Clover Health

Policy Title	6-001 QA Process Policy (UM-036)
Policy Department	Utilization Management
Effective Date	09/25/2026
Revision Date(s)	N/A

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 outline the Utilization Management (UM) Quality Assurance (QA) process used to monitor the quality, consistency, and accuracy of clinical and operational activities; evaluate compliance with applicable regulatory, contractual, and departmental requirements; and identify opportunities for quality improvement.

Scope:

This Policy applies to all Utilization Management (UM) personnel, including clinical reviewers, Medical Directors, and non-clinical administrative staff engaged in UM functions.

Procedure:

5.1 Quality Assurance Process

- UM conducts routine Clinical and Operational QA reviews on a monthly basis.
- Cases are selected using routine sampling methodologies and may include targeted reviews based on risk, denials, appeals, regulatory requirements, or identified trends.
- Additional ad hoc QA reviews are performed as needed based on identified trends, grievances, audit findings, regulatory inquiries, or leadership requests.
- QA activities evaluate compliance with applicable federal and state regulations, CMS requirements, contractual obligations, and internal Utilization Management policies and procedures.
- All QA findings are reviewed by a Senior Medical Director and/or the Associate Chief Medical Officer.

5.2 QA Review

QA reviews may evaluate, as applicable:

- Medical necessity determinations
- Clinical documentation accuracy and completeness
- Timeliness of review activities
- Appropriate application of clinical criteria
- Compliance with CMS, contractual, and departmental requirements
- Operational workflows and documentation
- Communication and notification requirements, as applicable
- Opportunities for quality improvement

5.3 Findings and Resolution

- QA findings are documented and communicated to the appropriate operational or clinical area.
- UM partners with the appropriate stakeholders to review findings and implement resolutions, as appropriate.
- Significant or recurring findings are escalated to UM leadership for further review.
- Corrective actions, educational opportunities, and process improvements resulting from QA findings are documented and tracked, as appropriate.

5.4 Reporting

- QA findings, trends, corrective actions, and opportunities for improvement are summarized and reported to UM leadership on a routine basis. Quality improvement initiatives are monitored through completion, as appropriate.

- QA reports, audit findings, corrective action plans, and related documentation are maintained in accordance with organizational record retention requirements and applicable regulatory standards

Definitions:

Clinical QA: Review of clinical determinations and supporting documentation to evaluate consistency with applicable requirements.

Operational QA: Review of operational processes, documentation, timeliness, and workflow adherence.

Ad Hoc QA: A focused review conducted outside the routine QA process based on identified concerns, trends, or leadership requests.

References

- Clover Health Utilization Management Policies and Procedures
- Applicable CMS Medicare Advantage Requirements
- Applicable State Regulatory Requirements
- Applicable Contractual Requirement