

# STAR+PLUS/LTSS Quick Reference Guide



| General Information                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                      |
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| <b>Provider Services</b><br>1-877-391-5921<br>Relay Texas (TDD/TTY) 1-800-735-2989 or 711                                                                                                                                                                                                                                                                                   | <b>Website</b><br><a href="http://www.SuperiorHealthPlan.com">www.SuperiorHealthPlan.com</a>                                                                                         |
| <b>Member Services and After Hours (24-Hour Nurse Advice Line)</b> 1-866-516-4501<br>Relay Texas (TDD/TTY) 1-877-277-9772 or 711                                                                                                                                                                                                                                            | <b>Secure Provider Portal</b><br><a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>                                                                |
| <b>Fair Hearing Requests Hotline</b><br>1-877-398-9461                                                                                                                                                                                                                                                                                                                      | <b>Secure Provider Portal Help Desk:</b><br>Phone: 1-866-895-8443<br>Email: <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@SuperiorHealthPlan.com</a> |
| Provider Contracting                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                      |
| <b>Phone:</b> 1-866-615-9399 ext. 22534<br><b>Email:</b> <a href="mailto:SHP.NetworkDevelopment@SuperiorHealthPlan.com">SHP.NetworkDevelopment@SuperiorHealthPlan.com</a><br><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:<br>1. Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a><br>2. EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069<br>3. Paper: see address below under Initial, Resubmission, Corrected or Reconsiderations                                                               |                                                                                                                                                                                      |
| <b>Initial, Resubmission, Corrected or Reconsiderations</b><br>Superior HealthPlan<br>P.O. Box 3003<br>Farmington, MO 63640-3803<br>Payor ID: 68069                                                                                                                                                                                                                         | <b>Claim Appeals</b><br>Superior HealthPlan<br>P.O. Box 3000<br>Farmington, MO 63640-3800<br>Payor ID: 68069                                                                         |
| <b>Timely Filing Deadline:</b><br>95 days from date of service                                                                                                                                                                                                                                                                                                              | <b>Corrected Claims, Requests for Reconsideration or Claim Disputes:</b><br>120 days from the date of the Explanation of Payment (EOP)                                               |
| <b>EFT/ERA – PaySpan</b><br>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<br>(E.g. PAS, DAHS, ERS)                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |
| <b>Phone:</b> 1-877-277-9772<br><b>Fax :</b> 1-866-895-7856 (STAR+PLUS)<br>1-855-277-5700 (STAR+PLUS MMP)<br>1-877-441-5881 (DAHS Authorizations)                                                                                                                                                                                                                           |                                                                                                                                                                                      |
| Prior Authorization - Acute Care Services (Non-Dual)<br>(E.g. In-home skilled nursing, PDN, most DME)                                                                                                                                                                                                                                                                       | Prior Authorization - Acute Care Services (Dual)<br>(E.g. In-home skilled nursing, PDN, most DME)                                                                                    |
| Non-Dual Members (Medicaid only)<br><b>Phone:</b> 1-800-218-7508 <b>Fax:</b> 1-800-690-7030                                                                                                                                                                                                                                                                                 | Dual Members (Medicare & Medicaid)<br><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><br><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>                                                                                                                                                                                                                  |                                                                                                                                                                                      |