

ambetter.

FROM



**superior
healthplan.**

2015 Member Handbook

*Get to know
your plan:*

Covered Services
Pharmacy Benefits
Emergency Services
Wellness Programs

For more information, visit
Ambetter.SuperiorHealthPlan.com



FROM



superior
healthplan™

Thank you for choosing Ambetter from Superior HealthPlan!

There's nothing more important than your health. And now, it's time for you to take charge of it. As a member of Ambetter from Superior HealthPlan, there are lots of opportunities to get involved in your care. This Member Handbook will help you understand all of them.

For other details about your plan's benefits, programs and coverage, log in to your secure online member account at Ambetter.SuperiorHealthPlan.com and check out your *Schedule of Benefits*.

YOUR HEALTH IS OUR PRIORITY.

And if you have questions, we're always ready to help.

Get in touch with us:

Member Services:

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

Ambetter.SuperiorHealthPlan.com

To help you get started, here are a few important highlights.



Create your online **Ambetter member account**. This secure account will give you access to all of your plan's most important information. [Page 8]



Take advantage of our **myhealthpays™ program** and earn reward dollars just for making healthy choices! [Page 32]



Choose your **Primary Care Provider (PCP)**. Our select provider network is designed just for you. Make sure to use in-network providers for all of your healthcare needs. Remember, when a provider is in-network, it means that he/she accepts Ambetter. [Page 19]



Call our free **24/7 Nurse Advice Line** if you have a question about your health. This helpful resource provides trustworthy feedback from registered nurses — from the comfort of your own home. [Page 10]



Keep up with your **preventive care services**, like your well-visits, flu shots and more. Preventive care can keep you from getting sick, which cuts back on time, money and worry! Your preventive care is always 100% covered when you use an in-network provider. [Page 28]



Take charge of your **health** with our health management programs. To help you lead a healthier life, we offer specialized care for chronic conditions like asthma, diabetes, depression and more. [Page 30]



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Ambetter | From Superior HealthPlan

This Member Handbook contains an overview of your healthcare benefits, and is designed to make it easy for you to make the most of your Ambetter coverage. Your specific *Schedule of Benefits* will give you more details on the cost sharing for your covered benefits.

Ambetter from Superior HealthPlan (Ambetter) is offered by Superior HealthPlan, Inc., and combines the strength of a national company with local hospitals, primary care physicians and specialty physicians to ensure you get the highest quality of care. Superior HealthPlan, Inc. is a licensed Texas Health Maintenance Organization (HMO). You may visit our website, Ambetter.SuperiorHealthPlan.com for more information and services.

Contact Us

For additional information on Ambetter, including our provider network, contact us during normal business operations, Monday through Friday 8 a.m. – 5 p.m. in all Texas time zones.

Ambetter from Superior HealthPlan

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

Member Services	1-877-687-1196
Fax	1-877-941-8077
Relay Texas/TTY	1-800-735-2989
Make a Payment	1-877-687-1196
Behavioral Health Services	1-877-687-1196
Total Vision Health Plan	1-866-753-5779
24/7 Nurse Advice Line	1-877-687-1196
Complaints and Grievances	1-877-687-1196
Emergency	911
Website	Ambetter.SuperiorHealthPlan.com



Call Member Services at 1-877-687-1196 to receive a copy of this handbook or the Evidence of Coverage at no charge to you. If there are any major changes to the Evidence of Coverage, we will let you know by mailing out an insert with new information and posting the latest edition on our website, Ambetter.SuperiorHealthPlan.com.



See your *Schedule of Benefits* to find out what you will have to pay for your healthcare services or prescriptions. You may also find your *Schedule of Benefits* on our website at Ambetter.SuperiorHealthPlan.com.



Please have the following items ready when you call:

- ID card
- Claim number or invoice for billing questions

Interpreter Services

Ambetter has a free service to help our members who don't feel comfortable speaking English. This service is very important because you and your doctor must be able to talk about your medical or behavioral health concerns in a way you both can understand.

Our interpreter services are provided to you at no cost. We have representatives that speak Spanish and we can provide medical interpreters for other languages, including sign language. Ambetter members who are blind or visually impaired and need help with interpretation can call Member Services for an oral interpretation.

For persons with total or partial hearing loss, please call Relay Texas/TTY at 1-800-735-2989 or visit Ambetter.SuperiorHealthPlan.com.



To arrange for interpretation services, call Member Services at 1-877-687-1196.

How Your Plan Works

What To Do Now That You're Enrolled

- 1 Create your online secure member account.** Your member account provides you access to all of your plan benefit and coverage information, such as your Member Handbook, *Summary of Benefits and Coverage* and claims information, all in one place. To create your account, visit the “For Members” page on Ambetter.SuperiorHealthPlan.com.
- 2 Complete your online Ambetter Welcome Survey.** Completing the survey will help us design your plan around your specific needs. When you complete your survey, you will earn \$50 on your My Health Pays™ prepaid Visa® card. To complete your survey, log in to your online Member Account.
- 3 Enroll in automatic bill pay.** Sign up and your monthly premium payment will be automatically withdrawn from your bank account every month. Automatic bill pay is helpful, convenient and secure. To sign up, call or log in to your online Member Account.
- 4 Pick your Primary Care Provider (PCP).** Your PCP is the main doctor you should see for most of your medical care. This includes your checkups, sick visits and other basic health needs. To pick your PCP, log in to your online Member Account to see a list of Ambetter providers in your area.
- 5 Schedule your annual wellness exam.** See your PCP each year for an annual exam. After your first checkup, you'll get \$50 on your My Health Pays™ prepaid Visa® card. And anytime you need care, call your PCP and make an appointment!



You can find more information regarding Ambetter's service area and participating providers on our website at Ambetter.SuperiorHealthPlan.com.

How Your Plan Works

Payment Information

How can I pay my monthly premium?

Pay Online: Create your online member account on Ambetter.SuperiorHealthPlan.com and make payments online. You may also setup automatic bill pay using your prepaid debit card, bank debit card or bank account.

Pay by Phone: Pay over the phone by calling billing services at 1-877-687-1196 between 8 a.m. and 5 p.m. in all Texas time zones. You will have the option to pay using the Interactive Voice Response (IVR) system or by speaking to a billing services representative.

Pay by Mail: Payment can be mailed to the address listed on the billing invoice payment coupon. It is very important that you provide payment by the due date. If your premium payment is not received by this date, Ambetter may not pay providers for your medical and prescription claims.

What are my payment options?

Check or money order: Please detach the payment coupon from the billing invoice and mail it with your check or money order to the address on the coupon. Please remember to write your member ID on the check or money order.

Debit cards: To pay by prepaid debit or bank debit card:

- Follow the “pay online” instructions at Ambetter.SuperiorHealthPlan.com.
- Pay over the phone by calling 1-877-687-1196 between 8 a.m. and 5 p.m. in all Texas time zones.
- Fill out the payment coupon with your debit card information and mail it to the address on the coupon.

Automatic Bill Pay: Automatic bill pay can be set up by logging in to the secure member portal at Ambetter.SuperiorHealthPlan.com or by calling Billing Services at 1-877-687-1196 between 8 a.m. and 5 p.m. in all Texas time zones.

What happens if I pay late?

Premium payments are due in advance, on a calendar month basis. Monthly payments are due before the first day of each month for coverage effective during that month. This means that if any required premium is not paid before the date it is due, the policy will be subject to a grace period. Refer to this Member Handbook for details on the grace period that applies to you. During the grace period the policy will stay in force, however, claims may pend for covered services provided to the member during the grace period. We will notify the member, as well as providers of the non-payment of premiums and the possibility of denied claims when the member is in the grace period.

If your coverage is terminated for not paying your premium, you are not eligible to enroll with Ambetter again until open enrollment or a special enrollment period.

How Your Plan Works

Member Services

Our Member Services department can help you understand how Ambetter works, how to get the care you need, and any other questions you might have about your health plan and your needs.

Our Member Services staff can help you with the following:

- Understanding why it is important to have a Primary Care Provider and helping you find one that meets your needs
- Understanding what's covered by your health plan and what's not covered
- Getting more information about our care management and other helpful programs
- Assisting you with finding other health care providers, like a participating pharmacy or lab
- Requesting a new Member ID card or other member materials

24/7 Nurse Advice Line

With our Nurse Advice Line, free clinical help is available right from your home or anywhere you have telephone access, 24 hours a day, 7 days a week, 365 days a year. By having a registered nurse right at your fingertips, you can relax and get the care you need at the moment you need it. Our 24-hour Ambetter nurse advice line provides real-time answers to your health-related questions, like the ones below, simply by calling 1-877-687-1196.

- Should I go to the emergency room or my PCP?
- Do you have a health information library I can use?
- I have a question about my health.
- I have a question about my medication.
- I need advice about a sick child.

You should call our 24/7 Nurse Advice Line at any time when you have questions about your health care, such as the following:

- Concerns or questions about a chronic condition
- Worries about a condition in the middle of the night
- Advice about when to go to the emergency room



For persons with total or partial hearing loss, please call Relay Texas/TTY: 1-800-735-2989 or visit Ambetter.SuperiorHealthPlan.com.



Sometimes you may not be sure if you need to go to the emergency room. Call our 24/7 Nurse Advice Line at 1-877-687-1196. They can help you decide where to go for care.

Membership and Coverage Information

Your enrollment with Ambetter is good for as long as you continue to meet the eligibility requirements of the Health Insurance Marketplace. You must also pay your monthly premium to Ambetter from Superior HealthPlan for your coverage to be active. If you are eligible for Advance Premium Tax Credits (APTCs) from the Federal Government to assist with your monthly premium, those payments are paid directly to us. You are responsible for any remaining portion.

Ambetter will accept you into our plan upon enrollment in the Health Insurance Marketplace regardless of your income, health history, physical or mental condition, age, gender, sexual orientation, religion, physical or mental disability, ethnicity or race, previous status as a member, pre-existing conditions, and/or expected health or genetic status.

Grace Period

If you are receiving a premium subsidy:

After the first premium is paid, a grace period of three (3) months from the premium due date is given for the payment of premium. Coverage will remain in force during the grace period. If full payment of the premium is not received within the grace period, coverage will be terminated as of the last day of the first month during the grace period, if advance premium tax credits are received.

We will continue to pay all appropriate claims for covered services rendered to you during the first month of the grace period, and may pend claims for covered services rendered to you in the second and third month of the grace period. We will notify the U.S. Department of Health and Human Services (HHS) of the non-payment of premiums. You and your healthcare providers will also be notified of the possibility of denied claims when your coverage is in the second and third month of the grace period. We will continue to collect advance premium tax credits on your behalf from the U.S. Department of the Treasury, and will return the advance premium tax credits on your behalf for the second and third month of the grace period if you exhaust your grace period as described above. You are not eligible to re-enroll once terminated, unless you have a special enrollment circumstance, such as a marriage or birth in the family, or during annual open enrollment periods.



To inquire about our Ambetter Health Insurance Marketplace Plan, enrollment options, and specific plan benefits, please visit Ambetter.SuperiorHealthPlan.com.

Membership and Coverage Information

Grace Period, continued:

If you are not receiving a premium subsidy:

Premium payments are due in advance, on a calendar month basis. Monthly payments are due on or before the first day of each month for coverage effective during such month. There is a one (1) month grace period. This provision means that if any required premium is not paid on or before the date it is due, it may be paid during the grace period. During the grace period, the contract will stay in force; however, claims may pend for covered services rendered to you during the grace period. We will notify HHS, as necessary, of the non-payment of premiums. You and your healthcare providers will also be notified of the possibility of denied claims when your coverage is in the grace period.

Your Provider Directory

A listing of Ambetter doctors, also known as providers, is available online at Ambetter.SuperiorHealthPlan.com. Ambetter includes physicians, hospitals, and other healthcare providers who have agreed to provide you with your healthcare services. You may find any of our plan providers by using the “Find a Provider” tool on our website and selecting the Ambetter from Superior HealthPlan network. You can use the “Find a Provider” tool to help you locate a Primary Care Provider (PCP), participating pharmacies, laboratories, hospitals and specialists. You can narrow your search by:

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



At any time, you can request a copy of the Provider Directory at no charge by calling Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). Please be advised the website will have the most up-to-date information about our provider network.

Membership and Coverage Information

Your Member Welcome Packet and ID Card

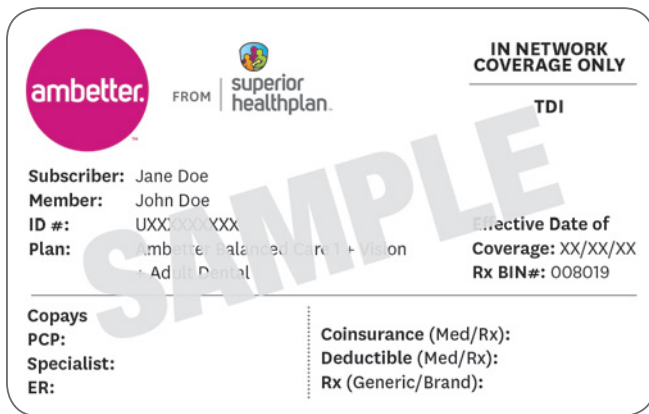
When you enroll with Ambetter, you will receive a Member Welcome Packet. The Welcome Packet includes basic information about the health plan you selected, and Member ID cards for you and anyone else on your plan. You will receive your Welcome Packet and Member ID card(s) before your Ambetter health coverage begins.

Important Ambetter Member ID Card Notes

- Please present this card any time you receive healthcare services.
- You need to keep this card with you at all times.
- If you do not get your Ambetter Member ID card before your coverage begins, please call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). We will send you another card.

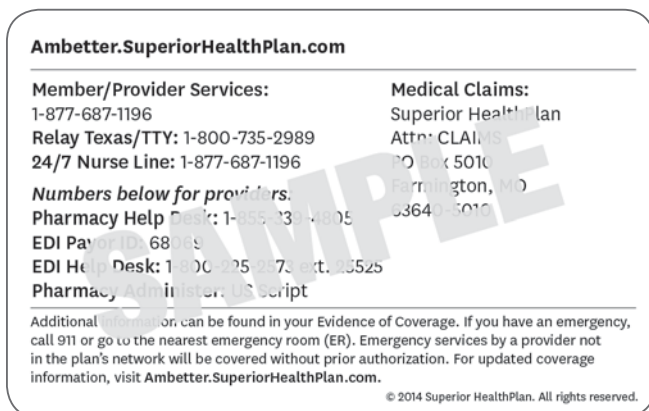
Sample Ambetter Member ID Card

Below is an example of what the Member ID card typically looks like:



The image shows the front of a sample Ambetter Member ID card. It features the Ambetter logo on the left and the Superior HealthPlan logo in the center. The text includes: 'IN NETWORK COVERAGE ONLY' in a box, 'TDI' below it, 'Subscriber: Jane Doe', 'Member: John Doe', 'ID #: UXX-XXXXXX', 'Effective Date of Coverage: XX/XX/XX', 'Plan: Ambetter Balanced Care HMO with Vision + Adult Dental', 'Rx BIN#: 008019', 'Copays', 'PCP:', 'Specialist:', 'ER:', 'Coinsurance (Med/Rx):', 'Deductible (Med/Rx):', and 'Rx (Generic/Brand):'. A large 'SAMPLE' watermark is overlaid on the card.

Front



The image shows the back of a sample Ambetter Member ID card. It features the website 'Ambetter.SuperiorHealthPlan.com' at the top. The text includes: 'Member/Provider Services: 1-877-687-1196, Relay Texas/TTY: 1-800-735-2989, 24/7 Nurse Line: 1-877-687-1196', 'Medical Claims: Superior HealthPlan, Attn: CLAIMS, PO Box 5010, Farmington, MO 63640-5010', 'Numbers below for providers: Pharmacy Help Desk: 1-855-239-4805, EDI Payor ID: 68089, EDI Help Desk: 1-800-225-287 ext. 33525, Pharmacy Administration: US Script', and a disclaimer: 'Additional information can be found in your Evidence of Coverage. If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit Ambetter.SuperiorHealthPlan.com.' A copyright notice '© 2014 Superior HealthPlan. All rights reserved.' is at the bottom. A large 'SAMPLE' watermark is overlaid on the card.

Back

Membership and Coverage Information

Website Information

Ambetter from Superior HealthPlan's website:
Ambetter.SuperiorHealthPlan.com

Our website helps you get the answers you need at any time, so you can get the right care.

On our website, you are able to:

- Find a Primary Care Provider (PCP)
- Locate other providers, like a pharmacy
- Learn about our programs and services
- Find health information and learn about programs that help you get and stay healthy
- Use your online member account, to see:
 - Your claims status (healthcare bills) and premium payment information
 - Your member materials (this handbook, your *Evidence of Coverage* and *Schedule of Benefits*)



When searching for a Primary Care Provider, remember to select an in-network provider. An in-network provider is a provider that accepts Ambetter. Your services may not be covered if you go to an out-of-network doctor.

Covered Services

Ambetter provides coverage for a broad range of medically necessary medical and behavioral health services to meet your healthcare needs. For a service to be covered and eligible for reimbursement, the service must be described in this section, prescribed by your treating provider or PCP, and authorized by Ambetter when prior authorization is required.

Please refer to your plan *Schedule of Benefits* for applicable co-payments, cost-sharing and/or deductible. A list of exclusions can be found in your *Evidence of Coverage*. Certain services require your provider to obtain authorization prior to rendering or delivery of the service. These include but are not limited to:

- Services or visits to a non-participating provider
- Certain surgical procedures
- Inpatient admissions

If you would like to obtain or verify the status of a service needing authorization, you may contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). Additional information regarding authorizations can be found in the Prior Authorization section of this Handbook.



Prior authorization means receiving approvals to get a service before you go to the provider.

Covered Services

Your Ambetter plan provides the following coverage:

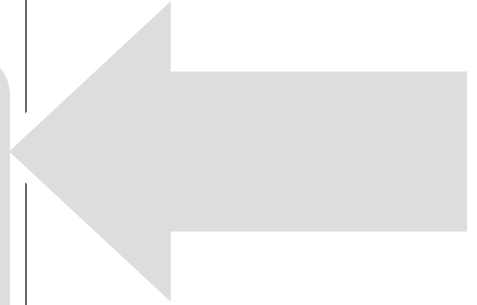
You will need to refer to your Evidence of Coverage (EOC) to get the details on each covered service listed below. Some of these covered benefits have certain exclusions and limitations.

- Acquired brain injury services
- Ambulance services
- Autism Spectrum Disorder services
- Behavioral health services and benefits for mental health care
- Emergency care
- Habilitation, rehabilitation and extended care facility benefits
- Home health care services
- Hospice care
- Medical and surgical benefits, including:
 - Hospital services
 - Surgery services
 - Physician services (PCP and specialists)
 - Professional services
 - Medical supplies
 - Diagnostic testing
 - Chemotherapy
 - Hemodialysis
 - Anesthetics
 - Oxygen
 - Dental services as result of an injury
 - Diabetic equipment and supplies
 - Chiropractic services
 - Maternity care
 - Durable Medical Equipment
 - Speech and hearing benefits
- Outpatient prescription benefits (See Pharmacy Benefits, next section)
- Preventive healthcare services
- Transplant services
- Pediatric vision services

Your Ambetter plan may include:

(Please see your *Schedule of Benefits* for more information):

- Routine adult vision services (preventive eye exams, glasses and/or contact lenses).
- Adult dental preventive and basic services.
- Your plan may include three (3) free visits as a part of your benefits. A free visit includes only the actual visit provided by your PCP. Any labs, radiology (X-rays), minor surgeries, or other services provided during the visit will be subject to your deductible and cost-sharing. Please note that preventive care visits, such as an annual well-visit exam, are not included as part of the free visits. Preventive care visits are covered, separately, at 100 percent by Ambetter



Ambetter covers in-network services only, with the exception of emergency services. If you go to an out-of-network provider without prior approval, you will be responsible for all costs associated with those services. Ambetter has a select, in-network group of providers. We ensure that our contracted providers are skilled and licensed in order to provide the best care to you.

Covered Services

Limitations and Exclusions

Ambetter offers many important health screening and wellness benefits. However, we do not cover all health care expenses. Your benefits include exclusions and limitations. You should refer to your *Evidence of Coverage* to determine which health care services are covered and to obtain the full listing of coverage limitations and exclusions.

In general, no benefit will be paid for a service or supply unless it is:

Administered or ordered by a physician; and medically necessary to the diagnosis or treatment of an injury or illness, or covered under preventive care. Ambetter's pharmacy program does not cover all medications. Some require prior authorization or have limitations on age, dosage and maximum quantities. Please refer to the Ambetter Drug Formulary Listing for a comprehensive listing of all covered medications. **Services and supplies that are generally not covered include, but are not limited to:**

1. Services or supplies that are provided before or after coverage begins
2. Charges that are in excess of the eligible service expense
3. Weight control services
4. Infertility services or medications
5. Breast reduction or augmentation, unless medically necessary
6. Vasectomies and reversal of sterilization and vasectomies
7. Cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a birth defect in a child who has been a member from birth until the date surgery is performed
8. Diagnosis or treatment of learning disabilities, attitudinal disorders or disciplinary problems
9. Eye refractive surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism
10. Experimental or investigative treatment(s) or unproven services
11. Treatment received outside the United States, except for a medical emergency while traveling for up to a maximum of 90 consecutive days
12. Intentionally self-inflicted bodily harm
13. Illness or injury incurred as a result of the Enrollee being intoxicated
14. Services or expenses for alternative treatments, including acupuncture, acupressure, aroma therapy, hypnotism, massage therapy, rolfing and other forms of alternative treatment
15. Any injury sustained while at a residential treatment facility

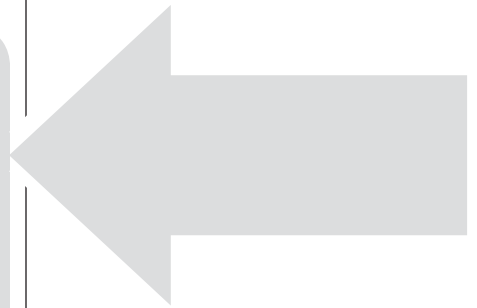
Covered Services

Primary Care Provider (PCP)

A Primary Care Provider (PCP), also known as your personal doctor, is the doctor that manages all aspects of your healthcare and is the primary person to contact for your health questions and concerns. Ambetter believes that seeing your PCP is important. When you enroll you must choose a PCP. This is the doctor you see on a regular basis to take care of your basic medical needs. You should receive all of your basic medical care from your PCP. You can call your PCP when you are sick and do not know what to do. As soon as you join Ambetter, you should contact your PCP. If you have never been to your PCP, you should introduce yourself as a new member and make an appointment for a preventive visit. It is best to not wait until you are sick to meet your doctor for the first time. Seeing your doctor for regular check-ups helps you find problems early. Your PCP should provide all of your primary care.

Your Primary Care Provider will:

- Ensure service is timely
- Work with other doctors when you receive care elsewhere
- Coordinate specialty care with Ambetter
- Provide any ongoing care you need
- Update your medical record, which includes keeping track of all the care that you get from all providers
- Treat all patients the same way
- Give you regular physical exams as needed
- Provide preventive care visits
- Conduct regular immunizations as needed
- Make sure you can contact him/her or another provider at all times
- Discuss what advance directives are and file directives appropriately in your medical record



Covered Services

Choosing Your PCP

Ambetter offers members the freedom of choice in choosing any available PCP in our network. When you joined Ambetter, you may have selected a PCP. If you did not, we may assign you to a PCP. The Ambetter *Provider Directory* is available online at Ambetter.SuperiorHealthPlan.com on the “Find a Provider” page. The *Provider Directory* lists all participating PCPs along with their addresses, phone numbers, and languages (other than English) they may speak.

As an Ambetter member, you have the freedom to choose any participating Ambetter family practice, general practitioner, internal medicine, nurse practitioner, or physician assistant provider for your PCP. Female members may choose a participating obstetrician/gynecologist (OB/GYN) and children may choose a pediatrician as a PCP. Should you receive services from a nurse practitioner, your benefit coverage and co-payment amounts are the same as the coverage and co-payments listed for services provided by other participating providers. Please refer to your specific *Schedule of Benefits* for co-payment information.

Once you have selected a PCP, Ambetter recommends that you make an appointment to meet with your doctor right away. This will give you and your doctor a chance to get to know each other. Your doctor can give you medical care, advice, and information about your health. To make an appointment with your PCP, you need to call your PCP’s office. Remember to take your Member ID card and valid picture identification with you every time you go to the doctor’s office.

Provider Types That May Serve as PCPs

Providers who may serve as PCPs include family practitioners, general practitioners, pediatricians, internists, OB-GYN physicians, physician assistants and nurse practitioners.



If you want to know more about the PCP you would like to select, please call at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). You may also see a list of participating providers at Ambetter.SuperiorHealthPlan.com on the “Find a Provider” page.

Covered Services

Appointments

You should be able to get an appointment with your PCP or specialist in a timely manner.

Appointment Time Frame Standards

Appointment Type	Access Standard
Primary Care Physicians (PCPs)	
• Adult Preventive Health	Within 3 months
• Child Preventive Health	Within 2 months
• Routine Primary Care	Within 14 days
• Routine Specialty Care Referrals	Within 3 weeks
• Urgent Care	Within 24 hours
Behavioral Health Providers	
• Non-Life-Threatening Emergency Care	Within 6 hours
• Urgent Care	Within 24 hours
• Routine Outpatient Visit	Within 10 business days
Emergency Providers	
• Adult and Child	Upon arrival, including at non-network and out-of-area facilities
OB/GYN Providers	
• Routine Prenatal Care	Within 14 calendar days

After-Hours Appointments with Your PCP

You can call your PCP's office for information on receiving care after office hours in your area. If you have an urgent medical problem or question and cannot reach your PCP during normal office hours, you can call our 24/7 Nurse Advice Line at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). If you have an emergency, call 911 or go to the nearest emergency room.



If you cannot keep an appointment, please call the provider's office to cancel at least 24 hours in advance. If you need to change an appointment, call the provider's office as soon as possible. They can make a new appointment for you. If you need help getting an appointment, call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).



If you have difficulty getting an appointment with or seeing your provider, please call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).



Call Ambetter at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) so we can assist you with follow-up care and questions.

Covered Services

Changing Your PCP

If you would like to change your PCP or select a new PCP, visit Ambetter.SuperiorHealthPlan.com or call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

What to Do if Your Provider Leaves the Ambetter Network

If your PCP is planning to leave the Ambetter provider network, we will send you a notice 30 days before the date a provider intends to leave, or as soon as Ambetter is notified by the provider. Please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) as soon as you are aware that your PCP is leaving the Ambetter network so we can help you choose a new PCP. Ambetter will permit you to continue to be covered for health services, consistent with the terms of your *Evidence of Coverage*, by the PCP for at least 30 days after the PCP is dis-enrolled.

If you are in your second or third trimester of pregnancy when your PCP is dis-enrolled, you may continue to see your PCP until you have delivered your baby and completed your first postpartum visit, provided that your PCP's dis-enrollment from Ambetter is not for quality related reasons or fraud. If you are terminally ill, you may continue to see your PCP indefinitely with a prior authorization.

If you have been seeing a specialist who dis-enrolls from the Ambetter provider network, please call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989), and we will work with you to ensure your care continues. We will assist you in locating another specialist within the Ambetter network.

In order to continue to provide coverage as noted above, the PCP or specialist has to agree to:

- Accept reimbursement from Ambetter at the rates prior to giving dis-enrollment notice as payment in full, and to not impose co-payments that would exceed your co-payments if the provider had not dis-enrolled
- Adhere to Ambetter quality assurance standards and to providing necessary medical information related to your care
- Adhere to Ambetter's policies and procedures, including procedures regarding referrals, authorization requirements, and if applicable the provision of services pursuant to a treatment plan approved by Ambetter

Covered Services

Urgent Care

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 24 hours. It is usually not life-threatening, yet you can't wait for a routine doctor's office visit. Only go to the emergency room if your doctor tells you to go, or you have a life-threatening emergency.

When you need Urgent Care, follow these steps:

1. Call your PCP. Your PCP may give you care and directions over the phone or direct you to the appropriate place for care.
2. If it is after hours and you cannot reach your PCP, call our 24/7 Nurse Advice Line at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989); you will be connected to a nurse. Have your Ambetter Member ID card number ready. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you with contacting your PCP.

If you are told to see another doctor or to go to the nearest hospital's emergency room, bring your Ambetter Member ID card and picture identification. Ask the doctor to call your PCP or Ambetter. Urgent care is only covered when provided by an in-network provider.

Covered Services

Emergency Care

Ambetter covers emergency medical and behavioral health services 24 hours a day, 7 days a week when provided in or out of the service area. Emergency services are required to treat an accidental injury or an onset of what reasonably appears to be a medical condition. An emergency arises when the lack of medical attention could be expected by a reasonable layperson to result in jeopardy to a member's health, or in the case of a pregnant woman, the health of her or her unborn child.

Emergency Rooms Are for Emergencies

If you can, call your doctor first. If your condition is severe, call 911 or go to the nearest hospital. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do. If your PCP is not available, an on-call doctor can help. There may be a message telling you what to do.

For emergency care, it is okay if the hospital does not belong to the Ambetter network. You can use any hospital to receive emergency services. However, you or someone acting on your behalf **MUST** call your PCP and Ambetter within one (1) business day of your admission. This helps your PCP provide or arrange for any follow-up care you may need. Depending on your plan type, co-payments may apply for emergency care received in an emergency room.

You may obtain emergency behavioral health services, including calling the local pre-hospital emergency medical service system by dialing the 911 emergency telephone number or its local equivalent, if you have an emergency behavioral health condition that would be judged by a prudent layperson to require pre-hospital emergency services. We do not discourage you from using the local pre-hospital emergency medical service system using the 911 emergency telephone number, or its local equivalent.

You will not be denied coverage for medical and transportation expenses incurred as a result of such an emergency behavioral health condition.

Covered Services

When to Go to the Emergency Room

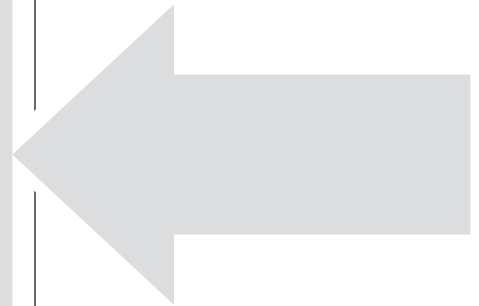
- Broken bones
- Bleeding that will not stop
- You are pregnant, and either in labor or bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burns
- Shock (you may sweat, feel thirsty or dizzy, or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak
- Gun or knife wounds

When NOT to Go to the Emergency Room

- Flu, colds, sore throats, and earaches
- A sprain or strain
- A cut or scrape not requiring stitches
- To get more medicine or have a prescription refilled
- Diaper rash



You can also call our 24/7 Nurse Advice Line, at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) if you are not sure if you have an emergency or not.



Covered Services

How to Get Medical Care When You Are Out of the Service Area

Routine or maintenance care is not covered outside the service area. Ambetter will cover emergency care provided in or out of the 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. Be sure to call us and report your emergency within one (1) business day. You do not need prior approval for emergency care.

Providers Not Participating in Our Network

You should always see a provider who is participating with Ambetter. If you need to see a provider that is not participating with Ambetter, you need to coordinate care with your PCP. An appointment with a non-participating provider must be approved by Ambetter prior to getting non-emergency or non-urgent treatment from a doctor who is not in the Ambetter network.

If Ambetter approves your appointment with a non-participating provider, your co-payment and deductible will be the same as if a participating provider provided the service. However, if you fail to obtain a prior authorization from Ambetter for a service, or services, from a non-participating provider, no benefit, coverage or reimbursement will be made by Ambetter. You will be financially responsible for payment of the service(s) from the non-participating provider. Ambetter will notify you when the authorization is approved. Refer to the Emergency Care section of this Handbook if you need emergency service.

When receiving care at an Ambetter participating hospital it is possible that some hospital-based providers (for example, anesthesiologists, radiologists, pathologists) may not be under contract with Ambetter as participating providers. These providers may bill you for the difference between Ambetter's allowed amount and the providers billed charge – this is known as “balance billing”. We encourage you to inquire about the providers who will be treating you before you begin your treatment, so you can understand their participation status with Ambetter.



Except for emergency services, Ambetter does not provide coverage for care delivered by a non-participating provider. In certain situations, prior authorization may be granted for such services if your PCP requests them. For more information, please see the Providers Not Participating in Our Network section of this manual.

Covered Services

Provider Billing

Providers can only bill you for your share of the cost of covered services, including the deductible, co-payment and cost-sharing percentage. If you receive a bill for covered services from any provider that you do not think is for your cost share as listed in our *Schedule of Benefits*, it is important that you contact Ambetter right away upon receipt of the bill.

You can call Member Services and/or you can forward the bill or statement you received. Ambetter will investigate to find out why the provider is sending you a bill, and send you a response.

Ambetter from Superior HealthPlan

2100 South IH-35, Suite 200

Austin, TX 78704

Ambetter Member Services: 1-877-687-1196

Relay Texas/TTY: 1-800-735-2989

Fax: 1-877-941-8077

Submitting a Claim for Covered Services

Contracted providers will typically submit claims on your behalf. On occasion, you may be financially responsible for covered services if your provider is not contracted for the Ambetter program, or you have an out of area emergency. If you have paid for covered services that should be paid by Ambetter, you can request reimbursement for the amount you paid less your deductible, co-payment and/or cost-sharing.

If you are requesting reimbursement for a covered service, you must obtain a copy of the detailed claim for the covered services from the provider, along with an explanation of why you paid for covered services, and forward all documents to Ambetter at the following address:

Ambetter from Superior HealthPlan

Attn: Claims Department P.O. Box 5010

Farmington, MO 63640-3800

No later than 15 days after receiving the claim, Ambetter will acknowledge receipt, begin an investigation and request all items necessary to resolve the claim.

Ambetter will notify you in writing of the acceptance or rejection of the claim for processing no later than 15 business days after the date we receive all items necessary to resolve the claim. If we are unable to accept or reject the claim within the specified period, Ambetter will notify you and explain why additional time is needed.

No later than 45 days from receipt of the claim, we will accept or reject the claim. If the claim is rejected, the notice will state the reason for the rejection. If Ambetter agrees to pay all of or part of a claim, it will be paid no later than the fifth business day after the notice has been made.

Covered Services

Referrals

You may need to see a certain provider for specific medical problems, conditions, injuries, and/or diseases. Talk to your PCP first. Your PCP will refer you to a participating specialist who can diagnose and/or treat your specific problem. Do not go to a specialist without being referred by your PCP. There are some services that you may go directly to a provider for without a referral. To ensure that you will not be responsible for payment, always make sure you have a referral from your PCP before you seek care with a specialist.

NOTE: The following are services that may require a referral from your PCP:

- Specialist services, including standing or ongoing referrals to a specific provider
- Diagnostic tests (X-ray and lab)
- High tech imaging (CT scans, MRIs, PET scans, etc.); requires prior authorization from Ambetter
- Scheduled outpatient hospital services
- Planned inpatient admission; requires prior authorization from Ambetter
- Clinic services
- Renal dialysis (kidney disease)
- Durable Medical Equipment (DME); requires prior authorization from Ambetter
- Home healthcare; requires prior authorization from Ambetter

PCP Coordination of Care to Specialists

When medically necessary care is needed beyond the scope of what the PCP can provide, PCPs are encouraged to initiate and coordinate the care members receive from specialist providers. Paper referrals are not required.

Covered Services

Preventive Care Benefits

Healthier lifestyle choices inspire healthier lives — and with Ambetter, it's easier for you to play an active role in reaching your best health. That's why we cover certain preventive care services at 100 percent. This way, you can lead a healthy, fulfilling life and stay in charge of your health.

Below is a list of some of the preventive services covered by your Ambetter plan. When you receive these services, be sure to use an in-network provider. An in-network provider is a provider that is participating with the Ambetter from Superior HealthPlan network. Use our "Find a Provider" tool to find an Ambetter provider.

Services included as part of preventive care are listed below.

For All Adults:

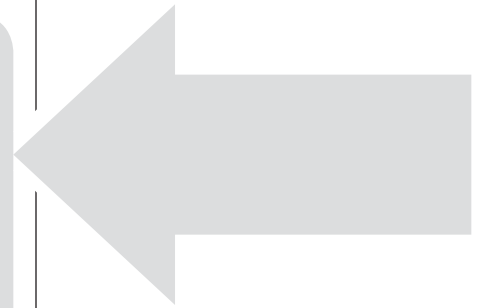
- Annual wellness exams
- Blood pressure screenings
- Cholesterol screenings
- Immunizations and vaccines, like the flu vaccine, as recommended by the Center for Disease Control and Prevention, or CDC

For Women:

- Annual well-woman exams
- Mammography exams
- Pregnancy-related services, such as:
 - RH incompatibility screenings
 - Gestational diabetes screenings
 - Iron deficiency screenings
- Breastfeeding support and supplies

For Infants, Children, and Adolescents:

- Well child visits
- Immunizations and vaccines, as recommended by the Center for Disease Control and Prevention (CDC)
- Newborn screenings, like a hearing screening and a PKU (Phenylketonuria) screening
- Developmental screening for children under three (3) years of age
- Obesity screening and counseling



Covered Services

Preventive Care Benefits, continued:

Please refer to your *Evidence of Coverage*, located on our website, for a full outline of covered preventive care services. This is located in your online secure member account.

Ambetter covers preventive services that are recommended by the United States Preventive Services Task Force as a Grade A or B, immunizations and vaccines recommended by the CDC, women's preventive care supported by the Health Resources and Services Administration (HRSA), and the schedule of wellness visits for infants, children and adolescents recommended by the American Academy of Pediatrics.

Health Management Programs

Ambetter is committed to providing quality healthcare for you and your family. Our primary goal is to keep you healthy, make you healthier and help you with any illness or disability. To help you manage your health, we offer several programs at no cost to you, including care management, disease management, and Start Smart for Your Baby[®] healthy pregnancy and family planning.

Care Management

We understand some members have special needs. Ambetter offers our members with complex medical or behavioral health needs, Care Management services that are member-centered, family-focused, and culturally competent. Our Care Managers are registered nurses or social workers. They can help you:

- Better understand and manage your health condition
- Coordinate services
- Locate community resources

A Care Manager will work with you and your doctor to help you get the care you need. If you have a severe medical condition, the Care Manager will work with you, your PCP and managing providers to develop a plan of care that meets your needs and the caregiver's needs.

Disease Management Programs

Ambetter has a nationally recognized disease management company to provide disease management services to members with chronic conditions. This disease management company provides telephonic outreach, education and support to help members learn how to better understand their condition, control their condition more effectively and have fewer complications.

Ambetter offers Disease Management Programs for these conditions:

- Asthma—child and adult
- Coronary Artery Disease (heart disease)—age 30 and above
- Depression
- Diabetes—child and adult
- Hyperlipidemia
- Hypertension (high blood pressure) and high cholesterol
- Low back pain
- Tobacco cessation—age 18 and above
- TeleCare Management (TCM) is also available if Case Management deems it necessary)



If you feel that you could benefit from care management services, please call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).



Quitting smoking is the most important thing you can do for your health. We understand how hard it can be to quit, so we are here to help. Ambetter's Tobacco Cessation program is designed for people who have made up their mind and are ready to quit. The program provides you with the support and information you need to quit once and for all.

Health Management Programs

Family Planning Services

Family planning services are directly related to the prevention of pregnancy. These services include: birth control counseling, education about family planning, examination and treatment, laboratory examinations and tests, medically approved methods and procedures, pharmacy supplies and devices. (Abortion is not considered a family planning service.)

When You Are Pregnant

Keep these important points in mind if you are pregnant now or want to become pregnant:

- Go to the doctor as soon as you think you are pregnant. It is important for you and your baby's health to see a doctor as early as possible. Seeing your doctor early will help your baby get off to a good start. It is even better to see your doctor before you get pregnant to get your body ready for pregnancy.
- Maintain healthy lifestyle habits. This includes exercising, eating balanced healthy meals and resting for 8-10 hours at night.
- Do not use tobacco, alcohol, or drugs now or while you're pregnant.

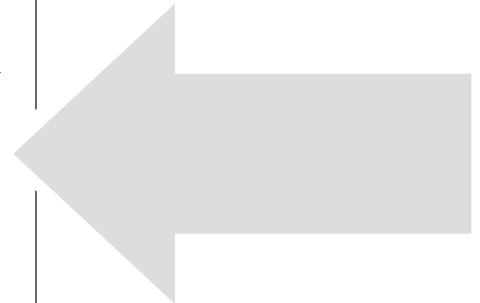
TIP: Please let us know if you are pregnant. We would like to help you take care of yourself and your child during your pregnancy. Be sure to visit our website at Ambetter.SuperiorHealthPlan.com and complete a Notification of Pregnancy form.

Start Smart for Your Baby[®]

Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. We want to help you take care of yourself and your child throughout the pregnancy and infancy. Information will be given by mail and telephone.



*Please call us at 1-877-687-1196
(Relay Texas/TTY 1-800-735-2989)
as soon as you learn you are
pregnant.*



Ambetter Wellness Programs

Certain fitness programs qualify for reimbursement. Check the *Schedule of Benefits* for your particular health plan for the specific amounts that you can get reimbursed. To receive your reimbursement, you must file your claim no later than three (3) months after the benefit year for which you are requesting the benefit.

Ambetter's *my*healthpays™ Program

Ambetter encourages members to receive annual preventive services through our unique rewards program.

You can earn rewards for:

- Completing your online Ambetter Welcome Survey
- Your annual wellness exam with your Primary Care Provider
- Your annual flu vaccine

Rewards are automatically put on your My Health Pays™ rewards card once they are earned, so there's nothing extra to do! You can then use your reward dollars to help pay for your co-pays, deductibles and monthly premiums. Additional information can be found on our website, Ambetter.SuperiorHealthPlan.com.

Ambetter's Gym Reimbursement Program

Ambetter promotes healthy lifestyle choices, like using a gym or health club on a regular basis. To help make it more affordable for our members who want to stay healthy and active, Ambetter will reimburse members that use their health club or gym regularly. A portion of your monthly dues will be reimbursed onto your My Health Pays™ rewards card. For additional details on this program, please visit Ambetter.SuperiorHealthPlan.com.

Behavioral Health Services

Mental Health and Substance Use Disorder Services

All mental health and substance use disorder benefits are provided on a non-discriminatory basis to all enrollees for the diagnosis and medically necessary active treatment of mental, emotional and substance use disorders. Deductible, co-payments, and treatment limits for behavioral health services will be applied in the same manner as physical health services.

You may choose any provider in Ambetter's behavioral health network. Also, you do not need a referral from your PCP.

While medication management visits do not require prior authorization for participating providers, some behavioral health services may require prior authorization. Please refer to your *Evidence of Coverage*, or contact Member Services, for further details.



If Ambetter does not grant prior authorization, we will notify you and your provider, and provide information regarding the appeal process. Refer to the Member Complaint and Appeals Process section of this manual for more information.

Pharmacy Benefits

Pharmacy Program

Ambetter provides high-quality, cost-effective medication therapy to all Ambetter members. Ambetter works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Ambetter covers prescription medications and certain over-the-counter medications when ordered by an Ambetter provider. The pharmacy program does not cover all medications. Some medications require prior authorization or have limitations on age, dosage and maximum quantities. Please refer to the Ambetter Drug Formulary Listing for a comprehensive listing of all covered medications.

Additional details about your outpatient prescription drug coverage are detailed in the *Evidence of Coverage* or through Member Services.

Drug Formulary and Preferred Drug List

The Ambetter Preferred Drug List (PDL) is the list of the drugs Ambetter covers. The PDL applies to drugs you receive at retail pharmacies and our mail-order pharmacy. The Ambetter PDL is continually evaluated by the Ambetter Pharmacy and Therapeutics (P&T) Committee to promote appropriate and cost-effective use of medications. The committee consists of physicians, pharmacists and other healthcare professionals representing local interests and selected with the guidance of the Ambetter medical staff.



If you want more information about our Pharmacy Program, visit Ambetter.SuperiorHealthPlan.com or call us at 1-877-687-1196.



For the most current Ambetter Preferred Drug List (PDL) you may visit Ambetter.SuperiorHealthPlan.com or call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Pharmacy Benefits

Over-the-Counter Medications and Items

The Ambetter PDL covers a variety of over-the-counter (OTC) medications. All covered OTCs appear in the Ambetter PDL with an “OTC with Rx” designation. OTC with Rx means that Ambetter PDL OTCs are covered when you have a prescription from a licensed provider that meets all the legal requirements for a prescription.

Filling a Prescription

You can have your prescriptions filled at a participating retail pharmacy or by Ambetter’s mail order pharmacy.

If you decide to have your prescription filled at a participating pharmacy, you can locate a pharmacy near you by using the Ambetter *Provider Directory* available on the Ambetter.SuperiorHealthPlan.com “Find a Provider” page. You may also call a Member Services Representative to help you find a pharmacy. At the pharmacy, you will need to provide the pharmacist with your prescription and your Ambetter Member ID card.

Ambetter also offers a 90-day supply [three (3) month supply] of maintenance medications by mail or from certain participating retail pharmacies for specific benefit plans. These drugs are used to treat long-term conditions or illnesses, such as high blood pressure, asthma and diabetes. You can find a list of covered medications that can be mailed directly to you on our website at Ambetter.SuperiorHealthPlan.com.

If you need to transfer a current prescription, or have your doctor phone a prescription directly to our mail-order pharmacy, call RxDirect at 1-800-785-4197.

Adult Dental Benefits

Ambetter offers an optional adult dental package that can be purchased in addition to your current health plan. The additional dental benefit package provides members with coverage for basic preventive care, such as X-rays and cleanings, and some restorative care, like fillings and extractions.

The dental package can be purchased for a minimal monthly charge. The product does have an annual maximum for the year that is applicable for all covered services, patient co-payments for certain types of services, and there is a six-month waiting period for coverage on restorative care. Members must visit an in-network provider. You will be financially responsible for payment of the service(s) if you see an out-of-network provider.

Vision Benefits

Routine Vision

Routine eye exams, prescription eyeglasses and contact lenses are covered for all children under age 19, and may be available for adults age 19 and older. For information regarding your specific co-payments and/or deductible, please refer to your specific plan information listed in your *Schedule of Benefits*.

Utilization Management

Prior Authorization for Services

Prior authorization means pre-approval for services. Prior authorization is necessary for services that must be approved by Ambetter before you get the service. Check with your PCP, the ordering provider, or Member Services to see if the service requires authorization. When a prior authorization request from your provider is received by Ambetter, it is reviewed by our nurses and doctors. We will let your doctor and you know if the service is approved or denied. Information about the review process, including the time frames for making a decision and notifying you and your provider of the decision, is located in the following Utilization Review section.

When a prior authorization request from your provider is received by Ambetter, it is reviewed by our nurses and doctors. We will let your doctor and you know if the service is approved or denied.

For more information about the review process, including the time frames for making a decision, and notifying you and your provider of the decision, please refer to our website at Ambetter.SuperiorHealthPlan.com or contact Member Services.

Utilization Review

Ambetter has a Utilization Review Program that reviews services to ensure the services you receive are the best way to help improve your health condition. Ambetter staff is available during regular business hours at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) to answer any questions you may have. Medical services, medical and surgical supplies, some drugs and other services are reviewed to determine if the services are covered for your plan type, medically necessary, and provided in the most clinically appropriate and cost-effective manner. The following methods are used to accomplish this goal.

Prospective Utilization Review

Services proposed to be provided are reviewed and approved prior to the service being performed. An initial determination will be made once the health plan has received all necessary information. "Necessary information" includes the results of any face-to-face clinical evaluation (including diagnostic testing) or second opinion that may be required. We will notify you and your provider by written confirmation to let you know if the services have been approved or denied. If your service(s) or benefit(s) is denied, we will include information for filing an internal appeal if you do not agree with the decision.



You can also visit Ambetter.SuperiorHealthPlan.com to check authorization and benefit coverage.

Utilization Management

Concurrent Utilization Review

This process is used to review ongoing services or treatment plans as they are occurring and to determine when treatment may no longer be medically necessary (e.g. the ongoing review of an inpatient stay or admission). This process includes discharge planning to ensure services you need after your discharge are arranged and provided to you.

Retrospective Utilization Review

Ambetter may perform a retrospective review to assure the information provided at the time of authorization was correct and complete, or instances where authorization and/or timely notification was not obtained by Ambetter prior to services being rendered due to extenuating circumstances.

Reconsideration

When your provider is first informed that a service has been denied, Ambetter will offer your provider the opportunity to ask for the service to be reconsidered by Ambetter's Medical Director. If the denial is not reversed, you or your authorized representative (including provider) may request an internal appeal. The reconsideration process is not a prerequisite to a grievance or internal appeal.

Adverse Determination Notices

A denial of services based on medical necessity is an adverse determination. An adverse determination is defined as "a determination by a utilization review agent that health care services provided or proposed to be provided to a patient are not medically necessary or are experimental or investigational."

In the event an adverse determination is made, you will be provided written notification of the determination within the specified time frames listed for a prospective, concurrent, or retrospective review. The written adverse determination notification will include detailed information about the reason for the determination, as well as time frames for submitting an internal appeal of the decision.

In a circumstance involving a life-threatening condition, you are entitled to an immediate appeal to an IRO and you are not required to comply with procedures for an appeal of Ambetter's adverse determination.



You are not financially responsible for inpatient services you got prior to receiving an adverse determination notice; however, you may be financially responsible for services you get one calendar day or more past the date you received the adverse determination notice.

Utilization Management

Review Criteria

Criteria are established, periodically evaluated and updated with appropriate involvement from providers who are members of the Ambetter Utilization Management Committee. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices that are evidence based. Ambetter reviews each authorization in an objective manner. An Ambetter Medical Director reviews all potential medical necessity denial decisions.

NOTE: Ambetter takes steps to ensure that decisions regarding the provision of healthcare services are based solely on appropriateness of care and services, and the existence of coverage. Ambetter has policies in place to ensure that:

- **Decision making is based only on appropriateness of care and service, and existence of coverage.**
- **The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or service care.**
- **Financial incentives for decision makers do not encourage decisions that result in underutilization.**

A Member or the treating providers may obtain the criteria used to make a specific adverse determination by contacting the Medical Management Department at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Member Complaint and Appeals Process

We hope our members will always be happy with us and our providers. Ambetter has steps for handling any problems you may have. Ambetter offers our members the following processes to achieve satisfaction:

- Complaint process
- Complaint submission to the Texas Department of Insurance
- Appeal process
- External review by an IRO

Complaints

You may initiate a complaint by calling Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). A complaint acknowledgement letter will be sent to you within five (5) days, along with an oral complaint form. This form needs to be completed and returned to Ambetter for us to proceed with the processing of your complaint. If you have questions, we can help you complete the form.

You should send your oral complaint form or a written complaint to:

Ambetter from Superior HealthPlan
Complaints Department
2100 S IH-35, Suite 200
Austin, TX 78704

Fax: 1-866-683-5369

You will be notified within five (5) business days that the complaint has been received. Expedited complaints concerning emergencies or denial of continued hospitalization will be resolved within one business day from receipt of the complaint or earlier depending on the medical immediacy of the case. You will receive a letter with the resolution to your complaint within three (3) business days.

Members submitting non-expedited complaints will receive a letter with the resolution within thirty (30) calendar days of receipt of the complaint. If you are not satisfied with the complaint resolution, within thirty (30) days, you can request an appeal of the complaint resolution. In response to your complaint appeal, a complaint appeal panel including Ambetter staff, provider(s) and member(s) will be held at a location in your area, upon request. A hearing packet will be sent to you five (5) days before the appeal panel hearing is held. 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, and Ambetter's final decision will be provided to you within 30 days of your complaint appeal request.

Member Complaint and Appeals Process

Complaints, continued:

You may also file a complaint with 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 to:

Texas Department of Insurance
Consumer Protection Section (MC 111-1A)
P.O. Box 149091
Austin, TX 78714-9091

Notice of Special Toll-Free Complaint Number

To make a complaint about a private psychiatric hospital, chemical dependency treatment center, or psychiatric or chemical dependency services at a general hospital, call 1-800-832-9623.

Ambetter will never retaliate against you because you filed a complaint against us, or appealed our decision. Similarly, we will never retaliate against a physician or provider because the provider has, on your behalf, filed a complaint against us or appealed a decision.

Appeals

You can request an appeal within thirty (30) days of receipt of a medical necessity denial of medical or behavioral health services.

We will send you a response to your appeal:

- Expedited — Within one (1) day for life-threatening, urgent or inpatient services
- Standard — Within thirty (30) days

The appeal decision will be made by a doctor who has not previously reviewed the case. The doctor is also not supervised by a doctor who has reviewed the case before.

If your appeal is denied, you also have the right to request a review by the IRO.

Member Complaint and Appeals Process

Expedited Appeals

You have the right to request an expedited appeal if the denial was for emergency care or for a continued hospital stay. We will process the expedited appeal based on your medical condition, procedure or treatment under review. The answer will be completed within one (1) working day from the date all needed information is received.

You can also request an expedited appeal for an urgent care denial. You can do this if you think the denial could seriously hurt your life or health, or if your Provider thinks that this denial will result in severe pain without the requested care or treatment provided. The answer to your appeal for urgent care will be finished within three (3) days of your request.

We have to agree with your request that waiting thirty (30) days for a standard appeal could put your life or health in danger. If we do not agree, we will let you know. Your request would then go through the regular process. You will get an answer in thirty (30) days.

Continuing Services During An Appeal

You are allowed continued coverage, pending the outcome of an internal appeal of a concurrent care decision until:

- The end of the approved treatment period, **or**
- Determination of the appeal

NOTE: This does not apply to request for extension of services or after the original authorization has ended.

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

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

Member Complaint and Appeals Process

Independent Review Organization (IRO)

You can also request a review by another doctor who does not work for us. If you have a life-threatening sickness or injury, you can request an IRO without appealing through Ambetter first. The IRO will give you their decision within three (3) days and will also send you a letter for your records within forty-eight (48) hours of making their decision.

For a condition other than a life-threatening condition, the IRO will give you their decision not later than the earlier of:

- (A) The 15th day after the date the organization receives the information necessary to make the determination; or
- (B) The 20th day after the date the organization receives the request that the determination be made.

If you have an urgent sickness or injury, you can request an IRO without appealing through Ambetter first. If you do not have a life-threatening or urgent sickness or injury, you have to file an appeal with us before you can request an IRO. If we do not send an answer to your appeal in thirty (30) days, you can request an immediate IRO review of your denial. If you want to ask for an IRO, you can contact us free of charge by calling the Appeals Coordinator at 1-877-398-9461.

Communication and Recordkeeping

To better serve the needs of our members, Ambetter will provide for effective communication with limited English-proficient and sensory impaired persons, including current and prospective members, patients/clients, family and interested persons. All aids and materials needed to provide notice or communication related to complaints or appeals are provided at no cost to you.

Ambetter maintains records of each complaint and appeal for a period of three (3) years.

Please refer to your *Evidence of Coverage* or Ambetter.SuperiorHealthPlan.com for full complaint and appeal procedures and processes.

Fraud, Waste and Abuse Program

Ambetter is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this and can be contacted at:

Superior HealthPlan
Compliance Department
2100 South IH-35, Suite 200
Austin, TX 78704

Fraud, Waste and Abuse Hotline: 1-866-685-8664

The Fraud, Waste and Abuse Hotline is answered by an independent third party and is available 24 hours a day, 7 days a week. Fraud means that a member, provider, or another person is misusing the Ambetter program resources, including:

- Loaning, selling or giving your Member ID card to someone other than yourself
- Misusing benefits
- Wrongful billing by a provider
- Any action to defraud the program

Your healthcare benefits are given to you based on your eligibility for the program. You must not share your benefits with anyone. Providers must report any misuse of benefits to Ambetter. If you misuse your benefits, you could lose them altogether. Legal action can be taken against you if you misuse your benefits.

Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the health plan. This includes billing for services that are not covered or medically necessary, or that fail to meet professionally recognized standards for health care. Abuse also includes enrollee and provider practices that result in unnecessary cost to the health plan. In the case of abuse, there is no conspiracy or malicious intent to deceive.

Your safety and well-being are very important to us. If you or your family has any concerns, please call us right away. If you think a provider, member or another person is misusing the program's resources, tell us immediately. We will take action against anyone who does this. Ambetter is serious about finding and reporting fraud, waste and abuse. Call Ambetter's Fraud, Waste and Abuse Hotline at 1-866-685-8664. You do not need to give your name.

Member Rights

Members, legal guardians of members, and legally authorized surrogates for members have certain rights and responsibilities. It is important that you know your rights and responsibilities. For the full list of rights and responsibilities, please see your *Evidence of Coverage*.

Information

You have the right to request from your PCP information about what might be wrong (to the level known), treatment, and any known likely results, including:

- The right to view your medical records
- The right to be informed of changes within our Ambetter network
- The right to information about Ambetter and its health plans
- The right to a current list of Ambetter providers
- The right to select your PCP
- The right to talk to your provider about new uses of technology; you can also ask Ambetter for information on our quality plan, how members use the plan and how we review new technology

Ambetter will protect your oral, written or electronic personal health information across the organization

Respect and Dignity

- You have the right to receive considerate, respectful care at all times.
- You have the right to receive assistance in a prompt, courteous and responsible manner.
- You have the right to be treated with dignity when receiving care.
- You have the right to be free from harassment by the health plan or the plan's providers if there are any business disagreements between the plan and provider.
- You have the right to select a health plan or switch health plans, within the Health Insurance Marketplace (HIM) guidelines, without any threats or harassment.
- You have the right to privacy.

Member Rights

Access

You have the right to adequate access to qualified health professionals.

This includes:

- The right to access treatment or services that is medically necessary, regardless of age, race, creed, sex, sexual preference, national origin or religion
- The right to access medically necessary, emergency services 24 hours a day and 7 days a week
- The right to seek a second medical opinion from a participating provider, at no cost to you
- If you have a disability, you have the right to receive information in a different format in compliance with the Americans with Disabilities Act

Informed Consent

Members, or their legal guardians or representatives have the right to join in decision making about their healthcare. This includes working on any treatment plans and making care decisions. You should know any possible risks or problems related to recovery and the likelihood of success. You shall not receive any treatment without consent freely given by you, or your legally authorized surrogate decision-maker. You will be informed of your care options.

You have the right to know who is approving and who is performing the procedures or treatment. All likely treatment, and the nature of the problem should be explained clearly. You have the right to a candid discussion on appropriate clinically or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

Complaints

You have the right to file an appeal or complaint if you have had an unsatisfactory experience with Ambetter or with any of our participating providers, or if you disagree with certain decisions made by Ambetter.

External Review

You have the right to apply for an Independent external review with the Texas Department of Insurance as result of denials for a life-threatening condition or for an appeal not resolved to your satisfaction by Ambetter.

Rights and Responsibilities Policies

Members have a right to make recommendations regarding the organization's Member Rights and Responsibilities policies.

Member Rights

Your Privacy

At Ambetter, your privacy is important. We have policies in place to protect your health records. Ambetter protects all oral, written and electronic Protected Health Information (PHI) across the organization. We follow the Health Insurance Portability and Accountability (HIPAA) requirements and have a Notice of Privacy Practices. We are required to notify you about these practices every year. This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully. If you need more information or would like the complete notice, please visit Ambetter.SuperiorHealthPlan.com.

Refusal of Treatment

You may refuse treatment to the extent that the law allows. You are responsible for your actions if treatment is refused or if the PCP's instructions are not followed. You should discuss all concerns about treatment with your PCP. Your PCP can discuss different treatment plans with you, if there is more than one plan that may help you. You will make the final decision.

Identity

You have the right to know the name and job title of people giving you care. You also have the right to know which doctor is your PCP.

Language

You have the right to an interpreter when you do not speak or understand the language of the area.

New Technology

Ambetter evaluates new technology, including medical procedures, drugs and devices, and the new application of existing technology, for coverage determination. The Ambetter Medical Director and/or Medical Management staff may periodically identify relevant technological advances for review pertinent to the Ambetter population. The Clinical Policy Committee (CPC) reviews all requests for coverage and makes a determination regarding any benefit changes that are indicated. When a request is received for coverage of new technology that has not been reviewed by the CPC, the Ambetter Medical Director will review the request and make a one-time determination. This new technology request will then be reviewed at the next regularly scheduled CPC meeting.

Member Rights

What Are Your Rights?

The following are your rights with regards to your health records. If you would like to exercise any of the following rights, please contact us.

- You have the right to ask us to give your records only to certain people or groups, and to indicate the reasons for doing so. You also have the right to ask us to stop your records from being given to family members or others who are involved in your healthcare. Please note that while we will try to follow your wishes, the law does not require us to do so.
- You have the right to ask to get confidential communications of your health records. For example, if you believe that you would be harmed if we send your records to your current mailing address, you can ask us to send your health records by other means. Other means might be fax or an alternate address.
- You have the right to request behavioral health records. This information can only be provided with the approval of the treating provider responsible for the condition to which the information relates, or another equally qualified behavioral health professional. Ambetter will notify you upon the release of any medical or behavioral health record information to a medical professional designated by you.
- You have the right to view and get a copy of all the records we keep about you in your designated record set. This consists of anything we use to make decisions about your health, including enrollment, payment, claims processing, and medical management records.

You do not have the right to get certain types of health records. We may decide not to give you the following:

- Information contained in psychotherapy notes
- Information collected in reasonable anticipation of, or for use in, a court case or another legal proceeding
- Information subject to certain federal laws about biological products and clinical laboratories
- In certain situations, we may not let you get a copy of your health records; (you will be informed in writing. You may have the right to have our action reviewed)

You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. Any request for an amendment must be in writing. You need to give a reason for your change(s). We will get back to you in writing no later than thirty (30) days after we receive your request. If your health information is not maintained on-site, we will respond no later than sixty (60) days after we receive your request. If we need additional time, we may take up to another thirty (30) days. We will inform you of any delays and the date when we will get back to you.

Member Rights

What Are your Rights, continued:

If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You will have a right to submit a letter disagreeing with us. We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your health records for future disclosures.

You have the right to receive an accounting of disclosures of your health records. By law, we do not have to give you a list of the following:

- Health records given or used for treatment, payment and healthcare operations purposes
- Health records given to you or others with your written approval
- Information that is incidental to a use or disclosure otherwise permitted
- Health records given to persons involved in your care or for other notification purposes
- Health records used for national security or intelligence purposes
- Health records given to prisons, police, FBI and others who enforce laws, or health oversight agencies
- Health records given or used as part of a limited data set for research, public health or healthcare operations purposes

To receive an accounting of disclosures, your request must be in writing. We will act on your request within sixty (60) days. If we need more time, we may take up to another thirty (30) days. Your first list will be free. We will give you one free list every twelve (12) months. If you ask for another list within twelve (12) months, we may charge you a fee. We will tell you the fee in advance and give you a chance to take back your request.



If you have any questions about this notice or how we use or share your health records, please call. We can be reached at 1-877-687-1196, Monday through Friday from 8 a.m. to 5 p.m. in all Texas time zones.

Member Rights

Using Your Rights

You have a right to receive a copy of this notice at any time. We reserve the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.

If you believe your rights have been violated, you may complain to:

Privacy Officer
Ambetter from Superior HealthPlan
2100 South IH-35, Suite 200
Austin, TX 78704

Phone: 1-800-218-7453
Relay Texas/TTY: 1-800-735-2989
Fax: 1-866-702-4830

You may also contact the Secretary of the United States Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019
TDD/TTY: 1-800-537-7697

WE WILL NOT TAKE ANY ACTION AGAINST YOU, YOUR PHYSICIAN, PROVIDER OR ANYONE ELSE ACTING YOUR BEHALF FOR FILING A PRIVACY COMPLAINT.



*Contact Ambetter at
1-877-687-1196 (Relay Texas/
TTY 1-800-735-2989) if you
need assistance exercising
your rights.*

Member Responsibilities

All members are responsible for learning how the Ambetter plan works by reading the *Evidence of Coverage*.

Giving Information

You should give accurate and complete information about present conditions, past illnesses, hospitalizations, medications and other matters about your health to Ambetter and your healthcare providers. You should make it known whether you clearly understand your care and what is expected of you. You need to ask questions of your doctor until you understand the care you are receiving. You need to review and understand the information you receive about Ambetter. You need to know the proper use of services covered by Ambetter.

Your Doctor's Advice and Your Treatment Plan

You should follow the treatment plan suggested by your providers of medical care. You should ask questions to make sure that you fully understand your health problems and treatment plan. You should work with your PCP to develop treatment goals. If you do not follow the treatment plan, you have the right to be advised of the likely results of your decision.

Identification Card (ID Card)

It is important that you show your Ambetter Member ID card before you receive care at every appointment.

Emergency Room Use

You should use an emergency room only when you think you have a medical emergency. For all other care, you should call your PCP.

Appointments

You need to keep appointments. If you cannot keep an appointment, you must call to cancel or reschedule. You should schedule appointments during office hours whenever possible.

You should know the name of your assigned PCP. You should establish a relationship with your doctor. You may change your PCP verbally or in writing by contacting our Member Services Department at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Treatment

You should treat all Ambetter staff, providers, and other members with respect and dignity. Any concerns that you have about your care should be expressed to Ambetter in a useful manner.

Member Responsibilities

Changes

You need to tell Ambetter and the Health Insurance Marketplace about any changes in your address, name or telephone number, or any changes in your family. Call Ambetter at 1-877-687-1196 or visit the Health Insurance Marketplace at www.healthcare.gov.

Other Medical Insurance

When you enroll in Ambetter, you need to give all information about any other medical insurance coverage you have. If, at any time, you get other medical coverage besides your Ambetter coverage, you must tell the Health Insurance Marketplace.

Costs

If you access care without following Ambetter rules, you may be responsible for the charges. If applicable, you are responsible to pay your portion of the monthly premium and all co-payments at the time of service.

Advance Directives

All Ambetter adult members have a right to make advance directives for healthcare decisions. This includes planning treatment before you need it. Advance Directives are forms you can complete to protect your rights for medical care. It can help your PCP and other providers understand your wishes about your health. Advance Directives will not take away your right to make your own decisions, and will work only when you are unable to speak for yourself.

Examples of advance directives include:

- Living will
- Healthcare power of attorney
- “Do Not Resuscitate” (DNR) orders

You should not be discriminated against for not having an Advance Directive. For more information regarding Advance Directives, as well as a form you can use to designate a Healthcare Proxy, please call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) or visit our website at Ambetter.SuperiorHealthPlan.com.



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