



superior
healthplan™

STAR

Member Handbook



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

SuperiorHealthPlan.com

SHP_20217618

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TEXAS  STAR
Your Health Plan ★ Your Choice



TEXAS
Health and Human
Services

Numbers to Remember

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

Superior Member Services	1-800-783-5386
Texas STAR Program Helpline	1-800-964-2777
Ombudsman Managed Care Assistance Team	1-866-566-8989
24-Hour Nurse Advice Line	1-800-783-5386
Relay Texas TTY Line (Deaf/Hard of Hearing)	1-800-735-2989
Pharmacy Helpline (Prescription Drugs)	1-800-783-5386
Superior Medical Ride Program Provided by SafeRide	1-855-932-2318
Teladoc (Telehealth Services)	1-800-835-2362
Eye Care (Envolve Vision Services)	1-888-756-8768
Dental Care	1-800-516-0165 (DentaQuest) 1-800-494-6262 (MCNA Dental) 1-800-822-5353 (United Dental)
Behavioral Health	1-800-783-5386
Alcohol/Drug Crisis Line	1-800-783-5386
Member Connections (Additional Community Services)	1-800-783-5386
Member Advocate	1-800-783-5386

Behavioral Health Services

You can get behavioral health and/or substance use disorder help right away by calling 1-800-783-5386. You can call us 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/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Our staff is bilingual in English and Spanish. If you speak another language or are deaf/hard of hearing, call 1-800-783-5386 for help.

Emergency Care

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

Remember to call Superior at 1-800-783-5386 and let us know of the emergency care you/your child received. Superior defines an emergency as a condition in which you think you/your child has a serious medical condition, or not getting medical care right away will be a threat to your/your child's life, limb or sight.

Numbers to Remember

Superior Medical Ride Program

Non-Emergency Medical Transportation (NEMT) Services

Superior's Medical Ride Program (NEMT services) provides transportation to non-emergency health-care appointments for members who have no other transportation options. Transportation services for Superior members are provided by SafeRide. Call 1-855-932-2318 (TTY 7-1-1), 8:00 a.m.-5:00 p.m., Monday-Friday to request a ride. To find out where your ride is, call 1-855-932-2319, 5:00 a.m. to 7:00 p.m., Monday-Saturday. SafeRide has staff that speak English and Spanish and can also provide interpreter services if you speak another language. If you are deaf/hard of hearing, call TTY 7-1-1 for help.

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 અર્થેની 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. Подзвонить за номером, указанием на зворотній стороні Вашої членської картки 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:	ກາລຸນາໃຫ້ຄວາມສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາ(ລາວ) ບໍ່ຮູ້ການຄວາມຊ່ອຍເຫຼືອພາສາມືໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາເລກທີ່ຢູ່ດ້ານຫຼັງຂອງ Superior ບັດຊະມາຊິກທ່ານ (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 1-800-783-5386.

Introduction

About

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

You/your child will get your health care from doctors, hospitals and clinics that are in Superior's network of providers. You/your child can get regular checkups, sick visits, well care and specialty care from a Superior STAR provider when you need it. Superior has providers for you when your doctor or Primary Care Provider (PCP) sends you to a hospital, lab or specialist.

You must use a Superior provider to get health services.

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

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

To learn more, call Superior Member Services at 1-800-783-5386.

Remember:

- Carry your Medicaid ID card and Superior ID card with you at all times.
- Call your doctor first if you have a medical problem that is not life threatening or call Superior's 24-hour nurse advice line, at 1-800-783-5386.
- If you cannot get your doctor, call Superior at 1-800-783-5386.
- We are here to help you 24 hours a day, 7 days a week.




Thank you for choosing Superior HealthPlan!

Introduction

Your Superior Member ID Card

You should receive your/your child's Superior HealthPlan Member 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 1-800-783-5386.

Example Superior HealthPlan STAR ID Card

 Your Health Plan ★ Your Choice		
MEMBER ID #:		RXBIN:
MEMBER NAME:		RXPCN:
		RXGRP:
PRIMARY CARE PROVIDER		PBM:
NAME:		
PHONE:		
EFFECTIVE DATE:		
<hr/>		
SuperiorHealthPlan.com		

Available 24 hours a day/7 days a week

Member Services	Behavioral Health Services
1-800-783-5386	1-800-783-5386

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.

Disponible 24 horas al día/7 días a la semana

Servicios para Miembros	Servicios de Salud del Comportamiento
1-800-783-5386	1-800-783-5386

En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible.

Always carry your/your child's Superior Member ID card with you and show it to the doctor, clinic or hospital to get the care you need. They will need the facts on the card to know that you are a Superior member. Do not let anyone else use your Superior 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 ID card, change your name or need to pick a new doctor or PCP, call Superior at 1-800-783-5386. You will get a new ID card. You can also login to the member portal and print a temporary ID card. From the member portal you can save a digital version of your ID card or request ID card by mail as well.

Texas Health and Human Services (HHS) will send you your Medicaid ID card. You can learn more about this ID card on the next page.

Medicaid

Your Texas Benefits (YTB) Medicaid Card

When you/your child is approved for Medicaid, you will get a YTB Medicaid Card. This plastic card will be your/your child's everyday Medicaid card. You should carry and protect it just like your driver's license or a credit card. Your/your child's doctor can use the card to find out if you have Medicaid benefits when you/your child go for a visit.

You/your child will be issued only one card and will receive a new card only if your/your child's card is lost or stolen. If your/your child's Medicaid card is lost or stolen, you can get a new one by calling toll-free 1-800-252-8263, or by going online to order or print a temporary card at www.YourTexasBenefits.com.

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

The YTB Medicaid card has these facts printed on the front:

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

The back of the YTB 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/your child's card, your/your child's doctor, dentist, or drug store can use the phone or the Internet to make sure you/your child get Medicaid benefits.

The [YourTexasBenefits.com](http://www.YourTexasBenefits.com) Medicaid Client Portal

You can use the Medicaid Client Portal to do all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- View, print, and order a YTB Medicaid card
- See your/your child's medical and dental plans
- See your/your child's benefit information
- See STAR Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your/your child's available medical and dental information

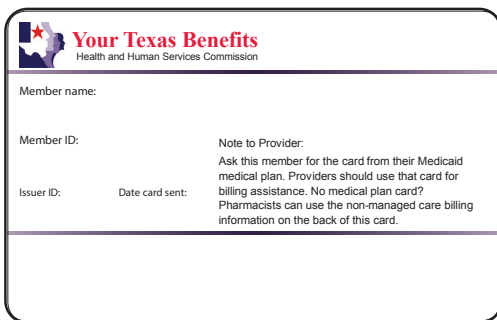
Medicaid

To access the portal, go to www.YourTexasBenefits.com.

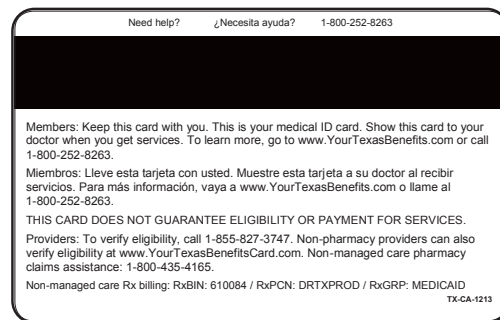
- Click **Log In**.
- Enter your User name and Password. (If you don't have an account, click **Create a new account**.)
- Click **Manage**.
- Go to the "Quick links" section.
- Click **Medicaid & CHIP Services**.
- Click **View services and available health information**.

Note: The [YourTexasBenefits.com](http://www.YourTexasBenefits.com) Medicaid Client Portal displays information for active clients only. A Legally Authorized Representatives may view the information of anyone who is a part of their case.

If you lose the Your Texas Benefits Medicaid card or it is stolen, you can get a new one by calling toll-free at 1-800-252-8263. They will provide you with a Temporary Verification Form - Form 1027-A. You can use this form until you receive another card.



The front of the card features the 'Your Texas Benefits' logo with a star icon and the text 'Health and Human Services Commission'. Below this, there are fields for 'Member name:', 'Member ID:', 'Issuer ID:', and 'Date card sent:'. A 'Note to Provider:' section is also present, instructing providers to ask for the card and use it for billing assistance, noting that pharmacists can use it for non-managed care billing.



The back of the card contains instructions for members and providers. It states: 'Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to www.YourTexasBenefits.com or call 1-800-252-8263.' It also includes Spanish instructions: 'Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a www.YourTexasBenefits.com o llame al 1-800-252-8263.' A disclaimer reads: 'THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.' Provider instructions follow: 'Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at www.YourTexasBenefitsCard.com. Non-managed care pharmacy claims assistance: 1-800-435-4165.' At the bottom, it lists 'Non-managed care Rx billing: RxBIN: 610084 / RxPCN: DRTXPROD / RxGRP: MEDICAID' and the code 'TX-CA-1213'.

Remember: You must carry your/your child's Superior member ID card and your Medicaid ID card at all times.

Medicaid

Medicaid and Private Insurance

What if I have other insurance in addition to Medicaid?

You are required to tell Superior and Medicaid staff about any private health insurance you/your child has. You should call Superior Member Services at 1-800-783-5386 or 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/your child has other insurance you may still qualify for Medicaid. When you tell Medicaid staff about other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

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

How do I renew my/my child's Medicaid coverage? What do I have to do if I need help with completing my renewal application?

To renew your Medicaid coverage, look for an envelope marked "time sensitive" from Texas Health and Human Services (HHS). It will include a letter. You will get this 3 to 4 months before your benefits end.

You will need to sign a renewal form. You may also be asked to provide more information. The easiest way to do this or to sign the renewal form is to go to www.YourTexasBenefits.com. If you don't take any action by the due date listed in the letter, your benefits might end.

Call Superior Member Services at 1-800-783-5386 if you have questions about renewing your Medicaid benefits.

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

As soon as you have your new address, give it to the local HHS benefits office and call Superior Member Services at 1-800-783-5386. 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 HHS changes your address.

I am a member of the Adoption Assistance and Permanency Care Assistance (AAPCA) program. What if I need to change my address or phone number?

The adoptive parent or permanency care assistance caregiver should contact the Texas Department of Family and Protective Services' regional adoption assistance eligibility specialist assigned to his or her case. If the parent or caregiver doesn't know who the assigned eligibility specialist is, they can contact the DFPS hotline, 1-800-233-3405, to find out. The parent or caregiver should contact the adoption assistance eligibility specialist to assist with the address change.

Medicaid

What happens if I lose my/my child's Medicaid coverage?

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

What is the Medicaid Lock-in Program?

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

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

- Pick one drug store at one location to use all the time.
- Be sure your 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. Or, call Member Services at 1-800-783-5386 to ask for assistance.



Extra Benefits for Pregnant Women

Superior has even more services for pregnant women! Go to page 45 to find out what you can get to help you have a healthy baby.

Accessing Care - Primary Care Providers

What is a Primary Care Provider (PCP)?

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

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

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

Superior will allow specialists to act as a PCP for members who have a special health-care need. Specialists must be approved by Superior before they can be your PCP. Tell your specialist if you would like them to be your PCP or call Member Services at 1-800-783-5386 to ask for help.

If you are a woman, you may pick an obstetrician (OB) or gynecologist (GYN) as your PCP. Call Superior at 1-800-783-5386 to find an OB/GYN provider that is also a PCP. You will need to pick a PCP for each eligible family member. You can pick from:

- Pediatricians (they only see children)
- General/family practice (they see all ages)
- Internal medicine (they usually see adults)
- OB/GYNs (they see women)
- Federally Qualified Health Centers/Rural Health Clinics

Can a clinic be my PCP? (RHC/FQHC)

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

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

Your PCP is your/your child's doctor and they have the job of taking care of you/your child. They keep your medical records, know what medications you/your child are taking and are the best people to make sure you are getting the care you need. This is why it is very important that you stay with the same doctor.

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

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

If you are not happy with your doctor, talk to them. If you are still not happy, call Superior at 1-800-783-5386. We can help you pick a new doctor. You might change your doctor because:

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

When will a PCP change become effective?

Once you have changed your/your child's 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.

Accessing Care - Primary Care Providers

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

There is no limit on how many times you can change your or your child's PCP. You can change PCPs by calling us toll-free at 1-800-783-5386 or writing to:

Superior HealthPlan
Attn: Member Services
5900 E. Ben White Blvd.
Austin, Texas 78741

You may also request PCP changes by using the member web portal.

Are there any reasons why my request to change a PCP may be denied?

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

- Your new doctor will not take more patients.
- Your doctor is not enrolled with the Texas* Medicaid and Healthcare Partnership.
- Your new doctor is not a Superior PCP.

*The federal Patient Protection and Affordable Care Act requires all providers to enroll in state Medicaid programs to be able to provide services to Medicaid recipients.

Can my/my child's PCP move me/my child to another PCP for non-compliance?

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

What if my/my child's 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 1-800-783-5386 and we 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 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 Provider." If you need assistance, call Superior at 1-800-783-5386.

What is a physician incentive plan?

Superior cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your/your child's primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call 1-800-783-5386 to learn more about this.

Accessing Specialty Care

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

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

What is a referral?

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

What services do not need a referral?

You do not need a referral for:

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

How soon can I/my child expect to be seen by a specialist?

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

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

Some specialist referrals 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 1-800-783-5386.

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 Primary Care Provider (PCP) should be able to give you a referral for a second opinion visit. If your PCP wants you to see a specialist that is not a Superior provider, that visit will have to be approved by Superior.

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

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

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

If you or your doctor 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, Superior will provide a decision on your appeal within one Business Day. Your appeal rights are also described in this handbook in the appeals section.

What if I/my child go to the emergency room?

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

If you are unsure if you need to go to the emergency room, you can call Superior's 24- hour nurse advice line, at 1-800-783-5386. Our nurses are ready to help you 24 hours a day, 7 days a week. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit www.teladoc.com/Superior.



Superior Health Tip

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

Accessing Care - Just for Women

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

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

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

Superior has some OB/GYN providers that can be your PCP. If you need help picking an OB/GYN, call Superior at 1-800-783-5386.

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/your daughter have the right to pick an OB/GYN without a referral from your PCP. An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to 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 as your PCP. If you need help picking an OB/GYN, call Superior at 1-800-783-5386. If you/your daughter is pregnant, your OB/GYN should see you/her within two (2) weeks of your request. Once you choose an OB/GYN for you/your daughter, you should go to the same OB/GYN for each visit so they will get to know your/your daughter's health-care needs.

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

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

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

If your/your daughter's OB/GYN is not with Superior, please call Member Services at 1-800-783-5386. We will work with your doctor so your doctor can keep seeing you, or we will be more than happy to help you pick a new doctor within the plan.

Accessing Care - Pregnant Women and New Mothers

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

If you/your daughter are pregnant or might be pregnant, make an appointment to see a doctor. The doctor will confirm if you/your daughter are pregnant or not and tell you/your daughter how to care for the unborn child. Call Superior at 1-800-783-5386 to help you find a pregnancy Care Manager if you/your daughter needs extra care. Superior has special programs for pregnant teenagers and difficult pregnancies.

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

If you/your daughter is pregnant, the doctor should see you within two (2) weeks of your request for an appointment.

What other services and education does Superior offer pregnant women?

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

Case Management for Children and Pregnant Women (CPW)

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

Who can get a Case Manager?

Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and have health problems or are at a high risk for getting health problems.

What do Case Managers do?

A Case Manager will visit with you and then:

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

What kind of help can you get?

Case Managers can help you:

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

How can I get a Case Manager?

Call the Texas Health Steps at 1-877-847-8377 (toll-free), Monday to Friday, 8 a.m. to 8 p.m. To learn more, go to <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/case-management-providers-children-pregnant-women>.

Can I choose my baby's Primary Care Provider (PCP) before the baby is born? Who do I call?

You can pick your baby's doctor even before he/she is born. Superior can even help you pick a doctor for your baby. Just call us at 1-800-783-5386.

Accessing Care - Pregnant Women and New Mothers

How and when can I change my baby's PCP or doctor?

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

After the baby is born, Superior is told about your baby's birth. We enter your baby's information in our system. If you have not selected a doctor for the baby before birth, you will be contacted to select a doctor for your baby.

Where can I find a list of birthing centers?

To find a birthing center close to you, call Member Services at 1-800-783-5386 or visit our Find a Provider tool at SuperiorHealthPlan.com.

How do I sign up my newborn baby?

If you are a Superior member when you have your baby, your baby is enrolled with Superior on his/her date of birth. Superior gets information from the hospital to add your baby as a new Superior member, and the hospital will also notify Medicaid about the baby's birth. It is still important that you contact the Department of State Health Services (DSHS) office to also report the birth of your baby. This will ensure the baby's Medicaid enrollment is processed as soon as possible so your baby can get all the health care he/she needs.

Can I change my baby's health plan?

For at least 90 Days from the date of birth, your baby will be covered by the same health plan that you are enrolled in. You can ask for a health plan change before the 90 Days is up by calling the enrollment broker at 1-800-964-2777. You cannot change health plans while your baby is in the hospital.

How and when do I tell my health plan? How and when do I tell my caseworker?

You should let Superior know as soon as possible about the birth of your baby. We may already have the information about your baby's birth, but call us just in case. We will verify your baby's date of birth and name when you call.

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

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

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

Accessing Care - Special Health Programs

Healthy Texas Women Program

The Healthy Texas Women Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (200 percent of the federal poverty level). You must submit an application to find out if you can get services through this program. In addition to family planning services, Texas Health and Human Services created Healthy Texas Women Plus. Healthy Texas Women Plus is an enhanced, cost-effective and limited postpartum services package for women enrolled in the Healthy Texas Women program. Healthy Texas Women Plus will be provided in the postpartum period for not more than 12 months after the enrollment date. While all women in Healthy Texas Women have access to screening, diagnosis, and medication to treat postpartum depression, women with HTW Plus coverage will also be able to receive outpatient individual, family, and group psychotherapy services, as well as peer specialist services.

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

Address: Healthy Texas Women
P.O. Box 149021
Austin, TX 78714-9021
Phone: 1-877-541-7905 (toll-free)
Website: <https://www.healthytexaswomen.org/>
Fax: 1-866-993-9971

Health and Human Services (HHS) Primary Health Care Program

The HHS Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co-payment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit Healthy Texas Women Find a Doctor Locator at <https://www.healthytexaswomen.org/find-doctor>.

Accessing Care - Special Health Programs

To learn more about services you can get through the Primary Health Care Program, email, call, or visit the program's website:

Website: <https://hhs.texas.gov/services/health/primary-health-care-services-program>
Phone: 1-512-776-5922
1-800-222-3986 (toll-free)
Email: PrimaryHealthCare@hhsc.state.tx.us

Healthy Texas Women Breast & Cervical Cancer Services Program

The Breast and Cervical Cancer Services Program provides primary, preventive, and screening services to women age 18 to 64 years whose income is at or below the program's income limits (200 percent of the federal poverty level). Outreach and direct services are provided through community clinics under contract with HHS. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breast feeding. You can also get help with breast feeding by visiting www.TexasWIC.org or by calling 1-800-942-3678. For 24-hour breast feeding support, call the Texas Lactation Support hotline at 1-855-550-6667.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit <https://www.healthytexaswomen.org/find-doctor>.

To learn more about services you can get through the Healthy Texas Women Breast and Cervical Cancer Services Program, visit the program's website, call, or email:

Website: www.healthytexaswomen.org
Phone: 1-512-776-7796
Fax: 1-512-776-7203
Email: BCCSProgram@hhsc.state.tx.us

Healthy Texas Women Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

To find a clinic in your area visit the <https://www.healthytexaswomen.org/find-doctor>.

To learn more about services you can get through the Family Planning program, visit the program's website, call, or email:

Website: www.healthytexaswomen.org/family-planning-program
Phone: 1-800-335-8957
Email: famplan@hhsc.state.tx.us

Accessing Care - Appointments

How do I make an appointment?

You can call your/your child's doctor's office to make an appointment. If you need help making an appointment or if you need help with transportation, an interpreter or other services, call Superior at 1-800-783-5386.

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

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

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

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

If your 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 cannot reach your doctor or want to talk to someone while you wait for your doctor to call you back, call Superior's 24-hour nurse advice line, at 1-800-783-5386. Our nurses are ready to help you 24 hours a day, 7 days a week. You can also call Teladoc for non-emergency medical issues when your PCP's office is closed. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit www.teladoc.com/Superior. If you think you have a real emergency, call 911 or go to the nearest emergency room.

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

If you/your child needs medical care when traveling, call us toll-free at 1-800-783-5386 and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-800-783-5386.

What if I/my child are out of state?

If you/your child has an emergency outside of Texas, go to the nearest emergency room for care. If you/your child do not have an emergency, but 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, or will give you advice on accessing care. If you receive health-care services out of state, the provider(s) must be enrolled in Texas Medicaid to get paid. Please show your Texas Medicaid ID card and Superior ID card before you are seen. Have the doctor or hospital call Superior. The phone number to call is on the back of your Superior ID card.

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

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

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 program helpline at 1-800-964-2777. You can change health plans as often as you want.

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

You can change your health plan by calling the Texas STAR Program Helpline at 1-800-964-2777. You can change health plans as often as you want. 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 leave the plan?

Yes. Superior might ask that a member be taken out of the plan for “good cause.” Examples of “good cause” are:

- 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.
 - Using a doctor that is not a Superior provider.

Superior will not ask you to leave the program without trying to work with you. If you have any questions about this process, call Superior at 1-800-783-5386. Texas Health and Human Services (HHS) will decide if a member can be told to leave the program.



To help you get and stay well, visit our helpful forms and links webpage:
<https://www.superiorhealthplan.com/members/medicaid/resources/helpful-links.html>.

Making Care Easier - Help to Access Health Care

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

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

You can also call Member Services at 1-800-783-5386 if you need someone to go to a doctor's visit with you to help you understand the language. Superior works closely with companies that have lots of people who speak different languages 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. Superior recommends you call at least two (2) Business Days (48 hours) before your visit to coordinate for a face-to-face interpreter.

Superior Medical Ride Program Non-Emergency Medical Transportation (NEMT) Services

What is Superior Medical Ride Program (NEMT)?

Superior's Medical Ride Program (NEMT services) provides transportation to non-emergency health-care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. Superior is required to facilitate the most cost-effective mode of transportation that meets a member's individual need. These trips do NOT include ambulance trips. Transportation services for Superior members are provided by SafeRide.

What services are part of Superior's Medical Ride Program?

There are many types of transportation services included in Superior's Medical Ride Program. They include:

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation in private buses, vans, or sedans, including wheelchair-accessible vehicles, if necessary. These are types of rides where you are picked up and dropped off at the entrance/exit of your home or clinic.
- Mileage reimbursement for an individual transportation participant (ITP) using their own vehicle for a verified completed trip to a covered health-care service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.
- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health-care services. The daily rate for meals is \$25 per day for the member and \$25 per day for an approved attendant.

Making Care Easier - Help to Access Health Care

- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health-care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry service.
- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to cover authorized NEMT (ride/transportation) services.

If you need an attendant to travel to your appointment with you, Superior's Medical Ride Program will cover the transportation cost of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian or other authorized adults on file to travel alone. Parental consent is not required if the health-care service is confidential in nature.

How do I get a ride?

You can request NEMT services through Superior's Medical Ride Program provided by SafeRide. If you need a ride, call SafeRide. SafeRide has staff that speak English and Spanish and can also provide interpreter services if you speak another language.

You should request your NEMT services (rides) as early as possible, and at least two working (business) days before you need the ride. In certain circumstances, you may request the NEMT service (ride) with less than two working (business) days' notice. These circumstances include:

- Being picked up after being discharged from a hospital.
- Trips to the pharmacy to pick up a medication or approved medical supplies.
- Trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

SafeRide

Appointments/Call Center: 1-855-932-2318; TTY: 7-1-1

Hours: 8:00 a.m.-5:00 p.m. Monday-Friday

Where's My Ride: 1-855-932-2319; TTY: 7-1-1

Hours: 5:00 a.m.-7:00 p.m. Monday-Saturday

How do I change or cancel my ride?

You must notify Superior prior to the approved and scheduled trip if your medical appointment is cancelled. To cancel your ride, call SafeRide at 1-855-932-2318 to change or cancel your ride. Please call 24 hours in advance to change or cancel your ride.

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

If you have any problems with Superior's Medical Ride Program, call SafeRide at 1-855-932-2318.

Making Care Easier - Help to Access Health Care

Telehealth Services

What are Telehealth Services?

Telehealth services are virtual health-care visits with a provider through a mobile app, online video or telephone. Most providers in Superior's network can offer telehealth services for certain health-care needs. Ask your provider if they offer telehealth services. Superior members can access doctors as needed by phone and/or video for non-emergency medical issues. You can receive medical advice, a diagnosis and a prescription when appropriate.

Superior treats telehealth services with in-network providers in the same way as face-to-face visits with in-network providers.

- A telehealth visit with an in-network Superior provider does not require prior authorization.
- A telehealth visit with an in-network Superior provider is subject to the same co-payments, co insurance and deductible amounts as an in-person visit with an in-network provider. As a Superior member, there is no cost for a telehealth visit with an in-network Superior provider.

Telehealth and telemedicine services from are available to you when your PCP's office is closed. You can receive medical help for illnesses such as:

- Colds, flu and fever
- Sinuses, allergies
- Respiratory infections
- Pink Eye
- Rash, skin conditions
- Behavioral Health*

With telehealth services, you can make an appointment for a time that works with your schedule. Use the information below to get started:

1. Most providers in Superior's network can offer telehealth services for certain health-care needs. Ask your provider if they offer telehealth services.
2. For 24/7 help, you can sign up and activate your Teladoc account by visiting [Teladoc.com/Superior](https://www.teladoc.com/superior) or calling 1-800-835-2362 (TTY: 711).

*Behavioral Health services are currently only offered through Teladoc. Behavioral Health services through Teladoc are only available to Superior members 18 years and older at this time.

Secure Member Portal

What is the Secure Member Portal?

We want you to get the most from your health insurance. Superior's Secure Member Portal is a convenient and secure tool to help you manage your health care. You are able to use and view your account wherever you are on a computer or your smartphone.

To create your member account please visit

<https://member.superiorhealthplan.com/healthconnect/registration/index.html>

Making Care Easier - Help to Access Health Care

All you need to register is:

- Your date of birth, or
- Your member ID number (found on your Superior ID card).

By creating a free account, you can:

- Check your eligibility.
- Find a provider.
- Change your Primary Care Provider (PCP).
- Check your rewards balance.
- Keep your profile current, and more.

A digital version of your ID card is also available from the Secure Member Portal to access at any time. You can show your digital ID card when you see the doctor* and use your coverage. There is no more waiting for your printed card (or a replacement) to come in the mail. The digital ID card:

- Is easy to download.
- Can be saved on your smartphone:
 - Andriod: save to camera roll.
 - iPhone: save to mobile wallet.
- Can be viewed through your account or you can print a copy.

Visit Member.SuperiorHealthPlan.com to explore these new features.

***Note:** Be sure to talk with your doctor to confirm they will accept your digital ID card.

Care Defined

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

If you or your child needs a physical checkup, then the visit is routine. Your doctor should see you within two (2) weeks (sooner if they can). If you need to see a specialty doctor, then the doctor should see you within three (3) weeks. Children should be seen based on the Texas Health Steps schedule for checkups.

See the Texas Health Steps section for the schedule. Superior will be happy to help you make an appointment. Just call us at 1-800-783-5386.

You must see a Superior provider for routine care. You can always call Superior at 1-800-783-5386 if you need help picking a Superior provider or making an appointment.

Remember: It is best to see your doctor before you get sick so that you can build your relationship with him/her. It is much easier to call your doctor with your medical problems if he/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 my child or I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Superior Medicaid. For help, call us toll-free at 1-800-783-5386. You also can call Superior's 24-hour nurse advice line at 1-800-783-5386 for help with getting the care you need.

If your PCP's office is closed, you can also call Teladoc for non-emergency medical issues. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit www.teladoc.com/Superior.

How soon should I or my child 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/my child expect to be seen?

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions. You should be able to be seen immediately for emergency medical care, but the emergency wait time will be based on your medical needs and determined by the emergency facility that is treating you.

Care Defined

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

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.

What is post-stabilization care?

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



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 43.

Care Defined



Care Defined

Where should I go for care?

When you get sick or hurt, you have several options to get the care you need. Use our “Find a Provider” tool at SuperiorHealthPlan.com to locate a doctor in Superior’s network or call Member Services at 1-800-783-5386.

Do you need to see your Primary Care Provider (PCP)?

Your PCP is your main doctor. Call the office to schedule a visit if you don’t need immediate medical care.

See your PCP if you need:

- Help with colds, flus and fevers
- Care for ongoing health issues like asthma or diabetes
- An annual wellness exam
- Vaccinations
- General advice about your overall health

Do you need to see your psychiatrist?

Your psychiatrist is your primary behavioral health doctor. Call the office to schedule a visit if you don’t need immediate psychiatric care.

See your psychiatrist if you:

- Have changes in mood that last more than 3 days
- Have changes in sleep pattern
- Need medication refills

If you have thoughts of harming yourself or others, call 911 or go to the Emergency Room (ER).

Do You Need To Call Our 24/7 Nurse Advice Line?

Our 24/7 nurse advice line is a free health information phone line. Nurses are available to answer questions about your health and get help for you.

Contact our 24/7 nurse advice line if you need:

- Help knowing if you should see your PCP or psychiatrist
- Help caring for a sick child
- Answers to questions about your physical health or behavioral health

Do you need to call Telehealth?

Telehealth offers convenient, 24-hour access to in-network health-care providers for non-emergency health issues. You can get medical advice, a diagnosis or a prescription by phone or video. Use Telehealth anytime or schedule an appointment wherever and whenever you need it.

Contact Telehealth for illnesses such as:

- Sinus problems and allergies
- Colds, the flu and fevers
- Upper respiratory infections
- Rash and skin problems

Do you need to go to an urgent care center?

If you cannot wait for an appointment with your PCP, an urgent care center can give you fast, hands-on care for more immediate health issues. Go to an in-network urgent care center if you have an injury or illness that must be treated within 24 hours.

Visit your nearest urgent care for:

- Sprains
- Ear infections
- High fevers
- Flu symptoms with vomiting

Urgent care centers can offer shorter wait times than the Emergency Room (ER).

Do you need to go to the Emergency Room (ER)?

Go to the ER if your illness or injury is life-threatening. Call 911 right away if you have an emergency or go to the nearest hospital.

Immediately go to an ER if you have:

- Chest pains
- Bleeding that won’t stop
- Shortness of breath
- Broken bones
- Poisoning
- Severe cuts or burns
- Thoughts of harming yourself or others

Remember to bring your member ID card and Medicaid ID card with you when you see your PCP, visit an urgent care center or go to the ER.

Care Defined

What does medically necessary mean?

Covered services for STAR members must meet the STAR definition of “medically necessary.”

Medically necessary means:

1. For members birth through age 20, the following Texas Health Steps services:
 - a. screening, vision, and hearing services; and
 - b. other health care, including behavioral health services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
 - i. must comply with the requirements of the Alberto N., et al. v. Traylor, et al. partial settlement agreements; and
 - ii. may include consideration of other relevant factors, such as the criteria described in parts (2) (b-g) and (3) (b-g) of this definition.
2. For members over age 20, non-behavioral health-related health care that are:
 - a. reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
 - b. provided at appropriate facilities and at the appropriate levels of care for the treatment of a member’s health conditions;
 - c. consistent with health-care practice guidelines and standards that are endorsed by professionally recognized health-care organizations or governmental agencies;
 - d. consistent with the diagnoses of the conditions;
 - e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency;
 - f. are not experimental or investigative; and
 - g. are not primarily for the convenience of the member or provider; and
3. For members over age 20, behavioral health services that:
 - 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;

Benefits and Services

- 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.

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

Your doctor will work with you to make sure you/your child get the services needed. These services must be given by your/your child's doctor or referred by your doctor to another provider. STAR covered services include medically necessary:

- Audiology services, including hearing aids, for adults and children
- Behavioral Health Services, including Inpatient, Outpatient, Psychiatry services, Mental Health Rehabilitative Services, Outpatient and Residential Substance Use Disorder treatment services
- Birthing services
- Chiropractic services
- Dialysis
- Durable medical equipment and supplies
- Early Childhood Intervention (ECI) services
- Emergency and non-emergency ambulance services
- Emergency services
- Family planning services
- Home health-care services
- Hospital services, including inpatient and outpatient
- Medical checkups and Comprehensive Care Program (CCP) Services for children (birth through age 20) through the Texas Health Steps Program
- Mental Health Rehabilitative Services
- Mental Health Targeted Case Management
- Oral evaluation and fluoride varnish for children 6 months through 35 months of age
- Outpatient drugs and biologicals
- Podiatry
- Prenatal care
- Prescribed Pediatric Extended Care Center (PPECC) services, certified respiratory care practitioner services, and therapies (speech, occupational, physical)
- Preventive services including an annual adult well check for patients 21 years of age and over
- Primary care services
- Radiology, imaging and X-rays
- Specialty physician services
- Telehealth
- Telemedicine
- Telemonitoring
- Therapies – physical, occupational and speech
- Transplantation of organs and tissues
- Vision (Includes optometry and glasses. Contact lenses are only covered if they are medically necessary for vision correction that cannot be accomplished by glasses.)

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

- Transportation to doctor visits
- Women, Infants and Children (WIC) services
- Routine dental care for children

Benefits and Services

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

To learn more about your/your child's benefits as a Superior member, call Member Services at 1-800-783-5386.

Are there any limits to any covered services?

Most Medicaid services for children (less than 21 years of age) do not have any limits. Some Medicaid services for adults (more than 21 years old) do have limits. If you have questions about limits on any covered services, ask your doctor or call Superior. We will tell you if a covered service has a limit.

What services are not covered?

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

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

If you have questions about which benefits are or are not covered, call Superior at 1-800-783-5386.

What if I am a Traveling Farm Worker (TFW)?

A Traveling Farm Worker is a person whose employment is in agriculture on a seasonal basis. To be considered a Traveling Farm Worker, you must have been employed within the last 24 months and must have established a temporary home during that time.

What benefits and services are available for Traveling Farm Workers?

If you are a Traveling Farm Worker, your children can get many of Superior's benefits and services. These include Texas Steps Health Steps checkups, Care Management and help with transportation. To learn more, call Superior Member Services at 1-800-783-5386.

What is Early Childhood Intervention?

Early Childhood Intervention (ECI) is a program in Texas for families with children, up to three (3) years old, who have disabilities or problems with development. ECI services are offered at no cost to Superior members. Services include:

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

What are some examples of ECI services?

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

Benefits and Services

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

No, you do not need a referral to request an evaluation of your child. You may self refer your child by contacting your local ECI provider. To find an ECI provider, call Superior at 1-800-783-5386.



To learn more about the Coronavirus (COVID-19) and the vaccine, visit SuperiorHealthPlan.com/coronavirus.

Special Services

Behavioral Health Services (Mental Health and Substance Use Disorders)

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

Behavioral health refers to mental health and substance use disorder (alcohol and drug) treatment. If you need help with a behavioral health problem, you should call your doctor or Superior. We have mental health and substance use disorder specialists to help you or your child.

You do not have to get a referral from your PCP to access behavioral health services. Superior will help you find the best provider for you/your child. Call 1-800-783-5386 to get help right away, 24 hours a day, 7 days a week.

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

Help might be needed if you/your child:

- Can't cope with daily life.
- Feel very sad, stressed or worried.
- Are not sleeping or eating well.
- Want to hurt yourself or others or has thoughts about hurting yourself.
- Are troubled by strange thoughts (such as hearing voices).
- Drink or use other substances more than usual.
- Have problems at work or at home.
- Seem to be having problems at school.

When you/your child have a mental health or substance use disorder problem, it is important for you to work with someone who knows you/them. We can help you find a provider who will be a good match for you. The most important thing is for you/your child to have someone to talk to so you/your child can work on solving their problems.

What should I do in a behavioral health emergency?

You should call 911 if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Call 1-800-783-5386 for someone to help you/your child with depression, mental illness, substance use disorder or managing your/your child's emotions.

What if I/my child is already in treatment?

If you/your child is already getting care, ask your 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, ask your provider to call Superior 1-844-744-5315. We want you/your child to keep getting the care they need.

If your provider does not join the Superior network, we will work with the provider to keep caring for you/your child until medical records can be transferred to a new Superior doctor.

Special Services

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 Rehabilitation and Targeted Case Management (MHR-TCM).

To get these services call 1-800-783-5386.

Routine Eye Care

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

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

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

With Superior, you get extra vision benefits too. Call Envolve Vision Services, Superior's vision provider, at 1-888-756-8768 to find out how.

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 1-800-783-5386 or Envolve Vision Services at 1-888-756-8768 for help.

Routine Dental Care

What dental services does Superior cover for children? How do I get dental services for my child?

Superior covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

- Treatment of dislocated jaw.
- Removal of cysts.
- Treatment for traumatic damage to teeth and supporting structures.
- Treatment of oral abscess of tooth or gum origin.

Superior covers hospital, physician and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

Superior is also responsible for paying for treatment and devices for craniofacial anomalies.

Special Services

Your child's Medicaid dental plan provides all other dental services including services that help prevent tooth decay and services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer.

If you are pregnant and 21 years old or older, Superior offers bonus dental services.

Are emergency dental services covered by Superior?

Superior covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw.
- Treatment for traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Hospital, physician and related medical services such as drugs for any of the above conditions.

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

DentaQuest	1-800-516-0165
MCNA Dental	1-800-494-6262
United Dental	1-800-822-5353

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

During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at 1-800-783-5386, or call 911.



Superior is on Facebook

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

Special Services

Members with Special Health-Care Needs (MSHCN)

Who do I call if I/my child has special health-care needs and I need someone to help me?

If you/your child have special health-care needs, like a serious ongoing illness, disability or chronic or complex conditions, just call Superior at 1-800-783-5386. We can help you make an appointment with one of our doctors that cares for patients with special needs. We will also refer you to one of our case managers who will:

- Help you get the care and services you need.
- Develop a plan of care with the help of you and your/your child's doctor.
- Follow your/your child's progress and make sure you are getting the care you need.
- Answer your health-care questions.

Care 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 1-800-783-5386 to talk to a nurse. Our staff is there from 8 a.m. to 5 p.m. Monday through Friday, excluding state-approved holidays. You can reach a nurse 24 hours a day, 7 days a week at 1-800-783-5386. They can answer your health questions after hours and on weekends.

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

Please note:

- Superior nurses may contact you if a doctor asks us to call you, if you ask us to call, or if Superior feels we can help you.
- We may ask you questions about your health.
- We will give you information to help you understand how to get the care you need.
- We will talk to your doctor and other people who treat you, to get you care.
- You should call us at 1-800-783-5386 if you want to talk to a nurse about being in this program.

Finding new technology to better care for you

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

Special Services

Disease Management Programs

Asthma Program

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

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

Call Superior at 1-800-783-5386 if you or your child:

- Has been in the hospital for asthma during the past year.
- Has been in the emergency room in the past two (2) months for asthma.
- Has been in the doctor's office three or more times in the past six (6) months for asthma.
- Takes oral steroids for asthma.

Attention-Deficit/Hyperactivity Disorder (ADHD) Program

If you or your child are diagnosed with ADHD and you would like assistance helping to manage your or their symptoms, Superior has a program that can help you. Some common symptoms of ADHD in children include:

- Difficulty with concentration or easily distracted.
- Being unable to play or engage in activities quietly.
- Impulsive behavior.

Call Superior at 1-800-783-5386 if you would like to:

- Learn more about your or your child's symptoms and treatment options.
- Get assistance finding and/or making an appointment with a behavioral health provider.
- Better understand how you can support yourself or your child.

Bipolar Disorder and Schizophrenia Programs

If you have been diagnosed with Bipolar Disorder or Schizophrenia and would like help managing your symptoms, Superior has a program that can help you. People who have not addressed their behavioral health symptoms may have trouble addressing their physical health concerns. Common symptoms that impact one's ability to reach their goals are:

- Disturbances in sleep.
- Unexplained periods of high energy or fatigue.
- Difficulty concentrating and/or focusing.

Call Superior at 1-800-783-5386 if you:

- Want to understand your diagnosis better.
- Would like to learn more about treatment for your diagnosis.
- Need assistance finding and/or making an appointment with a behavioral health provider.
- Have difficulty receiving medications or attending appointments.

Special Services

Depression Program

If you are concerned because you or your child has felt down or stressed and would like help in managing those symptoms, Superior has a program that can help you. Some of the common symptoms of depression in children are:

- Persistent sadness and/or irritability
- Low self-esteem
- Loss of interest in previously enjoyed activities
- Change in appetite or sleep
- Little interest or pleasure in doing things
- Risk taking behaviors
- Trouble with concentration
- Physical complaints, like headaches or stomachaches

Call Superior at 1-800-783-5386 if you would like to:

- Learn more about your or your child's symptoms and treatment options.
- Get assistance finding and/or making an appointment with a behavioral health provider.
- Better understand how you can support yourself or your child.

Diabetes Program

If you have diabetes, Superior has a special program that can help you. This program has coaching sessions, materials that will be mailed to you and allows you to make unlimited calls. 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.

Call Superior at 1-800-783-5386 if you or your child:

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

Substance Use Disorder Program

If alcohol or drug use has interfered with your or your child's behaviors and you would like help, Superior has a program that can assist you.

Call Superior at 1-800-783-5386 if you:

- Would like education and resources to help reduce or stop your or your child's use.
- Family and/or friends have expressed concern about your or your child's use.
- Want to know more about treatment options.
- Have had difficulty reducing or helping your child reduce or stop use and have not been successful.

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

Family Planning

How do I get family planning services?

Superior offers family planning services to all members. This includes members under the age of 18. Family planning services are kept private. You should talk to your doctor about family planning. Your doctor will help you pick a Medicaid family planning provider. If you do not feel comfortable talking to your doctor, call Superior at 1-800-783-5386 and we can help you.

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 1-800-783-5386 for help in finding a family planning provider.



Call Superior 24 Hours a Day

Have a health question? Call Superior's nurse advice line 24 hours a day, 7 days a week. Just call 1-800-783-5386.

Texas Health Steps

What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid health-care program for children, teens and young adults, birth through age 20.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at six (6) months of age.
- A Case Manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat.
- Prevent health problems that make it hard for children to learn and grow like others their age.
- Help your child have a healthy smile.

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your/your child's doctor to set up the checkup.
- Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses.
- Other health and dental care.
- Hearing tests and hearing aids.
- Treatment for other medical conditions.

Call Superior at 1-800-783-5386 or Texas Health Steps toll-free at 1-877-847-8377 (1-877-THSTEPS) (toll-free) if you:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.
- Need help finding and getting other services.

If you can't get your child to the checkup, Superior's Medical Ride program can help. If you have no other options for a ride, you and your child can get rides to and from the doctor, dentist, hospital or drug store at no charge.

Call the SafeRide Appointments/Call Center: 1-855-932-2318; TTY: 7-1-1

Hours: 8:00 a.m.-5:00 p.m., Monday-Friday

Texas Health Steps

How and when do I get Texas Health Steps medical checkups for my child?

Regular medical checkups help make sure that your child grows up healthy. You should take them to their doctor or another Superior Texas Health Steps provider for medical checkups at the following ages:

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

How and when do I get Texas Health Steps dental checkups for my child?

Your child should also get regular dental checkups to make sure his or her teeth and gums are healthy. Dental checkups need to start at six (6) months old and every six (6) months after that. You can go to any Texas Health Steps dentist for a dental checkup. Ask your doctor for the name of a dentist near you or call Member Services at 1-800-783-5386. You do not need a referral from your doctor for regular dental checkups or other dental services.

During a Texas Health Steps dental checkup, the dentist will look at your child's mouth, checking for dental problems you may not know about. The dentist will also see if your child's mouth and teeth are developing like other children their age. These checkups can help catch dental problems before they get bigger and harder to treat.

Ask your dentist about dental sealants for your child. A dental sealant is a plastic material put on the back teeth that can help prevent tooth decay.

How do I make my child's appointment for a Texas Health Steps medical checkup?

You can set up a checkup with your child's doctor. You can also set up a checkup with any Superior provider that gives Texas Health Steps checkups. Need help? You can call Superior toll-free, Monday to Friday, 8 a.m. to 5 p.m. at 1-800-783-5386. Help keep your child healthy.

Do I have to have a referral?

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

Texas Health Steps

What if I need to cancel an appointment?

Please call your doctor or dentist's office if you need to change or cancel your child's visit. If transportation to the visit was made through Superior's Medical Ride Program, provided by SafeRide, please call 1-855-932-2318 to cancel the trip. Please call 24 hours in advance to change or cancel your ride.

Does my doctor have to be a part of the Superior network?

If you go to a doctor that is not signed up as a Superior provider, Superior may not pay that doctor and you may get billed for the services.

What if I am out of town and my child is due for a Texas Health Steps checkup?

If you are out of town and your child is due for a Texas Health Steps checkup, call Superior at 1-800-783-5386. They will help you set up a visit with your doctor as soon as you get home.

What if I have moved and my child is due for a Texas Health Steps checkup?

If you moved and your child is due for a Texas Health Steps checkup, you can go to any Texas Health Steps provider that offers these services. You must show your Superior ID card before you receive services. Have the doctor call Superior for authorization. The phone number to call is on the back of your Superior ID card. Report your new address as soon as possible to the local HHS office and Superior Member Services at 1-800-783-5386.

You must call Superior before getting any services in your new areas unless it is an emergency. You will keep getting care through Superior until the address is changed.

What if I am a Traveling Farm Worker?

You can get your checkup sooner if you are leaving the area. It is still important for your child to get the medical and dental care they need to stay healthy. If you are leaving the area to follow work, call Superior at 1-800-783-5386 to get help scheduling your appointment. See page 28 for more information about help for Traveling Farm Workers.

Pharmacy

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

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

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

Medicaid pays for most medicines your doctor says you need. Your doctor will write a prescription. You can take it to the drug store, or your doctor may be able to send the prescription to the drug store for you.

All prescriptions you get from your doctor can be filled at any drug store that takes your Superior ID card. If you need help finding a drug store, call Superior at 1-800-783-5386.

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

Prescriptions for members are provided through drug stores contracted with Superior. You can get your prescriptions filled at most drug stores in Texas, such as CVS (which includes locations inside of Target), HEB, Walmart and Randalls. If you need help finding a drug store, call Superior at 1-800-783-5386.

A list is also available online at www.SuperiorHealthPlan.com.

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

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

Superior has many contracted drug stores that can fill your medications. It is important that you show your Medicaid ID card and Superior ID card at the drug store. If the drug store tells you they do not take Superior members, you can call Superior Member Services at 1-800-783-5386. We can help you find a drug store that can fill your medications for you.

If you choose to have the drug store fill your medications and they do not take Superior members, you will have to pay for the medication.

What if I need my/my child's medications delivered to me?

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

What if I lose my/my child's medications?

If you lose your medication you should contact your local drug store to see if a refill is available. You can also call your doctor or clinic if there is no refill available.

Pharmacy

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

If your doctor cannot be reached to approve a prescription, you may be able to get a three (3)-day emergency supply of your medication. Call Superior toll free at 1-800-783-5386 for help with your medications and refills. Your drug store can also call the pharmacy help desk for assistance.

How do I find which medicines are on the formulary?

All drugs on the Texas Medicaid formulary are covered. The formulary is listed on the Texas Vendor Drug website at <https://www.txvendordrug.com/formulary>. You can request a paper copy of the formulary at no cost. The paper copy will be sent to you within five (5) Business Days of your request. Please call Superior toll free at 1-800-783-5386 if you have any questions.

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

Some Durable Medical Equipment (DME) and products normally found in a pharmacy are covered by Medicaid. For STAR members, Superior may pay for nebulizers, ostomy supplies and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Superior also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals.

Call 1-800-783-5386 for more information about these benefits.

What if I have other primary insurance?

If you have other primary insurance, please show both your primary insurance and your Medicaid insurance at the drug store. The drug store should run the primary insurance first, then the Medicaid insurance. Medicaid is the payer of last resort and should not be the only card presented to the drug store.



Stay Connected with Superior's Member Portal

Superior's Secure Member Portal is a convenient and secure tool to help you manage your health care. By creating a free account, you can:

- View your health history.
- Print a temporary ID card.
- Review your health benefits.

Visit www.SuperiorHealthPlan.com and click on "For Members." Then, click "Login".

Bonus Benefits

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. These are:

- **24-Hour Nurse Advice Line.** Access to Superior's 24-hour nurse advice line. Call 1-800-783-5386 to contact a registered nurse for health questions 24 hours a day, 7 days a week.
- **Care Management Following Hospital Discharge.** STAR members can earn a \$20 rewards card for enrolling in Care Management, downloading the Wellframe app and participating in a care program for 30 days after discharge from the hospital. This reward is available one time every six (6) months. Hospitalizations for delivery or primary diagnosis of a behavioral health condition are excluded. Wellframe is a free mobile care program, accessible using Wi-Fi on a smartphone or tablet, which supports members in the management of their health.
- **Extra Help Getting a Ride.** Transportation to a prenatal or postpartum visit when member has additional riders (limited to child/children) and no other options are available. Only for STAR members in the Bexar service area.
- **Extra Vision Benefits.** Extra vision benefits, including a \$150 retail allowance towards select prescription eyeglass frames, lenses or contact lenses not covered by Medicaid, once every 24 months. Coverage is for frames and lenses and does not cover additional features such as tints and coating. The member will be responsible for any charges exceeding \$150.
- **Healthy Play and Exercise Programs (Boys and Girls Clubs).** Up to a \$60 allowance for STAR members to use towards a one-time club membership for members 6-18 years old or a one-time sports registration fee for members 6-12 years old through Superior's partnerships with select Boys and Girls Clubs (BGC). Activities may vary by location. Members are subject to the rules and regulations of the participating BGC they choose to join. There must be a contracted BGC within the area of the member's residence in order to be eligible. Limit one per member, per year, not to exceed \$60. Excludes members in Bexar, El Paso, Nueces and MRSA Central service delivery areas.
- **Healthy Play and Exercise Programs (YMCA).** Up to a \$60 allowance for STAR members to use towards one session of swim lessons for members up to 12 years old or a one-time sports registration for members 3 to 12 years old through Superior's partnerships with select YMCAs. Activities may vary by location. Members are subject to the rules and regulations of the participating YMCA they choose to join. There must be a contracted YMCA within the area of the member's residence in order to be eligible. Limit one per member, per year, not to exceed \$60. Excludes members in the Hidalgo and MRSA Northeast service delivery areas.
- **Help for Members with Asthma.** Members enrolled in Superior's Asthma Disease Management program are offered enhanced asthma care. This enhanced care provides support to help reduce asthma attacks. Participating members get an allergy-free mattress cover and pillowcase once every 24 months.
- **Home Visits for Members with Asthma.** Members with asthma or who are pregnant and have elevated risk levels and who are enrolled in Superior's Asthma Disease Management program or Service Management programs may receive a home visit and/or one-on-one comprehensive educational intervention to help address their special symptoms and identify ways to remove barriers and achieve their best health.
- **Inpatient Follow-up Incentive Program.** Members, ages 6 to 20, who complete a follow-up doctor visit within 7 days of leaving the hospital for an inpatient behavioral health stay will receive a \$20 gift card and

Bonus Benefits

journal. Members are eligible to receive the incentive one time per year.

- **Online Mental Health Resources.** Online and mobile accessible consumer-directed mental health resources for members through <https://app.mystrength.com/signup/epc/texas>, a website that offers a range of resources to increase awareness of mental health needs and engage in personalized learning programs to help overcome depression and anxiety, stress, chronic pain, substance use disorder and sleep issues.
- **Online Social Services Resource Directory.** Online social services resource directory for members through <https://www.superiorhealthplan.com/members/medicaid/resources.html> to help locate community supports such as food and nutrition, housing, education and employment services.
- **Over-the-Counter (OTC) Items.** Up to \$25 every calendar quarter per household for commonly-used OTC items through HomeScripts. This benefit covers items that do not need a prescription and are not otherwise covered by Medicaid. Members will select from a catalog of items supplied by Superior. Orders can be placed with HomeScripts by calling a toll-free number, ordering via their mail order form or via Member.SuperiorHealthPlan.com. Unused balances are not carried over from quarter to quarter and members are allowed only one order per quarter. The total cost of items must be less than or equal to the program allowance in order for the items to be shipped. Items may take up to two (2) weeks for delivery. Products may not be returned. OTC items may be ordered for the member only.
- **Parenting Classes.** Parenting classes designed to enhance child-rearing skills for parents and foster the healthy development of their children through education and additional resources. This program is offered to members in a community setting. Only for STAR members in the Bexar and El Paso service areas.
- **Short-Term Phone Assistance.** Up to 750 extra minutes per month for SafeLink phone users who are enrolled in Care Management. Connections Plus phone and monthly minutes are available for members who do not qualify for SafeLink and enroll in Care Management. Members are limited to one cell phone. Lost phones may be replaced at the discretion of the Care Manager. Members may keep the phone at the end of Care Management, but will be responsible for their own minutes thereafter.
- **Sports/School Physicals.** Annual sports physicals for children ages 4 through 18. This Value-added Service is restricted to one physical per calendar year with a maximum reimbursement of \$35. The sports physical must be provided by a contracted Superior provider.
- **Weight Watchers® Program.** To promote weight management and improve health, nutrition and wellness, Superior will offer STAR members a 3-month limited subscription for Weight Watchers® online program per year. Members must be 18 years and older, have a BMI value of 30 or higher and a primary diagnosis of diabetes or prediabetes to qualify. BMI and diagnosis must be verified to be eligible. Members who are pregnant or have a diagnosis of bulimia nervosa are not eligible. Member must have online access.

More services for pregnant members:

- **Extra Dental Benefits.** Extra dental benefits for pregnant members who are 21 and over. These members may receive up to \$250 annually for dental services, including a routine exam and cleanings, x-rays, fillings and extractions.
- **My Health Pays® Rewards Program.** Superior's rewards program offers financial, non-cash incentives that reward pregnant members for completing healthy activities related to their pregnancy and delivery. Rewards

Bonus Benefits

are loaded onto a prepaid card. Pregnant members can receive rewards for completing these activities following confirmation of the visit:

- \$20 for prenatal visit within the first trimester or 42 days of enrollment with Superior.
- \$20 for 3rd prenatal visit.
- \$20 for 6th prenatal visit.
- \$20 for 9th prenatal visit.
- \$20 for postpartum visit within 21-56 days of delivery.
- **Smoking Cessation.** Telephonic outreach, education and support services offered to reduce the health risks associated with smoking during pregnancy through Superior's Puff-Free Pregnancy program. Members receive an individualized cessation plan, health kit to support smoking abstinence and materials that enhance understanding and compliance. Pregnant members receive a smoking cessation support kit upon enrolling in the program and completing the initial assessment.
- **Start Smart® For Your Baby Program.** Superior's award-winning program for pregnant women offers educational materials and gifts to STAR members. Pregnant women can earn Value-added Services one time per pregnancy. Pregnant members can receive a diaper bag, starter supply of diapers and educational materials by:
 - Completing a Notification of Pregnancy (NOP) form and;
 - Receiving pregnancy-related education and information by attending a community baby shower or downloading the Wellframe app and engaging for 30 days.

Pregnant members can receive a convertible car seat by:

- Completing a NOP form and;
- Attending a community baby shower or downloading the Wellframe app and engaging for 30 days and;
- Completing one prenatal visit within their first trimester or 42 days of enrollment with Superior.

Pregnant STAR members ages 13-19 enrolled in Care Coordination during their first trimester can also receive an age-appropriate book that covers topics including how to apply for Medicaid, the stages of labor and economic, social, psychological and cultural issues in pregnancy.

Value-added Services may have restrictions and limitations. These services are effective 9/1/20-8/31/21. For an up-to-date list of these services, go to www.SuperiorHealthPlan.com. For questions, call Member Services at 1-800-783-5386.

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

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

- How to pick a doctor.
- Texas Health Steps.
- Preventative, urgent and emergent care.
- Transportation services.
- Visits to specialists.
- How to use Superior services.
- Complaint and appeal procedures.
- How to use your member handbook.

Health Education

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

What else does Superior offer for members to learn about health care?

Superior has a lot of information available for you online. This includes a quarterly member newsletter. You can find this at www.SuperiorHealthPlan.com by clicking on "Medicaid & CHIP Plans" and then on "Medicaid News & Newsletters."

Superior conducts quarterly Member Advisory Group meetings to help you learn more about your benefits, services and an opportunity to provide feedback about how Superior is helping with your health-care needs. You can find out more about these meetings by calling 1-800-783-5386 or visiting our website.

You may also connect with your care team through the Wellframe Care app. Wellframe is an application for your smartphone or tablet. Your Superior nurse can answer questions about your pregnancy or help you find extra resources. The Wellframe app sends you daily tips and advice to help you and your baby stay healthy. You can also send a private message to your nurse at any time. You'll know just what to do and feel better supported as you get further along. To install, download the Wellframe app from www.wellframe.com/download on your smartphone or tablet and select Create My Account.

There are also interactive health lessons and tools available for you online. This includes On.Target plans that can help you learn about living well with chronic illnesses, healthy eating tips, finding exercise you enjoy and more. You can find this at www.SuperiorHealthPlan.com by logging in to Superior's Member Portal. Click "Tell Us About Your Health" and then on "Wellness Assessment."

What other services can Superior help me with?

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

- Early Childhood Intervention (ECI)
- Public health departments
- Hospice
- Medical Transportation Service

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

What health education classes does Superior offer?

Superior wants you to lead a healthy life. That is why we started the Superior Health Education Program. This program gives you facts to help make better health choices for you and your family. Classes will be given near you. Class information about the dates and locations will be mailed to your home, or you can visit www.SuperiorHealthPlan.com for more information. Classes include:

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

Health Education

What health education classes are offered by other agencies?

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

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

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

The Head Start Program

Head Start is a program offered to many children in Texas. The program provides children ages five (5) and younger with health services and early childhood education that help them get ready for school. Children may qualify for the program based on their family's income. Programs may be held in schools, child care facilities or community agencies. Some of the benefits of Head Start are:

- **Education:** The program helps many children learn and grow. Early Head Start services are available for at least six (6) hours each day. Head Start preschool services include half-day or full-day programs.
- **Home-Based Services:** Head Start staff members may visit children in their home and work with parents to be their children's main teacher.
- **Health Services:** Health services are provided. These include vaccines as well as dental, medical and mental health services.
- **Parent Involvement:** Parents of children in the program can be on committees, attend classes or volunteer.
- **Social Services:** Support may be available to families to find the services they need. This may include nutritional support or other needs.

Enrolling in Head Start

Many children will qualify for Head Start. The children's family must meet income guidelines. A list of guidelines is provided by the U.S. Department of Health and Human Services. Go to www.aspe.hhs.gov to learn more. The children's birth certificate or other form of identification is needed to finish enrolling. There are many Head Start programs in Texas. These programs can be found at <http://eclkc.ohs.acf.hhs.gov/hslc>. Please note that children who enroll in Head Start are required to get a well child checkup within 45 Days of enrolling. Call Superior if you/your child need help scheduling an appointment or finding a doctor.

Advance Directives

This section applies to young adults 18 years and older only.

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 kind 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 right to decide 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. It helps you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. 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 is a document that lets you name someone else to make decisions about your health care in case you are not able to make those decisions yourself.
- **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 1-800-783-5386 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 paper 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 Billing

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

If you have Medicaid, you should not be billed for any services covered by Medicaid. Please remember to always show your Medicaid ID card and Superior ID card before you see the doctor. If you get a bill from a Medicaid provider, call Member Services at 1-800-783-5386.

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 provider who is not enrolled in Texas Medicaid, and/or is not signed up as a Superior provider, Superior may not pay that provider 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.

If you have other primary group insurance, please ensure you provide both your primary insurance and your Superior Medicaid coverage to all of your providers. The provider should submit bills to your primary group insurance first, then Superior Medicaid. Medicaid is the payer of last resort and should not be the only insurance presented to your providers. As long as you follow the rules of your primary insurance and Superior Medicaid, you should not be responsible to pay any portion of your provider bills.



Superior Health Tip

Medicines can be safe if you take them correctly. They can help you get better when you are sick and can 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.
- Check the expiration date on the label and don't take it past that date.

Getting Help with Benefits and Services

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

Superior wants to help. If you have a complaint, please call us toll free at 1-800-783-5386 to tell us about your problem. A Superior Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or at most, within a few days. You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com. Click on “Contact” in the top right corner of the page. You can also use Superior’s complaint form. A copy of the complaint form can be printed from Superior’s website. You can mail the form to:

Superior HealthPlan
ATTN: Complaints
5900 E. Ben White Blvd.
Austin, TX 78741
Fax: 1-866-683-5369

Interpreter services are provided free of charge, please call Member Services at 1-800-783-5386 (TTY 1-800-735-2989) for assistance.

Can someone from Superior help me file a complaint?

A Superior Member Services Advocate can help you file a complaint. Just call 1-800-783-5386 (Relay Texas TTY 1-800-735-2989). You may also file a complaint face-to-face with any representative from Superior who will document your complaint within 24 hours of receipt on your behalf.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. A complaint may be filed by calling 1-800-783-5386, or by mail, by faxing 1-866-683-5369 or online at www.SuperiorHealthPlan.com.

How long will it take to process my complaint?

Most of the time we can help you right away or at the most within a few days. Superior will have a written answer to your complaint within 30 Days of the date you submit your complaint.

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

If you are not satisfied with Superior’s response to your complaint, you have the right to address a written complaint-appeal to the complaint-appeal panel. A final response to your complaint will be completed within 30 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 Health and Human Services (HHS) by calling toll-free to 1-866-566-8989. If you would like to make your complaint in writing, send it to the following address:

Texas Health and Human Services
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, TX 78711-3247

Getting Help with Benefits and Services

If you can get on the Internet, submit your complaint at: hhs.texas.gov/managed-care-help.

How will I find out if Medicaid covered services are denied or limited? What can I do if my doctor asks for a service 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 "Adverse Benefit Determination." You can appeal the Adverse Benefit Determination 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.

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 Adverse Benefit Determination 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 Adverse Benefit Determination. A Superior Member Services Advocate can answer questions you may have. Just call 1-800-783-5386 (Relay Texas TTY 1-800-735-2989). Your Legally Authorized Representative can file an appeal for you as well. Interpreter services are provided free of charge, call Member Services for assistance.

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

You will have 60 Days from the date of Superior's Notice of Adverse Benefit Determination letter to appeal the decision. Superior will acknowledge your appeal within five (5) Business Days of receipt, complete the review of the appeal and send you an appeal response letter within 30 Days. The appeal review can be extended up to 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. If you do not agree with Superior's decision to extend the timeframe for the decision on your appeal, you can file a complaint.

How can I continue my current authorized services?

You can ask to continue current authorized services when you appeal Superior's Adverse Benefit Determination. To continue receiving a service that is being ended, suspended or reduced, your request to continue a service must be made within ten (10) Business Days of the date of Superior's Notice of Adverse Benefit Determination letter, or before the date services will be discontinued as a result of the Adverse Benefit Determination, whichever is later.

Getting Help with Benefits and Services

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. If Superior continues or reinstates benefits at your request and the request for continued services is not approved on appeal, Superior will not pursue recovery of payment for those services without written permission from HHS.

Does my request have to be in writing?

You can call or request in writing to let us know you want to appeal an Adverse Benefit Determination. 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 1-800-783-5386 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 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?

We will notify you of the expedited appeal decision within 72 hours, unless your appeal is related to an ongoing emergency or denial of continued hospitalization. You will be notified of the appeal decision within one (1) Business Day for denials of on-going emergency or denial of continued hospital stay. If Superior determines that your appeal does not meet the criteria to be expedited, Superior will let you know right away. Your appeal will be processed as a standard appeal with a response provided within 30 Days.

Who can help me file an expedited appeal?

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 State Fair Hearing. **If you disagree with Superior's appeal decision, you have the right to ask for a State Fair Hearing from Texas Health and Human Services (HHS).** 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 State 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 State Fair Hearing within 120 Days of the date of the notice telling you that we are denying your appeal with Superior.

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 State Fair Hearing within ten (10) Business Days of the date of the notice telling you that we are denying your appeal. If Superior continues or reinstates benefits at your request and the request for continued services is not approved by the State Fair Hearing officer, Superior will not pursue recovery of payment for those services without written permission from HHS.

To ask for a State Fair Hearing, you or your representative should call or write Superior:

Superior HealthPlan
ATTN: State Fair Hearings Coordinator
5900 E. Ben White Blvd.
Austin, TX 78741
1-877-398-9461

What happens after I request a State Fair Hearing?

If you ask for a State 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 HHS 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 Adverse Benefit Determination. You have the right to examine, at a reasonable time before the date of the State 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. It is important that you or your representative attend the State Fair Hearing in person or by phone.

HHS will give you a final decision within 90 Days from the date you asked for the hearing.

Can I ask for an Expedited State Fair hearing?

If you have completed an Expedited Appeal with Superior and you are not satisfied with our decision, you can request an Expedited State Fair Hearing by calling us at 1-877-398-9461. The State Fair Hearing officer will provide a response on your expedited State Fair Hearing request within three (3) Business Days.

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 State Fair Hearings. That includes the right to:
 - a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
 - b. Get a timely answer to your complaint.
 - c. Use the plan's appeal process and be told how to use it.
 - d. Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - a. Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - b. Get medical care in a timely manner.
 - c. Be able to get in and out of a health-care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability or help you understand the information.

Rights and Responsibilities

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

Member responsibilities:

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

Rights and Responsibilities

Additional member responsibilities while using Superior's Medical Ride Program:

1. When requesting NEMT services through Superior's Medical Ride Program, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
6. You must only use NEMT services to travel to and from your medical appointments.
7. If you have arranged for an NEMT service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

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 Superior and our network providers – at a minimum primary care doctors, specialists and hospitals in our service area. This information will include names, address, 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
 - Demographics
- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal and State Fair Hearing procedures.
- Information about Superior's Quality Improvement Program. To request a hard copy, call Member Services at 1-800-783-5386 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 authorization requirements and family planning services from

Rights and Responsibilities

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.

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 read it carefully.

At Superior HealthPlan, your privacy is important to us. We will do all we can to protect your health records. You may get a copy of our privacy notice at www.SuperiorHealthPlan.com or by calling Member Services at 1-800-783-5386. By law, we must protect your health records and send you this notice. This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights and who can see your health records. This notice does not apply to facts that do not identify you.

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

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

Confidentiality

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

Superior HealthPlan 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.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective 07.01.2017

Revised 08.21.2019

For help to translate or understand this, please call 1-800-783-5386. Deaf and hard of hearing TTY: 1-800-735-2989.

Interpreter services are provided free of charge to you.

Covered Entities Duties:

Superior HealthPlan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Superior HealthPlan is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in effect and notify you in the event of a breach of your unsecured PHI. Superior HealthPlan may create, receive or maintain your PHI in an electronic format and that information is subject to electronic disclosure.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Superior HealthPlan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Superior will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

We will make any revised Notices available on our website.

Internal Protections of Oral, Written and Electronic PHI:

Superior protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.

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- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** - We may use or disclose your PHI to a physician or other health-care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** - We may use and disclose your PHI to make benefit payments for the health-care services provided to you. We may disclose your PHI to another health plan, to a health-care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:
 - Processing claims
 - Determining eligibility or coverage for claims
 - Issuing premium billings
 - Reviewing services for medical necessity
 - Performing utilization review of claims
- **Health-Care Operations** - We may use and disclose your PHI to perform our health-care operations. These activities may include:
 - Providing customer services
 - Responding to complaints and appeals
 - Providing case management and care coordination
 - Conducting medical review of claims and other quality assessment
 - Improvement activities

In our health-care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its health-care operations. This includes the following:

- Quality assessment and improvement activities
 - Reviewing the competence or qualifications of health-care professionals
 - Case management and care coordination
 - Detecting or preventing health-care fraud and abuse.
- **Group Health Plan/Plan Sponsor Disclosures** – We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health-care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- **Fundraising Activities** – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

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- **Underwriting Purposes** – We may use and disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
 - **Appointment Reminders/Treatment Alternatives** - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
 - **As Required by Law** - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
 - **Public Health Activities** - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.
 - **Victims of Abuse and Neglect** - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
 - **Judicial and Administrative Proceedings** - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - An order of a court
 - Administrative tribunal
 - Subpoena
 - Summons
 - Warrant
 - Discovery request
 - Similar legal request
 - **Law Enforcement** - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
 - Court order
 - Court-ordered warrant
 - Subpoena
 - Summons issued by a judicial officer
 - Grand jury subpoena
- We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.
- **Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
 - **Organ, Eye and Tissue Donation** - We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
 - Cadaveric organs
 - Eyes
 - Tissues

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- **Threats to Health and Safety** - We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
 - To authorized federal officials for national security
 - To the Department of State for medical suitability determinations
 - To intelligence activities
 - For protective services of the President or other authorized persons
- **Workers' Compensation** - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations** - We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** - We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** - We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** - We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or health-care operation functions.

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Individuals Rights:

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

- **Right to Revoke an Authorization** - You may revoke your authorization at any time. The revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health-care operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health-care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.
- **Right to Access and Receive Copy of your PHI** - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review, or if the denial cannot be reviewed.
- **Right to Amend your PHI** - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last six (6) years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health-care operations, or disclosures you authorized and certain other activities. If you request this accounting more than

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once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

- **Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989).

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- **Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Race, Ethnicity and Language Information:

Superior is committed to keeping your race, ethnicity and language (REL) information confidential. We use some of the following methods to protect your information:

- Maintaining paper documents in locked file cabinets
- Requiring that all electronic information remain on physically secure media
- Maintaining your electronic information in password-protected files

We may use or disclose your REL information to perform our operations as your Managed Care Organization. These activities may include:

- Assessing health-care disparities
- Designing intervention programs
- Designing and directing outreach materials
- Informing health-care practitioners and providers about your language needs

We will never use your REL information for underwriting, rate setting or benefit determinations or disclose your REL information to unauthorized individuals.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

Superior HealthPlan
Attn: Privacy Official
5900 E. Ben White Blvd.
Austin, TX 78741

HHS Privacy Notice: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Toll Free Phone Number: 1-800-218-7453
Relay Texas (TTY): 1-800-735-2989

Fraud, Waste, or Abuse

Do you want to report fraud, waste, and abuse ?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse, 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 fraud, waste, or abuse, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184.
 - Visit <https://oig.HHS.state.tx.us/> and click the red "Report Fraud" box to complete the online form.
- Report directly to your health plan at:
- Superior HealthPlan
Attn: Compliance Department
5900 E. Ben White Blvd.
Austin, TX 78741
1-866-685-8664

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

When reporting about a provider (a doctor, dentist, counselor, etc.) include:

- Name, address, and phone number of provider.
- Name and address of the facility (hospital, nursing home, home health agency, etc.).
- Medicaid number of the provider and facility, if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers 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 fraud, waste, or abuse.

Glossary of Terms

- **Appeal** - A request for your managed care organization to review a denial or a grievance again.
- **Complaint** - A grievance that you communicate to your health insurer or plan.
- **Copayment** - A fixed amount (for example, \$15) you pay for a covered health-care service, usually when you receive the service. The amount can vary by the type of covered health-care service.
- **Durable Medical Equipment (DME)** - Equipment and supplies ordered by a health-care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.
- **Emergency Medical Condition** - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
- **Emergency Medical Transportation** - Ground or air ambulance services for an emergency medical condition.
- **Emergency Room Care** - Emergency services you get in an emergency room.
- **Emergency Services** - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
- **Excluded Services** - Health-care services that your health insurance or plan doesn't pay for or cover.
- **Grievance** - A complaint to your health insurer or plan.
- **Habilitation Services and Devices** - Health-care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.
- **Health Insurance** - A contract that requires your health insurer to pay your covered health-care costs in exchange for a premium.
- **Home Health Care** - Health-care services a person receives in a home.
- **Hospice Services** - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.
- **Hospitalization** - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.
- **Hospital Outpatient Care** - Care in a hospital that usually doesn't require an overnight stay.
- **Medically Necessary** - Health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
- **Network** - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health-care services.
- **Non-participating Provider** - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider, instead of a participating provider. In limited cases such as there are no other providers, your health insurer can contract to pay a non-participating provider.
- **Participating Provider** - A provider who has a contract with your health insurer or plan to provide covered services to you.

Glossary of Terms

- **Physician Services** - Health-care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.
- **Plan** - A benefit, like Medicaid, to pay for your health-care services.
- **Pre-authorization** - A decision by your health insurer or plan before you receive it that a health-care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or pre-certification. Preauthorization isn't a promise your health insurance or plan will cover the cost.
- **Premium** - The amount that must be paid for your health insurance or plan.
- **Prescription Drug Coverage** - Health insurance or plan that helps pay for prescription drugs and medications.
- **Prescription Drugs** - Drugs and medications that by law require a prescription.
- **Primary Care Physician** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.
- **Primary Care Provider** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.
- **Provider** - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.
- **Rehabilitation Services and Devices** - Health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.
- **Skilled Nursing Care** - Services from licensed nurses in your own home or in a nursing home.
- **Specialist** - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.
- **Urgent Care** - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Notes



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