

# STAR+PLUS/Nursing Facility Quick Reference Guide



## General Information

<b>Provider Services:</b> <a href="tel:1-877-391-5921">1-877-391-5921</a> Relay Texas (TDD/TTY) <a href="tel:1-800-735-2989">1-800-735-2989</a> or 711	<b>Website:</b> <a href="http://SuperiorHealthPlan.com">SuperiorHealthPlan.com</a>
<b>Member Services and After Hours (24-Hour Nurse Advice Line):</b> <a href="tel:1-877-277-9772">1-877-277-9772</a> Relay Texas (TDD/TTY) <a href="tel:1-800-735-2989">1-800-735-2989</a> or 711	<b>Secure Provider Portal:</b> <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>
<b>Fair Hearing Requests Hotline:</b> <a href="tel:1-877-398-9461">1-877-398-9461</a>	<b>Help Desk:</b> Phone: <a href="tel:1-866-895-8443">1-866-895-8443</a> Email: <a href="mailto:TX.WebApplications@SuperiorHealthPlan.com">TX.WebApplications@SuperiorHealthPlan.com</a>

## Provider Contracting

<b>Phone:</b> <a href="tel:1-866-615-9399">1-866-615-9399</a> ext. 22534; <b>Email:</b> <a href="mailto:SHP.NetworkDevelopment@SuperiorHealthPlan.com">SHP.NetworkDevelopment@SuperiorHealthPlan.com</a> <b>Web:</b> <a href="http://SuperiorHealthPlan.com/ContractRequest">SuperiorHealthPlan.com/ContractRequest</a>
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## Claims Submission – NF Room and Board

Nursing Facilities may submit claims one of three ways: <ol style="list-style-type: none"> <li>Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a></li> <li>EDI: <a href="tel:1-800-225-2573">1-800-225-2573</a> ext. 25525, Payor ID: 68069</li> <li>TMHP's Web Portal: <a href="http://TMHP.com">TMHP.com</a> via TexMedConnect</li> </ol>
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<b>Timely Filing Deadline:</b> 365 Calendar Days from the date of service or 95 Calendar Days from Medicare EOP <b>Auto Adjusted Claims:</b> 30 Calendar Days from the receipt date of the adjustment or the SAS file
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## 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"> <li>Secure Provider Portal: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a></li> <li>EDI: <a href="tel:1-800-225-2573">1-800-225-2573</a> ext. 25525, Payor ID: 68069</li> <li>Paper: see address below under Initial, Resubmission, Corrected or Reconsiderations</li> <li>TMHP's Web Portal: <a href="http://TMHP.com">TMHP.com</a> via TexMedConnect</li> </ol>
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<b>Initial, Resubmission, Corrected or Reconsiderations</b> Superior HealthPlan P.O. Box 3003 Farmington, MO 63640-3803	<b>Claim Appeals</b> Superior HealthPlan P.O. Box 3000 Farmington, MO 63640-3800	<b>EFT/ERA – PaySpan Health</b> Phone: <a href="tel:1-877-331-7154">1-877-331-7154</a> Web: <a href="http://Payspanhealth.com">Payspanhealth.com</a>
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<b>Timely Filing Deadline:</b> 95 Calendar Days from date of service	<b>Corrected Claims, Requests for Reconsideration or Claim Disputes:</b> 120 Calendar Days from the date of disposition (receipt of EOP)
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## Bill Code Crosswalk for Add-on Services

<a href="http://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks">hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/long-term-care-bill-code-crosswalks</a>	<b>TMHP/TexMedConnect Help Desk</b>  <a href="tel:1-800-626-4117">1-800-626-4117</a> , Option 1
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## 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: <a href="http://Provider.SuperiorHealthPlan.com">Provider.SuperiorHealthPlan.com</a>
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Prior Authorization – Acute Care & Add-on Services (Non-Dual)	Prior Authorization – Acute Care Services (Dual)
Non-Dual Members (Medicaid only) <b>Call:</b> <a href="tel:1-800-218-7508">1-800-218-7508</a> <b>Fax:</b> 1-800-690-7030 <b>PA Tool:</b> <a href="http://SuperiorHealthPlan.com/MedicaidPriorAuth">SuperiorHealthPlan.com/MedicaidPriorAuth</a>	Dual Members (Medicare and Medicaid) <b>Call:</b> Member’s Medicare Carrier
General Responsibilities	
<ul style="list-style-type: none"> <li>To provide Superior with access to medical records and access to the facility.</li> <li>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.</li> </ul> <p><i>For the most current Provider Manual Please visit:</i> <a href="http://SuperiorHealthPlan.com/ProviderManuals">SuperiorHealthPlan.com/ProviderManuals</a></p> <p><i>For the Prior Authorization List, please visit:</i> <a href="http://SuperiorHealthPlan.com/PriorAuth">SuperiorHealthPlan.com/PriorAuth</a></p>	
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](http://hhs.texas.gov/regulations/forms).