

2022 Quick Reference Guide

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



Provider Services

Phone: 833-988-1607

- 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

2022 Change Healthcare EDI Payer ID Number:
85468



Pharmacy

Phone: 877-842-9788



Part D Prescriber Appeals

Phone: 844-374-7377



Hearing

Phone: 877-234-4761

Addresses

Claims Address (All) **NEW**

Clear Spring Health
Attn: Claims
P.O. Box 981731
El Paso, TX 79998-1731

Claims Inquiries & Administrative Review

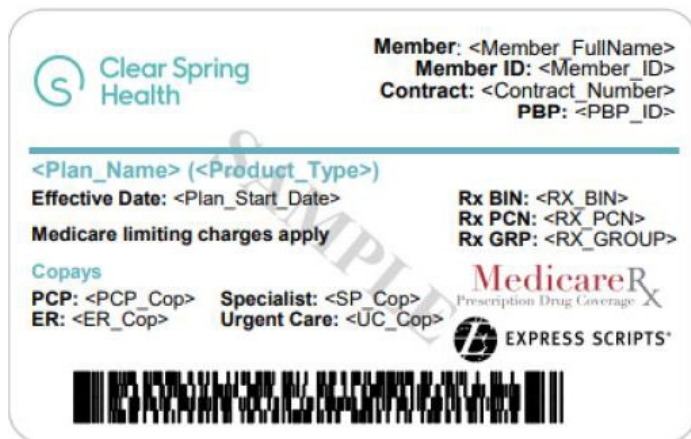
Clear Spring Health
Attn: Provider Disputes/Claims
P.O. Box 491
Park Ridge, IL 60068-0491

Appeals & Grievances

Clear Spring Health
Attn: Appeals & Grievances
3601 SW 160th Avenue, Suite 450
Miramar, FL 33027
Fax: 866-235-5181

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.



Clear Spring Health

Member: <Member_FullName>
Member ID: <Member_ID>
Contract: <Contract_Number>
PBP: <PBP_ID>


<Plan_Name> (<Product_Type>)
Effective Date: <Plan_Start_Date>
Medicare limiting charges apply

Copays
PCP: <PCP_Cop> **Specialist:** <SP_Cop>
ER: <ER_Cop> **Urgent Care:** <UC_Cop>

Rx BIN: <RX_BIN>
Rx PCN: <RX_PCN>
Rx GRP: <RX_GROUP>

MedicareRx
Prescription Drug Coverage

EXPRESS SCRIPTS



Contact Information:

Member Services 1-877-364-4566 TTY: 711	Dental & Vision 1-844-231-8313
Provider Services 1-833-988-1607	Hearing 1-877-234-4761
Pharmacy Services 1-877-842-9791	www.clearspringhealthcare.com www.ccaillinois.com www.eonhp.com
Utilization Review/ Inpatient Services 1-866-689-8761	

Payer ID: 85468

Claims:
Clear Spring Health Care
P.O. Box 981731
El Paso, TX 79998-1731