



2021 Quick Reference Guide

Need to contact us? Use this reference guide for quick access to a variety of helpful resources.



Clear Spring Health Online Link

Use provider portal to perform secure transactions such as checking **member eligibility** and benefits, managing **claims** and requesting **prior authorization**.

To enroll, go to <https://clearspringhealthcare.com/provider-resources/>



Provider Services

Phone: 877-364-4566

- Confirm member eligibility and benefits
- Provide care coordination notification
- Check claims status
- Request prior authorization
- Update facility/practice data

**TTY/TDD (for all departments)
711**



Member Services

Phone: 877-364-4566



Vision

Phone:

IL 844-254-9491
CO, GA, NC, SC, VA 844-824-2014



Dental

Phone: CO 855-225-1731
Phone: GA 800-516-0124
Phone: IL 800-508-6780
Phone: NC 844-831-9098
Phone: SC: 800-685-2371
Phone: VA 844-822-8109



Behavioral Health Services

Phone: 866-689-8761



Fitness Program

Phone: 888-423-4632



Over the Counter Program (OTC)

Phone: 877-234-4806



Hotline to report Fraud and Abuse or Compliance Concerns

Phone: 866-467-6958



Prior Authorization Requests (Medical and Behavioral Health)

Phone: 866-689-8761

Inpatient Fax: 866-611-1957

Outpatient Fax: 866-613-0157

Email:

utilization.management@clearspringhealthcare.com



Care Coordination / Case Management

Phone: 866-938-3720

Fax: 1-855-844-0303

Email: caremanagement@clearspringhealthcare.com



No Referrals Required



Electronic Payments & Statements Enrollment

New number for 2021

Change Healthcare EDI Payer ID Number: 85468



Pharmacy

Phone: 877-842-9791



Part D Prescriber Appeals

Phone: 844-374-7377



Hearing

Phone: 877-234-4761

Addresses

Claims Address (All)

Clear Spring Health

P.O. Box 491

Park Ridge, IL 60068-0491

Appeals and Grievances

Clear Spring Health

Attention: Appeals & Grievances

3601 SW 160th Avenue

Suite 450

Miramar, FL 33027

Fax – 866-235-5181

Claims Inquiries and Administrative Review

Clear Spring Health

Attn: Provider Disputes/Claims

P.O. Box 491

Park Ridge, IL 60068-0491

Clear Spring Health Member ID Cards

Each Clear Spring Health member will receive an ID card. Each card is issued once, unless cards are requested or reissued due to a demographic, PCP or plan change. ID Cards are good for as long as the person is a member of Clear Spring Health.

Front

  	Member: John A. Sample Member ID: CS000000000 Contract: H3071 PBP: 002
Clear Spring Health Community Advantage (HMO)	
Effective Date: MM/DD/YYYY	RxBIN: 610014
PCP Name: Jane B. Test	RxPCN: MEDDPRIME
PCP Phone: XXX-XXX-XXXX	RxGRP: CLRSPH
Copays:	MedicareRx Prescription Drug Coverage
PCP: \$X Specialist: \$X	 EXPRESS SCRIPTS®
ER: \$X Urgent Care: \$X	
	

Back

Contact Information:	
Member & Provider Services 1-877-364-4566 TTY/TDD: 711	Dental & Vision 1-844-231-8313
Pharmacy Services 1-877-842-9791	Hearing 1-877-234-4761
Utilization Review/ Inpatient Services 1-866-689-8761	www.clearspringhealthcare.com www.ccaillinois.com www.eonhp.com
Payer ID: 85468	Claims: Clear Spring Health Care P.O. Box 491 Park Ridge, IL 60068-0491