



Thank you for participating in Superior HealthPlan's Medicare plans.

Superior believes that delivering quality care doesn't have to be complicated. So, to make working with us easier, we have developed this packet. It's designed to provide you with valuable education materials to simplify your administrative responsibilities, so you can focus on providing care.

Enclosed, you'll find:

- ▶ Superior HealthPlan's Medicare Plan Booklet
- ▶ Provider Quick Reference Guide
- ▶ Prior Authorization Quick Reference Guide
- ▶ Electronic Funds Transfer (EFT) Benefits
- ▶ Secure Provider Portal Features

Superior is dedicated to helping providers stay informed. Make sure you visit SuperiorHealthPlan.com to view the provider manual, news updates, notifications and other valuable resources.

We're looking forward to working with you. Together we can make a difference by striving for the same goal to improve the health of the community, one person at a time.

Sincerely,
Superior HealthPlan

Questions? Call Provider Services at 1-877-391-5921.



Superior HealthPlan's Medicare Plan

Healthy Partnerships are our Specialty.

At Superior HealthPlan, we are dedicated to creating the best health-care plans for your patients. As our partner, you can count on us to provide:

- Fast and accurate claims payments.
- Efficient and convenient processes for providing care to our members.
- Responsive Account Managers to assist with all of your needs.

We are committed to working with you to ensure your patients receive the quality and affordable health care they deserve.

Allwell 2018

Superior HealthPlan's Medicare plans offer complete care and valuable services to your eligible patients.

We share your commitment to your patients and understand the importance of keeping them covered and healthy. As our partner, your patients have access to a range of health plans that fit their specific needs.



**superior
healthplan™**

STAR
STAR+PLUS
STAR Kids
STAR Health
CHIP
STAR+PLUS MMP



Allwell Dual Medicare
(HMO SNP)
Allwell Medicare
(HMO)



Ambetter from
Superior HealthPlan
(Health Insurance
Marketplace)

Doing More for Our Medicare Members

BETTER HEALTHCARE FOR YOUR PATIENTS

Member Benefits and Programs:



Prescription Coverage

We will offer coverage for a wide range of prescriptions to help your patients treat or manage their conditions.



Care Management

Care Managers will work closely with you and your Superior HealthPlan patients to make sure their health needs are always met.



24/7 Nurse Advice Line

Members will receive 24-hour, toll-free phone access to registered nurses for answers to their medical questions.



Over-the-Counter Purchase Assistance

Members will receive additional funds to spend on certain OTC items that are delivered via mail order.*



Fitness Membership

Members can take advantage of free fitness memberships or request an in-home fitness program.

**Please note, OTC Purchase Assistance amounts vary between specific counties.*

Superior HealthPlan's Medicare plans deliver top-quality, comprehensive coverage for your patients. But the focus doesn't stop there. Our coverage will extend far beyond your office to offer valuable health management programs and educational tools for your patients, making it easier for them to achieve their best possible health.



Vision and Dental Benefits*

In addition to medical benefits, members will be able to keep dental and eye health a priority with routine checkups and care.



MemberConnections® Program

Plan representatives will provide members with in-person support to access their health benefits and community resources to ensure the members' health and safety.



Transportation Assistance*

As a part of our ongoing efforts to assist our members, we will offer and coordinate free rides to doctor appointments or other medically necessary services.



Senior Health Resources

We will partner with our members to keep them engaged in their health care – including sending preventive health reminders, providing general health information, and offering support so that they can maintain their best health.

**Please note, Dental Benefits and Transportation Assistance available in specific counties only.*

We take care of you.

SO YOU CAN TAKE CARE OF THEM.

Superior HealthPlan provides the tools and support you need to deliver the best quality of care.



Secure Provider Portal Functionality

Access all of your patient information in one place, at one time. On our Secure Provider Portal, you can view a patient's records, submit claims, verify eligibility and more.



EFT & ERA Solution

Payspan is a free solution that helps providers to simplify the payment tracking and transfer process.



Pre-Auth Needed Tool

Use this online tool to quickly determine if prior authorization is required for a specific service.



Account Management

Our Account Managers serve as the direct line of communication between providers and Superior, by supporting and helping providers address their priorities and goals.



Care Management Programs

We support you by providing additional communications to your patients who are under a care plan with you.

Your Partner in Care.

We offer our Medicare plans in the following Texas counties:

Allwell Medicare (HMO)

- Bexar
- Cameron
- Collin
- Dallas
- Denton
- El Paso
- Hidalgo
- Nueces
- Smith
- Tarrant

Allwell Dual Medicare (HMO SNP)

- Bexar
- Cameron
- Collin
- Dallas
- Hidalgo
- Nueces
- Rockwall
- Tarrant

To learn more about our Medicare plans, visit [SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com).

Simplify Office Administrative Tasks



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

Website: [SuperiorHealthPlan.com](https://www.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:
Allwell from Superior HealthPlan
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.

[SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com)

How to Obtain Prior Authorization



Pre-Auth Needed Tool

Use the Pre-Auth Needed Tool to quickly determine if a service or procedure requires prior authorizations, by visiting SuperiorHealthPlan.com/providers/preauth-check/medicare-pre-auth.html.

.....

Submit a Prior Authorization Request

If a service requires prior authorization, submit through one of the following ways:



SECURE PROVIDER PORTAL

Provider.SuperiorHealthPlan.com

This is the preferred and fastest method. The provider must be a registered user.



PHONE

1-800-218-7508

After normal business hours and on holidays, calls are directed to Superior’s 24-hour Nurse Advice Line.



Fax

MEDICAL

1-877-259-6960

BEHAVIORAL HEALTH

1-855-772-7079

See reverse side for a list of services that require prior authorization.

Please note:

- All out-of-network services require prior authorization except emergency care, out-of-area urgent care and out-of-area dialysis.
- Failure to complete the required prior authorization or certification may result in a denied claim.
- More resources available at SuperiorHealthPlan.com/providers.

Procedures Requiring Prior Authorization



Please visit SuperiorHealthPlan.com

and use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization.

Out-of-Network Services

All out-of-network (non-par) services and providers require prior authorization, excluding emergency care, out-of-area urgent care or out-of-area dialysis.

THE FOLLOWING LIST IS NOT ALL-INCLUSIVE

Ancillary Services

- Ambulance
- Durable Medical Equipment (DME)
- Genetic counseling and testing
- Hospice
- Home health services
- Orthotics/prosthetics

Inpatient Authorization

- All elective/scheduled admission notifications requested at least five (5) days prior to the scheduled date of admit including but not limited to:
- Inpatient admission (elective or scheduled)
 - Observation stays
 - Outpatient therapy
 - Sleep studies

Procedures/Services

- Behavioral health services
- Clinical trials
- Cosmetic procedures
- Drug testing
- Experimental/investigational services
- Hyperbaric Oxygen Therapy (HBO)
- Infertility
- Medicare Part B drugs
- Pain management
- Radiation therapy
- Surgeries
- Transplants



**LOG INTO OUR
SECURE PROVIDER PORTAL**

Provider.SuperiorHealthPlan.com

Electronic Funds Transfer (EFT) Solution

Payspan Get Paid Faster



Allwell from Superior HealthPlan offers Payspan, a free solution that helps providers simplify the payment tracking and transfer process.



Improve cash flow

by getting payments faster.



Settle claims electronically

through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs).



Maintain control over bank accounts

by routing EFTs to the bank account(s) of your choice.



Match payments to statements quickly

and easily re-associate payments with claims.



Manage multiple payers,

including any payers that are using Payspan to settle claims.



Eliminate re-keying of remittance data

by choosing how you want to receive remittance details.



Create custom reports

including ACH summary reports, monthly summary reports, and payment reports sorted by date.

SET UP YOUR
**PAYSPAN
ACCOUNT**
.....TODAY.....

Visit PaySpanHealth.com and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

Secure Provider Portal



Manage patient administrative tasks quickly and easily.



View Multiple TINs

One point of entry allows for quick and easy access to Superior HealthPlan member information for multiple TINs/practices.



Access Daily Patient Lists from One Screen

One concise view allows Primary Care Providers to scan patient lists for details such as Superior member eligibility and care gaps.



Manage Batch Claims for Free

Submit and manage claims, including batch and view detailed Electronic Funds Transfer (EFT) payment history.



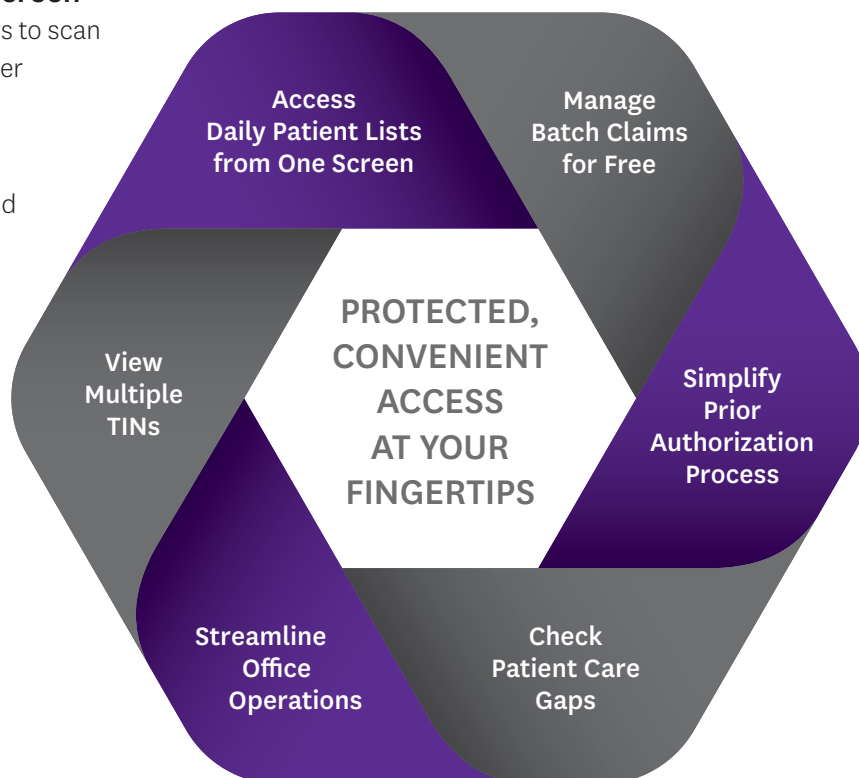
Simplify Prior Authorization Process

Submit prior authorization requests using the “Smart Sheets” feature with prompts for required clinical information.



Utilize Additional Features to Streamline Office Operations:

- View patient demographics and history.
- Use the secure messaging feature to communicate with Superior.
- Update provider demographics.



QUESTIONS?

Contact Allwell from
Superior HealthPlan
at 1-877-391-5921.

Get Started Now!

Visit **Provider.SuperiorHealthPlan.com** and click Create an Account. Have your tax ID number ready during sign up.