

2023
Quick
Reference
Guide

The Resources You Need. Right Here.

For more information, visit Ambetter.SuperiorHealthPlan.com

If this information is not in your primary language, please call 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).



FROM



superior
healthplan™



AMBETTER | FROM SUPERIOR HEALTHPLAN

Welcome to Ambetter from Superior HealthPlan!

Thank you for choosing us as your health insurance plan. We're excited to help you take charge of your health and to help you lead a healthier, more fulfilling life.

As our member, you have access to lots of helpful services and resources. This Quick Reference Guide (QRG) will help you understand all of them. Inside, you'll find important information about:

- How your plan works
- Information on your member ID
- Payment information
- Telehealth through Teladoc
- Where to go for care
- And much more!

YOUR HEALTH IS OUR PRIORITY.

If you have questions, we're always ready to help. And don't forget to check out our online video library at Ambetter.SuperiorHealthPlan.com. It's full of useful information.

Member Services:

1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)

Ambetter.SuperiorHealthPlan.com

Ambetter from Superior HealthPlan is underwritten by Superior HealthPlan, Inc., which is a Qualified Health Plan issuer in the Texas Health Insurance Marketplace.

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How To Contact Us

How To Contact Us

Ambetter from Superior HealthPlan

5900 E. Ben White Blvd.

Austin, TX 78741

If you would like to contact us by phone, we're available Monday through Friday, 8 am to 8 pm Local Time.

Member Services	1-877-687-1196
Relay Texas/TTY	1-800-735-2989
Fax	1-877-941-8077
Make a Payment	1-844-PAY-BETTER
Behavioral Health Services	1-877-687-1196
Eye Care Services	1-866-753-5779
24/7 Nurse Advice Line	1-877-687-1196
Health and Wellness Programs	1-877-687-1196
Telehealth	1-800-835-2362
Complaints	1-877-687-1196
Emergency	911
Website	Ambetter.SuperiorHealthPlan.com

When you call, have these items ready:

- Your ID
- Your claim number or invoice for billing questions

Interpreter Services

Please call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) for free interpreter services as needed. Interpreter services include languages other than English. This service allows you and your provider to talk about your medical or behavioral health concerns in a way that is most comfortable for you. Members who are blind or visually impaired and need help with interpretation can call Member Services for an oral interpretation.



How to Make an Inquiry

An Inquiry is a request for clarification of a benefit, product, or eligibility where no expression of dissatisfaction was made.

Examples of an Inquiry could be:

- “Can I make a payment?”
- “Can you help me change my primary care provider?”
- “Why did I receive this bill?”
- “Why did my premium change?”
- “Can I get a copy of my ID?”
- “Can you help me find a provider?”
- “Is this benefit covered?”
- “When will I get my My Health Pays® card?”

If you have any questions about your plan, you can first call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

If you are dissatisfied regarding any aspect of the health plan’s operations, see “How to File a Complaint” on page 15.

How Your Plan Works



Learn about how to get the most out of your plan. Set up your online member account to get started.



Want more information about our service area and in-network providers? Visit [Ambetter.SuperiorHealthPlan.com](https://ambetter.superiorhealthplan.com)

Written Plan Description:

<https://ambetter.superiorhealthplan.com/resources/handbooks-forms/2023-transparency-notice-tx-hmo.html>

Evidence of Coverage (scroll down):

<https://ambetter.superiorhealthplan.com/2023-brochures-hmo.html>

Out-of-area is any area where Ambetter Health is not offered. Refer to the Service Area listing in the Glossary.

So You Have Health Insurance — Now What?

Having health insurance is exciting. To get the most out of your plan, complete this simple checklist. If you need assistance, call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) Monday through Friday, 8 am to 8 pm Local Time.

- 1** Set up your secure online member account. Do this by visiting the “Member Login” page on [Ambetter.SuperiorHealthPlan.com](https://ambetter.superiorhealthplan.com). Your member account stores all of your plan’s benefits and coverage information in one place. It gives you access to your *Summary of Benefits*, claims information, this QRG and more.
- 2** Our *myhealthpays*® program helps you focus on your total health. When you complete healthy activities, such as eating right, moving more, saving smart and living well, you can earn reward points! All you have to do is log in to your online member account to get started.
- 3** Enroll in automatic bill pay. Call us or log in to your online member account to sign up. Automatic bill pay automatically withdraws your monthly premium payment from your bank account. It’s simple, helpful, convenient and secure.
- 4** Review your primary provider group. Remember, your primary provider group “Ambetter Value Medical Group,” is the main group of doctors you will see for most of your primary care. This includes your checkups, sick visits and other basic health needs.
- 5** Schedule your annual wellness exam with your Primary Care Provider (PCP). After your first checkup, you’ll earn 500 points in *myhealthpays*® rewards! And anytime you need care, call your PCP and make an appointment!

Answers To Your Payment Questions



If you have questions about paying your premium, give Member Services a call at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).



Sign up for Paperless Billing to receive your monthly invoices online.

How Can I Pay My Monthly Premium?

1. Pay online (Our recommendation!)

- a. **Quick Payment:** Pay your Ambetter Health Premium by visiting or visit Ambetter.SuperiorHealthPlan.com and select “Pay Now”.
- b. **Secure Member Account:** Create your online member account on Ambetter.SuperiorHealthPlan.com and enroll in automatic bill payment. You can set up automatic bill pay using your credit card, prepaid debit card, bank debit card or bank account. You can also make a one-time payment via your online member account.
- c. If you have earned My Health Pays[®] rewards, you can use your rewards to help pay your monthly premiums. Log in to your secure member account at Member.AmbetterHealth.com to learn more about the My Health Pays[®] program and view your card balance.

2. Pay by phone

- a. Pay by Automated Phone. Call us at 1-844-PAY-BETTER (729-2388) and use our Interactive Voice Response (IVR) system. It’s quick and available 24/7!

Or

- b. Call billing services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) between 8 am and 8 pm Local Time. You will have the option to pay using the Interactive Voice Response (IVR) system or by speaking to a billing services representative.

3. Pay by mail

- a. Send a check or money order to the address listed on your billing invoice payment coupon. **Be sure to mail your payment at least seven to 10 days prior to your premium payment due date. Remember to write your member ID number on the check or money order and detach the payment coupon from the billing invoice and mail with your payment.**
- b. Mailing to the correct address will ensure your payments are processed in a timely manner.

Ambetter from Superior HealthPlan

Attn: Billing Services
PO Box 842739
Dallas, TX 75284-2739

4. Pay with MoneyGram

To find a MoneyGram location near you, or to make an Ambetter Health payment with MoneyGram go to <https://www.moneygram.com/mgo/us/en/paybills> or call 1-800-926-9400.





We Care About Your Health

How Can I Pay My Monthly Premium?

(Continued)

What Happens If I Pay Late?

Your bill is due before the first day of every month. For example, if you are paying your premium for June, it will be due May 31.

If you don't pay your premium before its due date, you may enter a grace period. This is the extra time we give you to pay. During a grace period, we may hold — or pend — payment of your claims. During your grace period, you will still have coverage. However, if you don't pay before a grace period ends, you run the risk of losing your coverage. Refer to your *Evidence of Coverage* for grace period details.

Member Services

We want you to have a great experience with Ambetter Health. Our Member Services Department is always here for you. We can help you:

- Understand how your plan works
- Learn how to get the care you need
- Find answers to any questions you have about health insurance
- See what your plan does and does not cover
- Get more information about helpful programs, like Care Management and Behavioral Health Services
- Find other healthcare providers (like in-network pharmacies and labs)
- Request your member ID or other member materials

If you enrolled through the Health Insurance Marketplace you must contact them to update your enrollment information, such as:

- Your date of birth
- Your address
- Income
- Life changes
- To end your coverage with Ambetter Health

You can do this by visiting [Healthcare.gov](https://www.healthcare.gov) or calling 1-800-318-2596 (TTY: 1-855-889-4325). When you are connected, be ready to provide your state and then ask for a representative to help you.

If you are enrolled in an off-exchange plan, please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) to update your enrollment information, such as your date of birth, address, income or life changes; or to end your coverage with Ambetter Health.



Have total or partial hearing loss? Call 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) or visit [Ambetter.SuperiorHealthPlan.com](https://www.Ambetter.SuperiorHealthPlan.com)

Membership & Coverage Information



Your Ambetter Health Member Welcome Packet

When you enroll with Ambetter Health, you will receive a Member Welcome Packet. Your Welcome Packet includes basic information about the health plan you selected. You will receive your Welcome Packet before your Ambetter Health coverage begins.

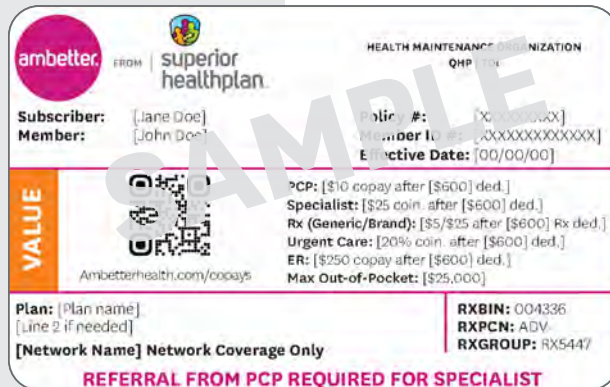
Your Ambetter Health Member ID

Your member ID is proof that you have health insurance with us. And it's very important. Here are some things to keep in mind:

- Keep this card with you at all times.
- You will need to present this card anytime you receive healthcare services.
- You will receive your member ID(s) before your Ambetter Health coverage begins. If you don't get your member ID before your coverage begins, call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). We will send you another card.
- You will not receive your Welcome Packet and member ID(s) until your binder payment and first month's premium are paid in full.

To download your Digital ID or request a replacement ID, please log in to your secure member account at Member.AmbetterHealth.com.

Here is an example of what a member ID typically looks like.



Front



Back

Creating your online member account on Ambetter.SuperiorHealthPlan.com is an alternative means to obtain your ID card and view your *Evidence of Coverage* and other Member Resources.

Refer to your *Evidence of Coverage* for information on Dependent Member Coverage.

Finding the Right Care



We're proud to offer our quality service. Our local provider network is the group of doctors, hospitals and other healthcare providers who have agreed to provide you with your healthcare services.

To search our online *Provider Directory*, visit guide.ambetterhealth.com and use our **Ambetter Guide - the new Ambetter Health provider search tool**. This guide will have the most up-to-date information about our provider network, including information such as name, address, telephone numbers, hours of operation, professional qualifications, specialty, medical school attended, residency completion, and board certification status. It can help you find a pharmacy, lab, hospital or specialist. You can narrow your search by:

- Provider specialty
- ZIP code
- Gender
- Languages spoken
- Whether or not they are currently accepting new patients

A *Provider Directory* is a listing of providers in the Ambetter Health network. If you would like a printed copy of this listing at no cost to you, please call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

In-Network or Network Provider means a physician or provider who is identified in the most current list for the network shown on your member ID.

Out-of-Network or Non-Network Provider means a physician or provider who is NOT identified in the most current list for the network shown on your member ID. Services received from an out-of-network provider are not covered, except as specifically stated in your *Evidence of Coverage*.

Throughout the year, the providers available in-network may change. It is important that you review the *Provider Directory* for the latest information on whether or not the provider you are planning to see is in-network. We encourage you to ask the providers if they participate with Ambetter Health before they treat you, so you know whether you may receive an additional bill for their services.

What Happens If Your Provider Leaves Our Network?

Ambetter Health will notify you if your PCP or another specialist that is providing care to you is leaving our network. Please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) if you know that your PCP or specialty provider you are seeing is leaving the Ambetter Health network. There are special circumstances which will allow you to continue treatment for a limited time with a provider who has left the network. You will be able to do this as long as your provider's termination isn't for quality-related reasons. Please refer to your *Evidence of Coverage* for details on special circumstances.



Every time you receive care, make sure to stay within the Ambetter Value Network.



Get The Right Care At The Right Place

When you need medical care, you need to be able to quickly decide where to go or what to do. Get to know your options! They include:

1. **Calling our 24/7 nurse advice line**
2. **Accessing Ambetter Telehealth through Teladoc**
3. **Making an appointment with your Primary Provider Group**
4. **Visiting an urgent care center**
5. **Going to the emergency room (ER)**

Your decision will depend on your specific situation. The next section describes each of your options in more detail, so keep reading. And remember — always make sure your providers are in-network. Using in-network providers can save you money on your healthcare costs. Every time you receive medical care, you will need your member ID.

Learn more about your options at <https://Ambetter.SuperiorHealthPlan.com/resources/handbooks-forms/where-to-go-for-care.html>

Your Primary Provider Group

Your primary provider group “Ambetter Value Medical Group” is your main group of doctors - who you see for regular checkups. You can see any provider within your primary provider group. If your condition isn't life-threatening, calling your primary provider group should be your first choice.

Visit or call your primary provider group if you need*:

- Your annual wellness checkup & vaccinations
- Advice about your overall health
- Help with medical problems such as cold, the flu and fevers
- Consultations for ongoing health issues like asthma or diabetes

**Any service not performed by your primary provider group will require a referral.*

When Do You Need A Referral?

If you have a specific medical problem, condition, injury or disease, you may need to see a specialist. A specialist is a provider who is trained in a specific area of healthcare. To see a specialist, you may need a referral from your PCP.

Your benefits may be reduced or not covered if referral requirements are not met. In addition, a prior authorization may be required for certain services. Refer to your *Evidence of Coverage Policy* for more information.

What is Prior Authorization?

Some medical, pharmaceutical and behavioral health covered services require prior authorization to verify medical necessity. Emergency and Urgent Services as well as post-stabilization care after an emergency do not require prior authorization. Network providers are responsible to obtain prior authorization for services as applicable.

Refer to Ambetter Health's website and your *Evidence of Coverage* to obtain more information on prior authorizations. Visit Ambetter.SuperiorHealthPlan.com for a full list of services that require prior authorization.



Call our 24/7 nurse advice line anytime: 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

When To Go To An Urgent Care Center

An urgent care center provides fast, hands-on care for illnesses or injuries that aren't life threatening but still need to be treated within 24 hours. Typically, you will go to an urgent care center if your Primary Provider Group cannot get you in for a visit right away.

Common urgent care issues include:

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

If you think you need to go to an urgent care center, follow these steps:

- Call your Primary Provider Group. They may give you care and directions over the phone or direct you to the right place.
- If your PCP's office is unavailable, you have one of two options:
 1. Locate an in-network urgent care center by using our online Ambetter Guide at guide.ambetterhealth.com, type in "Urgent Care" and your zip code, then click search.
 2. Call our 24/7 nurse advice line at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). A nurse will help you over the phone or direct you to other care. You may have to give the nurse your phone number.

Check your *Summary of Benefits* to see how much you must pay for urgent care services.

After your visit, let your Primary Provider Group know you were seen at an urgent care center and why.

When To Go To The ER

Anything that could endanger your life (or your unborn child's life, if you're pregnant) without immediate medical attention is considered an emergency situation. Emergency services treat accidental injuries or the onset of what appears to be a medical condition. We cover emergency medical and behavioral health services both in and out of network. Please note, some providers that treat you within the ER may not be contracted with Ambetter Health. Note that you should only receive a bill from these out-of-network providers for your cost share which includes deductible, copayments or coinsurance. If you do receive a bill in excess of those amounts, you should notify Ambetter Health by visiting our website at Ambetter.SuperiorHealthPlan.com or by contacting Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). You should make sure that all follow-up care is provided by an in-network provider to avoid unexpected charges.

Refer to your *Evidence of Coverage* for more information on provider billing and balance billing.



Have your member ID and photo ID ready. You will need them whenever you receive any type of care.

Urgent care is not emergency care. Only go to the ER if your doctor tells you to or if you have a life-threatening emergency.



Always make sure your providers are in-network. Using in-network providers can save you money on your healthcare costs.



If you need help deciding where to go for care, call our 24/7 nurse advice line at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). In an emergency, call 911 or head straight to the nearest emergency room. Seek ER services only if your life is at risk and you need immediate, emergency medical attention.

Out-of-area is any area where Ambetter Health is not offered. Refer to the Service Area listing in the Glossary.

When To Go To The ER (Continued)

Go to the ER if you have:

- Broken bones
- Bleeding that won't stop
- Labor pains or other bleeding (if you're pregnant)
- Severe chest pains or heart attack symptoms
- Overdosed on drugs
- Ingested poison
- Bad burns
- Shock symptoms (sweat, thirst, dizziness, pale skin)
- Convulsions or seizures
- Trouble breathing
- The sudden inability to see, move or speak
- Gun or knife wounds

Don't go to the ER for:

- Flus, colds, sore throats or earaches
- Sprains or strains
- Cuts or scrapes that don't require stitches
- More medicine or prescription refills
- Diaper rash

What if you need Emergency Care out of our service area?

If you are temporarily out of the area and have a medical or behavioral health emergency, call 911 or go to the nearest emergency room. Our plan will pay for emergency care while you are out of the area in which you reside. You do not need prior approval for emergency care. If you go to an out-of-network ER and you aren't experiencing a true emergency, you may be responsible for any amounts above what your plan covers. Those additional amounts could be very large and would be in addition to your plan's cost sharing and deductibles.

Learn more about your options at <https://Ambetter.SuperiorHealthPlan.com/resources/handbooks-forms/where-to-go-for-care.html>



Ambetter Telehealth

Ambetter Telehealth is your convenient, 24-hour access to Virtual Urgent Care visits with Teladoc providers. These visits are great for when you need care fast for non-emergency health issues such as minor sprains, bruises, minor abrasions, sore throat or flu. Visits can be scheduled if you need help right now, but you can also schedule visits in advance for a time that best fits your schedule. These visits are available to members with a \$0 copay in most states and plans.*

Before you start using Ambetter Telehealth, you will need to set up your account by visiting <https://ambetter.superiorhealth.com/benefits-services/telehealth-services.html> and navigating to the “Set Up Your Telehealth Account” section.

*\$0 cost share applies for in-network telehealth services through Ambetter Telehealth. \$0 Ambetter Telehealth cost share does not apply to HSA plans until the deductible is met. Ambetter Health does not provide medical care.

24/7 Nurse Advice Line

Our free 24/7 nurse advice line makes it easy to get answers to your health questions. You don't even have to leave home! Staffed by licensed nurses, our 24/7 nurse advice line runs all day, every day. Call 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) if you have questions about:

- Your health, medications or a chronic condition
 - Whether you should go to the emergency room (ER) or see your PCP
 - What to do for a sick child
 - How to handle a condition in the middle of the night
 - Accessing our online health information library
 - Urgent care
-



What To Do If You Receive A Bill From A Provider Or Physician

When seeing an in-network provider, including but not limited to physicians, hospitals, pharmacies, facilities and healthcare professionals, you are responsible for any applicable cost sharing amounts (e.g. co-pay, deductible or co-insurance). Your member responsibility can be viewed on the *Explanation of Benefits*. This can be found by logging into your secure account at Ambetter.SuperiorHealthPlan.com.

As a member of Ambetter Health, out-of-network providers should not bill you for covered services for any amount greater than your applicable in-network cost sharing responsibilities when:

- You receive a covered emergency service or air ambulance service from an out-of-network provider. This includes services you may get after you are in stable condition, unless the out-of-network provider obtains your written consent to bill you for their service.
- You receive non-emergency ancillary services (emergency medicine, anesthesiology, pathology, radiology, and neonatology, as well as diagnostic services (including radiology and laboratory services)) from an out-of-network provider at a network hospital or network ambulatory surgical facility.
- You receive other non-emergency services from an out-of-network provider at a network hospital or network ambulatory surgical facility, unless the out-of-network provider obtains your written consent to bill you for their service.

If you receive a bill for services in the above situations, please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Refer to your *Evidence of Coverage* (EOC) for information on Balance Billing and Eligible Service Expenses.

How To Get Medical Care When You're Out Of Your Service Area

When you're outside of the area in which you reside, you may use Ambetter Telehealth through Teladoc services to allow you convenient, 24-hour access to in-network providers for non-emergency medical issues. You can instant message, video chat and upload images to a doctor, even outside your service area. You must register for a telehealth account to get started. For more information on these services and how to register, visit <https://ambetter.superiorhealthplan.com/benefits-services/telehealth-services.html>. Refer to your *Evidence of Coverage* or call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) for more information. Use our Ambetter Guide tool at guide.ambetterhealth.com to search for in-network providers in other areas.

Out-of-area is any area where Ambetter Health is not offered. Refer to the Service Area listing in the Glossary.

Member Complaint & Appeal Process



We have steps for handling any problems you may have. To keep you satisfied, we provide processes for filing appeals or complaints. You have the right to file a complaint, file an appeal, and the right to an external review.

If You're Not Happy With Your Care

We hope you will always be happy with our providers and us. But if you aren't, or you aren't able to find answers to your questions, we have steps for you to follow:

- Inquiry Process
- Complaint Process
- Internal appeal process for denied services
- External appeal process for denied services

How To File A Complaint

A complaint is any dissatisfaction expressed by a member orally or in writing to Ambetter Health regarding any aspect of the health plan's operations. Some complaints can be resolved through first call resolution if they can be fully addressed and closed.

Examples of a complaint could be:

- "I can't get an appointment with the doctor for four months"
- "I can't find a provider in my area, as the local doctors are all stating they are not participating with my plan and the ones participating with my plan are too far away"
- "I've called Member Services multiple times and my issue is still not resolved"
- "I can't get enrolled on your website"
- "I can't find what I am needing on your website"
- "The doctor and/or the staff were rude to me"
- "My generic prescription didn't have the generic co-pay applied"
- "I had a preventive procedure and they are making me pay out of pocket, when it should have been covered at 100%"
- "I'm in need of home healthcare and I haven't gotten a call back from my Case Coordinator"
- "I did not consent to blood products during surgery but found out they gave me some anyway"
- "My doctor prescribed a medication that I'm allergic to and I've had a terrible reaction"
- "I was told that I was active with the plan, and the plan kept taking premiums out automatically, but now they are going back and saying I had no coverage for 10 months, and now I have over \$100,000.00 in hospital bills"

You can file a complaint if you are dissatisfied with Ambetter Health or an Ambetter Health provider. You can send your complaint in writing by mail or fax to the address and fax number below. Your written complaint will be acknowledged within five business days.

For a full list of definitions, please refer to your *Evidence of Coverage*.



How To File A Complaint (Continued)

You can also call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) for assistance. If you call us about your complaint, you will receive a complaint acknowledgment letter within five business days that includes a complaint form. You must complete the form or submit your complaint in writing for us to process your dissatisfaction as a complaint. If you have questions or need assistance, we can help you with your written complaint.

Send your written complaint or completed complaint form to:

Ambetter from Superior HealthPlan

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

Fax: 1-866-683-5369

You may also download the member complaint form on the “Forms and Materials” page under “For Members” on Ambetter.SuperiorHealthPlan.com. Mail or fax your written complaint to Ambetter Health at:

Ambetter from Superior HealthPlan

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

Fax: 1-866-683-5369

Upon receipt of your written complaint, we will send you a response within 30 calendar days.

If you are not satisfied with our resolution to your complaint, you can also submit a complaint to the Texas Department of Insurance (TDI).

There are several ways to file a complaint with TDI:

- Visit www.tdi.texas.gov and fill out a complaint form.
- Send an email to ConsumerProtection@tdi.texas.gov.
- Mail your complaint and any supporting documents to:
Texas Department of Insurance Consumer Protection, MC: GC-CCO
P.O. Box 12030 Austin, TX 78711-2030

View your *Evidence of Coverage* for full complaint filing procedures and processes, including specific filing details and timeframes. You can access your *Evidence of Coverage* in your online member account.



Appealing a Complaint Resolution

If you aren't satisfied with the resolution to your complaint, you can request an appeal. You must do so within 30 days from the date the resolution letter was mailed to you. In response to your complaint appeal, we will hold a complaint appeal panel at a physical location in your area; or, if you are in agreement, we will arrange a virtual meeting (audio-visual or audio) for all appeal panel attendees. A complaint appeal panel includes our staff, provider(s) and member(s). You will receive a hearing packet five days before the appeal panel hearing. You may attend the hearing, have someone represent you at the hearing or have a representative attend the hearing with you. The panel will make a recommendation for the final decision on your complaint. You will receive our final decision within 30 days of your complaint appeal request.

How To File An Appeal of Adverse Determination

An appeal is a request to reconsider an adverse determination that health care services provided or proposed to be provided, are not medically necessary or appropriate, or are experimental or investigational.

Examples of an Appeal would be:

1. Access to healthcare benefits, including an Adverse Determination made pursuant to utilization management;
2. Admission to or continued stay in a healthcare facility.

You must file the appeal within 180 calendar days from the date on your adverse determination letter. We will send an acknowledgment letter within five business days of receiving the appeal.

To file a written appeal, you can mail or fax your request to us at the contact information below:

Ambetter from Superior HealthPlan

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

To file a verbal appeal, you can call us at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

How quickly we answer your appeal depends on the type of appeal that you file:

Expedited Appeal: If your appeal concerns denial of an emergency or a situation in which you may be forced to leave the hospital prematurely, or a denial of another service if your provider includes a written statement with supporting documentation that the service is necessary to treat a life-threatening condition or prevent serious harm to you. You can also request an expedited appeal for denial of prescription drugs or intravenous infusions you are currently receiving.

For a full list of definitions, please refer to your *Evidence of Coverage*.



Standard Appeal: An appeal that does not meet the Expedited definition.

Continued Coverage During An Appeal

If we are going to reduce or stop a service we had previously approved and the time limit we have approved has not ended, you have the right to request to keep getting the service until:

- The end of the approved treatment period

OR

- The determination of the appeal

You may be financially responsible for the continued services if your appeal is not approved.

You can request continued services by calling Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

NOTE: You can't request an extension of services after the original authorization has ended. For more details, call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

View your *Evidence of Coverage* for full appeal of adverse determination processes, that include standard, expedited, external review organization appeals and processes, including specific filing details and timeframes. You can access your *Evidence of Coverage* in your online member account.

External Review

Getting an External Review is a process that allows you to have an adverse determination (denial) reviewed by a third party. If we have denied an appeal for a service you have requested, you can submit a request for External Review, and independent reviewers will look at your case. You must complete the appeal process with Ambetter Health before you can submit a request for External Review. If you are appealing a denial of a life-threatening condition or denial of prescription drugs or intravenous infusions you are currently receiving, you are not required to complete an internal appeal before requesting an External Review.

Send your request for External Review directly to MAXIMUS at:

MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Fax number: 1-888-866-6190

View your *Evidence of Coverage* for full appeal of adverse determination procedures that include standard, expedited, external review organization appeals and processes, including specific filing details and timeframes. You can access your *Evidence of Coverage* in your online member account.

You can obtain and file your External Review request by visiting <https://externalappeal.cms.gov/> or you can call toll free 1-888-866-6205 to request an External Review request form.

View your *Evidence of Coverage* for full complaint and appeal procedures and processes, including specific filing details and timeframes. You can access your *Evidence of Coverage* in your online member account.



To request language assistance or to request a material in another language or format, call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Communication Matters

All of our members are important to us. No matter who you are, we want to make sure we communicate with you the best way that we can. Our members, prospective members, patients, clients and family of members can all use these services.

If you need communication aids or materials related to complaints and appeals, you can get them at no cost. We keep records of each complaint and appeal for 10 years.





What Is Utilization Management?

We want to make sure you get the right care and services. Our utilization management (UM) process is designed to make sure you get the treatment you need.

The UM Department checks to see if the service needed is a covered benefit. If it is a covered benefit, the UM clinicians will review it to see if the service requested meets medical necessity criteria. They do this by reviewing clinical documentations and talking with your doctor or provider. Ambetter Health does not reward practitioners, providers or employees who perform utilization reviews, including those of the delegated entities. UM's decision making is based only on appropriateness of care, services, and existence of coverage. Ambetter Health does not specifically reward practitioners or other individuals for issuing denials of coverage.

What Is Utilization Review?

Utilization Review ensures the care you receive is the best way to help improve your health condition. Utilization review includes:

Preservice or Prior Authorization review

Certain healthcare services require approval before you receive them. This process is known as prior authorization. Prior authorization means that we have pre-approved a service.

Services that require prior authorization can be found on our website or you can check with your PCP. When we receive a prior authorization request it is reviewed for medical necessity and appropriateness of care.

Concurrent review

Concurrent utilization review is a form of utilization review for ongoing health care or for an extension of treatment beyond previously approved health care.

Retrospective review

Retrospective utilization review is a form of utilization review for healthcare services that have been provided to an enrollee. Retrospective utilization review does not include review of services for which prospective or concurrent utilization reviews were previously conducted or should have been previously conducted. We may also evaluate services you received due to special circumstances (for example, if we didn't receive an authorization request or notification because of an emergency).



What Is Utilization Review? (Continued)

Notification of Approved Services

You will receive notice of approval of services that require authorization. All information (including prior authorizations) can be found by logging into the member secure portal and selecting the activity and usage link.

Adverse determinations and appeals

An adverse determination occurs when a service is not considered medically necessary, appropriate, or because it is experimental or investigational. You will receive written notification to let you know if we have made an adverse determination. In the notice, you will receive detailed information about why the decision was made, as well as the process and time frame you should follow for submitting appeals.

Member Resources & Rewards



Visit us online at
Ambetter.SuperiorHealthPlan.com

Our website helps you get the answers you need to get the right care, the right way, including an online member account for you to check the status of your claim, view your *Evidence of Coverage* or understand your out-of-pocket costs, copays and progress towards meeting your annual deductible.

Complete your online Ambetter Health Wellbeing Survey within the first 90 days of your membership. Completing this survey helps you earn 500 points in *myhealthpays*[®] rewards program.

Get Online And Get In Control

Did you know you can always access helpful resources and information about your plan? It's all on our website! Visit Ambetter.SuperiorHealthPlan.com and take charge of your health.

On our website, you can:

- Locate other providers, like a pharmacy
- Find health information
- Learn about programs and services that can help you get and stay healthy, including Health Management Programs, Care Management and Behavioral Health Services
 - Information about your benefits and services
 - Access your *Evidence of Coverage*

Call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) if you would like a copy of your *Evidence of Coverage*, if you need help understanding the above information or if you need a printed copy of anything on the website or your online member account.

Log into your online member account to:

- Pay your monthly bill.
- Print an ID or request a replacement ID.
- View your claims status and payment information.
- Change your PCP.
- Find pharmacy benefit information.
- Send us a secure email.
- Read your member materials (your *Evidence of Coverage*, *Summary of Benefits*).
- Participate in the *myhealthpays*[®] rewards program.
- Complete your Wellbeing Survey.
- Contact a nurse online.
- Review out-of-pocket costs, copays and progress towards deductibles.



myhealthpays[®] Rewards Program

Don't miss out on the exciting myhealthpays[®] program and start earning points today!

Log in now and activate your account to start earning more rewards.

1. Log into your online Ambetter Health member account or create your account now.
2. Click Rewards on the home page.
3. Accept Terms & Conditions. Then, start earning points!

If you already activated your account, log back in to complete healthy activities and keep earning!

Funds expire immediately upon termination of insurance coverage.

New Technology

Health technology is always changing and we want to grow with it. If we think a new medical advancement can benefit our members, we evaluate it for coverage. These advancements include:

- New technology
- New medical procedures
- New drugs
- New devices
- New application of existing technology

Sometimes, our Medical Director and/or medical management staff will identify technological advances that could benefit our members. The Clinical Policy Committee (CPC) reviews requests for coverage and decides whether we should change any of our benefits to include the new technology. If the CPC doesn't review a request for coverage of new technology, our Medical Director will review the request and make a one-time determination. The CPC may then review the new technology request at a future meeting.

Connecting Your Healthcare



New Options For Managing Your Digital Medical Records

The Interoperability and Patient Access rule made it easier to access your health information when you need it most. You have access on your mobile device so you can manage your health better and know what healthcare resources are available to you. You can also request that we receive your health records from a prior health plan. To get started on either of these, visit ambetter.superiorhealthplan.com.

Imagine:

- You go to a new healthcare provider: you can pull up your health history from the past five years on your mobile device.
- You can check an up-to-date provider directory: find a provider who can use your health history to diagnose you and ensure you receive the right care.
- You have a question about a claim: you can go to your computer and see if it's paid, denied, or still being processed.
- Taking your health history data with you as you move between health plans.

You Can Easily Find Information* on:

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

**Information is available for dates of service on or after January 1, 2016*

Your Healthcare Glossary

We know that health insurance can feel confusing sometimes. To help you out, we put together a list of words you may need to know as you read through this QRG. Check it out!

Adverse Determination Notice

This is the notice you receive if we deny coverage for a service you have requested.

Appeal

An appeal is a request to reconsider an adverse determination that health care services provided or proposed to be provided, are not medically necessary or appropriate, or are experimental or investigational.

Complaint

A complaint is any dissatisfaction expressed orally or in writing regarding any aspect of the health plan's operations. Some complaints can be resolved through first call resolution if they can be fully addressed and closed.

Copay or Copayment

The set amount of money you pay every time you receive a medical service or pick up a prescription.

Emergency Care/Emergencies

Emergency care is care that you receive in an emergency room (ER). Only go to the ER if your life is at risk or you need immediate, emergency medical attention.

Evidence of Coverage

The document that lists all of the services and benefits that your particular plan covers. Your *Evidence of Coverage* has information about the specific benefits covered and excluded under your health plan. Read through your *Evidence of Coverage* — it can help you understand exactly what your plan does and doesn't cover.

In-Network (Providers and/or Services)

The Ambetter Health network is the group of providers and hospitals we partner with to provide care for you. If your provider or service is within our network, it is covered on your health plan. If a provider or service is out-of-network, you could be responsible for services you receive. When possible, always stay in-network.

Inquiry

A request for clarification of a benefit, product, or eligibility where no expression of dissatisfaction was made.

Out-of-Network Provider

Means a physician or provider who is NOT identified in the most current list for the network shown on your member ID. Services received from an out-of-network provider are not covered, except as specifically stated in your *Evidence of Coverage*. Refer to your *Evidence of Coverage* for details regarding out-of-network providers, care, services and expenses.

For a full list of complete definitions, please refer to your *Evidence of Coverage*.



Your Healthcare Glossary (Continued)

Premium Payment

Your premium is the amount of money you'll pay every month for health insurance coverage. Your monthly bill shows your premium payment.

Preventive Care Services

Preventive care services are regular healthcare services designed to keep you healthy and catch problems before they start. For example: your checkups, blood pressure tests, certain cancer screenings and more. A list of preventive care services can be found within your *Evidence of Coverage*, as well as on our website at Ambetter.SuperiorHealthPlan.com.

Primary Care Provider (PCP)

Your PCP is the main doctor you will see for your healthcare needs. Get to know your PCP well and always stay up-to-date with your well-visits. The better your PCP knows your health, the better they are able to serve you.

Prior Authorization

Prior authorization may be required for covered services. When a service requires prior authorization, then the covered service needs to be approved before you visit your provider. Your provider will need to submit a prior authorization request.

Service Area

Service area means a geographical area, made up of counties, where we have been authorized by the State of Texas to sell and market our health plans. Those counties are: Bexar, Collin, Dallas, Denton, Fort Bend, Harris, Montgomery, Rockwall, Tarrant, Travis, Williamson. You can receive precise service area boundaries from our website Ambetter.SuperiorHealth.com or Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Subsidy

A subsidy is a tax credit that lowers your monthly premium. Subsidies come from the government. Whether or not you qualify for one depends on your family size, your income and where you live.

Summary of Benefits

Your *Summary of Benefits* is a document that lists covered benefits available to you. Your *Summary of Benefits* has information about your specific copayment, cost sharing and deductible amounts for covered benefits.

Urgent Care

Urgent care is medical care that you need quickly. You can get urgent care at an urgent care center.

Utilization Management

This is the process we go through to make sure you get the right treatment. We review your medical and health circumstances and then decide the best course of action.

Ambetter from Superior HealthPlan is underwritten by Superior HealthPlan, Inc., which is a Qualified Health Plan issuer in the Texas Health Insurance Marketplace.
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Statement of Non-Discrimination

Ambetter from 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. Ambetter from Superior HealthPlan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Superior HealthPlan:

- **Provides free aids and services to people with disabilities to communicate effectively with us, such as:**
 - o Qualified sign language interpreters
 - o 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:**
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Ambetter from Superior HealthPlan at 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989).

If you believe that Ambetter from Superior HealthPlan 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
1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989)
Fax 1-866-683-5369

You can file a complaint by mail, fax, or email. If you need help filing a complaint, Ambetter from Superior HealthPlan 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, 800-537-7697 (TDD).

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

Declaración de no discriminación

Ambetter de Superior HealthPlan cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo. Ambetter de Superior HealthPlan no excluye personas o las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad, o sexo.

Ambetter de Superior HealthPlan:

- **Proporciona ayuda y servicios gratuitos a las personas con discapacidad para que se comuniquen eficazmente con nosotros, tales como:**
 - o Intérpretes calificados de lenguaje por señas
 - o Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- **Proporciona servicios de idiomas a las personas cuyo lenguaje primario no es el inglés, tales como:**
 - o Intérpretes calificados
 - o Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Ambetter de Superior HealthPlan a 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989).

Si considera que Ambetter de Superior HealthPlan no le ha proporcionado estos servicios, o en cierto modo le ha discriminado debido a su raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante:

Superior HealthPlan Complaints Department
5900 E Ben White Blvd., Austin, TX 78741
1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989)
Fax 1-866-683-5369

Usted puede presentar una queja por correo, fax, o correo electrónico. Si necesita ayuda para presentar una queja, Ambetter de Superior HealthPlan está disponible para brindarle ayuda.

También puede presentar una queja de violación a sus derechos civiles ante la Oficina de derechos civiles del Departamento de Salud y Servicios Humanos de Estados Unidos (U.S. Department of Health and Human Services), en forma electrónica a través del portal de quejas de la Oficina de derechos civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o vía telefónica llamando al: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Superior HealthPlan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Superior HealthPlan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Superior HealthPlan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)。
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Superior HealthPlan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) 로 전화하십시오.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Superior HealthPlan ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Urdu:	اگر Ambetter from Superior HealthPlan کے بارے میں آپ، یا جن کی آپ مدد کر رہے ہیں ان کے سوالات ہوں تو، آپ کو بلا معاوضہ اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی مترجم سے بات کرنے کے لیے، 1-877-687-1196، (Relay Texas/TTY 1-800-735-2989) پر کال کریں۔
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Superior HealthPlan, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Superior HealthPlan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Superior HealthPlan के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) पर कॉल करें।
Persian:	اگر شما، یا کسی که به او کمک می کنید سوالی در مورد Ambetter from Superior HealthPlan دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) تماس بگیرید.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Superior HealthPlan hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) an.
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Superior HealthPlan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) ઉપર કોલ કરો.
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Superior HealthPlan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Japanese:	Ambetter from Superior HealthPlan について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) までお電話ください。
Laotian:	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Superior HealthPlan, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).