

Clover Health

NOTICE TO ALL CLOVER PROVIDERS; COVID-19 UTILIZATION MANAGEMENT UPDATE

Effective March 30th, 2020, Clover Health enhanced our pre-authorization processes to ensure providers are supported in making timely decisions regarding member treatment during the COVID-19 outbreak. Clover Health continues to closely monitor the COVID-19 activity and we will update our pre-authorization processes on an as needed basis moving forward. The pre-authorization requirements for the areas significantly impacted by COVID-19 are highlighted below. Please note if an area is not specifically addressed in this policy then those pre-authorization requirements have not changed during the COVID-19 outbreak.

Skilled Nursing Facility Authorizations (SNF) and Home Health (HH)

- Prior authorizations for admission to a SNF or HH will be waived.
- The SNF or HH is required to provide notice of admission to Clover within 24 hours of member admission.
- Medical records must be submitted from the SNF or HH no later than 3 days from the member admission date.
- Clover Health will continue to perform concurrent reviews throughout the member's stay.

Long Term Acute Care Hospital Authorizations (LTACH) and Inpatient Rehab Facilities (IRF)

- LTACH and IRF admissions will continue to follow our standard pre-authorization process. The pre-authorization is required prior to a member being transferred to a LTACH or IRF. Clover Health will ensure pre-authorization determinations are made timely so as not to cause any significant delays in discharge plans.

Emergency Inpatient Hospital Authorizations (IP NOA)

- All emergency inpatient hospital admissions will continue to follow our standard pre-authorization process. Clover Health will ensure pre-authorization determinations are made and communicated in a timely manner.

(continued)

Durable Medical Equipment (DME)

- DME ordered as part of a patient discharge will not require pre-authorization.

Pre-Authorization of Elective, Non-Essential Procedures

- Clover Health pre-authorization review will consider the risk of the requested procedures during the COVID-19 outbreak per criteria outlined within the [linked CMS guidelines](#).
- Approved pre-authorizations received after March 30th will be approved for 90 days.
- Authorizations granted prior to March 30th may be extended for 90 days if the provider calls-in to request the extension.