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Thank you for being
**in-network with Clover Health,
Medicare Advantage.**

Important Reminders

- Effective March 6, 2020, batch eligibility transactions are now operational again for providers to verify Clover Health member eligibility within your Practice Management System!
- Not enrolled for EFT payments? For faster, easier automatic payments, enroll with Change Healthcare (formerly known as Emdeon) at changehealthcare.com or call 1-866-371-9066 to set up an account. Enter Clover Health Payer ID #: 13285.
- Inpatient NOA pre-authorization requests need to include ER medical records (progress notes, H&P, and any related tests and labs to support inpatient care requirements). Submission of utilization management notes only will not suffice.



Enhanced NaviNet Portal Features

As of January 10th, 2020, Clover Health has updated the features available through NaviNet. Providers who don't already have a NaviNet account are highly encouraged to set one up.

New features in NaviNet include:

Member Eligibility and Benefits

- Copays, deductibles
- Member out-of-pocket (MOOP)

Claim Status

- Check the status of claims submitted on or after November 12th, 2019

Claim Investigations

- Providers can now submit a Clover Health claims payment **dispute for claims submitted on or after November 12th, 2019** through this new feature in NaviNet. To submit a dispute, visit NaviNet and initiate a Claim Investigation. **If you have attachments (i.e., medical records) you will need to mail or fax in the Claims Payment Dispute form and supporting documents regardless of when the claim was processed. No appeal should be submitted through NaviNet.**

Explanation of Payments (EOPs)

- EOPs are now available through NaviNet for claims submitted to Clover Health on or after November 12th, 2019. Visit NaviNet to access EOPs.

Clover Health News

Explanation of Payments (EOPs) cont'd

- If you are trying to retrieve an EOP for a claim submitted prior to November 12th, 2019, you will need to request a copy of the EOP through the Clover Health provider portal, cloverhealth.com/providers, as you have in the past.

Want to set up a NaviNet account?

Go to navinet.secure.force.com

If your office is already using NaviNet, please contact your Security Officer, who will create a NaviNet account for you.

Registration Is Free!

All you need is a Federal Tax ID. Tell me more >>

OR for Expedited Registration:

A Federal Tax ID and a recently submitted Aetna claim (within the last 90 days)

NaviNet will use the details of the claim to authenticate your office. If you do not have an Aetna claim, you may still register, but the process will take longer.

You will be designated as a NaviNet Security Officer for your office. Tell me more >>

[Continue](#)

Have you already submitted a registration request? [Check the status of your registration](#)

Sign up in 4 easy steps!

- 1 About You
- 2 About Your Office
- 3 Select Health Plans and Products
- 4 Security Verification

New CMS Parts C & D Drug Timeline

CMS recently published an updated Internet Only Manual (IOM) for the Parts C & D Enrollee Grievances, Organization/Coverage Determination, and Appeals Guidance (formerly known as Chapter 13). Effective January 1, 2020 all Part B drugs (J-codes and some Q-codes) must now be processed according to Part D processing timeframes.

Part C*

| Type | Processing Timeframe | With Extension |
|------------------------|----------------------|----------------|
| Pre-Service | 14 calendar days | 28 days |
| Part B Drug | 72 hours | N/A |
| Payment | 30 days | N/A |
| Expedited: Pre-Service | 72 hours | 17 days |
| Expedited: Part B Drug | 24 hours | N/A |

Part D*

| Type | Processing Timeframe |
|-----------|----------------------|
| Standard | 72 hours |
| Expedited | 24 hours |
| Payment | 14 calendar days |

*For more information, rules about extensions, and exceptions, please refer to Section 40.10 of CMS Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, which can be found at cms.gov/Medicare/Appeals-and-Grievances/MMCAG.

Updates to Pre-Authorization Requirements

- Procedure codes that fall in the Musculoskeletal, Diagnostic Imaging, and Sleep Study service categories will no longer be reviewed by HealthHelp. Instead, these service categories will be reviewed by our new vendor partner, Shearwater, who will act as a representative of Clover Health. Any authorization request for a Musculoskeletal, Diagnostic Imaging, or Sleep Study procedure requiring authorization that is to be performed in 2020 should be submitted directly to Clover Health. Any request for a Musculoskeletal, Diagnostic Imaging, or Sleep Study procedure accidentally sent to HealthHelp will be rerouted to Clover Health.
- All Part B drugs (injectable drugs administered by a physician) that fall under HealthHelp's responsibilities that are related to oncology are to be reviewed only by HealthHelp. Any Part B drug that requires authorization that is not related to Oncology should be submitted directly to Clover.

Updates to Pre-Authorization Requirements

An updated PDF version of the authorization list will be available. Individual procedure codes have also been added and removed. The format will remain the same, in that only procedure codes to be reviewed by HealthHelp will be listed at the individual code level. Other code listings will remain grouped as categories and will not display individual procedure codes. To check if an individual procedure code requires authorization from Clover Health, please go to cloverhealth.com/en/pre-auth-request.



CAHPS Survey Tips

Two patient satisfaction surveys that affect CMS star ratings are the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Health Outcomes Survey (HOS), typically conducted from **March through June**.

How does CAHPS work?

From February through June, CAHPS surveys are sent to a random sample of consumers and health plan members. The survey is managed by the U.S. Department of Health & Human Services Agency for Healthcare Research and Quality and administered by vendors certified by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). Consumer participation in the survey is voluntary.

The Medicare Health Outcomes Survey (HOS) consists of a baseline and follow-up survey two years later. The baseline survey is conducted from April through June, and follow-up, May through July.

Care Coordination is asked about in the CAHPS survey. Tips for improving your care coordination:

1. Ask the patient if they have seen another provider. If you know the patient has received specialty care, discuss as needed, including what other prescription drugs they may be taking.
2. Tell the patient when to expect test and lab results and who will provide the results.
3. Improve patient satisfaction with communication. Make sure the patient knows that you have all the important information about their medical history.
4. Educate your staff about these questions in order to improve patient interactions. Be sure to include patient caregivers in these conversations.

Getting Care Quickly is measured in the CAHPS survey. Tips for improving how quickly your patients get care:

1. Ensure that a few appointments are available each day to accommodate urgent visits including post-inpatient discharge visits.
2. Offer appointments with a nurse practitioner or physician's assistant to any patient who wants to be seen on short notice but cannot be seen by their physician.
3. Encourage the patient to make their routine appointments for checkups or follow-up visits in advance.
4. Be proactive and call the patient months in advance to schedule tests, screenings, or physicals. Don't wait for the patient to call.

Monitoring Physical Activity is measured in the HOS survey. Tips for improving your score:

1. Have medical assistants assess the patient's physical activity level, if possible.
2. Conduct an Annual Wellness Visit; review and address health assessment results as needed.
3. Refer to health insurance plans for health coaching and fitness programs, such as the SilverSneakers program provided to Clover

CAHPS Survey Tips

Reducing Risk of Falling is measured in the HOS Survey. Tips for improving your score:

1. Conduct a fall risk assessment with the patient. Recommend treatment and resources as needed, such as referral to a social worker.
2. Conduct medication reconciliation with patients for appropriate usage and, as appropriate, modify prescriptions to reduce risk of falling.
3. Encourage physical activity and special exercises to increase leg strength and balance.
4. Encourage annual eye exams and prescription updates for glasses and contact lenses as needed.



✓ Tips for improving your overall CAHPS score:

1. **Make a personal connection.**
Everyone in your office has an important role to play in creating a great healthcare experience for your patients. A smile at the front desk or a quick “How are you doing?” can make a big difference.
2. **Fight the flu.**
Ask the patient if they’ve gotten their flu vaccine. If they haven’t, explain the benefits and work on a plan to help them get it.
3. **Make it easy.**
To help every patient get the care they need, consider extending office hours and providing multiple services during a single visit. Verify their contact information and submit pre-authorizations when they’re in the office, if possible.
4. **Pick the right care provider.**
Help the patient get care more quickly by connecting them with the right care provider for their needs at that time, whether it’s a physician, nurse, or physician’s assistant.
5. **Watch the wait times.**
Shorten wait times by limiting the number of same-time appointments. Approach a waiting patient every 10 minutes or so to let them know they haven’t been forgotten.
6. **Be a good host.**
When a patient arrives, make sure they are greeted. If there’s a long wait, apologize and explain the reason for the delay. Provide options that may include rescheduling. Remember the customer service you appreciate and treat each patient the way you’d like a loved one to be treated.
7. **Get the complete picture.**
Ask the patient to sign an authorization form so you can get their medical records from other clinics or care providers. Remind them to bring in healthcare paperwork from other specialists as well as all medications, including over-the-counter drugs.



Tips for improving your overall CAHPS score (cont'd):

8. Explain recommended tests and pass along results promptly.

Thoroughly explain any recommended tests the patient needs. Let them know when and how you'll share their results. When you discuss results, be sure to flag any follow-up care that's needed. If there are delays in getting the results, proactively inform the patient.

9. Go the extra mile.

Whatever your role, make an extra effort to help every patient get the care and support they need. A patient's experience can be improved when you greet them warmly, listen to their questions, provide clear answers, and help them with next steps. It can be that simple.

Clover Assistant

Clover Assistant is a free web-based technology platform designed to help support primary care physicians (PCPs) with their care delivery and decision-making process at the point of care for any and all evaluation, management, and annual wellness visits. Clover Health typically pays double the Medicare rate for PCP E&M codes for providers who access and use Clover Assistant.

Clover Assistant provides PCPs with real-time access to actionable data on their patients during the office visit. It's built on a proprietary software platform that aggregates and integrates health data across every spectrum of the member's healthcare experience, from lab and utilization management requests to customer experience encounters. This clinical decision support tool, which also analyzes patient behavior and needs, helps drive insights and showcases timely information to help you ensure Clover Health members get the right care at the right time. Member expenses are not affected by a provider's use of Clover Assistant.

There are now more than 1,400 PCPs taking advantage of this unique and personalized tool. As a Clover Assistant provider, you will be highlighted as a preferred provider in the Clover Health provider directory. You will also receive payment within 7 days of submitting a Clover Assistant Visit for each patient encounter.

Interested in learning more about Clover Assistant and additional incentives? Please contact the Network Engagement team at clover.network@cloverhealth.com and check out our Clover Assistant video at vimeo.com/357719460/796dbc31d1 for more information.



