

STAR+PLUS/Nursing Facility Quick Reference Guide



General Information		
Provider Services: 1-877-391-5921 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	Website: SuperiorHealthPlan.com	
Member Services and After Hours (24-Hour Nurse Advice Line): 1-877-277-9772 Relay Texas (TDD/TTY) 1-800-735-2989 or 711	Secure Provider Portal: Provider.SuperiorHealthPlan.com	
Fair Hearing Requests Hotline: 1-877-398-9461	Help Desk: Phone: 1-866-895-8443 Email: TX.WebApplications@SuperiorHealthPlan.com	
Provider Contracting		
Phone: 1-866-615-9399 ext. 22534; Email: SHP.NetworkDevelopment@SuperiorHealthPlan.com Web: SuperiorHealthPlan.com/ContractRequest		
Claims Submission – NF Room and Board		
Nursing Facilities may submit claims one of three ways: <ol style="list-style-type: none"> Secure Provider Portal: Provider.SuperiorHealthPlan.com EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 TMHP’s Web Portal: TMHP.com via TexMedConnect 		
Timely Filing Deadline: 365 Calendar Days from the date of service or 95 Calendar Days from Medicare EOP Auto Adjusted Claims: 30 Calendar 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: <ol style="list-style-type: none"> Secure Provider Portal: Provider.SuperiorHealthPlan.com EDI: 1-800-225-2573 ext. 25525, Payor ID: 68069 Paper: see address below under Initial, Resubmission, Corrected or Reconsiderations TMHP’s Web Portal: TMHP.com via TexMedConnect 		
Initial, Resubmission, Corrected or Reconsiderations Superior HealthPlan P.O. Box 3003 Farmington, MO 63640-3803	Claim Appeals Superior HealthPlan P.O. Box 3000 Farmington, MO 63640-3800	EFT/ERA – PaySpan Health Phone: 1-877-331-7154 Web: Payspanhealth.com
Timely Filing Deadline: 95 Calendar Days from date of service	Corrected Claims, Requests for Reconsideration or Claim Disputes: 120 Calendar Days from the date of disposition (receipt of EOP)	
Bill Code Crosswalk for Add-on Services		TMHP/TexMedConnect Help Desk
hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks		1-800-626-4117 , Option 1
Claims Submission – Dual Members (Medicare & Medicaid)		
Superior serves as primary payor for REV 100/101 (NF room and board). Submit claim through Superior’s Secure Provider Portal: Provider.SuperiorHealthPlan.com		

Prior Authorization – Acute Care & Add-on Services (Non-Dual)	Prior Authorization – Acute Care Services (Dual)
Non-Dual Members (Medicaid only) Call: 1-800-218-7508 Fax: 1-800-690-7030 PA Tool: SuperiorHealthPlan.com/MedicaidPriorAuth	Dual Members (Medicare and Medicaid) Call: Member’s Medicare Carrier

General Responsibilities

- To provide Superior with access to medical records and access to the facility.
 - To provide notice to Superior’s designated Service Coordinator via phone, fax, email or other electronic means no later than one Business Day after the following events, unless table below indicated otherwise.
- For the most current Provider Manual Please visit:* SuperiorHealthPlan.com/ProviderManuals
For the Prior Authorization List, please visit: SuperiorHealthPlan.com/PriorAuth

Event	Notification
1. A significant adverse change in the members physical or mental condition or environment that could lead to hospitalization.	One Business Day
2. An emergency room visit.	One Business Day
3. Death of a member.	72 hours
4. An admission to or discharge from the Nursing Facility, including admission or discharge to a hospital or other acute facility, skilled bed, LTSS provider, non-contracted bed, or another nursing or long-term care facility, transitions to hospice, or involuntary discharge of a member initiated by the facility.	One Business Day
5. Superior HealthPlan may coordinate member/census with Nursing Facility.	One Business Day

- To submit Form 3618 or Form 3619, as applicable, to Texas Health and Human Service Commissions (HHSC) administrative service coordinator. These forms can be found on the HHSC Forms webpage here: hhs.texas.gov/regulations/forms.