

# Federally Qualified Health Center (FQHC) Credentialing

## Frequently Asked Questions (FAQ)



Effective **September 1, 2025**, Superior HealthPlan must allow any practitioner who practices at an FQHC and meets the criteria below to participate through expedited credentialing. Superior offers expedited credentialing only for individual practitioners, not for FQHC clinics or sites.

To qualify, the following must be met:

1. The FQHC must have a current contract with Superior, **or** practitioner must be a member of an established provider group.
2. Be Medicaid-enrolled.
3. Agree to comply with Superior's contract terms.
4. Submit all required credentialing documentation.

### Does this apply to all Superior lines of business?

No. This policy applies only to the following lines of business:

- STAR
- STAR Health
- STAR Kids
- STAR+PLUS

### What types of providers can be processed for expedited credentialing?

The following FQHC sites and provider types are eligible:

- Physician (MD or DO)
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Counselor (LPC)
- Podiatrist (DPM)
- Psychologist (PhD or PsyD)
- Therapeutic Optometrist (O.D.)

### What is the effective date?

- Superior decides the provider's effective date.
- That date is usually the day Superior receives a complete credentialing application, meaning:
  - All forms are submitted
  - All required documents are included
  - Everything is approved
- If anything is missing, the effective date is delayed until it's complete.
- As of September 1, 2025, Superior must follow new rules for expedited credentialing, which means:
  - Superior must process certain applications faster, according to the policy required by House Bill 3151.

### How do we notify Superior of an expedited credentialing request?

- Submit the provider credentialing application to Superior.
- Clearly indicate that you are requesting **expedited credentialing** for the individual practitioner.
- Reference **HB 3151 – Expedited Credentialing** in the email request or submission.

## Credentialing & Claims Cheat Sheet

- Providers are **not in network** until Superior finishes credentialing and assigns an **effective date**.
- **Only services on or after the effective date** can be paid in network.
- Services before the effective date are **out of network or denied**, no matter when the claim is filed.
- **Texas Medicaid & Healthcare Partnership (TMHP) enrollment does not equal in network status** with a health plan.
- Only **Superior's credentialing effective date** matters for in network payment.
- FQHC claims do **not require a rendering provider** if billed under the FQHC National Provider Identifier (NPI) with the correct taxonomy.
- Services outside the FQHC **do require a rendering provider NPI**.
- Claims must be filed **within timely filing limits** or they may be denied.

## Credentialing & Network Status

- No in network payment can be made until the individual practitioner is fully credentialed with Superior.
- In network rates start only on the official credentialing effective date.

## Effective Date Rules

- Claims for services before the effective date are out of network or denied.
- Submission date does not change this.

## Medicaid vs. Superior Dates

- TMHP (Medicaid) enrollment  $\neq$  Superior credentialing effective date.
- Only Superior's credentialing date counts for in network claims.

## Claims Filing for FQHCs

- Rendering provider is not needed if:
  - Billing NPI = FQHC NPI.
  - Correct taxonomy code included.
- If services are outside FQHC but billed by FQHC:
  - Include rendering provider NPI + taxonomy.
- Rendering provider info goes in Field 24J; must have active Texas Provider Identifier (TPI) linked to the facility.

## Timely Filing

- Submit claims within Superior deadlines.
  - Deadlines can be found on [Superior HealthPlan STAR, CHIP, STAR+PLUS, STAR Health and STAR Kids Provider Manual \(PDF\)](#).
- Late claims may be denied.