superior healthplan™

STAR Health

Member Handbook

FosterCareTX.com

Embracing Every Child
STAR Health

TEXAS Health and Human Services

SHP_20228722B 08_2022

Numbers to Remember

If you have any questions, call us at 1-866-912-6283. Superior HealthPlan's Member Services staff will help you. Our staff is available from 8 a.m. to 5 p.m. Monday to Friday, except for state-approved holidays. You can reach a nurse 24 hours a day, 7 days a week. They can answer your health questions after hours and on weekends. Call 1-866-912-6283. 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	1-866-912-6283
Relay Texas/TTY (Deaf/Hard of Hearing)	1-800-735-2989
Pharmacy Helpline (Prescription Drugs)	1-866-912-6283
Superior Medical Ride Program Provided by SafeRide	1-855-932-2318
Eye Care	1-866-642-8959
Behavioral Health	1-866-912-6283
Teladoc (Telehealth Services)	1-800-835-2362
Dental Services (DentaQuest)	1-888-308-4766
Alcohol/Drug Crisis Line	1-866-912-6283
Community Health Services Representatives (Additional Community Services)	1-866-912-6283
Member Advocate	1-866-912-6283
Medicaid Managed Care Helpline	1-866-566-8989
Texas STAR Health Program Helpline	1-866-912-6283

Behavioral Health Services

You can get behavioral health and/or substance use disorder help right away by calling 1-866-912-6283. 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 1-866-912-6283 for help. You can also call 988. The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress.

Service Coordination/Service Management

Superior's Service Coordinators are available to help you coordinate your/your child's medical and behavioral health care. We can also help you understand the STAR Health services and benefits. Please call us at 1-866-912-6283.

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 1-866-912-6283 and let us know of the emergency care you received. Superior defines an emergency as a condition in which you think you have a serious medical condition, or not getting medical care right away will be a threat to your/your child's life, limb or sight.

Numbers to Remember

Superior Medical Ride Program

Non-Emergency Medical Transportation (NEMT) Services

Superior's Medical Ride Program (NEMT services) provides transportation to non-emergency health-care appointments for members who have no other transportation options. Transportation services for Superior members are provided by SafeRide. Call 1-855-932-2318 (TTY 7-1-1), 8:00 a.m.-6:00 p.m. Central Standard Time (CST), 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. CST, Monday-Saturday. SafeRide has staff that speak English and Spanish and can also provide interpreter services if you speak another language. If you are deaf/hard of hearing, call TTY 7-1-1 for help.

Statement of Non-Discrimination

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

Superior:

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

If you need these services, contact Superior at the number on the back of your Superior member ID Card. (Relay Texas/TTY: 1-800-735-2989). If you believe that Superior has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

Superior HealthPlan Complaints Department 5900 E. Ben White Blvd. Austin, TX 78741	Or	Call the number on the back of your Superior member ID card. Relay Texas/TTY: 1-800-735-2989 Fax: 1-866-683-5369

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Superior is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

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

Language Assistance

ENGLISH:	Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call the number on the back of your Superior ID card (TTY: 1-800-735-2989).
SPANISH:	Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al numero al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).
SPANISH:	ATENCIÓN: Si usted habla español, disponemos de servicios lingüísticos gratuitos para usted. Llame al número al dorso de su tarjeta de identificación Superior (TTY: 1-800-735-2989).
VIETNAMESE:	XIN LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp hoàn toàn miễn phí cho quý vị. Hãy gọi số ở mặt sau trên thẻ ID thành viên Superior của quý vị (TTY: 1-800-735-2989).
CHINESE:	注意：如果您讲中文，可免费获得语言协助服务。请拨打您Superior会员卡背面的电话号码（文本电话：1-800-735-2989）。
KOREAN:	알림: 귀하께서 한국어를 사용하신다면, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Superior 회원 ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 1-800-735-2989).
ARABIC:	تنبيه: إذا كنت تتحدث اللغة العربية، فلدينا خدمات معاونة لغوية مجانية من أجلك. اتصل بالرقم الموجود على ظهر بطاقة عضوية Superior الخاصة بك (جهاز الاتصال للصم والبكم: 1-800-735-2989)
URDU:	فرمائیں: اگر آپ اردو زبان بولتے ہیں، تو زبان میں معاونت کی خدمات آپ کو مفت میں دستیاب ہیں۔ اپنے Superior ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں (ٹی ٹی وائی: 1-800-735-2989)۔
TAGALOG:	BIGYANG-PANSIN: kung nagsasalita ka ng Tagalog, may mga serbisyong pantulong sa wika na libre para sa iyo. Tawagan ang numero sa likod ng iyong ID card ng miyembro ng Superior (TTY: 1-800-735-2989).
FRENCH:	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont offerts gratuitement. Appelez le numéro au dos de votre carte d'identification Superior (ATS : 1-800-735-2989).
HINDI:	ध्यानार्थ: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं, आपके लिए निःशुल्क उपलब्ध हैं। आपके Superior सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें (TTY: 1-800-735-2989)।

Language Assistance

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

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About

STAR Health provides health care to Texas children in the state's Foster Care Program. Superior provides the services under a contract with Texas Health and Human Services (HHS). Superior works with many doctors, clinics and hospitals to care for you/your child.

You/your child will get health care from doctors in Superior's provider network. Children can get regular check ups, exams, primary care and specialist care when needed. Superior also has hospitals, specialists, labs and many more providers when you/your child needs them.

You must use a Superior provider to get health services.

Your/your child's Member ID card will arrive in the mail once you/your child is enrolled with Superior. It will have your/your child's Primary Care Provider (PCP) name and office number. Carry this ID card and you/your child's Medicaid ID card with you at all times. Show both cards to the doctor so they know you are covered through Superior.

If you do not understand this member handbook or need help reading it, call 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.

Your health plan information is available online at www.FosterCareTX.com. You can also request printed copies of this information from Member Services.

For more information, call Member Services at 1-866-912-6283.

Remember:

- The Texas Department of Family and Protective Services (DFPS) Form 2085B is a DFPS form that is sent to the child's caregiver. It lists the child's medical consenter and has their DFPS ID number. Doctors can use this form to verify a child's eligibility and their medical consenter. Pharmacies can also use this to verify eligibility to process medications.
- Carry your/your child's Superior ID card and their Medicaid ID card with you at all times.
- Call your/your child's PCP first if you/your child has a medical problem that is not life threatening.
- If you/your child cannot reach your PCP, call Superior at 1-866-912-6283. We are here to help 24 hours a day, 7 days a week.

Superior, by law, will keep your/your child's health records private. Your discussions with doctors or other health-care providers are also private. If you are the medical consenter, you have the right to say yes or no to requests for your child's records by someone other than those handling your child's health care.

Thank you for choosing Superior!

Stay Connected with Superior's Member Portal

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

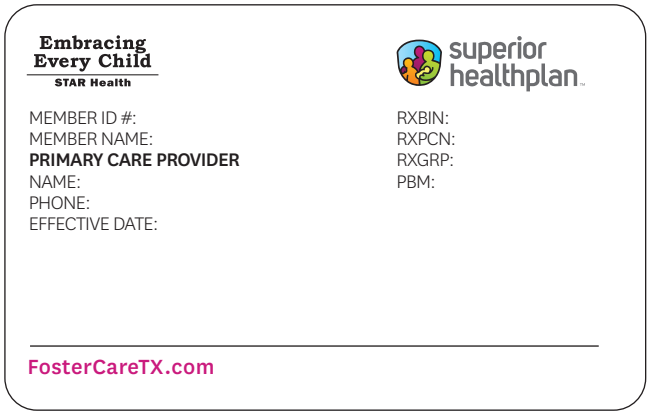
- View your health history
- Print a temporary ID card.
- Review your health benefits.

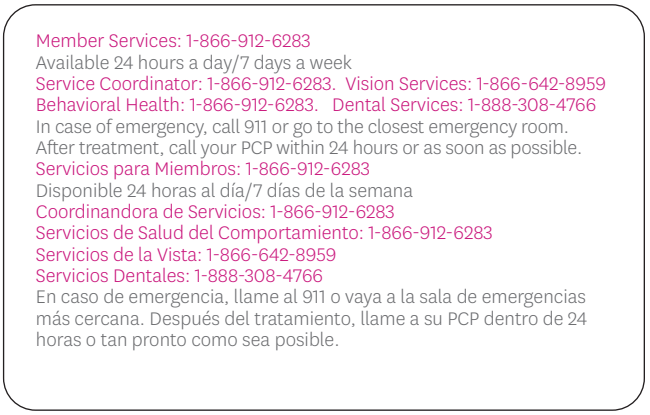
Visit www.FosterCareTX.com and click on "Login".

Introduction

Your Superior ID Card

You should receive your/your child's Superior ID card in the mail as soon as you/your child is enrolled with Superior. Here's what the front and back of the Superior ID card looks like. If you did not get this card, please call Superior at 1-866-912-6283.





Always carry your/your child's Superior 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/your child is a Superior member. Do not let anyone else use you/your child's Superior ID card.

Your/your child's Superior ID card is in English and Spanish, and has:

- Member's name
- Member's Medicaid 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 or need to pick a new doctor or PCP, call Superior at 1-866-912-6283.

You/your child will get a new ID card. You can also login to the member portal and print a temporary ID card. From the member portal you can save a digital version of your ID card or request ID card by mail as well.

HHS will send you/your child's Medicaid ID Card. If you have not received your Medicaid ID card, call HHS at 1-800-252-8263.

Introduction

Your Texas Benefits (YTB) Medicaid Card

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

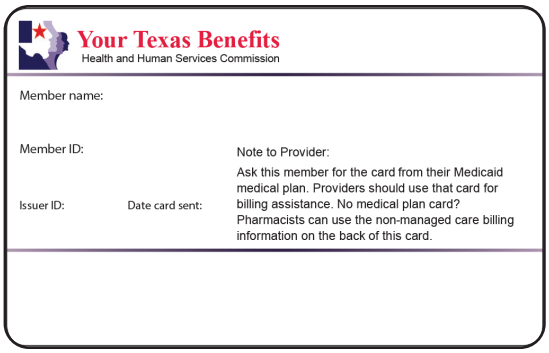
You will be issued only one card and you will receive a new card only if your card is lost or stolen.If you are currently in Foster Care (FC) and your Medicaid card is lost or stolen, you can get a new one by calling your assigned caseworker. They can also provide you a temporary form called a Verification Form - form 1027-A. You can use this form until you receive another card. If you are currently receiving Adoption Assistance (AA) or Permanency Care Assistance (PCA) and your Medicaid card is lost or stolen, you can get a new one by calling the Texas Adoption Resource Exchange (TARE) line toll-free at 1-800-233-3405.

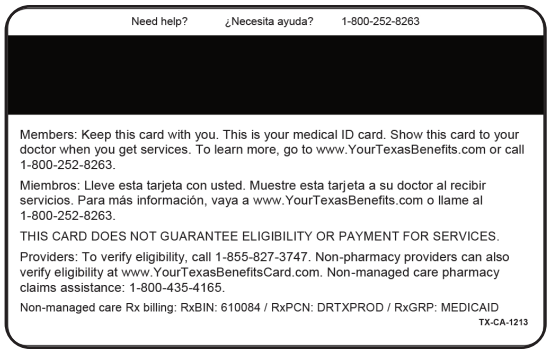
If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at 2-1-1 or 1-877-541-7905. First pick a language and then pick option 2.

The YTB card has these facts printed on the front:

- Your name and Medicaid ID number.
- The date the card was sent to you.
- The name of the Medicaid program you're in. This would be STAR Health.
- Facts your drug store will need to bill Medicaid.

If you forget your card, your doctor, dentist or drug store can use the phone or the Internet to make sure you get Medicaid benefits.





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

Just for Children in Foster Care

What is the Health Passport? How do I access the Health Passport?

Many children in foster care have chronic and complex conditions. It takes a team of medical and behavioral health professionals to meet the child's needs. Superior's Health Passport is a community health record that gives professionals information about care received outside of their office so they can coordinate care and make the best decisions for each child. It is a web-based tool with security controls to manage who sees the information. The Health Passport may include information such as:

- Easy-to-read patient summary
- Medical and behavioral health visit history
- Allergies
- Lab results and assessments
- Pharmacy claim history and summary of medications
- Texas Health Steps forms and results
- Infant and children growth charts

The Health Passport is available to the person authorized to consent to medical care for a child in conservatorship as well as the providers of medical care, DFPS workers and authorized Superior staff. To get access to the Health Passport:

1. Log onto www.FosterCareTX.com
2. Click "Login" under Health Passport.
3. Follow the registration instructions.

Note:

For help with the Health Passport, call the help desk at 1-866-714-7996.

What is a Medical Consenter?

A medical consenter is the person whom a court has authorized to consent to medical care for a child in state conservatorship. The medical consenter may be the child's foster parent, a relative of the child, or a person named by the Department of Family and Protective Services. The child's parent may also be a medical consenter if the parent's rights have not been terminated and the court determines that it is in the best interest of the child to allow the parent to make medical decisions on behalf of the child. A medical consenter may also be a child in conservatorship of at least 16 years of age, if a court says the child has the capacity to consent to medical care.

What is the role of a Medical Consenter?

The role of a medical consenter includes consenting to the child's medical care and participating in the child's medical appointments. Medical care means "health care and related services." This may include medical, behavioral, dental, eye care and surgical treatment. This does not apply to emergency services. Contact 911 or go to the nearest hospital or emergency facility if you think you need emergency care.

Youth aging out of foster care

For questions on eligibility requirements for youth aging out of foster care, please call 2-1-1. This includes enrollment in the Medicaid for Transitional Foster Care (MTFCY) and Former Foster Care Children (FFCC) programs. If you are calling from outside of Texas or have technical difficulties when dialing 2-1-1, dial the toll free alternate access number at 1-877-541-7905. For TTY access, call 1-877-833-4211. If you would like to get Transition Assistance Services, call 1-866-912-6283 and ask to speak with a Transition Specialist.

Just for Children in Foster Care

Adoption Assistance/Permanency Care Assistance (AA/PCA) Medicaid for Transitional Foster Care Youth (MTFCY) and Former Foster Care Children (FFCC) Program Members Only

Members in AA/PCA, MTFCY and FFCC programs have options when choosing a health plan.

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

Depending on your specific situation, changing your health plan may cause some of your services to change. You can find out more about changing your health plan by calling member services at 1-866-912-6283 or the Texas Enrollment Broker Helpline at 1-800-964-2777.

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.

Accessing Care - Primary Care Providers

What is a Primary Care Provider (PCP)?

A PCP is the doctor that will:

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

When a child is first enrolled with Superior but does not have a PCP, a doctor is automatically selected for the child by Superior. If you are not happy with the doctor selected, the doctor can be changed. If you/your child is a girl, you may pick an obstetrician (OB) or gynecologist (GYN) as her PCP. You will need to pick a PCP for each eligible child. You can pick from:

- Pediatricians (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 specialist be my 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 1-866-912-6283 to ask for help.

Can a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) be my PCP?

Yes! Superior lets you pick a clinic as your PCP. If you have any questions, call Superior at 1-866-912-6283.

What if I choose to go to another doctor who is not my 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/your child's 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 and is not a Medicaid 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 still are not happy, call Superior at 1-866-912-6283. They can help you pick a new doctor. You might change your doctor because:

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

Accessing Care - Primary Care Providers

When will a PCP change become effective?

Your/your child's change of doctor will be effective right away. You/your child will get a new ID card with the new doctor's name and phone number shortly after you request the change.

How many times can I change my PCP?

There is no limit on how many times you can change your PCP. You can change your PCP by calling us toll-free at 1-866-912-6283.

Remember:

You should go to the same doctor. They will get to know you and your health-care needs.

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 new doctor is not a Superior provider.
- You are not your child's Medical Consenter.

Can my/my child's PCP move me or 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 1-866-912-6283. We will help you find a new doctor.

How do I get medical care after the PCP'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 nurse helpline at 1-866-912-6283. Our nurses are ready to help you 24 hours a day, 7 days a week. You can also call Teladoc for non-emergency medical issues when your PCP's office is closed. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit teladoc.com/Superior. If you think you have a real emergency, call 911 or go to the nearest emergency room.

What if my/my child's doctor leaves the network of Superior providers?

If your doctor decides he/she no longer wants to participate in the network of Superior providers, and that doctor is treating you for an illness, Superior will work with your doctor to keep caring for you until your medical records can be transferred to a new doctor in the Superior network of providers.

If your doctor leaves your area, call Superior at 1-866-912-6283 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 1-866-912-6283.

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, or 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
- Regular eye care
- Regular dental services
- Texas Health Steps medical checkups
- Family planning services
- Ophthalmology or therapeutic optometry services (only for services that do not require surgery)

Members with disabilities, special health-care needs or chronic or complex conditions have direct access to a specialist. Direct access means you/your child does not have to go through a PCP to see a specialist. If you/your child needs to see a provider that is not with Superior, that provider needs to call us for an out of network authorization before you/your child gets seen. Remember, you must see a Superior provider for these services. For family planning and emergency services, you/your child can go to any Medicaid provider. If you need help getting these services, call Member Services at 1-866-912-6283.

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

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

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

Some specialist referrals may need approval from Superior to make sure the specialist is a Superior specialist, and the visit to the specialist, or the specialty procedure is needed. In these cases, the doctor must first call Superior. If you or your doctor are not sure what specialty services need approval, Superior can give you that information. Superior will review the request for specialty services and respond with a decision. This will not take more than three Business Days after getting all the needed information from your doctor. Decisions are made more quickly for urgent care.

What is prior authorization? How do I learn more?

Some medical services require approval from Superior. This is called prior authorization. You can learn more about what services require prior authorization by visiting www.SuperiorHealthPlan.com. Click on "Medicaid & CHIP Plans" and "Member Resources." You can also call Member Services at 1-866-912-6283.

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 doctor 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 your/your child's doctor will set a hospital discharge date.

If you or your doctor do not agree with a decision to discharge you from the hospital, you have the right to ask for a review of the decision. This is called an appeal. Your appeal rights are also described in this handbook in the appeals section.

If you have an admission through 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.

Superior Health Tip

Use the spoon, cup, or dropper included with your liquid medicine to make sure you get the right dose.

Accessing Care - Just for Young Women

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

You/your daughter can get OB/GYN services from your doctor. You can also pick an OB/GYN specialist to take care of your/your daughter's female health needs. Superior allows you to pick any OB/GYN, whether that doctor is in the same network as your PCP or not. Women's health specialists include, but are not limited to:

- Obstetricians
- Gynecologists
- Certified Nurse Midwives

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

- One well-woman checkup each year. (Breast exams, mammograms, pap tests)
- Care related to pregnancy.
- Care for any female medical condition.
- Referrals to special doctors within the network.

Do I have the right to choose an OB/GYN as my PCP?

Superior has some OB/GYN providers that can be your/your daughter's PCP. If you need help picking an OB/GYN, call Superior at 1-866-912-6283

Will I need a referral?

You/your daughter have the right to get services from an OB/GYN without calling your PCP first.

How do I choose an OB/GYN?

You may pick an OB/GYN provider from the list in the Superior provider directory. If you need help picking an OB/GYN, call Superior at 1-866-912-6283. If you/your daughter are pregnant, your OB/GYN should see you/her within two weeks of your request. Once you choose an OB/GYN for you/your daughter, you should go to the same OB/GYN for each visit so they will get to know your/your daughter's health-care needs.

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

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

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

If your/your daughter's OB/GYN is not with Superior, please call Member Services at 1-866-912-6283. We will work with your doctor so he/she can keep seeing you or we will be more than happy to help you pick a new doctor within the plan.

Superior Health Tip

Asthma is one of the most common chronic diseases of childhood. Your doctor can help you keep it under control.

Accessing Care - Pregnant Women and New Mothers

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

If you/your daughter are or might be pregnant, make an appointment to see a doctor. The doctor will confirm if you/your daughter are pregnant or not and tell you/your daughter how to care for the unborn child. Call Superior at 1-866-912-6283 to help you with a pregnancy Care Manager if you/your daughter needs extra care. Superior has special programs for pregnant teenagers and difficult pregnancies.

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

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

What other services/activities/education does Superior offer pregnant women?

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

For more information on baby shower dates and locations, please visit our website at www.SuperiorHealthPlan.com or call Member Services at 1-866-912-8263.

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

Where can I find a list of birthing centers?

To find a birthing center close to you, call Member Services at 1-866-912-6283.

Can I choose my baby's PCP before the baby is born? Who do I call? What information do they need?

You can pick your baby's doctor even before he/she is born. Superior can even help you pick a doctor for your baby, just call us at 1-866-912-6283.

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

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

If a doctor has not been selected for the baby before birth, you/your daughter will be contacted to select a doctor for her baby. After the baby is thirty (30) days old, you/your child can change the doctor for the baby if she wants a different doctor than the one that she originally chose.

How do I sign up my newborn baby?

If you/your daughter are a Superior member when the baby is born, the baby is enrolled with Superior on his or

Accessing Care - Pregnant Women and New Mothers

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

How and when do I tell my health plan?

You/your daughter should let Superior know as soon as possible about the birth of her baby. Superior may already have the information about her baby's birth, but call us just in case. Superior will verify the correct date of birth for your daughter's baby with you, and also confirm that the name we have for the baby is correct.

How and when do I tell my caseworker?

If you/your daughter are in foster care, call your DFPS Caseworker after your/your daughter's baby is born. You DO NOT have to wait until you/your daughter gets her baby's social security number to get the baby signed up.

If you/your daughter have MTFCY or are enrolled in the FFCC Program, call Superior Member Services at 1-866-912-6283 when your baby is born.

Accessing Care - Appointments

How do I make an appointment?

You can call your doctor's office to make an appointment. If you need help making an appointment or if you need help with transportation, an interpreter or other services, call Superior at 1-866-912-6283.

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

You must take your current Medicaid ID card and your Superior ID card with you when you get any health-care services. 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.

Doctors can use the following forms to verify eligibility and medical consenters:

- DFPS Form 2085B
- Medicaid ID card
- Superior ID card

How do I/my child 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 1-866-912-6283. 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 closed. Teladoc is open 24 hours a day, 7 days a week at 1-800-835-2362. Or visit teladoc.com/Superior. If you think you have a real emergency, call 911 or go to the nearest emergency room.

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

If you or your child need medical care when traveling, call us toll-free at 1-866-912-6283 and we will help you find a doctor.

If you or your child need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-866-912-6283.

What if I/my child are out of state?

If you/your child has an emergency out of state, go to the nearest emergency room for care. If you/your child get sick and need medical care while you are out-of-state, call your Superior doctor or clinic. Your doctor can tell you what you need to do if you are not feeling well. If you visit a doctor, clinic, or Emergency Room out of state, they 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 call Superior for an authorization number. The phone number to call is on the back of your Superior ID card.

Important:

Before you/your child is taken out-of-state, call Superior at 1-866-912-6283 and ask what clinics or hospitals accept the Texas Medicaid Program.

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

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

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 1-866-912-6283 (TTY 1-800-735-2989).

You can also call Member Services at 1-866-912-6283 if you need someone to go to a doctor's visit with you to help you understand the language. Superior works closely with companies that have lots of people who speak different languages and can serve as sign language interpreters.

How far in advance do I need to call? How can I get a face-to-face interpreter in the provider's office?

Member Services will help you set up the doctor's visit. They will get someone to go to the visit with you. Superior recommends you call at least two (2) Business Days (48 hours) before your visit to coordinate for a face-to-face interpreter.

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

What is Superior Medical Ride Program (NEMT)?

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

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

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

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

Making Care Easier - Help to Access Health Care

If you need an attendant to travel to your appointment with you, Superior's Medical Ride Program will cover the transportation cost of your attendant.
Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15-17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian or other authorized adults on file to travel alone. Parental consent is not required if the health-care service is confidential in nature.

How do I get a ride?

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

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

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

SafeRide

Appointments/Call Center:	1-855-932-2318; TTY: 7-1-1
Hours:	8:00 a.m.-6:00 p.m. CST, Monday-Friday
Where's My Ride:	1-855-932-2319; TTY: 7-1-1
Hours:	4:00 a.m.-8:00 p.m. CST, Monday-Saturday

How do I find out where my ride is?

You can call 1-855-932-2319 to find out the status of your ride.

How do I change or cancel my ride?

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

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

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

Telehealth Services

What are Telehealth Services?

Any provider in Superior's network can offer telehealth services to Superior members for certain health-care needs. Telehealth services are virtual health-care visits with a provider through a mobile app, online video or other electronic method.

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

Making Care Easier - Help to Access Health Care

- A telehealth visit with an in-network Superior provider does not require prior authorization.
- A telehealth visit with an in-network Superior provider is subject to the same co-payments, co-insurance and deductible amounts as an in-person visit with an in-network provider.

Telehealth and telemedicine services from Teladoc are available to you when your PCP's office is closed. Teladoc is your convenient, 24-hour access to in-network health-care providers for non-emergency medical issues. You can use Teladoc to get medical help for illnesses such as:

- Colds, flu & fevers
- Sinuses, allergies
- Respiratory infections
- Rash, skin conditions
- Pink eye

Set up and activate your Teladoc account, so it's ready when you need it by calling 1-800-835-2362. Or visit teladoc.com/Superior.

Secure Member Portal

What is the Secure Member Portal?

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

To create your member account please visit Member.SuperiorHealthPlan.com.

All you need to register is:

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

By creating a free account, you can:

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

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

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

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

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

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 it 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 this webpage.

The New Rule Makes it Easy to Find Information** on:

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

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

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

Care Defined

What is emergency medical care? How soon should I or my child expect to be seen?

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

Emergency wait time will be based on your medical needs and determined by the emergency facility that is treating you/your child.

What is post-stabilization care?

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

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
- Earaches
- Sore throat
- 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 1-866-912-6283. You also can call our 24-hour nurse advice line at 1-866-912-6283 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 teladoc.com/Superior.

How soon can I expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take Superior Medicaid.

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

If you or your child needs a physical checkup, then the visit is routine. Your doctor will see you within two weeks (sooner if they can). Children should be seen based on the Texas Health Steps schedule for checkups. Go to the Texas Health Steps section on page 32 to see the schedule.

Remember: It is best to see your doctor **before** you get sick so that you can build your relationship with him/her. It is much easier to call your doctor with your medical problems if he/she knows who you are.

You must see a Superior provider for routine and urgent care. You can always call Superior at 1-866-912-6283 if you need help picking a Superior provider or making an appointment.

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 FosterCareTX.com to locate a doctor in Superior's network or call Member Services at 1-866-912-6283.

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

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

See your PCP if you need:

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

Do you need to see your psychiatrist?

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

See your psychiatrist if you:

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

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

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

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

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

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

Do you need to call Telehealth?

Telehealth services are available when you need them using Teladoc. STAR Health members can access Teladoc by calling Superior's nurse advice line at 1-866-912-6283 to register for a Teladoc account. Once registered, you can access Teladoc through their website or phone app. 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:

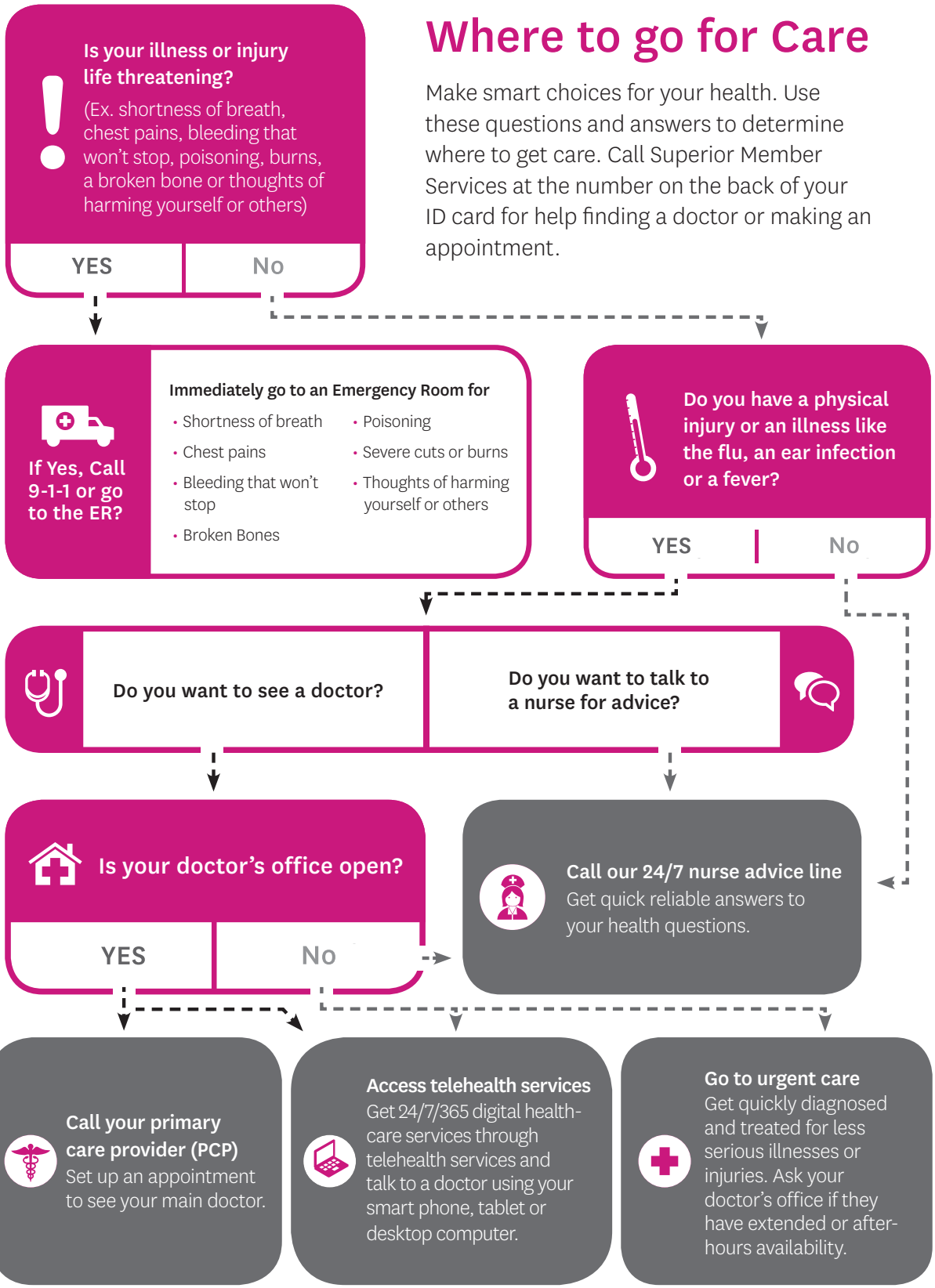
- Chest pains
- Bleeding that won't stop
- Shortness of breath
- Broken bones
- Poisoning
- Severe cuts or burns
- Thoughts of harming yourself or others

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

Where to go for Care

Make smart choices for your health. Use these questions and answers to determine where to get care. Call Superior Member Services at the number on the back of your ID card for help finding a doctor or making an appointment.



Care Defined

What does medically necessary mean?

Medically necessary means:

(1) For members birth through age 20, the following Texas Health Steps services:
(a) screening, vision, dental, and hearing services; and
(b) other Health-Care Services, 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 Early and Periodic Screening Diagnosis and Treatment (EPSDT) requirements; 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) Acute care services, other than behavioral health services, 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) not experimental or investigative; and
(g) not primarily for the convenience of the member or provider.

(3) Behavioral health services that:
(a) are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
(b) are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
(c) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
(d) are the most appropriate level or supply of service that can safely be provided;
(e) could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
(f) are not experimental or investigative; and
(g) are not primarily for the convenience of the member or provider.

Benefits and Services

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

Your/your child's doctor will work to make sure you or your child gets the services needed. These services must be given by your/your child's doctor or by a provider your/your child's doctor referred you or your child to. Here is a list of some of the medical services you/your child can get from Superior:

- Alcohol and substance use disorder care for members 21 years of age and younger
- Doctor visits (for well child care and preventive care for adults, as well as care when you/your child is sick)
- Dental services
- Emergency care
- Eye exams and eyeglasses for children and adults
- Family planning – includes birth control, supplies, and education
- Foot care (if medically necessary, with a referral)
- Initial Early Childhood Intervention (ECI) screening
- Home health care (requires a referral)
- Hospital care (inpatient and outpatient)
- Lab tests and x-rays
- Mental health care
- Nurse midwife care
- Occupational therapy
- Personal Care Services (PCS)
- Physical therapy
- Pregnancy care
- Specialist visits (some might require a referral)
- Speech therapy
- Telemonitoring
- Texas Health Steps (children's medical checkups and vaccines)
- Transplant services
- Women's health services

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

- Transportation to doctor visits
- Women, Infants and Children (WIC) services

What is Early Childhood Intervention?

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

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

Benefits and 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

Do I need a referral for this?

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.

Where do I find an ECI provider?

To find an ECI provider, call Superior at 1-866-912-6283. You may also visit HHS's website at https://hhs.texas.gov/services/disability/early-childhood-intervention-services.

How does the Patient Protection and Affordable Care Act affect me?

Texas will provide Medicaid benefits to adults under age 26 who were in foster care and receiving Medicaid when they aged out. This program is called the FFCC Program.

FFCC members will receive health-care benefits in one of two programs. These are based on their age:

- Members who are 18-20 years old will continue to get their benefits in the STAR Health program, unless they want to change to a STAR plan.
- Members 21-25 years old will get their Medicaid benefits through a STAR plan of their choice.

The MTFCY and Former Foster Care in Higher Education (FFCHE) programs are still available, but only for those that were not receiving Medicaid when they aged out of foster care.

For questions on eligibility requirements for youth aging out of foster care, please call 2-1-1. If you are calling from outside of Texas, you can also, dial the toll free number at 1-877-541-7905. For TTY access, call 1-877-833-4211.

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 1-866-912-6283.

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. As of September 1, 2022, 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.

Note: Only for STAR Health members in categories 3, 4, 5 and 6 of the Target Population.

Benefits and Services

What do CPW Case Managers do?

A CPW Case Manager will visit with you and then:

- Find out what services you need.
- Teach you how to find and get other services.
- Find services near where you live.
- 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.
- Get medical supplies or equipment.
- Find the right community resources for your needs.
- Access and address education/school related issues.
- Process the application of SSI and appeal an SSI denial.
- Develop service plans for your unmet needs.
- Ensure needs identified in your service plan are being met.
- Work on school or education issues.
- Work on other problems.

CPW Case Managers cannot:

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

How can I get a CPW Case Manager?

Contact Superior Member Services for more information about CPW Case Management services at 1-866-912-6283 or call Texas Health Steps at 1-877-847-8377 (toll-free), Monday to Friday, 8 a.m. to 8 p.m.

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, such as inpatient behavioral health care, home health services, and therapy services. Members enrolled in MTFCY or FFCHE will continue to have all STAR Health benefits. 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.

Benefits and Services

What are my long term services and supports (LTSS) benefits?

Long term care services are benefits that help you stay safe and independent in your home or community.

Long term care services help you with functional needs like bathing, dressing, taking medicine or preparing meals. They are just as important as acute care services. 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. There are long term care benefits that all Superior STAR Health members can get:

- Medical Dependent Children Program (MDCP)
- Personal Care Services (PCS)
- Community First Choice (CFC)
- Day Activity and Habilitation Services (DAHS)
- Home and Community-Based Services (HCBS)
- Community Living Assistance and Support Services (CLASS)
- Deaf-Blind with Multiple Disabilities (DBMD)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES)

There are other long term care benefits that some Superior STAR Health members can get based on their medical need. These services are available through the Medically Dependent Children Program (MDCP).

They are:

- Respite care
- Supported employment
- Financial Management Services
- Adaptive aids
- Employment assistance
- Flexible family support services
- Minor home modifications
- Transition Assistance Services

What services are not covered?

The following is a list of SOME of the services NOT covered by the STAR Health program or Superior:

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

If you have questions about which benefits are or are not covered, call Superior at 1-866-912-6283.

Special Services

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 www.FosterCareTX.com, 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://www.superiorhealthplan.com/members/medicaid/health-wellness/autism-help.html)

Behavioral Health (Mental Health and Chemical Dependency)

How do I get help if I have/my child has behavioral (mental) health 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 a group of mental health and substance use disorder specialists to help you or your child.

You do not have to get a referral from your doctor for these services. You can call an in-network doctor yourself, or if you need help, Superior will help you find the best provider for you/your child. Call 1-866-912-6283 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.
- Feels very sad, stressed or worried.
- Are not sleeping or eating well.
- Wants to hurt themselves or others or have thoughts about hurting yourself.
- Are troubled by strange thoughts (such as hearing voices).
- Are drinking or using other substances.
- Are having 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 them. We can help you find a provider who will be a good match for you. The most important thing is for your child to have someone they can talk to so they can work on solving their problems.

What do 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 1-866-912-6283 for someone to help you/your child with depression, mental illness, substance use disorder or emotional questions.

The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress. Call 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 do I do 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 can continue to see your provider as scheduled. If the answer is no, call 1-866-912-6283. We will ask your/your child's provider to join our network. We want you/your child to keep getting the care they need.

If the provider does not want to 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.

Mental Health Targeted Care Management

What are Mental Health Rehabilitation Services and Mental Health Targeted Care 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 gain additional access to care and community support services through a referral for Mental Health Targeted Care Management (MH-TCM). To learn more about these services, call 1-866-912-6283.

Services include:

- Crisis services 24 hours a day, 7 days a week.
- Education, planning and coordination of behavioral health services.
- Lab services.
- Medications for mental health and substance use disorder care.
- Non-hospital and inpatient residential detoxification, rehabilitation and half-way house (for members 21 and under).
- Outpatient mental health and substance use disorder services.
- Psychiatric partial and inpatient hospital services (for members 21 and under).
- Referrals to other community resources.
- Residential care (for members 21 and under).
- Transitional health-care services.

Note: Superior wants to help you/your child stay healthy. We need to hear your concerns so that we can make our services better. Call 1-866-912-6283 or, for TTY users, call 1-800-735-2989.

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 share roles

Special Services

and tasks, and together are responsible for a members 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 members 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 members personal goals and clinical outcomes.
- **Evidence-Based Care**. Health care that is based on the best available, current, effective and relevant information.

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 to deal with you/your child's physical and mental health or substance use disorder treatment giving them the best care they need.

Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+) Services

Superior offers resources to help educate and connect youth, parents and those working with youth who identify as LGBTQ+. If you/your child identifies as LGBTQ+ and would like to be connected with Superior's LGBTQ+ services, call Member Services at 1-866-912-6283 and ask to speak with a Youth to Adult Transition Specialist. They are available Monday to Friday, 8 a.m. to 5 p.m.

A Youth to Adult Transition Specialist can help you by:

- Providing books with educational information about what other LGBTQ+ youth have experienced.
- Sharing local resource guides that list LGBTQ support centers, such as counseling and STD and HIV testing sites.
- Offering an easy-to-read HIV fact book available in English and Spanish.
- Connecting you with other resources that can help LGBTQ+ youth stay safe.

A positive environment is important to help youth thrive. The resources Superior provides can help address questions and concerns youth and parents may have.

Eye Care

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

You/your child can get an eye exam once a year (more if you/your eyesight changes). They can get glasses once every two years (more if you/your eye sight changes). You can also get your/your child's glasses replaced as often as you need to if they are lost or broken. Call Envolve Vision Services, Superior's vision provider at 1-866-642-8959 to find out how.

You/your child do not need a referral from you/your doctor to see the eye doctor for routine eye care. Some eye doctors can also treat you/your child for eye diseases that do not need surgery. You can get these eye care services from Envolve Vision Services. To pick an eye doctor, call Superior at 1-866-912-6283 or Envolve Vision Services at 1-866-642-8959.

Dental Care

How do I get dental services?

You/Your child should get regular dental checkups. Regular dental checkups make sure the teeth and gums are

Special Services

healthy. Dental checkups need to start at age six months and repeat every six months after that. Your child can go to any DentaQuest dentist for a checkup. You do not need a referral for regular dental checkups or other dental services. To pick a dentist in your area or if you need help making a visit, call DentaQuest at 1-888-308-4766.

Special Health-Care Needs

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

If you/your child have special health-care needs, like a serious ongoing illness, disability, or chronic or complex conditions, just call Superior at 1-866-912-6283. 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 care for patients with special needs. We will also refer you to one of our Care Managers who will:

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

Community First Choice

Community First Choice (CFC) is a Medicaid benefit that provides services for people with Intellectual and Developmental Disabilities (IDD) and/or physical disabilities. You need to meet requirements for institutional level of care from a facility like a nursing home, intermediate care facility or institution for mental disease. You may be able to get these services if you live in a community-based home.

CFC helps members with daily living needs. CFC services include:

- Personal Attendant Services (PAS): Help with daily living activities and health-related tasks.
- Habilitation: Services to help learn new skills and care for yourself.
- Emergency Response Services (ERS): Help if you live alone or are alone for most of the day.
- Support Management: Training on how to select, manage and dismiss attendants.

Your Superior Service Coordinator will be able to help schedule an assessment for CFC if you think you need these services. For more information, you can call Member Services at 1-866-912-6283.

Personal Care Services (PCS)

Superior provides PCS as part of our STAR Health benefits. This means you/your child will keep getting the same help with:

- Bathing
- Getting dressed
- Making food
- Cleaning
- Grooming
- Transferring
- Positioning
- Mobility
- Personal hygeine
- Grocery shopping
- Laundry
- Communication
- Money management

Important:

If you/your child are receiving PCS services through a Texas HHS waiver program, PCS will continue to be provided through Texas HHS.

Special Services

What options do I get to choose from when my services can be self-directed?

For each service that has the option to be self-directed, you must choose one of the below. You may choose a different option for each of these services or the same option for all of them. If you need help choosing, your Service Manager is here to help you.

Consumer Directed Services

Consumer Directed Services (CDS) gives you a way that you can have more choice and control over some of the long term support services you get. As a STAR Health member, you or your designated representative can choose the CDS option.

With CDS you can:

- Find, screen, hire and fire (if needed) the people who provide services to you (your staff)
- Train and direct your staff

These are the services you can manage in CDS:

- Attendant care
- Respite care
- Nursing
- Physical therapy
- Occupational therapy
- Speech therapy

If you choose to be in CDS, you will work through a contracted Financial Management Services Agency (FMSA). The FMSA will help you get started and give you training and support if you need it. The FMSA will do your payroll and file your taxes. Contact your Service Manager to find out more about CDS. You can call Superior's Service Management team at 1-866-912-6283.

Service Responsibility Option

In the service responsibility option, you or your legally authorized representative must choose an in-network agency who is the employer of record. You would then select your personal attendant, nurse or therapist from the agency's employees. You provide input when setting up the schedule and manage the services. You are also able to supervise and train your staff. You can request a different personal attendant, nurse or therapist. The agency will help you with this request. The agency establishes the payment rate and benefits. They also provide payroll, substitute (back-up) and file your tax reports.

Agency Option

In the agency model, you or your legally authorized representative choose an agency to hire, manage and fire (if needed) the person providing PAS. You must pick an in-network agency. You and your Service Manager will set up a schedule and send it to the agency you chose. You are able to supervise and train your staff. You can request a different personal attendant. The agency will help you with this request. The agency establishes the payment rate and benefits. They also provide payroll, substitute (back-up) and file your PAS tax reports.

What are abuse, neglect and exploitation?

If you are receiving PCS or other Long Term Services and Supports (LTSS), Superior wants to make sure you are not abused, neglected or exploited. This might include:

- Mental, emotional, physical or sexual injury.
- Failure to provide food, clothing, shelter and/or medical care.
- Leaving you or your loved one in a situation where he or she is at risk of harm.
- Intentional misuse of resources for profit. This includes taking Social Security or SSI (Supplemental Security
- Income) checks, abusing a joint checking account and taking property.

Special Services

How do I report abuse, neglect or exploitation?

If you need to report abuse, neglect or exploitation, call Texas HHS at 1-800-458-9858 or DFPS at 1-800-252-5400.

Other Services

What other services can my Superior plan help me with?

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

- Medical Transportation Service
- Texas Wokforce Commission (TWC)
- Public Health Departments
- Texas HHS

To learn more about these services, call Superior at 1-866-912-6283.

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.

Family Planning Services

Where do I find a family planning services provider? Do I need a referral for this?

You can find the locations of family planning providers near you online at: https://www.healthytexaswomen.org/find-a-doctor, or you can call Superior at 1-866-912-6283 for help in finding a family planning provider. 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.

Superior Health Tip

If you are having trouble managing your/your child's care, Superior has Care Managers that can help. Just call Member Services at 1-866-912-6283 for help.

3 In 30

Initial 3-Day Medical Exam

The purpose of this exam is to identify, treat and provide caregiver education regarding management of a child's acute or chronic medical and mental health conditions.

Purpose of the Guideline

Provides guidance to medical professionals on key components of an initial medical examination, provided no later than the third Business Day after CPS removal, or sooner based on urgency of child's condition.

If a child has an emergent or urgent care visit, the medical provider should consider completing the components below to meet the requirements of the 3-Day Medical Exam. The initial 3-Day Medical Exam is not in lieu of the required 30-day Texas Health Steps checkup. For more information on a child's medical history and clinical progress, please log into Superior's Secure Provider Portal to access the Health Passport tool.

Exam Timeline

The 3-Day Medical Exam must occur within three Business Days of a child's removal. For example:

- If a child is removed on Monday at noon, the 3-Day Medical Exam should be completed no later than the following Thursday.
- If a child is removed on Friday at 5pm, the 3-Day Medical Exam should be completed no later than the following Wednesday.

Remember: If you are having problems with obtaining medication after your 3-Day Medical Exam, call Superior Member Services at 1-866-912-6283 for assistance.

Texas Child and Adolescent Needs and Strengths (CANS) 2.0 Assessment

STAR Health members, 3 to 17 years old, are required to get a Texas Child and Adolescent Needs and Strengths (CANS) 2.0 Assessment within 30 Days of joining Superior and then re-administered annually thereafter.

Purpose of the Guideline

The Texas CANS 2.0 Assessment is a tool that measures a member's strengths and needs. It is used to help create a plan of service so that the member can get the best care possible.

The Texas CANS 2.0 Assessment must be performed by a certified Texas CANS 2.0 Assessment provider. For more information, or to get help scheduling a Texas CANS 2.0 Assessment, call Superior Member Services at 1-866-912-6283 and ask to speak to a Community Health Services Representative.

Important: STAR Health members who are 20 years old and younger need to have a checkup within 30 Days and a dental checkup within 60 Days of joining the STAR Health program.

Texas Health Steps

What is Texas Health Steps? What services are offered by Texas Health Steps?

Texas Health Steps, also known as Early and Periodic Screening Diagnosis and Treatment (EPSDT), provides free regular medical and dental checkups for infants, children, teens and young adults with Medicaid. It also offers other services like vaccines and vision and hearing screenings.

Texas Health Steps helps to:

- Find and treat your child's medical and dental problems early.
- Make sure your child gets their vaccines.
- Give health education to keep your child healthy.

During a Texas Health Steps medical checkup, the doctor will look at your child from head to toe, checking for health problems you may not know about. The doctor will also see if your child is growing and developing like other children their age. These checkups can help catch health problems before they get worse and are harder to treat.

Important: STAR Health members who are 20 years old and younger need to have a checkup within 30 Days and a dental checkup within 60 Days of joining the STAR Health program.

How and when do I get Texas Health Steps medical and dental 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
- 2 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 30 months
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years

Your child should also get regular dental checkups to make sure his or her teeth and gums are healthy. Dental checkups need to start at age six months and every six 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 1-866-912-6283. You can also call DentaQuest, Superior's dental provider at 1-888-308-4766. 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.

Texas Health Steps

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 setup 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 1-866-912-6283. 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.

What if I need to cancel my appointment?

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

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

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

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

If you are out of town and your child is due for a Texas Health Steps checkup, call Superior at 1-866-912-6283. They will help you set up a visit with your doctor as soon as you get home.

Superior Health Tip

Medicines can be safe if you take them correctly. Medicines can help you get better when you are sick. Medicines can also keep a health problem under control.

Here are a few tips on how to use medicine safely:

- Read and follow the directions on the label.
- Take the exact amount written on the label.
- Take each dose around the same time each day.
- Use the same pharmacy for all of your prescriptions.
- Don't share your medicine or take someone else's medicine.

Pharmacy Services

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

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

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

Medicaid pays for most medications your doctor says you or your child need. Your doctor will write a prescription. You can take it to an in-network drug store, or your doctor may be able to send the prescription to the drug store for you. If you have trouble getting your medicines, please call Member Services at 1-866-912-6283. Please call Member Services while you are still at the drug store.

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 at https://www.txvendordrug.com/formulary. We also have a link to this formulary on our website at https://www.fostercaretx.com/for-members/resources.html. 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 at 1-866-912-6283 if you have any questions.

What if I need my medications delivered to me?

Superior also offers many medications by mail. Some Superior drug stores offer home delivery services. Call Member Services at 1-866-912-6283 to learn more about mail order or to find a drug store that may offer home delivery service in your area.

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 1-866-912-6283. A list is also available online at SuperiorHealthPlan.com. If you are having issues obtaining your medications, please contact Superior immediately for assistance. We can help!

Remember:

Always take your Superior ID card and your Medicaid ID card with you to the doctor and to the drug store. If you do not have a Superior ID card or Medicaid ID card yet (such as in a new foster care placement) please provide your DFPS Form 2085B to the local pharmacist. The local drug store may use this form as verification of enrollment.

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 Superior ID card and Medicaid ID card at the drug store. If the drug store tells you they do not take Superior members, you can call Superior's Member Services at 1-866-912-6283, and 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.

Pharmacy Services

What if I lose my medications?

If you lose your medications, you should call your doctor or clinic for help. If your doctor or clinic is closed, the drug store where you got your medication should be able to help you. You can also call Superior's Member Services at 1-866-912-6283, and we can help you get the medications you need.

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 or your child's medication. Please have your drug store call the pharmacy help desk for assistance. Call Superior at 1-866-912-6283 for help with your medications and refills.

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

Some DME and products normally found in a pharmacy are covered by Medicaid. For all members, Superior pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Superior also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals. Call 1-866-912-6283 for more information about these benefits.

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 health plan 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 at 1-866-912-6283.

What if I also have other primary insurance?

If you have other primary insurance, please show both your primary insurance and your Medicaid insurance at the pharmacy. The pharmacy 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 pharmacy.

Note: For children and youth in state conservatorship, STAR Health is Primary.

Superior Health Tip

To stay up to date on the Coronavirus (COVID-19), visit FosterCareTX.com/coronavirus.

Bonus Benefits and Other Services

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

As a member of Superior, you are able to get extra benefits and services in addition to your regular benefits. These are called Value-added Services. These include:

- **a2A My Health Pays® Rewards Program**. The program offers financial, non-cash incentives that reward members for completing wellness visits, dental checkups and more for members ages 18 through 20 years old (see complete details below). Members can receive rewards for completing these activities following confirmation of the visit/vaccine/exam:
    - $25 for completing a Texas Health Steps visit within 30 days of 18th birthday
    - $30 for completing an initial dental checkup
    - $30 for a sixth month dental checkup
    - $20 for receiving a flu shot during flu season
    - $20 for completing an annual well woman exam (for female members)
- **Care Grants**. Small grants in the form of gift cards, are available for members to be used for non-Medicaid covered benefits and other items up to $50 per member, per year.
- **Extra Vision Services**. Eligible members are entitled to receive a $150 retail allowance for choice of upgraded eyeglass frames and lenses or contact lenses, not covered by Medicaid, once per year. The allowance does not cover additional features such as tints and coating. The member will be responsible for any charges exceeding $150.
- **Inpatient Follow-up Incentive Program**. Members, ages 6 to 20, who have been hospitalized for a mental health or substance abuse episode are eligible to receive a $20 gift card and journal upon attending a follow-up appointment within seven (7) days of hospital discharge. Members are eligible to receive the gift one time per year.
- **Over-the-Counter Items**. Up to $30 every quarter for commonly-used over-the-counter (OTC) items. This benefit covers items that do not need a prescription and are not otherwise covered by Medicaid or available through DME. Members will select from a catalog of items supplied by Superior, up to the program specific dollar limit per quarter, per member. Items on the list include, but are not limited to household items, mobility supports, first aid supplies, personal care items, oral care, baby/children's items and other miscellaneous OTC products. Members can place orders by using the Superior member portal (https://member.superiorhealthplan.com/sso/login) or by calling the vendor's toll-free number. Unused balances are not carried over from quarter to quarter and members are allowed only 1 order per quarter. The total cost of items must be less than or equal to the program allowance in order for the items to be shipped to the member's home. Products may not be returned. OTC items may be ordered for the member only.
- **Sports/School Physicals**. Sports or school physicals for members ages 4 to 18 years old. Members may receive one sports/school physical each year with a maximum fee of $35. Any in-network provider can provide this service. Superior encourages members to use their PCP, but it is not required.

Value-added Services may have restrictions and limitations. These services are effective 9/1/22-8/31/23. For an up-to-date list of these services, go to www.FosterCareTX.com. For questions or to learn how to get these benefits for you/your child, call Member Services at 1-866-912-6283.

Remember:

If you have any questions on what is or what is not a covered service, call Superior at 1-866-912-6283.

Bonus Benefits and Other Services

How does the My Health Pays® program work?

Former foster care members ages 18 through 20 can participate in the My Health Pays® adolescent to adult (a2A) Program if they remain a member of STAR Health once they turn 18 years old. With the a2A Program members can receive financial, non-cash rewards for completing specific behaviors that will help you/your child stay healthy. Rewards are loaded onto a My Health Pays® debit card. Rewards include:

- $25 for completed annual Texas Health Steps checkup within 30 days of 18th birthday
- $30 for completing an initial dental checkup
- $30 for a sixth month dental checkup
- $20 for flu vaccine, one per flu season
- $20 for an annual well woman exam (females only)

For more information, contact Member Services at 1-866-912-6283.

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

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

- How to pick a doctor
- The STAR Health Program
- Transportation services
- How to use Superior services
- How to use your/your child's member handbook
- Texas Health Steps
- Preventive, urgent and emergent care
- Visits to specialists
- Complaint and appeal procedures

Superior Member Advocate staff can give you resources to help you get food, housing, clothing and utility services. To learn more or to see what classes are being offered at this time, please call Superior at 1-866-912-6283.

What health education classes does Superior offer?

Superior wants you to lead a healthy life. That is why we started the Superior Health Education Program. This program gives you facts to help make better health choices for you and your family. Classes will be given near you. The information about time and place will be mailed to your home. Classes include:

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

Health education classes 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 diet 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 1-866-912-6283. They will refer you to Superior's Service 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 healthy.

Disease Management

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
- Have a tightness in their chest
- Make a whistling sound when they breathe
- Coughs a lot, especially at night

Call Superior at 1-866-912-6283 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 months for asthma
- Has been in the doctor's office three or more times in the past six 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
- Impulsive behavior
- Being unable to play or engage in activities quietly

Call Superior at 1-866-912-6283 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.

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 1-866-912-6283 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.

Dual Diabetes

Dual diabetes DM is an integrated PH and BH program for Members with Type 1 diabetes or Type 2 diabetes (requiring insulin) and a BH condition. Using a collaborative and holistic approach, PH and BH SMs outreach monthly to provide education, address needs, follow-up, and encourage and support compliance with treatment.

Disease Management

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 1-866-912-6283 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.

Sickle Cell Program

Members with Sickle Cell Disease need timely identification and stratification according to their needs and severity of illness, and the opportunity to participate in the Sickle Cell Program. The program goal is to identify all members with this diagnosis and provide them with basic information on the available benefits, educational materials, and support to promote quality care and wellness optimization.

Smart Nutrition Assistance Program (SNAP)

SNAP is a collaborative disease management program facilitated by a PH Service Coordinator/Service Manager for members at high risk for complications due to their weight. Identification of members is based on risk scores and diagnostic criteria including:

- Type II diabetes
- Hypothyroidism
- Obesity
- Developmental & mood disorders
- Depression

A Superior Service Coordinator/Service Manager offers educational materials, discusses appropriate exercise, provides education on nutrition, tracks body mass index, evaluates food intake thoughts and feelings, and monitors compliance with PCP dietary recommendations, while addressing any barriers in achieving weight management goals.

Start Smart for Your Baby® (SSFB)

All pregnant STAR Health members are eligible for SSFB Care Management that promotes education and support designed to reduce the risk of pregnancy complications, premature delivery, and infant disease resulting from high-risk pregnancies. The SSFB program's focus is on prenatal and post-partum members, developmental milestones, and linkage to community resources, and is provided through a pregnancy Care Management team.

Superior has partnered with Nurse-Family Partnership (NFP) to provide additional support within the community for first-time mothers who are identified and referred prior to their 28th week of pregnancy. NFP is a community health program that works with first-time moms to empower them to transform their lives and create better futures for themselves and their babies. The program has been in place for over 40 years and has a proven record of success.

Care Management Services

What is Service Coordination? What will a Service Coordinator do for me?

Service Coordination is a special kind of care management that is done by a Superior Service Coordinator. A Service Coordinator will work with you to:

- Identify your needs.
- Work with you, your family or community supports, your doctor(s) and other providers to develop a service plan.
- Help make sure you receive your services on time.
- Make sure you have a choice of providers and access to covered services.
- Coordinate Superior-covered services with social and community support services.

Superior wants you to be safe and healthy, to be involved in your service plan, and to live where you pick. We will assign a Service Coordinator to any Superior STAR Health member who asks for one. We will also offer a Service Coordinator to Superior members if a review of your needs for health and support services shows that they might be able to help.

How can I talk to a Service Coordinator?

If you would like to speak with a Superior Service Coordinator, call 1-866-912-6283. Our staff is available from 8 a.m. to 5 p.m., Monday through Friday. You can also reach a nurse 24 hours a day, 7 days a week. They can answer your health questions after hours and on weekends.

How often will I talk with a Service Coordinator?

You will receive a letter in the mail from your Service Coordinator. The letter will detail how often and what type of contact you will have, based on your health-care needs. It will also give you the name and direct phone number of your coordinator. If you would like Service Coordination, or have questions, please call 1-866-912-6283.

What is Service Management? What will a Service Manager do for me or my child?

Members qualify for Service Management when they demonstrate chronic/complex conditions such as having multiple hospitalizations, intent to harm self or others, explosive type behaviors (aggression, impulsivity, depression), pregnancy, etc.

Telephonic support is provided by registered nurses or licensed clinicians on an individual case by case basis to:

- Complete and monitor the child's individual health-care service plan.
- Assist in locating specialty providers.
- Coordinate new treatment or services needed.
- Provide face-to-face visits.

How can I talk to a Service Manager? How often can I talk to a Service Manager?

If you would like Service Management, or have questions, please call 1-866-912-6283. Our staff is available from 8 a.m. to 5 p.m., Monday through Friday, excluding state-approved holidays. You can also reach a nurse 24 hours a day, 7 days a week.

What other resources are available for STAR Health members?

STAR Health members have access to many resources on the STAR Health website, www.FosterCareTX.com. These include:

Care Management Services

- Quarterly online member newsletter with general health and benefit information.
- Trainings for caregivers and youth who are between the ages of 18 and 21.
- Help finding a provider.
- Community resource guides, offering information about local services such as transportation, nutrition and employment.
- Online self-management lessons and tools to help with your health.

Superior Health Tip

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

Advance Directives

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

What are Advance Directives? How do I get an Advance Directive?

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

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

Superior wants you to know your right to decide so you can fill out the papers ahead of time. These are the types of Advance Directives you can choose under Texas law:

- **Directive to Doctor (Living Will)** – A living will tells your doctor what to do. It helps you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. In the State of Texas you can make a living will. Your doctor must follow your living will in case you become too sick to decide about your care.
- **Durable Power of Attorney for Health Care** – This is a document that lets you name someone else to make decisions about your health care in case you are not able to make those decisions yourself.
- **Declaration of Mental Health Treatment** – This tells your doctor about the mental health care you want. In the State of Texas you can make this choice. It expires three years after you sign it or at any time you pick to cancel it unless a court has considered you incapacitated.
- **Out-of-Hospital Do Not Resuscitate** – This tells your doctor what to do if you are about to die. In the State of Texas your doctor must follow this request if you become too sick.

When you talk to your doctor about an Advance Directive, he or she might have the forms in their office to give you. You can also call Superior at 1-866-912-6283 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.

Medical Bills

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

You should not be billed for any services covered by Medicaid. Always show your Medicaid ID card and Superior ID card when you are seeking services from a doctor, hospital, pharmacy or other Medicaid provider. If you have not received your Medicaid ID card, give the provider the DFPS Form 2085B to confirm your Medicaid coverage. If you get a bill from a Medicaid provider, call Member Services at 1-866-912-6283.

What information will they need?

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

Remember:

If you go to a provider that is not signed up as a Superior provider for non-urgent/emergency care, Superior may not pay that provider and you may get billed for the services.

Superior Health Tip

If you have asthma, ask your doctor about making an asthma action plan. This plan can help you manage your asthma by telling you:

- When and how to get help if you have an attack.
- When and how to take your medicine.
- When you should get checkups.
- Better ways to eat and stay fit.
- Ways to clean your house to lessen your symptoms.

Complaints and Complaint Appeals

What is a complaint?

A complaint is when you write or call Superior to say you are not happy with your health plan, provider or services. You may file a complaint with Superior for things you are not satisfied with such as medical care you received, trouble getting an appointment, or being treated rudely by a provider or Superior staff.

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

Superior understands you may not always be happy with the care you receive. We want to help.

If you have a complaint about a provider or if you want to appeal the outcome of a complaint, call Superior at 1-866-912-6283 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 the most within a few days. A legally authorized representative can also file a complaint for you on your behalf.

Can someone from Superior help me file a complaint?

A Superior Members Services Advocate can help you file a complaint. Just call 1-866-912-6283 (Relay Texas 1-800-735-2989). You can also file a complaint online at FosterCareTX.com. 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.

Can I mail or fax a complaint?

Yes. A written complaint can be mailed or faxed to:

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

How long will it take to process my complaint?

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

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

If you are not happy with Superior's answer to your complaint, you have the right to meet with a complaint appeal panel. The panel is made up of members, providers and Superior staff.

You can ask for a complaint appeal by calling Superior Member Services at 1-866-912-6283. You can also ask for a complaint appeal in writing.

Mail or fax the complaint to:

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

Complaints and Complaint Appeals

The panel will meet with you and give you a final answer to your complaint. It may take up to thirty (30) Days after receiving your written request.

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 HHS by calling toll-free to 1-866-566-8989.

If you would like to make your complaint in writing, send it to the following address:

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

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

What are the requirements and timeframes for filing a complaint?

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

What is the MDCP/DBMD escalation help line?

The MDCP/DBMD escalation help line assists people with Medicaid who get benefits through the Medically Dependent Children Program (MDCP) or the Deaf-Blind with Multiple Disabilities (DBMD) program.

The escalation help line can help solve issues related to the STAR Kids managed care program. Help can include answering questions about State Fair Hearings and continuing services during the appeal process.

When should members call the escalation help line?

Call when you have tried to get help but have not been able to get the help you need. If you don't know who to call, you can call 1-844-999-9543 and they will work to connect you with the right people.

Is the escalation help line the same as the HHS Office of the Ombudsman?

No. The MDCP/DBMD Escalation Help Line is part of the Medicaid program. The Ombudsman offers an independent review of concerns and can be reached at 1-866-566-8989 or go on the Internet (hhs.texas.gov/managed-care-help). The MDCP/DBMD escalation help line is dedicated to individuals and families that receive benefits from the MDCP or DBMD program.

Who can call the help line?

You, your authorized representatives or your legal representative can call.

Can members call any time?

The escalation help line is available Monday through Friday from 8 a.m.–8 p.m. After these hours, please leave a message and one of our trained on-call staff will call you back.

Medical Pre-denial and Continued Services

What is a pre-denial?

When your/your child's doctor asks for services that may not be medically necessary, Superior will start a review called a pre-denial. Before Superior denies or reduces a service, we will talk to your/your child's doctor, Medical Consenter or DFPS Caseworker.

Superior's medical director will ask your/your child's doctor questions about the services needed. Your/your child's doctor, Medical Consenter or DFPS Caseworker may have new information that can help Superior make a decision on requested services.

Superior will tell the Medical Consenter and the DFPS Caseworker what is happening with the request while it is being reviewed.

Adverse Benefit Determinations, Internal Health Plan Appeals and External Appeals

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.
- Provides a partial approval of a request 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 doctor, your Medical Consenter, lawyer or another Legally Authorized Representative can request an appeal of an Adverse Benefit Determination. A Superior Member Advocate can help you with any questions you have about filing an appeal. Just call Member Services at 1-866-912-6283. Interpreter services are provided free of charge. Please call Member Services at 1-866-912-6283 (TTY 1-800-735-2989) for assistance.

What are the timeframes for the internal health plan appeal process for denied Medicaid covered services?

You will have sixty (60) Days from the date of Superior's Notice of Adverse Benefit Determination letter to appeal the decision. Superior will acknowledge your appeal by sending you a letter within five (5) Business Days of receipt of your appeal, complete the review of the appeal and send you an appeal response letter within thirty (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, 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) Calendar 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.

Adverse Benefit Determinations, Internal Health Plan Appeals and External Appeals

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

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

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

Does my 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, your Medical Consenter, lawyer or another Legally Authorized Representative can request an appeal and complete the appeal form on your behalf. If you have questions about the appeal form, Superior can help you. Call Superior at 1-866-912-6283 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. Internal health plan emergency appeals do not have to be in writing.

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

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

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. If your appeal is about an ongoing emergency or denial of a continued hospital stay, you will be notified of the appeal decision within one (1) Business Day. If Superior determines that your emergency appeal request does not meet the criteria, Superior will let you know right away. Your appeal will be processed as a standard appeal with a response provided within thirty (30) Days.

Who can help me file an internal health plan emergency appeal?

You, your provider, your Medical Consenter, lawyer or another Legally Authorized Representative can file an emergency appeal on your behalf. A Superior Member Advocate can help you with any questions you have about filing an emergency appeal.

Adverse Benefit Determinations, Internal Health Plan Appeals and External Appeals

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 he/she is 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 Review

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 writing a letter to Superior 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 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 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. If you continue with the State Fair Hearing, you can also request the Independent Review Organization be present at the State Fair Hearing. You can make both of these requests by contacting Superior at 1-877-398-9461 or the HHS Intake Team at EMR_Intake_Team@hhsc.state.tx.us.

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.

Adverse Benefit Determinations, Internal Health Plan Appeals and External Appeals

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 HHS, 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 Texas Health and Human Services (HHS) 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, your Medical Consenter, lawyer, or any other Legally Authorized Representative. You may name someone to represent you by writing a letter to Superior telling us the name of the person that you want to represent you.

You or your representative must ask for a State Fair Hearing within 120 Days of the date of the notice telling you that we are denying your internal health plan appeal.

You have the right to keep getting any service 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 calendar 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 HHS.

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

Superior HealthPlan
ATTN: State Fair Hearing Coordinator 5900 E. Ben White Blvd.
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 HHS State Fair Hearing officer if you would like the hearing to be held in-person.

Adverse Benefit Determinations, Internal Health Plan Appeals and External Appeals

During the hearing, you or your representative can tell why you need the service or why you disagree with the Superior's Adverse Benefit Determination. You have the right to examine, at a reasonable time before the date of the State Fair Hearing, the contents of your case file and any documents to be used by Superior at the hearing. Before the State Fair Hearing, Superior will send you all of the documents to be used at the State Fair Hearing. It is important that you or your representative attend the State Fair Hearing in person or by phone.

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

Can I ask for an emergency State Fair Hearing?

To qualify for an emergency State Fair Hearing through HHS, 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/my child's 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 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 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 provider in a reasonably easy manner. That includes the right to be told of how to choose and change 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. You have the right to use each complaint and appeal process available through the STAR Health health plan 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 the STAR Health health plan or to the state Medicaid program about your health care, your provider or the STAR Health health plan.
   b) MDCP/DBMD escalation help line for members receiving Waiver services via the Medically Dependent Children Program or Deaf/Blind Multi-Disability Program.
   c) Get a timely answer to your complaint.
   d) Use the HHS claims administrator and STAR Health plans appeal process and be told how to use it.
   e) Ask for an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
   f) 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.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
   a) Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
   b) Get medical care in a timely manner.
   c) Be able to get in and out of a health-care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
   d) Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.

e) Be given information you can understand about your health plan rules, including the health-care services you can get and how to get them.

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

Member Responsibilities:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
   a. Learn and understand your rights under the Medicaid program;
   b. Ask questions if you don't know your rights.
2. You must abide by the STAR Health health plan's and Medicaid's policies and procedures. That includes the responsibility to:
   a. Learn and follow the STAR Health health plan's rules and Medicaid rules.
   b. Choose a PCP quickly;
   c. Make any changes in your PCP in the ways established by Medicaid and by the STAR Health health plan.
   d. Keep your scheduled appointments.
   e. Cancel appointments in advance when you can not keep them.
   f. Always contact your PCP first for your non-emergency medical needs.
   g. Be sure to have approval from your PCP before going to a specialist.
   h. Understand when you should and should not go to the emergency room.
3. You must share information about your health with your PCP and learn about service and treatment options. That includes the responsibility to:
   a. Tell your PCP about your health.
   b. Talk to your providers about your health-care needs and ask questions about the different ways your health-care problems can be treated.
   c. Help your providers get your medical records.
4. You must comply with Electronic Visit Verification (EVV) requirements if you receive services delivered by an attendant or nursing services by allowing the attendant to use your telephone to call a toll-free number when he or she starts and ends work, or allow the attendant to use alternate devices when he or she starts and ends work.
5. 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 providers about all of your medications.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health & Human Services (HHS) toll-free at 1-800-368-1019. You can also view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Rights and Responsibilities

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

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

As a member of Superior, 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, addresses, telephone numbers, languages spoken (other than English), identification of providers that are not accepting new patients and qualifications for each network provider such as:
    - Professional qualifications
    - Specialty
    - Medical school attended
    - Residency completion
    - Board certification status
    - Demographics
- Any limits on your freedom of choice among network providers.
- 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 1-866-912-6283 or visit our website at www.SuperiorHealthPlan.com.
- Information about benefits available under the Medicaid program including the amount, duration, and scope of benefits available. This is designed to make sure you understand the benefits to which you are entitled.
- How members can get benefits, including prior authorizations, family planning services, from out-of-network providers and/or limits to those benefits.
- How you get after hours and emergency coverage and/or limits to those kinds of benefits, including:
    - What makes up emergency medical conditions, emergency services and post-stabilization services.
    - The fact that you do not need prior authorization from your PCP for emergency care services.
    - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent.
    - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
    - A statement saying you have the right to use any hospital or other settings for emergency care.
    - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your PCP.
- Superior's practice guidelines.

Rights and Responsibilities

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 PCP (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call 1-866-912-6283 to learn more about this.

Your Right to Privacy

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

At Superior, your privacy is important to us. We will do all we can to protect your health records. You may get a copy of our privacy notice at www.SuperiorHealthPlan.com or by calling Member Services at 1-866-912-6283. 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 does 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. This includes providing health care to you. It also includes payment for your health care while you are our member.

Please note:

You will also receive a Privacy Notice from the State of Texas outlining their rules for your health records. Other health plans and health-care providers have other rules when using or sharing your health records. We ask that you get a copy of their Privacy Notices and read it carefully.

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 07.01.2017

Revised 08.21.2019

For help to translate or understand this, please call 1-866-912-6283. Deaf and hard of hearing TTY: 1-800-735-2989. Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-866-912-6283. (TTY: 1-800-735-2989).

Interpreter services are provided free of charge to you.

Covered Entities Duties:

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

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

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

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

We will make any revised Notices available on our website.

Internal Protections of Oral, Written and Electronic PHI:

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

These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Notice of Privacy Practices

Permissible Uses and Disclosures of Your PHI:

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

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

  In our health-care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its health-care operations. This includes the following:
  - Quality assessment and improvement activities
  - Reviewing the competence or qualifications of health-care professionals
  - Case management and care coordination
  - Detecting or preventing health-care fraud and abuse
- **Group Health Plan/Plan Sponsor Disclosures –** We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- **Fundraising Activities** – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **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.
- **Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** - We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
  - Cadaveric organs
  - Eyes
  - Tissues
- **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
  - The Department of State for medical suitability determinations
  - For protective services of the President or other authorized persons
  - To intelligence activities

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- **Workers' Compensation** - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

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

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

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

Individuals Rights:

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

- **Right to Revoke an Authorization** - You may revoke your authorization at any time. The revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health-care operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information

Notice of Privacy Practices

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.
- **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.

  You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights online at https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989).

  WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.
- **Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Race, Ethnicity and Language Information:

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

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

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

activities may include:

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

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

Contact Information

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

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

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

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

Electronic Visit Verification

TEXAS Health and Human Services

Electronic Visit Verification (EVV)
Responsibilities and Additional Information
(Managed Care Organization)

Form 1718
March 2021-E

Electronic visit verification (EVV) is an electronic system used to document and verify that personal care Medicaid services have been provided to persons authorized to receive those services.

The Texas Health and Human Services Commission (HHSC) requires a service provider or a consumer directed services (CDS) employee who provides one of these services to use EVV to clock in when the service begins and to clock out when the service ends.

A service provider or CDS employee uses one of the following three methods to clock in and clock out:

- The service provider's or CDS employee's personal smartphone or tablet.
- Your home phone landline only if you approve.
- An EVV alternative device, a small electronic device that is placed and remains in your home in an agreed upon location.

The service provider is not permitted to use your personal smart phone or tablet.

The CDS employee may use the CDS employer's smart phone or tablet, if the CDS employer has authorized the CDS employee to use their smart phone or tablet.

Section I – Your Responsibilities

You have the following responsibilities regarding the use of EVV:

- You must allow your service provider or CDS employee to clock in and clock out of the EVV system using one of the methods listed above.
- Do not clock in or clock out of the EVV system for your service provider or CDS employee at any time.
  - Immediately tell your provider agency or CDS employer if your service provider or CDS employee asks you to clock in or clock out of the EVV system for the service provider or employee.
- If your service provider or CDS employee is using an EVV alternative device to clock in and clock out:
  - Immediately tell your provider agency or CDS employer if the EVV alternative device is damaged or removed from your home, or if someone has tampered with the device; and
  - Return the alternative device to your provider agency or CDS employer when you are no longer receiving Medicaid services that require EVV.

Your failure to perform these responsibilities may result in a referral of Medicaid fraud to the HHSC Office of Inspector General.

Please see the EVV Electronic Verification Methods Policy for more information.

Section II – Additional Information

- Your personal information in the EVV system is private and confidential and may only be disclosed as allowed by federal and state laws, rules and regulations.
- Your service provider or CDS employee may use your home phone to clock in and clock out of the EVV system only if you approve.
- You can ask for an interdisciplinary meeting or service plan team meeting with your managed care organization's (MCO) service coordinator about concerns using EVV.

Electronic Visit Verification

If you have a complaint related to EVV, you may submit the complaint to the HHS Office of the Ombudsman:

- by phone at 877-787-8999;
- by fax at 888-780-8099; or
- by mail at:

HHS Office of the Ombudsman
P.O. Box 13247
Austin, Texas 78711-3247

Visit the HHSC EVV website for more information.

Electronic Visit Verification

Section III – Frequently Asked Questions (FAQ)

Do I have to participate in EVV?

Yes, if you get services that require EVV. You must allow your service provider or CDS employee to clock in when they begin and clock out when they end services using one of the acceptable methods. EVV is required for certain home and community-based services, such as Personal Service Provider Services, Protective Supervision, Personal Care Services, In-home Respite, Flexible Family Support and Community First Choice.

How do service provider and CDS employees clock in and clock out?

Service providers and CDS employees must use one of the following acceptable methods to clock in and clock out of the EVV system:

- EVV mobile method
- Your home phone (but only with your permission)
- EVV alternative device

You aren't allowed to clock in or clock out of the EVV system for the service provider or CDS employee for any reason. If you clock in or clock out for your service provider or CDS employee, a Medicaid fraud referral may be made to the Office of Inspector General, which may end up affecting your ability to get services.

What if I don't have a home landline or I don't want my service provider or CDS employee to use my home landline?

If you don't have a home landline, or don't want your service provider or CDS employee to use your home landline, tell this to your service provider or CDS employee as soon as possible.

The following are two options available other than your home landline that your service provider or CDS employee may use to clock in and clock out.

Option 1

Your service provider or CDS employee may use their mobile device to clock in and clock out of the EVV system.

Option 2

Your program provider, financial management services agency (FMSA), or CDS employer may order an EVV alternative device for your service provider or CDS employee. The device must:

- Be placed or affixed in your home by your program provider or CDS employer.
- Be in an area where your service provider or CDS employee can reach it.
- Always remain in your home.

Can I receive services in the community with EVV?

Yes. EVV doesn't change the location for where you get services. You can get services in accordance with your service plan and the existing program rules, at home and in the community.

Who do I contact with questions or concerns?

Please contact your provider agency representative or MCO service coordinator if you have any questions or concerns.

Visit the HHSC EVV website for more information.

Electronic Visit Verification

Section IV – Acknowledge Statement

I certify:

- ☐ I have read and understand my responsibilities for EVV.
- ☐ I was given an oral explanation of this form and given a copy.

Failure to follow your responsibilities may result in a Medicaid fraud referral or your services may be denied, suspended or terminated.

Signature - Member or Legally Authorized Representative	Date
Signature - Family Member or Caregiver (optional)	Date
Signature – MCO Service Coordinator	Date

Fraud, Waste and Abuse

Do you want to report fraud, waste or abuse?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste or abuse, which is against the law.

For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report fraud, waste or abuse choose one of the following:

- Call the OIG Hotline at 1-800-436-6184 or
- Visit https://oig.hhsc.state.tx.us/ and click the red "Report Fraud" box to complete the online form.
- You can report directly to your health plan:

  Superior HealthPlan
  5900 E. Ben White Blvd.
  Austin, TX 78741
  1-866-685-8664

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

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

- Name, address, and phone number of provider;
- Name and address of the facility (hospital, nursing home, home health agency, etc.);
- Medicaid number of the provider and facility if you have it;
- Type of provider (doctor, physical therapist, pharmacist, etc.);
- Names and the number of other witnesses who can help in the investigation;
- Dates of events; and
- 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; and
- Specific details about the fraud, waste or abuse.

Glossary of Terms

- **Appeal** - A request for your managed care organization to review a denial or a grievance again.
- **Complaint** - A grievance that you communicate to your health insurer or plan.
- **Copayment** - A fixed amount (for example, $15) you pay for a covered health-care service, usually when you receive the service. The amount can vary by the type of covered health-care service.
- **Durable Medical Equipment (DME)** - Equipment and supplies ordered by a health-care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.
- **Emergency Medical Condition** - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
- **Emergency Medical Transportation** - Ground or air ambulance services for an emergency medical condition.
- **Emergency Room Care** - Emergency services you get in an emergency room.
- **Emergency Services** - Evaluation of an emergency medical condition and treatment to keep
- the condition from getting worse.
- **Excluded Services** - Health-care services that your health insurance or plan doesn't pay for or cover.
- **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 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.

Glossary of Terms

- **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

5900 E. Ben White Blvd.
Austin, TX 78741

FosterCareTX.com