Behavioral Health Provider Quick Reference Guide



_General	Information	
Website Utilize the Superior website to find: Training and manuals Preferred drug lists Provider news Network requests or updates Fraud, waste and abuse reporting Contact us information (inquiries and complaints) Find my Provider Representative (Account Manager) Secure Provider Portal Please visit the Secure Provider Portal 24/7 for questions on electronic claim submission, claim appeals and claim status checks and member eligibility verification.	Superior HealthPlan Website: SuperiorHealthPlan.com Secure Provider Portal: Provider.SuperiorHealthPlan.com	<u>1</u>
Provider Representatives – Account Management Each provider is assigned a Superior representative to provider needs, as well as perform periodic onsite visits to Provider Representative/Account Manager:		

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Claims Submission and Claims Payment

Paper claims should be mailed to:

Superior HealthPlan Behavioral Health Claims P.O. Box 6300 Farmington, MO 63640-6806

Paper claims must be submitted on CMS standardized claim forms, using a CMS-1500 or CMS-1450/UB-04 claim form.

Electronic claims can be submitted through the following:

• Secure Provider Portal: Provider.SuperiorHealthPlan.com

Availity Clearinghouse / Payor ID: 68068

Phone: 1-877-344-8446, Website: www.Availity.com

• TexMedCentral (Medicaid claims):

Texas Medicaid and Healthcare Partnership (TMHP) Portal: https://secure.tmhp.com/TexMedConnect

Claims must be received by Superior within 95 days from the date of service.

Claim Appeals and Corrected Claims can be submitted on paper or electronically.

Paper claim appeals should be mailed to:

Superior HealthPlan Behavioral Health Appeals P.O. Box 6000

Farmington, MO 63640-3809

Electronic claim appeals can be submitted through Superior's Secure Provider Portal at: Provider.SuperiorHealthPlan.com

Must be received by Superior within 120 days from the date the claim was finalized for reconsideration.

Claim Payment

- Providers can receive paper or electronic payments and remittance.
- Electronic funds Transfer (EFT) and Electronic remittance advice (ERA) is a free service for providers.
- To register for this service, call 1-877-331-7154 or visit <u>PayspanHealth.com</u>.

Claim Status

- Claim status can be obtained through the Secure Provider Portal at: Provider.SuperiorHealthPlan.com
- For questions about a claim, call Superior Provider Services.

Secure ProviderPortal / HealthPassport Help Desk			
Secure Provider Portal Help Desk	Phone: 1-866-895-8443 Email: TX.WebApplications@SuperiorHealthPlan.com		
Health Passport (for STAR Health) Help Desk	Phone: 1-866-714-7996 Email: TX.PassportAdministration@SuperiorHealthPlan.com		

Provider Contracting

Provider Contracting

Providers can request contact Superior for contracting opportunities by completing the Network Participation Request on our website at https://www.SuperiorHealthPlan.com/providers/become-a-provider.html.

Or by sending an email to: SHP.NetworkDevelopment@SuperiorHealthPlan.com

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Provider Credentialing

Email: Credentialing@SuperiorHealthPlan.com

Fax: 1-866-702-4831

Mail: Credentialing Department, Superior HealthPlan, 5900 E. Ben White Blvd., Austin, TX 78741

Prior Authorizations

Prior Authorization forms can be found by visiting: https://www.SuperiorHealthPlan.com/providers/resources/forms.html
Providers may submit authorizations by:

- 1. Secure Provider Portal at Provider.SuperiorHealthPlan.com
- 2. Phone: 1-844-744-5315 (Ambetter phone: 1-844-259-3934)
- 3. Fax: 1-855-772-7079 (Ambetter fax: 1-844-307-4442, Mental Health Rehabilitation and Behavioral Case Management Services fax: 1-866-469-0725)

Covered Behavioral Health	Prior Authorization	Frequency Limitations	Associated Forms		
Services Psychological Testing and Neuropsychological Testing	Requirement Required (Foster Care ONLY exemption: Participating providers limited to 8-hours per calendar year per member without authorization)	Based on medical necessity	Psychological Testing Request Form or Neuropsychological Testing Request Form		
Inpatient Admissions (including Detox)	Required	Based on medical necessity	N/A		
ECT - Inpatient/Outpatient	Required	Based on medical necessity	Electroconvulsive Therapy (ECT) Request Form		
Outpatient facility services (PHP/IOP/ Day Treatment)	Required	Based on medical necessity	N/A		
Residential Treatment	Required	Based on medical necessity	N/A		
Crisis Stabilization Services (Ambetter Only)	Required after 3 hours or if per diem	Based on medical necessity	N/A		
Cognitive Rehabilitation Therapy	Required	Based on medical necessity	Outpatient Treatment Request Form (OTR)		
All Non-Participating Providers	Required	Based on medical necessity	Outpatient Treatment Request Form (OTR)		
Pharmacy Benefits Manager – Envolve Pharmacy Solutions					
Bin Number: 004336; Group ID: RX5458 https://www.envolvehealth.com/pharmacy					
Prior Authorization Requests	Phone: 1-866-399-0928 Fax: 1-866-399-0929 Website: https://www.SuperiorHealthPlan.com/providers/resources/pharmacy.html				
PharmacyAppeals	Phone: 1-800-218-7453 ext. 22168 Fax: 1-866-918-2266				

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