

# Group National Provider Identifier (NPI) Demographic Form



*Mental Health Rehabilitation and  
Targeted Case Management (MHR/TCM)*

The Group National Provider Identifier (NPI) Demographic Form for Mental Health Rehabilitation and Mental Health Targeted Case Management (MHR/TCM) will assist providers in facilitating payments for MHR/TCM Services rendered to Superior HealthPlan STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), STAR Health, and STAR Kids Programs. Only approved and attested organizations can render services to Superior members.

Once all fields of this form are completed, please return the form to Superior's Network and Development Team at: [SHP.NetworkDevelopment@SuperiorHealthPlan.com](mailto:SHP.NetworkDevelopment@SuperiorHealthPlan.com).

## Important Reminders for Providers:

- Attestations must be submitted annually to [ProviderCertifications@SuperiorHealthPlan.com](mailto:ProviderCertifications@SuperiorHealthPlan.com).
- The Mental Health Rehabilitation and Targeted Case Management Annual Attestation (MHR/TCM) is located under the Credentialing section on Superior's Provider Forms webpage. This Group Demo form is NOT an attestation.
- Any QMHPs or other qualified providers who do not have an NPI that are providing services to Superior members complete the Central Registry Check Request for Abuse/Neglect (PDF) - Form 1600 (for Foster Care providers), located under the Credentialing section on Superior's Provider Forms webpage. (This form is collected as part of the credentialing process for those providers with an NPI, when required.)
  - Please submit completed forms to [AM.BH@SuperiorHealthPlan.com](mailto:AM.BH@SuperiorHealthPlan.com).
- Licensed Practitioners should be fully credentialed under the Group's Tax ID, and are required to bill under their individual NPIs. The Group NPI can be used to bill MHR/TCM services performed by a Qualified Mental Health Professional (QMHP) or other qualified providers who render services and do not have an NPI.
- For help with either the attestation or Form 1600, please reach out to the Behavioral Health Account Management Team at [AM.BH@SuperiorHealthPlan.com](mailto:AM.BH@SuperiorHealthPlan.com).



## Demographic Information

Legal Business Name: \_\_\_\_\_

Office DBA Name: \_\_\_\_\_

Physical Address (must be a street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office Email Address: \_\_\_\_\_ Office Website: \_\_\_\_\_

Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_ Medicare Identification Number: \_\_\_\_\_

Specialty: \_\_\_\_\_ Sub-Specialty: \_\_\_\_\_

Primary Taxonomy: \_\_\_\_\_ Additional Taxonomy: \_\_\_\_\_

Mailing address same as above?  Yes  No (If **No**, complete information below.)

Mailing Address (must be an address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

**PLEASE NOTE: SIGNED AND DATED W-9 MUST BE PROVIDED FOR BILLING ADDRESS**

## Office Hours and Additional Practice Locations

### Primary Location

Your primary location is the address listed in the “Demographic Information” section above. Please include office hours for your Primary Location below:

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Providers can utilize the following pages to add any additional locations operating under the same group NPI. If you have multiple Group NPIs, please complete a new form for each NPI.

**Physical Location 2**

Physical Address (must be a street address): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Physical Location 3**

Physical Address (must be a street address): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Physical Location 4**

Physical Address (must be a street address): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Physical Location 5**

Physical Address (must be a street address): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	