



superior
healthplan™



Secure Provider Portal

Enhance office efficiency and simplify day-to-day administrative tasks with Superior's Secure Provider Portal.

SuperiorHealthPlan.com

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Overview

Superior's Secure Provider Portal makes managing patient administrative tasks easy and convenient.

Using our online tool, you can get immediate access to patient information to check eligibility for Superior member appointments, view care gaps as well as manage claims and other administrative tasks with ease. With the Secure Provider Portal, you can:

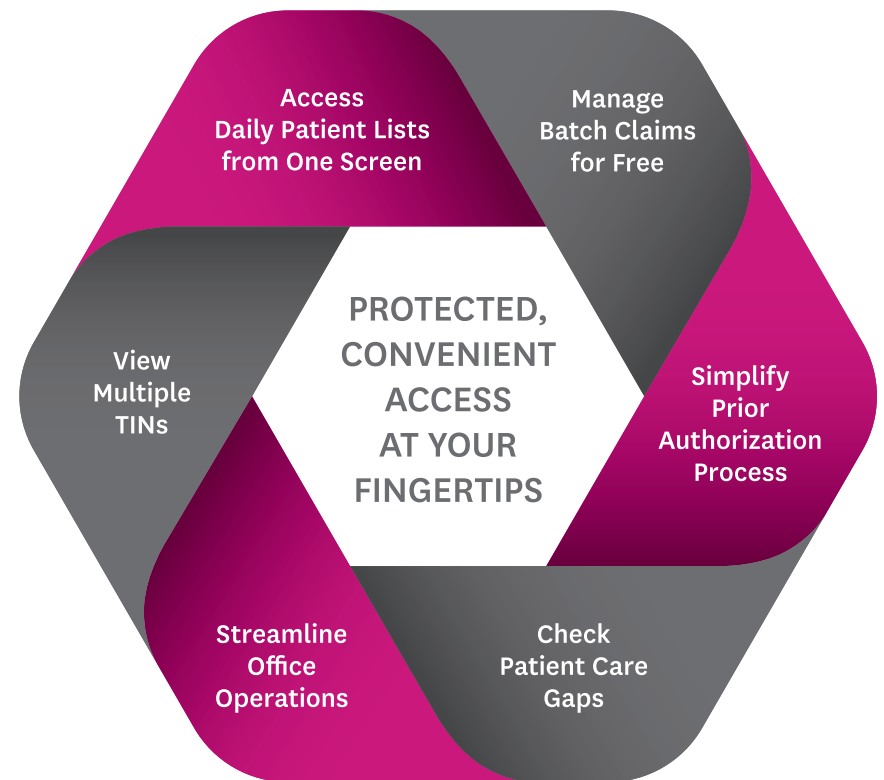
- ✓ **View Multiple Tax Identification Numbers (TINs)**
Access Superior member information for multiple TINs/practices.
- ✓ **Access Daily Patient Lists from One Screen**
Scan patient lists for details such as Superior member eligibility and care gaps.
- ✓ **Manage Batch Claims for Free**
Submit and manage claims, including batch files, for free as well as 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.
- ✓ **Check Patient Care Gaps**
Review Superior member information to uncover any gaps in patient care.
- ✓ **Streamline Office Operations**
 - View patient demographics and history.
 - Communicate with Superior using the secure messaging feature.
 - Update provider demographics.

Improve patient care with updated clinical and cost performance tools.

Sign Up for the Secure Provider Portal Today!

Using the Secure Provider Portal, you can manage administrative and clinical tasks with ease for Superior's STAR, STAR+PLUS, STAR Kids, STAR Health, CHIP, STAR+PLUS Medicare-Medicaid Plan (MMP), Medicare Advantage and Ambetter programs.

Provider.SuperiorHealthPlan.com



How to Register

In order to use Superior's Secure Provider Portal:

1. Register online at Provider.SuperiorHealthPlan.com.
2. Enter your TIN, first name, last name, email address and create a password. Your email address will also serve as your username.
3. Click **Submit** and your registration form will be submitted. You will receive an email confirmation to validate your account.

Your request for access will be reviewed and additional validation will be sent to the Portal Account Manager assigned to your TIN for confirmation.

Registering Accounts for Staff

While multiple providers can be maintained within one account, each staff member within one office or group must register a separate user account with a unique login and password. Sharing accounts between staff is not permitted.

Registering for an Account Manager Role

If registering for an Account Manager role, additional validation will be required. The Portal Account Manager role is responsible for managing access permissions for their TIN, including adding and removing accounts and allowing users to access the modules within the Secure Provider Portal (claims, authorizations, eligibility, etc.).

Note: The Secure Provider Portal will randomly launch the Superior Challenge Survey on a quarterly basis to users with an Account Manager role. This survey is used to verify provider demographic data and monitor provider adherence with state requirements. The survey gives providers access to update or confirm their demographic information prior to accessing the portal modules.

The screenshot shows the homepage of the Superior Health Plan Provider Portal. At the top, a blue banner reads "The Tools You Need Now!" with the subtext "Our site has been designed to help you get your job done. Manage all products with ease in one location." Below this, there are three main service areas: "Check Eligibility" (with a thumbs up icon), "Authorize Services" (with a checkmark icon), and "Manage Claims" (with a dollar sign icon). On the right side, there is a "Login" form with fields for "User Name (Email)" and "Password", a "Login" button, and a link for "Forgot Password / Unlock Account". Below the login form, there is a section titled "Need To Create An Account?" with a "Create An Account" button. At the bottom right, there are two buttons: "Provider Registration Video" and "Provider Registration PDF".

The screenshot shows the "Register Provider" form. At the top, it says "Register Provider" and "Your Progress" with a progress indicator. There is a "Cancel" button in the top right corner. The form is titled "Your Details" and contains the following fields: "Tax ID" (with a question mark icon), "First Name" (with "First" as a placeholder), "Last Name" (with "Last" as a placeholder), "Email" (with "name@domain.com" as a placeholder and a question mark icon), "Re-enter Email" (with "name@domain.com" as a placeholder), "Password" (with "Password" as a placeholder and a question mark icon), and "Retype Password" (with "Password" as a placeholder). A green "Next" button with a right arrow is located at the bottom right of the form. At the very bottom of the page, there are links for "Terms & Conditions", "Privacy Policy", and "Copyright © 2015, Centene Corporation".

Features/Benefits

SIMPLIFY PRIOR AUTHORIZATION PROCESS

Process Authorizations

- Submissions - Submit authorization requests directly to Superior. When submitting prior authorization requests, the “Smart Sheets” feature will prompt when required clinical information is needed.
- Attachments - Attach required clinical information.
- Authorization Status - Check the status of authorizations submitted through the portal.

MANAGE BATCH CLAIMS FOR FREE

Submit Claims Online

- Individual Claim Submissions - Submit both professional and institutional claims online for quicker payment. Resubmitted claims can also be submitted through the Secure Provider Portal.
- Copy Claim Feature - Re-create claims without entering data twice.
- Recurring Claims Tool - Submit repetitive, long-term care claims for multiple members.
- Batch Claim Submissions - Avoid paying clearinghouse fees and submit batch claims online. Note: Currently, Superior only accepts formatted 837 claims files and applies HIPAA level 4 edits. Files must be in ‘.dat’ or ‘.edi’ formats.
- Electronic Funds Transfer (EFT) - View detailed EFT payment history.
- Claims Appeals - File appeals through the Secure Provider Portal.
- Attachments - Attach any additional documentation necessary during the online claim or appeal submission.

Confirm Claims Status Online

- Confirm the status of submitted claims and easily reconcile your patient accounts.

Submit Online Claims Adjustments

- Submit adjustments for claims online. *Note: Currently, Long-Term Support Services (LTSS) providers are unable to use this feature for authorization submission for Personal Attendant Services (PAS), Day Activity and Health Services (DAHS) and Assisted Living.*

ACCESS DAILY PATIENT LISTS FROM ONE SCREEN

Verify Patient Eligibility

- Identify patient coverage and program co-pays, if applicable, by simply entering the necessary search criteria (date of birth, member ID or patient name).

Print Member-Patient Panel Reports

- Log into your account and print a list of members assigned to you for primary care services.
- Access CHIP co-pay amounts for each CHIP member assigned to your panel.
- Obtain member demographics.
- View dates of a member’s most recent Texas Health Steps visit or wellness exam.
- Review when member preventive visits are due, including mammograms.
- Receive member care gap alerts.

STREAMLINE OFFICE OPERATIONS

Maintain Multiple Providers on One Account

- Login through one point of entry allows for quick and easy access to Superior’s member information for multiple TINs/practices.

Access Detailed Explanation of Payments

- Gain access to detailed Explanation of Payment information, such as claim payment balances, codes and totals.

Update Demographic Information

- Update provider demographics such as, address, phone number and office hours.

Communicate with Superior

- Quickly and securely communicate with Superior to answer any questions or solve any problems with the Secure Provider Portal.

Frequently Asked Questions

GETTING STARTED

Is there a charge to use the Secure Provider Portal?

There is no charge to use Superior's Secure Provider Portal.

What if I have multiple Tax ID numbers (TINs)?

You can add and manage multiple TINs from one account in the [Account Details](#) section.

How do I check if a member is eligible?

To confirm member eligibility, click the [Quick Eligibility](#) tool on the homepage. Using this tool, enter the member ID or last name and DOB.

How often is member eligibility information updated?

Member eligibility is updated every 24 hours.

How do I find members with care gaps?

Click on [Patients](#) and filter the report by checking the box for care gaps, then click [Go](#).

How do I update my demographic information?

From [Account Details](#), click on the [TIN](#) and [NPI](#) you wish to update.

Why don't I have access to any modules in the portal?

If you cannot access any portal modules, your account has not been verified. Please ask the individual who is assigned the Portal Account Manager role at your facility to verify your account by clicking [Manage Accounts](#) on the home screen. If you do not know who your Portal Account Manager is, you can respond to the email sent by Superior to verify your access or call the Secure Provider Portal Help Line at 1-866-895-8443 for activation.

How do I know if I am a Portal Account Manager?

If you see the [Manage Accounts](#) option from your home page, then you are set up as a Portal Account Manager.

Why is Ambetter from Superior HealthPlan showing up first in my TIN Drop down list?

Ambetter appears first in your TIN dropdown list because it was saved as the primary line of business. Users can change their primary line of business in the [Account Details](#) section.

Where are provider forms located?

To access forms, go to the [Quick Links](#) section and click on [Practice Information Resource Center](#), or visit the Superior website at SuperiorHealthPlan.com/providers/resources/forms.html.

ELECTRONIC VISIT VERIFICATION (EVV)

The following questions apply to STAR Health, STAR Kids and STAR+PLUS only.

What is EVV?

EVV is a telephone and computer-based system that electronically verifies service visits. EVV is intended to verify that individuals are receiving the services authorized for their support.

How does EVV work?

Providers will verify times of service using the EVV vendor's process. Each vendor will then submit visit verification reports to Superior. Provider claims are compared to the EVV data and are subject to denial or recoupment of unverified units.

What services are required to be verified by EVV?

Services that require EVV verification include Personal Attendant Services (PAS), Personal Care Services (PCS) and habilitation.

Can I bill for EVV using the portal?

Yes, providers can bill for EVV through the portal. All EVV transactions and visit maintenance must be complete and verified by providers in the EVV vendor system prior to billing.

Frequently Asked Questions

CLAIMS

What do I do if one of my claims has been rejected on the portal?

Go to **Claims** >> **Submitted** >> **Find Rejected Claim**. Click **Fix Link**. Make changes and submit. The claim will be treated like a new submission.

What if I am trying to correct a claim, but the portal says I have already started one and will not let me continue?

To submit a corrected claim you've already started working on, go to **Claims** >> **Saved**. You will see a copy of your claim correction. Click on **Edit** to complete your claim and then click **Submit**.

Am I able to see a claim that has been rejected by the clearinghouse?

No, if a claim is rejected up front, then the portal will not show any information.

How long does it take to see a claim status after it is submitted?

If the claim is submitted before 5:00 p.m., the status will be updated within 24 hours.

What can I do if I am unable to see the status of a claim correction?

Check the original claim status.

1. If you see an **Adjustment** section, click on it to view the adjustment status.
2. If you cannot find the adjustment status on the original claim, then you will need to search with the new claim number. To get the new claim number, go to **Claim** >> **Submitted** >> **Select Filter** and then search by the confirmation number and claim submission dates.

Can attachments be submitted with a claim?

Yes, attachments can be submitted with a claim. Follow instructions provided within the claim submission for this function.

SUPPORT AND CONTACT INFORMATION

Where can I go for portal assistance or more information?

For assistance with the Secure Provider Portal, contact Superior's Web Applications Support Desk at 1-866-895-8443 or email TX.WebApplications@SuperiorHealthPlan.com.

Additional valuable resources are available at www.SuperiorHealthPlan.com.

