Quick Reference Guide



Simplify Office Administrative Tasks

Keep our 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
- Provider news

- Provider manual
- · Preferred drug list
- Member resources

Secure Provider Portal

Provider.SuperiorHealthPlan.com

- Verify member eligibility
- Manage prior authorizations Submit and manage claims Access patient health records
- View patient care gaps
- Obtain provider resources

Check Member Eligibility

- Secure Provider Portal
- Provider Services: 1-877-391-5921
- TTY: 711

Patient Care Gaps

Find recommended services that a member has not completed.

- Visit the Secure Provider Portal.
- 2. Review patient information for any gaps in care.
- 3. Plan to address care gaps during an upcoming office visit.

Pre-Visit Planning Checklist

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



Prior Authorization

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

Submit prior authorization requests via:

- Secure Provider Portal
- Medical Fax:
 1-855-537-3535 (Inpatient)
 1-877-808-9368 (Outpatient)
- Behavioral Health Fax:
 1-866-900-6918 (Inpatient)
 1-855-772-7079 (Outpatient)

Phone: 1-800-218-7508

Claims

Timely Filing guidelines: 95 days from date of service.

Claims can be submitted via:

- Secure Provider Portal
- Clearinghouses:
 EDI Payor ID 68069
- Mail paper claims to:

Wellcare by Allwell Attn: Claims P.O. Box 3060 Farmington, MO 63640-3822

Other Partners

To contact our other health services partners:

Dental: 1-855-586-1417

Vision: 1-800-334-3937

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