

Simplify Office Administrative Tasks

Keep this Quick Reference Guide nearby to make pre-visit planning and post-visit tasks quick and easy.



**superior
healthplan**[™]
Medicare Advantage

Website: SuperiorHealthPlan.com

- Patient Care Forms
- Pre-Auth Needed Tool
- Superior HealthPlan News
- Provider Manual
- Preferred Drug List
- Member Resources

Secure Provider Portal: Provider.SuperiorHealthPlan.com

- Verify Member Eligibility
- Access Patient Health Records
- View Patient Gaps
- Manage Prior Authorizations
- Submit and Manage Claims
- Obtain Provider Resources

Member Eligibility

Check member eligibility:

- Secure Provider Portal
- Provider Services:
1-877-391-5921
- TTY/TDD:
1-800-735-2989

Patient Care Gaps

Find recommended services that a member has not completed.

1. Visit the Secure Provider Portal.
2. Review patient information for any gaps in care.
3. Plan to address care gaps during a future appointment.

Prior Authorization

Use the Pre-Auth Needed Tool on our website to determine if prior authorization is required.

Submit prior authorizations:

- Secure Provider Portal
- Fax: 1-877-259-6960
- Phone: 1-800-218-7508

Claims

Timely Filing guidelines:
95 days from date of service.

Submit claims:

- Secure Provider Portal
- Clearinghouses:
EDI Payor ID 68069
- Mail paper claims to:
Superior HealthPlan
Medicare Advantage
P.O. Box 3060
Farmington, MO
63640-3060

Pre-Visit Planning Checklist

- ✓ Verify member eligibility.
- ✓ Check for patient care gaps and address them during upcoming office visit.
- ✓ Use Pre-Auth Needed Tool to determine if prior authorization is needed before appointment.

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