

STAR+PLUS/Nursing Facility Quick Reference Guide



General Information

Provider Services 1-877-391-5921 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	Website www.SuperiorHealthPlan.com
Member Services and After Hours (24-Hour Nurse Advice Line) 1-877-277-9772 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	Secure Provider Portal Provider.SuperiorHealthPlan.com
Fair Hearing Requests Hotline 1-877-398-9461	Help Desk: Phone: 1-866-895-8443 Email: TX.WebApplications@SuperiorHealthPlan.com

Provider Contracting

Phone: 1-866-615-9399 ext. 22534; Email: SHP.NetworkDevelopment@SuperiorHealthPlan.com Web: www.SuperiorHealthPlan.com/providers/become-a-provider

Claims Submission – NF Unit Rate

Nursing Facilities may submit claims one of three ways: <ol style="list-style-type: none"> Secure Provider Portal: Provider.SuperiorHealthPlan.com EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 TMHP's Web Portal: www.TMHP.com via TexMedConnect
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Timely Filing Deadline: 365 days from the date of service or 95 days from Medicare EOP Auto Adjusted Claims: 30 days from the receipt date of the adjustment or the SAS file

Claims Submission – Acute Care and Add-on Services (Non-Duals – Medicaid only)

Nursing Facilities may submit claims one of four ways: <ol style="list-style-type: none"> Secure Provider Portal: Provider.SuperiorHealthPlan.com EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 Paper: see address below under Initial, Resubmission, Corrected or Reconsiderations TMHP's Web Portal: www.TMHP.com via TexMedConnect
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Initial, Resubmission, Corrected or Reconsiderations Superior HealthPlan P.O. Box 3003 Farmington, MO 63640-3803	Claim Appeals Superior HealthPlan P.O. Box 3000 Farmington, MO 63640-3800	EFT/ERA – PaySpan Health Phone: 1-877-331-7154 Web: www.payspanhealth.com
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Timely Filing Deadline: 95 days from date of service	Corrected Claims, Requests for Reconsideration or Claim Disputes: 120 days from the date of disposition (receipt of EOP)
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Bill Code Crosswalk for Add-on Services

https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks	TMHP/TexMedConnect Help Desk 1-800-626-4117, Option 1
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Claims Submission – Dual Members (Medicare & Medicaid)

Medicare is always primary to Medicaid coverage and you must submit your claim to Medicare for consideration first. Then file the claim with a copy of the EOP to Superior through the Web Portal: Provider.SuperiorHealthPlan.com

Prior Authorization – Acute Care & Add-on Services (Non-Dual)

Non-Dual Members (Medicaid only) Call: 1-800-218-7508 Fax: 1-800-690-7030	Prior Authorization – Acute Care Services (Dual) Dual Members (Medicare and Medicaid) Call: Member's Medicare Carrier
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For the most current Provider Manual and Prior Authorization List, please visit www.SuperiorHealthPlan.com/providers.