Behavioral Health Provider Quick Reference Guide



	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 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				
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: 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, Allwell	1-877-391-5921			
	STAR Health Ambetter	1-877-391-5921 1-877-687-1196			
Member Services Members can contact Member Services for help with:	STAR, CHIP	1-800-783-5386			
Benefit inquiries	STAR+PLUS	1-877-277-9772			
Assistance with locating a network provider	STAR Kids	1-844-590-4883			
 Transportation assistance General inquiries and complaints Abuse, neglect and exploitation reporting Behavioral health crisis hotline 	STAR Health	1-866-912-6283			
	STAR+PLUS MMP	1-866-896-1844			
	Allwell (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, by mail or fax.	Complaints (by web): www.SuperiorHealthPlan.com/contact-us/complaint-form- information.html Complaints (by mail): Superior HealthPlan Provider Complaints 5900 E. Ben White Blvd. Austin, Texas 78741 Complaints (by fax): 1-866-683-5369				

SHP_20206872 Updated November 2020

Behavioral Health Provider Quick Reference Guide



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 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 <u>www.SuperiorHealthPlan.com/providers/become-a-provider.html</u>.
- Sending an email to <u>SHP.NetworkDevelopment@SuperiorHealthPlan.com</u>.

Provider Credentialing

Email: Credentialing@SuperiorHealthPlan.com

Fax: 1-866-702-4831

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

SHP_20206872 Updated November 2020

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Prior Authorizations

Prior Authorization forms can be found by visiting

www.SuperiorHealthPlan.com/providers/resources/behavioral-health.html.

Providers may submit authorizations by:

- 1. Secure Provider Portal: <u>Provider.SuperiorHealthPlan.com</u>
- 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	Prior Authorization	Frequency Limitations	Associated Fax Forms	
Services Psychological Testing and Neuropsychological Testing	Requirement 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	
ECT - Inpatient/Outpatient	Required	Based on medical necessity	2020 Outpatient Prior Authorization Form (required) and Ambetter, Medicaid or Medicare Electroconvulsive Therapy (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 https://pharmacy.envolvehealth.com/				
Prior Authorization Requests	Phone: 1-866-399-0928 Fax: 1-866-399-0929 Website: www.SuperiorHealthPlan.com/providers/resources/pharmacy.html			
Superior PharmacyAppeals Phone: 1-877-398-9461 Fax: 1-866-918-2266				

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