

We accept Clover Health!

Quick Reference Guide

Visiting 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, policies 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 submit 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 21164 Eagan, MN 55121 |
| To find an in-network provider | cloverhealth.com/findprovider | |
| To view prior authorization criteria | cloverhealth.com/pre-auth-tools | |
| To set up electronic payments | Go to changehealthcare.com or call 1-866-506-2830 and select option 2 to set up an account. Enter Clover Health's payer ID #13285. | |
| To verify patient eligibility, benefits, and copays | cloverhealthprovider.healthtrioconnect.com | |
| For all other routine forms and documents | cloverhealth.com/providerforms | |
| For Part D prior authorization criteria | cloverhealth.com/members/formulary | |
| To submit a Part D prior authorization electronically | covermymeds.com | |
| For any Clover Assistant inquiries/support | 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 21164
Eagan, MN 55121

Email: submitclaims@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 21672
Eagan, MN 55121

Email: submitclaims@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 21862
Eagan, MN 55121

Email: prepay.paymentintegrity@cloverhealth.com
Fax: 1-912-662-0673

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 21852
Eagan, MN 55121

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

General mailing

Please use only when the recipient is unknown.

Clover Health
P.O. Box 21164
Eagan, MN 55121

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