




superior
healthplan™

Member Handbook

CHIP



We are ready
to help! Call
1-800-783-5386

SuperiorHealthPlan.com

SHP_20151265 01_2016



Numbers to Remember

If you have any questions, call us at 1-800-783-5386. Superior HealthPlan's Member Services staff will help you. Our staff is there from 8 a.m. to 5 p.m. Monday through Friday except state-approved holidays. You can reach a nurse 24 hours a day, 7 days a week. They can answer your health questions after hours and on weekends. You can call after hours and on weekends at 1-800-783-5386. Our staff is bilingual in English and Spanish. If you speak another language or are hearing impaired, call Member Services for help.

Member Services	1-800-783-5386
Texas CHIP Program Helpline	1-800-647-6558
24-Hour Nurse Advice Line	1-800-783-5386
Relay Texas/TTY Line (Hearing Impaired)	1-800-735-2989
Pharmacy Helpline	1-800-783-5386
Eye Care (Total Vision Health Plan)	1-800-360-9165
Dental Care	1-800-964-2777
Behavioral Health Services	1-888-471-4357
Alcohol/Drug Crisis Line	1-888-471-4357
Connections (Additional Community Services)	1-800-783-5386
Member Advocate	1-800-783-5386

Behavioral health services

You can get behavioral health and/or substance abuse help right away by calling 1-888-471-4357. We will help you find the best provider for you/your child. You can call 24 hours a day, 7 days a week. You should call 911 if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Our staff is bilingual in English and Spanish. If you speak another language, call for help. If you are hearing impaired, call Relay Texas/TTY Line at 1-800-735-2989.

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 1-800-783-5386 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.

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Member Handbook Questions

If you have questions or concerns about anything in your member handbook, call Member Services at 1-800-783-5386.

Introduction

About

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

You/your child are able to join the Superior CHIP program because:

- You/your child meet certain eligibility criteria according to family income and size.
- You/your child is under the age of 19.
- You/your child are not able to get Medicaid.
- You/your child are U.S. citizens or legal immigrants.

You/your child will get your health care from doctors, hospitals, and clinics that are in Superior's network of providers. You/your child can get regular checkups, sick visits, well care, and specialty care from a Superior CHIP 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 PCP's name and office phone number. Carry this ID card with you all the time. Show the ID card to your doctor so they know you are covered by Superior's CHIP program.

If you do not understand the member handbook or need help reading it, call Superior Member Services at 1-800-783-5386. 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 1-800-783-5386.

Remember:

- Carry your 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 1-800-783-5386.
- If you cannot get your doctor, call Superior at 1-800-783-5386.
- 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 1-800-783-5386.



Superior HealthPlan CHIP ID Card

	
MEMBER ID #: MEMBER NAME:	CO-PAYMENT OFFICE VISIT: IN-PATIENT: Rx BRAND: Rx GENERIC: NON-EMERGENCY ER:
PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE:	Rx GROUP ID #: 18011 Rx BIN #: 008019 Rx PCN: SHP PBM: US Script
TDI	
SuperiorHealthPlan.com	

Available 24 hours a day/7 days a week
Member Services 1-800-783-5386 Behavioral Health Services 1-888-471-4357
In case of emergency, call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible.

Disponible 24 horas al día/7 días a la semana
Servicios para Miembros 1-800-783-5386 Servicios de Salud del Comportamiento 1-888-471-4357
En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.



Superior HealthPlan CHIP Perinate Newborn ID Card

	
MEMBER ID #: MEMBER NAME:	Rx GROUP ID #: 18011 Rx BIN #: 008019 Rx PCN: SHP PBM: US Script
PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE:	No co-payments or cost-sharing.
TDI	
SuperiorHealthPlan.com	

Available 24 hours a day/7 days a week
Member Services 1-800-783-5386 Behavioral Health Services 1-888-471-4357
In case of emergency, call 911 or go to the closest emergency room. After treatment, call your child's PCP within 24 hours or as soon as possible.

Disponible 24 horas al día/7 días a la semana
Servicios para Miembros 1-800-783-5386 Servicios de Salud del Comportamiento 1-888-471-4357
En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame al PCP de su hijo dentro de 24 horas o tan pronto como sea posible.

Superior HealthPlan CHIP Perinatal ID Card

	
MEMBER ID #: MEMBER NAME:	Rx GROUP ID #: 18011 Rx BIN #: 008019 Rx PCN: SHP PBM: US Script
EFFECTIVE DATE: CATEGORY A OR B:	
TDI	
SuperiorHealthPlan.com	

Available 24 hours a day/7 days a week
Member Services 1-800-783-5386
In case of emergency, call 911 or go to the closest emergency room.

Hospital Facility Billing
Category A: Bill TMHP (if 0-185% Federal Poverty Level (FPL))
Category B: Bill Superior HealthPlan (if above 185% to 200% FPL)

Professional/Other Services Billing
Superior HealthPlan (regardless of FPL percentage)

Disponible 24 horas al día/7 días a la semana
Servicios para Miembros 1-800-783-5386
En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana.

Introduction

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. If you lose your Superior ID card, change your name or need to pick a new doctor or Primary Care Provider (PCP), call Superior at 1-800-783-5386. You will get a new ID card.

Your Superior CHIP, CHIP Perinate or CHIP Perinate Newborn ID card is in English and Spanish, and has:

- Member's name
- Member's ID number
- Doctor's name and phone number
- 24 hour a day/7 day a week toll-free number for Superior Member Services
- 24 hour a day/7 day 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/PCP, call Superior at 1-800-783-5386. You will get a new ID card.

Important note to members:

As you read through your member handbook please remember:

- References to "you", "my", or "I" apply if you are a CHIP member.
- References to "my child" apply if your child is a CHIP member or a CHIP Perinate Newborn member.



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 44.

Accessing Care - Primary Care Providers

What is a Primary Care Provider (PCP)?

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

- Make sure that 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.

If you are a woman, you may pick an obstetrician (OB) or gynecologist (GYN) as your 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/GYN (they see women)
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinics (RHC)

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

Yes! Superior lets you pick a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. If you have any questions, call Superior at 1-800-783-5386.

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

Your PCP is your/your child's doctor and they have the job of taking care of you/your child. They keep your medical records, 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 provider, Superior may not pay that doctor and you might get billed for the services.

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

If you are not happy with your/your child's doctor, talk to them. If you still are not happy, call Superior at 1-800-783-5386. They can help you pick a new doctor. You might change doctors 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/your child's doctor, you will get a new Superior ID card with the name and office phone number on it. This change will be effective the month after you ask. Sometimes, depending on the circumstances, we may be able to change your doctor right away.

Accessing Care - Primary Care Providers

How many times can I change my/my child's Primary Care Provider (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 1-800-783-5386 or writing to:

Superior HealthPlan
Attn: Member Services
6070 Gateway East, Ste 400
El Paso, TX 79905

Remember: You should go to the same doctor. They will get to know your/your child's health care needs.

Are there any reasons why my request to change a Primary Care Provider may be denied?

If you ask to change your/your child's doctor, it can be denied because:

- You already changed doctors four (4) times within a year
- Your new doctor will not take more patients
- Your new doctor is not a Superior PCP

Can my PCP move me or my child to another PCP for non-compliance?

Yes. If your/your child's doctor feels that you are not following their medical advice or if you/your child miss a lot of your appointments, the doctor can ask that you go to another doctor. Your/your child's doctor will send you a letter telling you that you need to find another doctor. If this happens, call Superior at 1-800-783-5386. We will help you find a new doctor.

What if my doctor leaves the network of Superior providers?

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

If your doctor leaves your area, call Superior at 1-800-783-5386 and they will help you pick another doctor close to you. You will also get a letter from Superior telling you when that doctor's last day as a Superior network provider will be.

What is a physician incentive plan?

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

Accessing Specialty Care

What if I/my child needs to see a special doctor (specialist)?

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

What is a referral?

The doctor will talk to you about your/your child's 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/your child's doctor is the only one that can give you a referral to see a specialist. If you/ your child has a visit, or receives 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 for:

- True emergency services
- OB/GYN care
- Behavioral health services
- Routine vision services
- Routine dental 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/your child's 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 is 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 business days after getting all the needed information from your doctor. Decisions are made more quickly for urgent 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 Primary Care Provider (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.

Accessing Specialty Care

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

If you/your child needs to be admitted to a hospital for inpatient hospital care, your doctor must call Superior to let us know about the admission. 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/your child's care while in the hospital to ensure that you/your child gets the proper care. The discharge date from the hospital will be based 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/your child needs urgent or emergency admission to the hospital, you should get medical care right away and then you or the doctor should call Superior as soon as possible to tell us of the admission.

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



Superior Health Tip

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

Accessing Care – Just for Women

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

You/your daughter can get OB/GYN services from your doctor. You can also pick an OB/GYN specialist to take care of your/your daughter's female health needs. An OB/GYN can help with pregnancy care, yearly checkups or if you/your daughter have female problems. You/your daughter do not need a referral from a your Primary Care Provider (PCP) for these services. Your/your child's OB/GYN and doctor will work together to make sure you get the best care.

Attention Members

You have the right to pick an OB/GYN for yourself/your daughter without a referral form your/your daughter's Primary Care Provider. An OB/GYN can give you:

- One well-woman checkup per year
- Care related to pregnancy
- Care for any female medical condition
- Referral to a special doctor (specialist) within the network

Superior allows you/your daughter to pick any OB/GYN, whether that doctor is in the same network as your/your daughter's PCP or not.

How do I choose an OB/GYN?

You may pick an OB/GYN provider from the list in Superior's provider directory on our website. Just go to www.SuperiorHealthPlan.com and click on "Find a Doctor." If you need help picking an OB/GYN, call Superior at 1-800-783-5386. If you/your daughter is pregnant, the OB/GYN will see you/your daughter within two weeks of your request for an appointment. Once you choose an OB/GYN for you/your daughter, you should go to the same OB/GYN for each visit so they will get to know your/your child's health care needs.

If I don't choose an Ob/Gyn, 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 our Member Services team at 1-800-783-5386. We will work with your doctor so he/she can keep seeing you or we will be more than happy to help you pick a new doctor within the plan.

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

If you think or know you/your daughter 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 the unborn child will need. When you know that you are pregnant, call Superior at 1-800-783-5386. Superior can provide you with a case manager to make sure you get you/your daughter gets the right medical care for your/your daughter's pregnancy.

Accessing Care – Just for Women

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

If you/your daughter is pregnant, the OB/GYN should see you/your daughter within two weeks of your request for an appointment.

What other services and education does Superior offer pregnant women?

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



Extra Benefits for Pregnant Women

Superior has even more services for pregnant women! Go to page 44 to find out what you can get to help you have a healthy baby.

Accessing Care – CHIP Perinatal Mothers

How do I pick a perinatal care provider? Will I need a referral?

Choosing your perinatal care provider is very important. If you are a CHIP perinatal mother, your perinatal provider will help take care of all your pregnancy health care needs. You will need to pick a provider immediately. You can pick a provider for your pregnancy from the list in the provider directory on Superior's website at www.SuperiorHealthPlan.com. Just click on "Find a Doctor." If you need help picking a provider, please call Member Services at 1-800-783-5386.

Can a clinic be my perinatal care provider?

Superior lets you pick a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your Perinatal Provider. If you have any questions, call Member Services at 1-800-783-5386.

How soon can I be seen after contacting a Perinatal Provider for an appointment?

Remember to call your perinatal provider to make a visit as soon as possible. Your doctor will see you within two weeks of your request.

Can I stay with a perinatal provider if they are not with Superior?

If your perinatal provider is not with Superior, please call Member Services. We will work with your doctor or clinic so he/she can keep seeing you or we will be more than happy to help you pick a new doctor within the plan. If you go to a doctor that is not signed up as a Superior perinatal provider and do not contact Superior to get approval to see that doctor, Superior may not pay that doctor and you may get billed for the services.

When does the coverage under CHIP Perinatal end?

You will be able to get OB services through your CHIP Perinatal coverage until you deliver your baby. After your baby is born, you are allowed two postpartum visits before coverage ends.

Will the state send me anything when the CHIP Perinatal coverage ends?

The state will send you a letter telling you that you no longer have these benefits.



Superior Health Tip

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

Accessing Care – CHIP Perinate Newborns

How long is my baby covered? How does renewal work?

Your baby's coverage is for twelve months. The coverage begins when you enroll the unborn baby when you are pregnant. After the twelve months of coverage ends, you can apply through the state CHIP office to have your baby covered under the CHIP program.

Can I choose my baby's Primary Care Provider before the baby is born? Who do I call? What information do they need?

You can pick your baby's doctor before he/she is born. Just call Superior with the name and address of the doctor you want to care for your baby. If you don't know which doctor you want, Superior can help you pick a doctor for your baby, just call us at 1-800-783-5386. Our Member Services representative will need some facts from you. He/she will need the mother's name, baby's name, date of birth and baby's CHIP ID number, if available.

How and when can I switch my baby's Primary Care Provider (PCP) or doctor?

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

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

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/her date of birth. Superior gets information from the hospital to add your baby as a new Superior member. It is still important that you contact the Texas CHIP program to also report the birth of your baby, so your baby can get all the health care he/she needs.

How and when do I tell my health plan about the birth of my baby? How and when do I tell my caseworker about the birth of my baby?

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

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

What benefits does my baby receive at birth?

If your family is at or below 185% of the Federal Poverty Level (FPL), your newborn will be moved to Medicaid for 12 months of continuous Medicaid coverage beginning on his or her date of birth. Call 1-800-964-2777 to learn more about Medicaid coverage. If your family is above 185% to 200% of the FPL, your child will be eligible to receive the CHIP benefits outlined in this handbook. The Texas Health and Human Services Commission (HHSC) will enroll your newborn in your CHIP plan, following standard cut-off rules.

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 1-800-783-5386.

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

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

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

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

If your/your child's doctor's office is closed, the doctor will have a number you can call 24 hours a day. The doctor can tell you what you need to do if you are not feeling well. If you cannot reach your/your child's doctor or want to talk to someone while you wait for the doctor to call you back, call Superior's nurse advice line at 1-800-783-5386. 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 gets sick or injured when out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at 1-800-783-5386 and we will help you find a doctor. If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-800-783-5386.

What if I/my child are out of state?

If you/your child has an emergency out of state, go to the nearest emergency room for care. If you/your child gets sick and need medical care while you are out-of-state, call your Superior doctor or clinic. Your doctor can tell you what you needs to do if you are not feeling well. Please show your Superior ID card before you are seen. Have the doctor call Superior for an authorization number. The phone number to call is on the back of your Superior ID card.

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

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

What do I have to do if I/my child move?

As soon as you have your new address, give it to the local HHSC benefits office and Superior's Member Services at 1-800-783-5386. Before you get CHIP 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

CHIP and CHIP Perinate Newborn

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

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP and once thereafter.
- For cause at any time.
- If you move to a different service delivery area.
- During the annual CHIP re-enrollment period.

For more information, call CHIP toll-free at 1-800-964-2777.

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

You can change health plans once per year. 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.

CHIP Perinatal

What if I want to change my perinatal health plan?

If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Your baby will continue to receive services through the CHIP program if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child.

Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinatal coverage ends. The 12 month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.

If you live in an area with more than one CHIP Perinatal health plan, and you do not pick a plan within 15 calendar days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a plan for your unborn child, you will have 90 days to pick another health plan if you are not happy with the plan HHSC chooses.

Accessing Care – Changing Health Plans

If you have children covered by CHIP, their health plans might change once you are approved for CHIP Perinatal coverage. When a member of the family is approved for CHIP Perinatal coverage and picks a perinatal health plan, all children in the family that are enrolled in CHIP must join the health plan providing the CHIP Perinatal services. The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.

You can ask to change health plans:

- For any reason within 90 days of enrollment in CHIP Perinatal
- If you move into a different service delivery area
- For cause at any time

Note:

If you are a CHIP Perinatal member and have children who are covered by CHIP, copayments, cost sharing and enrollment fees still apply for those children enrolled in the CHIP program.

Who do I call?

For more information, call toll-free at 1-800-964-2777.



Superior Health Tip

You should know the general signs of danger during pregnancy. Call your doctor if you notice any of the following:

- Severe, steady headache
- Vaginal bleeding
- Blurred or double vision
- Decreased movement of the baby
- Cramping for more than 2 hours
- Clear, pink, or brownish water leaking or gushing from the vagina

Accessing Care – Interpreter Services

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

Superior has staff that speaks English and Spanish. If you speak another language or are hearing impaired and need help, please call Member Services at 1-800-783-5386 (Relay Texas/TTY Line 1-800-735-2989).

You can also call Member Services at 1-800-783-5386 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 or 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 providers’ 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 business days (48 hours) before your/your child’s visit.



Superior Health Tip

If you are having trouble managing your care, Superior has Case Managers that can help. Just call Member Services at 1-800-783-5386 for help.

Care Defined

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

Emergency care is a covered service. Emergency care is provided for emergency medical conditions and emergency behavioral health conditions. An emergency medical condition is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain) that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

- Placing the member'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 CHIP member, serious jeopardy to the health of the CHIP member or her unborn child.

An emergency behavioral health condition means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual, possessing average knowledge of health and medicine:

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

What are emergency services or emergency care?

Emergency services and/or emergency care means health care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers or facility staff to evaluate and stabilize emergency medical conditions and/or emergency behavioral health conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency medical condition and/or an emergency behavioral health condition exists. Call 911 or go to the nearest hospital/emergency facility if you think you need emergency care.

For CHIP Perinatal Members

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

A CHIP Perinatal member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following emergency medical conditions:

- Medical screening examination to determine emergency when directly related to the delivery of the unborn child.
- Stabilization services related to the labor with delivery of the covered unborn child.
- Emergency ground, air, and water transportation for threatened labor is a covered benefit.
- Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Care Defined

Benefit Limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinatal member are not covered benefits.

An 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 health and medicine:

- Requires immediate intervention and/or medical attention without which the mother of the unborn child would present an immediate danger to the unborn child or others.
- That renders the mother of the unborn child incapable of controlling, knowing, or understanding the consequences of her actions.

What is Emergency Services or Emergency Care?

Emergency services and/or emergency care mean health care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility or other comparable facility by in-network or out-of-network physicians, providers or facility staff to evaluate and stabilize Emergency Medical Conditions or Emergency Behavioral Health Conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an Emergency Medical Condition or an Emergency Behavioral Health Condition exists.

How soon can I/my child expect to be seen for an emergency?

Emergency wait time will be based on your medical needs and determined by the emergency facility that is treating you.

What is post-stabilization?

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

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

If you/ your child needs medical care for things such as minor cuts, burns, infections, nausea or vomiting, then your visit is urgent. Call your doctor. He/she can usually see you within one day. If you have trouble getting an appointment for an urgent medical need, call Superior for help at 1-800-783-5386.

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

If you or your child needs a physical checkup, then the visit is routine. Your doctor should see you within 8 to 12 weeks (sooner if they can). If you need to see a specialty doctor, then the doctor should see you within 4 weeks. Superior will be happy to help you make an appointment, just call us at 1-800-783-5386.

You/your child must see a Superior provider for routine and urgent care. You can always call Superior at 1-800-783-5386 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/her. It is much easier to call you doctor with your medical problems if he/she knows who you are.

Care Defined

For CHIP and CHIP Perinatal Members:

What does medically necessary mean?

Covered services for CHIP members, CHIP Perinate Newborn members and CHIP Perinatal members must meet the CHIP definition of “medically necessary.” A CHIP Perinatal member is an unborn child.

Medically Necessary means:

1. 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 disability, 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 the health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
 - d. consistent with the member’s diagnoses;
 - e. no more intrusive or restrictive than necessary to give a proper balance of safety, effectiveness, and efficiency;
 - f. not experimental or investigative; and
 - g. not primarily for the convenience of the member or provider; and
2. Behavioral health services that:
 - a. are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
 - b. are provided 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 that can be safely provided;
 - d. are furnished in 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.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Inpatient General Acute and Inpatient Rehabilitation Hospital Services	<p>Medically necessary services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hospital-provided physician or provider services. • Semi-private room and board (or private if medically necessary as certified by attending). • General nursing care. • Special duty nursing when medically necessary. • ICU and services. • Patient meals and special diets. • Operating, recovery and other treatment rooms. • Anesthesia and administration (facility technical component). • Surgical dressings, trays, casts, splints. • Drugs, medications and biologicals. • Blood or blood products that are not provided free-of-charge to the patient and their administration. • X-rays, imaging and other radiological tests (facility technical component). • Laboratory and pathology services (facility technical component). • Machine diagnostic tests (EEGs, EKGs, etc). • Oxygen services and inhalation therapy. • Radiation and chemotherapy. • Access to DSHS-designated Level III perinatal centers or hospitals meeting equivalent levels of care. • In-network or out-of-network facility and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section. • Hospital, physician and related medical services, such as anesthesia, associated with dental care. • Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: dilation and curettage (D&C) procedures, appropriate provider-administered medications, ultrasounds, and histological examination of tissue samples. • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: <ul style="list-style-type: none"> • cleft lip and/or palate; • severe traumatic, skeletal and/or congenital craniofacial deviations; • severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment. • Surgical implants. • Other artificial aids including surgical implants. 	<ul style="list-style-type: none"> • Requires authorization for non-emergency care and care following stabilization of an emergency condition. • Requires authorization for in-network or out-of-network facility and physician services for a mother and her newborn(s) after 48 hours following an uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarian section. 	Applicable level of inpatient copay applies.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Inpatient General Acute and Inpatient Rehabilitation Hospital Services (continued)	<p>Inpatient services for a mastectomy and breast reconstruction include:</p> <ul style="list-style-type: none"> • All stages of reconstruction on the affected breast; • Surgery and reconstruction on the other breast to produce symmetrical appearance; and • Treatment of physical complications from the mastectomy and treatment of lymphedemas. • Implantable devices are covered under inpatient and outpatient services and do not count towards the DME 12 month period limit. 		
Skilled Nursing Facilities (Includes Rehabilitation Hospitals)	<p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Semi-private room and board. • Regular nursing services. • Rehabilitation services. • Medical supplies and use of appliances and equipment furnished by the facility. 	<ul style="list-style-type: none"> • Requires authorization and physician prescription • 60 days per 12-month period limit. 	Copays do not apply.
Transplants	<p>Medically necessary services include:</p> <ul style="list-style-type: none"> • Using up-to-date FDA guidelines. • All non-experimental human organ and tissue transplants. • All forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses. 	Requires authorization.	Copays do not apply.
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center	<p>Services include, but are not limited to, the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting:</p> <ul style="list-style-type: none"> • X-ray, imaging, and radiological tests (technical component). • Laboratory and pathology services (technical component). • Machine diagnostic tests. • Ambulatory surgical facility services. • Drugs, medications and biologicals. • Casts, splints, dressings. • Preventive health services. • Physical, occupational and speech therapy. • Renal dialysis. • Respiratory services. • Radiation and chemotherapy. • Blood or blood products that are not provided free-of-charge to the patient and the administration of these products. • Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility. • Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: dilation and curettage (D&C) procedures, appropriate provider-administered medications, ultrasounds, and histological examination of tissue samples. 	May require prior authorization and physician prescription.	<ul style="list-style-type: none"> • Applicable level of copay applies to prescription drug services. • Copays do not apply to preventive services or outpatient services.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center (continued)	<ul style="list-style-type: none"> • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: • cleft lip and/or palate; • severe traumatic, skeletal and/or congenital craniofacial deviations; • severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment. • Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility. • Surgical implants. • Other artificial aids including surgical implants. • Outpatient services provided at an outpatient hospital and ambulatory health care center for a mastectomy and breast reconstruction as clinically appropriate include: <ul style="list-style-type: none"> • all stages of reconstruction on the affected breast; • external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed • surgery and reconstruction on the other breast to produce symmetrical appearance; and • treatment of physical complications from the mastectomy and treatment of lymphedemas. • Implantable devices are covered under inpatient and outpatient services and do not count towards the DME 12 month period limit. 		
Physician/ Physician Extender Professional Service	<p>Services include, but are not limited to the following:</p> <ul style="list-style-type: none"> • American Academy of Pediatrics recommended well-child exams and preventive health services (including but not limited to vision and hearing screening and immunizations). • Physician office visits, in-patient and outpatient services. • Laboratory, x-rays, imaging and pathology services, including technical component and/or professional interpretation. • Medications, biologicals and materials administered in physician's office. • Allergy testing, serum and injections. • Professional component (in/outpatient) of surgical services, including: <ul style="list-style-type: none"> • Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care; • Administration of anesthesia by physician (other than surgeon) or CRNA; • Second surgical opinions; • Same-day surgery performed in a hospital without an over-night stay; • Invasive diagnostic procedures such as endoscopic examinations. • Hospital-based physician services (including physician-performed technical and interpretive components). • Physician and professional services for a mastectomy and breast reconstruction include: <ul style="list-style-type: none"> • all stages of reconstruction on the affected breast; • external breast prosthesis for the breast(s) on which medically necessary mastectomy have been performed; • surgery and reconstruction on the other breast to produce symmetrical appearance; and • treatment of physical complications from the mastectomy and treatment of lymphedemas. 	May require authorization for specialty services.	Applicable level of copay applies to office visits. Copays do not apply to preventive services.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Physician/ Physician Extender Professional Services (continued)	<ul style="list-style-type: none"> In-network and out-of-network physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section. Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation. Physician services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Physician services associated with miscarriage or non-viable pregnancy include, but are not limited to: dilation and curettage (D&C) procedures, appropriate Provider-administered medications, ultrasounds, and histological examination of tissue samples. Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: <ul style="list-style-type: none"> cleft lip and/or palate; severe traumatic, skeletal and/or congenital craniofacial deviations; severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment. 		
Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies	<p>Covered services include DME (equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, injury, or disability, and is appropriate for use in the home), including devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including but not limited to:</p> <ul style="list-style-type: none"> Dental devices. Prosthetic devices such as artificial eyes, limbs, braces and external breast prostheses. Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease. Other artificial aids including surgical implants. Hearing aids. Implantable devices are covered under inpatient and Outpatient services and do not count towards the DME 12-month period limit. Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements. Orthotic braces and orthotics. 	<ul style="list-style-type: none"> Requires prior authorization and physician prescription. \$20,000 per 12-month period limit for DME, prosthetics, devices and disposable medical supplies (implantable devices, diabetic supplies and equipment are not counted against this cap). 	Copays do not apply.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Birthing Center Services	Birthing services provided by a licensed birthing center.	<ul style="list-style-type: none"> Limited to facility services (e.g., labor and delivery). Applies only to CHIP members. 	None.
Services rendered by a Certified Nurse Midwife or physician in a licensed birthing center.	<ul style="list-style-type: none"> CHIP members: Covers prenatal services and birthing services rendered in a licensed birthing center. CHIP Perinate Newborn members: Covers services rendered to a newborn immediately following delivery. 		None.
Home and Community Health Services	<p>Services that are provided in the home and community, including, but not limited to:</p> <ul style="list-style-type: none"> Home infusion. Respiratory therapy. Visits for private duty nursing (R.N., L.V.N.). Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.). Home health aide when included as part of a plan of care during a period that skilled visits have been approved. Speech, physical and occupational therapies. 	<ul style="list-style-type: none"> Requires prior authorization and physician prescription. Services are not intended to replace the child's caretaker or to provide relief for the caretaker. Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services. Services are not intended to replace 24-hour inpatient or skilled nursing facility services. 	Copays do not apply.
Inpatient Mental Health Services	<p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> Mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities. Neuropsychological and psychological testing. 	<ul style="list-style-type: none"> Requires prior authorization for non-emergency services. Does not require Primary Care Provider (PCP) referral. When inpatient psychiatric services are ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. 	Applicable level of inpatient copay applies.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Outpatient Substance Abuse Treatment Services	<p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> Prevention and intervention services that are provided by physician and non-physician Providers, such as screening, assessment and referral for chemical dependency disorders. Partial hospitalization. Intensive outpatient services - defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training that consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day. Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training. 	<ul style="list-style-type: none"> May require prior authorization. Does not require Primary Care Provider referral. 	Applicable level of copay applies to office visits.
Rehabilitation Services	<p>Habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to the following:</p> <ul style="list-style-type: none"> Physical, occupational and speech therapy. Developmental assessment. 	Requires prior authorization and physician prescription.	Copays do not apply.
Hospice Care Services	<p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> Palliative care, including medical and support services, for those children who have six months or less to live, to keep patients comfortable during the last weeks and months before death. Treatment services, including treatment related to the terminal illness, are unaffected by electing hospice care services. 	<ul style="list-style-type: none"> Requires authorization and physician prescription. Services apply to the hospice diagnosis. Up to a maximum of 120 days with a 6 month life expectancy. Patients electing hospice services may cancel this election at anytime. 	Copays do not apply.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Outpatient Mental Health Service	<p>Services include but are not limited to:</p> <ul style="list-style-type: none"> • Mental health services, including for serious mental illness, provided on an outpatient basis. • Neuropsychological and psychological testing • Medication. management • Rehabilitative day treatments. • Residential treatment services. • Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment). • Skills training (psycho-educational skill development). • 	<ul style="list-style-type: none"> • May require prior authorization. • Does not require Primary Care Provider referral. • The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility. • When outpatient psychiatric services are ordered by a court of competent jurisdiction under the provisions of chapters 573 and 574 of the Texas Health and Safety Code, relating to court ordered commitments to psychiatric facilities, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • A Qualified Mental Health Professional Provider – Community Services (QMHP-CS), as is defined and credentialed by the Texas Department of State Health Services (DSHS) in standards (T.A.C.Title 25 T.A.C., Part I, Chapter 412, Subchapter G, Division 1), §412.303(31). QMHP-CSs are Providers working through a DSHS-contracted Local Mental Health Authority or a separate DSHS-contracted entity. QMHP-CSs are a Local Mental Health Authorities Provider. A QMHP must be working under the authority of a DSHS entity and be supervised by a licensed mental health professional or physician and provide services in accordance with DSHS standards. QMHPs are acceptable Providers as long as the services are within the scope of the services that are typically provided by OMHPs. Those services include individual and group skills training (that can be components of interventions such as day treatment and in-home services), patient and family education, and crisis services. 	Applicable level of copay applies to office visits.
Inpatient Substance Abuse Treatment Services	<p>Services include, but are not limited to:</p> <ul style="list-style-type: none"> • Inpatient and residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs. 	<ul style="list-style-type: none"> • Requires prior-authorization for non-emergency services. • Does not require primary care provider referral. • 	Applicable level of copay applies to office visits.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services	<p>The health plan cannot require authorization as a condition for payment for emergency conditions or labor and delivery.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Emergency services based on prudent lay person definition of emergency health condition. • Hospital emergency department room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network Providers. • Medical screening examination. • Stabilization services. • Access to DSHS designated Level 1 and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services. • Emergency ground, air and water transportation. • Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, and removal of cysts. 	Requires authorization for post-stabilization services.	Applicable copays apply to emergency room visits (facility only).
Prenatal Care and Pre-Pregnancy Family Services and Supplies	<ul style="list-style-type: none"> • Covered, unlimited prenatal care and medically necessary care related to diseases, illness, or abnormalities related to the reproductive system, and limitations and exclusions to these services are described under inpatient, outpatient and physician services. 	Primary and preventive health benefits do not include pre- pregnancy family reproductive services and supplies, or prescription medications prescribed only for the purpose of primary and preventive reproductive health care.	Copays do not apply.
Drug Benefits	<p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Outpatient drugs and biologicals; including pharmacy dispensed and provider-administered outpatient drugs and biologicals; and • Drugs and biologicals provided in an inpatient setting. 	Some drug benefits require prior authorization.	Applicable level of copay applies for pharmacy dispensed drug benefits.

CHIP and CHIP Perinate Newborn – Benefits and Services

Type of Benefit	Description of Benefit	Limitations	Copay
Vision Benefit	<p>Covered services include:</p> <ul style="list-style-type: none"> • One examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization. • One pair of non-prosthetic eyewear per 12-month period. 	<ul style="list-style-type: none"> • The health plan may reasonably limit the cost of the frames/lenses. • Does not require authorization for protective and polycarbonate lenses when medically necessary as part of a treatment plan for covered diseases of the eye. 	Applicable levels of copay applies to office visits billed for refractive exam.
Chiropractic Services	Covered services do not require physician prescription and are limited to spinal subluxation.	<ul style="list-style-type: none"> • Requires authorization for twelve visits per 12-month period limit (regardless of number of services or modalities provided in one visit). • Requires authorization for additional visits. 	Applicable level of copay applies to chiropractic office visits.
Tobacco Cessation Program	Covered up to \$100 for a 12- month period limit for a plan approved program.	<ul style="list-style-type: none"> • Does not require authorization. • Health plan defines plan-approved program. • May be subject to formulary requirements. 	Copays do not apply.
Value-Added Services	<ul style="list-style-type: none"> • 24-hour nurse hotline. • 20% discount on upgraded vision hardware. • Children’s Follow-up Incentive Program for members under age 21 following an acute behavioral health inpatient hospitalization. • Consumer directed mental health resources available at www.myStrength.com. 	Does not require authorization.	Copays do not apply.

*Copayments do not apply to preventive services or pregnancy-related assistance.

CHIP and CHIP Perinate Newborn – Benefits and Services

How do I get these services for me/my child?

Your/your child's doctor will work with you to make sure you/your child gets the services needed. These services must be given by your/your child's doctor or referred by your/your child's doctor to another provider.

What benefits does my baby receive at birth?

If your family is at or below 198% of the Federal Poverty Level (FPL), your newborn will be moved to Medicaid for 12 months of continuous Medicaid coverage beginning on the date of birth. Call 1-800-964-2777 to learn more about Medicaid coverage. If your family is above 198% to 202% of the FPL, your child will be eligible to receive the CHIP benefits outlined in this handbook.

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

To learn more about your benefits, call Superior at 1-800-783-5386.

What services are not covered by CHIP?

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

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

You will be held responsible for non-covered CHIP services. It is your responsibility to determine which services are covered or not. A listing of all CHIP exclusions is found on the next page.

Remember: If you have any questions on what is or what is not a covered service, please call Superior at 1-800-783-5386.

CHIP and CHIP Perinate Newborn – Benefits and Services

CHIP and CHIP Perinate Newborn excluded services:

- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system.
- Contraceptive medications prescribed only for the purpose of primary and preventive reproductive health care (i.e. cannot be prescribed for family planning).
- Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles that are not required for the specific treatment of sickness or injury.
- Experimental and/or investigational medical, surgical or other health care procedures or services that are not generally employed or recognized within the medical community.
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court.
- Dental devices solely for cosmetic purposes.
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility.
- Mechanical organ replacement devices including, but not limited to artificial heart.
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by Superior HealthPlan.
- Prostate and mammography screening.
- Elective surgery to correct vision.
- Cosmetic surgery/services solely for cosmetic purposes.
- Out-of-network services not authorized by Superior HealthPlan except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section.
- Gastric procedures for weight loss.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by Superior HealthPlan.
- Medications prescribed for weight loss or gain.
- Acupuncture services, naturopathy and hypnotherapy.
- Immunizations solely for foreign travel.
- Routine foot care such as hygienic care.
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails).
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the member or the vendor.
- Corrective orthopedic shoes.
- Convenience items.
- Over-the-counter medications.
- Orthotics primarily used for athletic or recreational purposes.
- Custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) This exclusion does not apply to hospice services.
- Housekeeping.

CHIP and CHIP Perinate Newborn – Benefits and Services

CHIP and CHIP Perinate Newborn excluded services continued:

- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities.
- Services or supplies received from a nurse, which do not require the skill and training of a nurse.
- Vision training and vision therapy.
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered except when ordered by a physician or Primary Care Provider.
- Donor non-medical expenses.
- Charges incurred as a donor of an organ when the recipient is not covered under Superior coverage while traveling outside of the United States and U.S. Territories (including Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, and American Samoa.)



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 44.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Ace Bandages		X	Exception: If provided by and billed through the clinic or home care agency it is covered as an incidental supply.
Alcohol, Rubbing		X	Over-the-counter supply.
Alcohol, Swabs (diabetic)	X		Over-the-counter supply not covered, unless RX provided at time of dispensing.
Alcohol, swabs	X		Covered only when received with IV therapy or central line kits/supplies.
Ana Kit Epinephrine	X		A self injection kit used by patients highly allergic to bee stings.
Arm Sling	X		Dispensed as part of office visit.
Attends (Diapers)	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Bandages		X	
Basal Thermometer		X	Over-the-counter supply.
Batteries – initial	X		For covered DME items.
Batteries – replacement	X		For covered DME when replacement is necessary due to normal use.
Betadine		X	See IV therapy supplies.
Books		X	
Clinitest	X		For monitoring of diabetes.
Colostomy Bags			See Ostomy Supplies.
Communication Devices		X	
Contraceptive Jelly		X	Over-the-counter supply. Contraceptives are not covered under the plan.
Dental Devices	X		Coverage limited to dental devices used for the treatment of craniofacial anomalies, requiring surgical intervention.
Cranial Head Mold		X	
Diabetic Supplies	X		Monitor calibrating solution, insulin syringes, needles, lancets, lancet device, and glucose strips.
Diapers/Incontinent Briefs/Chux	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Diaphragm		X	Contraceptives are not covered under the plan.
Diastix	X		For monitoring diabetes.
Diet, Special		X	
Distilled Water		X	
Dressing Supplies/Central Line	X		Syringes, needles, Tegaderm, alcohol swabs, Betadine swabs or ointment, tape. Many times these items are dispensed in a kit when includes all necessary items for one dressing site change.
Dressing Supplies/Decubitus	X		Eligible for coverage only if receiving covered home care for wound care.
Dressing Supplies/Peripheral IV Therapy	X		Eligible for coverage only if receiving home IV therapy.
Dressing Supplies/Other		X	
Dust Mask		X	
Ear Molds	X		Custom made, post inner or middle ear surgery.
Electrodes	X		Eligible for coverage when used with a covered DME.
Enema Supplies		X	Over-the-counter supply.
Enteral Nutrition Supplies	X		Necessary supplies (e.g., bags, tubing, connectors, catheters, etc.) are eligible for coverage. Enteral nutrition products are not covered except for those prescribed for hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel, or malabsorption due to disease.
Eye Patches	X		Covered for patients with amblyopia.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Formula		X	<p>Exception: Eligible for coverage only for chronic hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel, or malabsorption due to disease (expected to last longer than 60 days when prescribed by the physician and authorized by plan.) Physician documentation to justify prescription of formula must include:</p> <p>Identification of a metabolic disorder.</p> <p>Dysphagia that results in a medical need for a liquid diet.</p> <p>Presence of a gastrostomy, or</p> <p>Disease resulting in malabsorption that requires a medically necessary nutritional product.</p> <p>Does not include formula:</p> <p>For members who could be sustained on an age-appropriate diet.</p> <p>Traditionally used for infant feeding.</p> <p>In pudding form (except for clients with documented oropharyngeal motor dysfunction who receive greater than 50 percent of their daily caloric intake from this product).</p> <p>For the primary diagnosis of failure to thrive, failure to gain weight, or lack of growth or for infants less than twelve months of age unless medical necessity is documented and other criteria, listed above, are met.</p> <p>Food thickeners, baby food, or other regular grocery products that can be blenderized and used with an enteral system that are not medically necessary, are not covered, regardless of whether these regular food products are taken orally or parenterally.</p>
Gloves		X	Exception: Central line dressings or wound care provided by home care agency.
Hydrogen Peroxide		X	Over-the-counter supply.
Hygiene Items		X	
Incontinent Pads	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Insulin Pump (External) Supplies	X		Supplies (e.g., infusion sets, syringe reservoir and dressing, etc.) are eligible for coverage if the pump is a covered item.

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Irrigation Sets, Wound Care	X		Eligible for coverage when used during covered home care for wound care.
Irrigation Sets, Urinary	X		Eligible for coverage for individual with an indwelling urinary catheter.
IV Therapy Supplies	X		Tubing, filter, cassettes, IV pole, alcohol swabs, needles, syringes and any other related supplies necessary for home IV therapy.
K-Y Jelly		X	Over-the-counter supply.
Lancet Device	X		Limited to one device only.
Lancets	X		Eligible for individuals with diabetes.
Med Ejector	X		
Needles and Syringes/ Diabetic			See Diabetic Supplies.
Needles and Syringes/IV and Central Line			See IV Therapy and Dressing Supplies/Central Line.
Needles and Syringes/ Other	X		Eligible for coverage if a covered IM or SubQ medication is being administered at home.
Normal Saline			See Saline, Normal.
Novopen	X		
Ostomy Supplies	X		Items eligible for coverage include: belt, pouch, bags, wafer, face plate, insert, barrier, filter, gasket, plug, irrigation kit/sleeve, tape, skin prep, adhesives, drain sets, adhesive remover, and pouch deodorant. Items not eligible for coverage include: scissors, room deodorants, cleaners, rubber gloves, gauze, pouch covers, soaps, and lotions.
Parenteral Nutrition/ Supplies	X		Necessary supplies (e.g., tubing, filters, connectors, etc.) are eligible for coverage when the health plan has authorized the parenteral nutrition.
Saline, Normal	X		Eligible for coverage: when used to dilute medications for nebulizer treatments. as part of covered home care for wound care. for indwelling urinary catheter irrigation.
Stump Sleeve	X		

CHIP and CHIP Perinate Newborn – Covered and Excluded Supplies

Supplies	Covered	Excluded	Comments/Member Contract Provisions
Stump Socks	X		
Suction Catheters	X		
Syringes			See Needles/Syringes.
Tape			See Dressing Supplies, Ostomy Supplies, IV Therapy Supplies.
Tracheostomy Supplies	X		Cannulas, tubes, ties, holders, cleaning kits, etc. are eligible for coverage.
Under Pads			See Diapers/Incontinent Briefs/Chux.
Unna Boot	X		Eligible for coverage when part of wound care in the home setting. Incidental charge when applied during office visit.
Urinary, External Catheter & Supplies		X	Exception: Covered when used by incontinent male where injury to the urethra prohibits use of an indwelling catheter ordered by the Primary Care Provider and approved by the plan.
Urinary, Indwelling Catheter & Supplies	X		Covers catheter, drainage bag with tubing, insertion tray, irrigation set and normal saline if needed.
Urinary, Intermittent	X		Covers supplies needed for intermittent or straight catheterization.
Urine Test Kit	X		When determined to be medically necessary.
Urostomy supplies			See Ostomy Supplies.

CHIP and CHIP Perinate Newborn – Benefits and Services

Behavioral Health (Mental Health and Chemical Dependency)

How do I get help if I have/my child has behavioral (mental) health 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 members can help you work out a problem. When that is not enough, you should call your doctor or Superior. We can connect you with 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. You can go to any Superior provider for these services. We will help you find the best provider for your child. Call 1-888-471-4357 to get help right away, 24 hours a day, 7 days a week.

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

Help might be needed if you/your child:

- Can't cope with daily life
- Feels very sad, stressed or worried
- Are not sleeping or eating well
- Wants to hurt themselves or others or has thoughts about hurting 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
- Seems 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. We can help you find a provider who will be a good match for you/your child. The most important thing is for you/your child to have someone to talk to so you/they can work on solving your/their problems.

What do I do in a behavioral health emergency?

You should call 911 if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Call 1-888-471-4357 for someone to help you/your child with depression, mental illness, substance abuse or emotional questions.

What do you do if you/your child are already in treatment?

If you/your child is already getting care, ask your provider if they are in network. If the answer is yes, you do not need to do anything. If the answer is no, call 1-888-471-4357. 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 network, we will work with the provider to keep caring for you/your child until medical records can be transferred to a new doctor.

CHIP and CHIP Perinate Newborn – Benefits and Services

Superior offers these services:

- Education, planning and coordination of your child's care
- Outpatient mental health and substance abuse services
- Psychiatric partial and inpatient hospital services
- Crisis services 24 hours a day, 7 days a week
- Non-hospital and inpatient residential detoxification, rehabilitation and half-way house
- Residential care for children
- Lab services
- Referrals to other community resources
- Transitional health care services

Note: Superior wants to help your child stay healthy. We need to hear your concerns so that we can make our services better. Call 1-888-471-4357, TTY (hearing impaired) 1-800-735-2989.

Dental

How do I get dental services for my child?

Your child's CHIP dental plan provides dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's CHIP dental plan to learn more about the dental services they offer. Superior covers emergency dental services that your child gets in a hospital. 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 1-800-508-6775

MCNA Dental 1-800-494-6262

Are emergency dental services covered?

Superior will pay for some emergency dental services provided in a hospital, urgent care center or ambulatory surgical center setting, such as:

- Dislocated jaw
- Removal of cysts
- Treatment and devices for craniofacial anomalies
- Traumatic damage to teeth and supporting structures
- Treatment of oral abscess of tooth or gum origin
- Drugs for any of the above conditions

Superior also covers dental services that your child gets in a hospital, urgent care center, or ambulatory surgical center setting. This includes services from the doctor and other services your child might need, like anesthesia.

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

During normal business hours, call your child's main dentist to find out how to get emergency services.

If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at 1-800-783-5386.

CHIP and CHIP Perinate Newborn – Benefits and Services

Routine Eye Care

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

You/your child can get an eye exam once a year (more if his/her eyesight changes a lot). Your child can get glasses once every 12 months. If your child's vision changes a lot, he/she can get eyeglasses sooner than 12 months. The vision provider can give you more facts.

You do not need a referral from your child's Primary Care Provider (PCP) to see the eye doctor. Your child can get eye care from Superior's vision provider, Total Vision Health Plan (TVHP). To pick an eye care provider, call TVHP Member Services at 1-800-360-9165.

Special Health Care Needs

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, you have direct access to Superior's specialists. This means you do not need a referral from your doctor to see a specialist. Call Superior at 1-800-783-5386. We can help you make an appointment with one of our specialists. We will also refer you to one of our Case Managers. Superior Case Managers are registered nurses or social workers. They can help you understand major health problems and help you get the care and services you need. A Case Managers will work with you and your doctor to:

- develop a plan of care
- follow your/your child's progress and make sure you are getting the care you need
- answer your health care questions

What other services can my plan help me with?

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

- Texas Department of Assistive and Rehabilitative Services (DARS) Division of Blind Services
- Dental services for children
- Public health departments

To learn more about these services, call Superior at 1-800-783-5386.

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 are shared with Superior's doctors. This allows them to provide the best and most current types of care for you.

CHIP Perinatal Mothers – Benefits and Services

What are the CHIP Perinatal benefits? What are my unborn child’s CHIP perinatal benefits?

Type	Covered Benefit	Limitations
Case Management Services	Case Management services are a covered benefit for the unborn child.	These covered services include outreach informing, Case Management, care coordination and community referral.
Care Coordination Services	Care coordination services are a covered benefit for the unborn child.	
Value-added services	Diaper bag, car seat, phone help and access to Superior’s nurse advice line. See page 44 for more details.	For members in Bexar, El Paso, Lubbock, Nueces and Travis county service areas.

How do I get these services for my unborn child?

Your doctor will work with you to make sure you and your unborn child get the services needed. These services must be given by your doctor or referred by your doctor to another provider.

What benefits does my baby receive at birth?

If your family is at or below 198% of the Federal Poverty Level (FPL), your newborn will be moved to Medicaid for 12 months of continuous Medicaid coverage beginning on the date of birth. Call 1-800-964-2777 to learn more about Medicaid coverage. If your family is above 198% to 202% of the FPL, your child will be eligible to receive the CHIP benefits outlined in this handbook.

What services are not covered for CHIP Perinatal mothers?

The following is a list of some of the services not covered by CHIP Perinatal or Superior:

- Services or items only for cosmetic purposes
- First aid supplies
- Items for personal cleanliness and grooming
- Items used for incontinence (i.e. adult disposable diapers)
- Services decided to be experimental or for research
- Sex change operations
- Services not approved by the doctor, unless the doctor approval is not needed (i.e. family planning and behavioral health)
- Care that is not medically necessary
- Abortions except as allowed by state law
- Infertility services

What if I need services that are not covered by CHIP Perinatal?

If you need services that are not covered by CHIP Perinatal, Superior will try to help you find clinics and/or doctors that might be able to help you get those services at a discount.

There are also community organizations that might be able to help you. Call our Member Connections staff at 1-800-783-5386. They can help you find these resources.

CHIP Perinatal Mothers – Benefits and Services

CHIP Perinatal member excluded services:

- Inpatient and outpatient treatments other than prenatal care, labor with delivery, and postpartum care related to the covered unborn child until birth. Services related to preterm, false or other labor not resulting in delivery are excluded services.
- Inpatient mental health services.
- Outpatient mental health services.
- Durable medical equipment (DME) or other medically related remedial devices.
- Disposable medical supplies.
- Home and community-based health care services.
- Nursing care services.
- Dental services.
- Inpatient substance abuse treatment services and residential substance abuse treatment services.
- Outpatient substance abuse treatment services.
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.
- Hospice care.
- Skilled nursing facility and rehabilitation hospital services.
- Emergency services other than those directly related to the delivery of the covered unborn child.
- Transplant services.
- Tobacco cessation programs.
- Chiropractic services.
- Medical transportation not directly related to the labor or threatened labor and/or delivery of the covered unborn child.
- Personal comfort items including, but not limited to, personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles which are not required for the specific treatment related to labor and delivery or post partum care.
- Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community.
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court.
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility.
- Mechanical organ replacement devices including, but not limited to artificial heart.
- Hospital services and supplies when confinement is solely for diagnostic testing purposes and not a part of labor and delivery.
- Prostate and mammography screening.
- Elective surgery to correct vision.
- Gastric procedures for weight loss.
- Cosmetic surgery/services solely for cosmetic purposes.

CHIP Perinatal Mothers – Benefits and Services

CHIP Perinatal member excluded services (continued):

- Out-of-network services not authorized by Superior except for emergency care related to the labor and delivery of the covered unborn child.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity.
- Acupuncture services, naturopathy and hypnotherapy.
- Immunizations solely for foreign travel.
- Routine foot care such as hygienic care.
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails).
- Corrective orthopedic shoes.
- Convenience items.
- Orthotics primarily used for athletic or recreational purposes.
- Custodial care (care that assists with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a caregiver. This care does not require the continuing attention of trained medical or paramedical personnel).
- Housekeeping.
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities.
- Services or supplies received from a nurse, which do not require the skill and training of a nurse.
- Vision training, vision therapy, or vision services.
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered.
- Donor non-medical expenses.
- Charges incurred as a donor of an organ.



Superior Health Tip

Medicines can be safe if you take them correctly. Medicines 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.

Pharmacy

What are CHIP prescription drug benefits?

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

What are prescription drug benefits for CHIP Perinatal members?

Your unborn child's prescription drug benefits include unlimited prescriptions and prenatal vitamins. You can go to any pharmacy in Superior's network. There are some medications that may not be covered through CHIP. A Superior 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? Who do I call if I have problems getting my/my child's medications?

CHIP, CHIP Perinatal and CHIP Perinate Newborn covers most of the medicine your/your child's doctor says you need. Your/your child's doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you. Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy, and medications for weight loss or gain. You may have to pay a copayment for each prescription filled depending on your income. CHIP Perinatal members have no copayments. If you have trouble getting your medicines, please call Member Services at 1-800-783-5386.

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 1-800-783-5386. A list is also available online at www.SuperiorHealthPlan.com.

Remember: Always take your Superior ID card with you 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's Member Services at 1-800-783-5386, and 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.

Pharmacy

What if I need my medications delivered to me?

Superior also offers many medications by mail. Some Superior pharmacies offer home delivery services. Call Member Services at 1-800-783-5386 to learn more about mail order or to find a pharmacy that may offer home delivery service in your area.

What if I need/my child needs birth control pills?

The pharmacy cannot give you/your child birth control pills to prevent pregnancy. You/your child can only get birth control pills if they are needed to treat a medical condition.

What if I lose my medications?

If you lose your medications, you should call your doctor or clinic for help. If your doctor or clinic is closed, the drug store where you got your medication should be able to help you. You can also call Superior Member Services at 1-800-783-5386, and we can help you get the medications you need.

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

If your/your child's doctor cannot be reached to approve a prescription, you/your child may be able to get a three-day emergency supply of your/your child's medication. Call Superior at 1-800-783-5386 for help with your medications and refills.

What if I need/my child needs an over the counter medication?

The pharmacy cannot give you an over-the-counter medication as part of your/your child's CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

Bonus Benefits and Services

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

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

CHIP

- Extra vision benefits including \$150 toward prescription eyewear.
- Annual sports physicals for children ages 4 through 17.
- A convertible baby car seat for completing 1 prenatal visit and attending an educational baby shower.*
- Diaper bag and diapers for pregnant members who attend a baby shower class.
- Water safety course for members ages 4 to 10.*
- Help for members in the asthma disease management program, including 1 peak flow meter and home visits for high-risk members.
- Extra behavioral health services.
- A 24-hour nurse advice line.
- Up to \$150 each year through CentAccount®, a program for pregnant women who complete prenatal visits, checkups, get a flu shot and agree to receive pregnancy-related text messages.*
- Support for pregnant members to reduce the health risks of smoking.
- Up to 750 extra minutes per month for SafeLink phone users who are enrolled in Case Management.
- Connections Plus phone for members who do not qualify for SafeLink and enroll in Case Management.

*Only for members in the Bexar, El Paso, Nueces and Travis county service areas.

#Only for members in the Bexar, El Paso, Lubbock, Nueces and Travis county service areas.

CHIP Perinate

- Diaper bag and diapers for pregnant members who attend a baby shower class.
- A convertible baby car seat for completing 1 prenatal visit and attending an educational baby shower.#
- Up to \$150 each year through CentAccount®, a program for pregnant women who complete prenatal visits, checkups, get a flu shot and agree to receive pregnancy-related text messages.#
- Up to 750 extra minutes per month for SafeLink phone users who are enrolled in Case Management.
- Connections Plus phone for members who do not qualify for SafeLink and enroll in Case Management.
- A 24-hour nurse advice line.

#Only for members in the Bexar, El Paso, Lubbock, Nueces and Travis county service areas.

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 1-800-783-5386.

Restrictions and limitations may apply. For an up-to-date list of these services, go to www.SuperiorHealthPlan.com. For questions, call Member Services at 1-800-783-5386.

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 Member 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
- The CHIP program
- How to use Superior services
- How to use your member Handbook
- Preventive, urgent and emergent care
- Visits to specialists
- Complaint and appeal procedures
- Procedures for leaving the program

Superior Member Connections can also give you resources to help you get food, housing, clothing and utility services. To learn more, please call Superior's Member Connections staff at 1-800-783-5386.

Bonus Benefits and Services

Asthma Program

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

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

Call Superior at 1-800-783-5386 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.

Case Management

Superior has experienced nurses who can help you understand problems you/your child may have. These include:

- 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 1-800-783-5386 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 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 1-800-783-5386 if you want to talk to a nurse about being in this program.

Health Education for CHIP and CHIP Perinatal Mothers

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

What health education classes are offered by other agencies?

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

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

If you need extra help because you are pregnant or if you or your child has asthma or another serious medical condition, call Superior at 1-800-783-5386. They will refer you to Superior's Case Management program. It has registered nurses who can help you manage your (or your child's) illness. The nurses will work with you and your doctor(s) to coordinate your care and make sure you have what you need to help keep you/your healthy.

The Head Start Program

Head Start is a program offered to many children in Texas. The program provides children ages five and younger with health services and early childhood education that help them get ready for school. Children may qualify for the program based on their family's income.

Programs may be held in schools, child care facilities or community agencies. Some of the benefits of Head Start are:

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

Enrolling in Head Start

Many children will qualify for Head Start. The children's family must meet income guidelines. A list of guidelines is provided by the U.S. Department of Health and Human Services. Go to www.aspe.hhs.gov to learn more. The children's birth certificate or other form of identification is needed to finish enrolling.

There are many Head Start programs in Texas. These programs can be found at <http://eclkc.ohs.acf.hhs.gov/hslc>.

Please note that children who enroll in Head Start are required to get a well child checkup within 45 days of enrolling. Call Superior if you/your child need help scheduling an appointment or finding a doctor.

Member Billing

What do I do if I get a bill from my doctor or perinatal provider? Who do I call? What information will they need?

The scheduled copayments and deductibles are the only amounts that a provider can collect from you. Please remember to show your Superior ID card before you see the doctor. First, call the provider that is billing you. They might not have the right facts. You should not be billed for any services covered by CHIP as long as you go to a Superior Provider. If you get a bill for services Superior should have paid for, call Member Services at 1-800-783-5386. When you call, give the Member Services staff the following facts:

- Date of service
- Your Patient Account Number
- Invoice number
- Name of provider
- Amount of bill
- The phone number listed on the statement

We will look into why you got the bill and offer an explanation and resolution as appropriate.

CHIP

What are copayments? How much are they and when do I have to pay them?

Copayments for medical services or prescription drugs are paid to the health care provider at the time of service. You do not have to pay copayments for preventive care such as well-child or well-baby visits or immunizations.

Your child's Superior ID card lists the copayments that apply to your family. Present your ID card when your child gets office visits or emergency room services or has a prescription filled.

The table below lists the CHIP copayment schedule. It is listed according to a family's income.

Effective January 1, 2014**						
Federal Poverty Levels (FPL)	Office Visits	Non-Emergency ER	Generic Drug	Brand Drug	Facility Co-pay, Inpatient	Cost-sharing Cap
At or Below 100%	\$3	\$3	\$0	\$3	\$15	5% of family income***
Above 100% up to and including 151%	\$5	\$5	\$0	\$5	\$35	5% of family income***
Above 151% up to and including 186%	\$20	\$75	\$10	\$35	\$75	5% of family income***
Above 186% up to and including 201%	\$25	\$75	\$10	\$35	\$125	5% of family income***

** Effective March 1, 2012, CHIP members will be required to pay an office visit copayment for each nonpreventive dental visit.

*** Per 12-month term of coverage.

Member Billing

Effective January 1, 2014**

Enrollment Fees (for 12-month enrollment period):	Charge
At or below 151% of FPL*	\$0
Above 151% up to and including 186% of FPL	\$35
Above 186% up to and including 201% of FPL	\$50

*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

** Effective March 1, 2012, CHIP members will be required to pay an office visit copayment for each nonpreventive dental visit.

What are the CHIP cost sharing limits?

The member guide you received from CHIP when you joined CHIP includes a tear-out form that you should use to track your CHIP expenses. To make sure that you do not go over your cost-sharing limit, please keep track of your CHIP-related expenses on this form. The enrollment packet welcome letter tells you exactly how much you must spend before you are able to mail the form back to CHIP. If you have lost your welcome letter, please call CHIP at 1-800-647-6558. They will tell you what your once-a-year cost-sharing limit is.

When you reach your once-a-year cost-sharing limit, please send the form to CHIP. They will notify us at Superior HealthPlan. We will issue a new member ID card. This new card will show that no copayments are due when you/your child receives services for the remainder of the enrollment period.

CHIP Perinatal

How much do I have to pay for my unborn child's health care under CHIP Perinatal?

There are no copayments or cost-sharing limits for you as a member of CHIP Perinatal. This means that you do not have to pay when you see a perinatal doctor.

Will I have to pay for services that are not covered by CHIP Perinatal?

Superior will only pay for covered benefits, but there may be other community resources that can provide the service you want at a low or no cost to you. If you need services that are not covered by CHIP Perinatal, Superior will try to help you find providers and other community organizations that might be able to help you get those services.

There are also community organizations that might be able to help you. Call our Member Connections staff at 1-800-783-5386. They can help you find these resources.



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 44.

Getting Help With Benefits and Services

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

Superior wants to help. If you have a complaint, call us toll-free at 1-800-783-5386 to tell us about your problem. We will send you a form to fill out and send back to us about your complaint. A Superior Member Services Advocate can also help you file complaint. Just call 1-800-783-5386. Most of the time, we can help you right away, or at the most, within a few days.

You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com and click on “Contact Us” in the upper right hand corner on 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 mail the form to:

Superior HealthPlan
ATTN: Complaints
2100 South IH-35, Suite 200
Austin, TX 78704

You can also fax your form to 1-866-683-5369.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. A complaint may be filed by calling 1-800-783-5386, or by mail, fax or online at www.SuperiorHealthPlan.com.

Can someone from Superior help me file a complaint?

Someone from Superior Member Services can help you file a complaint. Just call 1-800-783-5386 (Relay Texas/TTY Line 1-800-735-2989).

How long will it take to process my complaint?

Most of the time we can help you right away. Superior will have a written answer to your complaint within 30 days of the date you submit your complaint to us in writing.

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.

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 service 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 CHIP covered services are denied based on lack of medical need. Superior's denial is called an "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 a hospital bill you think we should pay.
- Limits a request for a covered service.

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

What are the timeframes for the appeals process?

You will have 90 days from the date of the denial letter to appeal the decision. Superior will acknowledge your appeal within 5 days of receipt, and complete the appeal within 30 days. 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.

Does my request have to be in writing?

You can call us to let us know you want to appeal an adverse determination or you can send your request in writing. If you need help, Superior can help you put your appeal in writing.

Can someone from Superior help me file an appeal?

A Superior Member Advocate can help file an appeal. You can also have your doctor file an appeal for you. You can call Member Services Advocate at 1-800-783-5386.

What is an expedited appeal?

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

Who can help me in filing an expedited appeal?

A Superior Member Advocate can help you request an expedited appeal. You can call the Member Advocate at 1-800-783-5386.

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 Appeals team at 1-800-218-7453. You can also ask for an expedited appeal in writing and send it to Superior's Appeal Department by fax at 1-866-918-2266.

Getting Help With Benefits and Services

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 stay in the hospital, Superior will make a decision about your expedited appeal within one business day. Other expedited appeals will be decided within three 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 30 days.

Superior's Member Advocate can help you with your expedited appeal. You can also have your doctor file an appeal for you.

What is an Independent Review Organization (IRO)?

An Independent Review Organization (IRO) is an outside organization that the Texas Department of Insurance (TDI) picks to review your health plan's denial of a service you and your doctor feel is medically necessary. This organization is not related to your doctor or to Superior. There is no cost to you for this independent review.

You can ask for a review by an IRO after you complete the appeal process with Superior, or if Superior has denied a service that you think is life-threatening.

How do I ask for a review by an Independent Review Organization?

To ask for an IRO, you must fill out the "Request for a Review by an Independent Review Organization" form that is sent with the denial letter.

What are the timeframes for this process?

Once you return the form to Superior, Superior will send your request immediately to TDI. TDI will assign an IRO within one working day. TDI will let you and Superior know who the IRO is. Superior will then send all of the records on your case to the IRO no later than the third working day after your request for an IRO. The IRO will make a decision in no more than 15 days from the date they receive all of the facts from Superior about your case. The IRO will send you a letter that will let you know what they decide. Superior must follow the decision of the IRO.

If your case is a life-threatening condition, the IRO's decision will happen more quickly.

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

If you are not satisfied with Superior's answer to your complaint, you can also complain to the TDI by calling toll-free to 1-800-252-3439. If you would like to make your request in writing, send it to:

Texas Department of Insurance
Consumer Protection
P.O. Box 149091
Austin, Texas 78714-9091

If you can get on the Internet, you can send your complaint in an email to www.tdi.texas.gov/consumer/complfrm.html.

You can also contact the Texas Department of Insurance to obtain facts on companies, coverages, rights or complaints at 1-800-252-3439, online at www.tdi.texas.gov, or via email at ConsumerProtection@tdi.texas.gov.

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 1-800-783-5386. 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. This includes providing health care to you. It also includes payment for your health care while you are our member.

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

Confidentiality

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

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 at 1-800-783-5386.
- 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 Primary Care Provider (PCP) for emergency care services.
 - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
- A statement saying you have the right to use any hospital or other settings for emergency care.
- Policy on referrals for specialty care and for other benefits you cannot get through your PCP.
- Superior practice guidelines.



Superior Health Tip

Depression can be treated. Superior can help. Call 1-888-471-4357 or Relay Texas/TTY (hearing impaired) at 1-800-735-2989 to learn more.

CHIP and CHIP Perinate Newborn Rights and Responsibilities

What are my Rights and Responsibilities?

Member Rights:

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. "Limited providers network" means you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's Primary Care Provider (PCP) and any specialist doctor you might like to see are part of that same "limited network."
3. You have the right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have the right to know about what those payment are and how they work.
4. You have the right to know how Superior decides whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have the right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special health care needs or a disability, you may be able to use a specialist as your child's PCP. Ask your health plan about this.
8. Children who are diagnosed with special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and Superior must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her PCP and without first checking with Superior. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.
11. Your child has the right to emergency services if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to CHIP Perinatal members.
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals, and other providers.
16. You have the right to talk to your child's doctors and other Providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals, and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

CHIP and CHIP Perinate Newborn Rights and Responsibilities

18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's 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.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.
20. You have the right to make recommendations about Superior's Member Rights & Responsibilities Policies.

Member Responsibilities:

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your member handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the doctors office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your doctor and other providers' copayments that you owe them. If your child is getting CHIP Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.

Can Superior HealthPlan ask that I leave their plan (for non-compliance, etc.)?

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
- Theft
- Threats or physical acts leading to harming of Superior staff or providers
- 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 1-800-783-5386. The Texas Health and Human Services Commission (HHSC) will decide if a member can be told to leave the program.

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

CHIP Perinatal Member Rights and Responsibilities

What are my Rights and Responsibilities?

Member Rights:

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals and other providers.
2. You have the right to know how the Perinatal providers are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your unborn child. You have the right to know about what those payments are and how they work.
3. You have the right to know how the health plan decides whether a perinatal service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have the right to know the names of the hospitals and other Perinatal providers in your health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency perinatal services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with your health plan.
7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by your health plan, doctors, hospitals, and other Providers.
10. You have the right to talk to your Perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals, and others who provide perinatal services to your unborn child. If your health plan says it will not pay for a covered service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
12. You have a right to know that doctors, hospitals, and other Perinatal providers can give you information about you or your unborn child's 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.
13. To make recommendations about Superior's Member Rights & Responsibilities policies.

CHIP Perinatal Member Rights and Responsibilities

Member Responsibilities:

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child's care.
3. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Handbook to understand how the rules work.
5. You must try to get to the doctors office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal services by health care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.

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 can also view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Can Superior HealthPlan ask that I leave their plan (for non-compliance, etc.)?

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 providers
- 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 1-800-783-5386. The Texas Health and Human Services Commission (HHSC) will decide if a member can be told to leave the program.

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

Waste, Fraud and Abuse

Do you want to report CHIP 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 CHIP 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 CHIP services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Letting someone else use their CHIP ID
- Using someone else's CHIP 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 or
- Visit <https://oig.hhsc.state.tx.us/>. Under the box labeled 'I WANT TO:', click 'Report fraud, waste, or abuse' to complete the online form.
- You can report directly to your health plan:

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, physical 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



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healthplan**[™]

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

SuperiorHealthPlan.com