STAR Kids
Frequently Asked Provider Questions

Prior Authorizations for Private Duty Nursing (PDN), In-Home Therapy and Skilled Nursing Visits (SNV)

- What specific forms are required for PDN, In-Home Therapy and SNV authorization requests?
    - Providers may use Superior prior request forms or the Texas Standard Prior Authorization Request Form found on the Superior website: https://www.superiorhealthplan.com/providers/resources/forms.html
    - Providers may also utilize Superior Prior Authorization Checklists and Guidelines to ensure all information required for prior authorization is submitted:
        - PDN Prior Authorization Checklist: https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/SHP_20163809A_Private-Duty-Nursing-Requirement-Checklist-P-10282016.pdf
        - Therapy Prior Authorization Guidelines: https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/Therapy_Prior_Authorization_Guidelines_02052015.pdf
        - Therapy Prior Authorization Requirement Checklist: https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/SHP_2015939-Requirements-Therapy-Authorizations-P-10262016.pdf
        - SNV Prior Authorization Checklist: https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/SHP_20163809B_Skilled%20Nursing_Requirement_Checkllist-P-10282016.pdf
- What is the turnaround time response for prior authorization requests? How quickly will pending requests be processed?
    - Superior responds to prior authorization requests within three (3) business days from receipt of the request. If additional information is needed to process the request, Superior will request the additional information within the three (3) business days. Turnaround time is dependent on when the additional information is received from the provider, but no longer than 15 calendar days.
- How will Superior acquire additional information on a prior authorization request?
    - Superior will request additional information from the provider via fax and inform the provider to fax the additional information needed to Superior's clinical fax line: 1-866-918-2268.
- Will Superior require prior authorization requests to be sent directly from the physician or can provider agencies (home health) submit the required paperwork signed by the physician to request services?
    - Initial therapy evaluation requests must originate from the referring provider. Treatment and re-evaluation requests may originate from the servicing provider. All PDN and SNV services can be initiated from the provider.
- What is Superior's policy on prior authorization requests that have been submitted, but the agency is still waiting for the physician's signature (i.e. do you accept verbal orders)?
    - Yes, Superior accepts verbal orders. The provider will need to submit the correct verbal order documentation and will need to maintain evidence that the physical order was returned by the physician within two (2) weeks.

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- Will the requested authorization dates be honored if the physician signs late (for example, when the agency is providing the services and working off of a verbal order from the physician, as required)?
    - Superior cannot approve services prior to the date the verbal order is received. However, if the servicing provider submits the authorization timely with a valid verbal order, that provider may start treatment. Superior does not recommend that the provider start service until they have a determination on the prior authorization request.
- How will Superior handle patient authorization transfers for Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST) and/or PDN from one home health agency to another when the patient chooses to switch and the new home health agency does not have the signed orders back from the physician?
    - The new provider may submit a Change of Provider letter signed by the caregiver/member. The new provider may also submit a verbal order.
- Does the patient have to stay with the former home health agency until a prior authorization is obtained by the new agency? Or, will the new agency be guaranteed authorization from the date of transfer, as long as the physician signs the orders (within what time frame)?
    - No, Superior must obtain member/Legally Authorized Representative (LAR) consent on provider agency changes before the new agency is authorized.
- Can providers request authorization for services through Superior's Secure Provider Portal? Or, must they call or fax? What is the quickest most effective method for Superior?
    - Providers contracted with Superior may submit authorization requests through Superior's Secure Provider Portal. While there is no difference in turnaround time, the portal is the preferred method for authorization requests.
- Will electronic signatures from the physician, caregiver, therapist and RN be accepted by Superior? What are the requirements Superior has around electronic signatures?
    - Yes, electronic signatures will be accepted but must document the name, credentials and date the document was signed.
- Will Superior allow missed visits to be made up if it does not exceed the total number of authorized visits within the given period?
    - Providers should not exceed the number of hours approved per week or frequency/duration of visits per week even if it does not exceed the total limit within a period.
- How many days prior can the Initial and Re-evaluation requests be submitted?
    - All initial and re-evaluation orders must be signed within the last 30 days.
- How many days prior to the start date for treatment of services must the request be received by Superior? What is the earliest it can be submitted?
    - Superior recommends that requests are submitted no later than (five) 5 days prior to the start date of care. The earliest the request can be submitted is 30 days prior to the start date of care.
- For how long does Superior authorize services?
    - Services are authorized for 90 days. In certain circumstances, services may be approved up to 180 days.

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- When completing a re-certification request, how many days prior to the start date of the request can the physician, caregiver and RN sign the request paperwork?
    - Request paperwork may be signed up to 90 days prior to the state date of the request.
- Is a re-evaluation order required for a therapist to complete a re-evaluation and successfully request prior authorization?
    - If the visit is to be billed as a re-evaluation, a re-evaluation order is required.
- Do patients need a current Texas Health Steps assessment on file at the referring physician's office in order for a therapist/provider to request authorization for therapy services?
    - For members 0-17 years of age, a Texas Health Steps assessment or specialist notes must be submitted with the initial evaluation request.
- Does Superior have a 'homebound" requirement that only allows in-home therapy services to be rendered in the home with a "homebound" status, or is the physician required to provide documentation and medical necessity on why home health is most appropriate?
    - Superior does not have a "homebound" requirement. However, Superior does require the member's physician to provide member-specific documentation supporting the medical need of therapy in the home with all initial evaluation requests. Please reference the Superior Prior Authorization Guidelines for Therapy and Therapy Authorization Requirement Checklist.
- How are authorizations being handled for members who transitioned from Fee-For-Service (FFS) with services in place?
    - Superior receives and enters authorizations from the Medicaid FFS Program, using the same Date of Service (DOS), frequency and duration as approved by the Texas Medicaid and Healthcare Partnership (TMHP) to include the authorizations that TMHP processed, including TMHP authorized date extensions. If the Superior authorized services do not match the TMHP authorized service(s)/units, contact Superior's Prior Authorization department for review at 1-800-218-7508.
- For any authorizations that expire, will the provider need to request a renewal authorization from Superior, or will Superior complete an assessment and issue new authorizations based upon that assessment?
    - Any PDN, Therapy or SNV services that require a continuance, the provider should submit authorization requests according to the Superior prior authorization guidelines (please reference the checklist links provided above). Superior conducts member assessments, but will not automatically issue new authorizations for PDN, Therapy or SNV based on those assessments.
- Will Superior honor authorization requests starting with the date the services were initiated (if orders are received), or the date the authorization request is submitted to Superior by the provider?
    - Superior will honor authorization requests starting with the date the services were initiated as long as the request is submitted to Superior on or before the date the services were initiated. Any requests submitted after-hours or on weekends will be reviewed the next business day.
- Will Superior authorize PDN where an RN or LVN can provide the service? Or, will the authorization be discipline-specific?
    - Superior's authorizations are not discipline-specific. However, services must be billed based upon the needs of the member and nursing tasks that were identified by the Plan of Care (POC).

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Authorizations for Personal Care Services (PCS), Community First Choice (CFC) services and Medically Dependent Children Program (MDCP) services.

- What is Superior's turnaround time for authorization of PCS and CFC?
    - PCS and CFC services will be authorized if determined appropriate through the STAR Kids Screening and Assessment Instrument (SAI) and upon receipt of a Practitioner Statement of Need (PSON). Service Coordinators are responsible for completing the SAI and will authorize PCS and/or CFC services. Incomplete requests without a PSON will be denied if not received within 15 business days. Authorization of services will be determined within 14 days from the assessment.
- Who is responsible for obtaining the PSON from the provider?
    - Superior Service Coordinators are responsible for obtaining the signed PSON from the member's Primary Care Provider.
- For any authorizations that expire, will the provider need to request a renewal authorization from Superior or will Superior complete an assessment and issue new authorizations based upon that assessment?
    - Service Coordinators will schedule the SAI with the member/LAR and will issue authorizations based upon that assessment, prior to the expiration of the current authorization. Providers should notify the Superior Service Coordinator if they have not received an updated authorization, or if the member has a change of condition or circumstance that will require changes to the current authorization.
- For how long does Superior authorize services?
    - PCS and CFC services are authorized for a one year duration.
- PCS and CFC currently allow family members who are not the child's guardian/parents to work the child's attendant hours, regardless of whether or not they live in the same home. Will Superior allow this?
    - Yes.
- PCS allows parents of children over the age of 18 to work the child's attendant hours. Will Superior allow this?
    - Yes.
- MDCP currently allows children to bank respite hours not used within the week/month to be used in later months. Will Superior follow this same process?
    - Respite services are to be provided within the Individual Service Plan (ISP) year based upon the member/LAR preference. ISPs are established annually. If the member/LAR changes when respite services are to be provided within their ISP year (than what was initially agreed upon), then the Service Coordinator should be contacted.
- What is the process for members who wish to change agencies?
    - The member/LAR must acknowledge the request to change agencies. If Superior receives a request to change a provider agency for services, Superior must confirm with the member/LAR prior to approving authorization changes to the new requesting agency. The previous agency will be notified by Superior's Service Coordinator once the agency transfer has been approved/submitted by member/LAR.

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Billing Questions

- Will providers be able to bill during the beginning of the STAR Kids transition with the current TMHP authorization number, or will providers need to obtain a new authorization number from Superior prior to submitting a claim?
    - Providers should bill using the TMHP authorization number until a new authorization number is obtained from Superior.
- Does Superior allow providers to bill secondary claims electronically or do they need to be submitted by paper?
    - Providers may submit secondary claims electronically.
- Will Superior pay the Consumer Directed Services (CDS) administrative fee monthly or rate-based upon how many units are billed?
    - Superior will reimburse the CDS administrative fee monthly, same as FFS.
- Will CDS reimburse Financial Management Services Agencies (FMSAs) the same as they are now for MDCP and PCS?
    - FMSAs will be reimbursed when clean claims are submitted to Superior, according to billing guidelines.

Eligibility

- Can providers check client eligibility through Superior's provider portal, or will they have to use TMHP?
    - Providers should verify eligibility through Superior's Secure Provider Portal.
- If a Superior member loses Supplemental Security Income (SSI) eligibility during one month and has to activate their Medicaid waiver, who at Superior will handle the process of re-instating that patient's Medicaid eligibility through TMHP?
    - Superior is not responsible for Medicaid eligibility determinations and is not able to re-instate a member's eligibility through the TMHP portal. If a member loses SSI or Medicaid eligibility, he/she should contact the Texas Health and Human Services (HHS) Enrollment Broker, Maximus, to inquire about the reasons for loss of eligibility. If the member's Medicaid is re-instated but he/she is not re-enrolled into managed care, HHS must initiate a request to re-instate the member's enrollment into a STAR Kids managed care plan retroactively.

Superior HealthPlan Provider Education

- Does Superior have provider manuals and trainings available online?
    - Yes, please review the links below to access Superior's provider manuals and trainings:
        - https://www.superiorhealthplan.com/providers/training-manuals.html
        - https://www.superiorhealthplan.com/providers/training-manuals/provider-training-calendar.html