

STAR+PLUS/LTSS Quick Reference Guide



General Information	
Provider Services 1-877-391-5921 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	Website www.SuperiorHealthPlan.com
Member Services and After Hours (24-Hour Nurse Advice Line) 1-866-516-4501 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	Secure Provider Portal Provider.SuperiorHealthPlan.com
Fair Hearing Requests Hotline 1-877-398-9461	Secure Provider Portal Help Desk: Phone: 1-866-895-8443 Email: TX.WebApplications@SuperiorHealthPlan.com
Provider Contracting	
Phone: 1-866-615-9399 ext. 22534 Email: SHP.NetworkDevelopment@SuperiorHealthPlan.com Web: https://www.SuperiorHealthPlan.com/providers/become-a-provider.html	
Claims Submission– Acute Care Services & LTSS (non-dual)	
Providers may submit claims in three ways: 1. Secure Provider Portal: Provider.SuperiorHealthPlan.com 2. EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 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	Claim Appeals Superior HealthPlan P.O. Box 3000 Farmington, MO 63640-3800 Payor ID: 68069
Timely Filing Deadline: 95 days from 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 To register for this free service, call 1-877-331-7154 or visit www.payspanhealth.com	
Prior Authorization – LTSS Service Coordination (E.g. PAS, DAHS, ERS)	
Phone: 1-877-277-9772 Fax : 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) Phone: 1-800-218-7508 Fax: 1-800-690-7030	Dual Members (Medicare & Medicaid) Phone: Member's Medicare Carrier
Electronic Visit Verification	
Web: https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-h1002-provider-electronic-visit-verification-vendor-system-selection Email: cpc@dads.state.tx.us	
For the most current Provider Manual and Prior Authorization list, please visit SuperiorHealthPlan.com.	