To verify if a patient is eligible for Ambetter from Superior HealthPlan, please follow the steps below:

1. Go to Provider.SuperiorHealthPlan.com and log in to Ambetter’s Secure Provider Portal.
   - If you have not registered for the portal or need help getting access, please click on Create New Account.

2. Once you have logged into the portal, under the Plan Type drop-down, select “Ambetter”.

3. Click on the Eligibility icon.

4. Under Eligibly Check, select the Date of Service, then input the member’s Member ID or Last Name and their Date of Birth (DOB) and click on Check Eligibility.
5. Confirm the patient is **Eligible** and confirm their Ambetter plan under **Network**.
   - **Eligible** options are indicated by a green thumbs up (patient is eligible), an orange thumbs down (patient is not eligible) or a yellow warning sign (patient is delinquent on payments).
   - **Network** plan options are listed as “Value” (Ambetter Value), “Virtual” (Ambetter Virtual) or “Ambetter CORE” (Ambetter Essential, Balanced and Secure).

6. Plan information can also be found in the patient’s profile under the **Overview** tab, under **Eligibility History**.
   - In the profile, providers will need to pay attention to the following to determine the current plan for the patient:
     o The ending of the **Product Name** and **Product Description**, which can be “Value” (Ambetter Value), “Virtual” (Ambetter Virtual) and “Balance” (Ambetter Essential, Balanced and Secure).
     o The most recent **Start Date** indicates when the member began participating in the plan.