

# Stay Connected with Superior's Web Portal

**\*NEW FEATURES ADDED!\***

Superior HealthPlan wants all members to have access to the information they need to manage their health care. One convenient and secure tool that can help is Superior's member web portal. By creating a free account, members can:

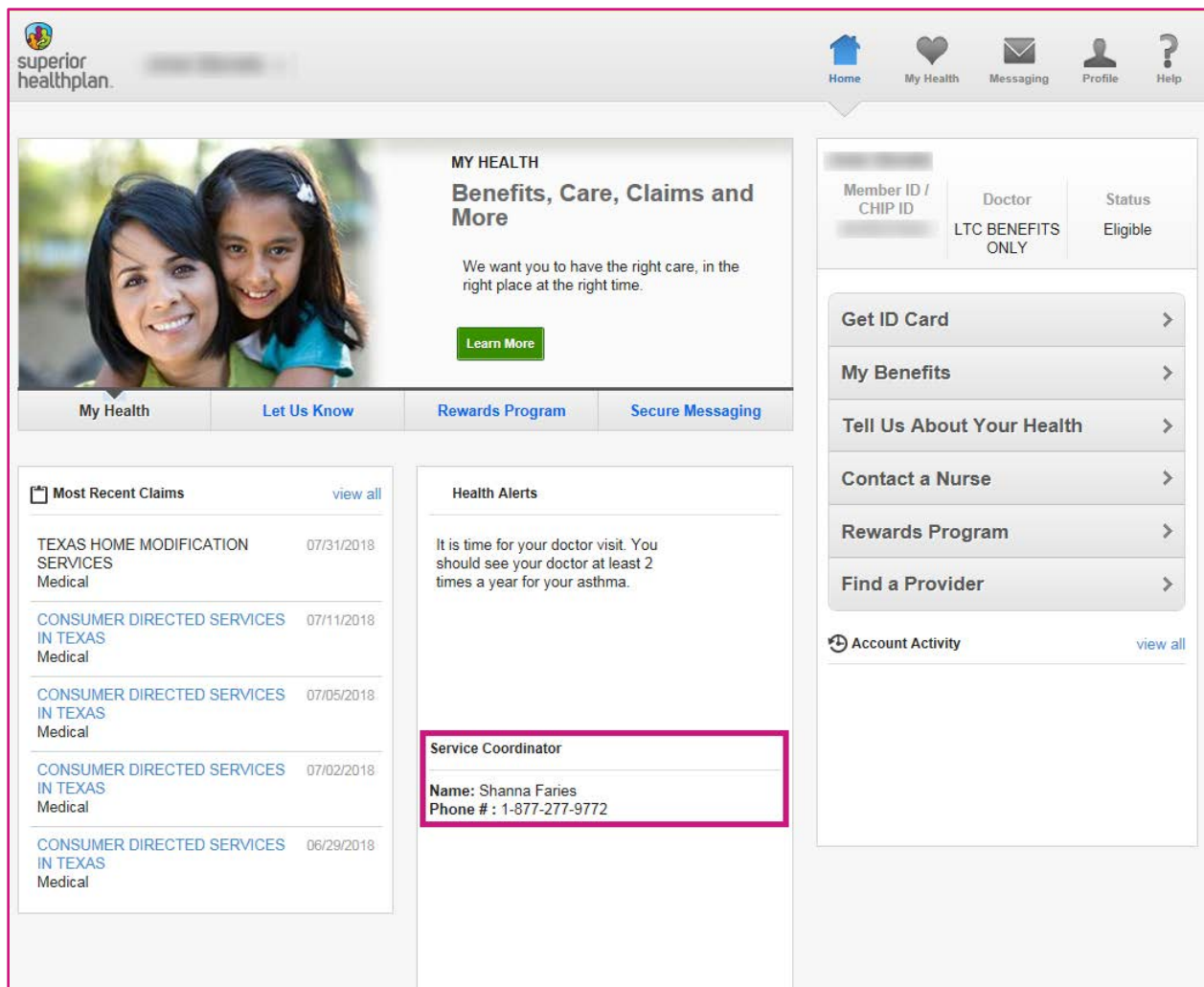
- View their health history
- Print a temporary ID card
- Review their health status
- Check the status of authorization requests
- See who their Service Coordinator is
- Complete a wellness assessment
- Update personal information
- Send Superior a secure message
- Find health education information
- *View third party insurance\**
- *Get help and useful contact information\**
- *View Individual Service Plan (for STAR Kids)\**
- *View Screening and Assessment Instrument (for STAR Kids)\**



**To get started**, visit [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com) and click on "For Members". Then, click "Login", then "Register". Please note, you'll need your Superior member ID, date of birth and email address.



**Once registered, you will see the homepage.** Your Service Coordinator's name and contact information are on this page. You can also pick one of many options on the right side. Some options include "Print Temporary ID", "Contact a Nurse" and "Find a Provider".



**MY HEALTH**  
**Benefits, Care, Claims and More**

We want you to have the right care, in the right place at the right time.

[Learn More](#)

Member ID / CHIP ID: [REDACTED]    Doctor: [REDACTED]    Status: Eligible  
LTC BENEFITS ONLY

Get ID Card >  
My Benefits >  
Tell Us About Your Health >  
Contact a Nurse >  
Rewards Program >  
Find a Provider >

Account Activity [view all](#)

**Most Recent Claims** [view all](#)

|  |            |
|--|------------|
| TEXAS HOME MODIFICATION SERVICES<br>Medical    | 07/31/2018 |
| CONSUMER DIRECTED SERVICES IN TEXAS<br>Medical | 07/11/2018 |
| CONSUMER DIRECTED SERVICES IN TEXAS<br>Medical | 07/05/2018 |
| CONSUMER DIRECTED SERVICES IN TEXAS<br>Medical | 07/02/2018 |
| CONSUMER DIRECTED SERVICES IN TEXAS<br>Medical | 06/29/2018 |

**Health Alerts**

It is time for your doctor visit. You should see your doctor at least 2 times a year for your asthma.

**Service Coordinator**

Name: Shanna Faries  
Phone #: 1-877-277-9772



Under the **My Health** tab in the top right corner, you can see your contact and primary care provider (PCP) information. Your third party insurance information including the type and length of coverage can be seen as well. You will also see several sub-tabs that let you review your benefits, find a pharmacy near you and more.

**superior healthplan.**

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## My Health

Overview Claims Health Alerts Let Us Know My Benefits Authorizations Rewards Program Pharmacy Immunizations

**My Information**

Address [Redacted]  
Telephone [Redacted] [Change](#)

**My Primary Provider**

Name BENJAMIN MARCUM  
Specialty Family Practice  
Address 150 RIVER NO BLVD  
STEPHENVILLE , TX 76401  
Telephone (254) 968-6051

**Third Party Insurance**

| Name  | Policy Number | Group Number | Coverage             | Effective Date | Term Date  |
|-------|---------------|--------------|----------------------|----------------|------------|
| AETNA | [Redacted]    | [Redacted]   | MEDICAL AND HOSPITAL | 11/01/2013     | 10/31/2014 |

**Most Recent Claims** [view all](#)

No recent claims.

**Health Alerts**

No alerts.

**Connect Your Health Record With Microsoft® HealthVault®**

We can connect your Health Record with [Microsoft® HealthVault®](#), a trusted place for you to organize, store, and share health information online.

[Send My Claims to HealthVault®](#)

**Check Out Your Rewards Program®**

[Rewards Program Site](#)

The **Claims** sub-tab will let you view your Explanation of Benefits available.

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### Dependents

|  |            |                     |                 |          |
|--|------------|---------------------|-----------------|----------|
|  | Birth Date | Member ID / CHIP ID | Plan            | Status   |
|  |            |                     | Medicaid / CHIP | Eligible |

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### Explanation of Benefits

Paid Date: [REDACTED]

Member ID: [REDACTED]

Claim Number: [REDACTED]

Provider of Service: [REDACTED]

| Billing Line  | Dates of Service      | Billed        |                |                   | Paid         |                  |                         | Out of Pocket Costs |              |                      | Remark |
|---|-----------------------|---------------|----------------|-------------------|--------------|------------------|-------------------------|---------------------|--------------|----------------------|--------|
|   |                       | Amount Billed | Amount Allowed | Amount Excluded** | Paid by Plan | Paid by Medicare | Paid by Other Insurance | Co-pay              | Co-insurance | Discounts/Reductions |        |
| 01  | 07/23/2018-07/23/2018 | \$206.00      | \$83.03        | \$0.00            | \$83.03      | \$0.00           | \$0.00                  | \$0.00              | \$0.00       | \$0.00               | 92     |
| Service Details: 99393<br>Service Description: PREV VISIT EST AGE 5-11        |                       |               |                |                   |              |                  |                         |                     |              |                      |        |
| 02  | 07/23/2018-07/23/2018 | \$60.00       | \$24.98        | \$60.00           | \$0.00       | \$0.00           | \$0.00                  | \$0.00              | \$0.00       | \$0.00               | CP     |
| Service Details: 92552<br>Service Description: PURE TONE AUDIOMETRY; AIR ONLY |                       |               |                |                   |              |                  |                         |                     |              |                      |        |
| <b>Totals</b>   |                       | \$266.00      | \$108.01       | \$60.00           | \$83.03      | \$0.00           | \$0.00                  | \$0.00              | \$0.00       | \$0.00               |        |

\*\* This amount is not owed by the patient.

**Remark Codes**

|    |                                       |
|----|---------------------------------------|
| 92 | PAID IN FULL                          |
| CP | DENY: COVERED UNDER PRIMARY PROCEDURE |

| Summary   |               |
|---|---------------|
| Total amount payable to Provider by Plan  | \$83.03       |
| Total amount payable to Provider by Medicare  | \$0.00        |
| Total amount payable to Provider by Other Insurance Payment                         | \$0.00        |
| Co-pay  | \$0.00        |
| Co-insurance  | \$0.00        |
| <b>Sub-Total of Co-pay + Co-insurance which is Patient's Minimum Responsibility</b> | <b>\$0.00</b> |

The **Let Us Know** sub-tab is where STAR Kids members should go to view their **Screening and Assessment Instrument (SAI)** and **Individual Service Plan (ISP)**. All members can go to this tab to complete your Health Risk Screening and Wellness Assessment.

**Dependents**

| Birth Date | Member ID / CHIP ID | Plan            | Status   |
|------------|---------------------|-----------------|----------|
|            |                     | Medicaid / CHIP | Eligible |

Overview | Claims | Health Alerts | **Let Us Know** | My Benefits | Authorizations | Rewards Program | Pharmacy | Immunizations

**Ways you can let us know about your health.**

**Community First Choice** [Fill Out Now!](#)

**Needs Assessment** [Fill Out Now!](#)

**Health Risk Screening** [Fill Out Now!](#)

Please complete a health screening to let us know about your current health needs and health history. We will be able to offer programs to help improve your health. Our programs can help you manage your health needs. We provide you with education and tools for how to improve your health. We will coordinate all of the services and benefits available to you.

|  |            |
|--|------------|
| STAR Kids Screening and Assessment - Core                | 01/11/2018 |
| STAR Kids Individual Service Plan (ISP) - Narrative Form | 01/11/2018 |

The **Authorizations** sub-tab lists a summary of your authorizations for the past year and any future start dates. The status for each decision is shown as well.

**My Health**

Overview | Claims | Health Alerts | Let Us Know | My Benefits | **Authorizations** | Rewards Program | Pharmacy | Immunizations

**Summary of Authorizations within the last 365 days** For a list of services requiring Prior Authorization : [Prior Authorization List](#)

| Authorization # | Start Date | End Date   | Service Type                 | Status          | Request Date | NPI/API | Units Req. | Units Apprd. | Unit Type |
|-----------------|------------|------------|------------------------------|-----------------|--------------|---------|------------|--------------|-----------|
|                 | 08/02/2018 | 09/30/2018 | Therapy-Treatment            | PARTIAL_APPROVE | 08/07/2018   |         | 105        | 100          | Units     |
|                 | 08/01/2018 | 07/31/2019 | CFC Emergency Response       | APPROVE         | 07/05/2018   |         | 12         | 12           | Visits    |
|                 | 08/01/2018 | 07/31/2019 | Home Meals                   | APPROVE         | 07/05/2018   |         | 365        | 365          | Visits    |
|                 | 08/01/2018 | 07/31/2019 | CFC PAS/PHC                  | APPROVE         | 07/05/2018   |         | 2034       | 2034         | Units     |
|                 | 07/27/2018 | 01/27/2019 | DME                          | APPROVE         | 07/27/2018   |         | 1453       | 1453         | Units     |
|                 | 07/25/2018 | 07/31/2018 | CFC PAS/PHC                  | APPROVE         | 07/05/2018   |         | 39         | 39           | Units     |
|                 | 07/25/2018 | 07/31/2018 | CFC Emergency Response       | APPROVE         | 07/05/2018   |         | 2          | 2            | Visits    |
|                 | 07/25/2018 | 07/31/2018 | Home Meals                   | APPROVE         | 07/05/2018   |         | 7          | 7            | Visits    |
|                 | 06/07/2018 | 08/06/2018 | Home Modifications           | PEND            | 06/07/2018   |         | 3          | 3            | Visits    |
|                 | 05/29/2018 | 07/28/2018 | Home Modifications           | VOID            | 05/29/2018   |         |            |              | Visits    |
|                 | 04/04/2018 | 07/03/2018 | DME                          | APPROVE         | 04/04/2018   |         | 29         | 29           | Units     |
|                 | 12/25/2017 | 01/08/2018 | Therapy-Treatment            | PARTIAL_APPROVE | 11/30/2017   |         | 22         | 12           | Visits    |
|                 | 12/25/2017 | 01/08/2018 | Therapy-Treatment            | PARTIAL_APPROVE | 11/30/2017   |         | 22         | 12           | Visits    |
|                 | 11/12/2017 | 07/25/2018 | Nursing Facility Residential | APPROVE         | 12/06/2017   |         | 255        | 255          |           |
|                 | 11/11/2017 | 11/11/2017 | Transport                    | APPROVE         | 11/13/2017   |         | 1          | 1            | Visits    |
|                 | 11/07/2017 | 11/11/2017 | Medical                      | APPROVE         | 11/08/2017   |         | 4          | 4            |           |

**Status Description**

- APPROVE: Authorization service approved for service type listed.
- DENY: Authorization service has been denied for service type listed.
- PEND: Authorization is under medical review or has been partially approved.



Go to the **Messaging** tab in the top right corner to send and receive secure messages to the Superior Member Services team.



To update your personal information, like your address or phone number, click on the **Profile** tab in the top right corner.



For help using this portal, click on the **Help** tab in the top right corner. Here you will find more information about how to find what you are looking for. You can also contact your Service Coordinator. Call Superior Member Services for any other questions at the number on the back of your Superior member ID card.

superior healthplan. [User Name]

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### Help

**How can I change my Primary Care Doctor?**  
You can change your doctor in the My Health section.

**How can I check my benefits?**  
You can view your benefits in the My Health > [My Benefits](#) section.

**How can I check the status of my claims?**  
You can view your claims in the My Health > [Claims](#) section.

**How can I print a temporary ID card or request a new ID card?**  
You can request a new ID card and print a temporary ID card by clicking this [ID Card](#) link.

**Who do I contact if I think a health-care provider or someone getting benefits is doing something wrong?**  
Please view our [Reporting Fraud, Waste, and Abuse](#) page to find out how to report this behavior.

**Who should I call if I still have questions about my explanation of benefits, service authorizations, assessments, or I need technical support?**  
Please view our [Contact Us](#) page to find a Phone Directory.

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