

Clover Health

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Care Connection Clover Health

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WE THANK YOU FOR BEING IN-NETWORK WITH CLOVER. WE'RE HAPPY TO HAVE YOU ON BOARD.

At the end of what we can all agree has been a trying year, we must continue to recognize the tireless efforts of the doctors, nurses, staff, and other first responders who continue to care for those in their communities, including our Clover Health members. We would also like to thank the families for their support. We at Clover cannot express enough our appreciation for your heroic efforts day-in and day-out during these difficult times.

As 2021 approaches, I wish you and your families all the best in the new year and share these words of inspiration from Vincent van Gogh: *"Great things are done by series of small things brought together."* Wishing you and your families a happy and healthy new year!

Carl Rathjen

Vice President, Network Management & Operations

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Utilization Management Policy Changes and Updates

Please note there are some changes to the prior authorization listing. Providers are always encouraged to visit the Clover provider portal to verify if a service requires prior authorization before providing the service. Providers can enter the CPT or HCPCS code to see if the code requires authorization: cloverhealth.com/pre-auth-request.

You can also start a new request from this section if the code does require authorization.

Retro Authorization Request

Clover will soon launch our retrospective authorization policy. Specifically, Clover will be revising the window when a provider can obtain a retrospective review after care/service has been provided. This change will apply to dates of service January 1st, 2021 and after. For more information you can find our Retrospective Review policy at cloverhealth.com/providers/provider-tools/provider-support/provider-clover-policies.

Step Therapy

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. Please note, you may be contacted if there are other options available to the member that can be of cost savings to them.

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.

Lastly, providers will be required to include the related NDC with their claim submission. For more information regarding how to appropriately bill the NDC on your CMS-1500 or UB 04 claims please visit the following:

CMS- 1500: cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r1401cp.pdf



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

UB 04: cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1496CP.pdf

Inpatient Musculoskeletal Authorization

eviCore is working with Clover to review pre-service authorizations for musculoskeletal services. Effective December 10th, 2020, all inpatient pre-service authorizations for musculoskeletal services will be reviewed by eviCore only. Providers will no longer be required to submit requests to both eviCore and Clover for these authorizations.

For questions regarding the eviCore web portal, please contact the eviCore support team at portal.support@evicore.com or 1-800-646-0418 (Option 2).

Outpatient Therapy Authorization

Clover has updated our prior authorization requirements around occupational therapy (OT), speech therapy (ST), and physical therapy (PT). Clover members are now eligible to receive up to 15 PT visits, 15 OT visits, and 15 ST visits per calendar year without obtaining a prior authorization. Once the member exceeds their 15 therapy visits for PT, OT, or ST in the calendar year, all additional therapy visits will require prior authorization. Please see our policy for further information:

cloverhealth.com/providers/provider-tools/provider-support/provider-clover-policies

Home Health

Effective October 1st, 2020, Utilization Management will no longer require in-network home health facilities to update the number of units for home health auths. Utilization Management will continue to approve home health authorizations for a 30-day period, and claims will pay for what is billed during the approved date range.



Effective January 1st, 2021, all provider disputes and appeals must include the appropriate form with submission to ensure that member name, member date of birth or CPID, and claim number are all appropriately included within the provider submission. If any of these components are missing from the submission, your dispute and appeal will be denied. Clover will issue a letter to notify you of the missing documentation and to provide guidance on how to subsequently submit this information so that the review can be completed. To download the provider dispute and appeal forms please visit cloverhealth.com/providers/provider-tools/provider-forms.



Provider Data and CAQH

Accurate and updated provider data is critical for members to find the right care at the right time. It also ensures claims are processed and paid in a timely manner. Clover should be notified any time there is a change related to critical information that affects how a member finds a provider or Clover processes claims. We process most provider data updates within 5 business days of receipt. Data updates can be submitted in either of the following ways:

- Online at cloverhealth.com/providers via the “Update your information” link in the Provider Support section. Through this self-service portal, you can submit requests to update your data, report data discrepancies, and add providers to existing contracts.
- Via email with attachments to providers@cloverhealth.com. Large groups should email full rosters quarterly.

Please notify Clover of additions, changes, and terminations as they occur. Complete rosters should be provided to Clover on a quarterly basis.

Importance of Updating Your CAQH Data

Clover is committed to simplifying the data capture process for providers while improving profile data accuracy. This data is used in credentialing and health plan provider directories. Clover uses CAQH (Council for Affordable Quality Healthcare) to process provider credentialing and practice location information. To help ensure accurate provider directory information, it is important that you keep your CAQH profile up to date.

To avoid delays in credentialing or recredentialing, please take the following steps:

- Reattest CAQH every 120 days
- Check to make sure Clover is granted access to the account
- Keep proof of malpractice up to date
- Review work history from time of licensure—gaps should be noted



Please make sure you have the updated mailing addresses Clover launched to effectively route incoming mail to our various departments. You can always find an up-to-date list of Clover P.O. boxes linked on our forms page: cloverhealth.com/providers/provider-tools/provider-forms.



To review Clover’s external facing policies please visit the Provider Resources section of our website: cloverhealth.com/providers/provider-tools/provider-support/provider-clover-policies



Clover Direct Contracting

In September, Clover announced an exciting new opportunity, Direct Contracting. In 2021, pursuant to an innovative value-based payment program recently developed by CMS, Clover intends to launch a Medicare Direct Contracting Entity (DCE). The DCE is designed to improve patient care and allows you to be compensated at a higher reimbursement rate for Clover Assistant Visits completed for all your Original Medicare fee-for-service patients.

This is in addition to your Clover patients. Not only will you benefit from the higher reimbursement, but using Clover Assistant will also enable you to better manage patient care with real-time and relevant tailored information from all points on the patient’s healthcare continuum. Although the deadline has passed for participation in 2021, you can still enroll to participate in 2022. For more information email Carl Rathjen at carl.rathjen@cloverhealth.com.



Member Benefit Plan Changes

Beginning on January 1st, 2021, the new plan year begins and 2021 benefits become effective. 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. HMO members must use in-network providers (unless it is an emergency). For assistance finding an in-network provider please visit cloverhealth.com/members/find-provider. Thank you in advance for your consideration.

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.”



100-Day Prescriptions + Mail Order

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

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 mail order
- Helps members avoid gaps between medication refills
- More convenient than making multiple trips to the pharmacy
- Mail-order prescriptions delivered directly to the member's home at a lower cost
- Easy access to CVS Caremark Mail Service Pharmacy

You can find further information on the drug formulary at cloverhealth.com/medicines.

Submit prescriptions for processing using your ePrescribing tool to:

CVS Caremark MAILSERVICE Pharmacy
NCPDP ID: 0322038
9501 E Shea Blvd.
Scottsdale, AZ 85260



Effective January 1st, 2021, Clover will be adopting the CMS final rule for Home Health Agencies of Penalty for Delayed Request for Anticipated Payment (RAP) claims. HHAs will be allowed to submit RAPs for both the first and second 30-day periods of care (for a 60-day certification).

There will be a non-timely submission payment reduction when the HHA does not submit the RAP within 5 calendar days from the start of care date ("admission date" and "from date" on the claim will match the start of care date) for the first 30-day period of care in a 60-day certification period and within 5 calendar days of the "from date" for the second 30-day period of care in the 60-day certification period. For more information please visit: cms.gov/files/document/MM11855.pdf.



Clover has partnered with Walmart to offer two new co-branded PPOs this AEP!

The **new plans**, called *LiveHealthy: Clover Powered, Walmart Enhanced (PPO)*, and *LiveHealthy LI: Clover Powered, Walmart Enhanced (PPO)*, will be offered in 8 Georgia counties.

Collaborating with a household name like Walmart is a significant milestone for Clover. For almost 60 years, Walmart has helped people save on everyday items, a commitment that aligns with Clover's focus on keeping out-of-pocket costs as low as possible for our members. These new plans elevate our ability to help people save on healthcare and further support us in our mission to Improve Every Life.

You can read the full press release at cloverhealth.com/about-us/press.



Health Tip

January is National Glaucoma Awareness Month. Help raise awareness about glaucoma!

Glaucoma is a group of diseases that can harm the optic nerve and cause vision loss or blindness. The optic nerve is a bundle of nerves that carry messages from the eye to the brain. The most common form of glaucoma is primary open-angle.

Glaucoma is a leading cause of vision loss and blindness in the United States. Some people are at higher risk than others. African Americans over 40, adults over 60 (especially Hispanics/Latinos), and people with a family history of glaucoma are at higher risk, making early detection especially important.

Talk to your patients if they are at a higher risk.

- Glaucoma doesn't have any symptoms at first, but over time it can cause peripheral (side) vision loss and blindness. Some people who have glaucoma don't even know it.
- Be sure to have your patients get a comprehensive dilated eye exam, as this is the only way to find out if they have glaucoma. During the exam, an eye care professional places drops in the eyes to widen the pupils and looks for signs of the disease in the optic nerve. The exam includes a visual field test to check the peripheral (side) vision.
- Glaucoma cannot be cured. Finding and treating glaucoma early can help keep the disease from getting worse and reduce the risk of vision loss.
- Older adults and their families need to know how they can protect their vision and prevent vision loss. Help spread the word about the importance of early detection, treatment, and follow-up care for preventing vision loss and blindness.

