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

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
- 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.

PHONE

1-800-218-7508

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

FAX

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.
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.
- **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.

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).

© 2017 Superior HealthPlan. All rights reserved.
SHP_20174071C

Provider Services: 1-877-391-5921
SuperiorHealthPlan.com
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.

**Get Started Now!**
Visit Provider.SuperiorHealthPlan.com and click Create an Account. Have your tax ID number ready during sign up.

**QUESTIONS?**
Contact Superior HealthPlan at 1-877-391-5921

© 2017 Superior HealthPlan. All rights reserved.
SHP_20174071D
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.
☒ 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, 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

To sign up for Superior’s Provider Newsflash, update your information or view current news, please visit SuperiorHealthPlan.com/provider-news.html.
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.
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 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.
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
Complaints

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

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

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.

**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 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.