



HEALTH ALLIANCE

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Provider Quick Reference Guide

Provider Services

Phone Numbers

Provider Services

1-877-915-0551

- Eligibility and Verification, **Prompt 1**
- Authorizations and Pre-Certifications, **Prompt 2**
- Claims Status, **Prompt 3**
- Other Provider Questions, **Prompt 4**
- Pharmacy Department, **Prompt 5**
- Case Management, **Prompt 6**
- Inpatient/Discharge Planning, **Prompt 7**

Fax Numbers

Utilization Management - Referrals

1-800-283-2117

Pharmacy Department

Prior Authorizations

1-877-577-9045

Clear Health Alliance Fraud and Abuse Hotline

1-877-253-9251

Helpful Numbers for Assisting Members

We know from time to time members seek information about the plan from their providers. Below is contact information to assist you in responding to those inquiries.

Transportation Services

Transportation Management Service (TMS)

1-866-201-9969

Members must arrange for transportation 72 hours prior to their medical appointment.

Member Services

(also printed on the Member's ID card)

Clear Health Alliance

1-877-577-9043

For information and inquiries about Enrollment

Clear Health Alliance:

1-877-777-7871, TTY 711

Choice Counseling:

1-877-711-3662

Submitting Claims and Encounters

Electronic submission (EDI)

Availity

Simply Healthcare Payor ID# 00199

Emdeon

Simply Healthcare Payor ID# 27094

Paper submission

Simply Healthcare/Clear Health Alliance

PO Box 21535

Eagan, MN 55121

Important reminders

- Always include your National Provider Identification # (NPI)
- Always include your Taxonomy
- Always include the "Place of Service" (POS)



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Prior Authorizations

SERVICES THAT REQUIRE PRIOR AUTHORIZATION

Requests for Prior Authorization should be submitted via our Provider Portal or on the Prior Authorization Form, via fax.

Instructions

Electronic submission

1. Go to www.clearhealthalliance.com.
2. Click on "Providers" at the top of the page.
3. Click on the "Provider Portal" link.
4. Log onto the portal with your User ID and password. First time users must register by clicking on "Provider Registration" on the left side of the page.
5. For Outpatient Services - Click on "Submit Referral or Authorization" from the menu on the right side of the page to begin the process.
For Inpatient Services - Click on "Submit Inpatient Authorization" from the menu on the right side of the page to begin the process.

Paper submission via fax

1. Go to www.clearhealthalliance.com.
2. Click on "Providers" at the top of the page.
3. Scroll down the page to "Provider Forms".
4. Click on "Request for Services Requiring Prior Authorization".
5. Print and complete the form.
6. Fax the completed form to Clear Health Alliance at 1-800-283-2117.

For STAT/Urgent requests, please call the Clear Health Alliance Pre-Certification line at 1-877-915-0551, Option 2.

NO PRIOR AUTHORIZATION REQUIRED – Use the Quick Authorization Form (QAF)

No Prior Authorization is required for items and services listed on the Quick Authorization Form (QAF).

1. Specialist Consultations
2. Listed office procedures
3. Free-standing diagnostic facilities

It is for use by participating providers ONLY.

Instructions

Fax the completed QAF directly to the Specialist and provide a copy to the member during the same office visit. The QAF can be found on the CD included with your Provider In Service Kit.

There is no need to submit the QAF to the plan. Please note that the QAF is NOT for services performed in a hospital.

If you have any questions about claims submission, authorizations or encounters please contact your Provider Network Consultant or call Provider Services at 1-877-915-0551.

Exclusive Participating Provider Networks

Please contact them directly to coordinate services

To assist you in quickly identifying and coordinating services for your Clear Health Alliance members, below is a list of exclusive participating provider networks that are contracted with our plan. Any referrals outside of these networks are considered referrals to non-participating providers.

As a participating PCP for Clear Health Alliance, it is critical that your physicians and staff members refer within the Plan's network.

Staying within the network will ensure that members receive the best possible attention and service. Our Provider Relations Department as well as our Utilization Management Department will be monitoring compliance as it relates to referrals outside of the Clear Health Alliance network. Please contact the networks listed below to coordinate contracted in-network services. This info will also be posted at www.clearhealthalliance.com.

Service	Exclusive Provider	Telephone/Fax
Behavioral Health	Beacon Health Options	P: 1-800-221-5487, Option 2 F: 305-279-4344
Dental	DentaQuest	P: 1-877-468-5581
Diabetic Supplies	Neighborhood Diabetes	P: 1-866-784-5647
Durable Medical Equipment (DME), HCC & Infusion	Simply Provider Services	P: 1-877-915-0551, Option 2
Hearing Services	HearUSA	P: 1-800-731-3277, Option 2
Laboratory Services	Quest Diagnostics	P: 1-866-697-8378, Option 1
Ophthalmology	Premier Eye Care	P: 1-800-738-1889, Option 4
Routine Vision	Florida EyeCare	P: 1-877-481-3322, Option 1
Transportation (Non-emergent)	TMS	P: 1-866-201-9971

Eligibility, Claim Status, Referral & Authorizations, Provider Directory and Provider Manual can be accessed through the Clear Health Alliance website at www.clearhealthalliance.com

