

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.



Website: SuperiorHealthPlan.com

- Patient care forms
- Pre-auth needed tool
- Superior HealthPlan news
- Provider manual
- Preferred drug list
- Member resources

Secure Provider Portal: Provider.SuperiorHealthPlan.com

- Verify member eligibility
- Access patient health records
- View patient gaps
- Manage prior authorizations
- Submit and manage claims
- Obtain provider resources

Member Eligibility

- Check member eligibility:
- Secure Provider Portal

Patient Care Gaps

- Find recommended services that a member

Prior Authorization

- Use the Pre-Auth Needed Tool on our website

Claims

- Timely filing guidelines: 95 days from date of service.

After-Hours Telephone Accessibility Standards



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.

What doesn't meet the standards?

- ☐ The office telephone is not answered after office hours.

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.



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**.



Payspan Get Paid Faster



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

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).



Secure Provider Portal

Manage patient administrative tasks quickly and easily.



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.



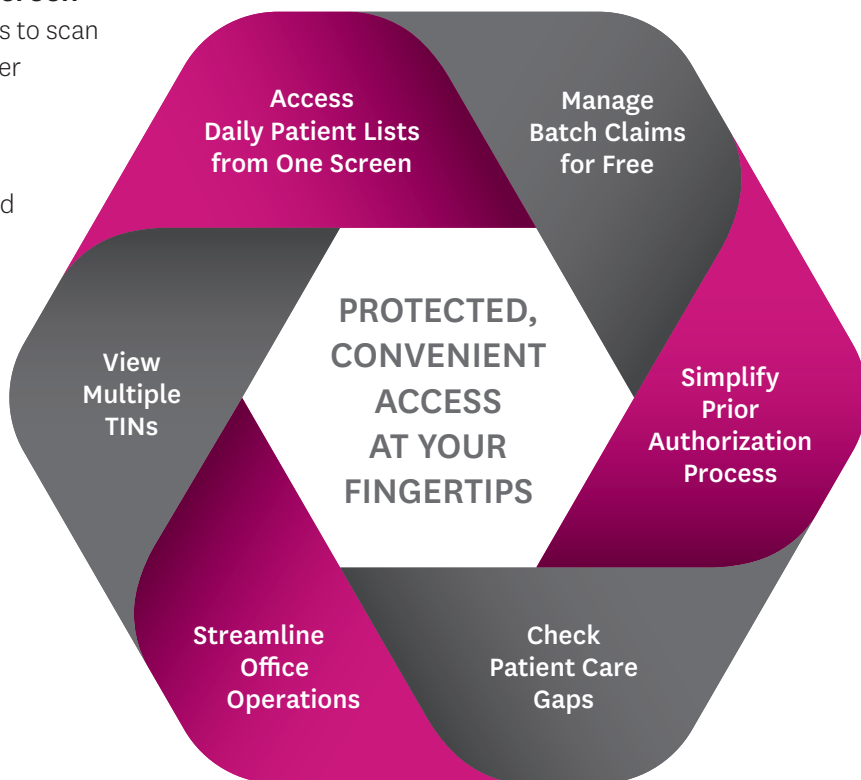
Simplify Prior Authorization Process

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.



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.



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.



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 and/or Superior products.

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

Follow the instructions below to begin.

1. Visit SuperiorHealthPlan.com.
2. Click on the **For Providers** tab.
3. Click on **Provider News & Information** found on the left side bar navigation menu.
4. Under **Provider News** on this page, click **Sign up to update your information to receive important news and updates on Superior HealthPlan** to begin the process.
5. Enter provider information and select **Submit** when complete.

The screenshot shows the 'Provider Newsflash' sign-up form. It includes fields for First Name, Last Name, Practice Name, Position or Role, Email Address, Email Confirmation, Address, Address 2 (Suite, Bldg., etc.), City, State, and Zip. There is a section for Service Delivery Area (SDA) with a dropdown menu and a note to select the SCA for the main office. Below that is a 'Products' section with checkboxes for various insurance plans: Ambetter from Superior HealthPlan - Health Insurance Marketplace, CHIP/CHIP Pediatric, STAR, STAR Health, STAR Kids, STAR+PLUS, STAR+PLUS Medicare-Medicaid Plan (MMP), Superior HealthPlan Medicare Advantage HMO (MAPD), and Superior HealthPlan Medicare Advantage HMO SNP (DSNP). A 'Submit' button is at the bottom, followed by a thank you message.



Providers may also view archived newsletters by visiting SuperiorHealthPlan.com/providers/provider-news.html.

SuperiorHealthPlan.com

SHP_20174071G

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**.

The screenshot shows the 'New Enrollment' page on the Payspan website. At the top, there are four tabs: 'Get Started' (active), 'Personal Info', 'Account Setup', and 'Verify Your Info'. Below the tabs, a 'Get Started' section contains a welcome message and a prompt to choose an option to begin registration. There are two main paths: 'Already Registered?' (with a link to 'What is a Reg Code?') and a new registration path. The new registration path includes input fields for 'National Provider Identifier (NPI)', 'Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)', and 'Billing Zip Code (5 digits)'. A 'Reg Code' field is also present. An 'OR' separator is placed between the 'Reg Code' field and the 'Billing Zip Code' field. A 'Submit' button is located at the bottom left of the form, and another 'Submit' button is at the bottom right.

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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.

The screenshot shows the 'Tell Us About Yourself' registration form. At the top, there are tabs: 'Get Started', 'Personal Info', 'Account Setup', and 'Verify Your Info'. The form includes fields for 'Provider Name', 'Provider Tax Identification Number', and 'National Provider Identifier'. Below these are fields for 'Provider Contact Name', 'Email Address', 'Confirm Email Address', 'Telephone Number', and 'Title'. To the right, there are fields for 'Username', 'Password', 'Confirm Password', 'Challenge Question', and 'Challenge Answer'. A 'Next' button is at the bottom right. A map of the United States is visible on the far right.

3. Account Setup

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

The screenshot shows the 'Set Up Your Account' form. It includes fields for 'Account Name', 'Financial Institution Routing Number', 'Provider's Account Number with Financial Institution', and 'Confirm Provider's Account Number with Financial Institution'. There is a dropdown for 'Type of Account at Financial Institution' set to 'Business Checking'. Below this are checkboxes for 'Enable Electronic Payment' (checked), 'Request Paper Remittance' (unchecked), and 'Assign new or additional Payers to this receiving account' (checked). A 'Next' button is highlighted in a red box at the bottom right. A 'Back' button is also present.

4. Verify Your Info

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

The screenshot shows the 'Verify Your Info' form. It includes fields for 'Individual Information' (Provider Contact Name, Telephone Number, Email Address, Username) and 'Your Bank Account Information' (Account Name, Financial Institution Name, Financial Institution Routing Number, Provider's Account Number with Financial Institution, EFT Enabled). At the bottom, there are checkboxes for 'I agree to the Services Agreement' and 'I accept the Business Associate Agreement'. A 'Confirm' button is highlighted in a red box at the bottom right. A 'Back' button is also present.



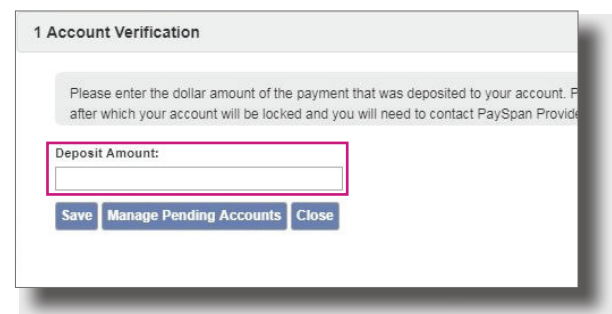
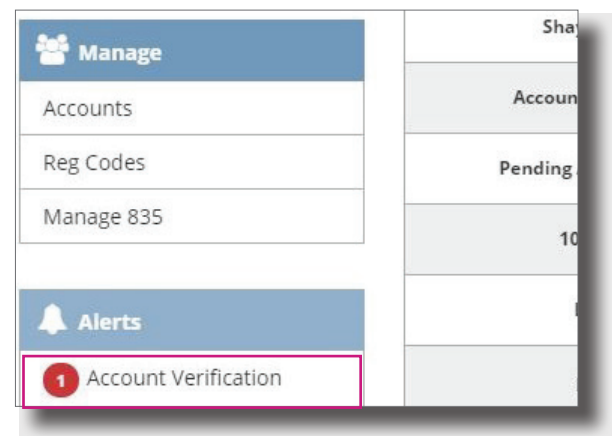
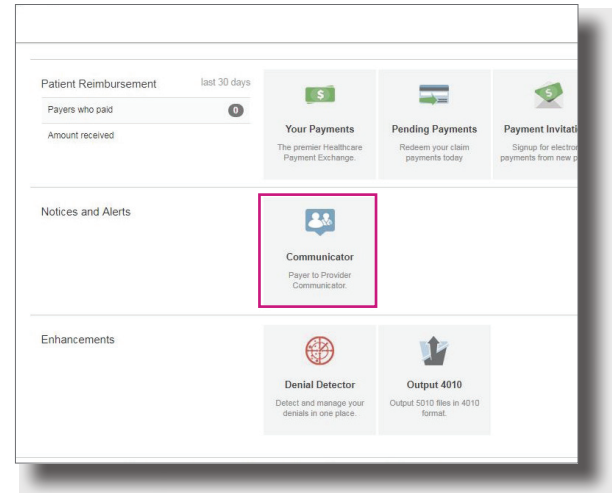
5. Electronic Payments

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





**superior
healthplan**™

Complaints

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



ONLINE

Providers can access and submit the Online Complaint Form by visiting SuperiorHealthPlan.com/contact-us/complaint-form-information.html (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.

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.

Please Note: The online feature and written complaint process does 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.

SuperiorHealthPlan.com

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Provider Services: 1-877-391-5921

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