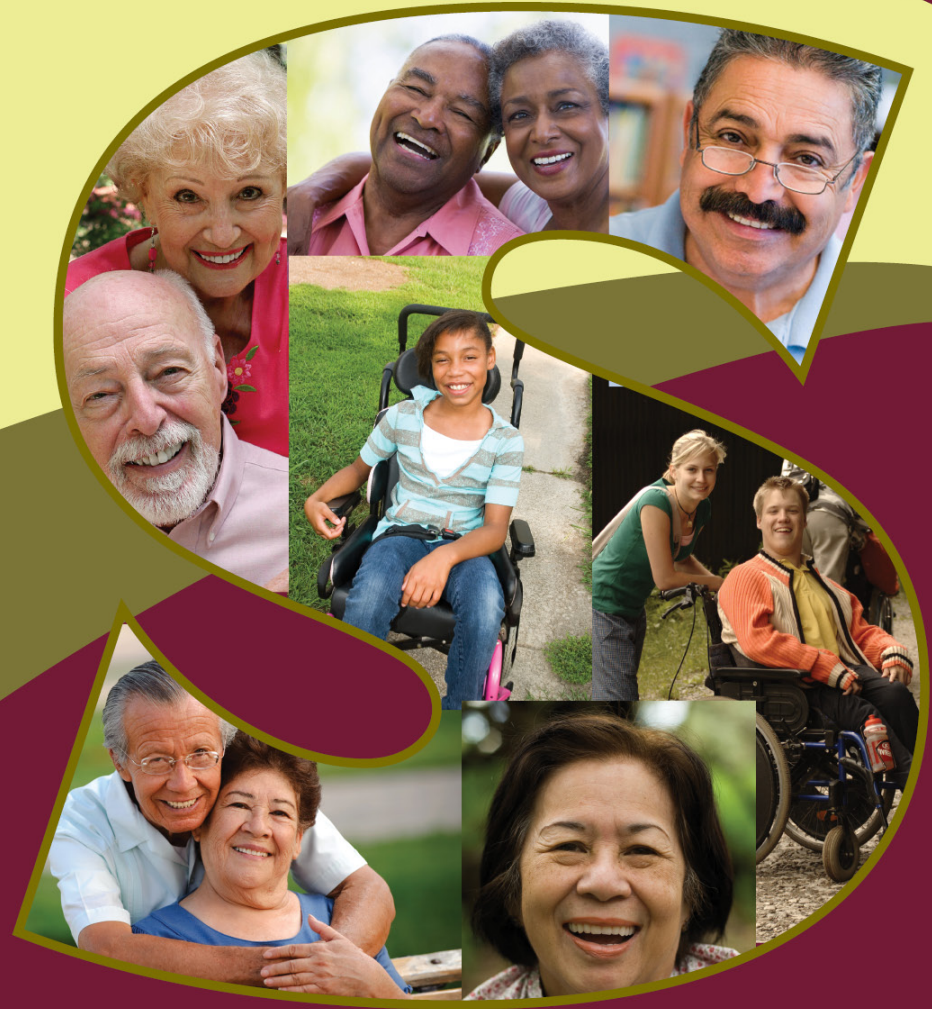


***Superior HealthPlan
Personal Attendant
Services (PAS) and
Home Health
Provider Training***





Who is Superior HealthPlan?

- Superior HealthPlan is a subsidiary of Centene Management Corporation located in St. Louis, MO.
- Licensed HMO in 7 Service Delivery Areas offering STAR, STAR+PLUS, CHIP, CHIP Perinate, STAR Health (Foster Care), Medicare Advantage
- STAR HMO provider since 1999, CHIP HMO provider since 2002, Statewide contract for STAR Health (Foster care) effective April 1, 2008.
- Effective February 1, 2007, Superior HealthPlan began serving STAR+PLUS Members in the San Antonio (Bexar) and Nueces Service Delivery Areas.
- Effective February 1, 2011, Superior HealthPlan began servicing STAR+PLUS Members in the Dallas Service Delivery Area.
- Superior HealthPlan manages healthcare for over 467,000 members





Eligibility

- Texas Medicaid Benefit Card
- Superior HealthPlan Identification Card
- Superior HealthPlan Website:
WWW.SUPERIORHEALTHPLAN.COM
- Contact Member Services: 1.866.516.4501
- Verify Eligibility the 1st of each month using our website or by contacting Member Services



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.

Your Texas Benefits
Health and Human Services Commission

Medicaid ID Card

Member name:
Your name goes here

Member ID (Medicaid ID):
999999999

Issuer ID: (80840)
999999999

RxBIN: 001111
RxPCN: ADV
RxGRP: RX1234

Date card sent:
06/01/2011

Your Health Plan goes here:

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

Call this number if you need help using this card.

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

Go to this website to learn more about this card.

STAR + PLUS Identification Cards



STAR+PLUS
PROGRAM
Your Health Plan ■ Your Choice

Member ID #:

Member Name:

Primary Care Provider

Name:

Phone:

Effective Date:

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 más 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.





Service Coordination

- All members receiving LTSS services will be assigned to a Service Coordinator
- Service Coordination is available to all STAR+PLUS members
- Service Coordinators will:
 - Review assessments and develop plan of care utilizing input from member, family and providers
 - Coordinate with the member's PCP, specialist and LTSS providers to ensure the member's health and safety needs are met in the least restrictive setting
 - Refer members to support services such as disease management and community resources
 - Authorize services





Service Coordination Teams

- Service Coordination utilizes a multidisciplinary approach in meeting members needs including behavioral health referrals and non-clinical social support
- Service Coordinators are divided into three teams consisting of: Exceptional Needs, Dual Eligible (those who have both Medicare and Medicaid), and Waiver/Long Term Care
- Service Coordination Teams are assigned by zip codes



PAS Authorizations



- Providers may call the Service Coordination department or fax a 2067 to request initial approval or changes to PAS services.
 - Dedicated Service Coordination Teams located in each Service Area
- PAS services are reviewed annually by the Service Coordinator
- PAS services are initiated as service need is identified by the Service Coordinator via the PCP, hospital or nursing home discharge, health risk assessments, etc.
- Superior sends summary reports to providers each month listing all members receiving PAS services to assist with reconciliation & ensure accuracy of authorizations
- LTSS skilled nursing for STAR+PLUS Waiver members are added into the service plan after an assessment is completed on the member and specified for the period of the ISP.





Home Health Authorizations

- Acute care services are driven by physician orders for a specified period of time.
- Continuation of service authorization is driven by the plan of care and reviewed against Superior's medical necessity criteria
- Authorization requests should be faxed to the Prior Authorization Department at 800-690-7030
- Home Health services can be initiated by Superior due to need identified via the PCP, hospital or nursing home discharge, health risk assessments, etc.



Billing Requirements



* If provider bills less than contracted amount, the claim will pay the lesser of.

- Bill with Place of Service 12
- PAS procedure code is S5125. All claims must be billed with appropriate modifiers. See Billing Matrix for appropriate modifiers for various services. Authorization will also include procedure codes and modifiers
- PAS Taxonomy Code: 3747P1801X
- PAS Units = 1 hour of service
- For those skilled nursing services defined as acute (e.g. IV infusion, wound care) procedure code G0154. For those skilled services that are more long term in nature (e.g. med box fills) the code S9123 or S9124 (depending upon licensure) will be issued. Please note modifiers are typically required for all “S” procedure codes





Web Site

www.superiorhealthplan.com

- SUBMIT CLAIMS ON-LINE!
- Check claim status
- Verify eligibility
- View Provider Directory
- View Provider Manual
- Submit Online Authorizations (acute care only)
- Request copy EOP
- Link for Providers to file On-Line complaints
- Provider Group Training Schedule
- Provider On-Line Training Schedule
- Links for additional Provider Resources



Contracting Contacts



- Telephone number to request contract – 866-615-9399 x 22534
- Email Address to request contract – shp-networkdevelopment@centene.com
- Request contract via website – www.superiorhealthplan.com
- Escalated issues or more complicated questions can be directed to Will Rodriguez, Director of Network Development – 800-783-5386 x 22765 or gurodriguez@centene.com

