

# ***Superior HealthPlan***



# Table of Contents

- **Texas Vendor Drug Program**
  - Overview.....5
  - Requirements.....6
  - Envolve Communication Notices.....7 - 11
  
- **Superior HealthPlan**
  - Overview .....14 - 23
  - Benefit Design.....24
  
- **Envolve Pharmacy Solutions**
  - Overview .....26 - 27
  - Claim Submission Requirements.....28 - 35
  
- **Appendix**
  - Important contact information.....37
  - Sample ID Cards.....38 - 42



# Agenda

- Introduce Changes to the Texas Vendor Drug Program
  - Overview of Changes
  - Requirements of the Texas Vendor Drug Program
  - Review of Envolve Pharmacy Solutions Communication Notices sent to date
- Who is Superior HealthPlan?
  - Overview
  - Benefit Design
- Who is Envolve Pharmacy Solutions?
  - Overview
  - Claim Submission Requirements



# Texas Vendor Drug Program



# Texas Vendor Drug Program Changes

- **Beginning March 1, 2012**
  - Medicaid and CHIP patients enrolled in Managed Care will no longer receive their pharmacy benefits through the Texas Vendor Drug Program.
  - Envolve Pharmacy Solutions will manage the pharmacy benefit for Medicaid and CHIP patients enrolled in Superior HealthPlan's Managed Care Program.
  - Medicaid and CHIP Managed Care Programs are being implemented in all Texas counties, to include those patients in counties currently served through the traditional Fee for Service Medicaid program.



# Texas Vendor Drug Program Requirements

- Pharmacies must be in good standing with the Texas Health and Human Services Commission's Office of Inspector General (OIG)
- Pharmacies providing services to Superior's Managed Care patients must be contracted with Envolve Pharmacy Solutions, as well as being currently enrolled in the Texas Vendor Drug Program (VDP).
  - If you currently do not participate in the VDP and would like to apply for participation, please visit the website  
<http://www.txvendordrug.com/providers/contracting-info.shtml>
- Questions about your Envolve Pharmacy Solutions contract, or need to confirm your VDP enrollment, you can call 1-800-460-8988, or send an email to [pharmacycontracts@EnvolveHealth.com](mailto:pharmacycontracts@EnvolveHealth.com).
- Additional contracting information and forms can also be found online at: [EnvolveRx.com](http://EnvolveRx.com).



# Texas Vendor Drug Program – Additional Information and Links

**Texas Vendor Drug Program Website:** [www.txvendordrug.com](http://www.txvendordrug.com)

Medicaid and CHIP formularies and Medicaid Preferred Drug List (PDL) are available via smartphones and on the web at [www.epocrates.com](http://www.epocrates.com)

**Texas PDL/PA Criteria to be used for Superior Members:**

<http://www.txvendordrug.com/formulary/PDLSearch.asp> (e-version)

[http://www.txvendordrug.com/downloads/pdl/TXPDL\\_072711.pdf](http://www.txvendordrug.com/downloads/pdl/TXPDL_072711.pdf)

**Texas Clinical Edits:**

<http://www.txvendordrug.com/dur/edits.shtml>



# 72 Hour Emergency Fill

- Federal and Texas law require providers to dispense a 72-hour emergency supply of a prescribed drug when the medication is needed without delay and prior authorization is not available
- Applies to non-preferred drugs on the Preferred Drug List and any drug that is affected by a clinical PA needing prescriber's prior approval
- The pharmacy should submit an emergency 72-hour prescription when warranted; this procedure should not be used for routine and continuous overrides
- This process is subject to audit
- For a 72 hour emergency fill, please enter Prior Authorization Code 8





# New Plan Implementation Eligibility Verification Process

**Effective 03/01/2012** Pharmacy benefits for members of Superior

HealthPlan (Superior) will be processed through Envolve Pharmacy Solutions

**(BIN# 008019)** for Members enrolled with Superior in the following Texas Medicaid and CHIP Managed Care Programs and Service Areas:

- STAR - Bexar, El Paso, Hidalgo, Lubbock, Nueces and Travis Service Areas
- CHIP HMO - Bexar, El Paso, Lubbock, Nueces and Travis Service Areas
- STAR+PLUS - Bexar, Hidalgo, Lubbock and Nueces Service Areas
- STAR Health – Statewide
- CHIP Rural Service Area (RSA) – 171 counties in Texas
- Medicaid RSA - Central, Northeast and West Regions



# New Plan Implementation Eligibility Verification Process

To Verify Superior Member Eligibility:

1. Use Medicaid ID #. If unknown,
2. Use Member Social Security Number. If unknown,
3. Contact the Envolve Pharmacy Solutions help desk at 1-800-460-8988

To Verify Medicaid Eligibility:

- If you are uncertain of a member's Managed Care Plan, you may verify eligibility for MEDICAID Members (STAR, STAR+PLUS, STAR Health) or CHIP Members (CHIP HMO, CHIP RSA) using one of the following methods:
  - Medicaid eligibility, call 1-800-964-2777 or the State's Automated Inquiry System (AIS) 1-800-925-9126
  - For verification of CHIP eligibility, call 1-800-647-6558 or utilize the CHIP Automated Inquiry Eligibility line: 1-800-645-7164



# New Plan Implementation Eligibility Verification Process

Please be advised that the Vendor Drug Program will deny claims for Medicaid and CHIP Members enrolled in a Managed Care Program, the pharmacy claim NCPDP error code for these rejections will be “AF” (Patient Enrolled under Managed Care).

The name of the Medicaid or CHIP Managed Care Organization will be displayed as “Additional Message Information” (field 526-FQ).

If a Patient’s Managed Care Organization is listed as Superior HealthPlan, your claim will be submitted to Envolve Pharmacy Solutions.

Please contact Envolve Pharmacy Solutions if you have any questions regarding pharmacy benefits processing for Superior Members.

**Pharmacy Help Desk: 1-866-768-0468**



# Claim Submission – Data Requirements

- **ID Number:** Use Medicaid or CHIP number on card
- **ID Number Foster Care/STAR Health:** Use Medicaid, CHIP, or DFPS number on card
- **BIN Number:** 008019
- **Group Number:** 18011
- **PCN:** SHP



# Superior Health Plan



# Who is Superior HealthPlan?

- [Superior HealthPlan Network](#) - Licensed insurance company in Texas
- [Superior HealthPlan, Inc.](#) - Licensed Health Maintenance Organization in Texas. Has been providing services in Texas since 1999.
- Insurance Company and HMO function same: collectively, SUPERIOR
- Superior is a wholly-owned subsidiary of Centene Corporation, a leading multi-line healthcare enterprise offering both core Medicaid and specialty services.
- As of June 30, 2011, Superior total membership in Texas was 470,000 covered lives.



# Who is Superior HealthPlan?

- The total eligible population for Superior's newly awarded service areas and products is expected to exceed 800,000.
- All of these service areas and products will now include the management of the pharmacy benefit for Superior's members. In addition, the state has added inpatient facility services to the managed care structure for the STAR+PLUS program.



# Superior Programs - STAR

- State of Texas Access Reform (STAR)
  - Population is approximately 90% children and also includes pregnant women and some adults
  - Rx Benefits are the same for all STAR Members
  - STAR Members use the Medicaid Formulary through Vendor Drug Program



# Medicaid STAR Members

- Families and children, pregnant women – based on income level, depending on age, family income and resources/assets
- Newborns (under 12 months) born to mothers who are Medicaid certified at the time of the child's birth are automatically eligible for Medicaid and remain eligible until their first birthday
- Cash assistance recipients – Based on receipt of Temporary Assistance for Needy Families (TANF) and dependent on age

# STAR Medicaid Rural Service Area (MRSA)

- MRSA includes three areas; West, NorthEast, Central
- Some Medicaid RSA STAR Members are SSI-Eligible
- RX Benefits are the same for all STAR MRSA Members
- STAR MRSA Members use the Medicaid Formulary through Vendor Drug Program



# Superior Programs – STAR+PLUS

- Superior is currently serving STAR+PLUS Members in [Bexar](#), [Nueces](#), and [Dallas Service Areas](#) and will continue to serve these areas in March 2012.
- [Lubbock Service Area](#) is a *new* Superior service area beginning in March 2012
- STAR+PLUS Non-Dual Eligible Members use the Medicaid Formulary through Vendor Drug Program
- STAR+PLUS Membership includes members eligible for SSI Benefits
- STAR+PLUS Membership also includes members with both Medicaid and Medicare coverage (Dual Eligibles)



# Superior Programs – STAR+PLUS

- Dual Eligible Members receive their pharmacy benefits through Medicare Part D
- Part D Exceptions for Dual Eligible Members will be covered by Envolve Pharmacy Solutions; identified through the Pharmacy Exception File.
- Mandatory enrollment of SSI population ages 21 and older including dual eligible (members with Medicare and Medicaid)
- Membership is voluntary for SSI children under age 21
- All members must select a primary care physician to act as a medical home except those who are dual eligible (members with Medicare & Medicaid)



# Superior Programs – CHIP

- Children's Health Insurance Program (CHIP) includes children up through age 19
- CHIP Perinate Program covers pregnant women, their unborn children, and newborns. Eligibility is for a maximum 12 month period beginning when a pregnant woman enrolls in the program
- Superior is currently serving CHIP HMO Members in [Bexar, El Paso, Lubbock, Nueces, and Travis Service Areas](#), and will continue to serve these areas in March 2012
- Superior also serves [CHIP RSA](#) Members in 171 rural counties in Texas
- CHIP Members use the CHIP Formulary through Vendor Drug Program

# CHIP MEMBERS

- CHIP Members may have prescription drug copayments
  - CHIP copayment schedule is located at:  
[http://www.hpsc.state.tx.us/medicaid/UMCM/Chp6/6\\_3.pdf](http://www.hpsc.state.tx.us/medicaid/UMCM/Chp6/6_3.pdf)
- Most CHIP families pay an annual enrollment fee to cover all children in the family
- CHIP families also pay copayments for doctor visits, inpatient hospital care, and non-emergent care provided in an emergency setting
- Annual enrollment fees and copayments vary based on family income
- The total amount that a family must contribute out-of-pocket is capped based on family income
- Copayment amounts are listed on the front of the member's SHP ID card
- CHIP members are allowed to change Health Plans yearly during re-enrollment
- CHIP members must reapply annually on their original enrollment date



# Superior Programs – STAR Health (Foster Care)

- Foster Care program includes approximately 35,000 members in Texas statewide (all 254 counties in Texas)
- STAR Health Members use the Medicaid Formulary through Vendor Drug Program
- STAR Health Members may present with a Medicaid ID, or a Department of Family Protective Services (DFPS) ID/Form 2085

# Benefit Design

- **There are no changes to the existing benefit design**
- **Copayments and Prescription Maximums Per Month**
  - Texas Medicaid STAR and STAR+PLUS program:
    - No prescription drug copayments
  - Texas CHIP\*:
    - The following copayments are dependent upon the level of benefit:
      - Generic \$0 Brand \$3
      - Generic \$0 Brand \$5
      - Generic \$10 Brand \$35
- \*CHIP Perinates and CHIP Perinate newborns do not pay these copayments, nor do CHIP members who have met their annual limit.
- There are no maximum number of prescriptions.





# **Engolve Pharmacy Solutions**



## Engolve Pharmacy Solutions: Organizational Overview

- Engolve Pharmacy Solutions has been a wholly-owned subsidiary of the Centene Corporation since 2006 and manages in excess of two (2) million covered lives.
- Engolve Pharmacy Solutions has provided PBM services in Texas since 1995, including comprehensive pharmaceutical management to Mental Health Mental Retardation (MHMR) centers, behavioral health facilities, Indigent Health Care clinics, and jails.
- Engolve Pharmacy Solutions has two office locations in Texas – in Fort Worth and Texarkana.
- Engolve Pharmacy Solutions is awarded Pharmacy Benefit Management (PBM) Accreditation from URAC, a Washington, DC-based health care accrediting organization that establishes quality standards for the health care industry.



## Engolve Pharmacy Solutions: Pricing Overview

- Engolve Pharmacy Solutions utilizes Medi-Span as the AWP source, prices are updated on a daily basis
- Forms to submit MAC pricing inquiries can be found at:
- [Macprice.EngolveRx.com](http://Macprice.EngolveRx.com)
- Engolve Pharmacy Solutions will remit payment specific to Superior HealthPlan on a weekly basis.
- Engolve Pharmacy Solutions utilizes ACS for pharmacy audits

# Involve Pharmacy Solutions: Claim Processing

- Tamper Resistant Prescription Pads
  - Prescribing practitioners are required to use tamper resistant prescription paper when writing a prescription for any drug for Medicaid recipients. The regulation does not apply to prescription orders transmitted to a pharmacy via telephone, fax, or electronically
  
- E-prescribing
  - Providers engaged in E-prescribing must do so in accordance with all applicable State and Federal laws
  - Providers are encouraged to utilize E-prescribing practices, the benefits of which include the correct identification of covered, preferred drugs and the subsequent reduction in the need to work with the prescriber to find alternatives

–



# Involve Pharmacy Solutions: Claim Processing

- Involve Pharmacy Solutions requires NCPDP version D.0 per HHSC Vendor Drug Program requirement
  - Compounds
    - One compound is allowed per transmission and it cannot be included in a multiple claim.
    - All active ingredients must be covered on the patient's formulary. In general, drugs used in a compound follow the member's formulary as if each drug components were being dispensed individually
    - Any compounded prescription ingredient that is not approved by the FDA (e.g. Estriol) is considered a non-covered product and will not be eligible for reimbursement



# Engolve Pharmacy Solutions: Claim Processing

- Engolve Pharmacy Solutions requires NCPDP version D.0 per HHSC Vendor Drug Program requirement
  - Compounds
    - Enter “2” (Compound) in “Compound Code” (Field 406-D6)
    - Enter “00” in “Product/Service ID Qualifier” (436-E1)
    - Enter “0” in “Product/Service ID Qualifier” (Field 407-D7)
    - Always enter “Compound Type” (Field 996-G1)
    - Always use the Compound Segment to detail NDC ingredient level information:
      - “Compound Dosage Form Description Code” (Field 450-EF)
      - “Compound Dispensing Unit Form Indicator” (Field 451-EG)
      - “Compound Ingredient Component Count” (Field 447-EC)
      - “Compound Product ID Qualifier” (Field 488-RE)
      - “Compound Product ID” (Field 489-TE)
      - “Compound Ingredient Quantity” (Field 448-ED)
      - “Compound Ingredient Basis of Cost Determination” Field 490-UE). If “Blank” or “0”, will default to “Direct”
      - For non-covered products, enter “8” (Process Claim for Approved Compound Ingredients) in “Submission Clarification” (Field 420-DK) and also enter Submission Clarification Code Count (Field 354-NX)
      - Enter the GAD of the compounded product in the “Gross Amount Due’ (Field 426-DQ)



# Engolve Pharmacy Solutions: Claim Processing

- Engolve Pharmacy Solution requires NCPDP version D.0 per HHSC Vendor Drug Program requirement
  - 340B
    - As a result of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148, MMCOs are required to submit to the applicable Medicaid agency drug claim utilization files each quarter that are used by the Medicaid agency to claim rebates from participating manufacturers under the Medicaid Drug Rebate Program.
    - A claim is identified as being for Section 340B drugs through the use of the Submission Clarification Code (420-DK) field in the Claim Segment of a Claim Billing or Information Reporting transaction. To indicate that a claim is billing for Section 340B drugs, the value of 20 is used.

## Engolve Pharmacy Solutions: Claim Processing

- Ten (10) digit National Provider Identifier (NPI) is required for all pharmacy transactions.
  - NCPDP fields used for NPI submission
    - Field 202-B2 will require NPI qualifier
    - Field 201-B1 will require pharmacy NPI (pharmacy Medicaid id was previously required in this field).
    - Field 466-EZ will require NPI qualifier
    - Field 411-DB will require prescribing practitioner NPI. (State license was previously required in this field).





## **Engolve Pharmacy Solutions: Claim Processing: Durable Medical Equipment (DME)**

- Engolve Pharmacy Solutions will process limited Durable Medical Equipment (DME) and medical supplies for Superior HealthPlan
- Pharmacies must enroll with Superior HealthPlan as a DME medical provider and meet all the requirements of the Texas Medicaid and CHIP Vendor Drug Program
  - Superior HealthPlan Provider Relations Department phone number: 1-877-391-5921



# Engolve Pharmacy Solutions: Claim Processing: Drug Utilization Review (DUR)

- DUR messages appear in the claim response and pharmacies must view all screens necessary to receive the message detail, and act upon all such messages subject to the professional judgment of the provider
- Engolve, returns three (3) DUR messages that can be received on the same claim.
- Following are some of the most commonly used DUR conflict codes and messages with corresponding descriptions separated into categories as recommended by NCPDP

<b>High Dose (HD)</b>	<b>Early Refill (ER)</b>
Refill Too Soon (RTS)	Late Refill (LR)
Drug-Drug Interaction (DD)	Therapeutic Duplication (TD)
Ingredient Duplication (ID)	Drug-Age Precaution (PA)
Drug-Pregnancy Alert (PG)	Drug-Disease Precaution (DC)



## Engolve Pharmacy Solutions: Claim Processing: Coordination of Benefits (COB)

- Medicaid is the payer of last resort
  - Managed Medicaid will be payer of last resort, also
- Members with other coverage
  - Submit claims to other coverage payer first
  - Managed Medicaid will reimburse remaining amount subject to formulary and other edits; and maximum reimbursement according to contract
- Submit claims using the NCPDP COB segment process



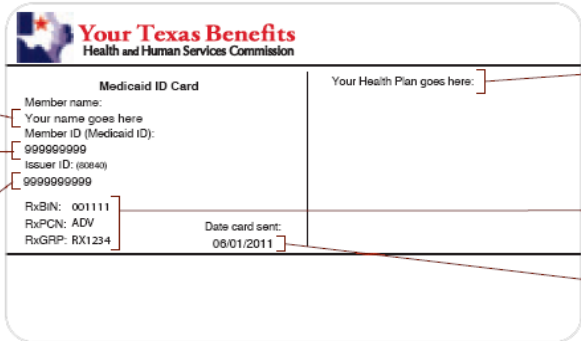
# Appendix



## Engolve Pharmacy Solutions

	Phone Number	Website
Engolve Pharmacy Solutions (main number) 5 River Park Place East, Suite 210 Fresno, CA 93720	1-800-413-7721	<a href="http://www.EngolveRx.com">www.EngolveRx.com</a>
Superior HealthPlan Dedicated Pharmacy Help Desk	1-866-768-0468	<a href="http://www.superiorhealthplan.com">www.superiorhealthplan.com</a>
Superior HealthPlan Dedicated Prescriber Prior Authorization	1-866-768-7147 1-877-865-0813 (fax)	<a href="http://www.superiorhealthplan.com">www.superiorhealthplan.com</a>
Texas Vendor Drug Program (pharmacy use only)	1-800-435-4165	<a href="http://www.txvendordrug.com">www.txvendordrug.com</a>

# Medicaid State ID Card



**Your Texas Benefits**  
Health and Human Services Commission

**Medicaid ID Card**

Member name:  
Your name goes here

Member ID (Medicaid ID):  
999999999

Issuer ID: (90640)  
999999999

RxBIN: 001111  
RxPCN: ADV  
RxGRP: RX1234

Date card sent:  
08/01/2011

Your Health Plan goes here:

This is where your name appears.

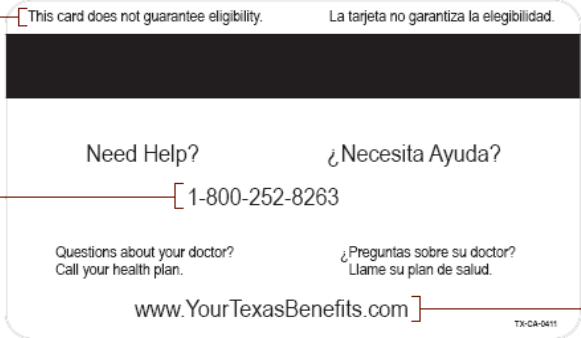
This is your Medicaid ID number.

This is HHSC's agency ID number. Doctors and other providers need this number.

If you have a health plan, its name and phone number will be listed here. Call this number if you have questions about your doctor or services.

Drug stores use these numbers.

This is the date your card was sent to you.



This card does not guarantee eligibility. La tarjeta no garantiza la elegibilidad.

Need Help? ¿Necesita Ayuda?

1-800-252-8263

Questions about your doctor? Call your health plan. ¿Preguntas sobre su doctor? Llame su plan de salud.

www.YourTexasBenefits.com

TX-CA-0411

This message is for doctors and other providers. This means they need to make sure you are still in the Medicaid program.

This is a magnetic strip your doctor can swipe (like a credit card) to get your Medicaid ID number.

Call this number if you need help using this card.

Go to this website to learn more about this card.



# Superior Member ID Cards

## STAR

Member ID #:  
Member Name:  
Primary Care Provider  
Name:  
Phone:  
Effective Date:

**SUPERIOR HealthPlan** **TEXAS STAR PROGRAM**  
Your Health Plan ■ Your Choice

Member Services/Servicios para Miembros: 1-800-783-5386  
Available 24 hours a day/Disponible las 24 horas del día  
Behavioral Health/Servicios de salud mental y abuso de sustancias:  
1-800-716-5650 Available 24 hours a day/7 days a week  
Disponible las 24 horas del día/7 días de la semana  
If you need emergency care, go immediately to the nearest  
Emergency Room. (Your doctor does not have to refer you for  
emergency care.)  
Si tiene una emergencia, vaya inmediatamente a la sala de emergencias  
mas cercana. (No necesita un envío a servicios de su doctor para recibir  
atención de emergencia.)

## CHIP HMO

Member ID #:  
Member Name:  
Primary Care Provider  
Name:  
Phone:  
Effective Date:  
Co-Payment  
Office Visit  
In-patient  
Non-Emergency ER  
RX Brand  
RX Generic

**SUPERIOR HealthPlan** **CHIP TDI**

Member Services/Servicios para Miembros: 1-800-820-5685  
Available 24 hours a day/Disponible las 24 horas del día  
Behavioral Health/Servicios de salud mental y abuso de sustancias:  
1-800-213-9927 Available 24 hours a day/7 days a week  
Disponible las 24 horas del día/7 días de la semana  
If you need emergency care, go immediately to the nearest Emergency  
Room. (Your doctor does not have to refer you for emergency care.)  
Si tiene una emergencia, vaya inmediatamente a la sala de emergencias  
mas cercana. (No necesita un envío a servicios de su doctor para recibir  
atención de emergencia.)  
For Prescription Drug Information/Para Información sobre  
Medicamentos Recetados: 1-866-274-9154





# Member ID Cards

**SUPERIOR HealthPlan** **CHIP<sup>TDI</sup>RSA**

Member ID #:  
Member Name:

Primary Care Provider  
Name:  
Phone:

Effective Date:  
Co-Payment

Office Visit  
In-patient  
Non-Emergency ER

RX Brand  
RX Generic

Member Services/Servicios para Miembros: 1-800-820-5685  
Available 24 hours a day/Disponible las 24 horas del día

Behavioral Health/Servicios de salud mental y abuso de sustancias:  
1-800-213-9927 Available 24 hours a day/7 days a week  
Disponible las 24 horas del día/7 días de la semana

If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.)  
Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana. (No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

For Prescription Drug Information/Para Información sobre Medicamentos Recetados: 1-866-274-9154

## CHIP RSA

**SUPERIOR HealthPlan** **CHIP<sup>TDI</sup>RSA Perinate Newborn**

Member ID #:  
Member Name:

Primary Care Provider  
Name:  
Phone:  
Effective Date:

No Co-Payments or Cost Sharing  
For Authorizations, call 1-800-218-7508

Hospital Facility Billing –  
Category A: Bill TMHP (if 0-185% Federal Poverty Level (FPL))  
Category B: Bill Superior HealthPlan (if above 185% to 200% FPL)

Professional/Other Services Billing:  
Superior HealthPlan (regardless of FPL percentage)

If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.)  
Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana. (No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

For Prescription Drug Information/Para Información sobre Medicamentos Recetados: 1-866-274-9154  
For Authorizations, call/ llame para las autorizaciones 1-800-218-7508

## CHIP RSA Perinate (Newborn)

**SUPERIOR HealthPlan** **CHIP<sup>TDI</sup>RSA Perinate**

Member ID #:  
Member Name:

Effective Date of Coverage:  
Category A or B:

Member Services/Servicios para Miembros: 1-800-783-5386  
Available 24 hours a day/7 days a week  
Disponible las 24 horas del día/7 días a la semana

Member Services/Servicios para Miembros: 1-800-820-5685  
Available 24 hours a day/7 days a week  
Disponible las 24 horas del día/7 días de la semana

Behavioral Health/Servicios de salud mental y abuso de sustancias:  
1-800-213-9927 Available 24 hours a day/7 days a week  
Disponible las 24 horas del día/7 días de la semana

If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.)  
Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana. (No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

For Prescription Drug Information/Para Información sobre Medicamentos Recetados: 1-866-274-9154

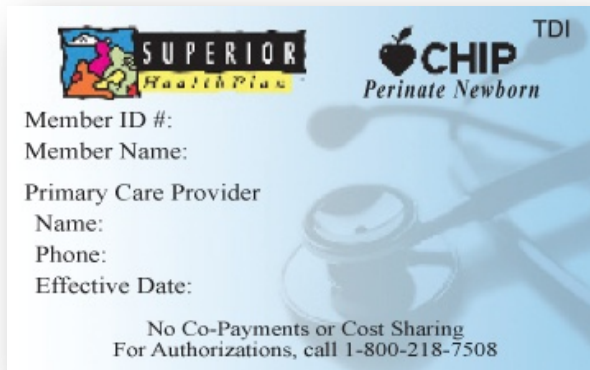
## CHIP RSA Perinate (Mother)





# Member ID Cards

## CHIP HMO Perinate (Newborn)



**SUPERIOR HealthPlan** **CHIP** TDI  
*Perinate Newborn*

Member ID #:  
Member Name:  
Primary Care Provider  
Name:  
Phone:  
Effective Date:

No Co-Payments or Cost Sharing  
For Authorizations, call 1-800-218-7508

Hospital Facility Billing –  
Category A: Bill TMHP (if 0-185% Federal Poverty Level (FPL))  
Category B: Bill Superior HealthPlan (if above 185% to 200% FPL)

Professional/Other Services Billing:  
Superior HealthPlan (regardless of FPL percentage)

If you need emergency care, go immediately to the nearest Emergency Room.  
(Your doctor does not have to refer you for emergency care.)

Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana.  
(No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

For Prescription Drug Information/Para Información sobre Medicamentos Recetados: 1-866-274-9154

For Authorizations, call/ llame para las autorizaciones 1-800-218-7508

## CHIP HMO Perinate (Mother)



**SUPERIOR HealthPlan** **CHIP** TDI  
*Perinatal*

Member ID #:  
Member Name:  
Effective Date of Coverage:  
Category A or B:  
Member Services/Servicios para Miembros: 1-800-783-5386

Available 24 hours a day/7 days a week  
Disponible las 24 horas del día/7 días a la semana

Hospital Facility Billing –  
Category A: Bill TMHP (if 0-185% Federal Poverty Level (FPL))  
Category B: Bill Superior HealthPlan (if above 185% to 200% FPL)

Professional/Other Services Billing:  
Superior HealthPlan (regardless of FPL percentage)

If you need emergency care, go immediately to the nearest Emergency Room.  
(Your doctor does not have to refer you for emergency care.)

Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana.  
(No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

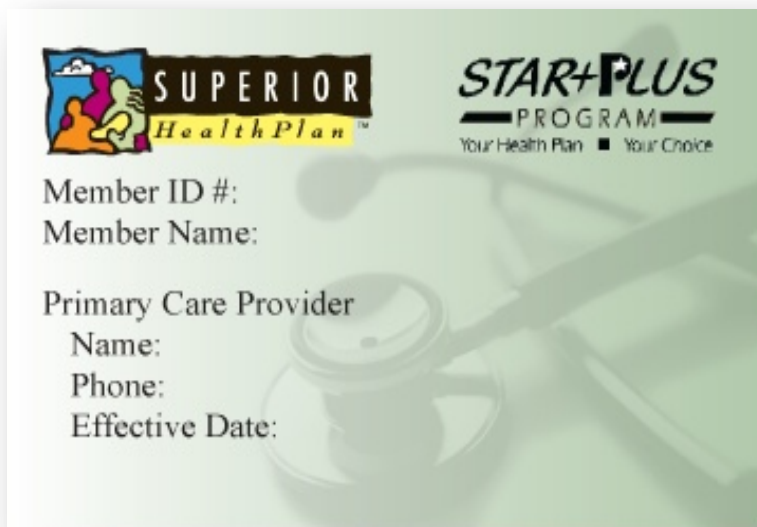
For Prescription Drug Information/Para Información sobre Medicamentos Recetados: 1-866-274-9154

For Authorizations, call/ llame para las autorizaciones 1-800-218-7508



# Member ID Cards

## STAR+PLUS



Service Coordinator/Coordinadora de Servicios: 1-866-516-4501

Member Services/Servicios para Miembros: 1-866-516-4501

Available 24 hours a day/7 days a week

Disponible las 24 horas del día/7 días de la semana

Behavioral Health/Servicios de salud mental y abuso de sustancias:

1-800-466-4089 Available 24 hours a day/7 days a week

Disponible las 24 horas del día/7 días de la semana

If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.)

Si tiene una emergencia, vaya inmediatamente a la sala de emergencias mas cercana. (No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

Medicaid recipients who are also eligible for Medicare have Long Term Care Benefits Only.

Recipientes de Medicaid que también están elegibles para Medicare tienen solamente Beneficios de Cuidado a Largo Término.