## General Information

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<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>
<td>STAR, STAR Kids, STAR Health, STAR+PLUS and CHIP</td>
<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><a href="mailto:TexasProviderComplaints@SuperiorHealthPlan.com">TexasProviderComplaints@SuperiorHealthPlan.com</a></td>
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<tr>
<td>Secure Provider Portal: Provider.SuperiorHealthPlan.com</td>
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### Provider Services
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.

### Member Services and After Hours
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.

### Provider Complaints

<table>
<thead>
<tr>
<th>Claim Appeals</th>
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<tr>
<td>Superior HealthPlan</td>
</tr>
<tr>
<td>P.O. Box 3000</td>
</tr>
<tr>
<td>Farmington, MO 63640-3800</td>
</tr>
<tr>
<td>Payor ID: 68069</td>
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</table>

## Claims Submission and Claims Payment

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

### Initial, Resubmission, Corrected or Reconsiderations
Superior HealthPlan
P.O. Box 3003
Farmington, MO 63640-3803
Payor ID: 68069

### 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 and Authorization

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

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 is only required for STAR Kids and STAR+PLUS members.

Phone: 1-800-642-7554
Website: 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: 1-800-642-7554
Website: 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.

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

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.