Clover Health

P.O. Box 471 Jersey City, NJ 07303

Care Connection

Clover Health

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"True heroism is remarkably sober, very undramatic. It is not the urge to surpass all others at whatever cost, but the urge to serve others at whatever cost." —Arthur Ashe

Clover Health would like to echo these words and share our gratitude. Thank you to all the doctors, nurses, staff, and other first responders who have cared for Clover Health members in our communities during this critical time. You have our utmost admiration and appreciation.

Carl Rathjen

cloverhealth.com

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Our Commitment

Clover Health is committed to ensuring the safety of our providers, their patients, and our members. We have taken multiple steps to ensure that our members will continue to have the appropriate resources to support them during the COVID-19 outbreak.



Telehealth and Telemedicine

When patients haven't been able to leave their homes to see their providers, Clover Health has encouraged our providers to adopt the use of remote services such as telehealth and telemedicine. We rapidly updated Clover Assistant by adding features, including support of remote voice and video visits and a COVID-19 notes section, and updating our payment policy for remote video and voice visits. Our work is continuing to support the continued use of telemedicine and telehealth remote services.



Mail-Order Prescriptions

Medication adherence and access to prescriptions during COVID-19 is another concern for the population we serve. To ensure that our members can adhere to their medication regimen, we continue to encourage you to consider updating their prescriptions to 100-day supplies and mail order. This will provide sufficient access to prescriptions and minimize the risk of any adverse effects.



Staying Informed

For up-to-date information on COVID-19 during this time, please visit Clover Health's provider page at cloverhealth.com/providers. Information can also be found on NaviNet at navinet. navimedix.com.

Clover Assistant

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

These changes included:

- Clover Health revised our telehealth payment policy and rolled out a new program to allow you to receive Clover Assistant Payments for video and voice-only visits.
- New remote functionality designed to create as little disruption in existing workflows as possible was added within Clover Assistant.
 - When creating a new Clover Assistant Visit, simply specify whether the visit will be occurring in person, on video, or via voice only.
- For practices that cannot access their EHRs during this time, we added an optional SOAP note section at the top of the Visit screen.

The Work Continues

Our team continues to work on new Clover Assistant features designed to support you and your patients during this difficult time.

If you need assistance launching telehealth in your practice or if you have any questions on how to manage telehealth in your practice, please email us at cloverassistantsupport@cloverhealth.com or call your Clover Health account manager.

Not using Clover Assistant? Please reach out to us at clover.network@cloverhealth.com and a Clover Health account manager will contact you.

Clover Health has expedited the development of capabilities within Clover Assistant to differentiate in-person and telemedicine visits (video, voice). With this enhanced functionality, Clover Assistant users can provide continuity of care to patients in the comfort and safety of their homes. In addition, we're working to offer integrated telemedicine capabilities within Clover Assistant. To learn more about Clover Assistant or to enroll, please contact the Clover Assistant Support team at cloverassistantsupport@cloverhealth.com or 1-800-619-5541.

Payment Integrity Audits

During the months of April and May 2020, Clover health limited post-pay payment integrity audits to only include clinical and coordination of benefits (COB) audits. In addition, in order to ensure providers have adequate time to respond to the audit letters, we extended the audit response window to 60 days from the date of the letter.

Clover Health will be resuming all payment integrity audits in the month of June, including the audit response window of 41 days from the date of the letter.

In an effort to ensure you have all the information you need to effectively and efficiently respond to our payment integrity letters, we've included an FAQ below to assist you with any future payment integrity audit activities.

Frequently Asked Payment Integrity Questions

The integrity of our payment program is overseen by dedicated staff and can include the use of contracted vendors. Overpayment recoupment audit letters are a required component of the payment integrity process and serve to inform providers of overpayments that Clover Health has previously made to the provider. Our goal is not to burden providers but rather to ensure Clover Health and our members are paying the correct amount for services rendered. Our hope is that the audit letter offers the provider sufficient information to understand the overpayment made and the options the provider has to send a corrected claim or dispute the audit findings. If a provider disagrees with an audit finding, they can send in disputes through the information listed in the letter. We abide by CMS guidelines for overpayment recoupments.

What is Clover Health's look-back period?

Clover Health can reopen and revise its initial determination or redetermination on a claim on its own motion:

- Within 1 year from the date of the initial determination or redetermination for any reason; or
- Within 4 years from the date of the initial determination or redetermination for good cause as defined in CMS Medicare Handbook or
- At any time if:
 - There exists reliable evidence that the initial determination was procured by fraud or similar fault as defined in the Code of Federal Regulations (42 CFR §405.902); or

The initial determination is unfavorable, in whole or in part, to the party thereto, but only for the purpose of correcting a clerical error on which that determination was based.
Third party payer error does not constitute clerical error or similar fault as defined in the Code of Federal Regulations (CFR § 405.986) – Good cause for reopening.

How are overpayments determined?

Overpayments can stem from coding edits, improper coordination of benefits, technical denials, and medical necessity review, among other reasoning outlined by applicable law.

How are overpayments recouped?

Clover Health attempts to collect overpayments according to the following guidelines:

- Clover Health generally initiates recoupments 41 days after the date of our refund request letter if no refund check or written dispute is received.
- If you submit a written dispute to us, we will not initiate recoupment activity (or will cease recoupment activity) to the extent administratively feasible while the dispute is under review.
- If we uphold our original determination, we will provide written notification. We will also retain any recoupments already processed and/or proceed with recoupments previously put on hold.
- If we overturn our original determination, we will provide written notification. We will also repay any recoupments already processed and/or permanently remove claims from the recoupment process.

Please note: If a corrected claim is submitted in response to an audit letter, the original claim on the audit letter will still process for recoupment. The new corrected claim will process and pay, as applicable.



Overpayment refund checks may be sent to:

Clover Health ATTN: Program Integrity PO Box 471 Jersey City, NJ 07303



Utilization Management Update

In our continued effort to improve our processes, we will be making changes to our utilization management platforms for inpatient pre-authorization requests. Clover Health will no longer utilize Clinix for utilization management reviews. Providers should no longer contact Clinix regarding authorization requests.

Effective June 1st, 2020, Clover Health will be using Shearwater for the following utilization management authorization requests:

- Hospital admission
- Inpatient
- Subacute
- Acute rehab
- Long-term acute hospital admissions
- Skilled nursing facilities
- Ambulance reviews

All provider calls and inquiries related to pre-authorizations for the above categories should be made to Clover Health's Provider Call Center by phone at **1-888-995-1690** or by fax at **1-800-308-1107**. Both phone calls and faxes will be routed to experienced Shearwater utilization management representatives.

For outpatient pre-authorization requests please continue to follow our existing protocols.

Mid-Year Benefit Change

CMS is exercising its enforcement discretion to adopt a temporary policy in connection with the prohibition on mid-year benefit enhancements in connection with the COVID-19 outbreak. Changes are approved by CMS until it is determined that the exercise of this discretion is no longer necessary in conjunction with the COVID-19 outbreak.

For Tier 1 drugs, Clover Health has lowered the cost of a 90- to 100-day supply of prescription drugs to \$0 from the previous cost of \$15-\$36 depending on the plan. This applies to non-preferred and preferred network pharmacies.

New Appeal Form for Out-of-Network Providers

If you're an out-of-network provider submitting an appeal on behalf of a member, please be aware that Clover Health has a new form for appeals. Please visit Clover Health's provider portal to download the new Appeal Form at cloverhealth.com/providers/provider-tools/provider-forms. Forms should be faxed to 1-732-412-9706.

As a reminder, you can also download the Claim Payment Dispute Form from Clover Health's provider portal. Claim payment disputes should be faxed to **1-888-240-7243**.

Effective March 2020, batch eligibility transactions are once again available for providers to verify Clover Health member eligibility within your practice management system (PMS). Clover Health has worked with Change Healthcare to ensure that providers have the option to enter a single eligibility transaction or send in a whole roster of patients for appointments that day through their PMS. We appreciate your patience as we worked to remedy this issue.

Health Tip!

Understanding the Nutrition Facts Label

Ingredients like sugar can add up quickly, and understanding the Nutrition Facts label can be challenging. To easily convert grams of sugar per serving to teaspoons, use the equation below.

X grams of sugar on average \div 4 = X teaspoons of sugar

Soft drinks are a great example. A soft drink has 40 grams of sugar per serving. Using the equation, that means 10 teaspoons of sugar per serving! Lastly, don't forget to look at the serving size after you do the calculation. Multiply the number of servings by the number of teaspoons to get the total amount of sugar in the package.

