



**superior
healthplan™**



STAR+PLUS Medicare- Medicaid Plan (MMP) Quick Reference Guide

Provider Services

Phone: 1-877-391-5921

Monday through Friday 8:00 a.m. - 6:00 p.m. CST

Secure Provider Portal

Provider.SuperiorHealthPlan.com

Member Services

Phone: 1-866-896-1844 /

(TDD/TTY) 1-800-735-2989 or 7-1-1

Monday through Friday 8:00 a.m. - 8:00 p.m. CST.

After hours, weekends and holidays, members can leave a voicemail and their call will be returned by the next business day.



Medical Management

Prior Authorization

Providers may submit authorizations in three ways (includes Part B medications):

Secure Provider Portal:

Provider.SuperiorHealthPlan.com

Phone: 1-800-218-7508

Fax: 1-877-808-9368

Part C and D Appeals:

Fax: 1-877-808-9368

Prior Authorization - Long-Term Services & Supports (LTSS)

Providers may submit authorizations to:

Fax: 1-855-277-5700

Medical Admissions

Includes UM (Inpatient Elective and Notification Inpatient Concurrent Review):

Phone: 1-800-218-7508

Fax: 1-877-259-6960

Case Management Referrals

Case Management referrals can be made by contacting:

Phone: 1-855-757-6567



Provider Contracting

Visit, SuperiorHealthPlan.com/providers/become-a-provider.html. For questions, please contact your local Account Manager.



Specialty Vendors

Dental: DentaQuest

dentaquest.com

Phone: 1-888-308-4766

High Tech Radiology Imaging: National Imaging Associates (NIA)

radmd.com

Phone: 1-800-642-7554

Pharmacy: Envolve Pharmacy Solutions

envolvehealth.com/pharmacy.html

Phone: 1-877-935-8021

Vision Services: Envolve Benefit Solutions

visionbenefits.envolvehealth.com

Phone: 1-888-756-8768

Member Eligibility and Claims Inquiries:

1-866-897-4785

Provider Participation and Credentialing

Inquiries: 1-800-531-2818

Nurse Hotline: 24-Hour Nurse Advice Line

nursewise.com

Phone: 1-866-896-1844

Claims

Claims can have a changing status as listed below:

- **Adjusted or Corrected Claim:** A provider is changing the original claim.
- **Request for Reconsideration:** Provider disagrees with the original claim outcome (payment amount, denial reason, etc.).
- **Claim Dispute:** Provider disagrees with the outcome of the Request for Reconsideration.

Providers are encouraged to file claims electronically or through Superior's Secure Provider Portal. It is also recommended to register for Electronic Funds Transfer (EFT) through PaySpan to receive money faster.



Claims Submission Timeframes

Submission timeframes apply to contracted and non-contracted providers as specified below.

- **First Time Claim Submission Deadline:**
Contracted – 95 days from date of service
Non-contracted – 365 days from date of service
- **Claim Reconsideration and Disputes:**
Contracted and non-contracted – 120 days from last timely processed claim
- **Adjusted or Corrected Claims Deadline:**
Contracted and non-contracted – 120 days from last timely processed claim

SuperiorHealthPlan.com

Claims Submission

Providers may submit initial claims in three (3) ways:

Secure Provider Portal: Provider.SuperiorHealthPlan.com

Electronic Data Interchange (EDI):

Phone: 1-800-225-2573, ext. 2525
EDI Payor ID: 68069

Paper (by mail):

Superior HealthPlan
Attn: Claims
P.O. Box 3060
Farmington, MO 63640-3822

LTSS claims:

Superior HealthPlan
Attn: Claims
P.O. Box 3003
Farmington, MO 63640-3803

Adjusted or Corrected Claims

Reconsiderations and disputes should be submitted by paper only:

Paper (by mail):

Superior HealthPlan
Attn: Corrections, Reconsiderations or Appeals
P.O. Box 4000
Farmington, MO 63640-4000

LTSS claims:

Superior HealthPlan
Attn: Claims
P.O. Box 3003
Farmington, MO 63640-3803