




superior
healthplan™

STAR+PLUS

Member Handbook



We are ready
to help! Call
1-866-516-4501

SuperiorHealthPlan.com

SHP_20163789 11_2016

TEXAS
STAR+PLUS
Your Health Plan ★ Your Choice

Numbers to Remember

If you have any questions, call us at 1-866-516-4501. Superior's Member Services staff will help you. Our staff is there from 8 a.m. to 5 p.m., Monday through Friday. You can also reach a nurse 24 hours a day, 7 days a week. They can answer your health questions after hours and on weekends. You can call 1-866-516-4501. Our staff is bilingual in English and Spanish. If you speak another language or are hearing impaired, call Member Services for help.

Superior Member Services	1-866-516-4501	
Superior Service Coordination	1-877-277-9772	
Texas STAR+PLUS Program Helpline	1-800-964-2777	
Medicaid Managed Care Helpline	1-866-566-8989	(TTY 1-866-222-4306)
24-Hour Nurse Advice Line	1-866-516-4501	
Relay Texas/TTY Line	1-800-735-2989	
Pharmacy Helpline (Prescription Drugs)	1-866-516-4501	
Medical Transportation	1-877-633-8747	
Eye Care	1-888-756-8768	
Dental Care	1-800-964-2777	
Behavioral Health	1-800-466-4089	(Dallas Area NorthSTAR 1-888-800-6799)
Alcohol/Drug Crisis Line	1-800-466-4089	(Dallas Area NorthSTAR 1-888-800-6799)
Connections (Additional Community Services)	1-866-516-4501	
Member Advocate	1-866-516-4501	

Numbers to Remember

Behavioral health services

You can get behavioral health and/or substance abuse help right away by calling 1-800-466-4089*. You can call 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 are 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 hearing impaired, call 1-800-466-4089 for help.

***If you live in the Dallas service area, you will receive treatment for mental health, alcohol and drug use through NorthSTAR.** NorthStar provides these types of behavioral health services to members in the following counties: Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall. If you have behavioral health issues, call the NorthStar program toll free at 1-888-800-6799 to receive services in your area. You do not need a referral from your Primary Care Provider (PCP) but you may want to talk to your PCP about the issue.

Service Coordination/Service Management

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 1-866-516-4501.

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 1-866-516-4501 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.



Member Handbook Questions

If you have questions or concerns about anything in your member handbook, call Member Services at 1-866-516-4501.

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Introduction

About

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

You will get your health care from doctors, hospitals and clinics that are in Superior's network of providers. You can get regular checkups, sick visits, well care and specialty care from a Superior STAR+PLUS 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 ID card. It will have your doctor's name and office phone number. Carry this 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+PLUS program.

If you do not understand the member handbook or need help reading it, call Superior Member Services at 1-866-516-4501. 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.

To learn more, call Superior Member Services at 1-866-516-4501.

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 nurse advice line at 1-866-516-4501.
- If you can not get your doctor, call Superior at 1-866-516-4501.
- We are here to help you 24 hours a day, 7 days a week.



Thank you for choosing Superior HealthPlan!

Introduction



Your Superior ID card

You should receive your Superior HealthPlan ID card in the mail as soon as you are enrolled with Superior. Here's what the front and back of the Superior ID card looks like. If you did not get this card, please call Superior at 1-866-516-4501.

Superior HealthPlan STAR+PLUS ID Card (Bexar, Hidalgo, Lubbock, Nueces, Central and West areas)

 MEMBER ID #: MEMBER NAME: PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE: SuperiorHealthPlan.com	 Rx GROUP ID #: 18011 Rx BIN #: 008019 Rx PCN: SHP PBM: US Script	Member Services: 1-866-516-4501 Available 24 hours a day/7 days a week Service Coordinator: 1-877-277-9772 Behavioral Health: 1-800-466-4089 In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through Superior. Servicios para Miembros: 1-866-516-4501 Disponible 24 horas al día/7 días de la semana Coordinadora de Servicios: 1-877-277-9772 Servicios de Salud del Comportamiento: 1-800-466-4089 En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. Recipientes de Medicaid que también están elegibles para Medicare tienen solamente Servicios y Apoyos a Largo Plazo con Superior.
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Superior HealthPlan STAR+PLUS ID Card (Dallas area)

 MEMBER ID #: MEMBER NAME: PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE: SuperiorHealthPlan.com	 Rx GROUP ID #: 18011 Rx BIN #: 008019 Rx PCN: SHP PBM: US Script	Member Services: 1-866-516-4501 Available 24 hours a day/7 days a week Service Coordinator: 1-877-277-9772 Behavioral Health: 1-888-800-6799 In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through Superior. Servicios para Miembros: 1-866-516-4501 Disponible 24 horas al día/7 días de la semana Coordinadora de Servicios: 1-877-277-9772 Servicios de Salud del Comportamiento: 1-888-800-6799 En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. Recipientes de Medicaid que también están elegibles para Medicare tienen solamente Servicios y Apoyos a Largo Plazo con Superior.
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Always carry your Superior ID card with you and show it to the doctor, clinic or hospital to get the care you need. They will need the facts on the card to know that you are a Superior member. Do not let anyone else use your Superior ID card.

Your Superior 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 1-866-516-4501. You will get a new ID card.

Medicaid

The Texas Health and Human Services Commission (HHSC) will send your Medicaid ID card. If you have not received your Medicaid ID card, call HHSC at 1-800-252-8263.

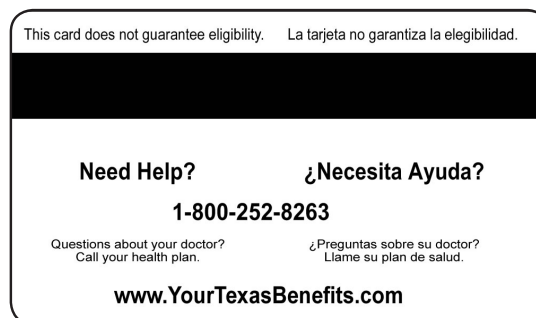
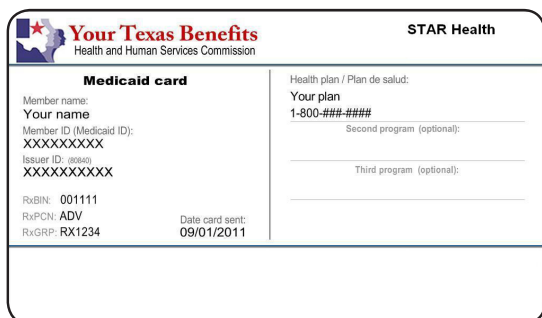
If you are dual eligible, (you get both Medicaid and Medicare), your ID card will not show your doctor's name and phone number. That is because you will be able to go to your Medicare doctor. Your ID card will say "Long term services and supports only." We will explain long term care services in this handbook.

Your Texas Benefits Medicaid Card

When you are approved for Medicaid, you will get a Your Texas Benefits Medicaid card. This plastic card will be your everyday Medicaid ID card. You should carry and protect it just like your driver's license or a credit card. The card has a magnetic strip that holds your Medicaid ID number. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

If you are not sure if you 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 health history is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your health history through the secure online network, call toll-free at 1-800-252-8263.



The Your Texas Benefits Medicaid card has these facts printed on the front:

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

The back of the Your Texas Benefits Medicaid card has a website you can visit, www.YourTexasBenefits.com, and a phone number you can call, 1-800-252-8263 if you have questions about the new card. If you forget your card, your doctor, dentist, or drug store can use the phone or the Internet to make sure you get Medicaid benefits.

Medicaid

If you lose the Your Texas Benefits Medicaid card, you can get a new one by calling toll-free at 1-855-827-3748. They will provide you with a temporary form called a Temporary Verification Form – Form 1027-A. You can use this form until you receive another card.

Remember: You must carry your Superior ID card and your Medicaid ID card at all times.

Medicaid and Private Insurance

What if I have other insurance in addition to Medicaid?

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

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

You can call the hotline toll-free at 1-800-846-7307.

If you have 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 Medicaid coverage? What do I have to do if I need help with completing my renewal application?

To renew your Medicaid coverage, look for an envelope marked “time sensitive” from the 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 1-866-516-4501 if you have questions about renewing your Medicaid benefits.

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 MCO 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 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 1-866-516-4501.

Accessing Care - Primary Care Providers

What is a Primary Care Provider?

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

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

Can a specialist be my 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 1-866-516-4501 to ask for help.

If you are a woman, you may pick an obstetrician (OB) or gynecologist (GYN) as your PCP. Call Superior at 1-866-516-4501 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 (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 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 1-866-516-4501.

What if I choose to go to another doctor who is not my 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, 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.

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

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

Accessing Care - Primary Care Providers

How can I change my PCP?

If you are not happy with your doctor, talk to them. If you still are not happy, call Superior at 1-866-516-4501. They 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.

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 1-866-516-4501 or writing to:

Superior HealthPlan
Attn: Member Services
Forum II Building
7990 IH-10 West, Suite 300
San Antonio, Texas 78230

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 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 1-866-516-4501. We will help you find a new doctor.

What if my 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.

If your doctor leaves your area, call Superior at 1-866-516-4501 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 HealthPlan provider directory is a list of Medicaid and Medicare PCPs, physicians, hospitals, drug stores and other healthcare providers that are available to you. You may find this list at www.SuperiorHealthPlan.com. Just click on "Find a Doctor." If you need assistance, call Superior at 1-866-516-4501.

What is a physician incentive plan?

A physician incentive plan rewards doctors for treatments that reduce or limit services for people covered by Medicaid. Right now, Superior does not have a physician incentive plan.

Accessing Specialty Care

What if I need to see a special doctor (specialist)?

Your doctor might want you or your child to see a special doctor (specialist) for certain health care needs. While your doctor can take care of most of your health care needs, sometimes they will want you 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.

If you are dual eligible, you can continue to see the Medicare specialist(s) of your choice.

What is a referral?

The doctor will talk to you about your needs and will help make plans for you to see the specialist that can provide the best care for you. This is called a referral. Your doctor is the only one that can give you a referral to see a specialist. If you have a visit, or receive services from a specialist without your doctor's referral, or if the specialist is not a Superior provider, you might be responsible for the bill. In some cases, an OB/GYN can also give you a referral for related services.

What services do not need a referral?

You do not need a referral from your Primary Care Provider (PCP) for:

- True emergency services
- OB/GYN care
- Behavioral health services
- Routine vision services
- Routine dental services (for children)
- Family planning services

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.

Does Superior need to approve the referral for specialty medical services?

Some specialist referrals from your doctor may need approval from Superior to make sure the specialist is a Superior specialist, and the visit to the specialist or the specialty procedure is needed. In these cases, the doctor must first call Superior. If you or your doctor are not sure what specialty services need approval, Superior can give you that information. Superior will review the request for specialty services and respond with a decision. This will not take more than two (2) business days after getting all the needed information from your doctor. Decisions are made more quickly for urgent care.

What is prior authorization? How do I learn more?

Some medical services require approval from Superior. This is called prior authorization. You can learn more about what services require prior authorization by visiting www.SuperiorHealthPlan.com. Click on "For Members" and "Benefits." You can also call Member Services at 1-866-516-4501.

Accessing Specialty Care

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 PCP should be able to give you a referral for a second opinion visit. If your doctor 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 need to be admitted to a hospital for inpatient hospital care, your doctor must call Superior to let us know about the admission.

If you are dual eligible, you must follow rules for your Medicare plan for hospital admissions.

If you/your child receives inpatient services without notifying Superior of the admission, you may be billed for the hospital stay.

Superior will follow your care while in the hospital to make sure you get 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 your/your child's doctor will set a hospital discharge date.

If you 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. If this happens, you will receive a letter from Superior that explains Superior's decision to discharge you, and gives your appeal rights. Your appeal rights are also described in this handbook in the appeals section.

If you have an admission through the emergency room:

If you need 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.



Superior Health Tip

Use the spoon, cup or dropper included with your liquid medicine to make sure you get the right dose.

Accessing Care - Nursing Facilities

What do I do if I want to go into a nursing facility?

Call your Service Coordinator if you think you might want to go into a nursing facility. Your Service Coordinator can work with you to find out what help you need.

Will my STAR+PLUS 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.

If I am in a nursing facility, how do I find my Service Coordinator?

Each nursing facility has its own Service Coordinator. If you move to a new nursing facility, you will have a new Service Coordinator. The nursing facility can tell you the name of your Superior Service Coordinator. They can give you the phone number for your Service Coordinator. You can also call Superior Member Services at 1-866-516-4501, who can give you their name and phone number.

Where can I find a list of nursing facilities? How can I change my nursing facility?

To find a nursing center close to you, call Member Services at 1-866-516-4501. If you want to change your nursing facility, talk to your Service Coordinator. Your Service Coordinator can help you find another Superior nursing facility. Your Service Coordinator can also work with the nursing home where you live and the one you want to change to. They can help to make sure you have a good move.

Are there any reasons why my request to change nursing facilities may be denied?

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

- The new nursing facility does not have an available room.
- The new nursing facility is not a Superior nursing facility.

What if I want to change health plans?

If you are in a nursing facility you can change health plans as often as you want, but not more than once a month. You can change your health plan by calling the Texas STAR+PLUS program helpline at 1-800-964-2777.

What are the costs of a nursing facility? What do I have to pay for?

The cost of a nursing facility depends on where you live and the services you get. Nursing facilities provide for your medical, social and psychological needs. That includes:

- Room and board.
- Social services.
- Over-the-counter drugs, medical supplies and equipment.
- Rehabilitative services.
- Personal needs items such as soap, toilet paper and lotion.

If you like items or brands other than what the nursing facility has, you may have to buy those yourself. You will have a set amount you pay the nursing facility for room and board. This is called your “applied income.” That amount will depend on how much income you get. It is important that you always pay the nursing facility your applied income on time and in full. You can keep \$60 each month for things like haircuts, stamps or clothes. If necessary, the nursing facility can set up a trust fund to deposit your \$60.

There are other things you may have to pay for yourself. One is called a “bed hold.” If you are gone from the nursing facility, you can pay them to hold your spot. Your nursing home can give you details. They can also tell you how much that will cost.

Accessing Care - Just for Women

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

You can get OB/GYN services from your doctor. You can also pick an OB/GYN specialist to take care of your female health needs. An OB/GYN can help with pregnancy care, yearly checkups or if you have female problems. You 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.

Do I have the right to choose an OB/GYN as my Primary Care Provider?

Will I need a referral?

Superior has some OB/GYN providers that can be your Primary Care Provider (PCP). If you need help picking an OB/GYN, call Superior at 1-866-516-4501.

Superior allows you to pick any OB/GYN, whether that doctor is in the same network as your PCP or not. You/your daughter have the right to pick an OB/GYN without a referral from your PCP. An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to a 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 at your PCP. If you need help picking an OB/GYN, call Superior at 1-866-516-4501. If you are pregnant, your OB/GYN should see you within two (2) weeks of your request. Once you choose an OB/GYN, you should go to the same OB/GYN for each visit so they will get to know your 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 daughter stay with an OB/GYN who is not with Superior?

If your/your daughter's OB/GYN is not with Superior, please call Member Services at 1-866-516-4501. We will work with your doctor so he or she 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 am pregnant? Who do I need to call?

If you think or know you are pregnant, make an appointment to see your doctor or an OB/GYN. They will be able to confirm if you are pregnant or not and discuss the care you and your unborn child will need. When you know that you are pregnant, call Superior at 1-866-516-4501. Superior will provide you with a pregnancy Case Manager who will make sure you get the medical care you need during your pregnancy.

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

If you are pregnant, the doctor should see you within two weeks of your request for an appointment.

What other services and education does Superior offer pregnant women?

Superior also has a special program to help you with your pregnancy called Start Smart for Your Baby®. This program can help answer your questions about childbirth, newborn care and eating habits. Superior also hosts special baby showers in many areas to teach you more about your pregnancy and new baby.

Case Management for children and pregnant women

Need help finding and getting services? You might be able to get a Case Manager to help you.

Who can get a 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 can get Case Management.

What do Case Managers do?

A Case Manager will visit with you and then:

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

What kind of help can I get?

Case Managers can help you:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems.

How can I get a Case Manager?

Call the Texas Health Steps toll-free at 1-877-847-8377, Monday to Friday, 8 a.m. to 8 p.m. To learn more, go to www.dshs.state.tx.us/caseman.



Extra Benefits for Pregnant Women

Superior has even more services for pregnant women! Go to page 36 to find out what you can get to help you have a healthy baby.

Accessing Care - Pregnant Women and New Mothers

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 on his or her date of birth. Superior gets information from the hospital to add your baby as a new Superior member. The hospital will also notify Medicaid about the baby's birth. However, it is important that you contact the Department of State Health Services (DSHS) office to also report the birth of your baby. This will help make sure the baby's Medicaid enrollment is processed as soon as possible so your baby can get all the health care he or she needs.

How and when do I tell my health plan? How and when do I tell my case worker?

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 case worker 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 1-866-516-4501.

How can I receive healthcare after my baby is born (and I am no longer covered by Medicaid)?

After your baby is born you may lose Medicaid coverage. You may be able to get some health care services through the Texas Women's Health Program and the Department of State Health Services (DSHS). These services are for women who apply for the services and are approved.

Texas Women's Health Program

The Texas Women's Health 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 (185 percent of the federal poverty level). You must submit an application to find out if you can get services through this program.

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

Texas Women's Health Program
P.O. Box 14000
Midland, TX 79711-9902
Phone: 1-800-335-8957
Website: www.texaswomenshealth.org/
Fax: (toll-free) 1-866-993-9971

DSHS Primary Health Care Program

The DSHS Primary Health Care 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.

Accessing Care - Pregnant Women and New Mothers

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 the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>. To learn more about services you can get through the Primary Health Care program, email, call or visit the program's website:

Website: www.dshs.state.tx.us/phc/
Phone: 1-512-776-7796
Email: PPCU@dshs.state.tx.us

DSHS Expanded Primary Health Care Program

The Expanded Primary Health Care program provides primary, preventive, and screening services to women age 18 and above 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 DSHS. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breast feeding.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>. To learn more about services you can get through the DSHS Expanded Primary Health Care program, visit the program's website, call or email:

Website: www.dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx
Phone: 1-512-776-7796
Fax: 1-512-776-7203
Email: PPCU@dshs.state.tx.us

DSHS 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 the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>. To learn more about services you can get through the Family Planning program, visit the program's website, call or email:

Website: www.dshs.state.tx.us/famplan/
Phone: 1-512-776-7796
Fax: 1-512-776-7203
Email: PPCU@dshs.state.tx.us

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 1-866-516-4501.

Please keep your appointment. If you can not 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 current Medicaid ID card and your Superior ID card with you when you get any health care services. You will need to show your Medicaid ID card and Superior ID card each time.

How do I 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 can not 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 1-866-516-4501. Our nurses are ready to help you 24 hours a day, 7 days a week. If you think you have a real emergency, call 911 or go to the nearest emergency room.

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

If you need medical care when traveling, call us toll-free at 1-866-516-4501 and we will help you find a doctor.

If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-866-516-4501.

What if I/my child is out of state?

If you have an emergency out of state, go to the nearest emergency room for care. If you get sick and need medical care while you are out of state, call your Superior doctor or clinic. 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 is out of the country?

If you are outside of the United States and need medical care, any health care services you receive will not be covered by Superior. Medical services performed out of the country are not covered by Medicaid.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and Superior's Member Services team at 1-866-516-4501. 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.

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+PLUS program helpline at 1-800-964-2777. You can change health plans as often as you want, but not more than once a month. If you are in the hospital, a residential Substance Use Disorder (SUD) treatment facility, or a residential detoxification facility for SUD, you will not be able to change health plans until you have been discharged.

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, but not more than once a month. 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.

What if I am in a nursing facility and want to change health plans?

If you are in a nursing facility you can change health plans as often as you want, but not more than once a month. You can change your health plan by calling the Texas STAR+PLUS program helpline at 1-800-964-2777.

Can Superior HealthPlan ask that I leave the plan?

Yes. Superior might ask that a member be taken out of the plan for “good cause.” “Good Cause” could be, but is not limited to:

- Fraud or abuse by a member.
- Threats or physical acts leading to harming of Superior staff or provider.
- Theft.
- Refusal to go by Superior’s policies and procedures, like:
 - Letting someone use your ID card.
 - Missing visits over and over again.
 - Being rude or acting out against a provider or a staff person.
 - Keep using a doctor that is not a Superior provider.

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 1-866-516-4501. The Texas Health and Human Services Commission (HHSC) will decide if a member can be told to leave the program.



Superior Health Tip

If you are having trouble managing your care, Superior has Case Managers that can help. Just call Member Services at 1-866-516-4501 for help.

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 speak English and Spanish. If you speak another language or are hearing impaired and need help, please call Member Services at 1-866-516-4501 (TTY 1-800-735-2989).

You can also call Member Services at 1-866-516-4501 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. Please call at least two (2) work days (48 hours) before your/your child's visit.

Medical Transportation Program (MTP)

What is MTP?

MTP is an HHSC program that helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options. MTP can help with rides to the doctor, dentist, hospital, drug store, and any other place you get Medicaid services.

What services are offered by MTP?

- Passes or tickets for transportation such as mass transit within and between cities.
- Air travel.
- Taxi, wheelchair van, and other transportation.
- Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.
- Meals at a contracted vendor (such as a hospital cafeteria).
- Lodging at a contracted hotel and motel.
- Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service).

How to get a ride?

If you live in the Dallas/Ft. Worth Area, **call LogistiCare.**

Phone Reservations: 1-855-687-3255

Where's My Ride? 1-877-564-9834

Hours: LogistiCare takes requests for routine transportation by phone Monday through Friday from 8 a.m. to 5 p.m. Routine transportation should be scheduled 48 hours (2 business days) before your appointment.

Making Care Easier - Help to Access Health Care

If you live in the Houston/Beaumont Area, **call MTM**.

Phone Reservations: 1-855-687-4786

Where's My Ride: 1-888-513-0706

Hours: 7 a.m. to 6 p.m. Monday-Friday/Call 1-855-MTP-HSTN or 1-855-687-4786 at least 48 hours before your visit. If it's less than 48 hours until your appointment and it's not urgent, MTM might ask you to set up your visit at a different date and time.

If you live in any other part of the state, **call MTP**.

Phone Reservations: 1-877-633-8747.

All requests for transportation services should be made within 2-5 days of your appointment.

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

If you have any problems with the Medical Transportation Program, call them at 1-877-633-8747.

Can someone I know give me a ride to my appointment and get money for mileage?

The Medical Transportation Program can also help with money for gas for someone who drives you to an appointment. These drivers can be your family members, neighbors or other volunteers. Call the Medical Transportation Program at 1-877-633-8747 to learn more.



Superior Health Tip

If you have diabetes, try to get your HbA1c under 7%. Need more information about managing your diabetes? Call Superior at 1-866-516-4501.

Care Defined

What is emergency medical care? How soon can I 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 medical condition?

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

What is an emergency behavioral health condition?

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; or
- Which 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.

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

Care Defined

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 1-866-516-4501. You also can call our 24-hour nurse advice line at 1-866-516-4501 for help with getting the care you need.

How soon should I 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 routine medical care? How soon can I expect to be seen?

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

See the Texas Health Steps section for the schedule. Superior will be happy to help you make an appointment. Just call us at 1-866-516-4501.

You must see a Superior provider for routine and urgent care. You can always call Superior at 1-866-516-4501 if you need help picking a Superior provider.

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

What does medically necessary mean?

Covered services for STAR+PLUS members must meet the STAR+PLUS 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 services, 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. v. Suehs, et al.* partial settlement agreements;
 - (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.

Care Defined

- (2) For members over age 20, non-behavioral health related health care services 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 are:
- (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.



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 36.

Benefits and Services

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

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
- Primary care services
- Radiology, imaging and x-rays
- Specialty doctor services
- Therapies – physical, occupational and speech
- Transplantation of organs and tissues
- Vision services
- Unlimited prescriptions
- A once a year well check up for patients 21 years and over
- Prescription medications

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

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

All 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. Acute care benefits are things like doctors, hospitals and labs. You use them for medical or mental health care.

Remember: 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 1-866-516-4501.



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 1-866-516-4501.

Benefits and Services

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, such as inpatient behavioral health care, home health services, and therapy services. If you have questions about limits on any covered services, ask your doctor, or call Superior at 1-866-516-4501. We will tell you if a covered service has a limit.

What services are not covered by STAR+PLUS?

The following is a list of some of the services not covered by the STAR+PLUS program or Superior:

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

You will be held responsible for non-Medicaid covered services. It is your responsibility to determine which services are covered or not.

Remember: If you have any questions on what is or what is not a covered service, please call Superior Member Services at 1-866-516-4501.

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. They are just as important as acute care services. To get these services, call Member Services at 1-866-516-4501.

There are two long term care benefits that all Superior STAR+PLUS members can get:

- Personal Attendant Services (PAS)
- Day Activity and Health Services (DAHS)

There are other long term care benefits that some Superior STAR+PLUS members can get based on their medical need. These are called Home and Community Based Services (HCBS) STAR+PLUS Waiver. These are:

- Personal Attendant Services (PAS)
- Nursing services (in home)
- Emergency Response Services (ERS) – emergency call button
- Home delivered meals
- Minor home modifications
- Adaptive aids and medical equipment
- Medical supplies
- Physical Therapy, Occupational Therapy, Speech Therapy
- Adult foster care
- Assisted living
- Transition Assistance Services
- Consumer Directed Personal Attendant Services
- Service responsibility choice for Personal Attendant Services
- Protective supervision
- Some dental care
- Respite care
- Cognitive Rehabilitation Therapy
- Employment Assistance and Supported Employment

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+PLUS member, you 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:

- Attendant care
- Respite care
- Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy

If you choose to be in CDS, you will contract with a 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 our Service Coordination department at 1-877-277-9772.

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 1-877-277-9772.

Finding new technology 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.



Superior is on Facebook

Superior wants to make sure you're as healthy as can be! Check out Superior's Facebook page for healthy tips and other helpful information at www.Facebook.com/SuperiorHealthPlan.

Special Services

Behavioral Health Services

For members enrolled in the Dallas service area:

If you live in the Dallas service area, you will receive treatment for mental health, alcohol, and drug use through NorthSTAR. NorthSTAR provides these types of behavioral health services to members who live in the following counties: Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall. If you have behavioral health issues, call the NorthSTAR program toll-free at 1-888-800-6799 to receive services in your area. You do not need a referral from your Primary Care Provider (PCP) but you may want to talk to your PCP about the issue.

For all other members:

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

Behavioral health refers to mental health and substance abuse (alcohol and drug) treatment. Sometimes talking to friends or family can help you work out a problem. When that is not enough, you should call your doctor or Superior's behavioral health team. Superior has a group of mental health and substance abuse specialists to help you and your child.

You do not have to get a referral from your doctor for these services. We will help you find the best provider for you. Call 1-800-466-4089 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 have thoughts about hurting themselves.
- Are troubled by strange thoughts (such as hearing voices).
- Are drinking or using other substances more.
- 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 abuse problem, 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 you/they can talk to so you/they can work on solving the problems.

What should I/my child 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 1-800-466-4089 for someone to help you with depression, mental illness, substance abuse or emotional questions.

Special Services

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

If you/your child is already getting care, ask your behavioral health 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 1-800-466-4089. 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 doctor.

What are mental health rehabilitation services and mental health 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 better access to care and community support services through Mental Health Targeted Case Management.

To get these services, call 1-866-516-4501.

Superior offers these services:

- Education, planning and coordination of behavioral health services.
- Outpatient mental health and substance abuse services.
- Psychiatric partial and inpatient hospital services (for members 21 and under).
- 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).
- Medications for mental health and substance abuse care.
- Lab services.
- Referrals to other community resources.
- Transitional health care services.
- Targeted Case Management.
- Mental Health Rehabilitation.

Bonus Behavioral Health Services:

- Online mental health resources through www.mystrength.com.
- Children's Follow Up Incentive Program (for members 21 and under, excludes members who do not live in a nursing facility or ICF-IDD facility).
- Enhanced Transportation Benefit (for members 21 and under, excludes members who live in a nursing facility or ICF-IDD facility).

Note: Superior wants to help you/your child stay healthy. We need to hear your concerns so that we can make our services better. Call 1-800-466-4089. TTY users (hearing impaired) can call 1-800-735-2989.

For Superior dual eligible members, mental health care is paid for by Medicare. You can continue to see any Medicare provider. You do not have to use a Superior provider for these services.

Special Services

Eye Care

How do I get eye care services?

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

- If you are under 21, 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 eye sight changes a lot). You can also get your glasses replaced as often as you need to if you lose them or break them.
- If you are over 21, you can get an eye exam and glasses every two (2) years. You can not get your glasses replaced if you break or lose them.

With Superior, you get extra vision benefits too. Call Total Vision Health Plan, Superior's vision provider, at 1-888-756-8768 to find out how. Members that have Supplemental Security Income (SSI)-related Medicaid Assistance only are not able to get the extra vision benefits.

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 Total Vision Health Plan. To pick an eye doctor, call Superior at 1-866-516-4501 or Total Vision Health Plan at 1-888-756-8768 for help.

If you are dual eligible, Medicaid pays for your eye care services most of the time. You can go to any Medicaid eye doctor. You do not have to go to a Total Vision or Superior eye doctor. If you have certain types of eye disease or injury to your eye, Medicare will pay. Your eye doctor will know if Medicaid or Medicare pays for your service.

Dental Care

How do I get dental services for my child?

Your child's Medicaid dental plan provides dental 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. Superior covers emergency dental services your child gets in a hospital or ambulatory surgical center. This includes services the doctor provides and other services your child might need, like anesthesia.

For questions or dentist information, call the Enrollment Broker at 1-800-964-2777 or:

DentaQuest 1-888-508-6775

MCNA Dental 1-800-494-6262

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

During normal business hours, call your/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 1-866-516-4501 or call 911.

Special Services

What dental services does Superior cover for children?

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 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 and agencies include:

- Public health departments
- Early Childhood Intervention (ECI)
- Hospice
- Dental services for children
- Medical Transportation Service
- Department of Aging and Disability Services (DADS)

To learn more about these services, call Superior at 1-866-516-4501.

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 1-866-516-4501. We can help you make an appointment with one of our doctors that cares for patients with special needs. We will also refer you to one of our case 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.

Special Services

What is Service Coordination? What will a Service Coordinator do for me?

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 pick. We will assign a Service Coordinator to any Superior STAR+PLUS member who asks for one. We will also offer a Service Coordinator to Superior members if a review of your needs for health and support services shows that they might be able to help.

How can I talk to a Service Coordinator?

If you would like to speak with a Superior Service Coordinator, call 1-877-277-9772.

How often will I talk with 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 coordinator.

If you would like Service Coordination, or have questions, please call 1-877-277-9772.

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

What are some examples of ECI services?

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

Do I need a referral for this? Where do I find an ECI provider?

Yes, you need a referral to request an evaluation of your child. To find an ECI provider, call Superior at 1-866-516-4501.

Special Services

What is Electronic Visit Verification (EVV)?

EVV is a system that some STAR+PLUS members may be able to get that can make sure all services authorized are provided. You do not have to use this system if you don't want to.

EVV uses phone and computer technology to record the time each day your Consumer Directed Services (CDS) employee starts and stops work, much like an electronic timesheet. It won't cost you anything to use EVV. Using EVV won't change authorized services, the place where the services are delivered, or your authority to self-direct services.

How does EVV work?

Your CDS employee uses the landline phone to call a toll-free phone number when he or she starts providing services, and again at the time the employee completes providing services. If there is no home phone, you can let the employee use your cell phone to call the toll-free EVV number, but you will have to pay for any cell phone charges.

As a CDS employer you must choose one of the following options:

1. Fully rely on the EVV system by allowing your CDS employees to use a home phone or your cell phone to call the toll-free number to record when services start and stop. You will use a computer to review and approve each visit. Paper timesheets would no longer be needed under this option.
2. Partially rely on the EVV system by allowing your CDS employees to use a home phone or your cell phone to call the toll-free number, while you also record the start and stop times of services on a paper time sheet that you send to your financial management services agency (FMSA).
3. Not using the EVV system at all and keep recording your CDS employees' hours on paper time sheets.

If there is no home phone or your cell phone can't be used for EVV, but you want to use the EVV system, please contact your FMSA. Your FMSA can send you a small alternative device to install in your home so your CDS employee can record the time he or she starts and stops providing services.

How do I find out more about EVV?

Please contact your FMSA to let them know which option you would like to use for EVV. To find out more about EVV please contact your FMSA or visit the EVV website at <http://www.dads.state.tx.us/evv/>.

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 Attendant Services (PAS): Help with daily living activities and health-related tasks.
- Emergency Response Services (ERS): Help if you live alone or are alone for most of the day.
- Habilitation: Services to help learn new skills and care for yourself.
- 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 1-866-516-4501.

Family Planning

How do I get family planning services? Do I need a referral for this?

Superior gives 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 family planning provider. If you do not feel comfortable talking to your doctor, call Superior at 1-866-516-4501.

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 www.dshs.state.tx.us/famplan/locator.shtm, or you can call Superior at 1-866-516-4501 for help in finding a family planning provider.



Superior Health Tip

Medicines can be safe if you take them correctly. They can help you get better when you are sick. Medicines can also 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.
- Take each dose around the same time each day.
- Use the same pharmacy for all of your prescriptions.
- Don't share your medicine or take someone else's medicine.

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 you 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 1-866-516-4501 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, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital, or drug store.

Houston/Beaumont	1-855-687-4786
Dallas/Ft. Worth	1-855-687-3255
All other	1-877-633-8747 (1-877-MED-TRIP)

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 years | • 12 years |
| • 2 weeks | • 3 years | • 13 years |
| • 2 months | • 4 years | • 14 years |
| • 4 months | • 5 years | • 15 years |
| • 6 months | • 6 years | • 16 years |
| • 9 months | • 7 years | • 17 years |
| • 12 months | • 8 years | • 18 years |
| • 15 months | • 9 years | • 19 years |
| • 18 months | • 10 years | • 20 years |
| • 30 months | • 11 years | |

How and when do I get Texas Health Steps dental checkup 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 1-866-516-4501. 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 1-866-516-4501. Help keep your child healthy.

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.

Do I have to have a referral?

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

Texas Health Steps

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 the medical transportation service, please call 1-877-633-8747 to cancel the trip.

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 1-866-516-4501. They will help you set up a visit with your doctor as soon as you get home.

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 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's Member Services staff at 1-866-516-4501.

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 a checkup for your child 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. So, if you are leaving the area to follow work, call Superior at 1-866-516-4501 to get help scheduling an appointment.

Pharmacy Services

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

You get unlimited prescriptions through your Medicaid coverage if you go to a pharmacy that takes Superior members. There are some medications that may not be covered through Medicaid. The pharmacy 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.

How do I get my/my child's medications?

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or your doctor may be able to send the prescription to the pharmacy 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 1-866-516-4501.

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

If you have trouble getting your medicines, please call Member Services at 1-866-516-4501.

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

Superior provides prescriptions for all its members through drug stores contracted with US Script. You can get your prescriptions filled at most drug stores in Texas, including CVS, HEB, Randall's, Target, Walgreens, as well as many other pharmacies. If you need help finding a drug store, call Superior at 1-866-516-4501. 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?

US Script has many contracted drug stores that can fill your medications. It is important that you show your 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 1-866-516-4501. 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/my child's medications delivered to me?

Superior also offers many medications by mail. Some Superior pharmacies offer home delivery services. Call Member Services at 1-866-516-4501 to learn more about mail order or to find a pharmacy that may offer home delivery service in your area.

Pharmacy Services

What if I lose my/my child's medication(s)?

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's Member Services team at 1-866-516-4501. We can help you get the medications you need.

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

If your doctor cannot be reached to approve a prescription, you may be able to get a three day emergency supply of your medication. Call Superior at 1-866-516-4501 for help with your medications and refills.

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 Rx plan. Under Medicare Rx, you have choices. Make sure the Medicare Rx 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 Rx:

- You have a choice of prescription drug plans.
- All plans require you to pay \$1 to \$5 for each prescription.
- There's no limit on the number of prescriptions you can fill each month.

If you are in a nursing facility, your drugs will be provided to you by the nursing facility as they are today. The pharmacy that is used by your nursing facility will continue to bill your Medicare plan if you have Medicare, and will bill US Script for your Medicaid covered drugs.

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

Some Durable Medical Equipment (DME) and products normally found in a pharmacy 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 1-866-516-4501 for more information about these benefits.

Bonus Benefits and Services

What extra benefits and services does a member of Superior HealthPlan get?

How do I get these?

- Extra dental benefits. Superior offers extra dental benefits for members age 21 and older. Members may get up to \$250 each year for exams, x-rays, cleanings and fluoride treatments.
- Extra vision services. \$100 for choice of upgraded eyeglass frames and lenses or contact lenses every year.
- \$30 every 90 days to use for common Over-the-Counter (OTC) items.
- A 24-hour nurse advice line.
- 24-hour emergency response services for non-STAR+PLUS HCBS Waiver members age 21 and older.
- Online mental health services. Superior offers mental health resources through myStrength.com. This online resource gives members many ways to improve their mental and overall health.
- Extra foot doctor (podiatry) services. Two (2) podiatry services every six months per member.
- Superior offers its award-winning Start Smart® program for pregnant women. The program includes a baby shower, rewards dollars for timely prenatal and postpartum care, a diaper bag and educational programs.
- Superior's Puff-Free Pregnancy program includes telephonic outreach, education and support services to reduce the health risks of smoking while pregnant.
- Help for members with asthma. Members get one spacer and peak flow meter when they enroll in Superior's Asthma Disease Management program.
- Superior's Start Smart® program offers gift cards for completing healthy activities related to a member's pregnancy and delivery. The program offers these awards:
 - o \$20 for prenatal visit within first trimester or 42 days of enrollment with Superior.
 - o \$20 for flu shot during pregnancy.
 - o \$20 for 3rd prenatal visit.
 - o \$20 for 6th prenatal visit.
 - o \$20 for 9th prenatal visit.
 - o \$20 for postpartum visit within 21-56 days of delivery.
 - o \$5 per month upon enrollment in our texting education program up to 6 months.
- In-home care or educational intervention. Available to members in the Asthma Disease Management program and to pregnant members who identify as high risk.
- Home-delivered meals. Non-HCBS Waiver members have access to 10 home-delivered meals at the time of discharge. This includes discharge from an acute inpatient hospital stay or discharge from a nursing facility back into the community setting.
- In-home respite care. Members with certain complex and chronic conditions age 21 and older will have access to 8 hours of in-home respite care services each year.
- Extended minutes for SafeLink phone users. This includes up to 750 extra minutes per month.
- Connections Plus phone. Superior will provide a phone for members who do not qualify for a SafeLink phone and who enroll in Case Management. Superior provides a phone and monthly minutes.

Superior is always planning new and exciting programs and services to help keep you/your child healthy. If you need help in getting these extra services or would like more facts, call Superior at 1-866-516-4501.

Bonus Benefits and Services

How can I learn more about the benefits and services that are available?

Superior wants to make sure you are linked to quality health care and social services. The Superior Connections 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
- How to use your member handbook
- The STAR+PLUS program
- Preventive, urgent and emergent care
- Transportation services
- Visits to specialists
- How to use Superior services
- Complaint and appeal procedures
- Texas Health Steps
- Leaving the program procedures

Superior Connections can give you resources to help you get food, housing, clothing and utility services. To learn more, or to see what classes are being offered at this time, please call Superior's Connections staff at 1-866-516-4501.

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. Classes will be given near you. The information about time and place will be mailed to your home.

Classes include:

- Start Smart for Your Baby® program - A special program for pregnant women that includes education classes, case management and baby showers.

Superior can also help you find other health education classes offered within the community that can help you and your family.

Remember: If you have any questions on what is or what is not a covered service, call Superior at 1-866-516-4501.

Asthma Program

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

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

Call Superior at 1-866-516-4501 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.

Bonus Benefits and Services

Diabetes Program

If you have diabetes, Superior has a special program that can help you. 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.
- Or may not feel any different at all.

Call Superior at 1-866-516-4501 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.

Heart Disease Program

If you have heart disease, Superior has a special program that can help you. Heart disease is a life threatening disease that includes many conditions such as coronary artery disease, heart attack, and congestive heart disease, to name a few. People with these diseases could experience:

- Shortness of breath.
- Irregular heart beats.
- A faster heart beat.
- Weakness or dizziness.
- Nausea.
- Sweating.
- Discomfort, pressure, heaviness, or pain in the chest.

Call Superior at 1-866-516-4501 if you:

- Have been to the hospital for heart disease in the past year.
- Have had any recent visits to the emergency room for heart disease.
- Are on new medication for your heart.
- Feel weak or dizzy.
- Are experiencing discomfort in your chest.
- Are having irregular heartbeats.

If you think you need emergency care, please contact 911 or go to the nearest hospital or emergency room.

Bonus Benefits and Services

COPD Program

If you have Chronic Obstructive Pulmonary Disease (COPD), Superior has special program that can help you. COPD is a progressive lung disease that makes it hard to breathe over time. People with COPD:

- May have a cough that won't go away that brings up phlegm.
- Have shortness of breath.
- Have tightness in their chest.
- May make a whistling sound when they breathe.
- Have shortness of breath throughout the day that gets worse after physical activity.
- May feel tired doing normal day to day activities.

Call Superior at 1-866-516-4501 if you:

- Have been newly diagnosed with COPD.
- Have had recent visits to the emergency room or hospital for COPD.
- Currently smoke or have in the past.
- Have been exposed to secondhand smoke.
- Lived or worked in an area with bad air quality (like factories or construction sites).
- Want to learn more about how to manage your COPD.

Congestive Heart Failure Program

If you have heart failure, Superior has a special program that can help you. Heart failure is a disease in which your heart may not beat well enough to keep up with what the body needs. People with heart failure may:

- Have shortness of breath with activity.
- Have swelling in their legs, feet, ankles, hands, and/or belly.
- Have shortness of breath when lying down or trying to sleep.
- Gain weight because the body is holding on to fluid.
- Feel weak or tired doing normal daily activities.

Call Superior at 1-866-516-4501 if you:

- Are newly diagnosed with heart failure.
- Have had recent visits to the emergency room or hospital for heart failure.
- Are having to go to the doctor more often because of heart failure.
- Have had a change in your medicine.
- Want to learn more about how to live well with your heart failure.

Bonus Benefits and Services

Case 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 1-866-516-4501 to talk to a nurse.

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

Also:

- 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 1-866-516-4501 if you want to talk to a nurse about being in this program.

Advance Directives

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 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.

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 kinds 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 rights 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. If you are near death, it will tell the doctor you don’t want to get care. 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 form gives the person who signs it power. This person can make decisions about your health care if you are not able to.
- 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 1-866-516-4501 and we will help you get one.

Member Billings

What do I do if I get a bill from my 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 your doctor. If you get a bill from a Medicaid provider, call Member Services at 1-866-516-4501.

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 doctor that is not signed up as a Superior provider, Superior may not pay that doctor 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.

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

If you have diabetes, there are certain tests you need at least once a year. These include your Hemoglobin A1c and cholesterol screening. You should also have your eyes and kidneys checked at least once a year. Call your doctor to schedule an appointment!

Getting Help with Benefits and Services

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

We want to help. If you have a complaint, please call us toll-free at 1-866-516-4501 to tell us about your problem.

You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com. Click on “Contact Us” in the top right corner of the page. You can also use Superior’s complaint form. A copy of the complaint form can be printed from Superior’s website. You can send the form to:

Superior HealthPlan
Attn: Complaints
2100 South IH-35, Suite 200
Austin, TX 78704
Fax: 1-866-683-5369

Can someone from Superior help me file a complaint?

A Superior Member Advocate can help you file a complaint. Just call Member Services at 1-866-516-4501 (TTY 1-800-735-2989).

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, or online at www.SuperiorHealthPlan.com.

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 within 30 days of the date you submit your complaint.

Do I have the right to meet with a complaint appeal panel?

If you are not satisfied with Superior’s response to your complaint, you have the right to meet with a complaint appeal panel. The panel is made up of members, providers and Superior staff. The panel will meet with you, and a final response to your complaint will be completed within thirty (30) calendar 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 the 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, send it to:

Texas Health and Human Services Commission
Attn: Resolution Services
Health Plan Operations – H320
P.O. Box 85200
Austin, TX 78708-5200

If you can get on the Internet, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

Getting Help with Benefits and Services

How will I find out if services are denied or limited? What can I do if my doctor asks for a services for me/my child that's covered by Superior, but Superior denies or limits it?

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.

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

You have the right to appeal Superior's decision if Medicaid covered services are denied based on lack of medical need. Superior's denial is called an "action" or "adverse determination." You can appeal the action if you think Superior:

- Is stopping coverage for care you think you/your child needs.
- Is denying coverage for care you think should be covered.
- Has not paid for some or all of a service or a hospital bill.
- Limits a request for a covered service.

You, a doctor, or someone else acting on your behalf can appeal an action.

Can someone from Superior help me file an appeal?

A Superior Member Services Advocate can help you file an appeal. Just call 1-866-516-4501.

What are the timeframes for the appeals process?

You will have thirty (30) days from the date of the denial letter to appeal the decision. Superior will acknowledge your appeal within five (5) days of receipt, and complete the appeal within thirty (30) days. This process can be extended up to fourteen (14) days if you ask for an extension. 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.

How can I ask for continuity of current authorized serviced?

If you are receiving a service that is being ended, suspended or reduced, you must file an appeal on or before the later of ten (10) days following Superior's mailing of the denial letter (ten (10) days from the postage stamp date on the envelope), or on the intended effective date of the proposed action.

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.

Call Superior at 1-866-516-4501 for more information.

Does my request have to be in writing?

You can call us to let us know you want to appeal an action, but you must follow up your phone call with a request in writing unless an expedited appeal is requested. If you need help, Superior can help you put your appeal in writing.

Getting Help with Benefits and Services

What is an expedited appeal?

An expedited 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 expedited appeal? Does my request have to be in writing?

You can ask for an expedited appeal by calling Superior's Medical Management Department at 1-877-398-9461. You can also ask for an expedited appeal in writing and send it to Superior's Medical Management Department:

Superior HealthPlan
Attn: Medical Management
2100 S. IH-35, Suite 200
Austin, Texas 78704
Fax: 1-866-918-2266

Expedited appeals do not have to be in writing.

What are the timeframes for an expedited appeal? What happens if Superior denies my request for an expedited appeal?

If your appeal is about an ongoing emergency or denial to keep getting a hospital stay, Superior will make a decision about your expedited appeal within one (1) business day. Other expedited appeals will be decided within three (3) days. If Superior thinks your appeal does not need to be expedited, Superior will let you know right away. The appeal will still be worked on, but the resolution may take up to thirty (30) days.

Who can help me file an Expedited Appeal?

Superior's Member Advocate can help you with your expedited appeal. You can also have your doctor, a friend, a relative, lawyer or another spokesperson help you.

Can I ask for a State Fair Hearing?

If you, as a member of Superior, disagree with Superior's decision, you have the right to ask for a fair hearing. 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 doctor or other medical provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within ninety (90) days of the date on Superior's letter with the decision. If you do not ask for the fair hearing within ninety (90) days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should either send a letter to Superior at:

Superior HealthPlan
Attn: Fair Hearings Coordinator
2100 S. IH 35 Suite 200
Austin, Texas 78704

You may also call Superior at 1-877-398-9461.

Getting Help with Benefits and Services

You have the right to keep getting any service Superior denied or reduced, at least until the final hearing decision is made, if you ask for a fair hearing by the later of ten (10) days from the date you get the health plan's decision letter, or the day the health plan's letter says your service will be reduced or will end. If you do not request a fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service that the health plan denied.

HHSC will give you a final decision within ninety (90) days from the date you asked for the hearing.



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 1-866-516-4501.

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.
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, appeals and 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) Get a timely answer to your complaint.
 - c) Use the plan's appeal process and be told how to use it.
 - d) Ask for a fair hearing from the state Medicaid program and get 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.

Rights and Responsibilities

- 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 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 Primary Care Provider 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.

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.

Rights and Responsibilities

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

Information about 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), and qualifications for each network provider, plus identification of providers that are not accepting new patients.

Any limits on your freedom of choice among network providers.

Your rights and responsibilities.

Information on complaint, appeal and fair hearing procedures.

A hard copy of Superior's Quality Improvement program. Call Member Services if you have questions at 1-866-516-4501.

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 you get benefits, including authorization requirements.

How members can get benefits, including 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.

Rights and Responsibilities

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 review 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 1-866-516-4501. 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: HHSC also has a privacy notice outlining their rules for your health records. You can find that notice on our website at www.SuperiorHealthPlan.com. 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 talk to someone, you share private facts. Your 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 your physical and mental health or substance abuse treatment giving them the best care they 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.

Waste, Fraud, and Abuse

Do you want to report waste, fraud, 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 waste, abuse or fraud, 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 waste, fraud, or abuse, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184
- Visit <https://oig.hhsc.state.tx.us/>. Under the box labeled "I want to" click "Report Waste, Abuse and Fraud."
- You can report directly to your health plan at:

Superior HealthPlan
Attn: Compliance Department
2100 S. IH-35, Suite 200
Austin, TX 78704
1-866-685-8664

To report waste, fraud, 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 waste, abuse or fraud.

Notes



2100 South IH-35, Suite 200
Austin, TX 78704

SuperiorHealthPlan.com