with Superior or Superior's Care Management staff. Superior will help decide who will provide you with case management.

How can I get a CPW Case Manager?

Contact Superior Member Services for more information about CPW Case Management services at 1-844-590-4883 or call Texas Health Steps at 1-877-847-8377 (toll-free), Monday to Friday, 8 a.m. to 8 p.m.

Special Services

What is Service Coordination? What will a Service Coordinator do for me or my child?

Service Coordination is a special kind of care management that is done by a Superior Service Coordinator. A Service Coordinator will work with you to:

- Identify your needs.
- Work with you, your family or community supports, your doctor(s) and other providers to develop a service plan.
- Help make sure you receive your services on time.
- Make sure you have a choice of providers and access to covered services.
- Coordinate Superior-covered services with social and community support services.

Superior wants you to be safe and healthy, to be involved in your service plan and to live where you want to live. We will assign a Service Coordinator to any Superior STAR Kids member who asks for one. We assign a Service Coordinator to Superior members upon a review of your needs and health and support services so that they may be able to help.

How can I talk to a Service Coordinator? How often can I talk to a Service Coordinator?

You will receive a letter in the mail from your Service Coordinator. The letter will detail how often and what type of contact you will have, based on your health-care needs. It will also give you the name and direct phone number of your Service Coordinator. If you would like Service Coordination, or have questions, please call 1-844-433-2074. Our staff is available from 8 a.m. to 5 p.m., Monday through Friday, excluding state-approved holidays. You can also reach a nurse 24 hours a day, 7 days a week.

Applied Behavior Analysis (ABA) Services

Applied Behavior Analysis (ABA) services are available for Superior Medicaid members with Autism Spectrum Disorder (ASD). The symptoms of ASD include restricted, repetitive patterns of behavior, interests, or activities and shortcomings in social communication and social interaction. These symptoms usually start in early childhood.

What Services are Provided?

ABA services must be prior authorized through Superior HealthPlan as a medically necessary service, required to treat, correct or improve the member's condition. A diagnosis of autism spectrum disorder alone does not support the medical necessity of ABA. Licensed Behavior Analyst (LBA) is a new Medicaid provider type that will be providing these services. ABA services include ABA initial evaluation, re-evaluation, individual treatment, group treatment, parent/caregiver/family education and training, and interdisciplinary team meetings. Please contact your/your child's doctor, visit www.SuperiorHealthPlan.com, or call Member Services to locate a Medicaid enrolled LBA provider in your area available to deliver these services.

Who is Eligible for Services?

Medicaid managed care members in the STAR, STAR Health, STAR Kids and STAR+PLUS Medicaid for Breast and Cervical Cancer (MBCC) Program under the age of 21 with ASD are eligible for these services, if medically necessary. For more information, visit Superior's Autism Help webpage. (https://www.superiorhealthplan.com/members/medicaid/health-wellness/autism-help.html)

Behavioral Health (mental health and substance use disorders)

How do I get help if I have/my child has mental health, alcohol or drug problems? Do I need a referral for this?

Behavioral health refers to mental health and substance use disorders (alcohol and drug) treatment. If you need help with a behavioral health problem, you should call your doctor or Superior. We have a group of mental health and substance use disorder specialists to help you or your child.

Special Services

You do not have to get a referral from your doctor for these services. Superior will help you find the best provider for you/your child. Call 1-844-590-4883 to get help right away, 24 hours a day, 7 days a week.

How do I know if I/my child needs help?

Help might be needed if you/your child:

- Can't cope with daily life.
- Feels very sad, stressed or worried.
- Are not sleeping or eating well.
- Wants to hurt themselves or others or has thoughts about hurting them self.
- Are troubled by strange thoughts (such as hearing voices).
- Are drinking or using other substances more for substance use disorder.
- Are having problems at work or at home.
- Seem to be having problems at school.

When you/your child have a mental health or substance use disorder, it is important for you to work with someone who knows you/them. We can help you find a provider who will be a good match for you. The most important thing is for you/your child to have someone to talk to so you/your child can work on solving their problems.

What should I do in a behavioral health emergency?

You should call 911 if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Call 1-844-590-4883 for someone to help you/your child with mental illness, substance use disorder or emotional questions.

The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress. Call 988 if you are experiencing behavioral health related distress including: thoughts of suicide, mental health, substance use crisis, or any other kind of emotional distress.

What should I do if my child is already in treatment?

If you/your child is already getting care, ask your provider if they are in the Superior network. If the answer is yes, you do not need to do anything. If the answer is no, call 1-844-590-4883. We will ask your/your child's provider to join our network. We want you/your child to keep getting the care they need.

If the provider does not want to join the Superior network, we will work with the provider to keep caring for you/your child until medical records can be transferred to a new Superior doctor.

What are Mental Health Rehabilitation and Targeted Case Management? How do I get these services?

These are services that help members with severe mental illness, behavioral or emotional problems. Superior can also help members get access to care and community support services by assisting with access to the Local Mental Health Authority to request these services. To get these services call 1-844-590-4883.

Superior offers these services:

- Education, planning and coordination of behavioral health services.
- Outpatient mental health and substance use disorder services.
- Psychiatric partial and inpatient hospital services (for members 21 and under).
- Medications for mental health and substance use disorder care.
- Non-hospital and inpatient residential detoxification, rehabilitation and half-way house crisis services 24 hours a day, 7 days a week.
- Residential care (for members 21 and under) for substance use disorder.
- Lab services.
- Referrals to other community resources.
- Transitional health-care services.

Special Services

Collaborative Care Model

The Collaborative Care Model (CoCM) coordinates care for members between a community Behavioral Health Care Manager (BHCM) and a consulting psychiatrist with the participation of a primary care provider. The team share roles and tasks, and together are responsible for a members wellbeing. CoCM helps manage Behavioral Health conditions as chronic diseases, instead of treating acute symptoms.

CoCM services focus on:

- **Patient-Centered Team Care**. Partnership between all team members using shared care plans that include the members personalized goals.
- **Population-Based Care**. Monitoring of members to make sure they are getting the personalized attention they need for improvement.
- **Measurement-Based Treatment to Target**. Regular review and measurement of the members personal goals and clinical outcomes.
- **Evidence-Based Care**. Health care that is based on the best available, current, effective and relevant information.

Routine Eye Care

How do I get routine eye care services for myself or my child?

In Medicaid, eye care services are different for adults and children:

You can get an eye exam once a year (more if your eyesight changes a lot). You can get glasses once every two (2) years (more if your eyesight changes a lot). You can also get your glasses replaced as often as you need to if you lose them or break them.

With Superior, you get extra vision benefits too. Call Envolve Vision Services, Superior's vision provider, at 1-888-756-8768 to find out how.

You do not need a referral from your doctor to see the eye doctor for routine eye care. Some eye doctors can also treat you for eye diseases that do not need surgery. You can get these eye care services from Envolve Vision Services. To pick an eye doctor, call Superior at 1-844-590-4883 or Envolve Vision Services at 1-888-756-8768 for help.

Dental Care

What dental services does Superior cover for children? How do I get dental services for my child?

Superior covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

- Treatment of dislocated jaw.
- Treatment for traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.

Superior covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

Superior is also responsible for paying for treatment and devices for craniofacial anomalies.

Your child's Medicaid dental plan provides all other dental services including services that help prevent tooth decay and services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer.

What do I do if I/my child needs emergency dental care?

During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at 1-844-590-4883 or call 911.

Special Services

For questions or dentist information, call the STAR Kids Help Line at 1-800-964-2777 or:

DentaQuest	1-800-516-0165
MCNA Dental	1-844-350-6262

Routine dental is provided through DentaQuest or MCNA Dental. You may pick the Dental Maintenance Organization (DMO) of your choice.

Who do I call if I/my child has special health-care needs and I need someone to help me?

If you/your child have special health-care needs, like a serious ongoing illness, disability, or chronic or complex conditions, just call Superior at 1-844-590-4883. We can help you make an appointment with one of our doctors that cares for patients with special needs. Superior offers direct access to specialists that are right for your conditions and needs. You do not need a referral from a doctor for these services. We will also refer you to one of our Care Managers who will:

- Help you get the care and services you need.
- Develop a plan of care with the help of you and your/your child's doctor.
- Will follow your/your child's progress and make sure you are getting the care you need.
- Answer your health-care questions.

What is Electronic Visit Verification (EVV)?

Electronic visit verification (EVV) is a computer-based system that electronically proves when service visits occur. It also documents the exact time service begins and ends. EVV is required for certain home and community-based services (Personal Care Services [PCS], Respite, Habilitation) provided by Superior. EVV is required for members using the consumer directed services (CDS) option, as of January 1, 2021. Texas Health and Human Services Commission (HHSC) created EVV to make sure members get the services that have been approved. Time will be logged using an EVV system approved by HHSC and one of three EVV time recording methods. These methods include:

- Mobile telephone application
- Member's home landline telephone
- Approved small alternative device

How does EVV work?

Your attendant or nurse will clock in using one of the HHSC approved time recording methods when he or she starts providing your services. He or she will then clock out when the services are completed. EVV will help make sure you get all your authorized services.

Do I have to participate in EVV?

Yes. You must do one of the following:

1. Let your attendant or nurse use your home landline phone if they do not have access to the mobile phone application to access the EVV system; OR
2. Let the agency that provides your services install the small alternative device. That way, your attendant or nurse can use the device to record service times in the EVV system.

What if I don't have a home landline phone?

If you don't have a landline phone in your home and the attendant does not have access to the mobile phone application, please tell the agency that provides your services. The agency will install a small alternative device in your home so your attendant or nurse can accurately record the time services start and stop. If you are unsure if your phone is a landline, please request a small alternative device. Member's personal cell phones are not an acceptable replacement for a home landline.

How do I find out more about EVV?

If you have any questions about EVV, please contact your Superior Service Coordinator or contact Superior Member Services. You can also visit the HHSC EVV website at https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification.

Special Services

What is a Transition Specialist?

A Superior Transition Specialist is a specially trained person who can educate your child and others in his or her support network about resources that can help with the transition out of STAR Kids and into adulthood. Transition planning will be available when your child turns 15 years old.

What will a Transition Specialist do for my child?

Transition Specialists will help your child get ready to transition out of STAR Kids and into adulthood. They can help:

- Identify health-care providers for your child.
- Develop a care plan for transitioning Medicaid benefits and services from STAR Kids to STAR+PLUS (if applicable).
- Apply for long-term services and supports (LTSS) through HHSC.
- Assist in applying for community services and other supports after your child turns 21 years old.
- Work with you and your child to set goals for transitioning out of STAR Kids.
- Identify future employment and employment training opportunities.
- Work with your child's school to set goals.
- Provide you and your child with health and wellness education.
- Identify other resources that may help you or your child succeed.

How can I talk to a Transition Specialist?

You or your child can talk to a Superior Transition Specialist from 8 a.m. to 5 p.m., Monday through Friday, by calling 1-844-590-4883. Just ask for a Transition Specialist. Superior also has nurses available to answer any health questions you may have, 24 hours a day, 7 days a week. Just call Superior's nurse advice line at 1-844-590-4883.

What is a Health Home?

A Health Home operates through a primary care or specialty care practice. The Health Home is for members who have many chronic conditions or a single serious and persistent mental or health condition. It offers many services and supports that your child may not be able to get from his or her Primary Care Provider (PCP). It's meant to improve ease of access, coordination between providers and the quality of care your child receives. Health Home services include:

- Patient self-management education.
- Provider education.
- Patient-centered and family-centered care.
- Evidence-based models and minimum standards of care.
- Patient and family support.

Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+) Services

Superior offers resources to help educate and connect youth, parents and those working with youth who identify as LGBTQ+. If you/your child identifies as LGBTQ+ and would like to be connected with Superior's LGBTQ+ services, call Member Services at 1-844-590-4883 and ask to speak with a Transition Specialist. They are available Monday to Friday, 8 a.m. to 5 p.m.

Transition Specialists can help you by:

- Providing books with educational information about what other LGBTQ+ youth have experienced.
- Sharing local resource guides that list LGBTQ+ support centers, such as counseling and STD and HIV testing sites.
- Offering an easy-to-read HIV fact book available in English and Spanish.
- Connecting you with other resources that can help LGBTQ+ youth stay safe.

A positive environment is important to help youth thrive. The resources Superior provides can help address questions and concerns youth and parents may have.

Care Management

Superior has experienced nurses who can help you understand problems you may have, like:

- Asthma
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Transplants
- Using the emergency room frequently
- Being in the hospital often
- Wounds that won't heal
- Multiple diseases or conditions

Our nurses will help you stay healthy and get you the care you need. We help you find care close to you. We will work with your doctor to improve your health. The goal of our program is to learn what information or services you need. We want you to become more independent with your health. Please call us at 1-844-590-4883 to talk to a nurse. Our staff is available from 8 a.m. to 5 p.m., Monday through Friday, excluding state-approved holidays. You can also reach a nurse 24 hours a day, 7 days a week.

Although our nurses can help you, we know you may not want this. If you don't want to be in the program, you can quit at any time by calling your nurse.

Please note:

- Superior nurses may contact you if a doctor asks us to call you, if you ask us to call, or if Superior feels we can help you.
- We may ask you questions about your health.
- We will give you information to help you understand how to get the care you need.
- We will talk to your doctor and other people who treat you, to get you care.
- You should call us at 1-844-590-4883 if you want to talk to a nurse about being in this program.

Disease Management Programs

Asthma Program

If you or your child has asthma, Superior has a special program that can help you. Asthma is a disease that makes it hard to breathe. People with asthma have:

- Shortness of breath.
- Have a tightness in their chest.
- Cough a lot, especially at night.
- Make a whistling sound when they breathe.

Call Superior at 1-844-590-4883 if you or your child:

- Has been in the hospital for asthma during the past year.
- Has been in the emergency room in the past two months for asthma.
- Has been in the doctor's office three or more times in the past six months for asthma.
- Takes oral steroids for asthma.

Diabetes Program

If you have diabetes, Superior has a special program that can help you. This program has coaching sessions, materials that will be mailed to you and allows you to make unlimited calls. Diabetes is a disease of high blood sugar. If the blood sugar stays high, it can cause problems in many parts of the body. People with high blood sugar may:

- Feel tired, sleepy or bad
- Have to use the bathroom a lot
- Be very thirsty

Call Superior at 1-844-590-4883 if you or your child:

- Are newly diagnosed with diabetes.
- Have had recent visits to the emergency room or hospital for diabetes.
- Have had a change in diabetes medicine.
- Have been started on insulin.
- Want to know more about what to eat and how to shop for groceries.
- Want to know how to avoid problems with your eyes and kidneys.
- Want to know how to take good care of your feet.

Special Services

Attention-Deficit/Hyperactivity Disorder (ADHD) Program

If you or your child are diagnosed with ADHD and you would like assistance helping to manage your or their symptoms, Superior has a program that can help you. Some common symptoms of ADHD in children include:

- Difficulty with concentration or easily distracted
- Impulsive behavior
- Being unable to play or engage in activities quietly

Call Superior at 1-844-590-4883 if you would like to:

- Learn more about your or your child's symptoms and treatment options.
- Get assistance finding and/or making an appointment with a behavioral health provider.
- Better understand how you can support yourself or your child.

Depression Program

If you are concerned because you or your child has felt down or stressed and would like help in managing those symptoms, Superior has a program that can help you. Some of the common symptoms of depression in children are:

- Persistent sadness and/or irritability
- Low self-esteem
- Loss of interest in previously enjoyed activities
- Change in appetite or sleep
- Little interest or pleasure in doing things
- Risk taking behaviors
- Trouble with concentration
- Physical complaints, like headaches or stomachaches

Call Superior at 1-844-590-4883 if you would like to:

- Learn more about your or your child's symptoms and treatment options.
- Better understand how you can support yourself or your child.
- Get assistance finding and/or making an appointment with a behavioral health provider.

Pregnancy Substance Use Program

If alcohol or drug use has interfered with your or your child's behaviors and you would like help, Superior has a program that can assist you. Call Superior at 1-844-590-4883 if you are pregnant and:

- Would like education and resources to help reduce or stop your or your child's use.
- Family and/or friends have expressed concern about your or your child's use.
- Want to know more about treatment options.
- Have had difficulty reducing or helping your child reduce or stop use and have not been successful.

Smart Nutrition and Activity Program (SNAP)/Obesity Program

If you or your child are having difficulties managing your weight, Superior has a special program that can help. The SNAP addresses obesity and promotes healthy lifestyles and behaviors for you or your child. Materials such as recipe books and activity journals can be mailed to you or your child when you enroll. People with obesity may be:

- At risk for cardiovascular disease.
- At risk for asthma.
- At risk for psychological stressors such as low self-esteem, poor social functioning and poor academics.
- In a higher BMI percentile when compared to their peers.
- Limited in physical activity.

Call Superior at 1-844-590-4883 if you or your child:

- Has gained weight due to medication changes, including new psychotropic medications.
- Has identified risk factors provided by your PCP or a doctor due to blood glucose and lipid screenings.
- Has a BMI in the 95th percentile or higher.
- Want to know more about managing body weight.
- Want to know more about seeing a licensed nutritionist/dietitian in your area.

Special Services

Sickle Cell Disease Program

If you or your child has been diagnosed with sickle cell disease, Superior has a special program that can help. Sickle cell disease is an inherited blood disease. You are born with it and it lasts a lifetime. People with sickle cell disease may have the following:

- Severe pain
- Tiredness, lack of energy
- Paleness
- Yellowing of the skin and eyes (jaundice)
- Shortness of breath
- Prone to infections
- Difficulty breathing
- Skin ulcers and sores on the lower legs
- Liver and kidney issues

Call Superior at 1-844-590-4883 to enroll if you or your child has been in the:

- Hospital for complications of sickle cell disease during the past year.
- Emergency room in the past two (2) months for symptoms related to sickle cell disease.
- Doctor's office three (3) or more times in the past six (6) months for complications of sick cell disease.

Family Planning

How do I get family planning services?

Superior offers family planning services to all members. This includes members under the age of 18. Family planning services are kept private. You should talk to your doctor about family planning. Your doctor will help you pick a Medicaid family planning provider. If you do not feel comfortable talking to your doctor, call Superior at 1-844-590-4883 and we can help you.

Do I need a referral for this?

Superior allows freedom of choice to its members to choose any in-network or out-of-network Medicaid participating family planning provider. You do not need a referral from your doctor to seek family planning services.

Where do I find a family planning services provider?

You can find the locations of family planning providers near you online at https://www.healthytexaswomen.org/find-a-doctor, or you can call Superior at 1-844-590-4883 for help in finding a family planning provider.

What other services can Superior help me with?

Superior cares about your health and well-being. We have many services and agencies that we work with to help get you the care you need. Some of these services/agencies include:

- Early Childhood Intervention (ECI)
- Hospice
- Public health departments
- Medical Transportation Service

To learn more about these services call Superior at 1-844-590-4883.

Superior Health Tip

To stay up to date on the Coronavirus (COVID-19), visit SuperiorHealthPlan.com/Coronavirus.

Texas Health Steps

What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid health-care program for children, teens and young adults, birth through age 20.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at 6 months of age.
- A Case Manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat.
- Prevents health problems that make it hard for children to learn and grow like others their age.
- Help your child have a healthy smile.

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor to set up the checkup.
- Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses.
- Hearing tests and hearing aids.
- Other health and dental care.
- Treatment for other medical conditions.

Call Superior at 1-844-590-4883 or Texas Health Steps toll-free at 1-877-847-8377 (1-877-THSTEPS) (toll-free) if you:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.
- Need help finding and getting other services.

If you can't get your child to the checkup, Superior's Medical Ride program can help. If you have no other options for a ride, you and your child can get rides to and from the doctor, dentist, hospital or drug store at no charge.

Call the SafeRide Appointments/Call Center: 1-855-932-2318; TTY: 7-1-1
Hours: 8:00 a.m.-6:00 p.m. Central Standard Time (CST), Monday-Friday

Texas Health Steps

How and when do I get Texas Health Steps medical checkups for my child?

Regular medical checkups help make sure that your child grows up healthy. You should take them to their doctor or another Superior Texas Health Steps provider for medical checkups at the following ages:

- Discharge to 5 days
- 2 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 30 months
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years

How and when do I get Texas Health Steps dental checkups for my child?

Your child should also get regular dental checkups to make sure his or her teeth and gums are healthy. Dental checkups need to start at six (6) months old and every six (6) months after that. You can go to any Texas Health Steps dentist for a dental checkup. Ask your doctor for the name of a dentist near you or call Member Services at 1-844-590-4883. You do not need a referral from your doctor for regular dental checkups or other dental services.

During a Texas Health Steps dental checkup, the dentist will look at your child's mouth, checking for dental problems you may not know about. The dentist will also see if your child's mouth and teeth are developing like other children their age. These checkups can help catch dental problems before they get bigger and harder to treat.

Ask your dentist about dental sealants for your child. A dental sealant is a plastic material put on the back teeth that can help prevent tooth decay.

How do I make my child's appointment for a Texas Health Steps medical checkup?

You can set up a checkup with your child's doctor. You can also set up a checkup with any Superior provider that gives Texas Health Steps checkups. Need help? You can call Superior toll-free, Monday to Friday, 8 a.m. to 5 p.m. at 1-844-590-4883. Help keep your child healthy.

Do I have to have a referral?

You do not need a referral to get Texas Health Steps medical or dental services.

What if I need to cancel an appointment?

Please call your doctor or dentist's office if you need to change or cancel your child's visit. If transportation to the visit was made through Superior's Medical Ride Program, provided by SafeRide, please call 1-855-932-2318 to cancel the trip. Please call 24 hours in advance to change or cancel your ride.

Does my doctor have to be a part of the Superior network?

If you go to a doctor that is not signed up as a Superior provider, Superior may not pay that doctor and you may get billed for the services.

What if I am out of town and my child is due for a Texas Health Steps checkup?

If you are out of town and your child is due for a Texas Health Steps checkup, call Superior at 1-844-590-4883. They will help you set up a visit with your doctor as soon as you get home.

Texas Health Steps

What if I have moved and my child is due for a Texas Health Steps checkup?

If you moved and your child is due for a Texas Health Steps checkup, you can go to any Texas Health Steps provider that offers these services. You must show your Medicaid ID card and Superior ID card before you receive services. Have the doctor call Superior for authorization. The phone number to call is on the back of your Superior ID card. Report your new address as soon as possible to the local HHSC office and Superior Member Services at 1-844-590-4883.

You must call Superior before getting any services in your new areas unless it is an emergency. You will keep getting care through Superior until the address is changed.

What if I am a Traveling Farm Worker?

You can get your checkup sooner if you are leaving the area. It is still important for your child to get the medical and dental care they need to stay healthy. If you are leaving the area to follow work, call Superior at 1-844-590-4883 to get help scheduling your appointment. See page 29 for more about help for Traveling Farm Workers.

For more information

For additional information and resources, about Texas Health Steps checkups, please visit https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/texas-health-steps

Pharmacy

What are my/my child's prescription drug benefits?

You get unlimited prescriptions through your Medicaid coverage if you go to a drug store that takes Superior members. There are some medications that may not be covered through Medicaid. The drug store can let you know which medications are not covered, or help you find another medication that is covered. You can also ask your doctor or clinic about what medications are covered, and what is best for you. You can also call Superior at 1-844-590-4883 if you have questions.

How do I get my/my child's medications? Who do I call if I have problems getting my/my child's medications?

Medicaid pays for most medicines your doctor says you need. Your doctor will write a prescription. You can take it to the drug store, or your doctor may be able to send the prescription to the drug store for you.

All prescriptions you get from your doctor can be filled at any drug store that takes your Superior ID card. If you need help finding a drug store, call Superior at 1-844-590-4883.

How do I find which medications are on the formulary?

In order to be covered, a medication should be on the Texas Medicaid formulary. The formulary is listed on the Texas Vendor Drug website at https://www.txvendordrug.com/formulary. You can request a paper copy of the formulary at no cost. The paper copy will be sent to you within five (5) Business Days of your request. Please call Superior at 1-844-590-4883 if you have any questions.

How do I find a network drug store? What do I bring with me to the drug store?

Prescriptions for members are provided through drug stores contracted with Superior. You can get your prescriptions filled at most drug stores in Texas, such as CVS (which includes locations inside of Target), HEB, Walmart and Randalls. If you need help finding a drug store, call Superior at 1-844-590-4883. A list is also available online at www.SuperiorHealthPlan.com.

Remember: Always take your Superior ID card and your Medicaid ID card with you to the doctor and to the drug store.

What if I go to a drug store not in the network?

Superior has many contracted drug stores that can fill your medications. It is important that you show your Medicaid ID card and Superior ID card at the drug store. If the drug store tells you they do not take Superior members, you can call Superior Member Services at 1-844-590-4883. We can help you find a drug store that can fill your medications for you.

If you choose to have the drug store fill your medications and they do not take Superior members, you will have to pay for the medication.

What if I need my medications delivered to me?

Superior also offers many medications by mail. Some Superior drug stores offer home delivery services. Call Member Services at 1-844-590-4883 to learn more about mail order or to find a drug store that may offer home delivery service in your area.

What if I lose my/my child's medications?

If you lose your medications, you should call your doctor or clinic for help. If your doctor or clinic is closed, the drug store where you got your medication should be able to help you. You can also call Superior Member Services at 1-844-590-4883 and we may be able to help you get the medications you need.

What if I can't get the medication my/my child's doctor approved?

If your doctor cannot be reached to approve a prescription, you may be able to get a three (3)-day emergency supply of your medication. Please have your drug store call the pharmacy help desk for assistance. Call Superior at 1-844-590-4883 for help with your medications and refills.

Pharmacy

What if I also have Medicare?

If you have Medicare and Medicaid (you are dual eligible), your prescription drugs are now paid by a Medicare drug plan. Under Medicare, you have choices. Make sure the Medicare drug plan you are with meets your needs. If you have questions or want to change plans you can call 1-800-633-4227 (1-800-MEDICARE).

Remember under Medicare:

- You have a choice of prescription drug plans.
- Plans may require you to pay a copay for each prescription.
- There's no limit on the number of prescriptions you can fill each month.

What if I also have other primary insurance?

If you have other primary insurance, please show both your primary insurance and your Medicaid insurance at the drug store. The drug store should run the primary insurance first, then the Medicaid insurance. Medicaid is the payer of last resort and should not be the only card presented to the drug store.

How do I get my medications if I am in a Nursing Facility?

If you are in a Nursing Facility, your drugs will be provided to you by the Nursing Facility as they are today. The drug store that is used by your Nursing Facility will continue to bill your Medicare plan if you have Medicare and will bill Superior for your Medicaid covered drugs.

What if I need Durable Medical Equipment (DME) or other products from a pharmacy?

Some Durable Medical Equipment (DME) and products normally found in a drug store are covered by Medicaid. For all members, Superior pays for nebulizers, ostomy supplies and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Superior also pays for medically necessary prescribed over-the-counter drugs, diapers, formula and some vitamins and minerals.

Call 1-844-590-4883 for more information about these benefits.

What if I am in the Medicaid Pharmacy Lock-in Program and I need to change my Lock-in pharmacy?

In the event you need medicine that your lock-in pharmacy does not have, your lock-in pharmacy is closed, you are currently not near your lock-in pharmacy, or need any other assistance getting your medicine, please contact Superior by calling Member Services at 1-844-590-4883. A dedicated member of our team will review your request and provide assistance.

Bonus Benefits

What extra benefits and services do I/my child get as a member of Superior HealthPlan? How do I get these?

As a member of Superior, you are able to get extra benefits and services in addition to your regular benefits. These are called Value-added Services. These include:

- **Careopolis™**. An online "caring community" enabling members to engage friends and family as it relates to their healing or healthcare journey. Members create and manage private online accounts through Careopolis to enhance connections with friends and loved ones.
- **Consumer Directed Services (CDS) Participation Reward**. $25 rewards card per quarter for members who enroll in CDS for Personal Care Services (PCS) to help promote independence and improve health outcomes. Members in Bexar and Hidalgo service delivery areas can earn up to $100 per year for using CDS.
- **Extra-curricular activities**. Up to $150 each year for members to enroll in an approved extra-curricular activity. This Value-added Service is subject to need and must be authorized by Superior's Service Coordination Department 90 days prior to the start date. Participating members are subject to the rules and regulations set forth by the organization, as applicable. This Value-added Service is not to exceed $150 per member, per year. Allowance will be paid directly to the event organizer. Limited to non-MDCP members.
- **Extra Vision Benefits**. A $150 retail allowance towards select prescription eyeglass frames, lenses or contact lenses not covered by Medicaid, once every two years in lieu of the standard benefits. Coverage is for frames and lenses and does not cover additional features such as tints and coating. This allowance may not be used towards replacement eyewear or sunglasses. The member will be responsible for any charges exceeding $150.
- **Fitness Tracker**. Wearable fitness tracker for members in MRSA West and Lubbock service delivery areas. Eligible members ages 6 years and older must be enrolled in/participating in SNAP Disease Management for at least 180 continuous days and:

    -Complete a SNAP related goal, and;

    -Complete their annual STAR Kids Screening and Assessment (SAI) timely, and;

    -Return the signed Individual Service Plan (ISP-Narrative) and;

    -Are up to date with their Texas Health Steps checkups.

  Value-added Service must be authorized by Superior's Service Coordination Department. Limited to one per member lifetime.
- **Guardianship Documentation**. $15 reward for STAR Kids members ages 18 years and older upon successful completion and submission of proper guardianship paperwork. This Value-added Service is a one-time benefit.
- **Help for Members with Asthma**. Members enrolled in Asthma Disease Management are offered enhanced asthma care. This enhanced care provides support to help reduce asthma attacks. Participating members get an allergy-free mattress cover and pillowcase to help control asthma symptoms when enrolled in Asthma Disease Management for 60 continuous days. Members are eligible to receive this Value-added Service one time per year.
- **Home-delivered Meals**. Superior offers 15 home-delivered prepared meals per year for the household following a member's discharge from an acute inpatient hospital stay. Home-delivered meals must be pre-authorized by Superior's Service Coordination Department.
- **In-home Respite Services**.
  - Up to 8 hours per year of in-home respite services for members not in the Medically Dependent Children Program (MDCP). Members are eligible for respite services upon completion of the annual STAR Kids Screening and Assessment (SAI) and return of the signed Individual Service Plan (ISP). Members must be up to date with their Texas Health Steps checkups. Services must be pre-authorized by Superior's Service Coordination Department. Excludes members in Nueces and Hidalgo service delivery areas.

Bonus Benefits

- Up to 32 hours per year of in-home respite services for non-MDCP STAR Kids members in Nueces and Hidalgo service delivery areas. Members are eligible for respite services upon completion of the annual STAR Kids Screening and Assessment (SAI) and return of the signed Individual Service Plan (ISP). Members must be up to date with their Texas Health Steps checkups. Services must be pre-authorized by Superior's Service Coordination Department.

- **Inpatient Follow-up Incentive Program**. Members ages 6 to 20 years who complete a follow-up doctor visit within 7 days of leaving the hospital for an inpatient behavioral health or substance abuse stay will receive a $20 rewards card and journal. Members are eligible to receive this Value-added Service one time per year.
- **Joy for All™**. Eligible STAR Kids members enrolled in Behavioral Health Disease Management for at least 30 days can receive a Joy for All™ battery-operated plush companion pet. Value-added Service must be authorized by Superior's Service Coordination Department. Limited to one per member lifetime.
- **My Health Pays® Rewards Program**. Superior's My Health Pays®, a rewards program that offers financial, non-cash incentives for members. Members are limited to 1 reward per health-related activity per year. Rewards include:
  - $20 for members who get their Texas Health Steps checkup within 90 days of joining Superior. Limited to 1 reward per member per year.
  - $120 for members birth to 15 months that get all 6 Texas Health Steps checkups on schedule.
  - $20 per checkup for members ages 3-20 years who get their annual Texas Health Steps checkup each year.
  - $20 for female members 18-20 years old who get their annual well woman exam.
  - $10 for members 18-20 years old who get their annual flu shot.

  There are also rewards for pregnant members for completing healthy activities related to their pregnancy and delivery. Pregnant members can receive rewards for completing these activities following confirmation of the visit:
  - $20 for prenatal visit within the first trimester or 42 days of enrollment with Superior.
  - $20 for 3rd prenatal visit.
  - $20 for 6th prenatal visit.
  - $20 for 9th prenatal visit.
  - $20 for postpartum visit within 7-84 days of delivery.
- **Nicotine Recovery Program**. Online tool to support smoking cessation.
- **Non-Medical Drivers of Health**. $25 reward to non-MDCP members in MRSA West and Lubbock service delivery areas, after 90-days of continuous enrollment who:
  - Complete their annual STAR Kids Screening and Assessment (SAI) timely, and;
  - Return the signed Individual Service Plan (ISP-Narrative) and;
  - Are up to date with their Texas Health Steps checkups.
- **Online Mental Health Resources**. Online tool to support mental health and overall well-being.
- **Online Social Services Resource Directory**. Online social services resource directory for members through https://www.superiorhealthplan.com/members/medicaid/resources.html to help locate community supports such as food and nutrition, housing, education and employment services.
- **Over-the-Counter (OTC) Items**. Up to $30 every quarter per member for commonly-used OTC items mailed to a member's home or purchased at participating stores. This benefit covers items that do not need a prescription and are not otherwise covered by Medicaid. Members will select from a catalog of items supplied by Superior. Members can place orders online at www.cvs.com/otchs/SuperiorHealthPlan or by calling the vendor's toll-free number. Unused balances are not carried over from quarter to quarter. The total cost of items must be less than or equal to the allowance in order for the items to be shipped to the member's home. For in store purchases, member may pay amounts in excess of the benefit. Products may not be returned. OTC items may be ordered for the member only.

Bonus Benefits

- **Sports/School Physicals**. Annual sports/school physicals for children ages 4 through 18 years. This Value-added Service is restricted to one physical per year with a maximum reimbursement of $35 paid to the provider. The sports/school physical must be provided by a contracted Superior provider.
- **Start Smart® For Your Baby Program**. Superior's award-winning Start Smart® program for pregnant women. This program offers educational materials and supplies for STAR Kids members. Pregnant women can earn Value-added Services one time per pregnancy. Pregnant members can receive a diaper bag, starter supply of diapers, and educational materials by:
  - Completing a Notification of Pregnancy (NOP) form, and;
  - Attending an educational baby shower hosted by Superior.

  Pregnant STAR Kids members also have access to a mobile app which offers pregnancy-related support and information according to their pregnancy stage.
- **Transition Assessment**. $25 reward for members ages 18 to 20 years who successfully complete their transition assessment on time. A transition assessment helps members as they prepare to age out of STAR Kids. Members are eligible to receive this Value-added Service one time per year.
- **Wellness Activity**. $25 reward for STAR Kids members 11 to 16 years old who participate in a wellness activity, non-school sports program or successful participation in a community physical activity. Members in Nueces and Hidalgo service delivery areas are eligible to receive this Value-added Service one time per year.

Value-added Services may have restrictions and limitations. These Value-added Services are effective 9/1/23-8/31/24. For an up-to-date list of these services, go to www.SuperiorHealthPlan.com/VAS. For questions, call Member Services at 1-844-590-4883.

What other services can Superior help me get?

Superior wants to make sure you are linked to quality health care and social services. Superior's Member Advocate staff can teach you how to use Superior's services. They can visit you at home, talk to you on the phone or send you facts by mail. They will help you with things like:

- How to pick a doctor
- Texas Health Steps
- The STAR Kids program
- Preventative, urgent and emergent care
- Transportation services
- Visits to specialists
- How to use Superior services
- Procedures for complaints and appeals
- How to use your member handbook
- Procedures for leaving the program

Superior's Member Advocate can give you resources to help you get food, housing, clothing and utility services. To learn more, call Superior's Member Advocate staff at 1-844-590-4883.

What else does Superior offer for members to learn about health care?

Superior has a lot of information available for you online. This includes a quarterly member newsletter. You can find this at www.SuperiorHealthPlan.com by clicking on "Medicaid & CHIP Plans" and then on "Medicaid News & Newsletters."

There are also interactive health lessons and tools available for you online. This includes On.Target plans that can help you learn about living well with chronic illnesses, healthy eating tips, finding exercise you enjoy and more. You can find this at www.SuperiorHealthPlan.com by logging in to Superior's Member Portal.

To help you learn more about your benefits, Superior has quarterly Member Advisory Group meetings. You can provide feedback about how Superior is helping you with your health-care needs if you attend. To find out more about these meetings, please call 1-844-590-4883 or visit https://www.superiorhealthplan.com/members/medicaid/resources/advisory-council.html.

Finding new treatments to better care for you

Superior has a committee of doctors that review new treatments for people with certain illnesses. They review information from other doctors and scientific agencies. The new treatments that are covered by Texas Medicaid are shared with Superior's doctors. This allows them to provide the best and most current types of care for you.

Health Education

What health education classes does Superior offer?

Superior wants you to lead a healthy life. That is why we started the Superior Health Education Program. This program gives you facts to help make better health choices for you and your family. Superior also offers:

- Member Advisory Group meetings to help you learn more about your benefits, services. You also have the opportunity to provide feedback about how Superior is helping with your health-care needs. You can find out more about these meetings by calling 1-844-590-4883 or visiting www.SuperiorHealthPlan.com.
- Start Smart for Your Baby® - A special program for pregnant women that includes education classes, Care Management and educational baby showers. For more information about Superior's baby showers, please visit our website at www.SuperiorHealthPlan.com.
- Special baby showers in many areas to teach you more about your pregnancy and new baby. For more information on baby shower dates and locations, please visit our website at www.SuperiorHealthPlan.com or call Member Services at 1-844-590-4883.
- Wellness Wednesday Webinars are held online once a month. The webinars cover nutrition, mental health and other topics. For more information, please visit our website at www.SuperiorHealthPlan.com.

What health education classes are offered by other agencies?

Superior will also let you know about other health education classes offered within the community that can help you and your family. Some community health education programs are:

- Youth diabetes education classes
- Youth asthma education classes
- Nutrition classes for the whole family
- CPR classes
- Healthy diet classes

If you need extra help because you are pregnant or if you or your child has asthma or another serious medical condition, call Superior at 1-844-590-4883. They will refer you to Superior's Care Management program. It has registered nurses who can help you manage your (or your child's) illness. The nurses will work with you and your doctor(s) to coordinate your care and make sure you have what you need to help keep you/your healthy.

The Head Start Program

Head Start is a program offered to many children in Texas. The program provides children ages five and younger with health services and early childhood education that help them get ready for school. Children may qualify for the program based on their family's income. Programs may be held in schools, child care facilities or community agencies. Some of the benefits of Head Start are:

- Education: The program helps many children learn and grow. Early Head Start services are available for at least six hours each day. Head Start preschool services include half-day or full-day programs.
- Home-Based Services: Head Start staff members may visit children in their home and work with parents to be their children's main teacher.
- Health: Health services are provided. These include vaccines as well as dental, medical and mental health services.
- Parent Involvement: Parents of children in the program can be on committees, attend classes or volunteer.
- Social Services: Support may be available to families to find the services they need. This may include nutritional support or other needs.

Enrolling in Head Start

Many children will qualify for Head Start. The children's family must meet income guidelines. A list of guidelines is provided by the U.S. Department of Health and Human Services. Go to www.aspe.hhs.gov to learn more. The children's birth certificate or other form of identification is needed to finish enrolling. There are many Head Start programs in Texas. These programs can be found at http://eclkc.ohs.acf.hhs.gov/hslc. Please note that children who enroll in Head Start are required to get a well child checkup within 45 Days of enrolling. Call Superior if you/your child need help scheduling an appointment or finding a doctor.

Advance Directives

The Advance Directives section applies to young adults 18 years and older only.

What are advance directives? How do I get an advance directive?

An advance directive lets you make decisions about your health care before you get too sick. What you decide is put in writing. Then, if you become too sick to make decisions about your health care, your doctor will know what kind of care you do or do not want. The advance directive can also say who can make decisions for you if you are not able to.

Through this document, you will have the right to make decisions about your health care, like what kind of health care, if any, you will or will not accept. If you sign either of these documents, your doctor will make a note in your medical records so that other doctors know about it.

Superior wants you to know your right to decide so you can fill out the papers ahead of time. These are the types of advance directives you can choose under Texas law:

- **Directive to Doctor (living will)** – A living will tells your doctor what to do. It helps you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. In the state of Texas you can make a living will. Your doctor must follow your living will in case you become too sick to decide about your care.
- **Durable Power of Attorney for Health Care** – This is a document that lets you name someone else to make decisions about your health care in case you are not able to make those decisions yourself.
- **Declaration of Mental Health Treatment** – This tells your doctor about the mental health care you want. In the state of Texas you can make this choice. It expires three (3) years after you sign it or at any time you pick to cancel it, unless a court has considered you incapacitated.
- **Out-of-Hospital Do Not Resuscitate** – This tells your doctor what to do if you are about to die. In the state of Texas your doctor must follow this request if you become too sick.

When you talk to your doctor about an advance directive, he or she might have the forms in their office to give you. You can also call Superior at 1-844-590-4883 and we will help you get one.

What if I am too sick to make a decision about my medical care?

All adults in hospitals, nursing homes, behavioral health facilities and other health-care places have rights. For example, you have the right to know what care you will get, and that your medical records will always be private.

A federal law gives you the right to fill out a paper form known as an “advance directive.” An advance directive is a living will or power of attorney for health care when a person is not able to make a decision on their own because of their health. It gives you the chance to put your wishes in writing about what kind of health care you want or do not want, under special, serious medical conditions when you might not be able to tell your wishes to your doctor, the hospital or other staff.

Member Billing

What do I do if I get a bill from my/my child's doctor? Who do I call? What information will they need?

If you have Medicaid, you should not be billed for any services covered by Medicaid. Please remember to always show your Medicaid ID card and Superior ID card before you see the provider. If you get a bill from a Medicaid provider, call Member Services at 1-844-590-4883.

When you call, give the Member Services staff:

- Date of service
- Your patient account number
- Name of provider
- Phone number on the bill
- Total amount of bill

Note: If you go to a provider who is not enrolled in Texas Medicaid and/or is not signed up as a Superior provider, Superior may not pay that provider and you may get billed for the services. You will need to pay for services not covered by Medicaid. It is your responsibility to determine which services are covered and which are not.

If you have other primary group insurance, please ensure you provide both your primary insurance and your Superior Medicaid coverage to all of your providers. The provider should submit bills to your primary group insurance first, then Superior Medicaid. Medicaid is the payer of last resort and should not be the only insurance presented to your providers. As long as you follow the rules of your primary insurance and Superior Medicaid, you should not be responsible to pay any portion of your provider bills.

Can my Medicare provider bill me for services or supplies if I am both Medicare and Medicaid?

You cannot be billed for Medicare "cost-sharing," which includes deductibles, co-insurance and co-payments that are covered by Medicaid.

Superior Health Tip

Medicines can help you get better when you are sick and can keep a health problem under control. Here are a few tips on how to use medicine safely:

- Read and follow the directions on the label.
- Take the exact amount written on the label.
- Use the same pharmacy for all of your prescriptions.
- Don't share your medicine or take someone else's medicine.
- Check the expiration date on the label and don't take it past that date.

Getting Help with Benefits and Services

What should I do if I have a complaint? Who do I call?

Superior wants to help. If you have a complaint, please call us toll free at 1-844-590-4883 to tell us about your problem. A Superior Member Services Advocate can help you file a complaint. Your Legally Authorized Representative can file a complaint for you as well. Most of the time, we can help you right away or at most, within a few days.

You can also file a complaint through our website. Go to www.superiorhealthplan.com/members/medicaid/resources/complaints-appeals.html. You can also use Superior's complaint form. A copy of the complaint form can be printed from Superior's website. You can mail or fax the form to:

Superior HealthPlan
ATTN: Complaints
5900 E. Ben White Blvd.
Austin, TX 78741
Fax: 1-866-683-5369

Interpreter services are provided free of charge. Please call Member Services at 1-844-590-4883 (TTY 1-800-735-2989) for assistance.

Can someone from Superior help me file a complaint?

A Superior Member Services Advocate can help you file a complaint. Just call 1-844-590-4883 (Relay Texas TTY 1-800-735-2989). You may also file a complaint face-to-face with any representative from Superior who will document your complaint within 24 hours of receipt on your behalf.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. A complaint may be filed over the phone, by mail, online at www.superiorhealthplan.com/members/medicaid/resources/complaints-appeals.html or by fax at 1-866-683-5369.

How long will it take to process my complaint?

Most of the time we can help you right away or at the most within a few days. Superior will have a written answer to your complaint within thirty (30) Days of the date you submit your complaint. If you are not satisfied with Superior's response to your complaint, you have the right to address a written complaint-appeal to the complaint-appeal panel. A final response to your complaint will be completed within thirty (30) Days of receiving your written request for an appeal.

If I am not satisfied with the outcome, who else can I contact?

Once you have gone through Superior's complaint process, you can complain to Texas Health and Human Services Commission (HHSC) by calling toll-free to 1-866-566-8989. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247

If you can get on the Internet, you can submit your complaint at: hhs.texas.gov/managed-care-help.

What is the MDCP/DBMD escalation help line?

The MDCP/DBMD escalation help line assists people with Medicaid who get benefits through the Medically Dependent Children Program (MDCP) or the Deaf-Blind with Multiple Disabilities (DBMD) program.

The escalation help line can help solve issues related to the STAR Kids managed care program. Help can include answering questions about State Fair Hearings and continuing services during the appeal process.

Getting Help with Benefits and Services

When should members call the escalation help line?

Call when you have tried to get help but have not been able to get the help you need. If you don't know who to call, you can call 1-844-999-9543 and they will work to connect you with the right people.

Is the escalation help line the same as the HHSC Office of the Ombudsman?

No. The MDCP/DBMD Escalation Help Line is part of the Medicaid program. The Ombudsman offers an independent review of concerns and can be reached at 866-566-8989 or go on the Internet (hhs.texas.gov/managed-care-help). The MDCP/DBMD escalation help line is dedicated to individuals and families that receive benefits from the MDCP or DBMD program.

Who can call the help line?

You, your authorized representatives or your legal representative can call.

Can members call any time?

The escalation help line is available Monday through Friday from 8 a.m.–8 p.m. After these hours, please leave a message and one of our trained on-call staff will call you back.

How will I find out if Medicaid covered services are denied or limited? What can I do if my doctor asks for a service covered by Superior, but Superior denies or limits the request?

Superior will send you a letter if a requested service is denied or limited. If you disagree with the decision, you may file an appeal.

You have the right to appeal Superior's decision if Medicaid covered services are denied, reduced, suspended or ended. You may also appeal Superior's denial of a claim, in whole or in part. Superior's denial is called an "Adverse Benefit Determination." You can appeal the Adverse Benefit Determination if you think Superior:

- Is stopping coverage for care you think you need.
- Is denying coverage for care you think should be covered.
- Provides a partial approval of a request for a covered service.

If you/your child has both Medicaid and Medicare coverage (dual eligible), most of the acute care services you get such as doctor's visits, lab and x-ray services and medications, are Medicare covered services. The appeal process for these services may have different timeframes. Medicare covered services would follow the grievance and appeal process for Medicare covered services that are provided to you by your Medicare plan. Please contact your Medicare plan to get information about your/your child's Medicare grievance and appeal process.

Internal Health Plan Appeals

When do I have the right to ask for an internal health plan appeal?

You can ask for an internal health plan appeal within 60 Days of the date of Superior's Notice of Adverse Benefit Determination letter.

Can someone from Superior help me file an internal health plan appeal?

You, your provider, a friend, a relative, lawyer or another spokesperson can request an appeal of an Adverse Benefit Determination. Your Service Coordinator can help you with any questions you have about filing an internal health plan appeal. Just call 1-844-433-2074 (TTY 1-800-735-2989). A Superior Member Advocate can also help you. Just call Member Services at 1-844-590-4883 (TTY 1-800-735-2989). Your Legally Authorized Representative can file an internal health plan appeal for you as well. Interpreter services are provided free of charge. Please call Member Services at 1-844-590-4883 (TTY 1-800-735-2989) for assistance.

What are the timeframes for the internal health plan appeal process for denied Medicaid covered services?

You will have sixty (60) Days from the date of Superior's Notice of Adverse Benefit Determination letter to appeal the decision. Superior will acknowledge your appeal by sending you a letter within five (5) Business Days of receipt of your appeal, complete the review of the appeal and send you an appeal response letter within thirty (30) Days after receipt of the initial written or oral request for appeal. An additional 14 Days may be added to process the appeal, if you request an extension or Superior shows that there is a need for additional information and how the delay is in the member's interest. If more time is needed for Superior to gather facts about the requested service, you will receive a letter with the reason for the delay. If you do not agree with Superior's decision to extend the timeframe for the decision on your appeal, you can file a complaint.

How can I ask for continuity of current authorized services while my appeal is being processed?

You can ask to continue current authorized services when you appeal Superior's Adverse Benefit Determination. To continue receiving a service that is being ended, suspended or reduced, your request to continue a service must be made within ten (10) Days of the date of Superior's Notice of Adverse Benefit Determination letter, or before the date the currently authorized services will be discontinued, whichever is later.

Superior will keep providing the benefits while your appeal is being reviewed, if:

- Your appeal is sent in the needed time frame.
- Your appeal is for a service that was denied or limited that had been previously approved.
- Your appeal is for a service ordered by a Superior-approved provider.

If Superior continues or reinstates benefits at your request and the request for continued services is not approved on appeal, Superior will not pursue recovery of payment for those services without written permission from HHSC.

Does my internal health plan appeal request have to be in writing?

You can call or request in writing to let us know you want to appeal an Adverse Benefit Determination. You, your provider, a friend, a relative, lawyer or another spokesperson can request an appeal and complete the appeal form on your behalf. If you have questions about the appeal form, Superior can help you. Call Superior at 1-844-590-4883 for more information.

What is an internal health plan emergency appeal?

An internal health plan emergency appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your health or life.

How do I ask for an internal health plan emergency appeal? Does my request have to be in writing?

You, your provider, or your legal authorized representative can ask for an internal health plan emergency appeal by calling Superior at 1-877-398-9461. Internal health plan emergency appeals do not have to be in writing.

You can ask for an internal health plan emergency appeal in writing and send it to:

Superior HealthPlan

Attn: Medical Management

5900 E. Ben White Blvd.

Austin, Texas 78741

Fax: 1-866-918-2266

What are the timeframes for an internal health plan emergency appeal? What happens if Superior denies my request for an emergency appeal?

We will notify you of the emergency appeal decision within 72 hours, unless your appeal is related to an ongoing emergency or denial of continued hospitalization. If your appeal is about an ongoing emergency or denial of a continued hospital stay, you will be notified of the appeal decision within one (1) Business Day. If Superior determines that your emergency appeal request does not meet the emergency appeal criteria, Superior will let you know right away. Your appeal will be processed as a standard appeal with a response provided within thirty (30) Days.

Who can help me file an internal health plan emergency appeal?

You, your provider, a friend, a relative, lawyer, Legally Authorized Representative or another spokesperson can file an emergency appeal on your behalf. A Superior Member Advocate can help you with any questions you have about filing an emergency appeal.

External Appeals

After a Medicaid member has completed the internal health plan appeal process related to an adverse benefit determination, more appeal rights are available to a member if he/she is not satisfied with the health plan's appeal decision. After the health plan's appeal decision is completed, members have additional external appeal rights, including a State Fair Hearing, with or without an External Medical Review. The details for both the State Fair Hearing and External Medical review appeal rights and process are included in the sections below.

External Medical Reviews

Can I ask for an External Medical Review?

If you, as a member of Superior, disagree with our internal appeal decision, you have the right to ask for an External Medical Review with State Fair Hearing. An External Medical Review is an optional, extra step you can take to get the case reviewed before your State Fair Hearing. You can ask for an External Medical Review and a State Fair Hearing, but you cannot request only an External Medical Review. You may name someone to represent you by writing a letter to Superior telling us the name of the person you want to represent you. A provider may be your representative. You or your representative must ask for the External Medical Review within 120 days of the date Superior mails the letter with the internal appeal decision. If you do not ask for the External Medical Review within 120 days, you may lose your right to an External Medical Review. To ask for an External Medical Review, you or your representative may either:

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of Superior's Internal Appeal Decision letter and mail or fax it to Superior by using the address or fax number at the top of the form; or
- Call Superior at 1-877-398-9461.

If you ask for an External Medical Review within 10 days from the time you get the appeal decision from Superior, you have the right to keep getting any service Superior denied, based on previously authorized services, at least until the final State Fair Hearing decision is made. If you do not request an External Medical Review within 10 days from the time you get the appeal decision from Superior, the service Superior denied will be stopped.

An Independent Review Organization is a third-party organization contracted by HHSC that conducts an External Medical Review related to Adverse Benefit Determinations based on functional necessity or medical necessity. You may withdraw your request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing your External Medical Reviewrequest. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, you have the right to withdraw the State Fair Hearing request. If you continue with the State Fair Hearing, you can also request the Independent Review Organization be present at the State Fair Hearing. You can make both of these requests by contacting Superior at 1-877-398-9461 or the HHS Intake Team at EMR_Intake_Team@hhsc.state.tx.us.

If you continue with a State Fair Hearing and the State Fair Hearing decision is different from the Independent Review Organization decision, it is the State Fair Hearing decision that is final. The State Fair Hearing decision can only uphold or increase your benefits from the Independent Review Organization decision.

Can I ask for an emergency External Medical Review?

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency External Medical Review and emergency State Fair Hearing by writing or calling Superior HealthPlan. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete Superior's internal appeals process.

State Fair Hearings

How can I ask for a State Fair Hearing?

You must complete the internal health plan appeal process through Superior HealthPlan prior to requesting a State Fair Hearing. **If you disagree with Superior's appeal decision, you have the right to ask for a State Fair Hearing from Texas Health and Human Services Commission (HHSC) with or without an External Medical Review through an Independent Review Organization (IRO).** You can ask for an External Medical Review and a State Fair Hearing, but you cannot request only an External Medical Review. You may also request a State Fair Hearing with or without an External Medical Review if Superior does not make a decision on your appeal within the required time frame. You may represent yourself at the State Fair Hearing, or name someone else to be your representative. This could be a provider, relative, friend, lawyer, or any other person. You may name someone to represent you by writing a letter to Superior telling us the name of the person that you want to represent you.

You or your representative must ask for a State Fair Hearing within 120 Days of the date of the notice telling you that we are denying your internal health plan appeal.

You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the final State Fair Hearing decision is made if you ask for a State Fair Hearing by the later of: (1) 10 calendar days following the date the health plan mailed the internal appeal decision letter, or (2) the day the health plan's internal appeal decision letter says your service will be reduced or end. If you do not request a State Fair Hearing by this date, the service the health plan denied will be stopped.

If Superior continues or reinstates benefits at your request and the request for continued services is not approved by the State Fair Hearing officer, Superior will not pursue recovery of payment for those services without written permission from HHSC.

To ask for a State Fair Hearing, you or your representative should call or write Superior:

Superior HealthPlan
ATTN: State Fair Hearings Coordinator 5900 E. Ben White Blvd.
Austin, TX 78741
1-877-398-9461

You can ask for a State Fair Hearing without an External Medical Review. See External Medical Review process above.

What happens after I request a State Fair Hearing?

If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most State Fair Hearings are held by telephone. You can also contact the HHSC. State Fair Hearing officer if you would like the hearing to be held in-person.

During the hearing, you or your representative can tell why you need the service or why you disagree with Superior's Adverse Benefit Determination. You have the right to examine, at a reasonable time before the date of the State Fair

Hearing, the contents of your case file and any documents to be used by Superior at the State Fair Hearing. Before the State Fair Hearing, Superior will send you all of the documents to be used at the State Fair Hearing. It is important that you or your representative attend the State Fair Hearing in person or by phone.

HHSC will give you a final decision within 90 Days from the date you asked for the State Fair Hearing.

Can I ask for an Emergency State Fair Hearing?

To qualify for an emergency State Fair Hearing through HHSC, you must first complete Superior's internal appeals process. If you believe that waiting for a State Fair Hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency State Fair Hearing by writing or calling us at 1-877-398-9461.The State Fair Hearing Officer will provide a response on your emergency State Fair Hearing request within three (3) Business Days.

Reporting Abuse, Neglect and Exploitation

You have the right to respect and dignity, including freedom from Abuse, Neglect and Exploitation.

What are Abuse, Neglect and Exploitation?

Abuse is mental, emotional, physical, or sexual injury or failure to prevent such injury.

Neglect results in starvation, dehydration, over-medicating or under medicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care and personal hygiene.

Exploitation is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account and taking property and other resources.

Reporting Abuse, Neglect or Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 9-1-1 for life-threatening or emergency situations.

Report by Phone (non-emergency):

24 hours a day, 7 days a week, toll-free

Report to Texas HHSC by calling 1-800-458-9858 if the person being abused, neglected or exploited lives in or receives services from a:

- Nursing facility;
- Assisted living facility;
- Adult day care center;
- Licensed adult foster care provider; or
- Home and Community Support Services Agency (HCSSA) or Home Health Agency.

Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

Report all other suspected abuse, neglect, or exploitation to DFPS by calling 1-800-252-5400.

Report Electronically (non-emergency)

Go to https://txabusehotline.org. This is a secure website. You will need to create a password-protected account and profile.

Helpful Information for Filing a Report

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Rights and Responsibilities

What are my rights and responsibilities?

Member rights:

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
   a) Be treated fairly and with respect.
   b) Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health-care plan and Primary Care Provider (PCP). This is the doctor or health-care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
   a) Be told how to choose and change your health plan and your PCP.
   b) Choose any health plan you want that is available in your area and choose your PCP from that plan.
   c) Change your PCP.
   d) Change your health plan without penalty.
   e) Be told how to change your health plan or your PCP.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
   a) Have your provider explain your health-care needs to you and talk to you about the different ways your health-care problems can be treated.
   b) Be told why care or services were denied and not given.
   c) Be given information about your health, plan, services and providers.
   d) Be told about your rights and responsibilities.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
   a) Work as part of a team with your provider in deciding what health care is best for you.
   b) Say yes or no to the care recommended by your provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, internal health plan appeals, External Medical Reviews and State Fair Hearings. That includes the right to:
   a) Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
   b) MDCP/DBMD escalation help line for Members receiving Waiver services via the Medically Dependent Children Program or Deaf/Blind with Multiple Disabilities Program.
   c) Get a timely answer to your complaint.
   d) Use the plan's appeal process and be told how to use it.
   e) Ask for an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
   f) Ask for a State Fair Hearing with or without an External Medical Review from the state Medicaid program and receive information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
   a) Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
   b) Get medical care in a timely manner.
   c) Be able to get in and out of a health-care provider's office. This includes barrier free access for

people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.

d) Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability or help you understand the information.

e) Be given information you can understand about your health plan rules, including the health-care services you can get and how to get them.

7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or to prevent you from leaving, or is to punish you.
8. You have a right to know that doctors, hospitals and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals and others cannot require you to pay copayments or any other amounts for covered services.
10. You have the right to make recommendations about Superior's Member Rights and Responsibilities policies.

Member responsibilities:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
   a) Learn and understand your rights under the Medicaid program.
   b) Ask questions if you do not understand your rights.
   c) Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
   a) Learn and follow your health plan's rules and Medicaid rules.
   b) Choose your health plan and a PCP quickly.
   c) Make any changes in your health plan and PCP in the ways established by Medicaid and by the health plan.
   d) Keep your scheduled appointments.
   e) Cancel appointments in advance when you cannot keep them.
   f) Always contact your PCP first for your non-emergency medical needs.
   g) Be sure you have approval from your PCP before going to a specialist.
   h) Understand when you should and should not go to the emergency room.
3. You must share information about your health with your PCP and learn about service and treatment options. That includes the responsibility to:
   a) Tell your PCP about your health.
   b) Talk to your providers about your health-care needs and ask questions about the different ways your health-care problems can be treated.
   c) Help your providers get your medical records.
4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to keep yourself healthy. That includes the responsibility to:
   a) Work as a team with your provider in deciding what health care is best for you.
   b) Understand how the things you do can affect your health.
   c) Do the best you can to stay healthy.
   d) Treat providers and staff with respect.
   e) Talk to your provider about all of your medications.

Rights and Responsibilities

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Additional member responsibilities while using Superior's Medical Ride Program:

1. When requesting NEMT services through Superior's Medical Ride Program, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
6. You must only use NEMT services to travel to and from your medical appointments.
7. If you have arranged for an NEMT service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

As a member of Superior HealthPlan, you can ask for and get the following information each year:

- Information about Superior and our network providers – at a minimum primary care doctors, specialists and hospitals in our service area. This information will include names, addresses, telephone numbers, languages spoken (other than English), identification of providers that are not accepting new patients and qualifications for each network provider such as:
  - Professional qualifications
  - Specialty
  - Medical school attended
  - Residency completion
  - Board certification status
  - Demographics
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, internal health plan appeal, External Medical Review and State Fair Hearing procedures.
- Information about Superior's Quality Improvement Program. To request a hard copy, call Member Services at 1-844-590-4883 or visit our website at www.SuperiorHealthPlan.com.
- Information about benefits available under the Medicaid program including the amount, duration, and scope of benefits available. This is designed to make sure you understand the benefits to which you are entitled.
- How members can get benefits, including authorization requirements, family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
  - What makes up emergency medical conditions, emergency services and post-stabilization services.
  - The fact that you do not need prior authorization from your PCP for emergency care services.
  - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
  - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
  - A statement saying you have the right to use any hospital or other settings for emergency care.
  - Post-stabilization rules.

- Policy on referrals for specialty care and for other benefits you cannot get through your PCP.
- Superior's practice guidelines.

Your right to privacy

The following notice describes how medical facts about you are to be used and disclosed and how you can get access to these facts. Please read it carefully.

At Superior HealthPlan, your privacy is important to us. We will do all we can to protect your health records. You may get a copy of our privacy notice at www.SuperiorHealthPlan.com or by calling Member Services at 1-844-590-4883. By law, we must protect your health records and send you this notice. This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights and who can see your health records. This notice does not apply to facts that do not identify you.

When we talk about your health records in this notice, it includes any facts about your past, present or future physical or mental health while you are a member of Superior HealthPlan. This includes providing health care to you. It also includes payment for your health care while you are our member.

Please note: You will also receive a privacy notice from the state of Texas outlining their rules for your health records. Other health plans and health-care providers have other rules when using or sharing your health records. We ask that you get a copy of their privacy notices and read it carefully.

Confidentiality

When you or your child talks to someone, you share private facts. Your child's provider can share these facts only with staff helping with your child's care. These facts can be shared with others when you say it is okay. Superior will work to deal with you/your child's physical and mental health or substance use disorder treatment giving you/your child the care you/your child need.

Agency employees are trained and required to protect the privacy of health information that identifies you. An agency doesn't give employees access to health information unless they need it for a business reason. Business reasons for needing access to health information include making benefit decisions, paying bills, and planning for the care you need. The agency will punish employees who don't protect the privacy of health information that identifies you.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective 07.01.2017

Revised 06.06.2023

For help to translate or understand this, please call 1-800-783-5386. Deaf and hard of hearing TTY: 1-800-735-2989.
Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-866-896-1844. (TTY: 1-800-735-2989).

Interpreter services are provided free of charge to you.

Covered Entities Duties:

Superior HealthPlan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Superior HealthPlan 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. Superior HealthPlan may create, receive or maintain your PHI in an electronic format and that information is subject to electronic disclosure.

This Notice describes how we may use and disclose your PHI, this includes information related to race, ethnicity, language, gender identity, and sexual orientation. 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.

Superior HealthPlan 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. Superior 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.

Internal Protections of Oral, Written and Electronic PHI:

Superior protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI.

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

Notice of Privacy Practices

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
  - Issuing premium billings
  - Reviewing services for medical necessity
  - Performing utilization review of claims
- **Health-Care Operations** - We may use and disclose your PHI to perform our healthcare operations. These activities may include:
  - Providing customer services
  - Responding to complaints and appeals
  - Providing case management and care coordination
  - Conducting medical review of claims and other quality assessment Improvement activities

  In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:
  - Quality assessment and improvement activities
  - Reviewing the competence or qualifications of healthcare professionals
  - Case management and care coordination
  - Detecting or preventing healthcare fraud and abuse.
- **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 disclosure 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 disclosure 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 judicial and administrative proceedings. We may also disclose it in response to the following:
  - An order of a court
  - Administrative tribunal
  - Subpoena
  - Summons
  - Warrant
  - Discovery request
  - Similar legal request
- **Law Enforcement** - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
  - Court order
  - Court-ordered warrant
  - Subpoena
  - Summons issued by a judicial officer
  - Grand jury subpoena

  We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.
- **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 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.
  - Cadaveric organs
  - Eyes
  - 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
  - To intelligence activities
  - To the Department of State for medical suitability determinations
  - For protective services of the President or other authorized persons
- **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 interests. 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 purposed 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 you psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

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 Revoke an Authorization** - You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health-care 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 restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health-care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the 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 Received 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 and 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 years 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: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

  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 list 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

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

Superior HealthPlan
Attn: Privacy Official
5900 E. Ben White Blvd
Austin, TX 78741

Toll Free Phone Number: 1-800-218-7453
Relay Texas (TTY): 1-800-735-2989

HHSC Privacy Notice

Electronic Visit Verification (EVV)
Responsibilities and Additional Information
(Managed Care Organization)

Form 1718
April 2023

Electronic Visit Verification (EVV) is a computer-based system that electronically documents and verifies service delivery for certain Medicaid service visits.

The Texas Health and Human Services Commission (HHSC) requires a service provider or a Consumer Directed Services (CDS) employee who provides one of these services to use EVV to clock in when the service begins and to clock out when the service ends.

A service provider or CDS employee uses one of the following three methods to clock in and clock out:

- The service provider's or CDS employee's personal smartphone or tablet.
- Your home phone landline only if you approve.
- An EVV alternative device, which is a small electronic device placed and kept in your home in an agreed upon location.

The service provider is not permitted to use your personal smart phone or tablet.

The CDS employee may use the CDS employer's smart phone or tablet, if the CDS employer has authorized the CDS employee to use their smart phone or tablet.

Section I – Your Responsibilities

You have the following responsibilities regarding the use of EVV:

- You must allow your service provider or CDS employee to clock in and clock out of the EVV system using one of the methods listed above.
- Do not clock in or clock out of the EVV system for your service provider or CDS employee at any time.
  - Immediately tell your provider agency or CDS employer if your service provider or CDS employee asks you to clock in or clock out of the EVV system for the service provider or employee.
- If your service provider or CDS employee is using an EVV alternative device to clock in and clock out:
  - Immediately tell your provider agency or CDS employer if the EVV alternative device is damaged or removed from your home, or if someone has tampered with the device; and
  - Return the alternative device to your provider agency or CDS employer when you are no longer receiving Medicaid services that require EVV.

Your failure to perform these responsibilities may result in a referral of Medicaid fraud to the HHSC Office of Inspector General.

Reference section 7000 Clock In and Clock Out Methods from the EVV Policy Handbook for more information.

Section II – Additional Information

- Your personal information in the EVV system is private and confidential and may only be disclosed as allowed by federal and state laws, rules and regulations.
- Your service provider or CDS employee may use your home phone to clock in and clock out of the EVV system only if you approve.
- You can ask for an interdisciplinary meeting or service plan team meeting with your managed care organization's (MCO) service coordinator about concerns using EVV.

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If you have a complaint related to EVV, you may submit the complaint to the HHS Office of the Ombudsman:

- by phone at 877-787-8999;
- by fax at 888-780-8099; or
- by mail at:

HHS Office of the Ombudsman
P.O. Box 13247
Austin, Texas 78711-3247

Visit the HHSC EVV website for more information.

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Section III – Frequently Asked Questions (FAQ)

Do I have to participate in EVV?

Yes, if you get services that require EVV. You must allow your service provider or CDS employee to clock in when they begin and clock out when they end services using one of the acceptable methods. EVV is required for certain home and community-based services, such as Personal Service Provider Services, Protective Supervision, Personal Care Services, In-home Respite, Flexible Family Support and Community First Choice.

How do service provider and CDS employees clock in and clock out?

Service providers and CDS employees must use one of the following acceptable methods to clock in and clock out of the EVV system:

- EVV mobile method
- Your home phone (but only with your permission)
- EVV alternative device

You aren't allowed to clock in or clock out of the EVV system for the service provider or CDS employee for any reason. If you clock in or clock out for your service provider or CDS employee, a Medicaid fraud referral may be made to the Office of Inspector General, which may end up affecting your ability to get services.

What if I don't have a home landline or I don't want my service provider or CDS employee to use my home landline?

If you don't have a home landline, or don't want your service provider or CDS employee to use your home landline, tell this to your service provider or CDS employee as soon as possible.

The following are two options available other than your home landline that your service provider or CDS employee may use to clock in and clock out.

Option 1

Your service provider or CDS employee may use their mobile device to clock in and clock out of the EVV system.

Option 2

Your program provider, financial management services agency (FMSA), or CDS employer may order an EVV alternative device for your service provider or CDS employee. The device must:

- Be placed or affixed in your home by your program provider or CDS employer.
- Be in an area where your service provider or CDS employee can reach it.
- Always remain in your home.

Can I receive services in the community with EVV?

Yes. EVV doesn't change the location for where you get services. You can get services in accordance with your service plan and the existing program rules, at home and in the community.

Who do I contact with questions or concerns?

Please contact your provider agency representative or MCO service coordinator if you have any questions or concerns.

Visit the HHSC EVV website for more information.

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Section IV – Acknowledge Statement

I certify:

- ☐ I have read and understand my responsibilities for EVV.
- ☐ I was given an oral explanation of this form and given a copy.

Failure to follow your responsibilities may result in a Medicaid fraud referral or your services may be denied, suspended or terminated.

Signature - Member or Legally Authorized Representative	Date
Signature - Family Member or Caregiver (optional)	Date
Signature – MCO Service Coordinator	Date

Fraud, Waste or Abuse

Do you want to report Fraud, Waste or Abuse?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care providers, or a person getting benefits is doing something wrong. Doing something wrong could be Fraud, Waste or Abuse, which is against the law.

For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report Fraud, Waste or Abuse, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184.
- Visit https://oig.hhs.texas.gov/report-fraud-waste-or-abuse and click the red "Report Fraud" box to complete the online form; or
- Report directly to your health plan at:
  Superior HealthPlan
  Attn: Compliance Department
  5900 E. Ben White Blvd.
  Austin, TX 78741
  1-866-685-8664

To report Fraud, Waste or Abuse, gather as much information as possible.

When reporting about a provider (a doctor, dentist, counselor, etc.) include:

- Name, address, and phone number of provider.
- Name and address of the facility (hospital, nursing home, home health agency, etc.).
- Medicaid number of the provider and facility if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.).
- Names and the number of other witnesses who can help in the investigation.
- Dates of events.
- Summary of what happened.

When reporting about someone who gets benefits, include:

- The person's name.
- The person's date of birth, social security number or case number if you have it.
- The city where the person lives.
- Specific details about the Fraud, Waste or Abuse.

Glossary of Terms

- **Appeal** - A request for your managed care organization to review a denial or a grievance again.
- **Complaint** - A grievance that you communicate to your health insurer or plan.
- **Copayment** - A fixed amount (for example, $15) you pay for a covered health-care service, usually when you receive the service. The amount can vary by the type of covered health-care service.
- **Durable Medical Equipment (DME)** - Equipment and supplies ordered by a health-care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.
- **Emergency Medical Condition** - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
- **Emergency Medical Transportation** - Ground or air ambulance services for an emergency medical condition.
- **Emergency Room Care** - Emergency services you get in an emergency room.
- **Emergency Services** - Evaluation of an emergency medical condition and treatment to keep
- the condition from getting worse.
- **Excluded Services** - Health-care services that your health insurance or plan doesn't pay for or cover.
- **Face-to-face** – Interactions taking place in-person or via audio and visual communication methods that meets the requirements of the Health Insurance Portability and Accountability Act. Face-to-face does not include audio-only communication.
- **Grievance** - A complaint to your health insurer or plan.
- **Habilitation Services and Devices** - Health-care services, such as physical or occupational therapy, that help a person keep, learn, or improve skills and functioning for daily living.
- **Health Insurance** - A contract that requires your health insurer to pay your covered health-care costs in exchange for a premium.
- **Home Health Care** - Health-care services a person receives in a home.
- **Hospice Services** - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.
- **Hospitalization** - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.
- **Hospital Outpatient Care** - Care in a hospital that usually doesn't require an overnight stay.
- **In-Person** - An interaction within the physical presence of another person. Does not include audio-visual or audio-only communication.
- **Medically Necessary** - Health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
- **Network** - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health-care services.
- **Non-participating Provider** - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider, instead of a participating provider. In limited cases such as there are no other providers, your health insurer can contract to pay a non-participating provider.
- **Participating Provider** - A provider who has a contract with your health insurer or plan to provide covered services to you.
- **Physician Services** - Health-care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.

Glossary of Terms

- **Plan** - A benefit, like Medicaid, to pay for your health-care services.
- **Pre-authorization** - A decision by your health insurer or plan before you receive it that a health-care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or pre-certification. Preauthorization isn't a promise your health insurance or plan will cover the cost.
- **Premium** - The amount that must be paid for your health insurance or plan.
- **Prescription Drug Coverage** - Health insurance or plan that helps pay for prescription drugs and medications.
- **Prescription Drugs** - Drugs and medications that by law require a prescription.
- **Primary Care Physician** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.
- **Primary Care Provider** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.
- **Provider** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.
- **Rehabilitation Services and Devices** - Health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.
- **Skilled Nursing Care** - Services from licensed nurses in your own home or in a nursing home.
- **Specialist** - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.
- **Urgent Care** - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Notes

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