

# Clover Health 2021 Utilization Management Updates

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January 2021

# Contents

- 2021 Updated Prior Authorization List
- Retro Authorization Policy Update
- Step Therapy Process
- 2021 Clover Health Benefit Changes

# 2021 Updated Prior Authorization List

Clover Health made significant enhancements to our 2021 prior authorization listing which were designed to continue to ensure that appropriate services are provided to our members while decreasing the administrative workload of our providers.

# Steps to Confirm & Submit Prior Authorization Requests

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## 1

Verify if the service in question requires a prior authorization by visiting Clover Health's website: [cloverhealth.com/pre-auth-request](https://cloverhealth.com/pre-auth-request).

**Note:** The Clover website will direct you to the eviCore portal if the service requires eviCore authorization.

## 2

If required, submit a prior authorization request via 1 of 3 methods:

- Online: Visit [cloverhealth.com/providers](https://cloverhealth.com/providers).
- Fax: Use these numbers:
  - Clover UM: 1-800-308-1107
  - Radiology (Imaging), Cardiology, MSK, Medical Oncology: 1-800-540-2406
  - Sleep: 1-866-999-3510
  - Radiation Therapy: 1-866-699-8160
- Phone: Call our Authorization Requests team directly at 1-888-995-1690.

## 3

To check the status of a prior authorization request:

**Clover Auth:**

Visit Clover Health's website: [cloverhealth.com/pre-auth-status-check](https://cloverhealth.com/pre-auth-status-check).

**eviCore Auth:**

Visit eviCore's website: [evicore.com/resources/healthplan/coverhealth](https://evicore.com/resources/healthplan/coverhealth). Note: Registration required.

Click here to access the complete updated [Clover Health Prior Authorization List 2021](#).

# eviCore

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**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 prior authorization tool at [cloverhealth.com/pre-auth-request](https://cloverhealth.com/pre-auth-request) to determine if your request should be submitted to eviCore. If so, you will be redirected to eviCore's portal to submit your prior authorization request.



# Clover Health's Retro Authorization Policy

On January 1st, 2021, Clover's Retro Authorization Policy goes into effect. The purpose of this policy is to establish consistent and compliant processing of Retrospective Reviews if Clover's Utilization Management team receives an authorization request from a provider or member after a service or item has been furnished by the provider.

For complete details please refer to policy #UM-022 available at:

[cloverhealth.com/providers/provider-tools/provider-support/provider-clover-policies](https://cloverhealth.com/providers/provider-tools/provider-support/provider-clover-policies)

# Retro Authorization Policy Overview

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## Timely & Accurate Determinations

- Clover Health follows CMS guidance on timeframes for review and determination of prior authorization requests.
- In accordance with CMS regulations, Clover maintains processes to receive prior authorization requests 24 hours a day, 7 days a week (including holidays).



## Timely Submission of Prior Authorization Requests

- Requests for an organization determination from the Utilization Management team after care or services have been provided may result in a dismissal for untimely notification.
- Prior authorization review cannot be completed for a service that has already been provided to a member



## Claim Submission

- Providers who receive a dismissal of a retrospective authorization request may submit a claim to Clover for the services provided.
- If an initial organization determination has not been issued by the Utilization Management team through prior authorization and a claim is received for care or services that require authorization, then the initial organization determination will be made through claims processing.



## Appeal Rights

- Providers contracted with Clover who provide a service without submitting a prior authorization will not have appeal rights and should refer to their contract regarding payment denial.
- All non-contracted providers may be allowed applicable appeal rights for adverse determinations in accordance with CMS guidance.

# Clover Health's Step Therapy Policy

Beginning January 1st, 2021, Clover will require step therapy for some part B drugs. Our preferred drug list (PDL) can be viewed at [cloverhealth.com/part-b-st](https://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](https://cloverhealth.com/pre-auth-request) to determine if your request should be submitted to eviCore.



## Part B Medicare Coverage

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Part B Medicare covers most drugs administered by the provider or at a dialysis facility if reasonable and medically necessary, but the provider or facility must purchase and administer the drugs. Part B also covers some outpatient prescription drugs, mainly certain oral cancer drugs (chemotherapy).

# What Is Step Therapy?

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- Specialized prior authorization for drugs that focuses on the most cost-effective drug for a medical condition
- The preferred drug is prescribed first and other therapies only if necessary
- Promotes better clinical decisions

➔ For additional information on step therapy, please click to review this CMS fact sheet: [Medicare Advantage Prior Authorization and Step Therapy for Part B Drugs](#).

# How Does Step Therapy Work?

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**Step 1:** Provider prescribes a generic drug to lower patient's cholesterol, but it's not working.

**Step 3:** Provider prescribes a different medication that works well, but it's more expensive.



**Step 2:** Provider prescribes another medication, but it's also not working.

- Before Clover covers the more expensive drug, there will be a verification process to check if the member tried the lower-priced drug options first.
- If step therapy procedures are not followed when required, the drug may cost more or may not be covered at all.

# Clover Health Step Therapy Part B Drug List

- There are ***17 classifications*** of drugs which Clover has adopted for step therapy starting January 1st, 2021.
- Review the complete listing by clicking here: [Clover Medical Preferred Drug List](#).



# Step Therapy: Important Notes

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## New Prescriptions:

- This policy can only be applied to **new prescriptions or administrations** of Part B drugs for beneficiaries that have not received the affected medication for the past 365 days.



## Patients Currently Receiving Part B Drugs:

- Patients (beneficiaries) **currently receiving drugs** under part B will not have to change their medication.

# Step Therapy Example: Member with NEW Diagnosis

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Consider the following...

1

- Begin treatment with a **cost-effective drug (biosimilar)**.

2

- Progress to more costly drug therapy if **initial treatment ineffective**.

3

- Implementation of **STEP THERAPY**, along with care coordination and Medicare Advantage drug adherence programs, have proven to lower costs and improve the quality of care for Medicare beneficiaries.

# Step Therapy Reference Materials

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- Clover Medical Preferred Drug List
- NCDs and LCDs specific to HCPCS code
- Medicare Benefit Policy Manual 100-02, Chapter 15, sections 50 and 110.3
- Medicare Claims Processing Manual 100-04, Chapter 17, sections 10, 40, 70, and 90.2

# 2021 Benefit Plan Changes

On January 1st, 2021, the new plan year begins and Clover Health 2021 benefits become effective.

# 2021 Member Benefit Plan Changes

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## Patient Out-of-Pocket Expense

- Clover Health PPO members in Arizona, New Jersey, Tennessee, and Texas may see providers that are out of network, but they might incur higher out of pocket costs. Refer to specific plan details.



## Verify Patient Benefits

- Providers are always encouraged to verify member benefits prior to servicing. To verify patient eligibility, benefits, and cost-shares visit [navinet.navimedix.com](https://navinet.navimedix.com) or visit [cloverhealth.com/providers](https://cloverhealth.com/providers) and click the “Get member info from NaviNet” button found under “Eligibility and benefit tools.”



## Refer Patients In-Network

- We encourage providers to refer members to our in-network providers. For assistance finding an in-network provider please visit: [cloverhealth.com/members/find-provider](https://cloverhealth.com/members/find-provider).
- You can also view or download a PDF of Clover’s directory for your area at [cloverhealth.com/members/find-provider](https://cloverhealth.com/members/find-provider).

**Please note that changes were also made to Clover’s 2021 HMO plans. As always, if servicing a Clover HMO member, it is important that you refer that member to an in-network provider as well, if additional services are required.**

**Thank you! For questions please contact:**

**Provider Services Phone Support**

**1-877-853-8019**

**8 am–5:30 pm EST**

**Monday–Friday**