

# Acute Care/Hospital Quick Reference Guide



## General Information

<b>Secure Provider Portal</b> Please visit the Secure Web 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
	CHIP RSA	1-800-522-8923
	MRSA	1-877-644-4494
<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.	Relay Texas (TDD/TTY)	1-800-735-2989
	STAR, MRSA, CHIP and RSA	1-800-783-5386
	STAR+PLUS	1-866-516-4501
	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 Web 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> Superior HealthPlan P.O. Box 3003 Farmington, MO 63640-3803 Payor ID: 68069	<b>Claim Appeals</b> Superior HealthPlan 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 Health</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 Help Desk

Phone: 1-866-895-8443
Email: <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@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

# Acute Care/Hospital 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

## Provider Authorizations

Providers may submit authorizations in three ways:

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

## NICU and Emergent Hospital Admission Notification & Authorization

Products	Business Line
STAR, STAR+PLUS, STAR Kids, STAR Health, CHIP	1-855-594-6103
Medicaid RSA, CHIP RSA	1-877-804-7109

## 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 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">https://www.SuperiorHealthPlan.com/providers/resources/pharmacy</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).**