

# STAR+PLUS/LTSS Quick Reference Guide



General Information	
<b>Provider Services</b> 1-877-391-5921 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	<b>Website</b> <a href="http://www.SuperiorHealthPlan.com">www.SuperiorHealthPlan.com</a>
<b>Member Services and After Hours (24-Hour Nurse Advice Line)</b> 1-877-277-9772 Relay Texas (TDD/TTY) 711	<b>Secure Provider Portal</b> <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>
<b>Fair Hearing Requests Hotline</b> 1-877-398-9461	<b>Secure Provider Portal Help Desk:</b> Phone: 1-866-895-8443 Email: <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@SuperiorHealthPlan.com</a>
Provider Contracting	
<b>Phone:</b> 1-866-615-9399 ext. 22534 <b>Email:</b> <a href="mailto:SHP.NetworkDevelopment@SuperiorHealthPlan.com">SHP.NetworkDevelopment@SuperiorHealthPlan.com</a> <b>Web:</b> <a href="https://www.SuperiorHealthPlan.com/providers/become-a-provider.html">https://www.SuperiorHealthPlan.com/providers/become-a-provider.html</a> .	
Claims Submission– Acute Care Services & LTSS (non-dual)	
Providers may submit claims in three ways: 1. Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a> 2. EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 3. Paper: see address below under Initial, Resubmission, Corrected or Reconsiderations	
<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 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://www.payspanhealth.com">www.payspanhealth.com</a>	
Prior Authorization – LTSS Service Coordination (E.g. PAS, DAHS, ERS)	
<b>Phone:</b> 1-877-277-9772 <b>Fax :</b> 1-866-895-7856 (STAR+PLUS) 1-855-277-5700 (STAR+PLUS MMP) 1-877-441-5881 (DAHS Authorizations)	
Prior Authorization - Acute Care Services (Non-Dual) (E.g. In-home skilled nursing, PDN, most DME)	Prior Authorization - Acute Care Services (Dual) (E.g. In-home skilled nursing, PDN, most DME)
Non-Dual Members (Medicaid only) <b>Phone:</b> 1-800-218-7508 <b>Fax:</b> 1-800-690-7030	Dual Members (Medicare & Medicaid) <b>Phone:</b> Member's Medicare Carrier
Electronic Visit Verification	
<b>Web:</b> <a href="https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-h1002-provider-electronic-visit-verification-vendor-system-selection">https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-h1002-provider-electronic-visit-verification-vendor-system-selection</a> <b>Email:</b> <a href="mailto:cpc@dads.state.tx.us">cpc@dads.state.tx.us</a>	
<b>For the most current Provider Manual and Prior Authorization list, please visit <a href="http://SuperiorHealthPlan.com">SuperiorHealthPlan.com</a>.</b>	