

STAR+PLUS Nursing Facility Member Handbook



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

SuperiorHealthPlan.com

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Numbers to Remember

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

Superior Member Services	1-866-516-4501
Superior Service Coordination	1-877-277-9772
Texas STAR+PLUS Nursing Facility Program Helpline	1-800-964-2777
Ombudsman Managed Care Assistance Team	1-866-566-8989
24-Hour Nurse Advice Line	1-866-516-4501
Relay Texas/TTY Line	1-800-735-2989
Pharmacy Helpline (Prescription Drugs)	1-866-516-4501
Medical Transportation	1-877-633-8747
Non-Emergency Ambulance Transportation	1-877-633-8747
Eye Care	1-888-756-8768
Dental Care	1-800-964-2777
Behavioral Health	1-866-516-4501
Alcohol/Drug Crisis Line	1-866-516-4501
Member Connections (Additional Community Services)	1-866-516-4501
Member Advocate	1-866-516-4501

Emergency Care

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

Remember to call Superior at 1-866-516-4501 and let us know about the emergency care you received. Superior defines an emergency as a condition in which you think you have a serious medical condition, or not getting medical care right away will be a threat to your/your child's life, limb or sight.

Behavioral Health Services

You can get behavioral health and/or substance abuse help right away by calling 1-800-466-4089. You can call 24 hours a day, 7 days a week. We will help you find the best provider for you/your child. You should call 911 if you are having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Our staff is bilingual in English and Spanish. If you speak another language or are hearing impaired, call 1-800-466-4089 for help.

Service Coordination

Service Coordination is a special kind of care management that is done by a Superior Service Coordinator. All STAR+PLUS Nursing Facility members will be assigned a Service Coordinator. If you have questions about this service, call 1-877-277-9772.

Statement of Non-Discrimination

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

Superior:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Superior at the number on the back of your Superior member ID Card. (Relay Texas/TTY: 1-800-735-2989).

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

Superior HealthPlan
Complaints Department
5900 E. Ben White Blvd.
Austin, TX 78741

Or

Call the number on the back of
your Superior member ID card.
Relay Texas/TTY: **1-800-735-2989**
Fax: **1-866-683-5369**

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Superior is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW., Room 509F,
HHH Building, Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD).

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

Language Assistance

ENGLISH: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call the number on the back of your Superior ID card (TTY: 1-800-735-2989).

SPANISH: Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).

SPANISH: ATENCIÓN: Si usted habla español, disponemos de servicios lingüísticos gratuitos para usted. Llame al número al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).

VIETNAMESE: XIN LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp hoàn toàn miễn phí cho quý vị. Hãy gọi số ở mặt sau trên thẻ ID thành viên Superior của quý vị (TTY: 1-800-735-2989).

CHINESE: 注意：如果您讲中文，可免费获得语言协助服务。请拨打您Superior会员卡背面的电话号码（文本电话：1-800-735-2989）。

KOREAN: 알림: 귀하께서 한국어를 사용하신다면, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Superior 회원 ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 1-800-735-2989).

ARABIC: تنبيه: إذا كنت تتحدث اللغة العربية، فلدينا خدمات مساعدة لغوية مجانية من أجلك. اتصل بالرقم الموجود على ظهر بطاقة عضوية Superior الخاصة بك (جهاز الاتصال للصم والبكم: 1-800-735-2989)

URDU: فرمائیں: اگر آپ اردو زبان بولتے ہیں، تو زبان میں معاونت کی خدمات آپ کو مفت میں دستیاب ہیں۔ اپنے Superior ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں (ٹی ٹی وائی: 1-800-735-2989)۔

TAGALOG: BIGYANG-PANSIN: kung nagsasalita ka ng Tagalog, may mga serbisyong pantulong sa wika na libre para sa iyo. Tawagan ang numero sa likod ng iyong ID card ng miyembro ng Superior (TTY: 1-800-735-2989).

FRENCH: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont offerts gratuitement. Appelez le numéro au dos de votre carte d'identification Superior (ATS : 1-800-735-2989).

HINDI: ध्यानार्थ: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं, आपके लिए निःशुल्क उपलब्ध हैं। आपके Superior सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें (TTY: 1-800-735-2989)।

Language Assistance

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

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

Introduction

About

Superior HealthPlan is a Managed Care Organization (MCO) that offers health care for Texans 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 all medically necessary health care while living in a nursing facility that are in Superior's network of providers.

Superior has providers for you when your doctor or Primary Care Provider (PCP) sends you to a hospital, lab or specialist.

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

You will get a Superior Member ID card. It will have your doctor's name and office phone number. Carry this ID card and your Medicaid ID card with you all the time.

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

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

Remember:

- Carry your Medicaid ID card and Superior Member ID card with you at all times.
- Choose a PCP that is able to provide care in your nursing facility.
- We are here to help you 24 hours a day, 7 days a week.




Thank you for choosing Superior HealthPlan!

Introduction

Your Superior Member 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 Member 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

  	<p>Member Services: 1-866-516-4501 Available 24 hours a day/7 days a week Service Coordinator: 1-877-277-9772 Behavioral Health: 1-866-516-4501</p> <p>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.</p> <p>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: 1-866-516-4501</p> <p>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.</p>
<p>MEMBER ID #: MEMBER NAME:</p> <p>PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE:</p> <p>_____ SuperiorHealthPlan.com</p>	<p>Rx GROUP ID #: XXXXX Rx BIN #: XXXXX Rx PCN: PBM: Envolve Rx</p>

Always carry your Superior Member ID card with you 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 Member ID card.

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

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

If you lose your Superior Member ID card, change your name or need to pick a new doctor or PCP call Superior at 1-866-516-4501. You will get a new ID card.

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.

Medicaid

Your Texas Benefits (YTB) Medicaid ID Card

When you are approved for Medicaid, you will get a YTB Medicaid ID 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 provider 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, or by going online to print a temporary card at www.YourTexasBenefits.com.

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.

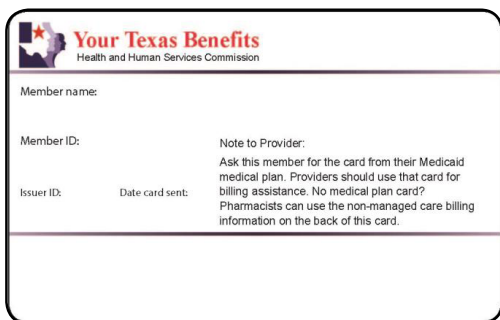
Your health history is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your health history through the secure online network, call toll-free at 1-800-252-8263.

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

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

The back of the Your Texas Benefits Medicaid card has a website you can visit, www.YourTexasBenefits.com, and a phone number you can call toll-free (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 ID 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 Member ID card and your Medicaid ID card at all times.

Medicaid

Your Texas Benefits Medicaid website: www.YourTexasBenefits.com

Adult Medicaid clients can now see their available health information online by visiting www.YourTexasBenefits.com. You can:

- View your benefit and case information.
- View, print, and order Medicaid ID cards.
- View and set up your, or your families, Texas Health Steps Alerts and email notifications.
- Choose whether or not to share your available health information.
- View available health information such as:
 - Health events
 - Prescription drugs
 - Past Medicaid visits
 - Lab information
 - Vaccination information

To access the portal, visit YourTexasBenefits.com

- To get started, you will need to: Click “View my case”.
- Follow the steps for setting up an account or logging in.
- Once you have logged in, click on the “Medicaid” tab in the upper right part of the screen.
- Find your case.
- Click on “View Services and Health History” tab.

If you have questions, call 1-855-827-3748 or email ytb-card-support@hpe.com.

Medicaid

Medicaid and Private Insurance

What if I have other insurance in addition to Medicaid?

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

- Your private health insurance is canceled.
- You 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 (PCP) you had before.

What is the Medicaid Lock-in Program?

You may be placed 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 placed in the Medicaid Lock-in Program:

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

To learn more call 1-800-436-6184, option 8.

Accessing Care - Primary Care Providers

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 (PCP). 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 PCP 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 PCP?

If you are not happy with your doctor, talk to them. If you still are not happy, call your Superior Service Coordinator at 1-877-277-9772. They can help you pick a new doctor.

When will a PCP change become effective?

Once you have changed your doctor, you will get a new Superior Member 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 PCP if he or she 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 PCPs, physicians, hospitals, drug stores and other health-care providers that are available to you. You may find this list at www.SuperiorHealthPlan.com. Just click on "Find a Doctor." If you need assistance, call Superior at 1-866-516-4501.

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.

Accessing Specialty Care

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. Since your nursing facility will help manage your care, you don't need a referral for your needed 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.

What is prior authorization? How do I learn more?

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

Accessing Specialty Care

How do I ask for a second opinion?

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

What if I 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. Your nursing facility will notify 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

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 (PCP). 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 PCP or not. You have the right to pick an OB/GYN without a referral from your PCP. An OB/GYN can give you:

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

How do I choose an OB/GYN?

You may pick an OB/GYN provider from the list in the Superior provider directory on Superior's website at www.SuperiorHealthPlan.com. Just click on "Find a Doctor." Superior allows you to pick an OB/GYN, whether or not that doctor is in the same group at your PCP. If you need help picking an OB/GYN, call Superior at 1-866-516-4501. If you are pregnant, your OB/GYN should see you within two (2) weeks of your request. Once you choose an OB/GYN, you should go to the same OB/GYN for each visit so they will get to know your health-care needs.

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

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

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

If your/your daughter's OB/GYN is not with Superior, please call Member Services at 1-866-516-4501. We will work with your doctor so he or she can keep seeing you, or we will be more than happy to help you pick a new doctor within the plan.

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 (2) weeks of your request for an appointment.

Accessing Care - Appointments

How do I make an appointment?

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

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

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

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

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

If your doctor's office is closed, your doctor will have a number you can call 24 hours a day and on weekends. Your doctor can tell you what you need to do if you are not feeling well. If you can not reach your doctor or want to talk to someone while you wait for your doctor to call you back, call Superior's 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 Member 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 Member 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 Member Services at 1-866-516-4501. Before you get Medicaid services in your new area, you must call Superior, unless you need emergency services. You will continue to get care through Superior until HHSC changes your address.

Accessing Care - Changing Health Plans

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

You can change your health plan by calling the Texas STAR+PLUS 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 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

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

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 (HHSC) will decide if a Member can be told to leave the program.



Superior Health Tip

If you are having trouble managing your care, Superior has Service Coordinators that can help. Just call Service Coordination at 1-877-277-9772 for help.

Making Care Easier - Help to Access Health Care

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

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 (2) 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 is urgent medical care?

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

- Minor burns or cuts
- Sore throat
- Earaches
- 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 1-866-516-4501.

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 emergency medical care? How soon can I expect to be seen?

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

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

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

- Placing the patient's health in serious jeopardy.
- In the case of a pregnant women, serious jeopardy to the health of a woman or her unborn child.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.
- Serious disfigurement.

Care Defined

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

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

What are emergency services or emergency care?

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

Do I need prior authorization?

You do not need prior authorization from your Primary Care Provider (PCP) 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 does medically necessary mean?

Covered services for STAR+PLUS Nursing Facility members must meet the STAR+PLUS Nursing Facility definition of “medically necessary.”



Superior Health Tip

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

Care Defined

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;
 - (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.

Benefits and Services

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
- Women, Infants and Children (WIC) services

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

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

Benefits and Services

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 (PCP), unless the PCP 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.

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?

If you chose to leave the nursing facility, there are two long-term care benefits that all Superior members can get:

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

Benefits and Services

Consumer Directed Services

Consumer Directed Services (CDS) gives you a way that you can have more choice and control over some of the long-term support services you get. As a STAR+PLUS member, you can choose the CDS option if you decide to move back into your community.

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 team 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 would 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.



More Services For Your Health

Superior members can get bonus benefits in addition to their regular benefits. These are called Value-added Services. Find out what you may be able to get on page 29.

Special Services

Behavioral Health Services

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

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 team. We have 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. Superior will help you find the best provider for you. Call 1-866-516-4501 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.
- Want to hurt yourself or others or have thoughts about hurting yourself.
- 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

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

What are mental health rehabilitation services and Mental Health Targeted Case Management? How do I get these services?

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

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

Superior offers these services:

- Education, planning and coordination of behavioral health services.
- Outpatient mental health and substance abuse services.
- 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.

Note: Superior wants to help you stay healthy. We need to hear your concerns so that we can make our services better. Call 1-800-466-4089. TTY users (hearing impaired) can call 1-800-735-2989. For Superior dual eligible members, mental health care is paid for by Medicare. You can continue to see any Medicare provider. You do not have to use a Superior provider for these services.

Special Services

Service Coordination

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.
- 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. Your Service Coordinator will come visit with you within the first 30 days you are in your nursing facility. They will come back every quarter after that.

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

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 Envolve Vision Services. To pick an eye doctor, call Superior at 1-866-516-4501 or Envolve Vision Services 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 an Envolve 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.

Special Services

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.

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.
- 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)

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

Special Services

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.
- Follow your progress and make sure you are getting the care you need.
- Answer your health care questions.

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.

You can have Case Management if you decide to leave your nursing facility and go back into your community. 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 are able to 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 thinks 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.

Disease Management

Your nursing facility's care team will ensure you are getting all of the care you need. If you choose to relocate back into the community, Superior has disease management programs available to you. These include:

- Asthma Program
- Diabetes Program
- Heart Disease Program
- COPD Program
- Congestive Heart Failure Program

Details about each of these programs are provided below. Superior will work with you and your caregiver if you have one to help you get the care you need.

Special Services

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
- 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.

Special Services

COPD Program

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

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

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

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

Congestive Heart Failure Program

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

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

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

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

Family Planning Services

How do I get family planning services?

Superior gives family planning services to all members. 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.

Do I need a referral for this?

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.healthytexaswomen.org, or you can call Superior at 1-866-516-4501 for help in finding a family planning provider.



Member Handbook Questions

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

Pharmacy Services

What are my prescription drug benefits?

You get unlimited prescriptions through your Medicaid coverage when the nursing facility uses a pharmacy that generally services nursing facilities and is in the Superior network. There are some medications that may not be covered through Medicaid. The pharmacy will work with the doctor and nursing facility to let them know which medications are not covered, or help them find another medication that is covered.

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?

The pharmacy that services your nursing facility will work with your doctor and/or the pharmacy help desk if there are problems getting your medications. They will do this for you.

How do I find a network drug store? What do I bring with me to the drug store? What does the nursing facility need to give to the pharmacy?

Superior provides prescriptions for all its members through drug stores contracted with our pharmacy benefit manager (PBM). Pharmacies that service nursing facilities are also contracted with our PBM. You can get your prescriptions filled at most drug stores in Texas if you are not in a nursing facility. If you are in a nursing facility, the nursing facility will work with the doctor and have your medications filled at a contracted pharmacy. If you are not currently in a nursing facility and need help finding a drug store, call Superior at 1-866-516-4501. A list is also available online at www.SuperiorHealthPlan.com.

Remember:

Always take your Superior Member ID card and your Medicaid ID card with you to the doctor and to the drug store. Your nursing facility will need a copy of the same Superior Member ID card and your Medicaid ID card to share with the pharmacy that services the nursing facility.

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

Superior has many contracted drug stores that can fill your medications, including those which service nursing facilities as provided by our PBM. It is important that you show your Superior Member ID card at the drug store and to your nursing facility. The nursing facility will share this information with the pharmacy. The pharmacy may also choose to contract with our PBM. If you are not currently in a nursing facility and the drug store tells you they do not take Superior members, you can call Member Services at 1-866-516-4501. We can help you find a drug store that can fill your medications for you. If you choose to have the drug store fill your medications and they do not take Superior members, you will have to pay for the medication.

What if I need my medications delivered to me?

Pharmacies that service nursing facilities arrange the delivery of medications directly to the facility. If you are not currently in a nursing facility, Superior offers many medications by mail. Some Superior pharmacies offer home delivery services. Call Member Services at 1-866-516-4501 to learn more about mail order or to find a pharmacy that may offer home delivery service in your area.

Pharmacy Services

What if I lose my medication(s)?

It is not normal for a nursing facility to lose your medication. However, if this happens Superior would work with the nursing facility and pharmacy to help you. If you are not currently in a nursing facility and you lose your medications, 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 can also call Superior Member Services at 1-866-516-4501.

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

If your doctor cannot be reached to approve a prescription, the pharmacy servicing your nursing facility may be able to get a three day emergency supply of your medication. The pharmacy can call the pharmacy help desk if needed.

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 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 Envolve Pharmacy Solutions for your Medicaid covered drugs.



Superior Health Tip

Medicines can be safe if you take them correctly and can help you get better when you are sick. They 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.

Extra Benefits and Services

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

How do I get these?

As a member of Superior, you are able to get extra benefits and services in addition to your regular benefits. These are called Value-added Services. For non-dual eligible members, you can get:

- Extra dental benefits. Non-dual, non-STAR+PLUS HCBS Waiver members, ages 21-115, may receive \$250 in dental services per benefit year, limited to diagnostic and preventive services only. This includes exams, x-rays, cleanings and fluoride treatments.
- Extra vision services. Members, ages 21-115, are eligible to receive a \$100 retail allowance each year towards prescription eyewear, for a choice of eyeglass frames and lenses or contact lenses not covered by Medicaid. This allowance may not be used towards replacement eyewear or sunglasses. Coverage is for new frames and lenses and does not cover additional features such as tints and coating. The member will be responsible for any Medicaid non-covered vision charges exceeding \$100.
- Online consumer-directed mental health resources for members through www.myStrength.com, a website that offers a range of resources to increase awareness of mental health needs and overall well-being. Members can participate in My Strength to increase awareness of mental health needs and engage in personalized eLearning programs to help overcome depression and anxiety.
- Extra foot doctor (podiatry) services. Members, ages 21-115, are eligible to receive extra podiatry services in addition to what is available through Medicaid to include up to four additional podiatry services every calendar year. These podiatry services must be medically necessary.

Note: These Value-added Services do not apply to dual-eligible members.

Value-added Services may have restrictions and limitations. These Value-added Services are effective 9/1/17-8/31/18. For an up-to-date list of these services, go to www.SuperiorHealthPlan.com. For questions, call Member Services 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. Your Service Coordinator 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 Connections staff at 1-866-516-4501.

Extra Benefits and Services

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.

What health education classes does Superior offer?

Superior wants you to lead a healthy life. If you chose to relocate back into the community, Superior can help you find health education classes available to you. Some community health education programs are:

- Nutrition classes
- CPR classes
- Healthy diet classes

Remember:

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

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Advance Directives

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

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

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

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

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

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

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.

Member Billings

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

What information will they need?

If you have Medicaid, you should not be billed for any services covered by Medicaid. Please remember to always show your Medicaid ID card and Superior Member 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.

Getting Help with Benefits and Services

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

We want to help. If you have a complaint, please call us toll-free at 1-866-516-4501 to tell us about your problem. 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. Your doctor, nursing facility or Legal Authorized Representative can file a complaint for you as well.

Verbal complaints will be accepted by our Member Services staff by calling 1-866-516-4501. Written complaints can be filed online through Superior's website. Go to www.SuperiorHealthPlan.com and click on "Contact Us."

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?

Your Service Coordinator can help you file a complaint. Just call 1-877-277-9772. A Superior Member Advocate can also help you file a complaint. Just call Member Services at 1-866-516-4501.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. A complaint may be filed over the phone, by mail or online at www.SuperiorHealthPlan.com.

How long will it take to process my complaint?

Most of the time we can help you right away, or at 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

Getting Help with Benefits and Services

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

Most of the acute care services you get while in a nursing facility such as doctor's visits, lab and x-ray services and medications, are Medicare covered services. The grievance and appeal process for these services may have different timeframes. Medicare covered services would follow the grievance and appeal process for Medicare covered services that are provided to you by your Medicare plan.

How will I find out if Medicaid covered services are denied or limited? What can I do if my doctor asks for 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.

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". 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.
- Provides a partial approval of a request for a covered service.

Most of the acute care services you get while in a nursing facility such as doctor's visits, lab and x-ray services and medications, are Medicare covered services. The grievance and appeal process for these services may have different timeframes. Medicare covered services would follow the grievance and appeal process for Medicare covered services that are provided to you by your Medicare plan.

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

You can ask for an appeal within 60 days of the date of Superior's Notice of Action denial letter.

Can someone from Superior help me file an appeal?

You, your doctor, a friend, a relative, lawyer or another spokesperson can request an appeal of an Action. Your Service Coordinator can assist you with any questions you have about filing an appeal. Just call 1-877-277-9772. A Superior Member Advocate can also help you. Just call Member Services at 1-866-516-4501. Your nursing facility or Legal Authorized Representative can file an appeal for you as well.

What are the timeframes for the appeals process for Medicaid covered services?

You will have sixty (60) days from the date of Superior's Notice of Action (denial) letter to appeal the decision. Superior will acknowledge your appeal within five (5) days of receipt, complete the review of the appeal and send you an appeal response letter within thirty (30) days. The appeal review can be extended up to fourteen (14) days if you ask for an extension, or if Superior believes the extension will benefit you. 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.

Most of the acute care services you get while in a nursing facility such as doctor's visits, lab and x-ray services and medications, are Medicare covered services. The grievance and appeal process for these services may have different timeframes. Medicare covered services would follow the grievance and appeal process for Medicare covered services that are provided to you by your Medicare plan.

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Getting Help with Benefits and Services

How can I ask for continuity of current authorized services?

You can ask for continuity of current authorized services when you appeal Superior's Action. If you are receiving a service that is being ended, suspended or reduced, you must file an appeal within ten (10) days of Superior's denial letter, or before the date services will be discontinued as a result of the Action, whichever is later.

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

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

Does my request have to be in writing?

You can call us to let us know you want to appeal an Action, but you must follow up your phone call with a request in writing unless an expedited appeal is requested. If you call Superior to request your appeal, we will send you a form to complete and send back to us. You, your doctor, a friend, a relative, lawyer or another spokesperson can request an appeal and complete the Appeal form on your behalf. If you have questions about the Appeal form, Superior can help you. Call Superior at 1-866-516-4501 for more information.

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 staff at 1-877-398-9461. Expedited appeals do not have to be in writing.

You can ask for an expedited appeal in writing and send it to:

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

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

If your appeal is about an ongoing emergency or denial of a continued hospital stay, Superior will make a decision about your expedited appeal within one (1) business day. If Superior thinks your appeal does not meet the qualifications to be expedited, Superior will let you know right away. Your appeal will be processed as a standard appeal with a response provided within thirty (30) days.

Who can help me file an expedited appeal?

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

Getting Help with Benefits and Services

How can I ask for a State Fair Hearing?

You must complete an appeal through Superior HealthPlan prior to requesting a Fair Hearing. **If you disagree with Superior's appeal decision, you have the right to ask for a Medicaid State Fair Hearing from the Texas Health and Human Services Commission (HHSC).** A member may also request a State Fair Hearing if Superior does not make a decision on their appeal within the required time frame. You may represent yourself at the Fair Hearing, or name someone else to be your representative. This could be a doctor, relative, friend, lawyer, or any other person. You may name someone to represent you by writing a letter to Superior telling them the name of the person that you want to represent you.

You or your representative must ask for a Fair Hearing within 120 days of the date of the notice telling you that we are denying your appeal with Superior. HHSC can extend this deadline if you have a good reason for being late.

If we're stopping or reducing a service, you can keep getting the service while your case is being reviewed. To qualify, you must ask for a Fair Hearing within 10 days of the date of the notice telling you that we are denying your appeal.

To ask for a Fair Hearing, you or your representative should call or write Superior: 1-877-398-9461; 5900 E. Ben White Blvd., Austin, TX 78741.

If you believe that waiting for a Fair Hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an expedited Fair Hearing by writing or calling Superior. To qualify for an expedited Fair Hearing through HHSC, you must first complete Superior's internal expedited appeals process. See information above about how to request an expedited appeal.

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 hearings are held by telephone. You can also contact the HHSC hearings officer if you would like the hearing to be held in-person.

During the hearing, you or your representative can tell why you need the service or why you disagree with the Superior's action. You have the right to examine, at a reasonable time before the date of the Fair Hearing, the contents of your case file and any documents to be used by Superior at the hearing. Before the hearing, Superior will send you all of the documents to be used at the hearing.

HHSC will give you a final decision within 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.

Getting Help with Benefits and Services

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: <https://hhs.texas.gov/about-hhs/your-rights/consumer-rights-services>

Telephone Number: 1-800-458-9858

Long-Term Care Ombudsman

The State Long-Term Care (LTC) 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.

Contact information:

LTC Ombudsman website: https://www.dads.state.tx.us/News_info/ombudsman/

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>

Managed Care Compliance and Operations

Managed Care Compliance and Operations (MCCO) 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.

MCCO 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.
- Making referrals to other agencies, as appropriate.

Contact information:

Website: www.hhsc.state.tx.us/ombudsman

Telephone: 1-877-787-8999

Rights and Responsibilities

What are my rights and responsibilities?

Member rights:

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

Rights and Responsibilities

- 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 copayments or any other amounts for covered services.
- 10. You have the right to make recommendations about Superior's Member Rights and Responsibilities policies.

Member responsibilities:

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

Rights and Responsibilities

- 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.

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), identification of providers that are not accepting new patients and qualifications for each network provider such as:
 - Professional qualifications
 - Specialty
 - Medical school attended
 - Residency completion
 - Board certification status
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal and fair hearing procedures.
- Information about Superior's Quality Improvement Program. To request a hard copy, call Member Services at 1-866-516-4501 or visit our website at www.SuperiorHealthPlan.com.
- Information about benefits available under the Medicaid program including the amount, duration, and scope of benefits available. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits, including authorization requirements.
- How members can get benefits, including family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services.
 - The fact that you do not need prior authorization from your PCP for emergency care services.
 - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
 - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
 - A statement saying you have the right to use any hospital or other settings for emergency care.
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your PCP.
- Superior's practice guidelines.

Rights and Responsibilities

Your Right to Privacy

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

At Superior HealthPlan, your privacy is important to us. We will do all we can to protect your health records. You may get a copy of our privacy notice at www.SuperiorHealthPlan.com or by calling Member Services at 1-866-516-4501. By law, we must protect your health records and send you this notice. This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights and who can see your health records. This notice does not apply to facts that do not identify you.

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

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

Confidentiality

When you talk to someone, you share private facts. Your provider can share these facts only with staff helping with your care. These facts can be shared with others when you say it is okay.

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.

Reporting Abuse, Neglect and Exploitation

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

What are Abuse, Neglect and Exploitation?

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

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

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

Reporting Abuse, Neglect and Exploitation

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

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

Report by Phone (non-emergency); 24 hours a day, 7 days a week, toll-free

Report to the Department of Aging and Disability Services (DADS) by calling 1-800-647-7418 if the person being abused, neglected, or exploited lives in or receives services from a:

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

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

Report all other suspected Abuse, Neglect or Exploitation to DFPS by calling 1-800-252-5400.

Report Electronically (non-emergency):

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

Helpful Information for Filing a Report

When reporting Abuse, Neglect or Exploitation, it is helpful to have the names, ages, addresses and phone numbers of everyone involved.

Waste, Abuse and Fraud

Do you want to report waste, abuse or fraud?

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, abuse or fraud, 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
5100 E. Ben White Blvd.
Austin, TX 78741
1-866-685-8664

To report waste, abuse or fraud, 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
