STARPLUS 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

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)
radm.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

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

- **Secure Provider Portal**: [Provider.SuperiorHealthPlan.com](http://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

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

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

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