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.

Member resources

Website: SuperiorHealthPlan.com

- Patient care forms
- Pre-auth needed tool

SHP 20224071

April 2022

- Superior HealthPlan news
- Provider manual
 Verify member eligibility
 Preferred drug list
 Access patient health rec
 - Access patient health records
 View patient gaps
 - view patient gaps

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

Obtain provider resources

Secure Provider Portal: Provider.SuperiorHealthPlan.com

superior

healthplan

Manage prior authorizations

Submit and manage claims

idelines: ate of service.

MEDICAID PROVIDER TOOLKIT



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 doe



Quick Reference Guide

Simplify Office Administrative Tasks

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Website: SuperiorHealthPlan.com

- Patient care forms
- Pre-auth needed tool
- Superior HealthPlan news

Member Eligibility

Check member eligibility:

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

Provider manual

- Preferred drug list
- Member resources

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

Verify member eligibility

View patient gaps

•

Access patient health records

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

Secure Provider Portal: Provider.SuperiorHealthPlan.com

Timely filing guidelines: 95 days from date of service.

Manage prior authorizations

• Submit and manage claims

Obtain provider resources

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.
- \checkmark Use Pre-Auth Needed Tool to determine if prior authorization is needed before appointment.

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SuperiorHealthPlan.com

RETURN TO FULL TOOLKIT

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

SECURE PROVIDER PORTAL

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

Provider.SuperiorHealthPlan.com

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



FAX

Visit our

website for a

list of services

that require prior

authorization.

Medical 1-800-690-7030

Behavioral Health 1-855-772-7079

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.

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RETURN TO FULL TOOLKIT

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



Electronic Funds Transfer (EFT) Solution

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.

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

Eliminate re-keying of remittance data

by choosing how you want to receive remittance details.



reate custom reports

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

SET UP YOUR PAYSPAN ACCOUNTTODAY.....

Visit PaySpanHealth.com and click Register.

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

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SuperiorHealthPlan.com



Secure Provider Portal

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.



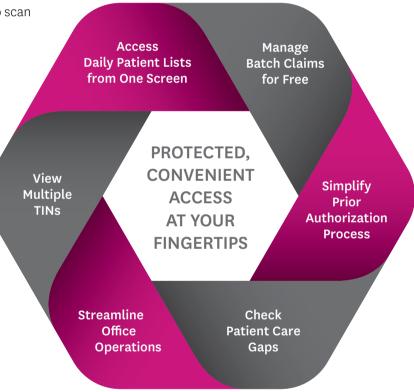
Simplify Prior Authorization Process

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.

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SuperiorHealthPlan.com

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?

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- 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.
- 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 <u>SuperiorHealthPlan.com/providers/training-manuals.html.</u>

SuperiorHealthPlan.com

SHP_20174071E

Provider Services: 1-877-391-5921

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

Maintain control over bank accounts

How to Register for

- Settle claims electronically
- Match payments to statements quickly •

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

1. Registration

Payspan

- 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.

New Enrollment		
Get Started Personal Info	Account Setup	Verify Your Info
Get Started		
Welcome to PaySpan, where we are empowering the h much more. This solution gives Providers access to rer		
Choose one of the following options to begin your regis		nine, and ed algitude ward reconciliation i
	eacon.	
Already Registered?		
National Provider Identifier (NPI)	Reg Code	
National Provider Identifier (NPI)	Reg Code	
National Provider Identifier (NPI)		Reg Code?
Provider Federal Tax Identification Numbe (TIN) or Employer Indentification Number		
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SuperiorHealthPlan.com

SHP_20174071F



Provider Services: 1-877-391-5921

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Manage multiple payers

- Create custom reports
- View remittance advice online

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 S	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**.

Get Started Personal In	nfo Account Setup Verify Y	our Info
Tell Us About Yourself		
	formation to enable us to create a user account for you	on the PayS
Provider Name: Aug The Oblight		
Provider Tax Identification Number:	94090	
National Provider Identifier:		
Provider Contact Name	Username	
		1 1
Administrators full name	Minimum 8 characters and may include:	61
	letters (a-z), numbers (0-9), dashes (-),	
Email Address	underscores (_), ampersats (@), periods (.)	
	Password	T
Notifications will be sent to this address.		1-8
Confirm Email Address	Confirm Password	
		5
Telephone Number	Challenge Question	Your IP a
	In what city was your first job?	may be u
Please use the 000-000-0000 format.	Challenge Answer	
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Financial Institution Name:

Financial Institution Routing Numi

Provider's Account Number with

Financial Institution

EFT Enabled

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payers will be a account unless



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Emall Address

Username:

Telephone Number

Electronic Signature of Person Submitting Enro i agree to the <u>Services Agreement</u> i accept the <u>Business Associate Agreement</u> Back Confirm

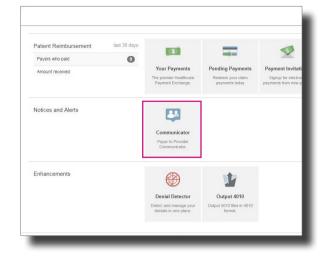
5. Electronic Payments

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.





Accour	t Verification	
		the payment that was deposited to your account. F ocked and you will need to contact PaySpan Provide
Deposi	Amount:	
Save	Manage Pending Account	ts Close



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 Health and Human Services (HHS) requirements



Superior policy updates

Provider Newsflash r, please update your contact information using this form. In our system as long as you enter the same email address Once the form is completed, click "Submit" and your Note: Items with * are required information. First Name* Last Name Practice Name Position or Role Email Address Email Confirmation Address Address 2 (Suite, Bldg., etc.) City State Zip Service Delivery Area (SDA) * (Click here to find your SDA) Note: If your practice is in more than one SDA, please choose the SDA for your main of Products* (please select all that apply Aliveil from Superior HealthPlan (HMO) Aliveil from Superior HealthPlan (HMO) Aliveil from Superior HealthPlan (HMO SNP) Ambetter from Superior HealthPlan - Health Insurance Marketplace CHPICHIP Perinate STAR STAR Health STAR Kids STAR+PLUS STAR+PLUS Medicare-Medicaid Plan (MMP) Specialty Type* (please select all that apply) Cardiology Durable Medical Equipment (DME) Hospital Hospital Long-Term Services and Supports (LTSS) Nursing Facility OB/GYN Therapy (Physical/Occupational/Speech) Pharmacy Pediatrics Primary Care Provider (PCP) er (if specialty is not listed above, please enter specialty type)



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 <u>SuperiorHealthPlan.com/contact-us/complaint-form-information</u> (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: <u>https:// hhs.texas.gov/sites/default/files/ documents/services/health/medicaidchip/how-submit-complaint-asmedicaid-provider.pdf</u>.

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Cultural Competency:



BRIDGING THE COMMUNICATION GAP

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: <u>https://cccm.thinkculturalhealth.hhs.gov</u>
- 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:

- 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:

¹Baker 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 | ²Baker 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. | ³Baker 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. | ⁴Weiss, 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

