

We accept Clover Health!

Quick Reference Guide

cloverhealth.com/providers is the simplest, quickest way to check member eligibility and benefits, submit or check on a prior authorization request, check the status of a claim, find other Clover providers, access documents and forms, and much more. Be sure to have your National Provider Identifier (NPI) handy.

FREQUENTLY USED SERVICES		QUICK LINKS	
To submit a claim If you need to make any changes to an original claim, you can resubmit a corrected claim using one of the channels to the right.	interconnect via Change Healthcare: Payer ID#: 13285	via mail: Clover Health P.O. Box 981704 El Paso, TX 79998-1637	
To find an in-network provider	cloverhealth.com/findprovider		
To view prior authorization criteria	cloverhealth.com/pre-auth-request		
To set up electronic payments	Go to changehealthcare.com or call 1-866-506-2830 option 2 to set up an account. Enter Clover Health’s payer ID #13285.		
To verify patient eligibility, benefits, and copays	navinet.navimedix.com		
For all other routine forms and documents	cloverhealth.com/providerforms		
For Part D prior authorization criteria	cloverhealth.com/en/members/formulary (under relevant links)		
To submit a Part D prior authorization electronically	covermymeds.com/main/		
For any Clover Assistant inquiries/support	call: 1-800-619-5541 email: cloverassistantsupport@cloverhealth.com		

If you need additional assistance, you can call or fax using the numbers below.

DEPARTMENT	CONTACT	
Provider Services	T: 1-877-853-8019	F: 1-866-201-3008
Care Management	T: 1-888-995-1689	
Authorization Requests (UM)	T: 1-888-995-1690	F: 1-800-308-1107
Pharmacy (CVS Caremark®) CVS Caremark Coverage Determinations & Appeals	T: 1-855-479-3657 (PPO) 1-844-232-2316 (HMO) T: 1-855-344-0930	F: 1-855-633-7673
Appeals & Grievances	T: 1-888-657-1207	F: 1-732-412-9706 (Appeals)
		F: 1-551-227-3962 (Grievances)
Member Services	T: 1-888-778-1478	

INN Claims Payment Disputes

If you have attachments (e.g., medical records) **you will need to mail or fax in the Claims Payment Dispute form and supporting documents** regardless of when the claim was processed.

THIS ADDRESS IS NOT FOR CLAIM SUBMISSIONS.

Clover Health
Attn: Claims
P.O. Box 2092
Jersey City, NJ 07303

Email: PO_Box_2092@cloverhealth.com
Fax: 1-888-240-7243

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THIS ADDRESS IS NOT FOR CLAIM SUBMISSIONS.

Clover Health
Attn: Appeals
P.O. Box 2091
Jersey City, NJ 07303

Email: PO_Box_2091@cloverhealth.com
Fax: 1-732-412-9706

Payment Integrity (Pre-Pay)

Please include a copy of the audit letter you received with your dispute.

Clover Health
Attn: Payment Integrity – Pre-Pay
P.O. Box 2044
Jersey City, NJ 07303

Email: PO_Box_2044@cloverhealth.com
Fax: 1-866-509-4325

Payment Integrity (Post-Pay)

Please include a copy of the audit letter you received with your dispute.

Clover Health
Attn: Payment Integrity – Post-Pay
P.O. Box 2045
Jersey City, NJ 07303

Email: PO_Box_2045@cloverhealth.com
Fax: 1-866-509-4325

General mailing

Please use only when the recipient is unknown.

Clover Health
P.O. Box 471
Jersey City, NJ 07303

Email: PO_Box_471@cloverhealth.com
Fax: 1-866-508-0865