Secure Provider Portal

Electronic Funds Transfer (EFT) Solution

Prior Authorization Guide

Quick Reference Guide

Simplify Office Administrative Tasks

Keep this Quick Reference Guide nearby to simplify pre-visit planning and post-visit tasks.

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Website: SuperiorHealthPlan.com		Secure Provider Portal: Provider.SuperiorHealthPlan.com	
• Patient care forms	• Provider manual	• Verify member eligibility	• Manage prior authorizations
• Pre-auth needed tool	• Preferred drug list	• Access patient health records	• Submit and manage claims
• Superior HealthPlan news	• Member resources	• View patient gaps	• Obtain provider resources

Member Eligibility   Patient Care Gaps   Prior Authorization   Claims

guidelines:
date of service.

MEDICAID PROVIDER TOOLKIT

Cultural Competency
Complaints
Provider Newsflash
Payspan
Accessibility

After-Hours Telephone Accessibility Standards

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The Texas Health and Human Services (HHS) Uniform Managed Care Contract sets accessibility standards that a Primary Care Provider (PCP) must follow, to allow patients to reach them by phone after normal business hours. Superior audits PCP offices after business hours to determine compliance with these standards. Below are the basic accessibility requirements to help you assess your current after-hours availability.

What meets the standards?

- ☑ A bilingual answering service, which can contact the PCP or another designated medical practitioner.
- ☑ A provider who returns calls within 30 minutes.
- ☑ A bilingual answering machine message that directs the patient to call another number to reach the PCP or another designated provider (not another answering machine).
- ☑ Office telephone systems that transfer calls to another location where someone will answer the telephone and be able to contact the PCP or another designated medical practitioner, who returns calls within 30 minutes.

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Note: This document is interactive. Click each page to access the full document.

Simplify Office Administrative Tasks

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Member Eligibility

Check member eligibility:

- Secure Provider Portal
- Provider Services:
  1-877-391-5921
- TTY/TDD:
  1-800-735-2989

Patient Care Gaps

Find recommended services that a member has not completed.

1. Visit the Secure Provider Portal.
2. Review patient information for any gaps in care.
3. Plan to address care gaps during a future appointment.

Prior Authorization

Use the Pre-Auth Needed Tool on our website to determine if prior authorization is required.

Submit prior authorizations:

- Secure Provider Portal
- Fax: 1-800-690-7030
- Phone: 1-800-218-7508

Claims

Timely filing guidelines:
95 days from date of service.

Submit claims:

- Secure Provider Portal
- Clearinghouses:
  EDI Payor ID 68069
- Mail paper claims to:
  Superior HealthPlan
  P.O. Box 3003
  Farmington, MO
  63640-3803

Pre-Visit Planning Checklist

- ✓ Verify member eligibility.
- ✓ Check for patient care gaps and address them during upcoming office visit.
- ✓ Use Pre-Auth Needed Tool to determine if prior authorization is needed before appointment.

Provider Services: 1-877-391-5921

SuperiorHealthPlan.com

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How to Obtain Prior Authorization

Pre-Auth Needed Tool

Use the Pre-Auth Needed Tool to quickly determine if a service or procedure requires prior authorization, by visiting SuperiorHealthPlan.com/providers/preauth-check/medicaid-pre-auth.html.

Submit a Prior Authorization Request

If a service requires prior authorization, submit through one of the following ways:

SECURE PROVIDER PORTAL

Provider.SuperiorHealthPlan.com

This is the preferred and fastest method. The provider must be a registered user.

FAX

Medical
1-800-690-7030

Behavioral Health
1-855-772-7079

PHONE

1-800-218-7508

After normal business hours and on holidays, calls are directed to Superior's 24-hour Nurse Advice Line.

Visit our website for a list of services that require prior authorization.

Please note:
- All out-of-network services require prior authorization except emergency care, out-of-area urgent care and out-of-area dialysis.
- Failure to complete the required prior authorization or certification may result in a denied claim.
- More resources available at **SuperiorHealthPlan.com/providers.html.**

Provider Services: 1-877-391-5921

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Payspan
Get Paid Faster

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Superior HealthPlan offers Payspan, a free solution that helps providers simplify the payment tracking and transfer process.

Improve cash flow by getting payments faster.

Settle claims electronically through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs).

Maintain control over bank accounts by routing EFTs to the bank account(s) of your choice.

Match payments to statements quickly and easily re-associate payments with claims.

Manage multiple payers, including any payers that are using Payspan to settle claims.

Eliminate re-keying of remittance data by choosing how you want to receive remittance details.

Create custom reports including ACH summary reports, monthly summary reports, and payment reports sorted by date.

SET UP YOUR PAYSPAN ACCOUNT ·····TODAY·····

Visit **PaySpanHealth.com** and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

Provider Services: 1-877-391-5921

SuperiorHealthPlan.com

Secure Provider Portal

Manage patient administrative tasks quickly and easily.

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View Multiple TINs
One point of entry allows for quick and easy access to Superior HealthPlan member information for multiple TINs/practices.

Access Daily Patient Lists from One Screen
One concise view allows Primary Care Providers to scan patient lists for details such as Superior member eligibility and care gaps.

Manage Batch Claims for Free
Submit and manage claims, including batch and view detailed Electronic Funds Transfer (EFT) payment history.

Simplify Prior Authorization Process
Submit prior authorization requests using the "Smart Sheets" feature with prompts for required clinical information.

Utilize Additional Features to Streamline Office Operations:

- View patient demographics and history.
- Use the secure messaging feature to communicate with Superior.
- Update provider demographics.

Access Daily Patient Lists from One Screen

Manage Batch Claims for Free

View Multiple TINs

PROTECTED, CONVENIENT ACCESS AT YOUR FINGERTIPS

Simplify Prior Authorization Process

Streamline Office Operations

Check Patient Care Gaps
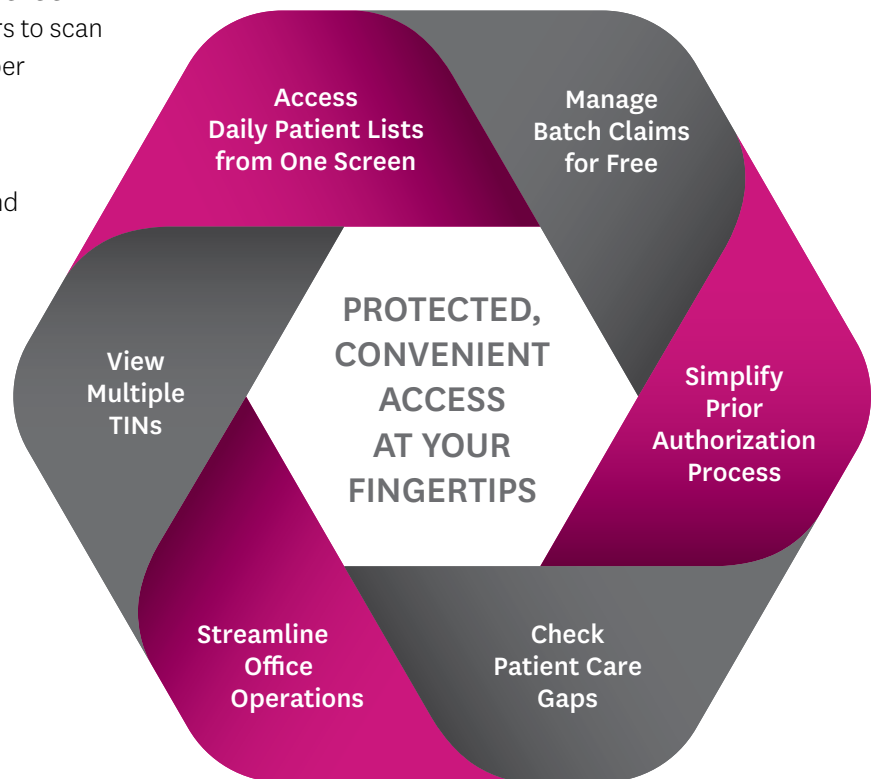
QUESTIONS?
Contact Superior HealthPlan at 1-877-391-5921

Get Started Now!

Visit **Provider.SuperiorHealthPlan.com** and click Create an Account. Have your tax ID number ready during sign up.

SuperiorHealthPlan.com

After-Hours Telephone Accessibility Standards

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☑ Office telephone systems that transfer calls to another location where someone will answer the telephone and be able to contact the PCP or another designated medical practitioner, who returns calls within 30 minutes.

What doesn't meet the standards?

☒ The office telephone is not answered after office hours.

☒ The answering machine message tells patients to leave a message.

☒ The answering machine message is not bilingual (English and Spanish).

☒ The answering machine message instructs patients to go to an Emergency Room for any services needed.

☒ A provider who does not return after-hours calls within 30 minutes.

Need more information on accessibility standards?
Review Superior's provider manual at
SuperiorHealthPlan.com/providers/training-manuals.html.

SuperiorHealthPlan.com

SHP_20174071E

Provider Services: 1-877-391-5921

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How to Register for Payspan

Payspan is a free, secure online tool that gives providers the option to:

- Improve cash flow
- Maintain control over bank accounts
- Settle claims electronically
- Match payments to statements quickly
- Manage multiple payers
- Create custom reports
- View remittance advice online

Registering for Payspan online is simple and only takes about 10 minutes. Follow the instructions below to begin.

1. Registration

- Call 1-877-331-7154, Option 1, to obtain a unique registration code.
- Visit **PaySpanHealth.com** and click **Register Now**.
- Enter the unique registration code and click **Submit**.

  OR

- Enter the registration code, Provider ID Number (PIN), Tax ID Number (TIN) or Employer Identification Number (EIN) and National Provider Identifier (NPI) and click **Start Registration**.

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2. User Name and Password

- Designate a personalized user name, or you may also use your email address as your user name.
- Create a unique password of at least 8 characters and include one capital letter, one lower case letter and a number.
- Select a challenge question, enter your answer and click **Next** to continue.

3. Account Setup

- Designate the account where funds will be deposited into and click **Next** to continue.

4. Verify Your Info

- Verify your information, check the box to agree to the Services Agreement and click **Confirm**.
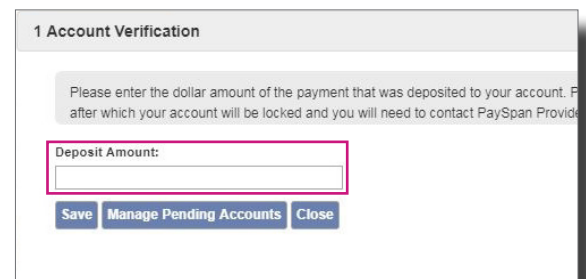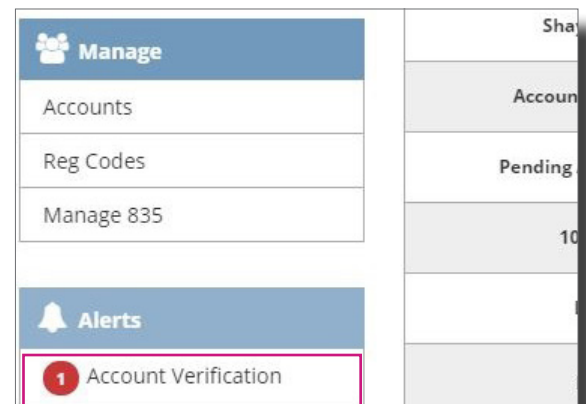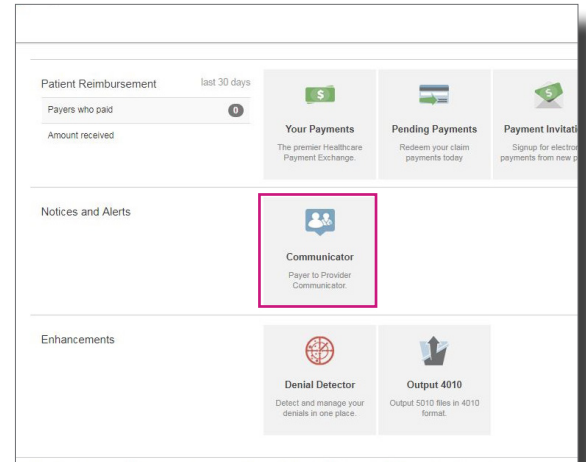
5. Electronic Payments

When registering for electronic payments, a deposit of less than one dollar from Payspan will be received within a few business days. To begin receiving electronic payments and remittance advice, follow the steps below to activate your account.

Please note: Providers will need to contact their financial institution to obtain the amount of the test deposit from Payspan.

- Click Your **Payments**.

- Click the **Account Verification** link on the left side of the screen.

- Enter the amount of the deposit you received (format must be 0.00).

Please note: The deposit does not need to be returned to Payspan.

For questions on registering and electronic payments, please contact to Payspan Support:

- Call: 1-877-331-7154, Option 1 (Monday-Friday, 8am to 8pm, EST)
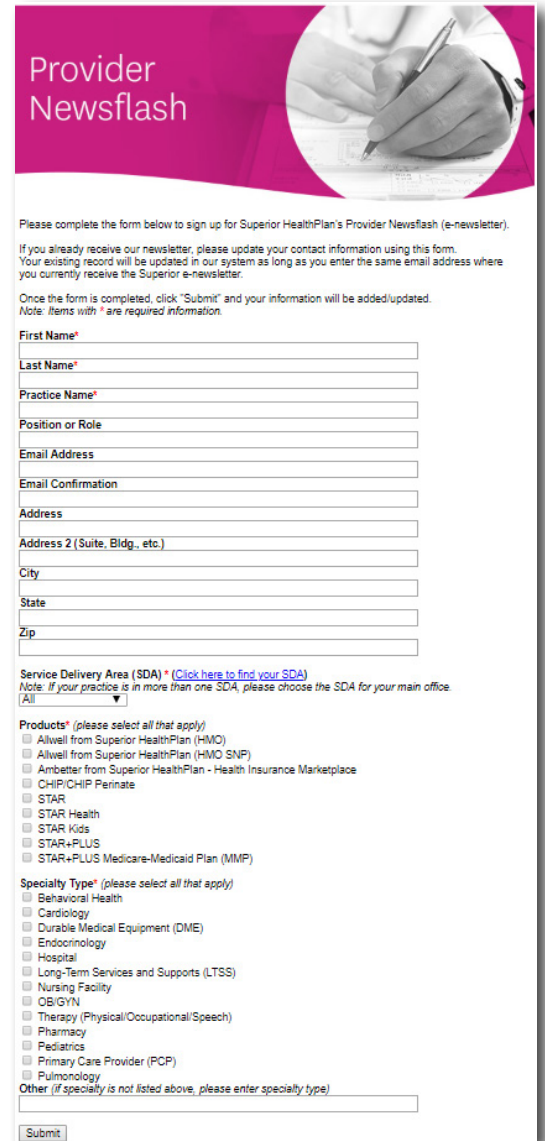- Email: providersupport@payspanhealth.com

Sign Up for Superior's Provider Newsflash

Don't miss important provider news and updates! Superior's Provider Newsflash is an e-newsletter emailed every two weeks to subscribing providers. Take a moment to subscribe today and start to receiving news relevant to your area, specialty and/or Superior products.

Stay up-to-date with the latest Provider News!

Customized news may include, but is not limited to:

(!) Mandatory trainings

($) Billing and claims information

(Texas) Texas Health and Human Services (HHS) requirements

(✔) Superior policy updates

To sign up for Superior's Provider Newsflash, update your information or view current news, please visit **SuperiorHealthPlan.com/provider-news.html.**

SuperiorHealthPlan.com

SHP_20174071G

Provider Services: 1-877-391-5921

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Submitting Complaints

Superior HealthPlan has an online complaint submission form available through the Superior website. The online form allows providers to file complaints for resolution.

ONLINE

Providers can access and submit the Online Complaint Form by visiting SuperiorHealthPlan.com/contact-us/complaint-form-information (scroll to the bottom of the web page to begin).

MAIL OR FAX

The complaint form can be printed, completed and mailed or faxed to:

Mail: Superior HealthPlan
ATTN: Complaint Department
5900 E. Ben White Blvd.
Austin, TX 78741

Fax: 1-866-683-5369

CALL

Providers may also file a verbal complaint by calling Superior's Provider Services at 1-877-391-5921.

Please Note: The online feature and written complaint process do not replace or include inquiries or appeals related to Claims or Medical Necessity Appeals. For those services, please continue to contact Superior's applicable departments by visiting SuperiorHealthPlan.com.

Superior will answer complaints within thirty 30 days of the date the complaint is received.

Most of the time, Superior can assist right away. There is no time limit for filing a complaint with Superior. Providers can also submit a complaint to Texas Health and Human Services (HHS) by calling toll-free at 1-800-252-8263. For additional information and instructions, visit: https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/how-submit-complaint-as-medicaid-provider.pdf.

SuperiorHealthPlan.com

SHP_20174071H

Provider Services: 1-877-391-5921

Cultural Competency:

BRIDGING THE COMMUNICATION GAP

superior healthplan™

What Is Cultural Competency?

Cultural Competency encompasses Superior HealthPlan's beliefs, values and behaviors. It is the ability to interact effectively with people from different cultures and backgrounds.

Why Is Cultural Competency Important?

Better cross-cultural and linguistic communications can play a role in reducing health disparities which are prevalent throughout Texas and the nation. The 2010 U.S. Census revealed 34.2% of Texas residents over the age of five speak a language other than English. The top three non-English languages spoken are Spanish (6,543,702 residents), Vietnamese (168,886 residents), Chinese (93,084 residents), which presents numerous opportunities for misunderstanding information related to health conditions or medications.

What Can You Do To Become More Culturally Competent?

As an organization, Superior uses the National Culturally and Linguistically Appropriate Services (C.L.A.S.) standards from the Office of Minority Health to guide our efforts to become more culturally competent. Here are a few standards to guide you:

1. PRINCIPAL STANDARD: Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

2. GOVERNANCE, LEADERSHIP AND WORKFORCE: Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

3. COMMUNICATION AND LANGUAGE ASSISTANCE: Offer communication and language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

4. ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY: Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.

What Is Health Literacy?

Health Literacy is the capacity to obtain, process and understand basic health information and services needed to make appropriate decisions. A patient's level of health literacy can impact how and when they take their medications, their understanding of their health conditions, attendance at their appointments and the choices they make regarding treatment. Low health literacy has been linked to poor health outcomes, such as higher rates of hospitalization and less frequent use of preventive services.[1-3]

SIGNS OF LOW HEALTH LITERACY:

- Noncompliance with medication regimens, lab tests or appointment attendance.
- An incomplete or inaccurately completed registration form.
- Inability to explain the functions, timing and names of their medications.
- Saying they "forgot their glasses" if they cannot read something.

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WHAT CAN YOU DO?

The American Medical Association Foundation has compiled six steps to improve interpersonal communications with low health literacy patients.

- **Use plain, non-medical language** – Use terms like "high blood pressure" instead of "hypertension" or "skin doctor" instead of "dermatologist".
- **Use the "teach-back" method** – Confirm that the patient understands by asking them to repeat back your instructions. It may be helpful to say something like, "I want to make sure I told you everything correctly. Can you please tell me what you're going to do to take care of your foot?"
- **Create a shame-free atmosphere that encourages questions** – Make patients feel comfortable asking questions. Use the patient's family and friends in promoting understanding.[4]
- **Be positive and empowering** – Encourage questions from the patient after every main point.

Cultural Sensitivity and Health Literacy Training

Providers are encouraged to review Superior's Cultural Competency Health Literacy Training found at: www.SuperiorHealthPlan.com/providers/resources.html

Providers can also participate in training opportunities administered by the State or nationally recognized organizations, including:

- "A Physician's Practical Guide to Culturally Competent Care" from The U.S. Department of Health and Human Services, Office of Minority Health, found at: https://cccm.thinkculturalhealth.hhs.gov
- Online courses on topics such as addressing health literacy, cultural competency and limited English proficiency from:
  - The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), found at: www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html
  - The Health and Human Services Commission Center for Elimination of Disproportionality and Disparities Office of Minority Health and Health Equity, found at: www.txhealthsteps.com/cms/?q=office-of-minority-health-and-health-equity

Resources For Your Practice

COMPLIMENTARY INTERPRETATION SERVICES

Superior provides interpretation services to our providers at no cost. To obtain access to a telephonic interpreter, follow these steps:

1. Use a phone in the exam room, call the Member Services number located on the back of the patient's Superior member ID card.
2. Tell the representative that you need an interpreter in the desired language.
3. When connected, use the speakerphone function to communicate with the patient.

REFERRAL TO CARE OR DISEASE MANAGEMENT

For those situations where a patient needs extra assistance, but you don't have the time to address the issue, you can refer the patient to Superior's Care or Disease Management department by calling **1-800-783-5386**.

CONTACT INFORMATION

If you have any questions or need help, please contact your dedicated Account Manager or call Provider Services at **1-877-391-5921**.

SOURCES:

[1]Baker DW, Parker RM, Williams MV, Clark WS. 1997. The Relationship of Patient Reading Ability to Self-Reported Health and Use Of Health Services. American Journal of Public Health. 87(6): 1027-1030 | [2]Baker DW, Parker RM, Williams MV, Clark WS. 1998. Health Literacy and the Risk of Hospital Admission. Journal of General Internal Medicine. 13(12): 791-798. | [3]Baker DW, Gazmararian JA, Williams MV, Scott T, Parker RM, Green D, Ren J, Peel J. 2002. Functional Health Literacy and the Risk of Hospitalization Admission Among Medicare Managed Care Enrollees. American Journal of Public Health. 92(8): 1278-1283. | [4]Weiss, Barry D. M.D., Removing Barriers to Better, Safer Care. Health Literacy and Patient Safety: Help Patients Understand. Manual for Clinicians. Second Edition. American Medical Associations Foundation and American Medical Association, 2007. | MLA Language Map Data Center, source: American Community Survey U.S. Census 5 year Estimates, Public Use Microdata Sample, 2006-2010; retrieved from https://apps.mla.org/map_data