

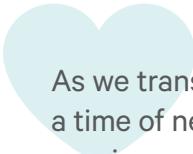
# Clover Health

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## Care Connection

## Clover Health

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As we transition from winter to spring, we are once again reminded that spring is a time of new beginnings and new possibilities. And as distribution of the COVID vaccine continues to improve, we are beginning to see the possible end to what has been an extremely trying time for all. We continue to recognize the determined efforts of doctors, nurses, staff, and other first responders. All of us at Clover cannot express enough our appreciation for your heroic efforts during this difficult time.

We have all grown in many ways during this pandemic. I'm reminded of an Oliver Wendall Holmes quote, "A mind that is stretched by a new experience can never go back to its old dimensions." Thank you for all you do.

*Carl Rathjen*

Vice President, Network Management & Operations

**cloverhealth.com**

### INSIDE THIS ISSUE

- ★ COVID-19 Vaccination Update
- ★ Activities with Loved Ones
- ★ Direct Contracting
- ★ 2021 Provider Resource Guide
- ★ The Clover Assistant
- ★ March Health Tip
- ★ CAHPS/HEDIS



## COVID-19 Vaccine Update

Clover is dedicated to ensuring providers are well informed regarding the COVID-19 vaccination process. Payments for vaccines received by beneficiaries enrolled in Clover will be made through original fee-for-service Medicare. During the COVID-19 public health and medical emergency period, members will be able to receive the COVID-19 vaccine and its administration free of charge from both in-network and out-of-network providers.



### How is Clover helping its members obtain the COVID-19 vaccine?

1. COVID-19 vaccines are at no cost for members. CMS covers COVID-19 vaccine costs directly via fee-for-service billing. Payments for beneficiaries enrolled in Medicare Advantage plans, like Clover, will be made through original fee-for-service Medicare. As such, these services should be billed directly to original fee-for-service Medicare. For more information, please visit [cloverhealth.com/provider-covid19-vaccine-update](https://cloverhealth.com/provider-covid19-vaccine-update).
2. Our team is here to help members navigate the COVID-19 vaccine appointment scheduling process. The process can be particularly onerous and confusing for members who do not have internet access or family members able to help them access a vaccine. We realize that supply and administration sites are changing rapidly, so we've centralized this support for our members:

- a. [cloverhealth.com/vaccine](https://cloverhealth.com/vaccine)
- b. **Vaccine Help Line: 1-877-770-4610 (TTY 711)**



## Activities with Loved Ones

Play outside, take a walk, dance to your favorite music, play your favorite family table game, cook a new and fun recipe together, create by drawing or painting, and simply talk more with each other. Whatever your environment and current dynamic, find free advice from the ones around you. This helps people stay calm, useful, and connected.

*Dr. Rafael Ruiz-Colon*

Dr. Rafael Ruiz-Colon  
Behavioral Health UM Medical Director



## Direct Contracting: An Opportunity for You and Your Medicare Fee-for-Service Patients

In April, CMS will launch the Direct Contracting Model to preserve or enhance quality of care for beneficiaries in Medicare fee-for-service (FFS). Clover intends to participate in the CMS Direct Contracting Model through its new entity, Clover Health Partners.

### About Clover Health Partners

As a CMS Direct Contracting model participant, Clover Health Partners (CHP) intends to collaborate with primary care providers to achieve CMS goals to drive broader delivery system reform, reduce expenditures, and preserve or enhance quality of care for beneficiaries in Medicare FFS. For the April 2021 launch, CHP expects to work closely with over 2,000 Direct Contracting Participant and Preferred Providers in AZ, GA, KS, NJ, NY, PA, TX and VT.

### Clover Health Partners Is Different

Unlike other traditional Medicare shared savings programs, CHP offers a simple Medicare reimbursement model focused on patient care with no downside risk. The cornerstone of CHP's Direct Contracting includes the engagement of Clover's one-of-a-kind clinical decision support tool, the Clover Assistant. Participant Providers will receive 100% of their Medicare FFS reimbursement plus incremental payments when submitting Clover Assistant Visits. These payments are equivalent to a 40% increase in your reimbursement for your current E&M and Wellness visits for your aligned Medicare FFS patients.

### Interested in Learning More?

If you would like to discuss your participation in the 2022 Performance Year of the Direct Contracting Model, please contact us immediately. CHP will be limiting the number of participants in 2022.

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## 2021 Provider Resource Guide

Our 2021 Provider Resource Guide, mailed to our in-network providers earlier this year, is just one of the ways Clover helps support your practice. It provides relevant information to assist you in working with Clover and our members.

Included are quick reference guides for prior authorizations, claims, and important phone numbers. This information can be found in the pocket of the binder of the Provider Resource Guide.

As Clover has grown to 108 counties in 8 states, the guide is designed for each market in the 8 states. Please see your specific state for details, such as:

- ★ Plan details, including out-of-pocket expenses
- ★ The Clover Assistant
- ★ Provider website tools, such as NaviNet
- ★ Authorization
- ★ Claims
- ★ Clover Health Partners and additional supplemental benefits
- ★ Clinical programs
- ★ Provider responsibilities

To access an electronic copy of the Provider Resource Guide for your market, please visit [cloverhealth.com/providers/provider-resource-guide](https://cloverhealth.com/providers/provider-resource-guide) for more information.

If you have any questions please call Provider Services at 1-877-853-8019. We're available to assist you 8 am–5:30 pm EST, Monday–Friday.



The **2021 Provider Manual** is now available in the Provider Resources section of our website: [cloverhealth.com/providers/provider-tools](https://cloverhealth.com/providers/provider-tools)



Please make sure you have the updated mailing addresses Clover launched to effectively route incoming mail to our various departments. You can always find an up-to-date list of Clover P.O. boxes linked on our forms page:

[cloverhealth.com/providers/provider-tools/provider-forms](https://cloverhealth.com/providers/provider-tools/provider-forms)



We encourage you to refer your patients' samples to LabCorp, our trusted laboratory partner. Search for in-network labs using our Find-a-Provider tool:

[cloverhealth.com/members/find-provider](https://cloverhealth.com/members/find-provider)



## Not using the Clover Assistant? Get the most out of Clover by signing up!

The Clover Assistant is a free, web-based technology platform designed to help support primary care physicians (PCPs) with care delivery and decision-making processes at the point of care for any and all evaluation, management, and Annual Wellness Visits.

Some of the benefits of using the Clover Assistant

- Clover typically pays double the Medicare rate for PCP E&M codes for providers who access and use the Clover Assistant.
- As a Clover Assistant provider, you will be highlighted as a preferred provider in the Clover provider directory.
- Clover will provide timely payment within 5–7 days of receiving a complete Clover Assistant Visit submission, which must include the Clover Assistant Summary and a matching encounter note submitted within 30 days of the date of service. The best way to ensure timely payment is to upload your progress note directly to the visit within the Clover Assistant before submission.

**Physician feedback has helped improve the way the Clover Assistant supports our primary care physicians in providing care for our members.**

### 1. Patient Panel

Providers are now able to see a full list of their patients and clearly see who has not yet been seen by them this year and who needs their Annual Wellness Visit.

### 2. Reimbursement for Telehealth Visits

Due to the COVID pandemic, we quickly pivoted to support reimbursement for E&M & Wellness visits via the Clover Assistant.

### 3. Streamlined Diagnosis Confirmation Process

The Clover Assistant now easily displays the diagnosis that has been previously confirmed for a patient. The new format allows practitioners to easily review and update any diagnosis when necessary.

### 4. The Clover Assistant Advocate Program

We piloted a program which surfaced the Clover Assistant usage metrics and data to practices' "Success Advocates." We found that most practices were able to use the data to identify problem areas and improve the way in which they use the Clover Assistant. This model will serve as the template for how we surface Clover Assistant data to users in future updates to the platform.

### 5. Post-Discharge Tasks in CareConnect

Providers are now alerted to patients that have recently been discharged from a hospital or skilled nursing facility with a task to create a post-discharge visit. This feature keeps primary care providers aware of healthcare events for their patients outside their office and increases their ability to respond and support the needs of their patients.

Interested in learning more about the Clover Assistant and additional programs? Please see our brief video "Get to Know the Clover Assistant" at [cloverhealth.com/providers/provider-tools](https://cloverhealth.com/providers/provider-tools).

You can also contact the Network Engagement team at [clover.network@cloverhealth.com](mailto:clover.network@cloverhealth.com).

Participation in the Clover Assistant program is subject to the terms of a Provider Services Agreement.



**Step Therapy Program reminder:** On January 1st 2021, Clover launched our Step Therapy program for select Part B drugs. For more information about Clover's Step Therapy policy, visit our website: [cloverhealth.com/providers/provider-tools/provider-forms/part-b-drug-treatment-policies](https://cloverhealth.com/providers/provider-tools/provider-forms/part-b-drug-treatment-policies)

As a reminder, providers are required to include the related NDC with their claim submission. For more information regarding how to appropriately bill the NDC on your CMS-1500 or UB 04 claims, please see Chapter 26 of the Medicare Claims Processing Manual: [cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf](https://cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf)



## Health Tip

### Mental Health Balance

It is well known that stress, loneliness, and boredom are sources of mental anguish. Recent social distancing guidelines and shelter-in-place mandates have added to this triad. It is common to see an increase in anxiety and emotional uneasiness, which can impact our sense of balance. Sleep, proper nutrition, and healthy activities are needed to prevent or reverse a decline in our emotional health. Simplifying our lifestyles can help us feel in control and more hopeful. The wise use of our free time can help us bring sanity and peace. It is a time to communicate how we feel, reconnect with our loved ones, revisit forgotten hobbies, and be creative.





## CAHPS/HEDIS

Just like you, we want your patients who are Clover members to be as healthy as possible and live their best lives. A big part of that is making sure they get the preventive care and chronic care management they need.

Clover uses industry recognized and standardized HEDIS and CAHPS quality measures to determine how well we work together to achieve our shared goals in helping to improve your patients' health outcomes by identifying and addressing open care opportunities.

### HEDIS Measure

Healthcare Effectiveness Data and Information Set (HEDIS®) is a National Committee for Quality Assurance (NCQA) tool that measures performance in healthcare where improvements can make a meaningful difference in people's lives.

The data collection cycle, which includes gathering medical record information from care providers, generally happens in the first half of each year. If your office receives an outreach from our medical records team, it is because we do not have adequate documentation that a service was completed and often we find the issue when we review the medical record. We want you to get credit for the great care you provide your patients! Here are a few examples of measures around which we reach out to providers:

- **Colorectal Cancer Screening:** Percentage of members ages 50–75 who had an appropriate screening for colorectal cancer
- **Breast Cancer Screening:** Percentage of female members ages 50–74 who had a mammogram screening between Oct. 1st of the year that is 2 years prior to the measurement year and Dec. 31st of the measurement year (service year)
- **Osteoporosis Management in Women Who Had a Fracture:** Percentage of women ages 67–85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within 6 months of the fracture (does not include fractures to the finger, toe, face or skull)
- **Comprehensive Diabetes Care**
  - a. **Blood Pressure Control:** Percentage of members ages 18–75 with diabetes (types 1 and 2) who have a blood pressure (BP) reading of <140/90 mmHg in the measurement year (service year)
  - b. **Eye Exam:** Percentage of members ages 18–75 with diabetes (types 1 and 2) who had any one of the following:
    - Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year (service year)
    - Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year (service year)
    - Bilateral eye enucleations any time during their history through Dec. 31st of the measurement year (service year)
  - c. **HbA1c Control:** Percentage of members ages 18–75 with diabetes (types 1 and 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control ( $\leq 9.0\%$ )



Effective February 1st, 2021, Clover has resumed our standard prior authorization requirements. There are currently no COVID-19 UM exceptions in place at this time.

- d. **Kidney Disease Monitoring/Medical Attention for Nephropathy:** Percentage of members ages 18–75 with diabetes (types 1 and 2) who had medical attention for nephropathy during the measurement year (2021)
- **Controlling High Blood Pressure:** Percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled ( $<140/90$  mm Hg) during the measurement year (2021)
- **Transitions of Care**
  - a. **Inpatient Notification:** For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan. 1st and Dec. 1st of the measurement year (2021) with a notification of inpatient admission documented the day of or the day after the admission in the patient's PCP or ongoing care provider's notes
  - b. **Medication Reconciliation Post-Discharge:** For members ages 18 and older, percentage with an acute or non-acute inpatient discharge on or between Jan. 1st and Dec. 1st of the measurement year (2021) with medication reconciliation documented on the date of the discharge through 30 days after the discharge
  - c. **Patient Engagement After Inpatient Discharge:** For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan. 1st and Dec. 1st of the measurement year (2021) with engagement documented within 30 days of the discharge. Member engagement can include an office or home visit, or telehealth outreach.
  - d. **Receipt of Discharge Information:** For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan. 1st and Dec. 1st of the measurement year (2021) with a receipt of discharge information documented the day of or the day after the discharge in the PCP or ongoing care provider's notes.

### Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey Measures

CAHPS® is an annual survey that asks consumers and members to report on and evaluate their experiences (not satisfaction) with their health plan and healthcare, including their personal doctors (PCPs) and specialists. The CAHPS® survey is governed by CMS and The National Committee for Quality Assurance. We use these results to identify areas where we are excelling and also where we may need a little more support in providing our patients with a best-in-class experience.

Members are asked a core set of questions determined by NCQA and CMS. If a member doesn't respond to the written mailed survey, they're given the option to complete it by phone.

### Examples of CAHPS® Survey Questions

The sample survey questions here use the Medicare look-back period of 6 months. It is important to note, as this survey is based purely on patient/member perception, the results are often affected by the most recent interaction the patient had with both Clover and your practice. Make every visit and phone call count.

### Annual Flu Vaccine

- Have you had a flu shot since July 1st (of the previous year)?

### Care Coordination

Survey questions regarding the last 6 months of care address:

- Whether the personal doctor is informed and up-to-date about specialist care
- Whether the doctor had medical records and other information about the member's care
- Whether there was follow-up with the member to provide test results (lab, x-ray, diagnostic studies)
- How quickly the member got the test results (lab, x-ray, diagnostic studies)
- Whether the doctor spoke with the member about prescription medicines
- Whether the member received help managing care
- How often did a member's personal doctor explain things in a way that was easy to understand
- How often did member's personal doctor listen carefully to them

### Getting Appointments and Care Quickly

- In the last 6 months, when you needed care right away at your personal doctor's office, how often did you get care as soon as you needed it?
- In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed it?
- Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see the person you came to see within 15 minutes of your appointment time?

### Getting Needed Care

How often did you get an appointment to see a specialist as soon as you needed one?

- In the last 12 months, how often was it easy to get the care, tests, or treatments you needed?

### Rating of Health Care

- Using any number from 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible, what number would you use to rate all your healthcare in the last 12 months?

**Contact us to learn more.** For more information about how our Quality Improvement team can help support your practice and patients who are Clover plan members, please contact Provider Services at **1-877-853-8019**. We're available to assist you 8 am–5:30 pm EST, Monday–Friday.