



superior  
healthplan™

# STAR+PLUS Nursing Facility

## Member Handbook



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

[SuperiorHealthPlan.com](http://SuperiorHealthPlan.com)

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**STAR+PLUS**  
Your Health Plan ★ Your Choice

# Numbers to Remember

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If you have any questions about access to all covered services, call us at 1-866-516-4501. Superior's Member Services staff will help you. Our staff is there from 8 a.m. to 5 p.m. Monday through Friday, except state-approved holidays. NurseWise®, our nurse advice line, is available 24 hours a day, 7 days a week to answer your health questions. You can call NurseWise after hours and weekends at 1-866-516-4501. Our staff is bilingual in English and Spanish. If you speak another language or are hearing impaired, call Member Services for help.

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

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# Introduction

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## About

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

You will get your health care from doctors, hospitals and clinics that are in Superior's network of Providers. You can get regular checkups, sick visits, well care and specialty care from a Superior STAR+PLUS Nursing Facility Provider when you need it.

Superior has Providers for you when your doctor/Primary Care Provider sends you to a hospital, lab or specialist.

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

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

If you do not understand the Member Handbook or need help reading it, call Superior's Member Services Department at 1-866-516-4501. We can tell you how to use our services and will answer your questions. You can get this handbook in English, Spanish, audio, larger print, Braille, CD or in other language formats if you need it.

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

### Remember:

- Carry your Medicaid ID card and Superior ID card with you at all times.
- Call your doctor first if you have a medical problem that is NOT life threatening or call NurseWise, our nurse advice line, at 1-866-516-4501.
- If you can not get your doctor, call Superior at 1-866-516-4501.
- We are here to help you 24 hours a day, 7 days a week.



**Thank you for choosing Superior HealthPlan!**

# Introduction

## Your Superior ID card

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

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

 Your Health Plan ■ Your Choice	
MEMBER ID #: MEMBER NAME:	Rx GROUP ID #: 18011 Rx BIN #: 008019 Rx PCN: SHP PBM: Envolve Rx
PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE:	
<hr/> SuperiorHealthPlan.com	



Member Services: 1-866-516-4501  
Available 24 hours a day/7 days a week  
Service Coordinator: 1-877-277-9772  
Behavioral Health: 1-800-466-4089

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through Superior.

Servicios para Miembros: 1-866-516-4501  
Disponible 24 horas al día/7 días de la semana  
Coordinadora de Servicios: 1-877-277-9772  
Servicios de Salud del Comportamiento: 1-800-466-4089

En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. Recipientes de Medicaid que también están elegibles para Medicare tienen solamente Servicios y Apoyos a Largo Plazo con Superior.

### Superior HealthPlan STAR+PLUS Nursing Facility ID Card (Dallas area)

 Your Health Plan ■ Your Choice	
MEMBER ID #: MEMBER NAME:	Rx GROUP ID #: 18011 Rx BIN #: 008019 Rx PCN: SHP PBM: Envolve Rx
PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE:	
<hr/> SuperiorHealthPlan.com	

Member Services: 1-866-516-4501  
Available 24 hours a day/7 days a week  
Service Coordinator: 1-877-277-9772  
Behavioral Health: 1-888-800-6799

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Medicaid recipients who are also eligible for Medicare only have Long Term Services and Supports through Superior.

Servicios para Miembros: 1-866-516-4501  
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Servicios de Salud del Comportamiento: 1-888-800-6799

En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame a su PCP dentro de 24 horas o tan pronto como sea posible. Recipientes de Medicaid que también están elegibles para Medicare tienen solamente Servicios y Apoyos a Largo Plazo con Superior.

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

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

- Member's name
- Member's ID number
- Doctor's name and phone number
- 24 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/Primary Care Provider, call Superior at 1-866-516-4501. You will get a new ID card.

# Medicaid

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

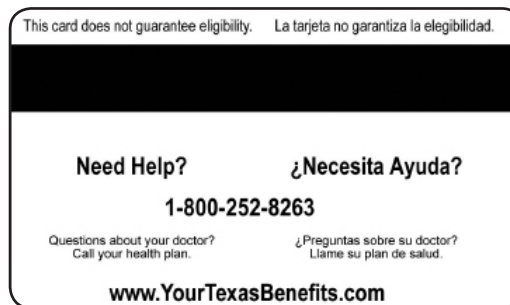
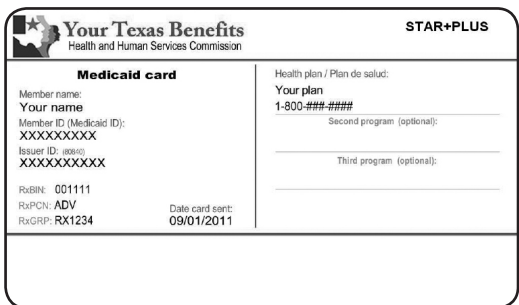
\*If you are dual eligible, (you get both Medicaid and Medicare), your ID card will not show your doctor's name and phone number. That is because you will be able to go to your Medicare doctor. Your ID card will say "Long term services and supports only." We will explain long term care services in this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

## Your Texas Benefits Medicaid Card

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

You will be issued one card, and will only receive a new card in the event your card is lost or stolen. If your Medicaid ID card is lost or stolen, you can get a new one by calling toll-free 1-855-827-3748.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at 1-800-252-8263. You



can also call 2-1-1. First pick a language and then pick option 2.

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

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

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



# Medicaid

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

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

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

## **What if I have other insurance in addition to Medicaid?**

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

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

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

If you have other insurance you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

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

## **What happens if I lose my Medicaid coverage?**

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

## **What is the Medicaid Lock-in Program?**

You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Changing to a different MCO will not change the Lock-in status.

To avoid being put in the Medicaid Lock-in Program:

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

# Accessing Care - Primary Care Providers

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## What is a Primary Care Provider?

When you signed up with Superior, you or your nursing facility picked a doctor from our list of Providers to be your Primary Care Provider. This person will:

- Make sure that you get the right care
- Give you regular checkups
- Write prescriptions for medicines and supplies when you are sick
- Tell you if you need to see a specialist

## Will I be assigned a doctor if I have Medicare?

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

## How can I change my Primary Care Provider?

If you are not happy with your doctor, talk to them. If you still are not happy, call Superior at 1-866-516-4501. They can help you pick a new doctor. You might change your doctor because:

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

## When will a Primary Care Provider change become effective?

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

## How do I see my Primary Care Provider if s/he does not visit my nursing home?

Your Nursing Facility will provide you with transportation to and from your appointments if you need to leave the facility. A Service Coordinator can also assist you if you need assistance with transportation.

## What if my doctor leaves the network of Superior Providers?

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

If your doctor leaves your area, call Superior at 1-866-516-4501 and they will help you pick another doctor close to you. You will also get a letter from Superior telling you when your doctor's last day as a Superior network Provider will be and asking you to call Superior so we can help you pick a new doctor.

## Where can I find a list of Superior Providers?

The Superior HealthPlan Provider Directory is a list of Medicaid and Medicare Primary Care Providers (PCPs), physicians, hospitals, drug stores, and other healthcare providers that are available to you. You may find this list at <http://www.superiorhealthplan.com/for-members/find-a-doctor/>. If you need assistance, call Superior at 1-866-516-4501.

# Accessing Specialty Care

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

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

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

## **What is a referral?**

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

### **What services do not need a referral?**

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

- True emergency services
- OB/GYN care
- Behavioral health services
- Routine vision services
- Routine dental services
- Family planning services

## **How soon can I expect to be seen by a specialist?**

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

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

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

# Accessing Specialty Care

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## How do I ask for a second opinion?

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

## What if I need to be admitted to a hospital?

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

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

If you receive inpatient services without notifying Superior of the admission, you may be billed for the hospital stay.

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

If you do not agree with a decision to discharge you from the hospital, you have the right to ask for a review of the decision. This is called an appeal. If this happens, you will receive a letter from Superior that explains Superior's decision to discharge you, and gives your appeal rights. Your appeal rights are also described in this handbook in the appeals section.

## If you have an admission through the emergency room:

If you need urgent or emergency admission to the hospital, you should get medical care right away and then you or the doctor should call Superior as soon as possible to tell us of the admission.



### Superior Health Tip

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

# Accessing Care - Just for Women

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## What if I need OB/GYN care?

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

## Do I have the right to choose an OB/GYN as my Primary Care Provider? Will I need a referral?

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

## ATTENTION FEMALE MEMBERS

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

- One well-woman checkup each year
- Care related to pregnancy
- Care for any female medical condition
- Referral to special doctor within the network

## How do I choose an OB/GYN?

You may pick an OB/GYN Provider from the list in the Superior Provider Directory on Superior's website at [www.SuperiorHealthPlan.com/for-members/find-a-doctor](http://www.SuperiorHealthPlan.com/for-members/find-a-doctor). Superior allows you to pick an OB/GYN, whether or not that doctor is in the same group at your Primary Care Provider. If you need help picking an OB/GYN, call Superior at 1-866-516-4501. If you are pregnant, your OB/GYN should see you within two (2) weeks of your request. Once you choose an OB/GYN, you should go to the same OB/GYN for each visit so they will get to know your health care needs.

## If I don't choose an OB/GYN as my Primary Care Provider, 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 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 department at 1-866-516-4501. We will work with your doctor so he or she can keep seeing you, or we will be more than happy to help you pick a new doctor within the plan.

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

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

# Accessing Care - Appointments

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## **How do I make an appointment?**

You can call your doctor's office to make an appointment. If you need help making an appointment or if you need help with transportation, an interpreter or other services, call Superior at 1-866-516-4501.

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

## **What do I need to bring with me to my doctor's visits?**

If you are visiting a doctor outside the nursing facility, you must take your current Medicaid ID card and your Superior ID card with you when you get any health care services. You will need to show your Medicaid ID card and Superior ID card each time.

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

If your doctor's office is closed, your doctor will have a number you can call 24 hours a day and on weekends. Your doctor can tell you what you need to do if you are not feeling well. If you can not reach your doctor or want to talk to someone while you wait for your doctor to call you back, call NurseWise®, Superior's nurse advice line, at 1-866-516-4501. Our nurses are ready to help you 24 hours a day, 7 days a week. If you think you have a real emergency, call 911 or go to the nearest emergency room.

## **What if I get sick when I am out of the facility or traveling out of town?**

If you need medical care when traveling, call us toll-free at 1-866-516-4501 and we will help you find a doctor. If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-866-516-4501.

## **What if I am out of state?**

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

## **What if I am out of the country?**

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

## **What do I have to do if I move?**

As soon as you have your new address, give it to the local HHSC benefits office and call Superior HealthPlan's Member Services Department at 1-866-516-4501. Before you get Medicaid services in your new area, you must call Superior, unless you need emergency services. You will continue to get care through Superior until HHSC changes your address.

# Accessing Care - Changing Health Plans

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

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

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

You can change health plans as many times as you want, but not more than once a month. If you call to change your health plan on or before the 15<sup>th</sup> of the month, the change will take place on the first day of the next month. If you call after the 15<sup>th</sup> 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.

## Can Superior HealthPlan ask that I get dropped from their health 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 1-866-516-4501. The Texas Health and Human Services Commission will decide if a Member can be told to leave the program.



### Superior Health Tip

If you are having trouble managing your care, Superior has case managers that can help. Just call Member Services at 1-800-516-4501 for help.

# Making Care Easier - Help to Access Health Care

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## **Can someone interpret for me when I talk with my doctor? Who do I call for an interpreter?**

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

You can also call Member Services at 1-866-516-4501 if you need someone to go to a doctor's visit with you to help you understand the language. Superior works closely with companies that have lots of people who speak different languages and can serve as sign language interpreters.

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

Member Services will help you set up the doctor's visit. They will get someone to go to the visit with you. Please call at least two (2) work days (48 hours) before your visit.

## **Superior Transportation Services for Nursing Facility Residents**

### **What transportation services are offered?**

The Nursing Facility is responsible for providing routine non-emergency transportation services. If medically necessary, Superior provides non-emergency ambulance transportation for Members who require this service.

### **How do I get these services?**

To get non-emergency ambulance transportation, your Provider must contact Superior to request authorization for these services.

### **Who do I call for a ride to a medical appointment?**

If you need a ride to an appointment, call Superior Member Services at 1-866-516-4501.



### **Superior Health Tip**

Obesity can cause many health problems or make existing conditions worse. If you are worried about your weight, talk to your doctor.



# Care Defined

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## What is emergency medical care?

Emergency medical care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

## How soon can I expect to be seen?

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

## Emergency Medical Condition means:

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

1. placing the patient's health in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part;
4. serious disfigurement; or
5. in the case of a pregnant women, serious jeopardy to the health of a woman or her unborn child.

## Emergency Behavioral Health Condition means:

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

1. requires immediate intervention or medical attention without which the Member would present an immediate danger to themselves or others; or
2. which renders the Member incapable of controlling, knowing, or understanding the consequences of their actions.

## Emergency Services and Emergency Care means:

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition or Emergency Behavioral Health Condition, including post-stabilization care services.

## Do I need prior authorization?

You do not need prior authorization from your Primary Care Provider for emergency medical care.

## What is post-stabilization care?

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

## What is urgent medical care?

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

# Care Defined

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

## What should I do if I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Superior Medicaid. For help, call us toll-free at 1-866-912-6283. You also can call our 24-hour nurse advice line at 1-866-912-6283 for help with getting the care you need.

## How Soon Can I Expect to Be Seen?

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

## What is routine medical care? How soon can I expect to be seen?

If you need a physical checkup, then the visit is routine. Your doctor will see you within two weeks (sooner if they can).

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

Remember:

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

## What does medically necessary mean?

Covered services for STAR+PLUS Nursing Facility Members must meet the STAR+PLUS Nursing Facility definition of "medically necessary."

### Medically necessary means:

- (1) For Members age 21 and over, non-behavioral health related health care services that are:
  - (a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
  - (b) provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
  - (c) consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;

# Care Defined

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- (d) consistent with the diagnoses of the conditions;
  - (e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  - (f) not experimental or investigative; and
  - (g) not primarily for the convenience of the member or provider; and
- (2) For Members age 21 and over, behavioral health services that:
- (a) are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
  - (b) are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
  - (c) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
  - (d) are the most appropriate level or supply of service that can safely be provided;
  - (e) could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
  - (f) are not experimental or investigative; and
  - (g) are not primarily for the convenience of the member or provider.

Superior will determine medical necessity for Nursing Facility Add-on Services and Acute Care Services only. Nursing Facility Add-on Services include, but are not limited to emergency dental services, physician-ordered rehabilitative services, customized power wheel chairs, and audio communication devices.



## Superior Health Tip

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

# Benefits and Services

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## What are my health care benefits? How do I get these services?

Many benefits are covered for Members who live in a nursing facility. These include basic health services (acute care) and long-term care services. Residents who get Medicaid and Medicare (dual eligibles) will get their basic health services through Medicare and their long-term services through STAR+PLUS Medicaid.

## Are there any limits to any covered services?

Some Medicaid services for adults (21 years and older) do have limits, such as inpatient behavioral health care, home health services, and therapy services. If you have questions about limits on any covered services, ask your doctor, or call Superior at 1-866-516-4501. We will tell you if a covered service has a limit.

## What are my acute care benefits? How do I get these services?

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

- Ambulance services
- Audiology services (including hearing aids)
- Behavioral health services
- Birthing center services
- Chiropractic services
- Dialysis
- Durable medical equipment and supplies
- Emergency services
- Family planning services
- Home Health Care services (requires a referral)
- Laboratory
- Medical checkups
- Nursing Facility care
- Optometry, glasses, and contact lenses if medically necessary
- Podiatry services
- Prenatal care
- Primary care services
- Radiology, imaging and x-rays
- Specialty doctor services
- Therapies – physical, occupational and speech
- Transplantation of organs and tissues
- Vision services
- Unlimited prescriptions
- A once a year well check up for patients 21 years and over
- Prescription medications

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

- Transportation to doctor visits
- WIC services

All these health care benefits are called “acute care” benefits. That means they are for when you are sick or trying to keep from becoming sick. Acute care benefits are things like doctors, hospitals and labs. You use them for medical or mental health care.

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

# Benefits and Services

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

To learn more about your acute care benefits, call Superior at 1-866-516-4501.

## What services are not covered by STAR+PLUS Nursing Facility?

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

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

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

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

## What services can I still get through Medicaid but are not covered by Superior?

- Preadmission Screening and Resident Review PASRR - PASRR is a federal requirement to help determine whether an individual is not inappropriately placed in a nursing home for long-term care.
- Hospice Program - This program provides Members who are terminally ill with care to relieve pain or other medical problems.
- Behavioral Health (BH) services in Dallas Service Area - Mental health services are provided to Members through NorthSTAR.

## What are Long-Term Services and Support (LTSS)?

Long term care services are benefits that help you stay safe and independent in your home or community. Long term care services help you with functional needs like bathing, dressing, taking medicine or preparing meals. They are just as important as acute care services. To get these services, call Member Services at 1-866-516-4501.

## What are my Nursing Facility LTSS benefits?

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

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

# Benefits and Services

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## Consumer Directed Services

Consumer Directed Services (CDS) gives you a way that you can have more choice and control over some of the long term support services you get. As a STAR+PLUS Nursing Facility Member, you can choose the CDS option.

With CDS you can:

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

These are the services you can manage in CDS:

Attendant care

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

If you choose to be in CDS, you will contract with a Financial Management Services Agency (FMSA). The FMSA will help you get started and give you training and support if you need it. The FMSA will do your payroll and file your taxes.

Contact your Service Coordinator to find out more about CDS. You can call our Service Coordination department at 1-877-277-9772.

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

Superior is committed to helping our Members find the appropriate care. If you have any questions about long term care services, please call us at 1-877-277-9772.

## How do my benefits change if I move into the community?

There will not be any changes to your benefits. Your basic health care benefits will be covered by Superior whether or not you live in a nursing facility.

## Finding new technology to better care for you

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

# Special Services

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## Behavioral Health Services

For Members enrolled in the Dallas service area:

### **How do I get help if I have mental health, alcohol, or drug problems, or if I have behavioral health issues?**

If you live in the Dallas Service Area which include Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties:

- You will receive treatment for mental health, alcohol, and drug use through traditional Medicaid.
- You also will receive treatment for any behavioral health issues through traditional Medicaid.

For help with mental health, alcohol, or drug problems, or behavioral health issues, call the Administrative Services Contractor at 1-800-925-9126 or talk to your Primary Care Physician. You do not need a referral from your Primary Care Physician for these services.

For all other Members:

### **How do I get help if I have mental health, alcohol or drug problems?**

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

### **Do I need a referral?**

You do not have to get a referral from your doctor for these services. Cenpatico will help you find the best Provider for you. Call 1-800-466-4089 to get help right away, 24 hours a day, 7 days a week.

### **How do I know if I need help?**

Help might be needed if you:

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

When you 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. The most important thing is for you to have someone you can talk to so you can work on solving the problems.

# Special Services

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## **What to do in a behavioral health emergency?**

You should call 911 if you are having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Call Cenpatico at 1-800-466-4089 for someone to help you with depression, mental illness, substance abuse or emotional questions.

## **What do I do if I am already in treatment?**

If you are already getting care, ask your behavioral health Provider if they are in the Cenpatico network. If the answer is yes, you do not need to do anything. If the answer is no, call Cenpatico at 1-800-466-4089. We will ask your Provider to join our network. We want you to keep getting the care they need. If the Provider does not want to join the Cenpatico network, we will work with the Provider to keep caring for you until medical records can be transferred to a new Cenpatico doctor.

## **What are mental health rehabilitation services and mental health targeted case management? How do I get these services?**

These are services that help Members with severe mental illness, behavioral or emotional problems. Superior can also help Members get better access to care and community support services through Mental Health Targeted Case Management.

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

### **Superior and Cenpatico offer these services:**

- Education, planning and coordination of behavioral health services
- Outpatient mental health and substance abuse services
- Non-hospital and inpatient residential detoxification, rehabilitation and half-way house
- Crisis services 24 hours a day, 7 days a week
- Medications for mental health and substance abuse care
- Lab services
- Referrals to other community resources
- Transitional health care services
- Targeted Case Management
- Mental Health Rehabilitation

### **Bonus Behavioral Health Services:**

- Online mental health resources through [www.mystrength.com](http://www.mystrength.com).

Note:

Superior and Cenpatico want to help you stay healthy. We need to hear your concerns so that we can make our services better. Call Cenpatico at 1-800-466-4089/ TTY (hearing impaired) 1-800-735-2989.

\*For Superior dual eligible Members, mental health care is paid for by Medicare. You can continue to see any Medicare Provider. You do not have to use a Cenpatico/Superior Provider for these services.



# Special Services

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## Eye Care

### How do I get eye care services?

In Medicaid, eye care services include:

- An eye exam and glasses every two (2) years. You can not get your glasses replaced if you break or lose them.

With Superior, you get extra vision benefits too. Your nursing home can help you find a Provider.

You do not need a referral from your doctor to see the eye doctor for routine eye care. Some eye doctors can also treat you for eye diseases that do not need surgery. You can get these eye care services from Total Vision Health Plan. To pick an eye doctor, call Superior at 1-866-516-4501 or Total Vision Health Plan at 1-888-756-8768 for help.

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

## Dental Care

### What do I do if I need emergency dental care?

During normal business hours, call your main dentist to find out how to get emergency services. If you need emergency dental services after the main dentist's office has closed, call us toll-free at 1-866-516-4501 or call 911.

### Are emergency dental services covered?

Superior covers limited emergency dental services for the following:

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

Superior is responsible for emergency dental services provided to Medicaid Members in a hospital or ambulatory surgical center setting. Superior will pay for hospital visits, physician visits and related medical services. This includes anesthesia and prescription drugs.

# Special Services

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Covered emergency dental procedures include, but are not limited to:

- alleviation of extreme pain in oral cavity associated with serious infection or swelling;
- repair of damage from loss of tooth due to trauma (acute care only, no restoration);
- open or closed reduction of fracture of the maxilla or mandible;
- repair of laceration in or around oral cavity;
- excision of neoplasms, including benign, malignant and premalignant lesions, tumors and cysts;
- incision and drainage of cellulitis;
- root canal therapy. Payment is subject to dental necessity review and pre- and post- operative x-rays are required; and
- extractions: single tooth, permanent; single tooth, primary; supernumerary teeth; soft tissue impaction; partial bony impaction; complete bony impaction; surgical extraction of erupted tooth or residual root tip.

## Are non-emergency dental services covered?

Superior is not responsible for paying for routine dental services provided to Medicaid Members. Superior is responsible, however, for paying for treatment and devices for craniofacial anomalies.

## What other services can Superior help me with?

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

- Dental services
- Department of Aging and Disability Services (DADS)
- Behavioral Health Services in Dallas Service Area

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

## Who do I call if I have special health care needs and I need someone to help me?

If you have special health care needs, like a serious ongoing illness, disability, or chronic or complex conditions, just call Superior at 1-866-516-4501. We can help you make an appointment with one of our doctors that cares for patients with special needs. We will also refer you to one of our case managers who will:

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

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

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

- Identifying the physical, mental or long term needs of the Member

# Special Services

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- Addressing any unique needs of the Member that could improve outcomes and health/well-being
- Assisting the Member to ensure timely and coordinated access to array of services and/or covered Medicaid eligible services
- Partnering with the nursing facility to ensure best possible outcomes for the Member's health and safety
- Coordinating the delivery of services for Members who are transitioning back to the community

Superior wants you to be safe and healthy, to be involved in your service plan, and to live where you pick. We will assign a Service Coordinator to all Superior STAR+PLUS Nursing Facility Members.

## **How can I talk to a Service Coordinator?**

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

## **How often will I talk with a Service Coordinator?**

You will receive a letter in the mail from your Service Coordinator. The letter will detail how often and what type of contact you will have, based on your health care needs. It will also give you the name and direct phone number of your coordinator.

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

# Family Planning Services

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

Superior gives family planning services to all Members. This includes Members under the age of 18. Family planning services are kept private. You should talk to your doctor about family planning. Your doctor will help you pick a family planning Provider. If you do not feel comfortable talking to your doctor, call Superior at 1-866-516-4501.

You do not need a referral from your doctor to seek family planning services.

## **Where do I find a family planning services Provider?**

You can find the locations of family planning Providers near you online at [www.dshs.state.tx.us/famplan/locator.shtm](http://www.dshs.state.tx.us/famplan/locator.shtm), or you can call Superior at 1-866-516-4501 for help in finding a family planning Provider.

# Pharmacy Services

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## **What are my prescription drug benefits?**

You get unlimited prescriptions through your Medicaid coverage if you go to a pharmacy that takes Superior Members. There are some medications that may not be covered through Medicaid. The pharmacy can let you know which medications are not covered, or help you find another medication that is covered. You can also ask your doctor or clinic about what medications are covered, and what is best for you.

## **How do I get my medications?**

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription and send the prescription for you by calling, faxing or submitting by electronic means to the nursing facility to order, fill, dispense and administer to you.

## **Who do I call if I have problems getting my medications?**

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

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

Superior provides prescriptions for all its Members through drug stores contracted with US Script. You can get your prescriptions filled at most drug stores in Texas, including CVS, HEB, Randall's, Target, Walgreens, Wal-Mart, as well as many other pharmacies. If you need help finding a drug store, call Superior at 1-866-516-4501. A list is also available online at [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com).

Remember:

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

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

US Script has many contracted drug stores that can fill your medications. It is important that you show your Superior ID card at the drug store. If the drug store tells you they do not take Superior Members, you can call Superior's Member Services department at 1-866-516-4501. We can help you find a drug store that can fill your medications for you. If you choose to have the drug store fill your medications and they do not take Superior Members, you will have to pay for the medication.

## **What if I need my medications delivered to me?**

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

## **What if I lose my medication(s)?**

If you lose your medications, you should call your doctor or clinic for help. If your doctor or clinic is closed, the drug store where you got your medication should be able to help you. You can also call Superior's Member Services department at 1-866-516-4501. We can help you get the medications you need.

# Pharmacy Services

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## What if I can't get the medication my doctor ordered approved?

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

## What if I also have Medicare?

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

Remember under Medicare Rx:

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

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



### 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.

# Bonus Benefits and Services

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## What extra benefits and services does a Member of Superior HealthPlan get? How do I get these?

Now that you are a Member of Superior HealthPlan, you may be able to get extra services called value-added services. For non-dual eligible Members, you can get:

- Up to \$250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older.
- Extra vision services including choice of glasses frames or \$100 for glasses frames or other features not covered by Medicaid for Members age 21 and older.
- Up to 2 extra foot doctor (podiatry) visits every 6 months above basic benefit for Members age 21 and older.
- Online mental health resources through [www.mystrength.com](http://www.mystrength.com).

Note:

These value-added services do not apply to dual-eligible Members.

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

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

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

How to pick a doctor

- The STAR+PLUS Nursing Facility program
- Transportation services
- How to use Superior services
- How to use your Member Handbook
- Preventive, urgent and emergent care
- Visits to specialists
- Complaint and appeal procedures
- Leaving the program procedures

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

## What health education classes does Superior offer?

Superior wants you to lead a healthy life. That is why we started the Superior Health Education program. This program gives you facts to help make better health choices for you and your family. Classes will be given near you. The information about time and place will be mailed to your home.

Classes include:

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

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

# Bonus Benefits and Services

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Remember:

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

## Asthma Program

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

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

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

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

## Diabetes Program

If you have diabetes, Superior has a special program that can help you. Diabetes is a disease of high blood sugar. If the blood sugar stays high, it can cause problems in many parts of the body. People with high blood sugar may:

- Feel tired, sleepy or bad
- Have to use the bathroom a lot
- Be very thirsty
- Or may not feel any different at all

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

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

## Heart Disease Program

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

- Shortness of breath
- Irregular heart beats



# Bonus Benefits and Services

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- A faster heart beat
- Weakness or dizziness
- Nausea
- Sweating
- Discomfort, pressure, heaviness, or pain in the chest

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

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

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

## **COPD Program**

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

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

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

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

## **Congestive Heart Failure Program**

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

- Have shortness of breath with activity
- Have swelling in their legs, feet, ankles, hands, and/or belly

# Bonus Benefits and Services

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- Have shortness of breath when lying down or trying to sleep
- Gain weight because the body is holding on to fluid
- Feel weak or tired doing normal daily activities

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

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

## Case Management

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

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

Our nurses will help you stay healthy and get you the care you need. We help you find care close to you. We will work with your doctor to improve your health. The goal of our program is to learn what information or services you need. We want you to become more independent with your health. Please call us at 1-866-516-4501 to talk to a nurse.

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

- Superior nurses may contact you if a doctor asks us to call you, if you ask us to call, or if Superior feels we can help you.
- We may ask you questions about your health.
- We will give you information to help you understand how to get the care you need.
- We will talk to your doctor and other people who treat you, to get you care.
- You should call us at 1-866-516-4501 if you want to talk to a nurse about being in this program.

# Advance Directives

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

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

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

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

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

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

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

- Directive to Doctor (Living Will) – A living will tells your doctor what to do. If you are near death, it will tell the doctor you don’t want to get care. In the State of Texas you can make a living will. Your doctor must follow your living will in case you become too sick to decide about your care.
- Durable Power of Attorney for health care – This form gives the person who signs it power. This person can make decisions about your health care if you are not able to.
- Declaration of Mental Health Treatment – This tells your doctor about the mental health care you want. In the State of Texas you can make this choice. It expires three (3) years after you sign it or at any time you pick to cancel it, unless a court has considered you incapacitated.
- Out-of-Hospital Do Not Resuscitate – This tells your doctor what to do if you are about to die. In the State of Texas your doctor must follow this request if you become too sick.

When you talk to your doctor about an advance directive, he or she might have the forms in their office to give you. You can also call Superior at 1-866-516-4501 and we will help you get one.

## **What do I do if I get a bill from my nursing facility? Who do I call? What information**

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# Member Billings

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## will they need?

If you have Medicaid, you should not be billed for any services covered by Medicaid. Please remember to always show your Medicaid ID card and Superior ID card before you see your doctor. If you get a bill from a Medicaid Provider, call Member Services at 1-866-516-4501.

When you call, give the Member Services Staff:

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

Note:

If you go to a doctor that is not signed up as a Superior Provider, Superior may not pay that doctor and you may get billed for the services. You will need to pay for services not covered by Medicaid. It is your responsibility to determine which services are covered and which are not.

## What is applied income? What are my responsibilities?

Applied income is the Member's personal income that the Member must provide to the Nursing Facility as part of their cost sharing obligation as a Medicaid beneficiary. Any time Medicaid is billed by the Nursing Facility, the Member must give their applied income to the facility. The amount is determined by the total amount of monthly income divided by the number of days the Member resides in the facility each month. The Member is allowed to keep \$60 for themselves for personal needs.

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

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



### Superior Health Tip

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

# Complaints and Appeals

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

We want to help. If you have a complaint, please call us toll-free at 1-866-516-4501 to tell us about your problem. Members may file complaints to Superior verbally or in writing, at any time. There are a variety of ways in which a Member complaint can be filed.

Verbal complaints will be accepted via our Member Services Department by calling 1-866-516-4501. Written complaints can be filed online through Superior's website at [www.SuperiorHealthPlan.com/contact-us/complaint-hotline/complaint-form/](http://www.SuperiorHealthPlan.com/contact-us/complaint-hotline/complaint-form/). A written complaint can also be mailed or faxed to:

Superior HealthPlan  
Attn: Complaint Department  
5900 E. Ben White Blvd.  
Austin, TX 78741  
Fax: 1-866-683-5369

## **Can someone from Superior help me file a complaint?**

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

## **What are the requirements and timeframes for filing a complaint?**

You can file a complaint at any time. A complaint may be filed over the phone, by mail, or online at [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com).

## **How long will it take to process my complaint?**

Most of the time we can help you right away, or at most within a few days. When a complaint is received, you will receive written confirmation within five (5) business days. Superior then has thirty (30) calendar days to resolve your complaint 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.

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

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

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

# Complaints and Appeals

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If you can get on the Internet, you can send your complaint in an email to [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us).

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

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

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

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

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

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

## **Can someone from Superior help me file an appeal?**

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

## **What are the timeframes for the appeals process?**

You will have thirty (30) days from the date of the denial letter to appeal the decision. Superior will acknowledge your appeal within five (5) days of receipt, and complete the appeal within thirty (30) days. This process can be extended up to fourteen (14) days if you ask for an extension. If more time is needed for Superior to gather facts about the requested service, you will receive a letter with the reason for the delay.

## **How can I ask for continuity of current authorized serviced?**

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

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

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

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

## **Does my request have to be in writing?**

# Complaints and Appeals

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

## **What is an expedited appeal?**

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

## **How do I ask for an expedited appeal? Does my request have to be in writing?**

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

Superior HealthPlan  
Attn: Medical Management  
5900 E. Ben White Blvd.  
Austin, TX 78741  
Fax: 1-866-918-2266

Expedited appeals do not have to be in writing.

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

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

## **Who can help me file an Expedited Appeal?**

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

## **Can I ask for a State Fair Hearing?**

You can request a State Fair Hearing any time during or after Superior's Appeals process. If you, as a Member of Superior, disagree with Superior's decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to Superior telling us the name of the person you want to represent you. A doctor or other medical Provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within ninety (90) days of the date on Superior's letter with the decision. If you do not ask for the fair hearing within ninety (90) days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should either send a letter to Superior at:

Superior HealthPlan

# Complaints and Appeals

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Attn: Fair Hearings Coordinator  
5900 E. Ben White Blvd.  
Austin, TX 78741

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

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

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

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

## Other Available Resources for Members

### Consumer Rights and Services

Consumer Rights and Services (CRS) is an area at the Department of Aging and Disability Services (DADS) that receives complaints regarding long-term care services provided to individuals in any type of facility or setting. Complaints come from a variety of sources and in several formats.

A complaint allegation (an assertion that a requirement of licensure or certification has been violated) can come directly from individuals or residents, family members, health care providers, advocates, law enforcement, or other state agencies. Report sources may be oral or written.

A self-reported incident is an official notification to the state survey and licensing agency from a DADS-regulated provider that the physical or mental health or welfare of an individual or Member has been, or may be, adversely affected by mistreatment, neglect, or abuse. These reports also include injuries of unknown source and exploitation or misappropriation of individual or Member property.

Contact information:

CRS Website: <http://www.dads.state.tx.us/services/crs/about.html>

Telephone Number: 1-800-458-9858

### Long-term Care Ombudsman

The State Long-Term Care Ombudsman program operated through DADS, advocates for the rights of people who live in nursing homes and assisted living facilities so they receive optimal quality of care and achieve high quality of life. The LTC Ombudsman identifies, investigates and resolves complaints that may adversely affect the health, safety, welfare or rights of people who live in nursing facilities or assisted living facilities. Across Texas, through 28 Area Agencies on Aging, certified ombudsmen serve Members, their families and friends. Professional staff supervises the volunteers.



# Complaints and Appeals

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Contact information:

LTC Ombudsman website: [http://www.dads.state.tx.us/news\\_info/ombudsman/index.html](http://www.dads.state.tx.us/news_info/ombudsman/index.html)

A list of the 28 Area Agencies on Aging and their contact information can be found at: <http://www.dads.state.tx.us/contact/aaa.cfm>

## Health Plan Management

Health Plan Management (HPM) at the Texas Health and Human Services Commission in the managed care division receives complaints, inquiries or disenrollment requests either directly from providers and members or via secondary sources, such as the Office of the Ombudsman, Legislative offices (External Relations Division), Member advocates (family), Vendor Drug Program, DADS, Department of Family and Protective Services or other stakeholders.

HPM uses a mailbox designated to receive MCO-related inquiries, which is "HPM\_complaints@hhsc.state.tx.us"

## HHSC Office of the Ombudsman

The Health and Human Services Commission's Office of the Ombudsman helps people when the agency's normal complaint process cannot or does not satisfactorily resolve the issue.

The Office of the Ombudsman's services includes:

- Conducting independent reviews of complaints concerning agency policies or practices;
- Ensuring policies and practices are consistent with the goals of the Texas Health and Human Services Commission;
- Ensuring individuals are treated fairly, respectfully and with dignity; and
- Making referrals to other agencies, as appropriate.

Contact information:

Website: [www.hhsc.state.tx.us/ombudsman](http://www.hhsc.state.tx.us/ombudsman)

Telephone: 1-877-787-8999

# Rights and Responsibilities

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## What are my rights and responsibilities?

### Member Rights:

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
  - a) Be treated fairly and with respect.
  - b) Know that your medical records and discussions with your Providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and Primary Care Provider. This is the doctor or health care Provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or Provider in a reasonably easy manner. That includes the right to:
  - a) Be told how to choose and change your health plan and your Primary Care Provider.
  - b) Choose any health plan you want that is available in your area and choose your Primary Care Provider from that plan.
  - c) Change your Primary Care Provider.
  - d) Change your health plan without penalty.
  - e) Be told how to change your health plan or your Primary Care Provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
  - a) Have your Provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
  - b) Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
  - a) Work as part of a team with your Provider in deciding what health care is best for you.
  - b) Say yes or no to the care recommended by your Provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:
  - a) Make a complaint to your health plan or to the state Medicaid program about your health care, your Provider or your health plan.
  - b) Get a timely answer to your complaint.
  - c) Use the plan's appeal process and be told how to use it.
  - d) Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
  - a) Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
  - b) Get medical care in a timely manner.
  - c) Be able to get in and out of a health care Provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.

# Rights and Responsibilities

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- d) Have interpreters, if needed, during appointments with your Providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
  - e) Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
  8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
  9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay co-payments or any other amounts for covered services.
  10. You have the right to make recommendations about Superior's Member Rights and Responsibilities policies.

## Member Responsibilities:

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

# Rights and Responsibilities

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- d) Treat Providers and staff with respect.
- e) Talk to your Provider about all of your medications.

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

## **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), 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.
- Information about benefits available under the Medicaid program including the amount, duration, and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits, including authorization requirements.
- How you 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 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 for emergency care services.
  - In case of emergency, follow instructions provided by your Nursing Facility. Facility staff will contact appropriate authorities to coordinate emergency transport and/or services.
  - The addresses of any places where Providers and hospitals furnish emergency services covered by Medicaid.
  - A statement saying you have the right to use any hospital or other settings for emergency care.
  - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.
- Superior's practice guidelines.

## **Physician incentive plan**

A physician incentive plan rewards doctors for treatments that are cost-effective for people covered by Medicaid. Right now, Superior does not have a physician incentive plan.

# Rights and Responsibilities

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## 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](http://www.SuperiorHealthPlan.com) or by calling Member Services at 1-866-516-4501. By law, we must protect your health records and send you this notice. This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights and who can see your health records. This notice does not apply to facts that do not identify you.

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

Please note: HHSC also has a privacy notice outlining their rules for your health records. You can find that notice on our website at [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com). Other health plans and health care Providers have other rules when using or sharing your health records. We ask that you get a copy of their privacy notices and read it carefully.

### Confidentiality

When you talk to someone, you share private facts. Your Provider can share these facts only with staff helping with your care. These facts can be shared with others when you say it is okay. Superior and Cenpatico work together to deal with your physical and mental health or substance abuse treatment giving them the best care they need.

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

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**Do you want to report waste, fraud, or abuse?**

# Waste, Fraud, and Abuse

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Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care Providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law.

**For example, tell us if you think someone is:**

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

**To report waste, fraud, or abuse, choose one of the following:**

- Call the OIG Hotline at 1-800-436-6184
- Visit <https://oig.hhsc.state.tx.us/>. Under the box labeled "I want to" click "Report Waste, Abuse and Fraud."
- You can report directly to your health plan at:  
Superior HealthPlan  
Attn: Compliance Department  
5900 E. Ben White Blvd.  
Austin, TX 78741  
1-866-685-8664

**To report waste, fraud, or abuse, gather as much information as possible.**

**When reporting about a Provider (a doctor, dentist, counselor, etc.) Include:**

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

**When reporting about someone who gets benefits, include:**

- The person's name
- The person's date of birth, social security number or case number if you have it
- The city where the person lives
- Specific details about the waste, abuse or fraud

# Notes

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**superior  
healthplan**<sup>™</sup>

5900 E. Ben White Blvd.  
Austin, TX 78741

[SuperiorHealthPlan.com](http://SuperiorHealthPlan.com)