



# Clear Spring Health

## 2023 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](mailto:utilization.management@clearspringhealthcare.com)



### Care Coordination / Case Management

Phone: 866-938-3720

Fax: 1-855-844-0303

Email: [caremanagement@clearspringhealthcare.com](mailto:caremanagement@clearspringhealthcare.com)



### No Referrals Required



### Electronic Payments & Statements Enrollment

2023

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

### Appeals and Grievances

Clear Spring Health  
Attn: Appeals & Grievances  
3601 SW 160<sup>th</sup> Ave  
Ste 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

### Written Communications

Clear Spring Health  
Attn: Provider Relations  
3601 SW 160<sup>th</sup> Ave  
Ste 450  
Miramar, FL 33027

## 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.

	Member: <Member FullName> Member ID: <Member ID> Contract: <Contract Number> PBP: <PBP_ID>
<Plan_Name> (<Product_Type>)	Rx BIN: <RX_BIN> Rx PCP: <RX_PCN> Rx GRP: <RX_GROUP>
Effective Date: <Plan_Start_Date> PCP Name: <PCP_Name> PCP Phone: <PCP_Phone_Number>	
<b>Copays</b> PCP: <PCP_Cop>    Specialist: <SP_Cop> ER: <ER_Cop>      Urgent Care: <UC_Cop>	 
<    barcode place holder    >	

www.clearspringhealthcare.com	
<b>FOR MEMBERS</b> For questions about medication coverage or pharmacy locations: 1-877-842-9791 For all other questions: 1-877-364-4566 TTY: 711 Dental (DentaQuest) 1-844-231-8313 Vision (EyeQuest) 1-844-231-8313 Hearing (Nations Hearing) 1-877-234-4761	<b>FOR PROVIDERS</b> <b>Eligibility Verification:</b> 1-833-988-1607 and press 5  <b>Claims Inquiries:</b> 1-833-988-1607 and press 1  <b>Prior Authorization:</b> Admissions, Medical Services, and Part B Drugs 1-866-391-6511
<b>MEDICAL CLAIMS</b>	Payer ID: 85468    Claims: Clear Spring Health Care P.O. Box 981731 El Paso, TX 79998-1731