superior healthplan
2100 South IH-35
Suite 200
Austin, TX 78704

Member Appeal Form

Complete and mail or fax to:
Superior HealthPlan (Superior) STAR+PLUS MMP
Attention: Appeals & Grievances
7700 Forsyth Blvd | St Louis, MO | 63105 | Fax: 1-844-273-2671

As a member of Superior STAR+PLUS MMP you have the right to file an appeal for any denials related to medical services or prescription drug coverage. You may file appeal requests in writing or by calling Member Services at 1-866-896-1844/ TTY 711, from 8:00 a.m. to 8:00 a.m., seven days a week. On weekends and federal holidays, you may leave a message. Your call will be returned within the next business day. Superior STAR+PLUS MMP will give you a decision within the following timeframes from receiving your request:

Standard Medical Pre-Service Appeals:	**30 calendar days**
Standard Prescription Drug Related Appeals:	**7 days**
Expedited Medical Pre-Service Appeals:	**72 hours**
Expedited Prescription Drug Related Appeals:	**72 hours**

If we need more information and the delay is in your best interest or if you ask for more time, we have up to 14 more calendar days. We will tell you or your representative in writing if we decide to take extra days to make the decision.

Member's Name: Last_____First _____

Medicare ID Number:_____ Member Date of Birth: _____

Relationship to Member* (Please choose one): ☐ Self ☐ Parent ☐ Legal Guardian ☐ Spouse

☐ Other: _____

**If other than "Self" is selected, required proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found on our Resources/Materials website tab.*

Name of Person Submitting the Appeal: _____

Phone Number(s): Home:_____Cell: _____

Street Address: _____

City:_____State:_____Zip:_____County: _____

Physician: _____

****Expedited or fast appeals*** *mean you feel that using the standard deadlines could cause serious harm to your life or health or jeopardize your ability to regain maximum function. You must also be asking for coverage for medical care or a drug you have not yet received. If you are requesting an expedited or fast appeal, explain here why you need a fast appeal decision:*_____

_____

_____

_____

Appeal Type (please choose one):

☐ Standard Pre-Service (Medical) Appeal – (30 day review)

☐ Fast* Pre-Service (Medical) Appeal – (72 hour review)

☐ Standard Part D (Prescription Drug) Appeal – (7 day review)

☐ Fast* Part D (Prescription Drug) Appeal – (72 hour review)

What was denied? (Please include a copy of the denial letter.)

_____

_____

_____

_____

Why do you think you should have this medical services/prescription or payment?

_____

_____

_____

_____

_____

What is the best way to reach you regarding this appeal? (please choose one): ☐ Phone ☐ Email

☐ Other:_____

Signature of Person Appealing:_____Date: _____

Superior HealthPlan STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-866-896-1844, 8 a.m. to 8 p.m., seven days a week. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free.

Usted puede obtener este documento en español o hablar sobre esta información gratis con alguien en otros idiomas. Llame al 1-866-896-1844 de 8 a.m. a 8 p.m., siete días a la semana. Usuarios de TTY llamen al 711. Durante fines de semana o feriados federales, tal vez tenga que dejar un mensaje. Su llamada le será devuelta dentro del próximo día hábil. La llamada es gratuita.

For Administrative Use Only

*Appeal Number:*_____ *Date Received:* _____