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

Medicare Advantage Open Enrollment Period 2020

Did you know that Medicare has brought back the Medicare Advantage Open Enrollment Period (OEP) for 2020? During this OEP, which runs from **January 1 st to March 31 st, 2020**, Medicare beneficiaries who enroll in Medicare Advantage plans have the right to make a one-time change. Beneficiaries who are dissatisfied with the Medicare Advantage plan they signed up for during the Annual Election Period, or AEP (October 15 th to December 7 th, 2019), can now utilize this Medicare OEP period to:

- Change from one Medicare Advantage plan to another Medicare Advantage plan
- Disenroll from a Medicare Advantage plan and return to Original Medicare

Note: This OEP does not allow a beneficiary to change from one Part D drug plan to another.

This OEP only occurs once per year. Clover Health encourages you to familiarize yourself with the enclosed flyer to evaluate if Clover Health may be

the right fit for any of your patients considering a change to a new Medicare Advantage plan during OEP. Additional information about our plans is available at www.cloverhealth.com/en/plans or by calling **1-800-836-6890**.

Vanessa,
member since 2018



Clover News

Clover Health Transitions to New Claims Platform

On November 12th, 2020, Clover Health transitioned to a new claims payment platform. The platform was selected and implemented with you, the provider, in mind. Specifically, the new platform will enable Clover Health to enhance the following:

- Timely claims payments
- Accurate claims payments based on contract terms/CMS fee schedules
- Improved transparency and detail on denial reason codes

We understand you may have questions about our claim's payment platform change. Please see the FAQs below for additional information on how this change impacts you.

FAQs

1. When did this platform change go into effect?

Clover Health went live on our new claims payment platform on November 12th.

2. What happens to the claims I submitted to Clover Health prior to November 12th, 2019?

All claims submissions received prior to November 12th, 2019 will continue to be processed and finalized through our previous claims payment platform. For those claims you will continue to receive the previous format EOP, and payment will be processed under the previous Payer ID, #77023.

3. How does this impact how I submit claims to Clover Health?

Effective November 12th, 2019, any new or corrected claims submission should be sent to Clover Health via one of the following processes:

Submit electronic claims to Payer ID #13285. (We will be phasing out our historic Payer ID, #77023, over the next few months. Please update your billing process accordingly.)

Submit paper claims to the following address:

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

4. Do I need to provide updated provider rosters and remittance address information?

Clover Health leveraged the provider rosters and remit addresses already on file as we transitioned to our new claims payment platform. Therefore, no action is required if you've already provided your most current provider information to Clover Health. We highly encourage all providers to update their information both with Clover Health directly and through CAQH on a quarterly basis.

5. Do I need to update any information to ensure I receive manual check payments?

Clover Health is using the same remit mailing address in our new claims payment platform as the one we used previously. Therefore, no action by you is required to continue to receive manual check payments.

6. Do I need to update any information to ensure I receive EFT payments?

If you have previously enrolled to receive EFT payments from Clover Health under Payer ID #77023, no additional action by you is required to continue to receive EFT payments. Clover Health has automatically transitioned providers enrolled under our previous Payer ID (#77023) so they'll receive EFT payments via our new payer ID (#13285).

If you're not currently enrolled to receive EFT payments, please visit [changehealthcare.com](https://www.changehealthcare.com) (formerly known as Emdeon) and set up an account or call **1-866-371-9066**. Please add Clover Health's Payer ID #13285.

7. Have there been changes to the Explanation of Payment (EOP) received from Clover Health?

Yes, the new EOP format is slightly different than the previous EOP you were getting from Clover Health, but all of the essential information and fields are captured within the new EOP.

8. Can I still leverage your online portal features with the new system?

Providers can continue to leverage our online provider self-service portal tools available at cloverhealth.com/en/providers/provider-tools in order to perform the following tasks:

- Complete eligibility and benefit validation
- Check the status of a claim
- Complete pre-authorization tasks:
 - Confirm if a pre-authorization is required
 - Start a new pre-authorization request
 - Check on the status of a request
 - Request a change to an existing authorization

9. What if I have additional questions?

If you have additional questions, please contact our Provider Services hotline at **1-877-853-8019**, 8 am–5:30 pm EST, Monday–Friday.

2020 Expansion into 8 New Counties!

As we enter into 2020, Clover Health continues to focus on continued growth and expansion. In 2020, we will be expanding to include an additional 8 counties for a grand total of 34 counties in 7 states! All 34 counties are referenced below, with our newest additions in green:

- **Arizona:** Pima
- **Georgia:** **Bryan, Bulloch**, Chatham, **Effingham, Liberty**
- **New Jersey:** Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, **Salem**, Somerset, Union
- **Pennsylvania:** Bucks, **Delaware**, Philadelphia
- **South Carolina:** **Beaufort**, Charleston, **Jasper**
- **Tennessee:** Davidson, Rutherford, Williamson
- **Texas:** Bexar, El Paso

Importance of Updating Your CAQH Data

Clover Health is committed to simplifying the data capture process for providers while improving profile data accuracy to be used in credentialing and health plan provider directories. To facilitate this project, Clover Health has leveraged CAQH ProView® to reduce the likelihood of incorrect practice location information being published.

To help ensure accurate provider directory information, it is important that you keep your CAQH (Council for Affordable Quality Healthcare) 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:

1. Log in to CAQH ProView.

2. Correct any outdated information and answer any questions with incomplete responses applicable to your provider type.
3. Confirm there are no errors on your profile and attest to its accuracy.

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.

Clover News

Pre-Authorization Requests for OT/ST/PT

Earlier this year Clover Health updated our prior authorization requirements around occupational therapy (OT), speech therapy (ST), and physical therapy (PT). Effective January 1st, 2019, Clover Health members are now eligible to receive up to 10 PT visits, 10 OT visits, and 10 ST visits per calendar year without obtaining a pre-authorization. A new authorization is required after every 10th visit so that the member's progress can be evaluated per standards set forth by CMS.

In order to ensure your pre-authorization requests are processed timely and accurately, please adhere to the following guidance when submitting documentation:

- When submitting the initial pre-authorization request after the 10th visit, please include the following:
 - Goals and/or plan of care and order signed by MD
 - Number of visits being requested
- * Initial Request for additional visits does not require measurement submissions.
- When submitting a continued therapy pre-authorization request, please include the following:

- ROM and/or MMT measurements
- Plan of care and assessment of whether the patient is meeting the goals outlined in the plan of care
- Number of additional visits being requested

For patients not meeting goals, please evidence some progress with no regression. If no objective can be met, then show that the patient is making progress by providing:

- Objective notes (subjective notes are not acceptable)
- Therapy notes
- Diagnosis to confirm this is related to the same plan of care as previous visits
- Goals/plan of care noted
- Number of additional visits being requested
- Number of prior visits the patient had
- When the condition that created this diagnosis occurred
- Re-authorization comparative measurement ROM/MMT
- MD order (needed on every review)
 - Prior MD order can be submitted if it is the same provider, but authorization number needs to be noted.

Deborah,
member since 2016



Turnaround Time on Part B Pre-Authorization Requests in 2020

Did you know, in 2020 authorization requests for Part B drugs will have the following response times?

- 24 hours for expedited request
- 72 hours for standard request

Therefore, it is important that you submit all the appropriate and required documentation so that Clover Health can ensure a timely response.

Clover Assistant

Clover Assistant is a free web-based technology 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.

Clover Assistant is 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 this program.

There are now more than 1,000 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 also will receive Clover Assistant payments within 5 days for using the Clover Assistant during the office visit.

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 www.cloverhealth.com/AssistantVideo for additional information.



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