



**superior  
healthplan™**



# STAR+PLUS Medicare- Medicaid Plan (MMP) Quick Reference Guide

## Provider Services

**Phone:** 1-877-391-5921

Monday through Friday 8:00 a.m. - 5:00 p.m. CST

## Secure Provider Portal

[Provider.SuperiorHealthPlan.com](http://Provider.SuperiorHealthPlan.com)

## Member Services

**Phone:** 1-866-896-1844 / (TTY: 7-1-1)

Monday through Friday 8:00 a.m. - 8:00 p.m. CST.

After hours, weekends and holidays, members can leave a voicemail and their call will be returned by the next business day.



## Medical Management

### Prior Authorization

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Providers may submit authorizations in three ways (includes Part B medications):

**Secure Provider Portal:**

[Provider.SuperiorHealthPlan.com](http://Provider.SuperiorHealthPlan.com)

**Phone:** 1-800-218-7508

**Fax (Medical):** 1-877-808-9368

**Fax (Behavioral Health):** 1-855-772-7079

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Part C and D Appeals:

**Fax:** 1-877-398-9461

### Prior Authorization - Long-Term Services & Supports (LTSS)

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Providers may submit authorizations to:

**Fax:** 1-855-277-5700

### Medical Admissions

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Includes UM (Inpatient Elective and Notification Inpatient Concurrent Review):

**Phone:** 1-800-218-7508

**Fax (Medical):** 1-877-259-6960

**Fax (Behavioral Health):** 1-866-900-6918

### Case Management Referrals

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Case Management referrals can be made by contacting:

**Phone:** 1-855-757-6567



## Provider Contracting

Visit, [SuperiorHealthPlan.com/providers/become-a-provider.html](http://SuperiorHealthPlan.com/providers/become-a-provider.html). For questions, please contact your local Account Manager.



## Specialty Vendors

**Dental:** DentaQuest

[dentaquest.com](http://dentaquest.com)

**Phone:** 1-800-516-0165

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**National Imaging Associates (NIA):** High-Tech Radiology, Interventional Pain Management and Physical Medicine

[radmd.com](http://radmd.com)

**Phone:** 1-800-642-7554

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**Pharmacy Services:** CVS Caremark

For Coverage Determination:

Medicare Pharmacy Services

(for Pharmacies and Physicians):

**Phone:** 1-800-867-6564

**Fax:** 1-877-941-0480

Office Hours: 5:00 a.m. to 6:00 p.m. PST

(Monday – Friday)

**Address:**

Medicare Pharmacy Prior Authorization Department

P.O. Box 31397

Tampa, FL 33631-3397

**For Prescription Claims:**

Claim Processor: CVS Caremark®

RxBIN 004336

RxPCN MEDDADV

RxGroup RX8144

Pharmacy Help Desk: 1-888-865-6567

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**Vision Services:** Envolve Benefit Solutions

[visionbenefits.envolvehealth.com](http://visionbenefits.envolvehealth.com)

**Phone:** 1-888-756-8768

**Member Eligibility and Claims Inquiries:**

1-800-334-3937

**Provider Participation and Credentialing**

**Inquiries:** 1-800-531-2818

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**Nurse Hotline:** 24-Hour Nurse Advice Line

**Phone:** 1-866-896-1844

## Claims

Claims can have a changing status as listed below:

- **Adjusted or Corrected Claim:** A provider is changing the original claim.
- **Request for Reconsideration:** Provider disagrees with the original claim outcome (payment amount, denial reason, etc.).
- **Claim Dispute:** Provider disagrees with the outcome of the Request for Reconsideration.

Providers are encouraged to file claims electronically or through Superior's Secure Provider Portal. It is also recommended to register for Electronic Funds Transfer (EFT) through PaySpan to receive money faster.



### Claims Submission Timeframes

Submission timeframes apply to contracted and non-contracted providers as specified below.

- **First Time Claim Submission Deadline:**  
Contracted – 95 days from date of service  
Non-contracted – 365 days from date of service
- **Claim Reconsideration and Disputes:**  
Contracted and non-contracted – 120 days from last timely processed claim
- **Adjusted or Corrected Claims Deadline:**  
Contracted and non-contracted – 120 days from last timely processed claim

[SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com)

### Claims Submission

Providers may submit initial claims in three (3) ways:

#### Secure Provider Portal:

[Provider.SuperiorHealthPlan.com](https://Provider.SuperiorHealthPlan.com)

#### Electronic Data Interchange (EDI):

**Phone:** 1-800-225-2573, ext. 6075525  
**EDI Payor ID:** 68069

#### Paper (by mail):

Superior HealthPlan  
Attn: Claims  
P.O. Box 3060  
Farmington, MO 63640-3822

#### Behavioral Health claims:

Superior HealthPlan  
Attn: Claims  
P.O. Box 6300  
Farmington, MO 63640-3806

#### LTSS claims:

Superior HealthPlan  
Attn: Claims  
P.O. Box 3003  
Farmington, MO 63640-3803

### Adjusted or Corrected Claims

Reconsiderations and disputes should be submitted by paper only:

#### Paper (by mail):

Superior HealthPlan  
Attn: Corrections, Reconsiderations or Claims Appeals  
P.O. Box 4000  
Farmington, MO 63640-4000

#### LTSS claims:

Superior HealthPlan  
Attn: Claims  
P.O. Box 3003  
Farmington, MO 63640-3803