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:
trilliumohp.com/providers
- Patient care forms
- Pre-Authorization tool
- Trillium Medicare Advantage news

Secure Provider Portal:
trilliumohp.com/providers
- Provider Manual
- Preferred Drug List
- Member resources
- Verify member eligibility
- Access patient health records
- View patient care gaps
- Manage prior authorizations
- Submit and manage claims
- And more!

Check Member Eligibility
- Secure Web Portal
- Provider Services: 1-877-600-5472
- TTY: 711

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 future appointment.

Pre-Visit Planning Checklist
- Verify member eligibility.
- Check for patient care gaps and address them during upcoming office visit.
- Use Pre-Authorization tool to determine if prior authorization is needed before appointment.
Quick Reference Guide (continued)

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: 1-844-371-7765
- Behavioral Health Fax: 1-877-725-7751
- Phone: 1-877-600-5472

Claims
Timely Filing guidelines: 95 days from date of service.

Claims can be submitted via:
- Secure Portal
- Clearinghouses:
  EDI Payor ID 68069
- Mail paper claims to:
  Trillium Community Health Plan
  Attn: Claims P.O. Box 3060
  Farmington, MO 63640-3822

Other Partners
To contact our other health services partners:
- Vision: 1-855-565-9518
- Behavioral Health: 1-855-565-9518

Questions? Call Provider Services at 1-877-600-5472.
trilliumohp.com/providers