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Care Connection Clover Health

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Spring is a time of new beginnings and new possibilities. This spring brings a particular sense of hope as COVID-19 subsides across the country. Throughout the pandemic, your hard work and endurance have brought hope to Clover Health and our members. We can't thank you enough.

Over the past two-plus years we've all done our part, no matter how large or small, to mitigate the impact of COVID. Every visit, every question answered—every act of care—makes a difference for patients.

Thank you for being part of the Clover Health journey.

Carl Rathjen

Vice President, Network Management & Operations

cloverhealth.com

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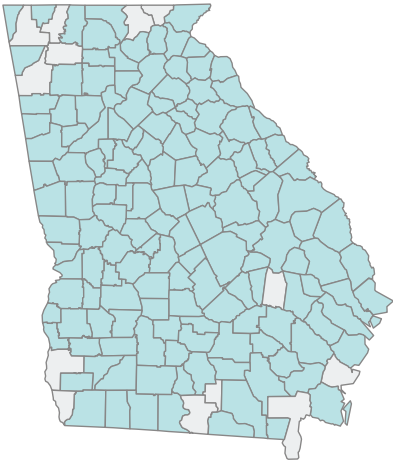
Clover Growth: AEP Recap 2022

As Clover Health stands by its commitment to improving health equity for our underserved seniors, we continue to offer Medicare Advantage plans that provide high quality at a low cost and offer an exceptional value for seniors. This commitment can be seen through our continued growth.

As with the previous two Annual Enrollment Periods (AEPs), Clover continues to be one of the fastest growing Medicare plans in the country. For AEP 2022, our MA membership grew over 25%, outpacing the overall industry growth average of approximately 10%.

Clover has also expanded our geographic presence to nine states with the addition of Alabama. We offer our highly affordable, benefit-rich plans with low out-of-pocket costs in 209 counties across these states: Alabama, Arizona, Georgia, Mississippi, New Jersey, Pennsylvania, South Carolina, Tennessee, and Texas.

In Georgia, our membership almost tripled from the previous year as we now offer plans to Medicare eligibles in 146 of the state's 159 counties. Our provider network also increased significantly throughout the state with the addition of dozens of hospitals, health systems, and key provider partners. Clover aligned with approximately 5,000 new primary care physicians and specialists in our Medicare PPO network.



In addition, several thousand PCPs within Clover's coverage areas are using Clover's clinical support technology, the Clover Assistant, to elevate the care delivered to Clover's members. Equipping PCPs with patient information from across the healthcare system and clinical recommendations at the time of the visit empowers them to deliver data-driven, personalized care to keep patients healthier.

We look forward to continued growth throughout the year and thank you for the care you provide to our members every day.



Peer-to-Peer Policy for Inpatient Hospital Admissions

Effective January 1, 2022, Clover is allowing Peer-to-Peer (P2P) calls for inpatient hospital admissions if the request is made prior to the patient's discharge from the inpatient setting.

Contracted providers may initiate a P2P review with Clover's Medical Director by calling Clover's Provider Services at 1-888-798-1728 after a Notice of Denial of Coverage for Services (NDCS) has been issued or after an oral notification has been provided while the member is still in inpatient status at the hospital.

For more information on Clover's Inpatient Notice of Admission (IP NOA) and Peer-to-Peer policies please visit cloverhealth.com/providers/provider-clover-policies.



Not Using the Clover Assistant?

The Clover Assistant is a free, web-based technology platform designed to help support primary care physicians (PCPs) with care delivery and decision-making processes at the point of care for evaluation and management and annual wellness visits. Some of the benefits of using the Clover Assistant:

- The Clover Assistant uses algorithms powered by a wide array of data sources (claims, labs, pharmacy, ADT feeds, etc.) to surface gaps in care and provide HEDIS reporting, post-discharge notifications and assessments, clinical recommendations, and suspected diagnoses.
- As a Clover Assistant provider, you will be highlighted as a preferred provider in the Clover provider directory.
- Clover typically pays double the Medicare rate for PCP E&M codes for providers who access and use the Clover Assistant.
- Clover will process payment within 10 days of receiving a complete Clover Assistant Visit submission for the providers enrolled to receive EFT payments.

To ensure timely payments we strongly encourage enrollment in electronic transfer with our electronic payment processor, Change Healthcare. Clover's payer ID number to use for registration is 13285. Please visit Change Healthcare for more information on how to enroll in EFT and ERA: eftenrollment@changehealthcare.com or call 1-866-506-2830 and select option 2 for assistance.

If you have any questions, please reach out to your Account Manager or email cloverassistantsupport@cloverhealth.com.

Curious About the Clover Assistant?

If you're interested in learning more about the Clover Assistant and additional programs, please see our brief video "Get to Know the Clover Assistant by Clover Health" at cloverassistant.com. You can also contact the Network Engagement team at clover.network@cloverhealth.com.

Participation in the Clover Assistant program is subject to the terms of a Provider Services Agreement.



New and Updated Reimbursement Policies

Clover has launched a new Reimbursement Policy initiative in an effort to provide transparency and clarity around claim processing requirements. Clover will be publishing reimbursement policies quarterly. This quarter we have launched 32 new reimbursement policies.

Policy updates can be found in the Provider Resources section of our website: cloverhealth.com/providers/resources.

1. Policy #RP-001 Clinical Trial Reimbursement Policy
2. Policy #RP-002 Postpay Review Reimbursement Policy
3. Policy #RP-003 Prepayment Emergency Department Claim Review Reimbursement Policy
4. Policy #RP-004 30 Day Readmission Review and Reimbursement Policy
5. Policy #RP-005 Diagnosis Related Group (DRG) Validation Review Reimbursement Policy
6. Policy #RP-006 Itemized Bill Review Reimbursement Policy
7. Policy #RP-007 Anesthesia Reimbursement Policy
8. Policy #RP-008 Ambulance Reimbursement Policy
9. Policy #RP-009 Bilateral Procedures Reimbursement Policy
10. Policy #RP-010 Assistant at Surgery Reimbursement Policy
11. Policy #RP-011 Multiple Surgery Reduction (MSR) Reimbursement Policy
12. Policy #RP-012 Hospice Coverage Reimbursement Policy
13. Policy #RP-013 Coordination of Benefits (COB) Reimbursement Policy

14. Policy #RP-014 Outpatient Observation Reimbursement Policy
15. Policy #RP-015 Cosmetic Procedures and Services Policy
16. Policy #RP-016 Durable Medical Equipment, Orthotics and Prosthetics
17. Policy #RP-017 Co-Surgeon and Team Surgeon Claims
18. Policy #RP-018 Discarded Drugs and Biologicals Policy
19. Policy #RP-019 Global Days Policy
20. Policy #RP-020 Nerve Graft after Prostatectomy Policy
21. Policy #RP-021 Leadless Cardiac Pacemaker Policy
22. Policy #RP-022 Durable Medical Equipment Quantity Levels
23. Policy #RP-023 Varicose Veins Policy
24. Policy #RP-024 Carrier Discretion Pricing Policy
25. Policy #RP-025 Clinical Laboratory Improvement Amendments (CLIA) ID Required Policy
26. Policy #RP-026 Chiropractic Services Policy
27. Policy #RP-027 Computed Tomography (CT) Cerebral Perfusion Studies Policy
28. Policy #RP-028 Member Balance Billing Policy
29. Policy #RP-029 Modifier 53 Payment Policy
30. Policy #RP-030 Multiple Procedure Payment Reduction (MPPR) for Therapy Services
31. Policy #RP-031 Modifiers Not Reimbursable to Healthcare Professional
32. Policy #RP-032 Unpriced Drugs



Information You Can Use

Have you seen the CAHPS edition of our newsletter? It's full of quick tips that you can use to support a positive patient experience in each visit. It's also available on our website at cloverhealth.com/providers/newsletters.

Look for our HEDIS flyer that will provide key measures and tips for this season. Coming soon!

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POS 10 and Telehealth Services

Clover will now be requiring POS 10 on claim forms for telehealth services provided to a member who is in their home. The Centers for Medicare & Medicaid Services (CMS) introduced a new place-of-service (POS) code, POS 10, in an effort to improve the reporting of telehealth services provided to patients at home effective January 1, 2022.



Keeping Your Information Up to Date

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 participation status, including changes in panel status
- Medicare participation status
- Sanction information
- Any other relevant provider information

For details on how and where to submit changes, go to cloverhealth.com/providers/provider-tools, select **Provider Support**, and then select **Update practice information**.



Health Tip

This spring we are highlighting colorectal cancer. Colorectal cancer is responsible for an estimated 50,000 deaths each year and is the second deadliest cancer.

Patients have a higher risk of colon cancer if they have certain risk factors:

- A family history of colorectal polyps/cancer
- An inflammatory bowel disease such as Crohn's or ulcerative colitis
- An inherited syndrome, such as Lynch syndrome, that increases your cancer risk
- Type 2 diabetes

Clover members over age 50 are covered for these screenings:

- Flexible sigmoidoscopy every 48 months
- Screening colonoscopy every 24 months for high risk and every 120 months for low risk

Talk with your patients about what screening tests you recommend and how often, especially if they have increased risk due to a family history of colon cancer or inflammatory bowel disease.



2022 Provider Resource Guide and Manual

The 2022 Provider Resource Guide and Provider Manual are available online by visiting cloverhealth.com/providers/resources.



Are you Signing Your Records Correctly?

Did you know that an incorrect or incomplete signature can negate the validity of an entire record? All documentation must meet Medicare's signature requirements to be considered valid.

A signature is considered valid when it meets all three of these requirements:

1. Attests to services that you provided or ordered
2. Is handwritten or electronic
3. Is legible or accompanied by a signature log

The documentation in your medical record must have enough information to show the date that you ordered or performed the services. If you use a scribe to dictate records on your behalf, you must sign the entry to effectively authenticate the documents. Electronic Medical Record ("EMR") systems that allow for electronic signatures must include protections against modification; providers are reminded by signing an electronic record they accept responsibility for the authenticity and accuracy of the information contained in the record.

To view complete guidance, visit the Medicare Learning Network's January publication regarding signature requirements. If you have questions regarding signatures on medical records, please reach out to siu@cloverhealth.com for assistance.



Balance Billing of Dual-Eligible Members

Clover enrollees or enrollees of a Medicare Advantage organization should not be held liable for Medicare Part A and Part B cost-sharing when their state is responsible for paying such amounts.

Clover members who have dual eligibility should present identification cards for each of their coverages, including any Medicaid benefits that might be administered by another payer.

Additional coverage can pay for costs that are not covered by the Clover plan as long as all services and items are covered by Medicare.

For more information and CMS guidance regarding balance billing, please visit cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets.