

Clover Provider Quick Reference Guide

| DEPARTMENT | PHONE | FAX |
|---|----------------|----------------|
| Member Services | (888) 657-1207 | |
| Provider Services / Claims | (877) 853-8019 | |
| Enrollment | (855) 593-5757 | |
| Care Management | (888) 995-1689 | (800) 308-1107 |
| Authorization Requests (UM) List of Prior Authorization Required Services on the Web cloverhealth.com | (888) 995-1690 | (800) 308-1107 |
| Quality Improvement | (888) 995-1691 | (800) 308-1107 |
| Pharmacy (CVS/Caremark) | (855) 479-3657 | (855) 633-7673 |
| Appeals & Grievances | (888) 995-1692 | (732) 412-9706 |
| DentaQuest: Dental | (855) 343-7404 | |
| DentaQuest: Vision | (888) 696-9551 | |

Mailing Address for Claims:

Clover Health
P.O. Box 3236
Scranton, PA 18505

Claims Payment Dispute Reconsideration

Must be submitted in writing within 90 days from date of Explanation of Payment.

Appeals

Submitted in writing within 60 days of date listed on reconsideration outcome letter.

Mailing Address for Appeals & Grievances or Medical Management:

Clover Health
Harborside Financial Center
Plaza 10 – Suite 803
Jersey City, NJ 07311

Include attachments (3)

Services Requiring Prior Authorization
Prior Authorization Form
Part D Prior Authorization Form

Electronic Claims Submission:

Interconnect via Change Healthcare (formerly known as Emdeon).
Payer ID#: 77023

TTY Access: 711

*Clover is the new name
of CarePoint Advantage