Clover Health

Policy Title	UM-025 Post-Stabilization Policy
Policy Department	Utilization Management
Effective Date	06/16/2026
Revision Date(s)	1/12/23, 6/4/24, 5/27/25, 5/28/26

Disclaimer:

Clover Utilization Management applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Purpose:

To state Clover's compliance with CMS post-stabilization requirements.

Scope:

The following policy applies to requests for authorization of post-stabilization care/services provided to a Clover Health plan member after emergency services have been rendered.

Policy:

Clover Health follows CMS post-stabilization requirements for all urgent and emergency hospital admissions.

Procedure:

Clover Health

Clover will cover all urgent and emergency care/services without prior authorization when a Clover Health member experiences a medical condition with acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Clover Health cannot be held responsible for coverage of care provided for an unrelated non-emergency problem during treatment of an emergency situation.

Once emergency care has been provided and the member's condition is stabilized, authorization for post-stabilization care is required. Post-stabilization care services are covered services that are:

- Related to an emergency medical condition;
- Provided after a member is stabilized; and
- Provided to maintain the stabilized condition, or under certain circumstances (see below), to improve or resolve the member's condition.

Providers should submit an authorization request for post-stabilization care to Clover Health's Utilization Management department within 1 hour, but no later than 24 hours, of stabilizing the member's condition. Prior authorizations cannot be submitted to Clover Health for review after the member has been discharged. Clover does not require out-of-network facilities to transfer members to in-network facilities, however Clover will assist hospitals in making a transfer if requested by the member or provider and if medically necessary.

Clover Health will cover post-stabilization services that are medically necessary when the services:

- Are pre-approved by a plan provider or other Clover Health representative;
- Although not pre-approved by a plan provider or other Clover Health representative, are administered to maintain the member's stabilized condition within one hour of the submission of a request for prior authorization of further post-stabilization care; or
- Although not pre-approved by a plan provider or other Clover Health representative, services are administered to maintain, improve, or resolve the member's stabilized condition when:
    - Clover Health does not respond to a request for pre-approval within one hour;
    - Clover Health cannot be contacted; or

- Clover Health representative(s) and the treating physician cannot reach an agreement concerning the member's care, and a plan physician is not available for consultation.
  - Clover Health will allow the treating physician the opportunity to have a peer to peer with a Clover Health Medical Director to discuss the member's care, status, discharge planning and possible transfer to an accepting facility if applicable.

Coverage for post-stabilization care services ends when:

- A plan physician with privileges at the treating hospital assumes responsibility for the member's care;
- A plan physician assumes responsibility for the member's care through transfer;
- A Clover Health representative and the treating physician reach an agreement concerning the member's care; or
- The member is discharged.

Definitions:

1. **Post-stabilization care services** are covered services that are:
   a. Related to an emergency medical condition;
   b. Provided after a member is stabilized; and
   c. Provided to maintain the stabilized condition, or under certain circumstances (see below), to improve or resolve the member's condition
2. **Peer to Peer** is a consultation held by phone between a Clover Health physician and physician advisor or treating physician at the treating facility
3. **Pre (Prior) Authorization** means authorization granted in advance of the rendering of a service after appropriate medical review. When related to an inpatient admission, this process may also be referred to as pre-certification.
4. **Urgent and Emergency care/services** means hospital services necessary to prevent the death or serious impairment of the health of the recipient.

References
Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections, Section 20