



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



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



TTY/TDD (for all departments)

711

Member Services

Phone: 877-364-4566



Care Coordination / Case Management

Phone: 866-938-3720

Fax: 1-855-844-0303

Email: caremanagement@clearspringhealthcare.com



Vision

Phone:

IL 844-254-9491

CO, GA, NC, SC, VA 844-824-2014



No Referrals Required



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



Electronic Payments & Statements Enrollment

2022

Change Healthcare EDI Payer ID Number: 85468



Behavioral Health Services

Phone: 866-689-8761



Pharmacy

Phone: 877-842-9788



Fitness Program

Phone: 888-423-4632



Part D Prescriber Appeals

Phone: 844-374-7377



Over the Counter Program (OTC)

Phone: 877-234-4806



Hearing

Phone: 877-234-4761

Addresses NEW

Claims Address (All)

Clear Spring Health

Attn: Claims

P.O. Box 981731

El Paso, TX 79998-1731

Claims Inquiries and Administrative Review

Clear Spring Health

Attn: Provider Disputes/Claims

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

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>	Contact Information:
<Plan_Name> (<Product_Type>) Effective Date: <Plan_Start Date> Medicare limiting charges apply	Member Services 1-877-364-4566 TTY: 711
Copays PCP: <PCP_Cop> Specialist: <SP_Cop> ER: <ER_Cop> Urgent Care: <UC_Cop>	Provider Services 1-833-988-1607
MedicareRx Prescription Drug Coverage 	Pharmacy Services 1-877-842-9791
	Utilization Review/ Inpatient Services 1-866-689-8761
	Dental & Vision 1-844-231-8313
	Hearing 1-877-234-4761
	www.clearspringhealthcare.com www.ccaillinois.com www.eonhp.com
	Payer ID: 85468
	Claims: Clear Spring Health Care P.O. Box 981731 El Paso, TX 79998-1731