



2019 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 sign in to Link, go to www.ClearSpringHealthCare.com or eligibility verification line can be reached at [877-384-1241](tel:877-384-1241). To learn more about using Link, please visit www.ClearSpringHealthCare.com



Provider Services

Phone: 877-384-1241

- 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: 877-384-1241



Vision

Phone: 833-825-3415



Dental

Phone: 833-825-3415



Behavioral Health Services

Phone: 866-689-8761



Fitness Program

Phone: 877-427-4788



Over the Counter Program (OTC)

Phone: 888-246-6001



Hotline to report Fraud and Abuse or Compliance Concerns

Phone: 866-467-6958



Prior Authorization Requests and Care Coordination / Case Management

Phone: 866-689-8761

Inpatient Fax: 866-611-1957

Inpatient Email:

inpatientutilization@eonhp.com

Outpatient Fax: 866-613-0157

Outpatient Email:

outpatientutilization@eonhp.com



No Referrals Required



Electronic Payments & Statements Enrollment

Change Healthcare

EDI Payer ID Number: 66009



Pharmacy

Phone: Illinois 833-478-6372

Phone: CO, NC, VA 833-459-4412



Part D Prescriber Appeals

Addresses

Claims Address (All)
 Clear Spring Health
 Attn: Claims
 P.O. Box 4048
 Scranton, PA 18505

Claims Inquiries and Administrative Review
 Clear Spring Health Care
 Attn: Provider Disputes/Claims
 P.O. Box 4107
 Scranton, PA 18505

Appeals and Grievances

Clear Spring Health
 Attention: Grievances
 P.O. Box 4107
 Scranton, PA 18505
 Fax – 855-382-6674




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.

(Sample ID Cards) HMO

Clear Spring Health HMO Plan	
	ID #: _____
Member Name: _____	Member Name: _____
Effect Date: _____	Copayments
PCP: SAMPLE	PCP: _____
PCP Phone: _____	Specialist/Urgent Care: _____
CMS-H5454	ER: _____
	Rx Bin: 012312
	Rx GRP: H5454XXX
	Rx PCN: PARTD
	
Bar Code	

PPO

Clear Spring Health PPO Plan	
	ID #: _____
SAMPLE	Member Name: _____
Effect Date: _____	Copayments
PCP: No Election Required	PCP: _____
Medicare limiting charges apply	Specialist/Urgent Care: _____
CMS-H2020	ER: _____
	Rx Bin: 012312
	Rx GRP: H5454
	Rx PCN: PARTD
	
Bar Code	

Member Services:	1-877-384-1241
TTY:	711
Pharmacy Services:	1-833-478-6372
Dental Services:	1-833-825-3415
Hearing Services: SAMPLE	1-866-344-7756
Vision Services:	1-833-825-3415
Behavioral Health Services:	1-877-384-1241
Provider Services:	1-877-384-1241
Utilization Review/Inpatient Services:	1-866-689-8761
Paper Claims	Electronic Claims
Clear Spring Health	Payor ID: 66009
Attention: Claims	
P.O. Box 4048	
Scranton, PA	
18505	www.ClearSpringHealthCare.com

Member Services:	1-877-384-1241
TTY:	711
Pharmacy Services: SAMPLE	1-833-459-4421
Vision Services:	1-833-825-3415
Behavioral Health Services:	1-877-384-1241
Provider Services:	1-877-384-1241
Utilization Review/Inpatient Services:	1-866-689-8761
Paper Claims	Electronic Claims
Clear Spring Health	Payor ID: 66009
Attention: Claims	
P.O. Box 4048	
Scranton, PA	
18505	www.ClearSpringHealthCare.com