

Behavioral Health Provider Quick Reference Guide



General Information

<p>Website Utilize the Superior HealthPlan website to find:</p> <ul style="list-style-type: none"> • Training and manuals. • Preferred drug lists. • Provider news. • Network requests or updates. • Fraud, waste and abuse reporting. • Contact information (inquiries and complaints). • Your dedicated Account Manager. 	<p>Website SuperiorHealthPlan.com</p>	
<p>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.</p>	<p>Secure Provider Portal Provider.SuperiorHealthPlan.com</p>	
<p>Account Management Each provider is assigned a Superior representative called an Account Manager, who provides training and education, assists with questions and changing provider needs, as well as performs periodic onsite visits to the provider's office. Access the following link to locate your Account Manager: SuperiorHealthPlan.com/FindMyAM</p>		
<p>Provider Services Please contact Provider Services for questions on claims status, member eligibility and claim adjustment requests.</p>	<p>STAR, CHIP, STAR+PLUS, STAR Kids, STAR+PLUS MMP, Allwell</p>	<p>1-877-391-5921</p>
	<p>STAR Health</p>	<p>1-877-391-5921</p>
	<p>Ambetter</p>	<p>1-877-687-1196</p>
<p>Member Services Members can contact Member Services for help with:</p> <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. 	<p>STAR, CHIP</p>	<p>1-800-783-5386</p>
	<p>STAR+PLUS</p>	<p>1-877-277-9772</p>
	<p>STAR Kids</p>	<p>1-844-590-4883</p>
	<p>STAR Health</p>	<p>1-866-912-6283</p>
	<p>STAR+PLUS MMP</p>	<p>1-866-896-1844</p>
	<p>Allwell (HMO and HMO SNP)</p>	<p>1-877-826-5520</p>
	<p>Ambetter</p>	<p>1-877-687-1196</p>
<p>Relay Texas (TTY)</p>	<p>1-800-735-2989</p>	
<p>Provider Complaints Provider complaints may be submitted through the Superior website, by mail or fax.</p>	<p>Complaints (By Web) SuperiorHealthPlan.com/ComplaintForm</p> <p>Complaints (By Mail) Superior HealthPlan Provider Complaints 5900 E. Ben White Blvd. Austin, Texas 78741</p> <p>Complaints (By Fax) 1-866-683-5369</p>	

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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: Availity.com
- TexMedCentral (Medicaid claims):
Texas Medicaid and Healthcare Partnership (TMHP) Portal: 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: 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 PayspanHealth.com.

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 Provider Portal / Health Passport Help Desk

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

Provider Contracting

Providers can contact Superior for contracting opportunities by:

- Completing the Network Participation Request by visiting SuperiorHealthPlan.com/JoinOurNetwork.
- Sending an email to SHP.NetworkDevelopment@SuperiorHealthPlan.com.

Provider Credentialing

Email: Credentialing@SuperiorHealthPlan.com
Fax: 1-866-702-4831
Mail: Credentialing Department, Superior HealthPlan, 5900 E. Ben White Blvd., Austin, TX 78741

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Prior Authorizations

Prior Authorization forms can be found by visiting SuperiorHealthPlan.com/ProviderBehavioralHealth.

Providers may submit authorizations by:

1. Secure Provider Portal: Provider.SuperiorHealthPlan.com
2. Phone: 1-844-744-5315 (Ambetter phone: 1-844-259-3934)
3. Fax:
 - a. Allwell Prior Authorization: 1-855-772-7079
 - b. Ambetter Prior Authorization: 1-844-307-4442
 - c. Medicaid Prior Authorization: 1-866-570-7517
 - d. Mental Health Rehabilitation and Behavioral Case Management Services: 1-866-469-0725

Covered Behavioral Health Services	Prior Authorization Requirement	Frequency Limitations	Associated Fax Forms
Psychological Testing and Neuropsychological Testing	Required (STAR, STAR Health, STAR Kids, STAR+PLUS, CHIP exemption: Participating providers limited to 8-hours per calendar year per member without authorization)	Based on medical necessity	2020 Outpatient Prior Authorization Form and Medicaid Outpatient Neuropsychology and Psychological Testing
Inpatient Admissions (including Detox)	Required	Based on medical necessity	N/A
Outpatient Detox	Required	Based on medical necessity	2020 Outpatient Prior Authorization Form
Transcranial Magnetic Stimulation (Ambetter only)	Required	Based on medical necessity	2020 Outpatient Prior Authorization Form
Applied Behavior Analysis (Ambetter only)	Required	Based on medical necessity	2020 Outpatient Prior Authorization Form
Electroconvulsive Therapy (ECT) - Inpatient/Outpatient	Required	Based on medical necessity	2020 Outpatient Prior Authorization Form (required) and Ambetter, Medicaid or Medicare ECT Inpatient or Outpatient Request Form (optional)
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
All Non-Participating Providers	Required	Based on medical necessity	2020 Outpatient Prior Authorization Form

Pharmacy Benefit Information

Bin Number: 004336; Group ID: RX5458
pharmacy.envolvehealth.com/

Prior Authorization Requests	Phone: 1-866-399-0928 Fax: 1-866-399-0929 Website: SuperiorHealthPlan.com/ProviderPharmacy
Superior Pharmacy Appeals	Phone: 1-877-398-9461 Fax: 1-866-918-2266