


Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): **Summary of Benefits**

 **This is a summary of health services covered by Superior STAR+PLUS MMP for 2018. This is only a summary. Please read the Member Handbook for the full list of benefits.**

- ❖ Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Texas Medicaid.
- ❖ Under Superior STAR+PLUS MMP you can get your Medicare and Texas Medicaid services in one health plan. A Superior STAR+PLUS MMP service coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ❖ Limitations and restrictions may apply. For more information, call Superior STAR+PLUS MMP Member Services or read the Superior STAR+PLUS MMP Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

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- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ In addition to asking for materials in other languages and formats, you can also ask that we send you future materials in this same language or format. To get these materials, please call Member Services.

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has service coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Superior STAR+PLUS MMP service coordinator?	A Superior STAR+PLUS MMP service coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.



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Will you get the same Medicare and Texas Medicaid benefits in Superior STAR+PLUS MMP that you get now?	<p>You will get your covered Medicare and Texas Medicaid benefits directly from Superior STAR+PLUS MMP. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Texas Medicaid benefits directly from Superior STAR+PLUS MMP, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Superior STAR+PLUS MMP, you and your service coordination team will work together to develop a Plan of Care to address your health and support needs. During this time, you can keep seeing your doctors and getting your current services for 90 days (six months for long-term services and supports (LTSS), or nine months if you are diagnosed with and receiving treatment for a terminal illness), or until your Plan of Care is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Superior STAR+PLUS MMP does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Superior STAR+PLUS MMP to cover your drug, if medically necessary.</p>



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Can you go to the same doctors you see now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Superior STAR+PLUS MMP and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in Superior STAR+PLUS MMP’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Superior STAR+PLUS MMP’s plan. If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital for your care to continue to be paid for. You can stay in the out-of-network hospital for your inpatient care only if the plan approves your stay.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Superior STAR+PLUS MMP’s Provider and Pharmacy Directory.</p> <p>If Superior STAR+PLUS MMP is new for you, you can continue seeing the doctors you go to now for 90 days (six months for long-term services and supports (LTSS), or nine months if you are diagnosed with and receiving treatment for a terminal illness), or until your Plan of Care is complete.</p>
What happens if you need a service but no one in Superior STAR+PLUS MMP’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Superior STAR+PLUS MMP will pay for the cost of an out-of-network provider.</p>
Where is Superior STAR+PLUS MMP available?	<p>The service area for this plan includes: Bexar, Dallas, and Hidalgo Counties, Texas. You must live in one of these areas to join the plan.</p>
Do you pay a monthly amount (also called a premium) under Superior STAR+PLUS MMP?	<p>You will not pay any monthly premiums to Superior STAR+PLUS MMP for your health coverage.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Superior STAR+PLUS MMP before you can get a specific service or drug or see an out-of-network provider. Superior STAR+PLUS MMP may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p>
<p>What is a referral?</p>	<p>A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Superior STAR+PLUS MMP may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.</p>
<p>Who should you contact if you have questions or need help?</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Superior STAR+PLUS MMP Member Services:</p> <p>CALL 1-866-896-1844</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p>



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Superior STAR+PLUS MMP: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-866-896-1844 Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-896-1844 Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>



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Superior STAR+PLUS MMP: Summary of Benefits

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	None.
	Wellness visits, such as a physical	\$0	Prior authorization may be required.
	Specialist care	\$0	Referral and prior authorization may be required.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization may be required.
	“Welcome to Medicare” preventive visit (one time only)	\$0	Prior authorization may be required.
You need medical tests	Lab tests, such as blood work	\$0	Referral and prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Referral and prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Referral and prior authorization may be required.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for a 30-day supply.</p> <p>\$0 copay for a 60-day supply.</p> <p>\$0 copay for a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Superior STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of drugs is available through mail order and some retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.</p>
	<p>Brand name drugs</p>	<p>\$0 copay for a 30-day supply.</p> <p>\$0 copay for a 60-day supply.</p> <p>\$0 copay for a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Superior STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of drugs is available through mail order and some retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see Superior STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs. Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Referral and prior authorization may be required.
You need emergency care	Emergency room services	\$0	Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility. Not covered outside the U.S. and its territories.
	Ambulance services	\$0	Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider. Prior authorization may be required for non-emergency ambulance services.



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You need emergency care (continued)	Urgent care	\$0	Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible. Not covered outside the U.S. and its territories.
You need hospital care	Hospital stay	\$0	Referral and prior authorization may be required. Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital.
	Doctor or surgeon care	\$0	During an authorized hospital stay, doctor and surgeon care are covered.
You need help getting better or have special health needs	Rehabilitation services	\$0	Referral and prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Referral and prior authorization may be required.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need medicine or other items that do not require a prescription</p>	<p>Over-the-counter items</p>	<p>\$0</p>	<p>As a Flexible Benefit, our plan covers up to \$25 every calendar month for eligible over-the-counter (OTC) items available via mail order. This OTC benefit is limited to one order (via mail order) per calendar month. Any unused amount does not carry over to the next month.</p> <p>Some items may require that your PCP verbally recommend the item for a diagnosable condition.</p> <p>This benefit is only available to plan members in the community. It is not available to plan members in a nursing facility.</p> <p>Please contact the plan for more information.</p>
<p>You need eye care</p>	<p>Eye exams</p>	<p>\$0</p>	<p>A routine eye exam is covered once every year as a Flexible Benefit.</p> <p>Eye exams for diagnosis and treatment of diseases and injuries of the eye are covered.</p> <p>No referral or prior authorization is required for eye exams.</p>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>The plan covers 1 pair of glasses (lenses and frames) AND one pair of contact lenses each year up to a \$200 limit as a Flexible Benefit.</p>



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You need dental care	Dental check-ups	\$0	Limited dental services are available to members enrolled in the HCBS STAR+PLUS waiver services. The annual cost cap of this service is \$5,000 per waiver plan year. Exceptions to the \$5,000 cap may be made up to an additional \$5,000 per waiver plan year when the services of an oral surgeon are required. Contact Member Services for more information.
You need hearing/auditory services	Hearing screenings	\$0	None.
	Hearing aids	\$0	The plan covers: <ul style="list-style-type: none"> ▪ 1 hearing aid every five years. ▪ Fittings/evaluations for hearing aid
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	No referral or prior authorization required for kidney disease education services. Prior authorization may be required for diabetes self-management training. The plan also offers additional disease management services for certain chronic conditions. Contact Member Services for more information.
	Diabetes supplies and services	\$0	Prior authorization may be required.
You have a mental health condition	Mental or behavioral health services	\$0	Referral and prior authorization may be required.



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You have a substance abuse problem	Substance abuse services	\$0	Referral and prior authorization may be required.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Referral and prior authorization may be required.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Crutches	\$0	Prior authorization may be required.
	Walkers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home	Meals brought to your home	\$0	<p>This service is provided to members enrolled in the HCBS STAR+PLUS waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>Home-delivered meals are also a Flexible Benefit offered for free on a limited basis to Superior STAR+PLUS MMP non-waiver members. Prior authorization may be required.</p> <p>The meal provides a minimum of one-third of the current recommended dietary allowance for the member as adopted by the United States Department of Agriculture.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Home services, such as cleaning or housekeeping	\$0	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Changes to your home, such as ramps and wheelchair access	\$0	<p>The minor home modifications benefit is subject to a \$7,500 lifetime limit and \$300 annually for repairs.</p> <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Prior authorization may be required.



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You need help living at home (continued)	Training to help you get paid or unpaid jobs	\$0	This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Home health care services	\$0	Referral and prior authorization may be required.
	Services to help you live on your own	\$0	This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.



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You need help living at home (continued)	Adult day services or other support services	\$0	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
You need a place to live with people available to help you	Assisted living or other housing services	\$0	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Nursing home care	\$0	Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0	Limited to 30 visits per year. This service is provided to members enrolled in the HCBS STAR+PLUS waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver. Respite care is also a flexible benefit offered for free on a limited basis to Superior STAR+PLUS MMP non-waiver members. Prior authorization may be required.

Other services that Superior STAR+PLUS MMP covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by Superior STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Adaptive Aids and Medical Supplies	\$0
Adult Foster Care	\$0
Cognitive Rehabilitation Therapy	\$0
Counseling Services	\$0
Counseling to Stop Smoking or Tobacco Use	\$0



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Other services covered by Superior STAR+PLUS MMP (continued)	Your costs for <i>in-network</i> providers
Day Habilitation Services	\$0
Dental Services	\$0
Emergency Response Services	\$0
Enhanced Disease Management	\$0
Functional Living Task Services	\$0
Nursing Services	\$0
Personal Emergency Response System (PERS)	\$0
Podiatry	\$0
Remote Access Technologies (Including Web/Phone Based Technologies and Nursing Hotline)	\$0
Support Consultation	\$0
Supported Employment	\$0
Telemonitoring Services	\$0
Transitional Assistance Services	\$0



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Benefits covered *outside* of Superior STAR+PLUS MMP

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Other services covered by Medicare or Texas Medicaid	Your costs
Some hospice care services	\$0
Nonemergency medical transportation services	\$0
Pre-admission screening and resident review (PASRR)	\$0

Benefits *not* covered by Superior STAR+PLUS MMP, Medicare, or Texas Medicaid

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Benefits <i>not</i> covered by Superior STAR+PLUS MMP, Medicare, or Texas Medicaid
Acupuncture
Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Dental care, such as cleanings, fillings or dentures, unless the member qualifies for the home and community-based waiver services. However, dental care required to treat illness or injury may be covered as inpatient or outpatient care
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community



If you have questions, please call Superior STAR+PLUS MMP at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit <http://mmp.SuperiorHealthPlan.com>.

Superior STAR+PLUS MMP: Summary of Benefits

Benefits *not* covered by Superior STAR+PLUS MMP, Medicare, or Texas Medicaid (continued)

Fees charged by your immediate relatives or members of your household

Full-time nursing care in your home

Homemaker services unless the member qualifies for the home and community-based waiver services

Naturopath services (the use of natural or alternative treatments)

Non-prescription contraceptive supplies

Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease

Personal items in your room at a hospital or a nursing facility, such as a telephone or a television

Private duty nurses

Private room in a hospital, except when it is medically needed

Reversal of sterilization procedures

Services considered not “reasonable and necessary,” according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services

Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference

Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease

Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it

Unauthorized services that you get from non-plan providers except for emergency care, urgently needed care, and renal (kidney) dialysis services when you are temporarily outside the service area

Vision procedures such as radial keratotomy, LASIK surgery, and vision therapy; and other low-vision aids



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Superior STAR+PLUS MMP: Summary of Benefits

Your rights as a member of the plan

As a member of Superior STAR+PLUS MMP, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and you can change your PCP at any time
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. Superior STAR+PLUS MMP will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get medical care timely
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.



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Superior STAR+PLUS MMP: Summary of Benefits

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Superior STAR+PLUS MMP Member Handbook. If you have questions, you can also call Superior STAR+PLUS MMP Member Services.

If you have a complaint or think we should cover something we denied

If you have a complaint or think Superior STAR+PLUS MMP should cover something we denied, call Superior STAR+PLUS MMP at 1-866-896-1844 (TTY: 711). You may be able to appeal our decision. Member Services hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

For questions about complaints and appeals, you can read Chapter 9 of the Superior STAR+PLUS MMP Member Handbook. You can also call Superior STAR+PLUS MMP Member Services.



If you have questions, please call Superior STAR+PLUS MMP at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit <http://mmp.SuperiorHealthPlan.com>.

Superior STAR+PLUS MMP: Summary of Benefits

To file a complaint, grievance, or appeal with our plan:

You can call us at: 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

You can fax us at: 1-844-273-2671

You can write to us at:

Superior STAR+PLUS MMP

Attn: Appeals and Grievances -- Medicare Operations

7700 Forsyth Blvd

St. Louis, MO 63105

If you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Superior STAR+PLUS MMP Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

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 weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.



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Superior STAR+PLUS MMP: **Summary of Benefits**

- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas 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;
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
 - Superior STAR+PLUS MMP;
 - ATTN: Compliance Officer, 5900 E. Ben White Blvd., Austin, TX 78741; and
 - 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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.)
 - Texas Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened



If you have questions, please call Superior STAR+PLUS MMP at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit <http://mmp.SuperiorHealthPlan.com>.

Superior STAR+PLUS MMP: **Summary of Benefits**

- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number, or case number if you have it
 - The city where the person lives
 - Specific details about the fraud, waste, or abuse
- You may also contact your local Texas police department.



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