# General Information

**Website**
Please visit the Secure Provider Portal 24/7 for questions on claim status, to verify eligibility, to request or check status of an authorization, and to submit general questions.

<table>
<thead>
<tr>
<th>Secure Provider Portal:</th>
<th>Provider.SuperiorHealthPlan.com</th>
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</thead>
</table>

**Provider Services**
Please contact Provider Services for questions on claim payments, rejections, denials, to verify eligibility or for help escalating any issues you may have. For claims related questions, be sure to have your claim number available. HIPAA Validation will still occur.

<table>
<thead>
<tr>
<th>STAR, STAR Kids, STAR Health, STAR+PLUS and CHIP</th>
<th>1-877-391-5921</th>
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</table>

**Member Services and After Hours**
Members can contact Member Services to change their PCP or for help with other questions. Our nurses are available to help members with urgent issues after hours and on holidays.

<table>
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<tr>
<th>RelayTexas(TDD/TTY)</th>
<th>1-800-735-2989</th>
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<tbody>
<tr>
<td>STAR and CHIP</td>
<td>1-800-783-5386</td>
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<tr>
<td>STAR+PLUS</td>
<td>1-877-277-9772</td>
</tr>
<tr>
<td>STAR Kids</td>
<td>1-844-590-4883</td>
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<tr>
<td>STAR Health</td>
<td>1-866-912-6283</td>
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**Provider Complaints**
Please contact the Provider Complaints office for any concerns regarding the services you are receiving.

| TexasProviderComplaints@SuperiorHealthPlan.com |

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## Claims Submission and Claims Payment

**Providers may submit claims in three ways:**
2. EDI – 1-800-225-2573 ext. 25525, Payor ID: 68069, Behavioral Health Payor ID: 68068
3. Paper – See address below under Initial, Resubmission, Corrected or Reconsiderations

### Initial, Resubmission, Corrected or Reconsiderations
Superior HealthPlan
P.O. Box 3003
Farmington, MO 63640-3803
Payor ID: 68069

### Claim Appeals
Superior HealthPlan
P.O. Box 3000
Farmington, MO 63640-3800
Payor ID: 68069

**Timely Filing Deadline**
95 days from the date of service

**Corrected Claims, Requests for Reconsideration or Claim Disputes**
120 days from the date of the Explanation of Payment (EOP)

**EFT/ERA – PaySpan**
To register for this free service, call 1-877-331-7154 or visit [payspanhealth.com](http://payspanhealth.com).

### Secure Provider Portal / Health Passport Help Desk

<table>
<thead>
<tr>
<th>Secure Provider Portal Help Desk</th>
<th>Phone: 1-866-895-8443</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Email: <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@SuperiorHealthPlan.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Passport (for STAR Health) Help Desk</th>
<th>Phone: 1-866-714-7996</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Email: <a href="mailto:TX.PassportAdministration@SuperiorHealthPlan.com">TX.PassportAdministration@SuperiorHealthPlan.com</a></td>
</tr>
</tbody>
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**Provider Contracting**
All contracting for new and existing Providers is done through the Network Development and Contracting Management department. Contract packets can be requested by completing the Network Participation Request on our website at [https://www.SuperiorHealthPlan.com/providers/become-a-provider.html](https://www.SuperiorHealthPlan.com/providers/become-a-provider.html).

Network Development Email: SHP.NetworkDevelopment@SuperiorHealthPlan.com
Mail: Credentialing Department, Superior HealthPlan, 5900 E. Ben White Blvd., Austin, TX 78741
**Provider Re-credentialing**

Email:  [Credentialing@SuperiorHealthPlan.com](mailto:Credentialing@SuperiorHealthPlan.com)  
Fax:  1-866-702-4831  
Mail:  Credentialing Department, Superior HealthPlan, 5900 E. Ben White Blvd., Austin, TX 78741  

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**Prior Authorizations**

Providers may submit authorizations in three ways:

2. Phone: 1-800-218-7508  
3. Fax: 1-800-690-7030  

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**High-Tech Imaging Prior Authorizations**

**Radiology Services - National Imaging Associates (NIA):** NIA will manage the prior authorization of non-emergent, advanced, outpatient imaging services rendered to Superior HealthPlan members such as CT/CTA, MRI/MRA, PET Scan, CCTA, Nuclear Cardiology/MPI, Echocardiography and Stress Echo.

*(Note: Echocardiography authorization only required for STAR+PLUS members)*

Phone: 1-800-642-7554  
Website: [www.RadMD.com](http://www.RadMD.com)  

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**Musculoskeletal Surgical Procedures**

Prior authorization is required for the certain Musculoskeletal surgical procedures in both inpatient and outpatient settings. To verify if service requires prior authorization, please visit [www.SuperiorHealthPlan.com/providers/preauth-check.html](http://www.SuperiorHealthPlan.com/providers/preauth-check.html)  

Telephonic Intake: 1-855-336-4391  
Facsimile Intake: 1-833-409-5393  

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**Pharmacy Benefits Manager – Envolve Pharmacy Solutions**

**Bin Number:** 004336; **Group ID:** RX5458  
[https://www.envolvehealth.com/pharmacy](https://www.envolvehealth.com/pharmacy)  

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<tr>
<th>Service</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
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<tbody>
<tr>
<td>PharmacyAppeals</td>
<td>1-800-218-7453 ext. 22168</td>
<td>1-866-918-2266</td>
<td></td>
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<tr>
<td>Resolution Help Desk</td>
<td>1-800-460-8988</td>
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**For the most current Provider Manual and Prior Authorization list, please visit SuperiorHealthPlan.com.**