

Manténgase conectado con el portal web de Superior

¡SE AGREGARON NUEVAS CARACTERÍSTICAS!

Superior quiere que todos los miembros tengan acceso a la información que necesitan para administrar su atención médica. Una herramienta cómoda y segura que puede ayudarle es el portal web para miembros de Superior. Tras crear una cuenta gratuita, los miembros pueden:

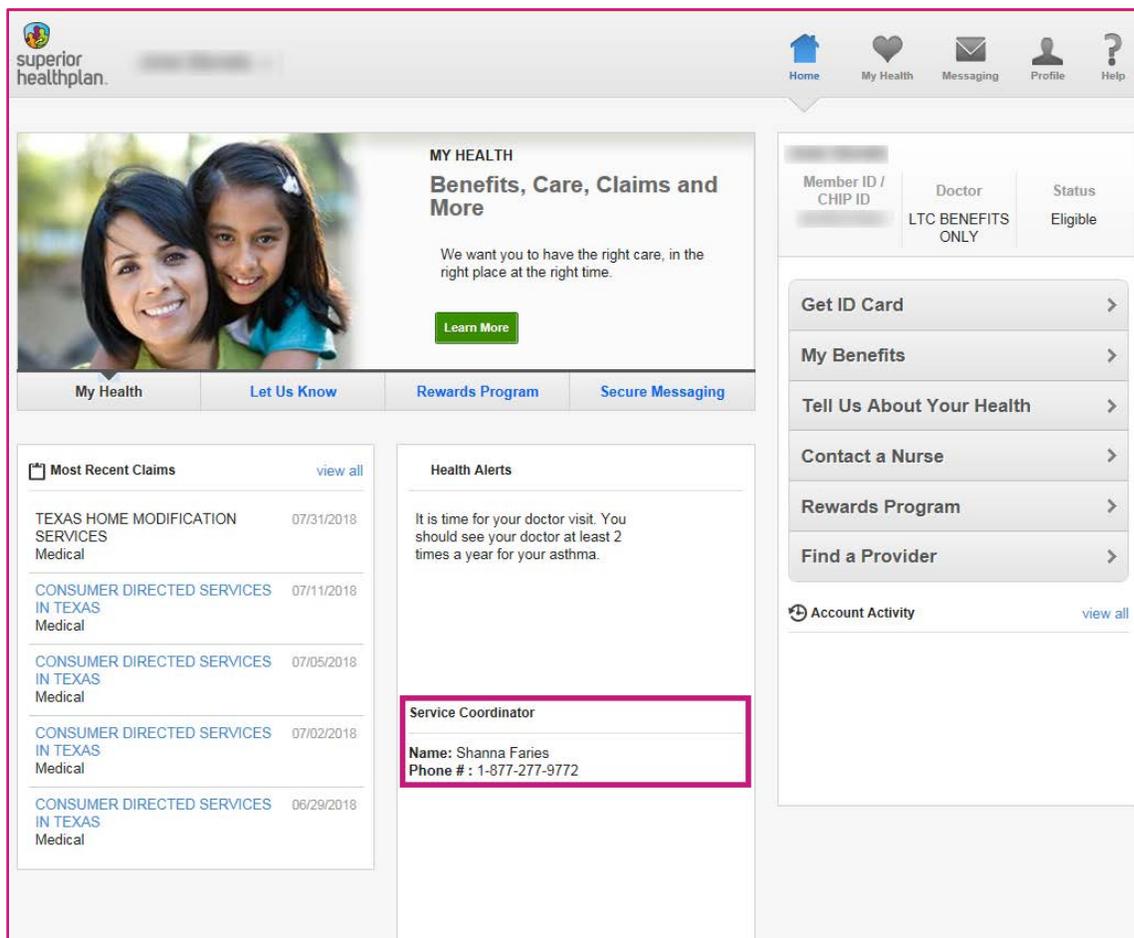
- Ver su historia clínica
- Imprimir una tarjeta de identificación temporal
- Revise su estado de salud
- Verificar el estado de las solicitudes de autorización
- Ver quién es su Coordinador de servicios
- Completar una evaluación de bienestar
- Actualizar la información personal
- Enviarle a Superior un mensaje seguro
- Encontrar información sobre educación de salud
- *Vea los seguros de terceros**
- *Obtenga ayuda e información de contacto útil**
- *Vea el Plan de Servicios Individuales (de STAR Kids)**
- *Vea el Instrumento de Evaluación y Pruebas (de STAR Kids)**



Para comenzar, visite www-es.superiorhealthplan.com y haga clic en “Para los miembros”. A continuación, haga clic en “Inicie sesión” y en “Regístrese”. Tenga en cuenta que necesitará su tarjeta de identificación de miembro de Superior, la fecha de nacimiento y la dirección de correo electrónico.



Una vez que se haya registrado, verá la página principal. En esta página, encontrará el nombre y la información de contacto de su Coordinador de servicios. También puede escoger una de las diversas opciones detalladas a la derecha. Algunas de las opciones son: “Print Temporary ID” (Imprimir identificación temporal), “Contact a Nurse” (Contactar a un enfermero) y “Find a Provider” (Buscar un proveedor).



The screenshot shows the member portal interface. At the top, there is a navigation bar with icons for Home, My Health, Messaging, Profile, and Help. Below this, the main content area is divided into several sections. On the left, there is a 'MY HEALTH' section featuring a photo of a woman and a child, with the text 'Benefits, Care, Claims and More' and a 'Learn More' button. Below this are four tabs: 'My Health', 'Let Us Know', 'Rewards Program', and 'Secure Messaging'. In the center, there is a 'Health Alerts' section with a message: 'It is time for your doctor visit. You should see your doctor at least 2 times a year for your asthma.' Below this, a 'Service Coordinator' section is highlighted with a red box, displaying the name 'Shanna Faries' and the phone number '1-877-277-9772'. On the right side, there is a sidebar with various service options: 'Get ID Card', 'My Benefits', 'Tell Us About Your Health', 'Contact a Nurse', 'Rewards Program', and 'Find a Provider'. At the bottom of the sidebar, there is an 'Account Activity' section with a 'view all' link.



En la pestaña **“My Health” (Mi salud)** del extremo superior derecho, podrá ver su información de contacto y la información del proveedor de cuidados primarios (PCP). También se puede ver su información del seguro de terceros, como el tipo y la duración de la cobertura. Además, verá varias subpestañas donde podrá revisar sus beneficios, buscar una farmacia cercana y mucho más.

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Home My Health Messaging Profile Help

My Health

Overview Claims Health Alerts Let Us Know My Benefits Authorizations Rewards Program Pharmacy Immunizations

My Information

Address [Redacted]
Telephone [Redacted] [Change](#)

My Primary Provider

Name BENJAMIN MARCUM
Specialty Family Practice
Address 150 RIVER NO BLVD
STEPHENVILLE, TX 76401
Telephone (254) 968-6051

Third Party Insurance

| Name | Policy Number | Group Number | Coverage | Effective Date | Term Date |
|-------|---------------|--------------|----------------------|----------------|------------|
| AETNA | [Redacted] | [Redacted] | MEDICAL AND HOSPITAL | 11/01/2013 | 10/31/2014 |

Most Recent Claims [view all](#)

No recent claims.

Health Alerts

No alerts.

Connect Your Health Record With Microsoft® HealthVault®

We can connect your Health Record with [Microsoft® HealthVault®](#), a trusted place for you to organize, store, and share health information online.

[Send My Claims to HealthVault®](#)

Check Out Your Rewards Program®

[Rewards Program Site](#)

En la subpestaña “**Claims**” (**Reclamos**), podrá ver la Explicación de beneficios que tiene disponible.

Home Messaging Profile Help

Dependents

| | Birth Date | Member ID / CHIP ID | Plan | Status |
|--|------------|---------------------|-----------------|----------|
| | | | Medicaid / CHIP | Eligible |

Overview
Claims
Health Alerts
Let Us Know
My Benefits
Authorizations
Rewards Program
Pharmacy
Immunizations

Explanation of Benefits

Paid Date:
 Member ID:
 Claim Number:
 Provider of Service:

| Billing Line | Dates of Service | Billed | | | Paid | | | Out of Pocket Costs | | | Remark |
|---------------|--|-----------------|-----------------|-------------------|----------------|------------------|-------------------------|---------------------|---------------|----------------------|--------|
| | | Amount Billed | Amount Allowed | Amount Excluded** | Paid by Plan | Paid by Medicare | Paid by Other Insurance | Co-pay | Co-insurance | Discounts/Reductions | |
| 01 | 07/23/2018-07/23/2018 Service Details: 99393 Service Description: PREV VISIT EST AGE 5-11 | \$206.00 | \$83.03 | \$0.00 | \$83.03 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 92 |
| 02 | 07/23/2018-07/23/2018 Service Details: 92552 Service Description: PURE TONE AUDIOMETRY; AIR ONLY | \$60.00 | \$24.98 | \$60.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | CP |
| Totals | | \$266.00 | \$108.01 | \$60.00 | \$83.03 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

** This amount is not owed by the patient.

Remark Codes 92 **PAID IN FULL**
 CP **DENY: COVERED UNDER PRIMARY PROCEDURE**

| Summary | |
|---|---------------|
| Total amount payable to Provider by Plan | \$83.03 |
| Total amount payable to Provider by Medicare | \$0.00 |
| Total amount payable to Provider by Other Insurance Payment | \$0.00 |
| Co-pay | \$0.00 |
| Co-insurance | \$0.00 |
| Sub-Total of Co-pay + Co-insurance which is Patient's Minimum Responsibility | \$0.00 |

La subpestaña **“Let Us Know” (Infórmenos)** es la que deben consultar los miembros de STAR Kids para ver su **Instrumento de Evaluación y Pruebas (SAI)** y su **Plan de Servicios Individuales (ISP)**. Todos los miembros pueden dirigirse a esta pestaña para completar su evaluación de bienestar y detección de riesgos para la salud.

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Home Messaging Profile Help

Dependents

| Birth Date | Member ID / CHIP ID | Plan | Status |
|------------|---------------------|-----------------|----------|
| | | Medicaid / CHIP | Eligible |

Overview Claims Health Alerts **Let Us Know** My Benefits Authorizations Rewards Program Pharmacy Immunizations

Ways you can let us know about your health.

STAR Kids Screening and Assessment - Core 01/11/2018

STAR Kids Individual Service Plan (ISP) - Narrative Form 01/11/2018

Community First Choice [Fill Out Now!](#)

Needs Assessment [Fill Out Now!](#)

Health Risk Screening [Fill Out Now!](#)

Please complete a health screening to let us know about your current health needs and health history. We will be able to offer programs to help improve your health. Our programs can help you manage your health needs. We provide you with education and tools for how to improve your health. We will coordinate all of the services and benefits available to you.

La subpestaña **“Authorizations” (Autorizaciones)** muestra un resumen de sus autorizaciones del año anterior y las futuras fechas de inicio, si las hubiera. También se muestra el estado de cada decisión.

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Home My Health Messaging Profile Help

My Health

Overview Claims Health Alerts Let Us Know My Benefits **Authorizations** Rewards Program Pharmacy Immunizations

Summary of Authorizations within the last 365 days

For a list of services requiring Prior Authorization : [Prior Authorization List](#)

| Authorization # | Start Date | End Date | Service Type | Status | Request Date | NPI/API | Units Req. | Units Apprd. | Unit Type |
|-----------------|------------|------------|------------------------------|-----------------|--------------|---------|------------|--------------|-----------|
| | 08/02/2018 | 09/30/2018 | Therapy-Treatment | PARTIAL_APPROVE | 08/07/2018 | | 105 | 100 | Units |
| | 08/01/2018 | 07/31/2019 | CFC Emergency Response | APPROVE | 07/05/2018 | | 12 | 12 | Visits |
| | 08/01/2018 | 07/31/2019 | Home Meals | APPROVE | 07/05/2018 | | 365 | 365 | Visits |
| | 08/01/2018 | 07/31/2019 | CFC PAS/PHC | APPROVE | 07/05/2018 | | 2034 | 2034 | Units |
| | 07/27/2018 | 01/27/2019 | DME | APPROVE | 07/27/2018 | | 1453 | 1453 | Units |
| | 07/25/2018 | 07/31/2018 | CFC PAS/PHC | APPROVE | 07/05/2018 | | 39 | 39 | Units |
| | 07/25/2018 | 07/31/2018 | CFC Emergency Response | APPROVE | 07/05/2018 | | 2 | 2 | Visits |
| | 07/25/2018 | 07/31/2018 | Home Meals | APPROVE | 07/05/2018 | | 7 | 7 | Visits |
| | 06/07/2018 | 08/06/2018 | Home Modifications | PEND | 06/07/2018 | | 3 | 3 | Visits |
| | 05/29/2018 | 07/28/2018 | Home Modifications | VOID | 05/29/2018 | | | | Visits |
| | 04/04/2018 | 07/03/2018 | DME | APPROVE | 04/04/2018 | | 29 | 29 | Units |
| | 12/25/2017 | 01/08/2018 | Therapy-Treatment | PARTIAL_APPROVE | 11/30/2017 | | 22 | 12 | Visits |
| | 12/25/2017 | 01/08/2018 | Therapy-Treatment | PARTIAL_APPROVE | 11/30/2017 | | 22 | 12 | Visits |
| | 11/12/2017 | 07/25/2018 | Nursing Facility Residential | APPROVE | 12/06/2017 | | 255 | 255 | |
| | 11/11/2017 | 11/11/2017 | Transport | APPROVE | 11/13/2017 | | 1 | 1 | Visits |
| | 11/07/2017 | 11/11/2017 | Medical | APPROVE | 11/08/2017 | | 4 | 4 | |

Status Description

- APPROVE: Authorization service approved for service type listed.
- DENY: Authorization service has been denied for service type listed.
- PEND: Authorization is under medical review or has been partially approved.



Vaya a la pestaña **“Messaging” (Mensajes)** en el extremo superior derecho para enviar mensajes seguros al equipo de los Servicios para miembros de Superior y recibir los mensajes que este equipo le envía a usted.



Para actualizar su información personal, como su dirección o número de teléfono, haga clic en la pestaña **“Profile” (Perfil)** en el extremo superior derecho.



Si necesita ayuda para usar este portal, haga clic en la pestaña **“Help” (Ayuda)** en el extremo superior derecho. Aquí encontrará más información sobre cómo encontrar lo que busca. También puede comunicarse con su Coordinador de servicios. Si tiene alguna pregunta, llame a los Servicios para miembros de Superior al número que aparece en la parte posterior de su tarjeta de identificación de miembro de Superior.

The screenshot shows the top navigation bar of the Superior Healthplan website. The navigation bar includes the Superior Healthplan logo on the left and three icons on the right: Home (house icon), My Health (heart icon), and a highlighted area containing Messaging (envelope icon), Profile (person icon), and Help (question mark icon). Below the navigation bar, the page title is "Help". The main content area contains several FAQ items:

- How can I change my Primary Care Doctor?**
You can change your doctor in the My Health section.
- How can I check my benefits?**
You can view your benefits in the My Health > [My Benefits](#) section.
- How can I check the status of my claims?**
You can view your claims in the My Health > [Claims](#) section.
- How can I print a temporary ID card or request a new ID card?**
You can request a new ID card and print a temporary ID card by clicking this [ID Card](#) link.
- Who do I contact if I think a health-care provider or someone getting benefits is doing something wrong?**
Please view our [Reporting Fraud, Waste, and Abuse](#) page to find out how to report this behavior.
- Who should I call if I still have questions about my explanation of benefits, service authorizations, assessments, or I need technical support?**
Please view our [Contact Us](#) page to find a Phone Directory.

At the bottom of the page, there is a footer with the text: "Terms and Conditions | Privacy Policy | Copyright © 2018, Centene Corporation".