### General Information

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

### Claims Submission and Claims Payment

**Providers may submit claims in three ways:**

1. Secure Web Portal at Provider.SuperiorHealthPlan.com
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.

<table>
<thead>
<tr>
<th><strong>Initial, Resubmission, Corrected or Reconsiderations</strong></th>
<th><strong>Superior HealthPlan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 3003</td>
<td>Farmington, MO 63640-3803</td>
</tr>
<tr>
<td>Payor ID: 68069</td>
<td><strong>Claim Appeals</strong></td>
</tr>
<tr>
<td><strong>Superior HealthPlan</strong></td>
<td><strong>Superior HealthPlan</strong></td>
</tr>
<tr>
<td><strong>P.O. Box 3000</strong></td>
<td><strong>P.O. Box 3000</strong></td>
</tr>
<tr>
<td><strong>Farmington, MO 63640-3800</strong></td>
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</tr>
<tr>
<td><strong>Payor ID: 68069</strong></td>
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**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 Health**
To register for this free service, call 1-877-331-7154 or visit payspanhealth.com.

### Secure Provider Portal Help Desk

**Phone**: 1-866-895-8443  
**Email**: TX.WebApplications@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.

**Network Development Email**: SHP.NetworkDevelopment@SuperiorHealthPlan.com  
**Mail**: Superior HealthPlan, ATTN: Contract Management, 7990 Interstate 10 West, Suite 300, San Antonio, TX 78230
**Provider Re-credentialing**

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

**NICU and Emergent Hospital Admission Notification & Authorization**

<table>
<thead>
<tr>
<th>Products</th>
<th>Business Line</th>
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| STAR, STAR+PLUS, STAR Kids, STAR Health, CHIP | 1-855-594-6103  
  STAR/CHIP Inpatient (fax): 877-650-6942 |

**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 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](https://www.envolvehealth.com/pharmacy)

**Prior Authorization Requests**

Phone: 1-866-399-0928  
Fax: 1-866-399-0929  
Website: [https://www.SuperiorHealthPlan.com/providers/resources/pharmacy](https://www.SuperiorHealthPlan.com/providers/resources/pharmacy)

**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.