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**
- Patient care forms
- Pre-auth needed tool
- Superior HealthPlan news

**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.