

# STAR+PLUS/LTSS Quick Reference Guide



General Information	
<b>Provider Services</b> 1-877-391-5921 Relay Texas (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 (TTY): 711	<b>Secure Provider Portal</b> <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>
<b>State 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="http://www.SuperiorHealthPlan.com/providers/become-a-provider.html">www.SuperiorHealthPlan.com/providers/become-a-provider.html</a>	
Claims Submission – Acute Care Services and LTSS (Non-dual)	
Providers may submit claims in three ways: <ol style="list-style-type: none"> <li>Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a></li> <li>EDI: 1-800-225-2573, ext. 25525, Payor ID: 68069</li> <li>Paper: See address below under Initial, Resubmission, Corrected or Reconsiderations.</li> </ol>	
<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="https://www.payspanhealth.com/">https://www.payspanhealth.com/</a> .	

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<b>Prior Authorization – LTSS Service Coordination</b> (E.g. PAS, DAHS, ERS)	
<b>Phone:</b> 1-877-277-9772 <b>Fax :</b> All LTSS (Fax) <ul style="list-style-type: none"> <li>• Inpatient (Standard/Concurrent): 1-877-259-6960</li> <li>• Outpatient: 1-800-808-9368</li> <li>• Behavioral Health: 1-855-772-7079</li> </ul>	
<b>Prior Authorization - Acute Care Services (Non-Dual)</b> (E.g. In-home skilled nursing, PDN, most DME)	<b>Prior Authorization - Acute Care Services (Dual)</b> (E.g. In-home skilled nursing, PDN, most DME)
<b>MMP (Fax):</b> <ul style="list-style-type: none"> <li>• Inpatient: 1-877-259-6960</li> <li>• Outpatient (standard): 1-877-808-9368</li> <li>• Incontinence: 1-800-690-7030</li> <li>• BH (Inpatient): 1-866-900-6918</li> <li>• BH (Outpatient): 1-855-772-7079</li> </ul> <b>Expedited (Phone):</b> 1-800-218-2508  <b>STAR+PLUS (Fax):</b> <ul style="list-style-type: none"> <li>• Inpatient: 1-877-650-6942</li> <li>• Outpatient: 1-800-690-7030</li> <li>• Behavioral Health (Inpatient): 1-866-900-6918</li> <li>• Behavioral Health (Outpatient): 1-855-772-7079</li> </ul>	<b>Medicare (Fax):</b> <ul style="list-style-type: none"> <li>• Inpatient: 1-877-808-9368</li> <li>• Concurrent: 1-877-259-6960</li> </ul>
<b>Electronic Visit Verification</b>	
<b>Web:</b> <a href="https://hhs.texas.gov/laws-regulations/handbooks/evvp/h/section-2000-programs-services-billing">https://hhs.texas.gov/laws-regulations/handbooks/evvp/h/section-2000-programs-services-billing</a> <b>Email:</b> <a href="mailto:Electronic_Visit_Verification@hhsc.state.tx.us">Electronic_Visit_Verification@hhsc.state.tx.us</a>	
For the most current Provider Manual and Prior Authorization list, please visit <a href="http://SuperiorHealthPlan.com">SuperiorHealthPlan.com</a> .	