

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. We understand the increasing demands on your time of managing patient care and administrative burdens. We look to ease those demands, in whatever ways we can, so you will thrive in today's healthcare environment.

Our 2021 Provider Resource Guide is just one of those ways to support your practice. It provides relevant information to assist you in working with Clover and our members. Included are quick reference guides for prior authorizations, claims, and important phone numbers. These two pieces have been placed in the pocket, so they 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:

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 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

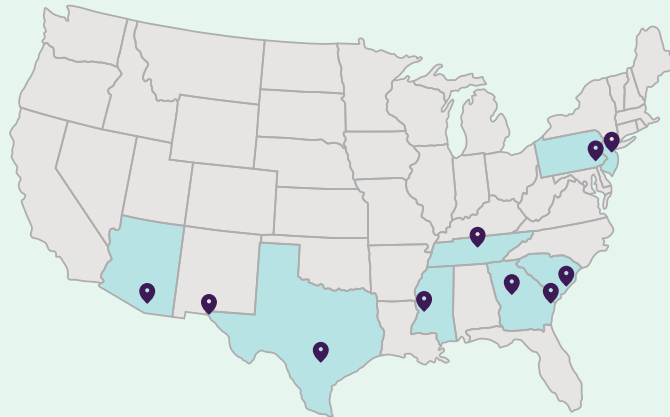
Calls members to stay in touch and ensure they are making the most of their Clover benefits

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 grown to 108 counties in 8 states. In fact, Clover has been one of the fastest growing Medicare Advantage companies in our service area over the last 7 years.



Arizona

Pima

Georgia

Appling, Atkinson, Bacon, Baldwin, Bartow, Ben Hill, Bibb, Bleckley, Butts, Candler, Cherokee, Clayton, Clinch, Cobb, Coffee, Crawford, Dawson, DeKalb, Dodge, Dooly, Douglas, Emanuel, Evans, Forsyth, Fulton, Gwinnett, Heard, Henry, Houston, Irwin, Jasper, Jeff Davis, Jenkins, Johnson, Jones, Lamar, Long, Macon, McIntosh, Meriwether, Monroe, Montgomery, Paulding, Peach, Pickens, Pike, Polk, Pulaski, Rockdale, Screven, Tattnall, Taylor, Telfair, Treutlen, Turner, Twiggs, Upson, Ware, Washington, Wayne, Wheeler, Wilcox, Wilkinson

Mississippi

Hinds, Rankin, Warren, Madison, Yazoo

New Jersey

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

Pennsylvania

Bucks, Delaware, Philadelphia

South Carolina

Allendale, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper

Tennessee

Davidson, Rutherford, Williamson

Texas

El Paso, Bexar (San Antonio)

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



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. Depending on the plan, these may include:

- 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 comprehensive dental and eyeglasses or contacts
 - » Coverage for hearing aids
 - » Over-the-counter items
 - » Health-related transportation
 - » 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 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."



2021 Arizona PPO Health Plans

Plan name	Clover Health Choice (PPO) (040)
Monthly premium, includes Part D	\$0
Available counties	Pima
Max yearly out-of-pocket cost	\$3,400 INN/OON
Primary care visits (unlimited)	\$0 INN/ \$5 OON
Specialist visits (unlimited)	\$15 INN/ \$30 OON
Inpatient hospital stay	\$200/day , days 1–5 INN; \$320/day , days 1–5 OON
Outpatient surgery: hospital	\$150 INN/ \$250 OON
Emergency care (waived if admitted)	\$90
Urgent care (waived if admitted)	\$25
Part D deductible	\$0
Prescription costs (30-day supply, preferred pharmacy)	Tier 1 = \$0 , 2 = \$10 , 3 = \$40 , 4 = \$95 , 5 = 33%
Prescription costs (90-day supply, mail order)	Tier 1 = \$0 , 2 = \$0 , 3 = \$110 , 4 = \$275 , 5 = 33%
Comprehensive dental yearly allowance	\$1,000 per year
Over-the-counter items	\$75 every quarter
Eyeglasses or contact allowance	\$100 per year
Diabetes monitoring supplies	\$0 INN/ 35% OON
Health-related transportation	24 one-way rides/year to approved locations



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 what to do if symptoms compatible with COVID-19 present themselves.

We continue to be committed to telehealth services during this ongoing public health emergency. Since March 2020, Clover has been quick to publish 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 during this public health emergency, 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: covid.cloverhealth.com/s/provider-faq?language=en_US.

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.

And if that isn't enough, Clover pays in-network providers \$200 per Clover Assistant submission within 7 days for use of the Clover Assistant during the office visit and submission of required documentation (the "Clover Assistant payment"). 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 Due to the COVID Public Health Emergency (PHE)

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) 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 a rate of \$200 per visit. 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, please contact the Clover Assistant Support team at cloverassistantsupport@cloverhealth.com or **1-800-619-5541**.

CareConnect Tasks and Payments

In order to assist our Clover Assistant physicians in using the Clover Assistant and to improve the efficiency of the Clover Assistant program, Clover has developed, and continues to develop, certain functions within the Clover Assistant for use by the physician’s office staff (“CareConnect Tasks”):

- Medication Adherence Tasks (renewals and refills)
 - CareConnect payment – **\$30 per member per quarter** in which medication adherence task is completed
- Post-Admission Follow-Up Appointment Task
 - CareConnect payment – **\$10 per member per quarter** when member has follow-up appointment after task is completed
- Eligible completed tasks will be reconciled and paid quarterly.

These tasks, the specific requirements of the CareConnect program, and details around payments are explained more fully 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 but wish to do so, please contact the Clover Assistant support team at cloverassistantsupport@cloverhealth.com.

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 should submit a Clover Assistant Visit anytime a Clover Health patient comes into your office for an evaluation and management or annual wellness 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 out at \$0, as you will be receiving payments through a direct deposit 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?

Clover will provide timely payment within 5–7 days of receiving a complete Clover Assistant Visit submission, which must include the Clover Assistant Summary and a matching encounter note. To ensure timely payment, confirm that key administrative information on the encounter note matches the Clover Assistant Summary. Specifically, the date of service, the associated provider name/NPI, and patient name/DOB. Clover reserves the right to deny payment for a Clover Assistant Visit not completely and accurately submitted within 30 days of the date of service.



Provider Website Tools

NaviNet

NaviNet provides quick and simple access to eligibility, benefit information, and status of a claim for Clover members at navinet.navimedix.com. A username and password are required.

Eligibility and Benefits Tools

Member Eligibility and Benefits

- Copays, deductibles
- Member's maximum out-of-pocket (MOOP)

Claim Status

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

Claim Investigations

- Submit a claim payment dispute for claims submitted on or after November 12th, 2019
- 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 for claims submitted to Clover on or after November 12th, 2019

For claim status, claim investigations, or EOPs prior to November 12th, 2019, please request through the Clover provider portal as you have in the past.

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 pre-auth is required
- Start a new request
- Check on the status of a request
- 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 eviCore.

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
- Request a copy of an EOP

Provider Resource

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
- 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:** Send Prior Authorization Request forms to 1-800-308-1107. You can download a Prior Authorization Request form from cloverhealth.com/providers. Click the "Download documents and forms" button in the Provider Resources section.
3. **Phone:** Call our Authorization Requests team directly at 1-888-995-1690.

To check if a prior 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 "Start a new auth request" button in the Prior Authorization section.
3. Enter the required information about the procedure and the patient, and upload any **documentation**.
4. 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

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

To check the status of a request:

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 request a change to an existing authorization:

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

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

Part B drugs used for oncology treatment are reviewed by our care partner eviCore. Use our online authorization tool at cloverhealth.com/pre-auth-request to determine if your request should be submitted to eviCore.

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](https://www.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 can be submitted electronically at [covermy meds.com/main](https://www.covermy meds.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 8:30 am–5 pm local time, 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.
- Peer-to-peer is not available for non-hospitalization retrospective requests.
- For SNF, Home Health, and CORF:
 - A peer-to-peer 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](https://www.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 for status of claims submitted on or after November 12th, 2019 at **navinet.navimedix.com**.

Claim Corrections

Clover Health may deny a claim if it is determined to be incorrect or incomplete due to missing or invalid information. In this event, you can resubmit a corrected claim within the timely filing period. Unless otherwise specified in your Provider Agreement, Clover's standard timely filing limit is 90 days from the claim date of service for in-network providers. As set forth in your Provider Agreement, you cannot bill members for services submitted beyond the timely filing limit. Corrected claims must also be submitted within our timely filing period.

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 payment dispute in writing within 60 days if not specified otherwise in your Provider Agreement. 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.



Clover Health 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.)
- **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 (DME)
- **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 www.dentaquest.com/find-a-provider/cloverdental www.dentaquest.com/find-a-provider/clovervision
TruHearing	1-855-286-0550 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 \$1000/\$1500/\$2000 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.

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/find-a-provider/clovervision or refer to one of the state-specific numbers from the prior table.

Over-the-Counter (OTC) Items

Clover has partnered with OTC Health Solutions and Walmart/Soultran Healthy Benefits Plus to provide members with a quarterly allowance to use towards the purchase of select OTC products, available through their mail delivery service or select retail stores. The benefit allowance is available at the beginning of each quarter of the calendar year (January, April, July, and October). Please note any unused amounts are not carried over to the following quarter.

OTC benefits are included on all 2021 Clover plans. If the plan is in Arizona, Mississippi, New Jersey, Pennsylvania, Tennessee, or Texas, you can order OTC items online at cvs.com/otchs/clover or by calling 1-888-628-2770 (TTY 1-877-672-2688) 8 am–8 pm local time, Monday through Friday.

If the plan is in Georgia or South Carolina, you can order OTC items online at healthybenefitsplus.com/cloverhealthotc or by calling 1-844-529-5869, 8 am–11 pm EST, Monday through Friday.

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 1-888-423-4632. 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

Submit prescriptions for processing using your ePrescribing tool to:

CVS Caremark MAILSERVICE Pharmacy

NCPDP ID: 0322038

9501 E Shea Blvd.

Scottsdale, AZ 85260

Routine Health-Related Transportation

Clover offers members in various plans rides to and from any health-related location within the plan's service area.

Depending on their plan, a member can get up to 10 or 24 non-emergent one-way rides per plan year. Each one-way trip must not exceed 50 miles.

Arrangements should be made 24 hours in advance. There is no cost to our members. To schedule a ride, the member must call Clover Member Services at **1-888-778-1478**. The member should check their plan benefits to make sure the rides are included in their plan.

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. 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.



Clover Care Visits

When deemed appropriate, our members are offered an annual Clover Care Visit in which our nurse practitioners conduct health assessments in the comfort of our members' homes or via telehealth. These visits allow our clinical team to support our members in adhering to the care plans you develop with your patients and allow us to identify any barriers that may prevent them from accessing care. Here are some of the services our multidisciplinary team provides:

Health screenings:

- Hypertension screening
- HbA1c testing, urinalysis, and fundus photography for diabetic members
- Fecal immunochemical test kits for colorectal cancer screening
- Use of spirometry testing in the assessment and diagnosis of COPD
- Depression screening
- Substance abuse screening

We also support members in scheduling additional screenings as needed, such as for breast cancer and osteoporosis.

Patient education, safety, and social support:

- Chronic condition education
- Physical activity promotion
- In-home environmental hazard audit to reduce fall risk
- Pharmacy support
- DME prescription support
- Referrals and connections to specialists in collaboration with a member's primary care provider
- Referrals and connections to community resources, including transportation and financial aid support
- Plan benefit and health system navigation

Complex Care Programs

Clover offers resources to members with frailty, advanced illness, or high hospitalization rates through our Complex Care programs. With a personalized and multidisciplinary approach, Clover Complex Care teams can serve as an extension of your practice by providing additional support to your patients.

Complex Care programs include:

Clover In-Home Primary Care

- Our In-Home Care program is designed for our most vulnerable members with multiple chronic conditions, advanced illness, or high rates of ER visits and inpatient hospitalizations.
- Clover-employed primary care providers and care teams involving physicians, nurse practitioners, medical assistants, and social workers provide frequent face-to-face visits to qualifying Clover members in the comfort of their homes or via telehealth. Patients are seen 8 or more times a year. Visits last up to an hour in duration. Both laboratory testing and radiographic testing is provided in the home at no additional charge.
- Program highlights include dedicated care transition visits, interdisciplinary rounds to better manage our sickest members, and comprehensive medication management with pharmacogenomics testing to reduce polypharmacy and harmful drug interactions.

Care Transitions Support

- Clover's Care Transitions program supports members returning home from hospital and rehabilitation stays. As with In-Home Care, transition care is rendered by interprofessional teams which include nurses, social workers, and medical assistants who provide both in-home and telehealth care coordination services. Our teams are most effective in helping our members when they work closely with their primary care providers.

Behavioral Health

- Clover's Behavioral Health program is available as part of the In-Home Care and Care Transitions programs to provide additional behavioral health care coordination support to members with a history of mental illness and substance abuse conditions. Care is coordinated with members' current behavioral health providers including psychiatrists, psychologists, therapists, and case managers.

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
- 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
- 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
- Congestive heart failure
- HIV/AIDS
- Hypertension
- Low back pain
- Mental health: depression screening, CAGE questionnaire, opioids for chronic pain
- Osteoporosis
- Tobacco cessation
- AAFP clinical preventive services
- USPSTF screening recommendations

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

You can submit updates to Clover in the following ways:

- Go to cloverhealth.com/providers/provider-tools and click on the "Update your information" button in the Provider Resources section to submit an update request. To include attachments, please send requests via email.
- Email 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.

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 30 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 requests medical records and pends the processing of the claim until the records are received and evaluated.

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.

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 may be completed by accessing the General Compliance Training available on the CMS Medicare Learning Network at [cms.gov](https://www.cms.gov). You can download this training material and add information specific to your organization but you cannot alter the CMS training material. 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.