

NCQA Quick Reference Guide



The National Committee for Quality Assurance (NCQA) quick reference guide is a part of Superior's Quality Assessment and Process Improvement (QAPI) Program, designed to improve the services you and your patients receive from Superior. This guide provides a brief overview of all quality improvement programs and services offered by Superior.

Quality Improvement:

Superior is committed to the provision of a well-designed and well-implemented QAPI Program. The culture, systems and processes at Superior are structured around our mission to improve the health of all enrolled members. The purpose of the QAPI Program is to plan, implement and monitor ongoing efforts that demonstrate improvements in member safety, overall health and care experience. To ensure the success of the QAPI Program, Superior requires providers and practitioners to cooperate with all Quality Improvement activities, as well as allow the use of provider and/or practitioner performance data.

If you are interested in learning more about Superior HealthPlan's QAPI Program, please visit the Superior [Quality Improvement](#) webpage or contact your Account Manager.

Behavioral Health Program:

Superior provides behavioral health services to our members who need treatment for mental or emotional disorders and substance use disorders. Superior's fully integrated approach to managing behavioral and physical health services provides several benefits for members and providers.

Learn more about how Superior has focused on streamlining behavioral health processes and improving the provider's experience on Superior's [Behavioral Health](#) webpage.

Rights and Responsibilities:

To ensure a positive member experience, Superior encourages providers to participate in helping our members understand their rights and responsibilities. Member Rights and Responsibilities help bridge the gap between the provider's responsibility to deliver quality care, and the member's understanding of their choices when seeking care.

Providers can access a full list of [Member Rights and Responsibilities](#), as well as view Provider Rights and Responsibilities in Superior's [Provider Manuals](#).

Practitioner Credentialing Rights:

Superior's Credentialing Department utilizes a rigorous process to evaluate and select providers who will serve our members. Each provider must meet minimum qualifications, established by Superior and outlined by NCQA, State licensing agencies and the Texas Department of Insurance (TDI). All providers participating with Superior have the right to:

- Review information and materials acquired from select primary sources and correct erroneous information.
- Request the status of credentialing or re-credentialing applications at any time.

For questions, requests or more information, please reach out to Superior's Credentialing Department at Credentialing@SuperiorHealthPlan.com or call 1-800-820-5686, ext. 22281.



Care Management:

Early intervention is essential to maximize treatment options and minimize potential complications associated with illnesses, injury or chronic conditions in members. Superior's Care Management team is available to assist and support providers with member coordination of services. Superior encourages providers and their staff to refer members, as appropriate, to Care Management and share information with members who are facing complex medical issues.

For additional information, please visit the Superior [Care Management](#) webpage.

Complimentary Interpretation Services:

Superior provides interpretation services to our providers at no cost. To obtain access to a telephonic interpreter, follow these steps:

1. Use a phone in the exam room, call the Member Services number located on the back of the patient's Superior Member ID card (Relay Texas/TTY: 1-800-735-2989).
2. Tell the representative that you need an interpreter in the desired language.
3. When connected, use the speakerphone function to communicate with the patient.

For additional information or questions, please contact Superior's Provider Services at 1-877-391-5921.

Utilization Management:

In order to ensure quality care is provided, Superior's Utilization Management (UM) department monitors, identifies and evaluates health-care services delivered to members. Determinations made by the UM department are based on existing benefit coverage, as well as the medical necessity and appropriateness of care or service. The specific criteria used to make determinations is available to providers upon request. Superior does not reward providers or other individuals for issuing medically necessary denials. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

To request UM criteria or to discuss a denial please contact Provider Services at 1-877-391-5921. (Monday to Friday 8:00 a.m. to 5:00 p.m. local time). For after hours, state-approved holidays and weekends, the calls are answered by Superior's 24-hour Nurse Advice Line.

Pharmacy Management:

In an ongoing effort to provide quality care to members, Superior adheres to program-specific formularies set forth by the Texas Vendor Drug Program (TXVDP). Some medications on the formularies may require prior authorization to ensure the drugs are clinically appropriate. Superior's Pharmacy department works in close collaboration with providers to help answer pharmacy questions related to formularies, prior authorization, peer-to-peer reviews and appeals.

To locate the TXVDP formulary or for more information about Superior's Pharmacy Department, please visit the Superior [Pharmacy](#) webpage.