

# Primary Care Provider (PCP) Quick Reference Guide



## General Information

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| <b>Website</b><br>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:<br><a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>  |                |
| <b>Provider Services</b><br>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, STAR Kids, STAR Health, STAR+PLUS and CHIP   | 1-877-391-5921 |
| <b>Member Services and After Hours</b><br>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 and CHIP  | 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="http://www.SuperiorHealthPlan.com/contact-us/complaint-form-information.html">www.SuperiorHealthPlan.com/contact-us/complaint-form-information.html</a> |                |

## Claims Submission and Claims Payment

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|---|--|--|
| <b>Providers may submit claims in three ways:</b>   |  |  |
| 1. Secure Provider Portal at <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a> |  |  |
| 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                           |  |  |
| <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>Electronic Funds Transfer (EFT)/Electronic Remittance Advice (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

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

## Provider Contracting

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| 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="http://www.SuperiorHealthPlan.com/providers/become-a-provider.html">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: Superior HealthPlan, ATTN: Contract Management, 7990 Interstate 10 West, Suite 300, San Antonio, TX 78230  |  |  |

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## 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 authorization in three ways:

1. Secure Provider Portal at  
[Provider.SuperiorHealthPlan.com](http://Provider.SuperiorHealthPlan.com)

2. Phone: 1-800-218-7508

3. Fax Lines

- STAR/CHIP

- 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: 1-800-218-7508

Website: [www.RadMD.com](http://www.RadMD.com)

## Interventional Pain Management (IPM)

Effective January 1, 2021, prior authorization for outpatient IPM procedures is required for:

- Spinal epidural injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)
- Sacroiliac Joint Injections

Phone: 1-800-218-7508

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**

<https://www.envolvehealth.com/pharmacy>

Prior Authorization Requests

Phone: 1-866-399-0928

Fax: 1-866-399-0929

Website:

[www.SuperiorHealthPlan.com/providers/resources/pharmacy.html](http://www.SuperiorHealthPlan.com/providers/resources/pharmacy.html)

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).**