**General Information**

<table>
<thead>
<tr>
<th><strong>Website</strong></th>
<th>Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Services</strong></td>
<td>STAR, STAR Kids, STAR Health, STAR+PLUS and CHIP 1-877-391-5921</td>
</tr>
</tbody>
</table>
| **Member Services and After Hours** | RelayTexas(TDD/TTY) 1-800-735-2989  
STAR and CHIP 1-800-783-5386  
STAR+PLUS 1-877-277-9772  
STAR Kids 1-844-590-4883  
STAR Health 1-866-912-6283 |

**Claims Submission and Claims Payment**

<table>
<thead>
<tr>
<th><strong>Providers may submit claims in three ways:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. EDI – 1-800-225-2573 ext. 25525, Payor ID: 68069, Behavioral Health Payor ID: 68068</td>
<td></td>
</tr>
<tr>
<td>3. Paper – See address below under Initial, Resubmission, Corrected or Reconsiderations</td>
<td></td>
</tr>
</tbody>
</table>

**Initial, Resubmission, Corrected or Reconsiderations**

| SuperiorHealthPlan  
P.O. Box 3003  
Farmington, MO 63640-3803  
Payor ID: 68069 | Claim Appeals  
SuperiorHealthPlan  
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)

**Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) – PaySpan**

To register for this free service, call 1-877-331-7154 or visit payspanhealth.com.

**Secure Provider Portal / HealthPassport Help Desk**

| Secure Provider Portal Help Desk | Phone: 1-866-895-8443  
Email: [TX.WebApplications@SuperiorHealthPlan.com](mailto:TX.WebApplications@SuperiorHealthPlan.com) |
| Health Passport (for STAR Health) Help Desk | Phone: 1-866-714-7996  
Email: [TX.PassportAdministration@SuperiorHealthPlan.com](mailto:TX.PassportAdministration@SuperiorHealthPlan.com) |

**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 [www.SuperiorHealthPlan.com/providers/become-a-provider.html](http://www.SuperiorHealthPlan.com/providers/become-a-provider.html).

Network Development Email: [SHP_NetworkDevelopment@SuperiorHealthPlan.com](mailto:SHP_NetworkDevelopment@SuperiorHealthPlan.com)  
Mail: Superior HealthPlan, ATTN: Contract Management, 7990 Interstate 10 West, Suite 300, San Antonio, TX 78230
# Primary Care Provider (PCP) Quick Reference Guide

## 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

## Prior Authorizations

Providers may submit authorizations in three ways:
2. Phone: 1-800-218-7508
3. Fax Lines
   - Inpatient: 877-650-6942
   - Outpatient: 800-690-7030
   - Behavioral Health (Inpatient): 866-900-6918
   - Behavioral Health (Outpatient): 855-772-7079
   - LTSS/Pharmacy
     - Inpatient (standard/concurrent): 877-259-6960
     - Outpatient (std/concur): 877-808-9368
     - Part B: 844-960-1785
     - Behavioral Health: 855-772-7079

### 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 Kids and STAR+PLUS members)*

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

### 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

## Pharmacy Benefits Manager – Envolve Pharmacy Solutions

**Bin Number: 004336; Group ID: RX5458**

Website: [https://www.envolvehealth.com/pharmacy](http://https://www.envolvehealth.com/pharmacy)

<table>
<thead>
<tr>
<th>Pharmacy Benefits Manager – Envolve Pharmacy Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior Authorization Requests</strong></td>
</tr>
<tr>
<td>Phone: 1-866-399-0928</td>
</tr>
<tr>
<td>Fax: 1-866-399-0929</td>
</tr>
<tr>
<td>Website: <a href="http://https://www.superiorhealthplan.com/providers/resources/pharmacy.html">https://www.superiorhealthplan.com/providers/resources/pharmacy.html</a></td>
</tr>
<tr>
<td><strong>Pharmacy Appeals</strong></td>
</tr>
<tr>
<td>Phone: 1-800-218-7453.ext. 22168</td>
</tr>
<tr>
<td>Fax: 1-866-918-2266</td>
</tr>
<tr>
<td><strong>Resolution Help Desk</strong></td>
</tr>
<tr>
<td>Phone: 1-800-460-8988</td>
</tr>
</tbody>
</table>

For the most current Provider Manual and Prior Authorization list, please visit [SuperiorHealthPlan.com](http://SuperiorHealthPlan.com).