

# STAR+PLUS/Nursing Facility Quick Reference Guide



General Information		
<b>Provider Services</b> 1-877-391-5921 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	<b>Website</b> <a href="http://www.SuperiorHealthPlan.com">www.SuperiorHealthPlan.com</a>	
<b>Member Services and After Hours (24-Hour Nurse Advice Line)</b> 1-877-277-9772 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	<b>Secure Provider Portal</b> <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>	
<b>Fair Hearing Requests Hotline</b> 1-877-398-9461	<b>Help Desk:</b> Phone: 1-866-895-8443 Email: <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@SuperiorHealthPlan.com</a>	
Provider Contracting		
<b>Phone:</b> 1-866-615-9399 ext. 22534; <b>Email:</b> <a href="mailto:SHP.NetworkDevelopment@SuperiorHealthPlan.com">SHP.NetworkDevelopment@SuperiorHealthPlan.com</a> <b>Web:</b> <a href="http://www.SuperiorHealthPlan.com/providers/become-a-provider">www.SuperiorHealthPlan.com/providers/become-a-provider</a>		
Claims Submission – NF Unit Rate		
Nursing Facilities may submit claims one of three ways: 1. Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a> 2. EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 3. TMHP’s Web Portal: <a href="http://www.TMHP.com">www.TMHP.com</a> via TexMedConnect		
<b>Timely Filing Deadline:</b> 365 days from the date of service or 95 days from Medicare EOP <b>Auto Adjusted Claims:</b> 30 days from the receipt date of the adjustment or the SAS file		
Claims Submission – Acute Care and Add-on Services (Non-Duals – Medicaid only)		
Nursing Facilities may submit claims one of four ways: 1. Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a> 2. EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 3. Paper: see address below under Initial, Resubmission, Corrected or Reconsiderations 4. TMHP’s Web Portal: <a href="http://www.TMHP.com">www.TMHP.com</a> via TexMedConnect		
<b>Initial, Resubmission, Corrected or Reconsiderations</b> Superior HealthPlan P.O. Box 3003 Farmington, MO 63640-3803	<b>Claim Appeals</b> Superior HealthPlan P.O. Box 3000 Farmington, MO 63640-3800	<b>EFT/ERA – PaySpan Health</b> Phone: 1-877-331-7154 Web: <a href="http://www.payspanhealth.com">www.payspanhealth.com</a>
<b>Timely Filing Deadline:</b> 95 days from date of service	<b>Corrected Claims, Requests for Reconsideration or Claim Disputes:</b> 120 days from the date of disposition (receipt of EOP)	
Bill Code Crosswalk for Add-on Services		TMHP/TexMedConnect Help Desk
<a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks">https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks</a>		1-800-626-4117, Option 1
Claims Submission – Dual Members (Medicare & Medicaid)		
Medicare is always primary to Medicaid coverage and you must submit your claim to Medicare for consideration first. Then file the claim with a copy of the EOP to Superior through the Web Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>		
Prior Authorization – Acute Care & Add-on Services (Non-Dual)		Prior Authorization – Acute Care Services (Dual)
Non-Dual Members (Medicaid only) <b>Call:</b> 1-800-218-7508 <b>Fax:</b> 1-800-690-7030		Dual Members (Medicare and Medicaid) <b>Call:</b> Member’s Medicare Carrier
For the most current Provider Manual and Prior Authorization List, please visit <a href="http://www.SuperiorHealthPlan.com/providers">www.SuperiorHealthPlan.com/providers</a> .		