



superior
healthplan™

STAR

Member Handbook



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

[SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com)

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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 available 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 Health	1-855-932-2318
Teladoc (Telehealth Services)	1-800-835-2362
Norman MD (Telehealth Services)	512-421-5678
Eye Care (Centene Vision Services)	1-866-897-4785
Dental Care	1-800-516-0165 (DentaQuest) 1-855-691-6262 (MCNA Dental) 1-800-822-5353 (United Dental)
Behavioral Health	1-800-783-5386
Alcohol/Drug Crisis Line	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. You can also call, text or chat 988. The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress.

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 Health. Call 1-855-932-2318 (TTY 7-1-1), 8:00 a.m.-6:00 p.m. Central Time (CT), Monday-Friday to request a ride. To find out where your ride is, call 1-855-932-2319, 4:00 a.m. to 8:00 p.m. CT, Monday-Saturday. SafeRide Health 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.

See page 20 for more information.

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:

1557 Coordinator
PO Box 31384, Tampa, FL 33631
1-855-577-8234 | TTY: 711 | FAX: 1-866-388-1769
SM_Section1557Coord@centene.com

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, our 1557 Coordinator 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://hhs.gov/ocr/office/file/index.html>

This notice is available at Superior HealthPlan's website: SuperiorHealthPlan.com/non-discrimination-notice.html.

Language Assistance

ENGLISH:	To help you understand the information provided, language assistance services, including written translation, oral interpretation, as well as auxiliary aids and services, and other alternative formats are available to you free of charge by calling the number on the back of your Superior ID card (TTY: 1-800-735-2989).
SPANISH:	Para ayudarle a comprender la información facilitada, tiene a su disposición servicios de asistencia lingüística gratuitos, que incluyen traducción escrita, interpretación oral, así como ayudas y servicios auxiliares y otros formatos alternativos por llame al número que figura en el reverso de su tarjeta de identificación de Superior (TTY: 1-800-735-2989).
VIETNAMESE:	Để giúp quý vị hiểu thông tin được cung cấp, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ, bao gồm dịch thuật văn bản, thông dịch nói, cũng như các công cụ và dịch vụ phụ trợ và các định dạng thay thế khác. Để nhận dịch vụ và sự trợ giúp này, quý vị hãy gọi đến số điện thoại ghi ở mặt sau thẻ Superior ID (TTY: 1-800-735-2989).
CHINESE:	为了帮助您理解所提供的信息，我们免费为您提供语言协助服务，其中包括笔译、口译、辅助工具及服务、以及其他替代形式。要获得这些服务，请拨打您Superior会员卡背面的电话号码（文本电话：1-800-735-2989）。
KOREAN:	제공된 정보에 대한 귀하의 이해를 돕기 위해 서면 번역, 구두 통역, 보조 도구 및 서비스, 기타 대체 형식을 포함한 언어 지원 서비스를 무료로 제공합니다. 이를 이용하시려면 Superior ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 1-800-735-2989).
ARABIC:	تتوفر لك خدمات المساعدة اللغوية لمساعدتك على فهم المعلومات المقدمة، بما في ذلك الترجمة الكتابية، والترجمة الشفوية، بالإضافة إلى المساعدات والخدمات المساعدة، وأشكال بديلة أخرى مجاناً. للحصول على ذلك، اتصل بالرقم الموجود على ظهر بطاقة الهوية الخاصة بك (الهاتف النصي: 1-800-735-2989).
URDU:	فراہم کردہ معلومات کو سمجھنے میں آپ کی مدد کرنے کے لیے، زبان کی مدد کی خدمات، بشمول تحریری ترجمہ، زبانی تشریح، نیز معاون امداد اور خدمات، اور دیگر متبادل فارمیٹس آپ کے لیے مفت دستیاب ہیں۔ اسے حاصل کرنے کے لیے، اپنے سپرینئر شناختی کارڈ کے پچھلے نمبر پر کال کریں (TTY: 1-800-735-2989)۔

Language Assistance

TAGALOG:	Upang matulungan kang maunawaan ang ibinigay na impormasyon, ang mga serbisyo ng tulong sa wika, kabilang ang nakasulat na pagsasalin, pasalitang interpretasyon, gayundin ang mga karagdagang tulong at serbisyo, at iba pang mga alternatibong format ay available para sa iyo na walang bayad. Para makuha ito, tawagan ang numero sa likod ng iyong Superior ID card (TTY: 1-800-735-2989).
FRENCH:	Pour vous aider à comprendre les informations fournies, des services d'assistance linguistique, y compris la traduction écrite, l'interprétation orale, ainsi que des aides et services auxiliaires, et d'autres formats alternatifs sont à votre disposition gratuitement. Pour en bénéficier, appelez le numéro au dos de votre carte d'identité Superior (TTY : 1-800-735-2989).
HINDI:	प्रदान की गई जानकारी को समझने में आपकी सहायता के लिए, लिखित अनुवाद, मौखिक व्याख्या, साथ ही अतिरिक्त सहायता एवं सेवाओं व अन्य वैकल्पिक प्रारूपों सहित भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। इसे पाने के लिए अपने Superior आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें (TTY: 1-800-735-2989)।
PERSIAN:	برای کمک به درک شما از اطلاعات ارائه شده، خدمات کمک زبان، از جمله ترجمه کتبی، ترجمه شفاهی، و همچنین کمک ها و خدمات کمکی، و سایر قالب های جایگزین به صورت رایگان در اختیار شما قرار می گیرند. برای دریافت آن، با شماره پشت کارت شناسایی Superior خود تماس بگیرید (TTY: 1-800-735-2989).
GERMAN:	Zum besseren Verständnis der bereitgestellten Informationen stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung, einschließlich Übersetzungs- und Dolmetschleistungen, Hilfsmittel und -dienste sowie anderer alternativer Formate. Rufen Sie dazu die Nummer auf der Rückseite der Superior Mitgliedsausweiskarte an (TTY: 1-800-735-2989).
GUJARATI:	આપવામાં આવેલી માહિતી સમજવામાં આપની મદદ કરવા, લેખિત અનુવાદ, મૌખિક અર્થઘટન, સાથે સહાયક મદદો અને સેવાઓ સહિતની ભાષા સહાયતા સેવાઓ અને અન્ય વૈકલ્પિક ફોર્મેટો આપના માટે વિનામૂલ્યે ઉપલબ્ધ છે. તે મેળવવા, આપની Superior આઈડી કાર્ડની પાછળની બાજુએ આપેલા નંબર પર કોલ કરો (TTY: 1-800-735-2989).
RUSSIAN:	Если вы говорите на русском языке, для вас доступны бесплатные услуги письменного и устного перевода, и другой языковой поддержки. Позвоните по номеру, указанному на обратной стороне Вашей членской карты Superior (номер с поддержкой телетайпа: 1-800-735-2989).
JAPANESE:	ご案内する情報のご理解に役立つよう、翻訳文や口頭での通訳のほか、補助的な援やサービス、その他の代替形式を含む言語支援サービスを無料でご利用いただけます。ご利用の際は、お持ちのSuperior IDカードの裏面に記載されている番号にお電話ください (TTY: 1-800-735-2989)。
LAOTIAN:	ເພື່ອຊ່ວຍທ່ານເຂົ້າໃຈຂໍ້ມູນທີ່ໃຫ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ເຊິ່ງລວມມີການແປເອກະສານ, ລາຍລະອຽດພາສາປາກເປົ້າ, ພ້ອມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອຂໍເອົາການຊ່ວຍເຫຼືອນີ້, ໃຫ້ໃບຫາເບີທີ່ຢູ່ດ້ານຫຼັງຂອງບັດ Superior ID ຂອງທ່ານ (TTY: 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 the Texas Health and Human Services Commission (HHSC) and with many doctors, clinics and hospitals to give you/your child the care you need.

You/your child 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. You can access your ID card at any time on the Superior mobile app. Follow the steps to download the app on page 2.
- 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 in touch with 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

Superior Member Portal and Mobile App

Stay Connected

Superior makes it easy to access your account information wherever you are — on a computer or your smart device. It's easy to log in, convenient to use, and available 24/7. Manage your plan anytime, anywhere.

Online Member Portal

Set up your account in 3 easy steps

1. Go to Member.SuperiorHealthPlan.com.
2. Register with your email address, birth date and member ID (found on your Superior ID card).
3. Verify your account through email.

Member Mobile App

Set up your account in 3 easy steps

1. Search “Health Insurance Portal” in the App Store or Google Play.
2. From the “state” dropdown menu, select “Texas.”
3. Use your Superior member portal login or create an account to get started.

- Access your ID card. View a digital version of your Superior Member ID card at any time.
- Search for care. Find doctors and urgent care near you, change your primary care provider, and more.
- View your benefits. See the specific plan benefits and services available to you.
- Take your health assessment. Let us know your health needs to better serve you.
- Send us a message. Get in touch with us through secure messaging if you need help.

For questions, call Member Services at 1-800-783-5386.

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. You can also access your ID card at any time on the Superior Secure Portal or Member Mobile App. For more details, see page 2.

Example Superior HealthPlan STAR ID Card



MEMBER ID #:
MEMBER NAME:

PRIMARY CARE PROVIDER
NAME:
PHONE:
EFFECTIVE DATE:

RXBIN:
RXPCN:
RXGRP:
PBM:

Available 24 hours a day/7 days a week
Member Services | Behavioral Health | Nurse Advice Line: /
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.

Pharmacists Only: 1-833-750-4508

Disponible 24 horas al día/7 días a la semana
Servicios para Miembros | Salud del comportamiento |
La línea de consejería de enfermería: 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.

Solo para farmacéuticos: 1-833-750-4508

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 log in to the Secure Member Portal or our Member Mobile App to access your ID card, save a digital version of your ID card or request your ID card by mail. See page 2 for more information.

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

Superior HealthPlan
STAR Member Handbook

3

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 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 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 (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 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 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 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.

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

 TEXAS Health and Human Services		Your Texas Benefits
Member name:		
Member ID:	Note to Provider: Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.	
Issuer ID:	Date card sent:	
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. 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. THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES. Providers: To verify eligibility, call 1-800-925-9126. Non-managed care pharmacy claims assistance: 1-800-435-4165. Non-managed care Rx billing: RxBIN: 610084 / RxPCN: DRTXPROD / RxGRP: MEDICAID TX-CA-1213		

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 the Texas Health and Human Services Commission (HHSC). 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 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 HHSC benefits office by calling 2-1-1 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 HHSC 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 Superior Member Services at 1-800-783-5386.



Extra Benefits for Pregnant Members

Superior has even more services for pregnant members! Go to page 50 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, coordinate with any specialists that are involved in your care, 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 using the Superior Mobile App, the Secure Member Portal or by calling us toll-free at 1-800-783-5386 or writing to:

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

You may also request PCP changes by using the member web portal. More information on how to change your PCP is available in Superior's Secure Member Portal. Visit Member.SuperiorHealthPlan.com to learn more.

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 they no longer want 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 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 in the Superior network, 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 SuperiorHealthPlan.com. Click on "Medicaid and CHIP Plans" and "Member Resources." 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. We recommend you see your doctor for a follow-up appointment within one week after being discharged from the hospital.

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.

We recommend you see your doctor for a follow-up appointment within one week after being discharged from the hospital.

Accessing Care - Just for Women

What if I/my child 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. Women's health specialists include, but are not limited to:

- Obstetricians
- Gynecologists
- Certified Nurse Midwives

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 child have the right to pick an OB/GYN without a referral from your PCP. OB/GYN services include, but not limited to:

- One well-woman checkup each year. This may include breast exams, mammograms and pap tests.
- Care related to pregnancy.
- Care for any female medical condition.
- Referrals to special doctors 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 SuperiorHealthPlan.com. Just click on "Find a Provider." 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 child 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 child, you should go to the same OB/GYN for each visit so they will get to know your/your child's health-care needs.

If I don't choose an OB/GYN 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 child stay with an OB/GYN who is not with Superior?

If your/your child'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 Members and New Mothers

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

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

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

If you/your child 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 having a healthy pregnancy, childbirth and newborn care. Superior also hosts virtual educational baby showers to teach you more about your pregnancy and new baby. For more information, please visit SuperiorHealthPlan.com/MemberEvents or call Member Services at 1-800-783-5386.

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 they are born. Superior can even help you pick a doctor for your baby. Just call us at 1-800-783-5386.

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. In addition,

Accessing Care - Pregnant Members and New Mothers

contact the Health and Human Services Commission (HHSC) by visiting YourTexasBenefits.com or call 2-1-1. This will ensure the baby's Medicaid enrollment is processed as soon as possible so your baby can get all the health care they need.

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.

Maternal Mental Health Resources

At Superior, we understand the importance of mental health, especially during and after pregnancy. We are committed to providing our members with access to the resources and support they need for optimal mental well-being.

In compliance with legislation and the Texas Health and Human Services Commission's (HHSC) Maternal Mental Health Network (MMHN) initiative, Superior has made it easier for members to locate providers who specialize in maternal mental health services.

Finding a Provider

Members can locate providers that offer maternal mental health services using Superior's find-a-provider tool on our website. When using the tool, members can search providers who treat maternal mental health conditions, such as postpartum depression or anxiety, under Office Features. This feature narrows the member's search results to providers who are equipped to address maternal mental health conditions.

Accessing Care - Pregnant Members and New Mothers

Screening and Referral

Superior has developed internal policies and procedures to identify members who may have a maternal mental health condition. If you screen positive for a maternal mental health condition, we will document the result and refer you for confirmation of diagnosis, treatment, and necessary follow-up care.

Support and Assistance

If you have any questions about accessing maternal mental health services or need assistance finding a provider, our Member Services team can help. For more information, contact Member Services at 1-800-783-5386 or visit our website at [SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com).

Remember, your mental health is just as important as your physical health. Superior is dedicated to supporting you throughout and after your pregnancy.



Telehealth is Offered at No Cost

You can get easy access to a doctor or therapist when you want to see one without leaving your home. Avoid the ER and urgent care with 24-hour access to in-network providers for non-emergency health issues. Learn more about telehealth on page 22.

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, the 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 is available to women who have been pregnant within the last 12 months. While all women in Healthy Texas Women have access to screening, diagnosis, and medication to treat postpartum depression, women with Healthy Texas Women 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: healthytexaswomen.org
Fax: 1-877-466-2409

Texas Health and Human Services Commission (HHSC) Primary Health Care Services Program

The HHSC Primary Health Care Services 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 healthytexaswomen.org/find-doctor.

Accessing Care - Special Health Programs

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

Website: hhs.texas.gov/services/health/primary-health-care-program

Phone: 1-512-776-5922
1-800-222-3986 (toll-free)

Email: PrimaryHealthCare@hhs.texas.gov

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 HHSC. Community health workers will help make sure women get the preventive and screening services they need, such as clinical breast examination, mammogram, pelvic examination and pap test.

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

Phone: 1-512-776-7796

Fax: 1-877-466-2409

Email: BCCSProgram@hhs.texas.gov

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://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: healthytexaswomen.org/family-planning-program

Phone: 1-877-541-7905 (toll-free)

Email: famplan@hhs.texas.gov

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. Superior staff can set up a three-way call between you, your Authorized Representative, or your Legally Authorized Representative (LAR) and a provider's office to schedule an appointment.

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 available 24 hours a day, 7 days a week at 1-800-835-2362. Or visit Teladochealth.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 provider.
- Making threats or mistreating a staff person.
- Sending digital communication that is inappropriate, threatening or graphic.
- Theft.
- Letting someone else use your ID card.
- Repeatedly missing appointments.

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



To help you get and stay well, visit our helpful forms and links webpage:
<https://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 people who speak different languages and can also 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, non-medical appointments, non-covered services, visits to out of network providers without an authorization, or visits to providers who are not enrolled as a Medicaid provider. Transportation services for Superior members are provided by SafeRide Health.

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.

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 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.
- 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.

Ride Monitoring and Responsible Use

It is Superior's goal is to make sure you have access to necessary transportation services. As part of our responsibility, we monitor usage patterns to identify opportunities to help you.

How do I get a ride?

You can request NEMT services through Superior's Medical Ride Program provided by SafeRide Health. If you need a ride, call SafeRide Health. SafeRide Health 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.

For rides greater than 75 miles, SafeRide Health requires at least five (5) working (business) days advance notice.

SafeRide Health

Appointments/Call Center: 1-855-932-2318; TTY: 7-1-1
Hours: 8:00 a.m.-6:00 p.m. CT, Monday-Friday

Where's My Ride: 1-855-932-2319; TTY: 7-1-1
Hours: 4:00 a.m.-8:00 p.m. CT, Monday-Saturday

Making Care Easier - Help to Access Health Care

How do I change or cancel my ride?

You must notify SafeRide Health prior to the approved and scheduled trip if your medical appointment is cancelled. To cancel your ride, log into [SafeRide Health's member portal](https://superior.member.saferidehealth.com/login) (<https://superior.member.saferidehealth.com/login>) or call SafeRide Health at 1-855-932-2318 to change or cancel your ride. Please call 24 hours in advance to change or cancel your ride.

How do I find out where my ride is?

You can call 1-855-932-2319 to find out the status of 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 Health at 1-855-932-2318.

Telehealth Services

What are Telehealth Services?

Telehealth services are virtual health-care visits with a doctor or therapist 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.
- As a Superior member, there is no cost for a telehealth visit with an in-network Superior provider.

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

- | | | |
|------------------------|--------------------------|-------------------------|
| • Colds, flu and fever | • Respiratory infections | • Rash, skin conditions |
| • Sinuses, allergies | • Pink eye | • 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 Teladochealth.com/Superior or calling 1-800-835-2362 (TTY: 711).
3. For members who are in Central Texas (Bastrop, Caldwell, Hays, Travis and Williamson counties), 24/7 telehealth services are available. You can sign in and activate your Norman MD account by visiting NormanMD.com.

*Behavioral Health telehealth 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.

Making Care Easier - Help to Access Health Care

Digital Health Records

What are My Options for Managing My Digital Health Records?

In 2021, a new federal rule made it easier for Superior members* to manage their digital medical records. This rule is called the Interoperability and Patient Access rule (CMS-9115-F) and makes it easier to get your health records when you need them most.

You now have full access to your health records on your mobile device. This allows you to manage your health better and know what resources are available to you.

*Beginning in 2022, the Payer-to-Payer Data Exchange portion of this rule will allow former and current members to request that their health records go with them as they switch health plans. For more information about this rule, visit the Payer-to-Payer Data Exchange section found on the webpage below.

The new rule makes it easy to find information** on:

- Claims (paid and denied)
- Specific parts of your clinical information
- Pharmacy drug coverage
- Health-care providers

**You can get information for dates of service on or after January 1, 2016.

For more information, please visit <https://superiorhealthplan.com/members/medicaid/resources/interoperability-and-patient-access.html>.



Get rewarded for focusing on your health!

Earn rewards when you complete healthy activities. Learn more at SuperiorHealthPlan.com/Rewards.

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 them. It is much easier to call your doctor with your medical problems if they know 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 Teladochealth.com/Superior. Central Texas members in Bastrop, Caldwell, Hays, Travis and Williamson counties can contact Norman MD to chat with a local doctor 24 hours a day, 7 days a week, no appointment needed. Visit NormanMD.com.

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 woman, 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?

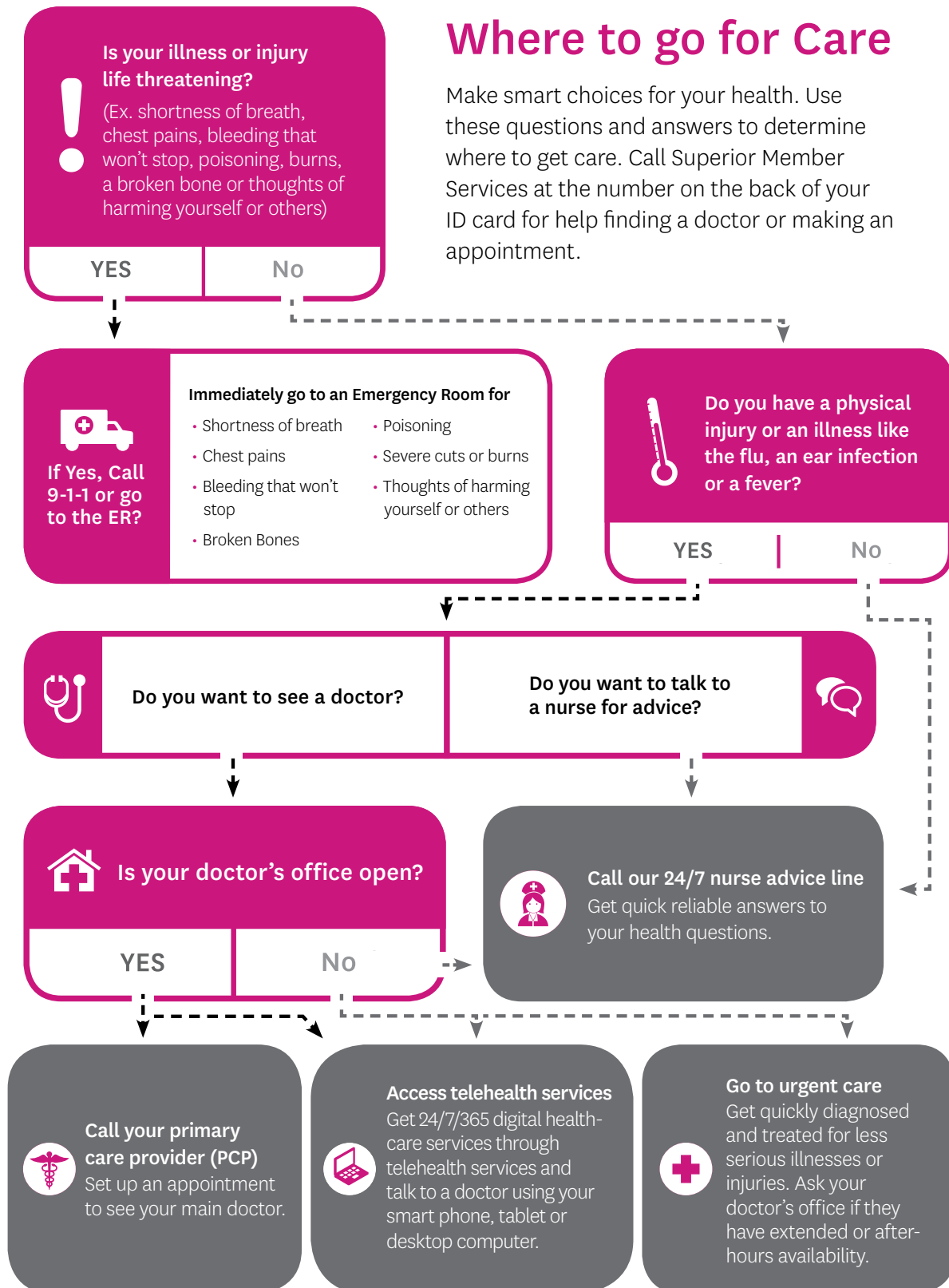
Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.



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 49.

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. You can also use the Superior Mobile App or Secure Member Portal to find a provider.

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, flu 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 Superior’s 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 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;
 - d. are the most appropriate level or supply of service that can safely be provided;

Care Defined

- 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.

Benefits and Services

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
- Cancer screening, diagnostic and treatment 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
- Mastectomy, breast reconstruction, and related follow-up procedures including:
 - inpatient services; outpatient services provided at an outpatient hospital and ambulatory health care center as clinically appropriate; and physician and professional services provided in an office, inpatient, or outpatient setting for:
 - All stages of reconstruction on the breast(s) on which medically necessary mastectomy procedure(s) have been performed;
 - Surgery and reconstruction on the other breast to produce symmetrical appearance;
 - Treatment of physical complications from the mastectomy and treatment of lymphedemas; and
 - Prophylactic mastectomy to prevent the development of breast cancer.
 - External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed.
- Medical checkups and Comprehensive Care Program (CCP) Services for children (birth through age 20) through the Texas Health Steps Program, including private duty nursing, Prescribed Pediatric Extended Care Center services, certified care practitioner services, and therapies (speech, occupational, physical)
- Mental Health Rehabilitative Services
- Mental Health Targeted Case Management
- Non-emergency Medical Transportation Services, including:
 - Demand response transportation services, including Non-medical Transportation prearranged rides, shared rides, and public transportation services
 - Mass transit
 - Individual transportation participant mileage reimbursement
 - Meals
 - Lodging
 - Advanced funds
 - Commercial airline transportation services, including out of state travel
- Oral evaluation and fluoride varnish for children 6 months through 35 months of age
- Outpatient and inpatient drugs and biologicals provided in an inpatient setting
- Podiatry
- Prenatal and postpartum care
- Preventive services including an annual adult well check for patients 21 years of age and over

Benefits and Services

- Primary care services
- Radiology, imaging and X-rays
- Specialty physician services
- Telemedicine and telehealth modalities for the delivery of covered services
- 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
- Routine dental care for children
- Women, Infants and Children (WIC) 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 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
- Development of an Individual Family Service Plan (IFSP)
- Case Management
- Translation and interpreter services

What are some examples of ECI services?

- Audiology and vision services
- Nursing and nutrition services
- Physical therapy
- Occupational therapy
- Speech-language 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.

What is Case Management for Children and Pregnant Women (CPW)?

Case Management for Children and Pregnant Women (CPW) is a case management program that provides health related case management services to 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. Case Management for Children and Pregnant Women is managed by Superior HealthPlan.

Case Management for Children and Pregnant Women

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

Who can get a CPW 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 CPW Case Managers do?

A CPW 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?

CPW Case Managers can conduct in-person visits for you/your family needs. CPW Case Managers can help you:

- Get medical and dental services with the right doctors.
- Develop service plans for your unmet needs.
- Get medical supplies or equipment.
- Ensure needs identified in your service plan are being met.
- Find the right community resources for your needs.
- Work on school or education issues.
- Access and address education/school related issues.
- Work on other problems.
- Process the application of SSI and appeal an SSI denial.

CPW Case Managers cannot:

- Provide health care or health education.
- Give you a medical or mental health diagnosis.
- Provide clinical, medical or therapy services.
- Determine a need for a specialist.

Who will help with my ongoing CPW activities?

Superior has nurses, behavioral health clinicians and social workers to provide case management for you. You may receive case management services from a CPW provider contracted with Superior or Superior's Care Management staff. Superior will help decide who will provide you with case management.

Benefits and Services

Durable Medical Equipment (DME)

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 drug store are covered by Medicaid. For all members, Superior pays for nebulizers, ostomy supplies, diapers, formula, total parenteral nutrition (TPN) and other covered supplies and equipment if they are medically necessary using the DME benefit. 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.

Applied Behavior Analysis (ABA) Services

Applied Behavior Analysis (ABA) services are available for Superior Medicaid members with Autism Spectrum Disorder (ASD). The symptoms of ASD include restricted, repetitive patterns of behavior, interests, or activities and shortcomings in social communication and social interaction. These symptoms usually start in early childhood.

What Services are Provided?

ABA services must be prior authorized through Superior HealthPlan as a medically necessary service, required to treat, correct or improve the member's condition. A diagnosis of autism spectrum disorder alone does not support the medical necessity of ABA. Licensed Behavior Analyst (LBA) is a new Medicaid provider type that will be providing these services. ABA services include ABA initial evaluation, re-evaluation, individual treatment, group treatment, parent/caregiver/family education and training, and interdisciplinary team meetings. Please contact your/your child's doctor, visit [SuperiorHealthPlan.com](https://superiorhealthplan.com/members/medicaid/health-wellness/autism-help.html), or call Member Services to locate a Medicaid enrolled LBA provider in your area available to deliver these services.

Who is Eligible for Services?

Medicaid managed care members in the STAR, STAR Health, STAR Kids and STAR+PLUS Medicaid for Breast and Cervical Cancer (MBCC) Program under the age of 21 with ASD are eligible for these services, if medically necessary. For more information, visit [Superior's Autism Help webpage](https://superiorhealthplan.com/members/medicaid/health-wellness/autism-help.html). (<https://superiorhealthplan.com/members/medicaid/health-wellness/autism-help.html>)

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.

Benefits and Services

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.

The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress. Call, text or chat 988 if you are experiencing behavioral health related distress including: thoughts of suicide, mental health, substance use crisis, or any other kind of emotional distress.

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.

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.

Benefits and Services

Collaborative Care Model

The Collaborative Care Model (CoCM) coordinates care for members between a community Behavioral Health Care Manager (BHCM) and a consulting psychiatrist with the participation of a primary care provider. The team shares roles and tasks, and together are responsible for a member's wellbeing. CoCM helps manage Behavioral Health conditions as chronic diseases, instead of treating acute symptoms.

CoCM services focus on:

- Patient-Centered Team Care. Partnership between all team members using shared care plans that include the member's personalized goals.
- Population-Based Care. Monitoring of members to make sure they are getting the personalized attention they need for improvement.
- Measurement-Based Treatment to Target. Regular review and measurement of the member's personal goals and clinical outcomes.
- Evidence-Based Care. Health care that is based on the best available, current, effective and relevant information.

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 Centene Vision Services, Superior's vision provider, at 1-866-897-4785 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 Centene Vision Services. To pick an eye doctor, call Superior at 1-800-783-5386 or Centene Vision Services at 1-866-897-4785 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.

Benefits and Services

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.

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	1-855-691-6262
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.

Special Services

What are In-Lieu of Services and Settings?

Partial Hospitalization Services and Intensive Outpatient Services

Superior HealthPlan understands there may be times when inpatient hospital admission is needed for members experiencing mental health or substance use disorder (SUD) issues. When these services are needed, they are ordered by your doctor. More information about inpatient hospital admissions, which include behavioral health admissions, is found in the *Accessing Specialty Care* section of your member handbook.

For some members, outpatient services may be an alternate option to an inpatient hospital admission. These outpatient services include either outpatient Partial Hospitalization Program (PHP) services or Intensive Outpatient (IOP) services. PHP and IOP services that are medically necessary are available to Superior adult members, aged 21 and older for outpatient care as “In Lieu Of Services” instead of an inpatient admission. PHP and IOP services are also available for Medicaid members under the age of 21 as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, known in Texas as Texas Health Steps services.

PHP services provide a structured day program of outpatient behavioral health services. PHP may provide services for mental health, SUD, or both. These services are similar to short-term hospital inpatient programs. The treatment level is more intense than outpatient day treatment or psychosocial rehabilitation.

IOP services are used to treat issues that do not require SUD detoxification or 24-hour supervision. IOP services are generally less intense than PHP services. IOP may be delivered for mental health, SUD, or both. IOP services are organized non-residential services providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for 4-12 weeks, but less than 24 hours per day.

How do I get In-Lieu of Services and Settings?

The member’s doctor must provide an order to get PHP or IOP services from one of Superior’s network providers if the doctor believes this is the best care for the member, instead of an inpatient admission. Superior requires prior authorization for both PHP and IOP services. If the member’s doctor believes that the best treatment is PHP or IOP instead of being admitted to an inpatient hospital, the doctor will discuss this option with the member, and confirm the member’s agreement with, or refusal of the proposed IOP or PHP treatment, instead of an inpatient admission. Members can refer to the *Rights and Responsibilities* section of their member handbook by visiting SuperiorHealthPlan.com/Handbook. This section will explain the member’s right to agree to or refuse treatment, and the right to actively participate in treatment decisions.

The member’s doctor will issue an order for the proposed IOP or PHP treatment and a prior authorization request will be sent to Superior to have the services authorized for approval by or before treatment. Superior will review the prior authorization request to confirm if the PHP or IOP service requested is medically necessary and appropriate for the member.

Special Services

The member's doctor may also determine that PHP or IOP may be an appropriate 'step down' level of care for a member who is discharging from an inpatient psychiatric hospital, when appropriate. In addition, neither the doctor nor Superior will require that IOP or PHP services are received before an inpatient admission is ordered or approved, when a member's treatment is required in an inpatient hospital.

Members can access a listing of providers available in Superior's network to provide PHP and IOP services through SuperiorHealthPlan.com/FindAProvider by clicking *Search Medicaid* or *CHIP Providers*. For assistance with locating an IOP or PHP provider in the member's area or to get a paper copy of a provider directory at no cost, call Superior Member Services at 1-800-783-5386.

When and how do I file for an appeal for Partial Hospitalization Services and Intensive Outpatient Services?

If a requested Partial Hospitalization or Intensive Outpatient service that requires authorization is denied or limited, Superior will send you a letter. You have the right to appeal Superior's decision if Medicaid covered services that require authorization are denied, reduced, suspended or ended. You may also appeal Superior's denial of a claim, in whole or in part. 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/your child needs.
- Is denying coverage for care you think should be covered.
- Is providing a partial approval for a covered service.

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

You can ask for an internal health plan appeal within 60 days from the date of Superior's Notice of Adverse Benefit Determination letter. A Superior Member Services Advocate can help you file an appeal or answer questions about the status of an appeal. Just call Member Services.

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.

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

Special Services

conditions, just call Superior at 1-800-783-5386. Superior offers direct access to specialists that are right for your conditions and needs. You do not need a referral from a doctor for these services. 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 Service Coordinators 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.

Service Coordination

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 our nurse advice line 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 treatments 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 for support. 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.

Intellectual or Developmental Disability (IDD) Management Program

If you or your child is diagnosed with or have symptoms of an Intellectual or Developmental Disability (autism spectrum disorder) Superior has a program that can help manage and understand your symptoms. Assistance is available for members under 18 years of age. Some of the common symptoms of IDD in children are:

- Limited or delayed cognitive, language or learning skills.
- Limited adaptive functions including communicating effectively, interacting with others and taking care of oneself.
- Impaired social communication, restricted interests, and repetitive behaviors.
- Trouble connecting with others' thoughts or feelings.
- Difficulty reading others' body language and facial expressions.

Special Services

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

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

Pregnancy Substance Use 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 are pregnant and:

- 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 tried to reduce or stop use and have not been successful.

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.



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 [Facebook.com/SuperiorHealthPlan](https://www.facebook.com/SuperiorHealthPlan).

Family Planning

How do I get family planning services?

Superior provides 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?

Superior allows freedom of choice to its members to choose any in-network or out-of-network Medicaid participating family planning provider. 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 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 Health Appointments/Call Center: 1-855-932-2318; TTY: 7-1-1

Hours: 8:00 a.m.-6:00 p.m. Central Time (CT), 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 their 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 Health, 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 is in network with Superior that offers these services. Show your Superior ID card before you receive services. 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 HHSC office and Superior Member Services at 1-800-783-5386.

You must call Superior before getting any services in your new area 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 38 for more information about help for Traveling Farm Workers.



Stay Connected with Superior's Member Portal and Mobile App

Superior's Secure Member Portal and Mobile App are a convenient and secure tools 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.

For more information, see page 2.

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. Call Superior at 1-800-783-5386 if you have any questions.

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 is in network with Superior. 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. You can also find a list of drug stores online by using our Find a Provider tool at [SuperiorHealthPlan.com/FAP](https://www.SuperiorHealthPlan.com/FAP).

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 medications are on the formulary?

In order to be covered, a medication should be on the Texas Medicaid formulary. The formulary is listed on the [Texas Vendor Drug website \(https://txvendordrug.com/searches/formulary-drug-search\)](https://txvendordrug.com/searches/formulary-drug-search). 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 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.

What if I am in the Medicaid Pharmacy Lock-in Program and I need to change my Lock-in pharmacy?

In the event you need medicine that your Lock-in pharmacy does not have, your Lock-in pharmacy is closed, you are currently not near your Lock-in pharmacy, or need any other assistance getting your medicine, please contact Superior by calling Member Services at 1-800-783-5386. A dedicated member of our team will review your request and provide assistance.

What other items do my pharmacy benefits cover?

When covered by Texas Medicaid, Superior pays for medically necessary prescribed over-the-counter drugs, vaccines, COVID-19 at home test kits, vitamins and minerals.

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



Helpful Information

For help finding community supports such as food and nutrition, housing, education and employment services use the online social services resource directory found here: <https://superiorhealthplan.com/members/medicaid/resources.html>

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 include:

- **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.
- **Careopolis and Kiddopolis.** Access to [Careopolis](#) or [Kiddopolis](#), private online communities, where members engage friends, family and caregivers in their healing, healthcare or pregnancy journey. Must be approved by Service Coordination upon member request.
- **Extra Help Getting a Ride.** Rides for members to a Social Security Administration-approved physician for appointments requested by disability determination services. Rides must be pre-authorized and scheduled at least 2 business days before the appointment. Travel reimbursement, ambulance and emergency transport are excluded. Members under the age of 18 must be accompanied by a responsible adult.
- **Extra Vision Benefits.** \$150 retail allowance towards select prescription eyeglass frames, lenses or contact lenses not covered by Medicaid, once every 2 years. Coverage is for frames and lenses and does not cover additional features such as tints and coating. This allowance may not be used toward replacement eyewear or sunglasses. The member will be responsible for any charges exceeding \$150.
- **Flu Shot.** Members can receive a \$25 reward for completing the flu vaccine series by their 2nd birthday. Limited to members 6 months old to their 2nd birthday. Flu shot must be administered according to the CDC recommended child immunization schedule. Limited to one reward per member per year. Eligible members may receive up to a maximum of \$150 per year across My Health Pays® rewards.*
- **Healthy Play and Exercise Programs (Boys & Girls Clubs).** Up to \$125 towards one Boys & Girls Club (BGC) activity per year for members 6 through 18 years old through Superior's partnerships with select with 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 to be eligible. Limit one membership or sports registration per member, per year. Excludes members in Bexar, El Paso, MRSA Central, MRSA West and Travis service delivery areas.
- **Healthy Play and Exercise Programs (YMCA).** Members from birth through age 17 may receive a 6-month YMCA membership at locations included in the Texas State Alliance of YMCAs. YMCA requires that a minor be accompanied by an adult. Activities may vary by location. Members are subject to the rules and regulations of the participating YMCA they choose to join. 6-month membership must be consecutive and is available once per year. There must be a Texas State Alliance of YMCAs within the vicinity of the member's residence to be eligible. Excludes members in the Hidalgo, Lubbock, Nueces and MRSA Northeast service delivery areas.
- **Help for Members with Asthma.** Members enrolled in Service Coordination or Disease Management 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 2 years.
- **Joy for All™.** Members 5 through 17 years old who are enrolled in Service Coordination for at least 30 days can receive a Joy for All™ battery-operated plush companion pet. Value-added Service must be

Bonus Benefits

authorized by Superior's Service Coordination upon member's request. Limited to one per member lifetime.

- **Nicotine Recovery Program.** Online tool to support smoking and vaping cessation.
- **Nursing Facility Co-pay.** Up to \$500 for nursing facility stay expenses. Members must participate in the Money Follows the Person (MFP) process for Medically Dependent Children Program (MDCP). Limited to one per lifetime. Approval from Service Management is required.
- **Online Mental Health Resources.** Online tool to support mental health and overall well-being.
- **Over-the-Counter (OTC) Items.** Up to \$25 every quarter, per household for commonly-used OTC items mailed to a member's home or purchased at participating stores. 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. The OTC brochure includes household, personal care, oral care, and children's items. Members can place orders online at <https://cvs.com/benefits>, call the vendor's toll-free number, or purchase at participating stores. Unused balances are not carried over from quarter to quarter. The total cost of items must be less than or equal to the program allowance for the items to be shipped to the member's home. For in-store purchases, the member may pay amounts in excess of the benefit. Products may not be returned. OTC items may be ordered for the member only.
- **Ride to Member Advisory Group (MAG) Meeting.** Rides for members to participate in Superior's MAG meetings. When you RSVP to attend a MAG meeting, let the staff know you need help with a ride. Members 0 through 18 years old need to be accompanied by an adult. If the Superior member is a child, legally authorized representative (LAR) and siblings may accompany member. The number of riders is limited to the space available in the transportation vehicle provided. The most cost-effective method of transportation will be offered. Travel reimbursement, ambulance, and emergency transport are excluded.
- **Sensory Items.** Members ages 5 through 17 years enrolled in Service Coordination for 30 days may receive one support bundle each year. Must be current with Texas Health Steps. Approval from Service Coordination is required. Limited to members in Lubbock, Nueces and MRSA West.
- **Sports/School Physicals.** Annual sports/school physicals for members 4 through 18 years old. This Value-added Service is restricted to one physical per 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 members a 6-month subscription for Weight Watchers® online program per year. Weight-loss support is also available with unlimited workshops both in-person and online. Members must be 18 through 70 years old and have a BMI value of 30 or higher. Members who are pregnant or have a diagnosis of bulimia nervosa are not eligible. Member must have online access.

More services for pregnant members:

- **Baby Showers.** Superior's award-winning Start Smart® For Your Baby Program offers extra support during pregnancy. Pregnant members can receive a \$25 reward and educational materials by:
 - Completing a Notification of Pregnancy (NOP) form, and;
 - Attending an educational virtual baby shower hosted by Superior.

Bonus Benefits

Reward available one time per pregnancy. Eligible members may receive up to a maximum of \$150 per year across My Health Pays® rewards.*

- **Extra Dental Benefits.** Extra dental benefits for pregnant members who are 21 and over. These members may receive up to \$250 once per pregnancy for dental services, including a routine exam and cleanings, x-rays and fluoride application.
- **Extra Help Getting a Ride.** Transportation to a prenatal or postpartum visit when a member has additional riders (limited to children), and no other options are available. Rides need to be pre-authorized and scheduled at least 2 business days before the appointment. Member must bring a car seat for children who need one. Travel reimbursement, ambulance, and emergency transport are excluded.
- **Home Visits During Pregnancy.** Pregnant members who are high risk and enrolled in Service Coordination programs may receive a home visit to help address health concerns during their pregnancy. Includes members who missed care appointments or have unstable health.
- **Prenatal and Postpartum Rewards.** Superior's rewards program offers financial, non-cash incentives that reward pregnant members for completing healthy activities related to their pregnancy and delivery. Rewards are loaded onto a prepaid card. Pregnant members can receive awards for completing these activities following confirmation of the visit:
 - \$75 for prenatal visit within the first trimester or 42 days of enrollment with Superior.
 - \$50 for postpartum visit within 7-84 days of delivery.

Eligible members may receive up to a maximum of \$150 per year across My Health Pays® rewards.*

- **Smoking Cessation.** Telephonic health coaching to support smoking cessation efforts 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. Limited to current tobacco users with an interest in quitting in the next 30 days.

***Please note:** Beginning January 1, 2027, members must enroll in the My Health Pays® program to earn rewards. Visit SuperiorHealthPlan.com/Rewards or call Member Services at 1-800-783-5386 to enroll. If you complete eligible reward activities on or after September 1, 2026, before enrollment begins on January 1, 2027, you will still receive those rewards. Once you enroll, any eligible rewards earned before enrollment will be added to your My Health Pays® card.

Value-added Services may have restrictions and limitations. These services are effective 9/1/26-8/31/27. For an up-to-date list of these services, go to SuperiorHealthPlan.com/VAS. If you speak another language or deaf/hard of hearing there are language assistance services, auxiliary aids/services, and other alternative formats are available to you free of charge. For questions on how to get these benefits or how to obtain language assistance, 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. Our Member Advocate staff can teach you how to use Superior's services. They can talk to you on the phone or send you information by mail. They will help you with things like:

Health Education

- 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.

Member Advocates can give you resources to help you get food, housing, clothing and utility services. To learn more, call the Member Advocate 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 SuperiorHealthPlan.com/Wellframe by clicking on “Medicaid & CHIP Plans” and then on “Member News.”

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. To install, download the Wellframe app from 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 SuperiorHealthPlan.com/Wellframe or by logging in to Superior’s Member Portal.

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)
- Hospice
- Public health departments
- 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 include:

- Member Advisory Group meetings to help you learn more about your benefits and services. You also have the 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 SuperiorHealthPlan.com/MemberEvents.
- Start Smart® for Your Baby - A special program for pregnant members that includes education classes, Care Management and baby showers.
- Superior hosts educational virtual baby showers to teach you more about your pregnancy and new baby. For more information on baby showers, please visit our website at SuperiorHealthPlan.com/MemberEvents or call Member Services at 1-800-783-5386.

Health Education

- Superior wants to help keep you and your loved ones healthy. That's why we created a series of short videos offering important health tips. These videos cover many topics, including pregnancy, asthma management, caregiver resources, diabetes support and more. Learn more at SuperiorHealthPlan.com/WellnessOnDemand.

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.

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 <https://benefits.gov/benefit/1941> 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 <https://headstart.gov/programs/article/head-start-programs>. 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 advance directive you 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, they 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.

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 superiorhealthplan.com/members/medicaid/resources/complaints-appeals.html. 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., Building D
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 superiorhealthplan.com/members/medicaid/resources/complaints-appeals.html.

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 Texas Health and Human Services Commission (HHSC) by calling toll-free to 1-866-566-8989. If you would like to make your complaint in writing, send it to the following address:

Getting Help with Benefits and Services

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

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, reduced, suspended or ended. You may also appeal Superior's denial of a claim, in whole or in part. 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.
- Is providing a partial approval for a covered service.

Internal Health Plan Appeals

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

You can ask for an internal health plan appeal within 60 days from the date of Superior's Notice of Adverse Benefit Determination letter.

Can someone from Superior help me file an internal health plan appeal?

You, your provider, 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 internal health plan appeal process for denied 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 after receipt of the initial written or oral request for appeal. An additional 14 days may be added to process the appeal, if you request an extension or Superior shows that there is a need for additional information and how the delay is in the member's interest. If more time is needed for Superior to gather facts about the requested service,

Getting Help with Benefits and Services

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 while my appeal is being processed?

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) days of the date of Superior's Notice of Adverse Benefit Determination letter, or before the date the currently authorized services will be discontinued, whichever is later.

Superior will keep providing the benefits while your appeal is being reviewed, if all of the following are met:

- 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 HHSC.

Does my internal health plan appeal 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 provider, 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 internal health plan emergency appeal?

An internal health plan emergency 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 internal health plan emergency appeal? Does my request have to be in writing?

You, your provider, or your legal authorized representative can ask for an internal health plan emergency appeal by calling Superior at 1-877-398-9461. For pharmacy-related appeals, call Centene Pharmacy Services (CPS) at 1-833-236-9334. Internal health plan emergency appeals do not have to be in writing.

You can ask for an internal health plan emergency appeal in writing and send it to:

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

Getting Help with Benefits and Services

For pharmacy-related appeals please contact:

Centene Pharmacy Services

Attn: Appeals

PO Box 31398

Tampa, FL 33631-3398

Retail (pharmacy) Fax: 1-888-865-6531

Biopharmacy (medical) Fax: 1-844-235-5091

What are the timeframes for an internal health plan emergency appeal? What happens if Superior denies my request for an emergency appeal?

We will notify you of the emergency 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 emergency appeal request does not meet the emergency appeal criteria, 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 internal health plan emergency appeal?

Your provider, a friend, a relative, lawyer or another spokesperson can file an internal health plan emergency appeal on your behalf. A Superior Member Advocate can help you with any questions you have about filing an emergency appeal.

External Appeals

After a Medicaid member has completed the internal health plan appeal process related to an adverse benefit determination, more appeal rights are available to a member if they are not satisfied with the health plan's appeal decision. After the health plan's appeal decision is completed, members have additional external appeal rights, including a State Fair Hearing, with or without an External Medical Review. The details for both the State Fair Hearing and External Medical review appeal rights and process are included in the sections below.

External Medical Reviews

Can I ask for an External Medical Review?

If you, as a member of Superior, disagree with our internal appeal decision, you have the right to ask for an External Medical Review. An External Medical Review is an optional, extra step you can take to get the case reviewed before the State Fair Hearing occurs. You may name someone to represent you by contacting Superior and telling us the name of the person you want to represent you. A provider may be your representative. You or your representative must ask for the External Medical Review within 120 days of the date Superior mails the letter with the internal appeal decision. If you do not ask for the External Medical Review within 120 days, you may lose your right to an External Medical Review. To ask for an External Medical Review, you or your representative may either:

- Fill out the 'State Fair Hearing and External Medical Review Request Form'

provided as an attachment to the Member Notice of Superior's Internal Appeal Decision letter and mail or fax it to

Getting Help with Benefits and Services

Superior by using the address or fax number at the top of the form; or

- Call Superior at 1-877-398-9461.

If you ask for an External Medical Review within 10 days from the time you get the appeal decision from Superior, you have the right to keep getting any service, including an In-Lieu-Of Service and Setting, Superior denied, based on previously authorized services, at least until the final State Fair Hearing decision is made. If you do not request an External Medical Review within 10 days from the time you get the appeal decision from Superior, the service Superior denied will be stopped.

An Independent Review Organization is a third-party organization contracted by HHS that conducts an External Medical Review related to Adverse Benefit Determinations based on functional necessity or medical necessity. You may withdraw your request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing your External Medical Review request. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, you have the right to withdraw the State Fair Hearing request. You may withdraw the State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

If you continue with a State Fair Hearing and the State Fair Hearing decision is different from the Independent Review Organization decision, it is the State Fair Hearing decision that is final. The State Fair Hearing decision can only uphold or increase your benefits from the Independent Review Organization decision.

Can I ask for an emergency External Medical Review?

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your Legally Authorized Representative may ask for an emergency External Medical Review and emergency State Fair Hearing by writing or calling Superior HealthPlan. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete Superior's internal appeals process.

State Fair Hearings

How can I ask for a State Fair Hearing?

You must complete the internal health plan appeal process 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 the Texas Health and Human Services Commission (HHSC) with or without an External Medical Review through an Independent Review Organization (IRO).** You can ask for an External Medical Review and a State Fair Hearing, but you cannot request only an External Medical Review. You may also request a State Fair Hearing with or without an External Medical Review if Superior does not make a decision on your 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 provider, 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.

Getting Help with Benefits and Services

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 internal health plan appeal.

You have the right to keep getting any service, including an In-Lieu-Of Service and Settings, the health plan denied or reduced, based on previously authorized services, at least until the final State Fair Hearing decision is made if you ask for a State Fair Hearing by the later of: (1) 10 days following the date the health plan mailed the internal appeal decision letter, or (2) the day the health plan's internal appeal decision letter says your service will be reduced or end. If you do not request a State Fair Hearing by this date, the service the health plan denied will be stopped. 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 HHSC.

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., Building D
Austin, TX 78741
1-877-398-9461

You can ask for a State Fair Hearing without an External Medical Review. See External Medical Review process above.

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

During the hearing, you or your representative can tell why you need the service or why you disagree with the Superior's 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 State Fair Hearing. Before the State Fair 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.

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

Can I ask for an emergency State Fair Hearing?

To qualify for an emergency State Fair Hearing through HHSC, you must first complete Superior's internal appeals process. If you believe that waiting for a State Fair Hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency State Fair Hearing by writing or calling us at 1-877-398-9461. The State Fair Hearing officer will provide a response on your emergency 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.
 - c. Be given information about your health, plan, services and providers.
 - d. Be told about your rights and responsibilities.
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. If your MCO offers In-Lieu-Of Services and Settings, you have the right to:
 - a. Be given information about the In-Lieu-Of Services and Settings you can get and how to request them.
 - b. Be told why any In-Lieu-Of Services and Settings were reduced or denied.
 - c. Choose to refuse to receive In-Lieu-Of Services and Settings instead of other Covered Services.
6. 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, internal health plan appeals, External Medical Reviews 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 an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
 - e. Ask for a State Fair Hearing with or without an External Medical Review from the state Medicaid program and receive information about how that process works.
7. You have the right to timely access to care that does not have any communication or physical access barriers.

Rights and Responsibilities

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.
 - e. Be given information you can understand about your health plan rules, including the health care you can get and how to get them.
8. 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 to prevent you from leaving or is to punish you.
 9. 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.
 10. 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.
 11. 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.

Rights and Responsibilities

- 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.

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 [hhs.gov/ocr](https://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.

Rights and Responsibilities

- Your rights and responsibilities.
- Information on complaint, internal health plan appeal, External Medical Review 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 SuperiorHealthPlan.com/QualityImprovement.
- 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.
- Information about In-Lieu-Of Services and Settings, if offered by your MCO, including amount, duration and scope of benefits and the policy on referrals.
- How you get benefits, including authorization requirements.
- How members can get benefits, including authorization requirements and family planning services from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services.
 - The fact that you do not need prior authorization from your PCP for emergency care services.
 - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
 - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
 - A statement saying you have the right to use any hospital or other settings for emergency care.
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your PCP.
- Superior's practice guidelines.

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 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.

Rights and Responsibilities

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

PLEASE REVIEW IT CAREFULLY.

Effective 01.01.2026

Revised 09.01.2025

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

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-866-896-1844. (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 affect 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, this includes information related to race, ethnicity, language, gender identity, and sexual orientation. 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 are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. 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.
- We keep your PHI secure when we send it or store it electronically.

Notice of Privacy Practices

- 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, including your Primary Care Physician (PCP), 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 healthcare professionals.
- Case management and care coordination.
- Detecting or preventing healthcare fraud and abuse.

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your health-care needs.
- Know your language preference when seeing healthcare providers.
- Providing health-care information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

- **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).

Notice of Privacy Practices

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.
 - **Underwriting Purposes** – We may use or 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.
- **Substance Use Disorder Records (SUD)** – We will not use or disclose your SUD records in legal proceedings against you unless:
 - We receive your written consent, or
 - We receive a court order, you've been made aware of the request and been given a chance to be heard.

The court order must include a subpoena or similar legal document requiring a response.

Notice of Privacy Practices

- **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, or transplantation of cadaveric organs, eyes, and tissues.
- **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 purposed 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.

Notice of Privacy Practices

Individuals Rights:

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information 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 Received 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. We will also tell you 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 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 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.

Notice of Privacy Practices

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: 1-800-537-7697) or visiting hhs.gov/ocr/privacy/hipaa/complaints/.

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.

Contact Information

Questions about this notice: 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., Building D
Austin, TX 78741

Toll Free Phone Number: 1-877-398-9461

Relay Texas (TTY): 1-800-735-2989

[HHSC Privacy Notice](#)

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 Texas Health and Human Services Office of Inspector General (OIG) Hotline at 1-800-436-6184.
- Visit <https://oig.hhs.gov/fraud> and click the "Report Fraud" button to complete the online form.
- Report directly to your health plan at:

Superior HealthPlan
Attn: Compliance Department
5900 E. Ben White Blvd., Building D
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.
- **Co-payment** - 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.
- **Face-to-face** - Interactions taking place in-person or via audio and visual communication methods that meets the requirements of the Health Insurance Portability and Accountability Act. Face-to-face does not include audio-only communication.
- **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.
- **In-Person** - An interaction within the physical presence of another person. Does not include audio-visual or audio-only communication.
- **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

Glossary of Terms

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.
- **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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