

Behavioral Health Provider Quick Reference Guide



General Information

Website Utilize the Superior website to find: <ul style="list-style-type: none">• 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)	Superior HealthPlan Website: SuperiorHealthPlan.com	
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.	Secure Provider Portal: Provider.SuperiorHealthPlan.com	
Provider Representatives – Account Management Each provider is assigned a Superior representative to provide training and education, assist with questions and changing provider needs, as well as perform periodic onsite visits to the provider’s office. Access the following link to locate your Provider Representative/Account Manager: https://www.superiorhealthplan.com/providers/resources/find-my-provider-rep.html		
Provider Services Please contact Provider Services for questions on claims status, member eligibility and claim adjustment requests.	STAR, CHIP, STAR+PLUS, STAR Kids, STAR+PLUS MMP, Medicare Advantage	1-877-391-5921
	STAR Health	1-877-391-5921
	Ambetter	1-877-687-1196
Member Services and After Hours Members can contact Member Services for help with: <ul style="list-style-type: none">• Benefit inquiries• Assistance with locating a network provider• Transportation assistance• General inquiries and complaints• Abuse, neglect and exploitation reporting• Behavioral health crisis hotline	STAR, CHIP	1-800-783-5386
	STAR+PLUS	1-877-277-9772
	STAR Kids	1-844-590-4883
	STAR Health	1-866-912-6283
	STAR+PLUS MMP	1-866-896-1844
	Medicare Advantage (HMO and HMO SNP)	1-877-826-5520
	Ambetter	1-877-687-1196
Relay Texas (TDD/TTY)	1-800-735-2989	
Provider Complaints Provider complaints may be submitted through the Superior website or by paper through mail or fax.	Website: https://www.superiorhealthplan.com/contact-us/complaint-form-information.html	
	Paper Complaints (by mail): Superior HealthPlan Provider Complaints 5900 E. Ben White Blvd. Austin, Texas 78741 Fax: 1-866-683-5369	

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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: [ProviderSuperiorHealthPlan.com](https://secure.tmhp.com/ProviderSuperiorHealthPlan.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:

[ProviderSuperiorHealthPlan.com](https://secure.tmhp.com/ProviderSuperiorHealthPlan.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 [PayspanHealth.com](https://www.PayspanHealth.com).

Claim Status

- Claim status can be obtained through the Secure Provider Portal at: [ProviderSuperiorHealthPlan.com](https://secure.tmhp.com/ProviderSuperiorHealthPlan.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](https://www.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 Services	Prior Authorization Requirement	Frequency Limitations	Associated Forms
Psychological Testing and Neuropsychological Testing	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
Pharmacy Appeals	Phone: 1-800-218-7453 ext. 22168 Fax: 1-866-918-2266