

Policy Title	Single Case Agreements
Policy Department	Utilization Management
Effective Date	1/1/2019
Revision Date(s)	02/10/2020, 03/04/21
Next Review Date	03/04/22

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 judgement in rendering services. Providers are expected to provide care based on best practices and use their medical judgement for appropriate care.

Purpose:

This Policy and Procedure (P&P) establishes Clover Health’s (“Clover”) policy and procedure for Single Case Agreements.

Scope:

The policy and the related procedures apply to all individuals employed, contracted, or otherwise representing Clover Health and its subsidiaries that are responsible for any Medicare

Advantage line of business. Although this policy may contain references to related functions, policies, or processes, it does not apply directly to the handling of:

- Standard or Expedited Organization Determinations
- Access to Emergency Services or Post Stabilization Care
- Authorizations which require application of Continuity of Care or Transition of Care Consideration or criteria

Separate policies and procedures apply to the topics listed above, as well as related policies and procedures related to Medicare Member Rights and Clinical Criteria for Utilization Decisions.

Policy:

Single Case Agreements (SCAs) are used in instances where a Clinical Provider seeks an exception, modification, or one-time-case/patient amendment to current statutory or contractually agreed terms of payment or process. All SCA's require Utilization and Medical Management team review for clinical appropriateness and medical necessity. Final agreement terms and exceptions for all SCAs are granted by the Head of Network, Chief Development Officer, or Chief Medical Officer.

Procedure:

Clover Health maintains a contracted clinical provider network in accordance with CMS health services delivery standards for access and availability. The Clover Health Network Engagement team monitors the contracted provider network within the service area to ensure there is adequate and attractive coverage available to meet and exceed CMS requirements.

1. Single Case Agreements (SCA) may be initiated by the referring provider, servicing provider, or member in instances where the servicing provider seeks an exception,

modification, or one-time-case/patient amendment to current statutory (if Non-Par) or contractually agreed (if Par) terms of payment or process.

- a. Intake of SCAs may be initiated by Network Engagement, Member/Provider Experience or Utilization Management (UM) depending on the point of intake.
 - i. Customer Experience:
 1. Inbound provider calls to the Pre-Service or Provider Services queue
 - ii. Utilization Management:
 1. Provider inbound or outbound call
 - iii. Network Engagement
 1. Provider inbound call
 - b. Assistance is first provided by the initial point of contact to initiate the pre-authorization process as appropriate.
 - i. The CPT/HCPCS code(s) and/or Place of Service code(s) is to be verified with Clover's authorization requirements.
 - ii. The SCA process is initiated by Clover after confirmation that an alternative, in-network, servicing provider cannot be located for the member, or if clinical or other circumstances warrant an SCA exception.
 - iii. The initial point of contact will determine patient eligibility. The UM team will determine the clinical appropriateness/ medical necessity. The CMO will have final determination of said request.
 - c. If medical necessity is fulfilled, and an exception is warranted to engage with a servicing provider on a SCA, a Salesforce ticket should be created and forwarded to the Network Engagement (NE) team. The NE market lead will first confirm Participating Network status for the requesting provider. If Par, NE team will investigate whether a contract exemption is warranted. If Non-Par, NE team will seek to locate an alternative, suitable Par provider for the member, or execute an SCA.
 - d. The finalized SCA will be forwarded to UM and added to the auth in order for the Claims Department to be aware of proper reimbursement of services.
2. Policy and Practice Guideline Review Frequency
 - a. This policy and procedure along with any Medical Management practice guidelines are reviewed annually and presented to the Chief Medical Officer, Medical Management Committee, and Quality Improvement Committee and

other areas in which the guidelines apply in accordance to Chapter 6 Section 20 of the Medicare Managed Care Manual.

3. Confidentiality of Information

- a. In accordance with Clover's Confidential Policy, and all applicable state and federal laws, any and all information that is required to be kept confidential, is kept confidential.

4. Record Keeping

- a. Each department is responsible for retaining and maintaining documents/records/paperwork for their own department per the Record Retention Policy