

Thank you for being in-network.



On behalf of Clover Health, we would like to thank you for providing our members with the highest level of care and for being a partner in our mission to improve every life. As your partner, we want to support you in what you do best, patient care. We look to find ways to work together efficiently so you can thrive in today's healthcare environment.

Our 2022 Provider Resource Guide is just one of those ways we support your practice. It provides relevant information to assist you in working with Clover and our members. Included is a quick reference guide for prior authorizations, claims, and important phone numbers. This piece has been placed in the pocket, so it can be easily removed and conveniently posted in your office.

Our goal is to make Clover the easiest health plan to work with.

Carl Rathjen

Vice President, Network Management & Operations

Support Beyond Our Network Team

Clover Health Member Services Team

Our Member Services team is composed of professionals dedicated to enhancing the member experience and easing the administrative burden for your office.

Every day, the team answers questions and addresses issues in the following areas:

Low-Income Subsidy (LIS) Enrollment

Assists members in enrolling in Extra Help by answering questions about the application process

LIS/PAAD Enrollment

Assists members in enrolling in Extra Help or Pharmaceutical Assistance to the Aged & Disabled (PAAD) by answering questions about the application process

Billing Assistance

Helps members research claims (how a claim was adjudicated, denied, etc.)

Drug Coverage

Works with providers to find alternative medications if a drug is not covered by Clover

Proactive Outreach

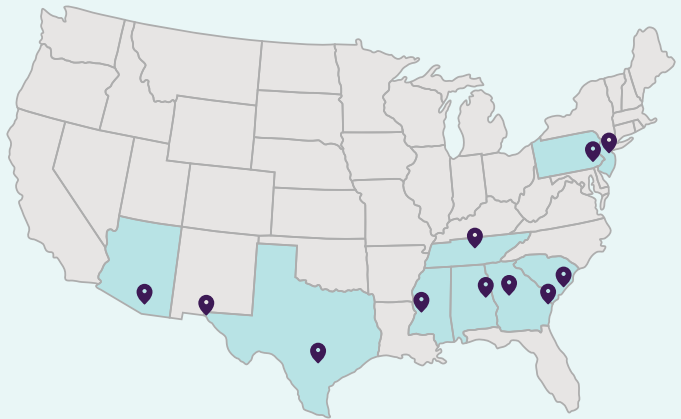
Calls members to stay in touch and ensure they are making the most of their Clover benefits

Member Services

Assists with answering questions members have about their plan benefits and coverage, assists in scheduling appointments and finding doctors, and identifies local community resources to provide access to the care members need. Your Clover patients can call Member Services at **1-888-778-1478 (TTY 711)** 8 am–8 pm EST, 7 days a week. From April 1st through September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays. Clover members can also access benefits information online at **my.cloverhealth.com**.

Clover Health Is Growing!

Since our beginning with 190 members in a single county in New Jersey, Clover has experienced great success prompting further expansion throughout the state and beyond to include 9 states and more than 200 counties. In fact, Clover has been one of the fastest growing Medicare Advantage companies in our service area over the last 7 years.



📍 Alabama

Chambers, Cherokee, Clay, Cleburne, Macon, Randolph, Russell

📍 Arizona

Pima

📍 Georgia

Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Carroll, Catoosa, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Dougherty, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Spalding,

Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Thomas, Tift, Treutlen, Troup, Turner, Twiggs, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, Worth

📍 Mississippi

Hinds, Rankin, Warren, Madison, Yazoo

📍 New Jersey

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union

📍 Pennsylvania

Bucks, Delaware, Philadelphia

📍 South Carolina

Allendale, Aiken, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Edgefield, Hampton, Jasper, McCormick, Orangeburg, Saluda

📍 Tennessee

Davidson, Rutherford, Williamson

📍 Texas

Atascosa, Bandera, Bexar, Comal, El Paso, Guadalupe, Medina, Wilson

To find in-network providers in any of our service areas, visit cloverhealth.com/members/find-provider.

Clover Health Medicare Advantage Plans

Clover offers HMO and PPO Medicare Advantage plans that are designed to provide our members with the value they deserve and the benefits they want.

Our plans include all the benefits covered under Original Medicare (Part A and Part B) plus a wide array of supplemental benefits. Here are some highlights:

- All Clover plans include Part D Prescription Drug Coverage.
 - » 100-day prescription drugs + mail order to reduce costs
- The majority of Clover plans have a \$0 monthly plan premium.
- All Clover plans have a \$0 copay for unlimited PCP visits.
- Clover provides supplemental benefits that our members want, including but not limited to:
 - » Allowance for eyeglasses or contacts
 - » Coverage for hearing aids
 - » Over-the-counter items
 - » Healthy food items for eligible members
 - » SilverSneakers fitness program, which includes a free gym membership

The supplemental benefits may vary by plan type. Please refer to your market’s plan overviews on the following pages.

As with previous years, PPO benefits may have changed. Please refer to the benefits section of NaviNet or the Clover Health website for specific market benefits.

Clover PPO members in Arizona, New Jersey, Tennessee, and Texas may see providers who are out of network, but they may pay a higher copay to do so. In order to help your patients minimize their out-of-pocket costs, we encourage you to refer members to our in-network providers. For assistance finding an in-network provider please visit **cloverhealth.com/members/find-provider**.

You can view or download a PDF of Clover’s in-network doctors, hospitals, and facilities or the entire network directory for your area at **cloverhealth.com/members/find-provider**.

To verify patient eligibility, benefits, and cost shares visit **navinet.navimedix.com** or **cloverhealth.com/providers** and click the “Get member info from NaviNet” button found under “Eligibility and benefit tools.”

2022 South Carolina Health Plans

Clover Health LiveHealthy (PPO) (036)

Available counties: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Edgefield, Hampton, Jasper, McCormick, Orangeburg, Saluda

PLAN	Monthly premium, includes Part D	\$0
	Plan deductible	\$0
	Max yearly out-of-pocket	\$7,550 INN/OON
DOCTOR VISITS	Primary care visits (unlimited)	\$0 INN/OON
	Specialist visits (unlimited)	\$15 INN/OON
	Physical/speech therapy	\$15 INN/OON
INPATIENT/OUTPATIENT HOSPITAL	Inpatient hospital stay	\$290/day, days 1–5 INN/OON
	Outpatient surgery: hospital	\$275 INN/OON
	Outpatient lab services	\$0 INN/OON
RX	Part D deductible	\$0
	Prescription costs (30-day supply, preferred pharmacy)	Tier 1: \$0, Tier 2: \$10, Tier 3: \$37, Tier 4: \$90, Tier 5: 33%
	Prescription costs (90-day supply, mail order)	Tiers 1–2: \$0, Tier 3: \$110, Tier 4: \$270, Tier 5: 33%
EXTRA BENEFITS YOU GET WITH CLOVER HEALTH	Comprehensive dental allowance	\$1,000 per year
	Eyeglasses or contacts allowance	\$100 per year
	TruHearing hearing aids* (one per ear per year)	\$699–\$999 INN \$999 OON
	Grocery/OTC items	\$75 every quarter
	Diabetes monitoring supplies	\$0 INN/OON
	Senior Savings Model – insulin	\$25 copay preferred, \$35 copay non-preferred
	Health-related transportation	10 one-way rides/year to approved locations
	Fitness membership	SilverSneakers®

INN = In-network; OON = Out-of-network

*TruHearing is a registered trademark.

2022 South Carolina Health Plans

Clover Health LiveHealthy Value (PPO) (037)

Available counties: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Edgefield, Hampton, Jasper, McCormick, Orangeburg, Saluda		
PLAN	Monthly premium, includes Part D	\$31.10
	Plan deductible	\$0
	Max yearly out-of-pocket	\$7,550 INN/OON
DOCTOR VISITS	Primary care visits (unlimited)	\$0 INN/OON
	Specialist visits (unlimited)	\$0 INN/OON
	Physical/speech therapy	\$5 INN/OON
INPATIENT/ OUTPATIENT HOSPITAL	Inpatient hospital stay	\$225/day, days 1–5 INN/OON
	Outpatient surgery: hospital	\$275 INN/OON
	Outpatient lab services	\$0 INN/OON
RX	Part D deductible	\$0
	Prescription costs (30-day supply, preferred pharmacy)	Tier 1: \$0, Tier 2: \$10, Tier 3: \$37, Tier 4: \$90, Tier 5: 33%
	Prescription costs (90-day supply, mail order)	Tiers 1–2: \$0, Tier 3: \$110, Tier 4: \$270, Tier 5: 33%
EXTRA BENEFITS YOU GET WITH CLOVER HEALTH	Comprehensive dental allowance	\$2,000 per year
	Eyeglasses or contacts allowance	\$250 per year
	TruHearing hearing aids* (one per ear per year)	\$699–\$999 INN \$999 OON
	Grocery/OTC items	\$125 every quarter
	Diabetes monitoring supplies	\$0 INN/OON
	Senior Savings Model – insulin	\$25 copay preferred, \$35 copay non-preferred
	Health-related transportation	10 one-way rides/year to approved locations
	Fitness membership	SilverSneakers®

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 *TruHearing is a registered trademark.

COVID-19

Clover Health’s Response to the COVID-19 Pandemic

Clover Health thanks all the doctors, nurses, staff, and other first responders for your dedication and your continued care of Clover members in our communities during this critical time.

We have taken multiple steps to ensure our members and providers have access to needed resources, information, and recommendations during the COVID-19 outbreak.

Clover provides proactive outreach and COVID-19 education to our membership. By leveraging our vast communication channels with our membership, Clover provides education to our members on steps they can take to protect themselves and support in accessing COVID-19 vaccines.

We continue to be committed to telehealth services. Since March 2020, Clover has amended policies to encourage providers to adopt telehealth services in order to continue to care for patients in the safest manner possible. For our most up-to-date Telehealth Policy, please visit cloverhealth.com/en/providers/provider-covid-updates.

We encourage you to consider updating patient’s prescriptions to 100-day supplies and mail order to further minimize their risk of exposure to COVID-19. If a member or pharmacy reaches out about changing to a mail order prescription, please respond to the member in a timely manner to ensure no lapse in needed drugs. Please find more information about 100-day prescriptions and our Meds by Mail program in the Additional Benefits section of this guide.

As Clover continues to make ongoing changes to our COVID-19 policy, please visit our provider website for the latest updates: cloverhealth.com/providers/provider-covid-updates.

And for answers to common questions, you may also refer to our COVID-19 FAQ for providers: cloverhealth.com/covid-19/provider-faq.

Together with our provider partners, Clover works to ensure the best possible outcomes for our members during the COVID-19 pandemic. We appreciate your partnership.

The Clover Assistant for Primary Care Physicians (PCPs)

The Clover Assistant is designed by doctors for doctors to help you care for your patients at the highest level. Focusing on proactive care, the Clover Assistant doesn't dictate a list of every possible diagnosis or gap in care for the physician to look at. Rather, Clover Assistant technology identifies items that could have a significant impact on your patient's well-being.

Think of the Clover Assistant as your copilot with you as captain. The Clover Assistant aggregates the individual patient's information and makes evidence-based recommendations, but it is you, the patient's physician, that makes decisions on their care. The Clover Assistant is a complement to you and your staff, and an invaluable aid.

The Clover Assistant payment takes the place of the traditional E&M and Annual Wellness Visit reimbursement. Other services provided in the office continue to be reimbursed according to the Medicare fee-for-service schedule. Plus, you can get additional payments to support administrative and clinical tasks outside of the point of care with the Clover Assistant's *CareConnect*.

Important Note Regarding Clover Assistant Reimbursement for Virtual Visits

COVID-19 has had, and continues to have, a profound affect on our providers and their day-to-day operations. To assist our providers, the Clover Assistant team rapidly released several upgrades designed to help our providers adapt to the changing marketplace.

Based on guidance issued by CMS, we revised our telehealth payment policy and rolled out a new program to allow you to receive Clover Assistant Payments for both video (two-way audio visual communication) and voice-only (telephonic without video) visits. Clover has added voice-only (telephonic without video) evaluation and wellness codes to the list of CPT codes eligible for reimbursement through the Clover Assistant (99441-3). Clover Assistant visits completed using only voice (telephonic without video) will be reimbursed at a rate of \$100 per visit. Visits completed using video (two-way audio visual communication) and visits completed in-person, will continue to be reimbursed at your standard Clover Assistant rate. When creating a new visit, simply specify whether the visit will be occurring in-person, voice-only, or via video. Support for this payment structure will remain in place until such time that the PHE lapses and/or CMS amends its policy for reimbursement of virtual visits. Clover Assistant providers will be given advance notice should this occur.

How can I use the Clover Assistant to support my practice?

- Access dynamically surfaced, up-to-date, patient-specific information, including gaps, medications, and potential diagnoses
- Get a comprehensive view, populated with data on our members from anywhere our members have received care where Clover has received the data
- Update patient information easily
- Complete an assessment quickly and easily (average provider usage time of 3–5 minutes)
- Easily prioritize your care strategy

- Securely upload and share patient documents
- Use the Clover Assistant online—all you need is internet access

Users of the Clover Assistant receive customer support through our dedicated account managers. In addition, every Clover Assistant provider is highlighted as a preferred provider in Clover's directory.

With thousands of PCPs currently utilizing the Clover Assistant, we know the Clover Assistant is making a difference every day. If you're interested in learning more or enrolling in the program, please contact the Clover Assistant Support team at **cloverassistantsupport@cloverhealth.com** or **1-800-619-5541**.

CareConnect

On the CareConnect page in the Clover Assistant, you will see a list of timely discharge tasks based on the newest discharge information. These include **scheduling tasks** and **referral tasks** for eligible patients cared for by Practitioners at your practice. In the future, tasks will be added and refined as we gain access to more data and identify gaps that are most important to our Practitioners and patient outcomes.

CareConnect was designed to help your practice care for patients outside the point of care. By default, tasks are **ordered by newest to oldest** and are assigned to a patient's aligned Practitioners to make it convenient for you to immediately address the items that will create the most impact for your patients.

Task cards show the type of task, patient information, and supporting information relevant to the task type. They are where information for each Clover Health patient is organized for ease of management.

TIP: Tasks in CareConnect are typically assigned to and completed by office Staff.

Scheduling Tasks

Post-discharge appointment scheduling

Post-discharge tasks are a type of scheduling task. Bringing in a recently discharged patient to see a Practitioner is important to help reduce the likelihood of patient readmission and to improve quality of care. By knowing when patients are discharged from the hospital, you can help them stay on top of their care by scheduling their post-discharge appointment.

On the CareConnect page, you will see a **list of timely discharge tasks** based on the newest discharge information. When we receive the Admission, Discharge, and Transfer (ADT) notification for a patient, we will surface the discharge task into CareConnect within 15 minutes.

When a **post-discharge appointment** is ready to be scheduled, the task appears in CareConnect for you to manage according to your own workflow. Post-discharge tasks will be associated with a patient's aligned Practitioner.

All users with permission to access CareConnect will see all tasks within their Practice Group or Organization.

Referral Tasks

Complex care referral recommendations

Complex care referral recommendations are referral tasks. They are surfaced in CareConnect as tasks to complete for patients. By surfacing these recommendations, we aim to connect your practice's complex patients with care management to support improved access to and coordination of medical services.

Effective care coordination can positively impact patient health outcomes, medical expenses, and quality of care. We are partnering with programs that coordinate care for patients, including finding the right provider care team, scheduling and transporting patients to appointments, and educating patients.

This extra support will be provided either in the patient's home or in nearby locations. The intention is to improve the coordination of care and to address a patient's vulnerabilities by increasing access to needed medical services.

These tasks, the specific requirements of the CareConnect program, and details around payments are explained in the Provider Services Agreement, resource materials, and other documents about CareConnect. Participation in this program requires execution of an appropriate contract.

If you have not yet enrolled in the program and wish to do so, please contact the Clover Assistant support team at **cloverassistantsupport@cloverhealth.com** or **1-800-619-5541**.

Frequently Asked Questions about the Clover Assistant

When should I submit a Clover Assistant Visit?

If you are a provider participating in the Clover Assistant program, you must submit a Clover Assistant Visit within 90 days when a Clover Health patient comes into your office for an eligible evaluation and management visit. Payment for the visit will only come through with a Clover Assistant submission.

What technology will I need to implement the Clover Assistant?

Since the Clover Assistant application is web based, the only requirement is access to the internet. Clover will partner with you to support any technology needs your office may have. There is no software that needs to be downloaded for use of the tool.

How will the Clover Assistant impact my billing?

Nothing will change about the way you bill. However, your office visit codes will be paid at \$0 as you will be receiving payments through Clover Assistant codes for all Clover Assistant Visits submitted. Clear summary reporting on all submissions and open patient visits can be found within the tool.

How long will each Clover Assistant Visit take?

Completing the Clover Assistant Visit takes approximately 3–5 minutes per Clover member appointment. Depending on the patient and number of diagnoses, it may take longer.

How much time do we have to submit the Clover Assistant Visit?

To ensure timely payment, confirm that key administrative information on the corresponding claim matches the Clover Assistant Summary, specifically the date of service, the associated provider name/ NPI, and patient name/DOB. You must submit your Clover Assistant Visit within 90 days of the date of service.

How will I receive my Clover Assistant payments?

You will receive your Clover Assistant payments through the same process you receive your claim payments today. Clover will provide timely payment within 10 days of receiving a complete Clover Assistant Visit submission for the providers enrolled to receive EFT payments through Change Healthcare. As a reminder, the associated E&M and Wellness Visit claims will pay at \$0, and your submitted Clover Assistant Visits will pay at your contracted Clover Assistant payment rate. These will be indicated by code 999CA (in-person or video visit) or 998CA (voice visit) on your explanation of payment.

Provider Website Tools

NaviNet

NaviNet provides quick and simple access to eligibility, benefit information, and status of a claim for Clover members as well as Clover provider updates and forms. Visit **navinet.navimedix.com** for more information. A valid username and password are required in order to use the NaviNet portal. If your organization is already using NaviNet, please contact your security officer and have them add Clover Health to your workflow. If you do not have an existing NaviNet account, please ask your security officer to create an account for you.

If you need further assistance, please contact NaviNet.

Phone support is available:

Monday–Friday 8 am–11 pm EST and Saturday 8 am–3 pm EST
1-888-482-8057

Eligibility and Benefits Tools

Member Eligibility and Benefits

- Find out member copays, deductibles.
- Check member’s maximum out-of-pocket (MOOP).

Claim Status

- Check the status of claims.

Claim Investigations

- Submit a Claims Appeal & Dispute Form.
- 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 Appeal & Dispute Form and supporting documents regardless of when the claim was processed. *No clinical appeal should be submitted through NaviNet.*

Explanation of Payments (EOPs)

- Download EOPs for claims.

Forms and Documents

- General reference material, such as the provider manual and quarterly provider newsletters
- Plan and policy details
- Prescription drug formulary
- Contact forms to update practice information as well as to add or remove providers

Clover Self-Service Provider Portal

Access the most current prior authorization list, submit or check on a prior authorization request, find other Clover providers, access documents and forms, and much more using our provider portal.

Prior Authorization Tools

Save time by submitting and checking on the status of prior authorization requests completely online by visiting **cloverhealth.com/providers**, where you can:

- Check if prior authorization is required
- Download faxable prior authorization form
- Start a new request
- Check on the status of a request
- View new Utilization Management policies
- Request a change to an existing authorization

Please use our online auth tool at **cloverhealth.com/pre-auth-request** to determine if your request should be submitted to Clover or our partner(s) eviCore and/or CVS Caremark - Part B Drugs.

Provider Support

- Update your information such as Tax ID, NPI, and address change
- Add a new provider to an existing contract
- Make a credentialing status request—a team member will respond to provide status
- Request a Clover contract if you are interested in becoming part of the Clover network as an in-network provider—a network team member will contact you

Provider Claims Tools

- Request an EOP
- Check the status of a claim

Provider Resources

You can use our self-service provider portal to:

- Find other in-network Clover providers when making referrals
- Download documents and forms
- Access the Clover Health Provider Manual
- View/download the 2022 Provider Resource Guide by market
- Get our quarterly provider newsletters
- Search our formulary
- Find Clover’s policies

Medical Prior Authorization

Prior authorization requests can be submitted to Clover in 3 different ways:

1. **Web:** Visit **cloverhealth.com/providers**.

Our online prior authorization tool lets you securely submit new requests and check the status of requests on our website. You don’t even need a special log-in. You simply submit requests using your National Provider Identifier (NPI). There’s no need to wait on hold or to send documents by fax. Then you can log in anytime to check the status of your request.

Save time by submitting and checking the status of prior authorization requests completely online.

2. **Fax:** You can find the Prior Authorization Request Form at **cloverhealth.com/providers**. Select “Prior Authorization Tools” and then click to download the Prior Authorization Request Form.

Please use the following fax numbers:

Clover: 1-800-308-1107

eviCore

- Radiology (Imaging), Cardiology, MSK, Medical Oncology: 1-800-540-2406
- Sleep: 1-866-999-3510
- Radiation Therapy: 1-866-699-8160

CVS Caremark Part B Drugs: 1-833-866-2893

3. **Phone:**

Clover: 1-888-995-1690

eviCore: 1-800-421-7592

CVS Caremark Part B Drugs: 1-800-932-7013

See if authorization is required:

Enter the CPT or HCPCS code to see if the code requires authorization. You can also start a new request from this section if the code does require authorization.

To submit a new request:

1. Go to **cloverhealth.com/providers**.
2. Click the “**Prior Authorization Tools**” button.
3. Click the “**Prior authorization request and lookup**” button.
4. Enter the required information about the procedure and the patient, and upload any **documentation**.
5. Click the “**Start request**” button.

Be sure to write down the **Request ID**.

The system verifies information as you enter it. If you enter a code for a procedure that doesn’t require an authorization, or if the member isn’t eligible, you’ll find out instantly.

Clover has partnered with eviCore for review of the following services:

- Advanced imaging
- Cardiac imaging
- Medical oncology
- Radiation therapy
- Musculoskeletal - interventional pain, spine and joint surgery
- Sleep covered services and related equipment

Clover has partnered with CVS Caremark - Part B Drugs for review of the following services:

- Part B drugs (including step therapy requirements)

Please use our online auth tool at **cloverhealth.com/pre-auth-request** to determine if your request should be submitted to eviCore or CVS Caremark.

To check the status of an existing authorization submitted directly to Clover Health:

1. Go to **cloverhealth.com/providers**.
2. Click the **“Get the status of authorizations”** button.
3. Enter the **National Provider Identifier (NPI)** for your practice or the provider performing the service.
4. Enter the **Request ID** you received when you submitted the request.

OR

1. Go to **cloverhealth.com/providers**.
2. Enter the **National Provider Identifier (NPI)** for your practice or the name of the provider performing the service.
3. Enter the **Clover Health member’s ID #**, their **date of birth**, and the **date of service** (if available).

To check the status of an existing authorization submitted to eviCore:

Log in to the eviCore portal at **carriers.carecorenational.com/Preauthorization**.

To check the status of an existing authorization submitted to CVS Caremark - Part B Drugs:

Log in to the NovoLogix portal at **identity.navinet.net**.

To request a change to an existing authorization that was submitted directly to Clover Health:

1. Go to **cloverhealth.com/providers**.
2. Click the **“Request change to existing auths”** button.
3. Enter the required information about the auth and the requested change.

Part B Prior Authorization

Effective January 1st, 2021, Clover requires step-therapy for some part B drugs. Our preferred drug list (PDL) can be viewed online at **cloverhealth.com/part-b-st**.

Use our online authorization tool at **cloverhealth.com/pre-auth-request** to determine if your request should be submitted for Part B drug reviews.

Part D Prior Authorization

Part D Utilization Management

Certain prescription drugs on the formulary have additional requirements or limits on coverage. These requirements and limits ensure that members use these drugs in the most safe and effective way while helping to control drug costs. Visit **cloverhealth.com/preferred** for information.

Follow these guidelines for efficient processing of your Medicare prescription drug coverage determination requests:

- Contact CVS Caremark directly at 1-855-344-0930.
- Coverage determination requests, except those with tiering exceptions, can be submitted electronically at **covermymeds.com/main**.
- Complete the Request for Medicare Prescription Drug Coverage Determination form found on the Clover website and fax to CVS Caremark at 1-855-633-7673.

Respond to requests for additional information in a timely manner. CVS Caremark will notify you of the decision by fax. If the request is approved, information in the online pharmacy claims processing system changes to allow the specific members to receive this specific drug. If the request is denied, information about the denial will be provided to you.

Peer-to-Peer Review for Organization Determinations

Providers or the Clover medical director can initiate a peer-to-peer (P2P) review prior to rendering a decision on an organization determination. This provides the opportunity to discuss the case with the Clover physician reviewer responsible for the determination. To initiate a P2P review request, call 1-888-798-1728. We're available 9 am–5 pm EST, Monday–Friday, to assist you.

- For pre-service requests: The adverse determination that is issued on the: Integrated Denial Notice (IDN) cannot be reversed (overturned) by a P2P discussion if conducted after the determination has been made by the Clover medical director.
- For inpatient hospitalizations: Notice of Denial of Coverage for Services (NDCS) must be based on medical necessity to qualify for a P2P review. Requests for P2P are limited to members in the hospital, prior to discharge.
- P2P is not available for non-hospitalization retrospective requests. P2P discussions are limited to members in the hospital, prior to discharge.
- For SNF, Home Health, and CORF: A P2P review can be initiated after a Notice of Medicare Non-Coverage (NOMNC) is issued, when there is a change in the member's medical condition requiring ongoing medical care, and before the last covered date.
- Appeals will be filed with the Quality Improvement Organization (QIO) if there is no change in the member's medical condition after the NOMNC is issued, if the appeal request is completed by 12 pm local time and is submitted on the day prior to the last covered date, or if the appeal request is with Clover Health's Appeals Team and cutoff time for the QIO appeal is missed.

Retrospective Review

For Retrospective reviews, please refer to the Clover Part C Retrospective Review Policy: cloverhealth.com/en/part_c_retrospective_review

Claims

Claims Payments

To set up electronic payments:

1. Go to **changehealthcare.com** (formerly known as Emdeon) or call 1-866-371-9066 to set up an account.
2. Enter Clover Health's **Payer ID #: 13285**.

Claims Submissions

Clover is committed to paying provider claims in a timely manner. **To ensure you receive payment as quickly as possible, be sure to follow the guidelines below.**

- Claims must be submitted within 90 days from the date of service or according to the terms of your contract.
- Claims processed within state and federal regulations allow for prompt payment.
- Clover has full autonomy to reprocess incorrectly denied claims submissions and/or adjust incorrect payments.

Submit an electronic claim:

- Enter Payer ID #: 13285
- Processed by Change Healthcare, formerly Emdeon

Submit a paper claim:

Clover Health
P.O. Box 981704
El Paso, TX 79998-1637

Questions? Call Provider Services at **1-877-853-8019** 8 am–5:30 pm EST, Monday–Friday.

Claims Status

To check the status of a claim, visit NaviNet at navinet.navimedix.com.

Claim Corrections

Clover Health accepts corrected claims that are submitted within the timely filing period. Clover's standard timely filing limit is 90 days from the most recent date of the Clover Health provider EOP. Clover Health may deny a claim if it is determined to be incorrect, incomplete due to missing invalid information, or submitted outside of the timely filing window. As set forth in your Provider Agreement, providers are prohibited from balance billing members for denied claims for covered services.

Correcting or Voiding Electronic Claims

- Professional claims (837P): Enter Frequency Code 7 for corrections, or Frequency 8 to void, in Loop 2300 Segment CLM05-3. Enter the original claim number on the 2300 loop in the REF*F8*.
- Institutional claims (837I): Submit with the last character of the Type of Bill as 7, to indicate Frequency Code 7 for corrections, or Type of Bill as 8, to indicate Frequency Code 8 to void.

Correcting or Voiding Paper Claims

- Professional claims CMS-1500: Stamp “Corrected Billing” on the CMS 1500 form. Complete box 22 when resubmitting a claim. Enter the appropriate bill frequency code left justified in the left-hand side of the field:
 - 6 - Corrected claim
 - 7 - Replacement of prior claim
 - 8 - Void/cancel prior claim
- Institutional claims UB-04: Submit with the last digit of 7 in the Type of Bill for corrections, or last digit of 8 for void claims.

Corrected claims should be submitted with **all line items** completed for that specific claim, and should not be filed with just the line items that need to be corrected. Please share this information with your practice management software vendor, as well as your billing service or clearinghouse, if applicable.

Disputes

Contracted providers may submit a Claims Appeal & Dispute Form in writing 60 days from the date of the most recent Clover Health provider EOP. If you do not agree with Clover’s payment for services, you have the right to dispute the payment or determination, including:

- A dispute of medical necessity or administrative determinations resulting in no payment, or
- A dispute of the amount Clover paid on a claim and a request to obtain a higher level of payment

Disputes must be submitted with a dispute form that can be found under Documents and Forms at **cloverhealth.com/providers**. Submit any supporting documentation.

For information on filing disputes and appeals, see your provider manual or your contract with Clover.

Our Partners

At Clover we partner with industry leaders to ensure that our members have the highest quality supplemental benefits, from dental to hearing aids to over-the-counter (OTC) items. These partners include:

- **CVS Caremark®**: A pharmacy benefits manager that contracts with a nationwide pharmacy network for members to obtain their Part D and select Part B medications (Visit cloverhealth.com/preferred to access drug formulary and utilization management information.)
- **Healthy Benefits Plus**: Clover’s partner for over-the-counter (OTC) items and groceries
- **DentaQuest**: A comprehensive network of dental providers
- **EyeQuest**: A comprehensive network of vision providers
- **TruHearing**: A comprehensive network of audiologists
- **Integra**: Clover’s partner for Durable Medical Equipment, Prosthetics/Orthotics & Supplies (DMEPOS)
- **LabCorp**: Clover’s preferred lab partner
- **SilverSneakers**: Clover’s fitness partner, with a nationwide network of gyms
- **Routine Health-Related Transportation**: Non-emergency rides to/from physician offices and any health-related location
- **Teladoc**: Clover’s partner for on-demand remote medical care via mobile devices, internet, video, and telephone

A convenient contact sheet with partner phone numbers can be found in the pocket of the Resource Guide.

PARTNER	CONTACT
CVS Caremark®	PPO: 1-855-479-3657 HMO: 1-844-232-2316 Coverage Determination Dept: 1-855-344-0930 CVS Caremark Mail Service Pharmacy NCPDP ID: 0322038
DentaQuest & EyeQuest	AZ: 1-800-608-9520 GA: 1-800-341-5525 MS: 1-800-467-5117 NJ: 1-855-343-7404 PA: 1-800-896-2377 SC: 1-800-608-9522 TX: 1-800-896-2373 TN: 1-800-608-9524 dentaquest.com/find-a-provider/cloverdental dentaquest.com/vision/providers
TruHearing	1-855-205-5570 truhearing.com
SilverSneakers	1-888-423-4632
Integra	1-888-729-8818 accessintegra.com
LabCorp	1-800-845-6167
Teladoc	1-800-835-2362
Routine Health-Related Transportation	1-888-657-1207 (Rides are arranged by calling Member Services.)

Additional Benefits

Additional benefits vary by plan. Please refer to plan benefits.

Preventive and Comprehensive Dental Benefits

Clover has partnered with DentaQuest to provide members supplemental preventive dental benefits or supplemental preventive plus comprehensive dental benefits:

- Preventive dental covers (per calendar year): 2 routine exams, 2 routine cleanings, and 1 routine x-ray for a \$0 copay
- Preventive plus comprehensive dental covers (per calendar year): at least 1 routine exam, 2 routine cleanings, 2 fluoride treatments, 1 routine x-ray for a \$0 copay, and a \$1,000/\$2,000 yearly allowance (after a \$20 copay for each service) for comprehensive dental services including dentures, fillings, and crowns

Claims are processed by DentaQuest.

Members of Clover HMO plans must see a DentaQuest provider, and members of Clover PPO plans should see a DentaQuest provider, to use their supplemental dental benefits.

To verify patient eligibility, benefits, and cost shares visit **navinet.navimedix.com** or **cloverhealth.com/providers** and click the “**Get member info from NaviNet**” button found under “**Eligibility and benefit tools.**”

To find a Dentaquest provider, please visit **dentaquest.com/find-a-provider/cloverdental** or refer to one of the state-specific numbers from the prior table.

Routine Hearing Benefits

Clover has partnered with TruHearing to provide members with 1 routine hearing exam per calendar year for a \$0 copay plus special pricing on high-quality digital hearing aids (1 per ear per year) provided by a TruHearing provider:

- \$699 for each TruHearing Advanced hearing aid
- \$999 for each TruHearing Premium hearing aid

Members of Clover HMO plans must see a TruHearing provider, and members of Clover PPO plans should see a TruHearing provider, to use their supplemental routine hearing benefits and get the lowered cost-shares listed above.

To verify patient eligibility, benefits, and cost shares visit **navinet.navimedix.com** or **cloverhealth.com/providers** and click the “**Get member info from NaviNet**” button found under “**Eligibility and benefit tools.**”

If you have questions for TruHearing, please visit **truhearing.com** or call **1-855-205-5570**.

Routine Vision Benefits

Clover has partnered with EyeQuest to provide members with 1 routine vision exam per calendar year for a \$0 copay as well as a yearly allowance for one pair of eyeglasses or contact lenses per calendar year.

Claims are processed by EyeQuest.

Members of Clover HMO plans must see an EyeQuest provider, and members of Clover PPO plans should see an EyeQuest provider, to use their supplemental routine vision benefits.

To verify patient eligibility, benefits, and cost shares visit **navinet.navimedix.com** or **cloverhealth.com/providers** and click the “**Get member info from NaviNet**” button found under “**Eligibility and benefit tools.**”

To find an EyeQuest provider, please visit **dentaquest.com/vision/providers** or refer to one of the state-specific numbers from the prior table.

Over-the-Counter (OTC) and Grocery Plus

Clover is committed to improving health equity for all Medicare eligibles in the areas we serve. We have become aware of the role food insecurity plays in the overall health of our members.

That’s why, for 2022, most of our plans offer members a combined grocery/OTC allowance through Solutran/Healthy Benefits Plus. Members with both benefits have the option to use their quarterly allowance to purchase OTC items and/or healthy groceries at retail locations or through home delivery. There is also a prepared meal delivery option through Mom’s Meals.

Eligible members* can access these benefits using their LiveHealthy OTC card and account number. The allowance is renewed at the beginning of each quarter of the calendar year (January 1st, April 1st, July 1st, and October 1st). Any unused amount is not carried over to the following quarter.

Members can shop three ways:

- **Online:** healthybenefitsplus.com/cloverhealthotc
- **By phone: 1-844-529-5869 (TTY 711)** 8 am–8 pm local time, 7 days a week, October to March, and Monday through Friday, April to September.
- **In store at participating retailers:** CVS, Walgreens, and Walmart

Note:

- *Members must have one or more qualifying health conditions to be eligible for Grocery Plus. Please see **cloverhealth.com/grocery-plus** for a list of common qualifying conditions.
- Grocery Plus is not available for members in NJ plans H5141-032 and H5141-042. Neither OTC nor Grocery Plus is available in NJ plan H5141-055.

Participating Grocery/OTC Retail Locations

	AL	AZ	GA/SC	MS	NJ	PA	TN	TX
Acme					✓	✓		
Albertsons		✓						
CVS	✓	✓	✓	✓	✓	✓	✓	✓
Duane Reade					✓			
Food Lion			✓				✓	
Fry’s		✓						
Giant						✓		
Kroger	✓		✓	✓			✓	
Safeway		✓						
Stop & Shop					✓			
Walgreens	✓	✓	✓	✓	✓	✓	✓	✓
Walmart	✓	✓	✓	✓	✓	✓	✓	✓

SilverSneakers® Gym Membership

At Clover, we know the importance of physical activity and social connection to our members’ overall health. That’s why all Clover plans include a basic SilverSneakers membership at no cost, which gives members access to thousands of fitness centers and classes like yoga, dance, and tai chi with no visit or use fee. SilverSneakers has over 16,000 locations nationwide, which include but are not limited to:

- YMCA
- Bally Total Fitness
- New York Sports Clubs (NYSC)
- 24 Hour Fitness
- Retro Fitness
- Curves

To search for participating facilities, visit **silversneakers.com/locations** or call 1-888-502-0836. SilverSneakers® is a registered trademark of Tivity Health.

100-Day Prescriptions + Meds by Mail

Helping our doctors improve their patients’ medication adherence is of utmost importance to Clover Health. We know that refilling prescriptions every month can be a challenge for patients with chronic conditions. If your patient has a maintenance medication that is well tolerated, consider prescribing a long-term supply of up to 100 days.

- 100-day refills at their local network pharmacy or by mail order
- Helps members avoid gaps between medication refills
- More convenient than making multiple trips to the pharmacy
- Helps members avoid exposure to pathogens
- Mail-order prescriptions delivered directly to the member’s home at a lower cost
- Easy access to CVS Caremark Mail Service Pharmacy via phone, mobile app, or online account

Submit prescriptions for processing using your ePrescribing tool to:
CVS Caremark Mail Service Pharmacy
NCPDP ID: 0322038
9501 E Shea Blvd.
Scottsdale, AZ 85260

Part D Senior Savings Model for 2022

Select Clover health plans participate in the Part D Senior Savings Model, which offers lower, stable, and predictable out-of-pocket costs for covered insulins through the different Part D benefit coverage stages. Members pay a maximum of \$35 for a 1-month supply, \$70 for a 2-month supply, or up to \$105 for a 3-month supply of covered insulin during the deductible, initial coverage, and coverage gap stages. Catastrophic stage cost-share still apply. Members’ cost-share may be less if they receive Extra Help from Medicare or if they use a preferred pharmacy.

- To find out which drugs are Select Insulin Drugs, review the 2022 Drug List available at **cloverhealth.com/formulary**. You can identify participating Select Insulin Drugs by the abbreviation “SI” in the Drug List.
- To find out which Clover plans participate, see Individual Plan Benefit Offerings.

Telehealth

Clover has partnered with Teladoc to provide alternative services for common health issues, such as sinus problems, respiratory infections, allergies, urinary tract infections, pink eye, common cold and flu symptoms, and many other non-emergency illnesses. In addition to general medical services, Teladoc offers behavioral health services to our members. Members can communicate with a doctor via phone, web, or mobile app 24 hours a day, 7 days a week, 365 days a year, for a \$0 copay.

Teladoc is not intended to replace the care of a primary care doctor or provide an ongoing relationship between the member and one of their doctors. All Teladoc doctors are board certified and state licensed, and go through rigorous training and credentialing.

Preventive Health

Clover works with you to improve our members’ well-being by encouraging healthy behaviors and lifestyles. This includes ensuring that members obtain screening tests, stay adherent to their medication regimens, and receive appropriate vaccinations.

As part of these initiatives, Clover focuses on the following clinical areas:

- Breast cancer screening
- Cholesterol management
- Colorectal cancer screening
- Diabetes screening and management
- Drug and alcohol use screening
- Hypertension screening and management
- Coronavirus, influenza, and pneumonia vaccinations
- Medication access and management
- Osteoporosis identification and management
- Prevention of hospitalizations and readmissions
- Respiratory assessment (spirometry)
- Rheumatoid arthritis management

Preventive Services

For all Clover plans, there is no copay for Medicare Preventive Services conducted by an in-network provider. Services include but are not limited to:

- Annual Wellness Visit
- Bone mass measurement screening
- Cardiovascular disease screening
- Colorectal cancer screening
- Depression screening
- HIV screening
- Mammogram screening
- Prostate cancer screening

Clinical Practice Guidelines

Clover has curated the following best-practice guidelines for your reference. This list includes evidence-based guidelines intended to be utilized to provide the best care for our members that you serve every day and to assist you in making appropriate healthcare decisions based on sound clinical judgment and application of knowledge. Adherence to these guidelines will not ensure successful treatment in every situation. Furthermore, these guidelines should not be interpreted as setting a standard of care or be deemed inclusive of all proper methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. Please be advised that while Clover supports the following guidelines, specifically in the Utilization Management arena, we utilize best practice guidelines from MCG and CMS to reach our final decisions.

All guidelines reflect the most current views of the relevant medical community as gleaned from the scientific evidence, professional standards, and expert opinion from recognized sources. The areas covered by these guidelines include the following conditions, medical calculators, and topics.

- MD Calculator
 - Prognosis Calculator
 - Shared Decision Making
 - Prepare for Your Care
 - Adult Obesity/Healthy Diet and Activity for High Risk Adults
 - Asthma
 - Atrial Fibrillation: Tools/Anticoagulation
 - Chronic Kidney Disease
 - Cholesterol Management
 - Chronic Obstructive Pulmonary Disease
 - COVID-19
 - CVD (Cardiovascular Disease) Prevention
 - Diabetes Mellitus: Guidelines/Risk Assessment in CVD
- AHA CHF Tools/Congestive Heart Failure
 - HIV/AIDS
 - Hypertension
 - Low Back Pain
 - Mental Health: Depression Screening, CAGE Questionnaire, Opioids for Chronic Pain
 - American Psychiatric Association Practice Guidelines
 - Osteoporosis
 - Tobacco Cessation
 - AAFP Clinical Preventive Services
 - USPSTF Screening Recommendations
 - AGS Beers Criteria for Potentially Inappropriate Medication Use

For the most up-to-date clinical practice guidelines, visit the provider portal at **cloverhealth.com/providers**. You can also call Provider Services at **1-877-853-8019**. We're available 8 am–5:30 pm EST, Monday–Friday.

Provider Responsibilities

Clear and transparent communication is integral to the success of Clover’s partnership with providers. We will strive to articulate explicitly our expectations and share how we can be a valuable resource for you.

Standards of Participation

It is important to keep your provider data up to date to ensure accurate claims payment and proper representation in our provider directories. **Please let us know if any of the following information about your practice changes:**

- Office or billing address information, including telephone number
- Billing information, including National Provider Identifier(s) and Tax Identification Number
- Group affiliation
- Clover Health participation status
- Medicare participation status
- Sanction information
- Any other relevant provider information

To submit practice changes, go to **cloverhealth.com/providers/support** and select “Update practice information” to review the information and documentation required for each type of change. Email required documentation to **providers@cloverhealth.com**.

If you have questions or require assistance, contact Provider Services at **1-877-853-8019**. We're available to assist you 8 am–5:30 pm EST, Monday–Friday.

Acceptance of New Patients

If you decide not to accept additional Clover members, please give us 60 days notice. Please send notification to **providers@cloverhealth.com**.

Hospital Privileges

Clover Health reserves the right to require admission privileges with its in-network providers. If you or any of your group practice providers lose privileges at any hospital, please notify us no later than 10 business days following the date of the termination of privilege.

Appointments and Access Standards

We are dedicated to arranging quality access to care for our members. To help with this process, we ask that you and your office staff adhere to the following recommendations and requirements:

- **Telephone coverage after hours:** an answering service or a telephone recording that directs a member to call another telephone number or 911 in the event of an urgent or emergent situation
- **Telephone access during normal business hours:** immediate responses to any urgent or emergency health events, within 4 hours for non-urgent calls and within 1–2 business days for routine calls
- **Covering provider:** When you are on extended leave (vacation, illness, etc.), you must arrange with another participating primary care provider or specialist to provide accessible 24-hour coverage. Coverage must extend beyond 911, except in the event of an emergency or urgent situation.
- **Appointments:** You must make every effort to see a member within the following time frames:
 - » **Emergent:** Immediately; member should be directed to call 911 in the event of an emergency or go to the emergency room for treatment
 - » **Urgent:** Within 24 hours
 - » **Routine/symptomatic:** Within 7 days
 - » **Wellness/nonsymptomatic:** Within 30 days
- **Office waiting time:** Should not exceed 15 minutes from the time of the scheduled appointment
- **Minimum office hours:** You must practice for a minimum of 16 hours a week and must promptly notify Clover of changes in your office hours and locations as soon as this information becomes available, but no later than 3 business days after the change takes effect. The minimum office hour requirement can be reduced under certain circumstances for good cause, with Clover’s prior written approval.
- **Accessibility:** You are expected to meet the federal and state accessibility standards and those defined in the Americans with Disabilities Act of 1990. Healthcare services provided through Clover must be accessible to all members.

Clover tracks and evaluates issues relating to waiting times for appointments, appropriateness of referrals, and other indications of capacity.

Refer to your specific **Provider Agreement** for additional details.

Access to Medical Records

Medical records access is central to our assessment of payment integrity and the evaluation of medical necessity. In the processing of claims, if more clinical data is required, our team or a trusted third-party may request medical records.

Clinical documentation of disease burden is central to collaborative management and is the cornerstone to care. As needed, Clover will request medical records to ensure an accurate representation of patients’ clinical disease and needs. Medical records can also be requested for audits, quality assurance purposes, as well as to ensure proper billing and claims payment practices. Unless otherwise specified in your Provider Agreement, Medical records shall be provided at no cost.

Medical Records Standard

We believe that updated, complete documentation is an essential component of the delivery of quality medical care and collaboration. We reserve the following rights to ensure our member profiles are comprehensive.

Access and Confidentiality

We reserve the right to inspect (at reasonable times) any and all records, specifically any medical records you maintain pertaining to members. This includes, but is not limited to, assessing quality of care, collecting data for Healthcare Effectiveness Data and Information Set (HEDIS®) reporting, collecting data for risk adjustment reporting, coordinating medical care evaluations and audits, determining on a concurrent basis the medical necessity and appropriateness of any care being provided, and ensuring proper billing and claims payment. Federal and state regulatory bodies can determine other purposes for having access to members’ medical records. For information on member rights as they relate to the above, refer to the Members’ Privacy Rights section of the Provider manual.

CAQH Profile

To help ensure accurate provider directory information, it is important to keep your CAQH profile up to date. While you are required to re-attest every 120 days, it is a good idea to review and attest your data on a monthly basis. Follow these steps to update and re-attest to your information:

- Log in to CAQH ProView.
- Correct any outdated information, and complete other incomplete questions applicable to your provider Type.
- Confirm there are no errors on your profile and attest to its accuracy.
- Confirm current proof of malpractice insurance is uploaded to Documents section.
- Review work history to ensure full work history is listed from time of initial licensure.

If you have questions, please review the materials provided on the CAQH ProView for Providers and Practice Managers page at caqh.org/solutions/caqh-proview-providers-and-practice-managers.

Additionally, you may contact the CAQH ProView Help Desk for assistance:

- Log in to CAQH ProView and click the “Chat” icon at the top of the page or call **1-888-599-1771**.
- Please have your CAQH ProView Provider ID readily available.

Compliance

As a participating provider, you're required to adhere to all CMS rules and regulations, which include, but are not limited to:

- You must ensure that members are not discriminated against in the delivery of healthcare services, consistent with the benefits covered in their policy, based on race, ethnicity, national origin, color, religion, sex, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, HIV status, source of payment, veteran status, plan membership, or geographic location.
- You cannot deny care or discriminate based upon whether or not an enrollee has signed an advance directive.
- You may not balance-bill or hold enrollees liable for more than the cost-sharing allowed by their plan.
- For purposes of CMS audits of risk adjustment data, you must provide medical records as requested by Clover. Medical records from providers also may be used by MAOs for the following purposes: advance determinations of coverage, plan coverage, medical necessity, proper billing, quality reporting, fraud and abuse investigations, plan initiated internal risk adjustment validation.
- You must maintain current licensure and certifications as applicable.
- You must act fairly and honestly.
- You must adhere to high ethical standards in all activities.
- You must comply with all applicable laws, regulations, CMS requirements, and the terms of your contract.

Compliance Training

CMS requires Medicare Advantage (MA) organizations and Part D plan sponsors, including Clover, to annually communicate specific compliance requirements and fraud, waste, and abuse (FWA) requirements to their “first tier, downstream, and related entities” (FDRs), which include contracted physicians, healthcare professionals, facilities and ancillary providers, as well as delegates, contractors, and related parties. As a delegate that performs administrative or health care services, CMS and other federal or state regulators require that you and your employees meet certain FWA and general compliance requirements. This training must be completed annually and within 90 days of hire for new employees. You must retain a record (e.g., training materials, sign-in sheets of the completed training, etc.) for 10 years.