Clover Health

Policy Title	UM-021 Clinical Guidelines for Inpatient Stays
Policy Department	Utilization Management
Effective Date	06/16/2026
Revision Date(s)	4/1/21, 2/18/22, 1/18/23, 5/28/24, 4/28/25, 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:

The purpose of the policy is to provide admission guidance for the Inpatient Notice of Admission (IP NOA).

Admission into a hospital with Inpatient status requires a prior authorization to ensure that Clover Health members receive appropriate, high-quality, and timely hospital care that aligns with Medicare guidelines and evidence-based criteria. This policy aims to provide transparency to members, providers, and stakeholders regarding how coverage for inpatient hospital stays is established.

Scope:

Prior authorization requests and medical necessity reviews for hospital inpatient status.

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Policy:

In accordance with CMS-4208-F, Clover reviews inpatient prior authorizations based on consideration of complex medical factors documented in the medical record. Clover's prior authorization of inpatient admissions includes a review of whether the complex medical factors documented in the medical record support the medical necessity of the inpatient admission.

Clover Health's prior authorization process for approving acute inpatient hospitalization includes review of the admitting physician's expectation of at least two midnights of hospital care, and review of the patient's medical records to validate the documentation supporting medical necessity for inpatient admission meets evidence-based criteria (e.g. MCG).

Procedure:

1. **Observation:**
    a. Hospital admissions under observation status do not require prior authorization.
2. **Medical Necessity Review of Inpatient Admission**
    a. Hospital admissions under inpatient status require prior authorization.
    b. Clover Health requires two days of clinical information for all inpatient hospital admissions to determine medical necessity for inpatient care.
        i. If additional clinical documentation is needed, Utilization Management will request additional information.
        ii. If additional information is not received, Clover Health will make the best decision it can based on the information available within the required adjudication timeframes.
    c. All adverse (i.e. denied) determinations are made by a Clover Medical Director.

i. If Clover Health determines inpatient criteria are not met, the hospital may request a peer-to-peer review for members who are currently hospitalized (See UM-004 Peer-to-Peer Review Policy).

ii. An adverse determination may be finalized in the event that a peer-to-peer review is not completed and does not result in a favorable outcome.

d. Written notification of the determination, whether favorable (approved) or adverse (denied), is provided once a decision is reached.

References

CMS-4208-F
- B. Medical Necessity Determinations and Special Coverage Provisions

Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance
- 10.6 – Outreach for Additional Information to Support Coverage Decisions