



FAQ

Topics Specific to Our Providers

How can I find out specific information regarding Ambetter from Superior HealthPlan?

1. The public portion of our website located at Ambetter.SuperiorHealthPlan.com will contain valuable information regarding Ambetter from Superior HealthPlan including the Provider Manual, the Billing Manual, Quick Reference Guides, Prior Authorization requirements, etc.
2. The secure web portal will provide the same services you are accustomed to today including, eligibility verification, the ability to submit prior authorizations or check on authorization status, submit claims, check on claim status and many other helpful functions.
3. You will continue to have a dedicated Provider Relations Specialist to educate your office regarding the Ambetter from Superior HealthPlan product. Your Provider Relations Specialist can be reached at 1-877-687-1196.
4. You may also receive assistance by calling our Provider Services call center at 1-877-687-1196.



If I am already registered on Superior HealthPlan's secure web portal, will I need to re-register to view information about my Ambetter from Superior HealthPlan members?

If you are currently registered on our secure web portal, you will NOT need to re-register. Your current registration will allow you to access information on your patients who are part of Superior HealthPlan and Ambetter from Superior HealthPlan.

How can I find out other participating providers in the Ambetter from Superior HealthPlan network?

The public portion of the website will contain a Find a Provider function. This will allow you to view other participating providers in the Ambetter from Superior HealthPlan network.

The Ambetter Member ID contains the Ambetter logo as well as the Superior HealthPlan logo. Does this mean they are an Ambetter member or Medicaid member?

 		IN NETWORK COVERAGE ONLY	
		TDI	
Subscriber:	Jane Doe	Effective Date of Coverage:	XX/XX/XX
Member:	John Doe	Rx BIN#:	008019
ID #:	UXXXXXXXX		
Plan:	Ambetter Balanced Care 1 + Vision + Adult Dental		
Copays PCP: Specialist: ER:		Coinsurance (Med/Rx): Deductible (Med/Rx): Rx (Generic/Brand):	
Ambetter.SuperiorHealthPlan.com			
Member/Provider Services: 1-877-687-1196 Relay Texas/TTY: 1-800-735-2989 24/7 Nurse Line: 1-877-687-1196		Medical Claims: Superior HealthPlan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010	
Numbers below for providers: Pharmacy Help Desk: 1-855-339-4805 EDI Payor ID: 68069 EDI Help Desk: 1-800-225-2573 ext. 25525 Pharmacy Administrator: US Script			
<small>Additional information can be found in your Evidence of Coverage. If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit Ambetter.SuperiorHealthPlan.com.</small>			
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The above is an example of what the Member ID may look like.

Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan. These individuals will not be Medicaid recipients.

How will I know where to submit my claims?

The public portion of our website located at Ambetter.SuperiorHealthPlan.com will contain the Provider Manual, the Billing Manual and Quick Reference Guides which will provide information regarding the submission of claims for Ambetter members. Additionally, the claim submission information is located on the back of the member identification card.

1. Claims may be submitted via our secure web portal. If you are not already a registered user, please register at Ambetter.SuperiorHealthPlan.com. If assistance is required, you may contact Provider Services at 1-877-687-1196 or you may contact your dedicated Provider Relations Specialist.
2. EDI claims may be submitted through the same clearinghouse you currently utilize for submission of claims to Superior HealthPlan.
3. Paper claims may be submitted to the PO Box address listed in the Provider Manual and on our Quick Reference Guide.

Do I have to submit my taxonomy code on claims?

Yes, taxonomy codes must be submitted on claims. This information will be used to calculate appropriate copays. This is especially important for dual-boarded providers who render both PCP and specialty services. Below is an illustration regarding the taxonomy code on a CMS 1500 and UB-04 claim form.

CMS 1500:

The diagram illustrates the CMS 1500 form with several key fields highlighted by callouts:

- ZZ Qualifier:** Located in the top right section of the form, specifically in the 'L. ID. QUAL.' field.
- Rendering Taxonomy:** Located in the top right section of the form, specifically in the 'J. RENDERING PROVIDER ID. #' field.
- Rendering NPI:** Located in the middle section of the form, specifically in the 'I. NPI' field.
- Group NPI:** Located in the bottom section of the form, specifically in the 'a. NPI' field.
- Group Taxonomy with ZZ Qualifier:** Located in the bottom section of the form, specifically in the 'b. NPI' field.

UB-04:

The diagram illustrates the UB-04 form with two key fields highlighted by callouts:

- B3 Qualifier:** Located in the '80 REMARKS' section of the form.
- Taxonomy:** Located in the '81CC' section of the form.

If the taxonomy code is not present on the claim, the claim will upfront reject. An upfront rejection means that the claim will not be received into our claim billing system. Providers will receive a rejection letter indicating that the claim has not been received into our system.

Please consult the Provider Manual and Billing Manual for more information.

Do I have to submit a CLIA number on my claims?

If CLIA certified or CLIA waived services are being billed on a CMS 1500 form, the CLIA certified or CLIA waived number must be present on the claim. Please consult our Provider and Billing Manuals located at Ambetter.SuperiorHealthPlan.com for more specific information.

How will I know what services require prior authorization?

1. Services requiring prior authorization may be found in our Provider Manual and in our Quick Reference Guide located at Ambetter.SuperiorHealthPlan.com.
2. The public Ambetter website also includes a pre-screen tool. You may enter a CPT code and determine whether the service requires prior authorization.
3. You can also call Provider Services at 1-877-687-1196 to check on services that require prior authorization.

The benefit designs for Ambetter from Superior HealthPlan contain copays, coinsurance and deductibles. How will I know what these amounts are?

1. The secure web portal will contain benefit information such as the applicable copays, coinsurance and deductible amounts. For deductibles, the secure web portal will show the annual deductible amount, the year to date portion of the deductible that has been met as well as the remaining deductible amount that must be met.
2. You may also contact Provider Services at 1-877-687-1196 to verify the copay, coinsurance and deductible amounts.
3. Cost-sharing information will also be printed on the front of the member's Ambetter ID card.
4. You may collect cost shares (copay, coinsurance and deductibles) at the time of service. Specific details regarding this are contained in our Provider Manual located at Ambetter.SuperiorHealthPlan.com.

I currently utilize PaySpan to receive Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT). Will I continue to utilize PaySpan to receive my payments from Ambetter from Superior HealthPlan?

If you are currently receiving ERA and EFT from PaySpan for other Superior HealthPlan products, you will be automatically enrolled for the Ambetter product. If all of your payments are distributed to one bank account, no action is required!

If you are not registered to receive ERA/EFT and are interested in doing so, you may contact PaySpan at 1-877-331-7154 or www.payspanhealth.com.

Is there a preferred drug list (PDL) for Ambetter from Superior HealthPlan members?

Yes. The preferred drug list can be found on the public portion of our website at Ambetter.SuperiorHealthPlan.com.

The pharmacy benefit is administered by US Script. Information regarding US Script can be found on our Quick Reference Guide at Ambetter.SuperiorHealthPlan.com.

If I am not currently participating in the Ambetter from Superior HealthPlan network and am interested in doing so, who should I contact?

You may call the Provider Services call center at 1-877-687-1196 and they can assist you.

In what ways can my patient make their premium payments?

Information regarding premium payments can be found in the Member Handbook located on our website. Payments can be made in 3 ways: by mail, by phone by calling 1-877-687-1196 or the member may utilize our self-service option by registering for a secure account on our Member Secure Portal. If your patient has questions regarding their premium payment, the patient may call Member Services at 1-877-687-1196.

If my patients need more information regarding the Health Insurance Marketplace or Ambetter from Superior HealthPlan, where can I refer them for more information?

Your patients may visit Ambetter.SuperiorHealthPlan.com or call Ambetter from Superior HealthPlan at 1-877-687-1196 for more information.

You may also refer your patients to www.healthcare.gov for more information about the Affordable Care Act and the Health Insurance Marketplace.