

# Primary Care Provider (PCP) Quick Reference Guide



## General Information

<b>Website</b> 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.	Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>	
<b>Provider Services</b> 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.	STAR, MRSA, CHIP, RSA, STAR+PLUS and STAR Kids	1-877-391-5921
	STAR Health	1-866-439-2042
<b>Member Services and After Hours</b> 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.	RelayTexas (TDD/TTY)	1-800-735-2989
	STAR, MRSA, CHIP and RSA	1-800-783-5386
	STAR+PLUS	1-877-277-9772
	STAR Kids	1-844-590-4883
	STAR Health	1-866-912-6283
<b>Provider Complaints</b>	<a href="mailto:TexasProviderComplaints@SuperiorHealthPlan.com">TexasProviderComplaints@SuperiorHealthPlan.com</a>	

## Claims Submission and Claims Payment

<b>Providers may submit claims in three ways:</b> <ol style="list-style-type: none"> <li>Secure Provider Portal at <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a></li> <li>EDI – 1-800-225-2573 ext. 25525, Payor ID: 68069, Behavioral Health Payor ID: 68068</li> <li>Paper – See address below under Initial, Resubmission, Corrected or Reconsiderations</li> </ol>	
<b>Initial, Resubmission, Corrected or Reconsiderations</b> SuperiorHealthPlan P.O. Box 3003 Farmington, MO 63640-3803 Payor ID: 68069	<b>Claim Appeals</b> SuperiorHealthPlan P.O. Box 3000 Farmington, MO 63640-3800 Payor ID: 68069
<b>Timely Filing Deadline</b> 95 days from the date of service	
<b>Corrected Claims, Requests for Reconsideration or Claim Disputes</b> 120 days from the date of the Explanation of Payment (EOP)	
<b>EFT/ERA – PaySpan</b> To register for this free service, call 1-877-331-7154 or visit <a href="http://payspanhealth.com">payspanhealth.com</a> .	

## Secure Provider Portal / HealthPassport Help Desk

Secure Provider Portal Help Desk	Phone: 1-866-895-8443 Email: <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@SuperiorHealthPlan.com</a>
Health Passport (for STAR Health) Help Desk	Phone: 1-866-714-7996 Email: <a href="mailto:TX.PassportAdministration@SuperiorHealthPlan.com">TX.PassportAdministration@SuperiorHealthPlan.com</a>

## 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 <a href="https://www.SuperiorHealthPlan.com/providers/become-a-provider.html">https://www.SuperiorHealthPlan.com/providers/become-a-provider.html</a> .
Network Development Email: <a href="mailto:SHP.NetworkDevelopment@SuperiorHealthPlan.com">SHP.NetworkDevelopment@SuperiorHealthPlan.com</a> Mail: Credentialing Department, Superior HealthPlan, 5900 E. Ben White Blvd., Austin, TX 78741

# 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:

1. Secure Provider Portal at [Provider.SuperiorHealthPlan.com](http://Provider.SuperiorHealthPlan.com)
2. Phone: 1-800-218-7508
3. Fax: 1-800-690-7030

## 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)

## Pharmacy Benefits Manager – Envolve Pharmacy Solutions

**Bin Number: 004336; Group ID: RX5458**  
<https://www.envolvehealth.com/pharmacy>

Prior Authorization Requests	Phone: 1-866-399-0928 Fax: 1-866-399-0929 Website: <a href="https://www.superiorhealthplan.com/providers/resources/pharmacy.html">https://www.superiorhealthplan.com/providers/resources/pharmacy.html</a>
Pharmacy Appeals	Phone: 1-800-218-7453 ext. 22168 Fax: 1-866-918-2266
Resolution Help Desk	Phone: 1-800-460-8988

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