

11.15.2023

Superior HealthPlan Medicaid Claim Processing Update

Effective January 1, 2024, Superior HealthPlan Medicaid will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, Rx Group, BIN, and PCN.

Please use the following information when submitting claims for Superior HealthPlan Medicaid members.

BIN:	003858
PCN:	MA
Rx Group:	2FDA

Sample ID Card

<div style="border: 1px dashed gray; padding: 10px;">    <p>MEMBER ID #: MEMBER NAME:</p> <p>PRIMARY CARE PROVIDER NAME: PHONE: EFFECTIVE DATE:</p> <p style="text-align: center;">SuperiorHealthPlan.com</p> <p style="font-size: small;">RXBIN: 003858 RXPCN: MA RXGRP: 2FDA PBM: Express Scripts</p> </div>	<div style="border: 1px solid gray; padding: 10px;"> <p>Available 24 hours a day/7 days a week Member Services Behavioral Health Nurse Advice Line: 1-800-783-5386</p> <p>In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Pharmacists Only: 1-833-750-4508</p> <hr/> <p>Disponible 24 horas al día/7 días a la semana Servicios para Miembros Salud del comportamiento La línea de consejería de enfermería: 1-800-783-5386</p> <p>En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después del tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible. Solo para farmacéuticos: 1-833-750-4508</p> </div>
<div style="border: 1px dashed gray; padding: 10px;">    <p>MEMBER ID #: MEMBER NAME:</p> <p>EFFECTIVE DATE: CATEGORY A OR B:</p> <p style="text-align: center;">TDI</p> <p style="text-align: center;">SuperiorHealthPlan.com</p> <p style="font-size: small;">RXBIN: 003858 RXPCN: MA RXGRP: 2FDA PBM: Express Scripts</p> </div>	<div style="border: 1px solid gray; padding: 10px;"> <p>Available 24 hours a day/7 days a week Member Services Nurse Advice Line: 1-800-783-5386</p> <p>In case of emergency, call 911 or go to the closest emergency room. Pharmacists Only: 1-833-750-4508</p> <hr/> <p>Disponible 24 horas al día/7 días a la semana Servicios para Miembros La línea de consejería de enfermería: 1-800-783-5386</p> <p>En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Solo para farmacéuticos: 1-833-750-4508</p> <p>Hospital Facility Billing Category A: Bill TMHP if income is at or below the Medicaid eligibility threshold. Category B: Bill Superior HealthPlan if income is above the Medicaid eligibility threshold.</p> <p>Professional/Other Services Billing Bill Superior HealthPlan regardless of FPL percentage.</p> </div>

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4508**.

ambetter from Superior Health Plan Claim Processing Update

Effective January 1, 2024, ambetter from Superior Health Plan will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for ambetter from Superior Health Plan members.

BIN:	003858
PCN:	A4
Rx Group:	2DSA

Sample ID Cards

 <p>EXCLUSIVE PROVIDER ORGANIZATION QHP TDI</p> <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p>  <p>AmbetterHealth.com/copays</p> <p>PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2DSA</p> <p>REFERRAL NOT REQUIRED</p>	<p>Ambetter.SuperiorHealthPlan.com</p> <p>Member/Provider Services: 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) 24/7 Nurse Line: 1-877-687-1196</p> <p>Medical Claims Address: Superior HealthPlan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacy Benefit Manager: Express Scripts Pharmacist Only: 1-833-750-4268 EDI Payor ID: 68069 [Envolve Vision: 1-866-753-5779] [Envolve Dental Powered by United Concordia: 1-833-260-3625]</p> <p></p> <p><small>Additional information can be found in your Major Medical Expense Policy. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization, however, it may change the member's responsibility. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.SuperiorHealthPlan.com.</small></p> <p><small>Ambetter from Superior HealthPlan is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Texas Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Celtic Insurance Company. All rights reserved.</small></p> <p>AMB23-TX-C-00048</p>
 <p>HEALTH MAINTENANCE ORGANIZATION QHP TDI</p> <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p>  <p>Teladoc Virtual Access App</p> <p>AmbetterHealth.com/copays PCP: [\$0 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2DSA</p> <p>REFERRAL REQUIRED</p>	<p>Ambetter.SuperiorHealthPlan.com</p> <p>Member/Provider Services: 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) 24/7 Nurse Line: 1-877-687-1196</p> <p>Medical Claims Address: Superior HealthPlan ATTN: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> <p>Numbers below for providers: Pharmacy Benefit Manager: Express Scripts Pharmacist Only: 1-833-750-4268 EDI Payor ID: 68069</p> <p></p> <p><small>Additional information can be found in your Major Medical Expense Policy. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization, however, it may change the member's responsibility. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.SuperiorHealthPlan.com.</small></p> <p><small>Ambetter from Superior HealthPlan is underwritten by Superior HealthPlan, Inc., which is a Qualified Health Plan issuer in the Texas Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Superior HealthPlan, Inc. All rights reserved.</small></p> <p>AMB23-TX-C-00048</p>

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Subscriber: [Jane Doe] Member: [John Doe]	Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]		
VALUE  <small>AmbetterHealth.com/copays</small>	PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]		
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