Thank you for being in-network.

On behalf of Clover Health I 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. As your partner, we want to support you in what you do best, patient care. We look to find ways to work together efficiently so you can thrive in today's healthcare environment.

Our 2023 Provider Resource Guide provides relevant information to assist you in working with Clover and our members. Included is a quick reference guide to prior authorizations and claims, along with important phone numbers. This piece has been placed in the pocket, so it can be easily removed and conveniently posted in your office.

Our goal is to make Clover the easiest health plan to work with.

Respectfully,

John Caralyus

John Caralyus
Director, 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.

The team 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 ET, 7 days a week. From April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays. Clover members can also find answers online at **cloverhealth.com**.

Every day, the team helps members in areas that include:

Low-Income Subsidy (LIS) Enrollment

Assists members in enrolling in Extra Help by answering questions about the application process

Billing Assistance

Helps members research claims (how a claim was adjudicated, denied, etc.)

Drug Coverage

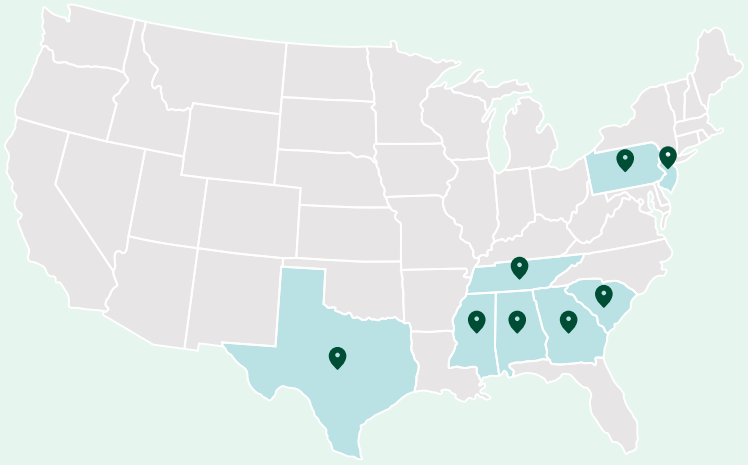
Works with providers to find alternative medications if a drug is not covered by Clover

Proactive Outreach

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

Clover Health Is Growing!

Since the beginning with 190 members in a single county in New Jersey, Clover has experienced great expansion. Our plans are now in 8 states and more than 200 counties.



- **Alabama**
  Chambers, Cherokee, Clay, Cleburne, Macon, Randolph, Russell
- **Georgia**
  Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Dougherty, Douglas, Early, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Thomas, Tift, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, Worth
- **Mississippi**
  Hinds, Madison, Rankin, Warren, Yazoo
- **New Jersey**
  Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union
- **Pennsylvania**
  Bucks, Delaware, Philadelphia
- **South Carolina**
  Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Edgefield, Georgetown, Hampton, Horry, Jasper, McCormick, Orangeburg, Saluda, Williamsburg
- **Tennessee**
  Bledsoe, Davidson, Hamilton, Marion, Polk, Rutherford, Sequatchie, Williamson
- **Texas**
  Atascosa, Bandera, Bexar, Comal, Guadalupe, Medina, Wilson

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

About Clover Health



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. Here are some highlights:

- Most Clover plans include Part D prescription drug coverage. (Plans 056 and 057 do not.)
  - 100-day prescription drugs + mail order to reduce costs
- The majority of Clover plans have a $0 monthly plan premium.
- The majority of Clover plans have a $0 copay for unlimited in-network PCP visits.
- Clover provides supplemental benefits that our members want, including but not limited to:
  - Allowance for comprehensive dental care (most plans)
  - Allowance for eyeglasses or contacts
  - Coverage for hearing aids
  - Over-the-counter items
  - 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, benefits may have changed. Please refer to the benefits section of NaviNet or the Clover Health website for specific market benefits.

Clover PPO members 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**.

To verify patient eligibility, benefits, and cost-shares visit navinet.navimedix.com or go to **cloverhealth.com/providers** and click the "Log in" button under "NaviNet."

Medicare Advantage Plans



2023 South Carolina Health Plans

Clover Health LiveHealthy (PPO) (036)

Available counties: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Edgefield, Georgetown, Hampton, Horry, Jasper, McCormick, Orangeburg, Saluda, Williamsburg

PLAN	**Monthly premium, includes Part D**	**$0**
	Plan deductible	**$0**
	Max yearly out-of-pocket	**$7,550** INN/**$10,000** OON
DOCTOR VISITS	**Primary care visits** (unlimited)	**$0** INN/OON
	Specialist visits (unlimited)	**$15** INN/**$35** OON
	Physical/speech therapy	**$15** INN/**$50** OON
INPATIENT/ OUTPATIENT HOSPITAL	**Inpatient hospital stay**	**$330**/day, days 1–5 INN; **$495**/day, days 1–5 OON
	Outpatient surgery: hospital	**$300** INN/**40%** coinsurance OON
	Outpatient lab services	**$0–$10** INN/**$0–$40** OON
RX	**Part D deductible**	**$0**
	Prescription costs (30-day supply, preferred pharmacy)	Tier 1: **$0**, Tier 2: **$10**, Tier 3: **$37**, Tier 4: **$90**, Tier 5: **33%**
	Prescription costs (90-day supply, mail order)	Tiers 1–2: **$0**, Tier 3: **$110**, Tier 4: **$270**, Tier 5: **33%**
EXTRAS YOU DON'T GET WITH ORIGINAL MEDICARE	**Comprehensive dental allowance**	**$1,000** per year
	Eyeglasses or contacts allowance	**$100** per year
	TruHearing hearing aids (one per ear per year)	**$699–$999** INN/**$999** OON
	OTC items	**$45** per quarter
	Diabetes monitoring supplies	**$0** INN/OON
	Insulin products covered by our plan	**$35** per one-month supply of each insulin covered by the plan
	Telehealth	**$0** PCP/**$15** specialist INN; **$0** PCP/**$35** specialist OON
	Fitness membership	SilverSneakers®
	Worldwide coverage	Yes
	Rewards (Part C)	Up to **$410** per year
	Rewards (Part D SSM)*	Up to **$120** per year

INN = In-network; OON = Out-of-network. Rewards are in addition to your Clover Health benefits as part of this plan. *Part D Senior Savings Model. Only available with Part D Senior Savings Model coverage. For more details about the specific qualifying drugs and drug classes, call us at 1-888-778-1478.

2023 South Carolina Health Plans

Clover Health LiveHealthy Value (PPO) (037)

Available counties: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Edgefield, Georgetown, Hampton, Horry, Jasper, McCormick, Orangeburg, Saluda, Williamsburg

PLAN	**Monthly premium, includes Part D**	**$37.80**
	Plan deductible	**$0**
	Max yearly out-of-pocket	**$6,600** INN/**$12,450** OON
DOCTOR VISITS	**Primary care visits** (unlimited)	**$0** INN/OON
	Specialist visits (unlimited)	**$5** INN/**$35** OON
	Physical/speech therapy	**$5** INN/**$50** OON
INPATIENT/ OUTPATIENT HOSPITAL	**Inpatient hospital stay**	**$225**/day, days 1–5 INN; **$450**/day, days 1–5 OON
	Outpatient surgery: hospital	**$250** INN/**40%** coinsurance OON
	Outpatient lab services	**$0–$10** INN/**$0–$40** OON
RX	**Part D deductible**	**$0**
	Prescription costs (30-day supply, preferred pharmacy)	Tier 1: **$0**, Tier 2: **$5**, Tier 3: **$37**, Tier 4: **$90**, Tier 5: **33%**
	Prescription costs (90-day supply, mail order)	Tiers 1–2: **$0**, Tier 3: **$110**, Tier 4: **$270**, Tier 5: **33%**
EXTRAS YOU DON'T GET WITH ORIGINAL MEDICARE	**Comprehensive dental allowance**	**$2,000** per year
	Eyeglasses or contacts allowance	**$250** per year
	TruHearing hearing aids (one per ear per year)	**$699–$999** INN/**$999** OON
	OTC items	**$45** per quarter
	Diabetes monitoring supplies	**$0** INN/OON
	Insulin products covered by our plan	**$35** per one-month supply of each insulin covered by the plan
	Telehealth	**$0** PCP/**$5** specialist INN; **$0** PCP/**$35** specialist OON
	Fitness membership	SilverSneakers®
	Worldwide coverage	Yes
	Rewards (Part C)	Up to **$410** per year
	Rewards (Part D SSM)*	Up to **$120** per year

INN = In-network; OON = Out-of-network. Rewards are in addition to your Clover Health benefits as part of this plan. *Part D Senior Savings Model. Only available with Part D Senior Savings Model coverage. For more details about the specific qualifying drugs and drug classes, call us at 1-888-778-1478.

2023 South Carolina Health Plans

Clover Health Valor (PPO) (057)

Available counties: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Edgefield, Georgetown, Hampton, Horry, Jasper, McCormick, Orangeburg, Saluda, Williamsburg

PLAN	**Monthly premium, includes Part D**	**$0**
	Plan deductible	**$0**
	Part B Giveback	**$100** per month
	Max yearly out-of-pocket	**$7,550** INN/**$12,450** OON
DOCTOR VISITS	**Primary care visits** (unlimited)	**$15** INN/**$40** OON
	Specialist visits (unlimited)	**$35** INN/**30%** coinsurance OON
	Physical/speech therapy	**$35** INN/**30%** coinsurance OON
INPATIENT/ OUTPATIENT HOSPITAL	**Inpatient hospital stay**	**$395**/day, days 1–5 INN/**30%** coinsurance, days 1-5 OON
	Outpatient surgery: hospital	**20%** coinsurance INN/**30%** coinsurance OON
	Outpatient lab services	**$0–$10** INN/**$0–$40** OON
RX	**Part D deductible**	Not covered
	Prescription costs (30-day supply, preferred pharmacy)	Not covered
	Prescription costs (90-day supply, mail order)	Not covered
EXTRAS YOU DON'T GET WITH ORIGINAL MEDICARE	**Comprehensive dental allowance**	**$1,000** per year
	Eyeglasses or contacts allowance	**$200** per year
	TruHearing hearing aids (one per ear per year)	**$699–$999** INN/**$999** OON
	OTC items	**$30** per quarter
	Diabetes monitoring supplies	**20%** coinsurance INN/**30%** coinsurance OON
	Telehealth	**$15** PCP–**$35** specialist INN/**30%** coinsurance OON
	Fitness membership	SilverSneakers®
	Worldwide coverage	Yes
	Rewards program	Up to **$410** per year

INN = In-network; OON = Out-of-network. Rewards are in addition to your Clover Health benefits as part of this plan. *Part D Senior Savings Model. Only available with Part D Senior Savings Model coverage. For more details about the specific qualifying drugs and drug classes, call us at 1-888-778-1478.

COVID-19



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 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.

By leveraging our vast communication channels with our membership, Clover provides education to our members on steps they can take to protect themselves and support in accessing COVID-19 vaccines.

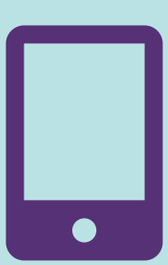
We continue to be committed to telehealth services, which may be appropriate during COVID surges, such as during the initial Omicron wave. Since March 2020, Clover has amended policies to encourage providers to adopt telehealth services in order to continue to care for patients in the safest manner possible. For our most up-to-date Telehealth Policy, please visit **cloverhealth.com/providers/provider-covid-updates**.

We encourage you to consider updating patients' 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 there is 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, please visit our provider website for the latest updates: **cloverhealth.com/providers/updates**.

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.

Clover Assistant



Clover Assistant for Primary Care Physicians (PCPs)

Clover Assistant is designed by doctors for doctors to help you care for your patients at the highest level. Clover Assistant technology identifies items that could have a significant impact on your patient's well-being, like suspected diagnoses and gaps in care.

Think of Clover Assistant as your copilot with you as captain. 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. Clover Assistant is a complement to you and your staff, and an invaluable aid.

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.

Important Note Regarding Clover Assistant Reimbursement for Virtual Visits

COVID-19 has had, and continues to have, a profound effect 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 program to allow you to receive Clover Assistant Payments for both video (two-way audio visual communication) and 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 Clover Assistant (99441-3). As long as audio-only visits are covered by CMS during the PHE, 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 your standard Clover Assistant rate. 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 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 and prioritize your care strategy
- Complete an assessment quickly and easily at the point of care
- Securely upload and share patient documents
- Use Clover Assistant online—all you need is internet access

Users of Clover Assistant receive customer support through our dedicated account managers or Clover Assistant support email. In addition, every Clover Assistant provider is highlighted as a preferred provider in Clover's directory.

With thousands of PCPs currently utilizing Clover Assistant, we know Clover Assistant is making a difference every day. If you're interested in learning more or enrolling in the program, please contact the Clover Assistant Support team at **cloverassistantsupport@cloverhealth.com**.

CareConnect

CareConnect was designed to help your practice care for patients outside the point of care.

On the CareConnect page in Clover Assistant, you will see a list of timely tasks surfacing important clinical patient events.

Tip: Tasks in CareConnect are typically assigned to and completed by office staff.

Task cards show the type of task, patient information, and supporting information relevant to the task type. They are where information for each Clover patient is organized for ease of management.

By default, tasks are ordered by newest to oldest and are assigned to a patient's aligned Practitioners to make it convenient for you to immediately address the items that will create the most impact for your patients.

Tasks will be added and refined as we gain access to more data and identify gaps that are most important to our Practitioners and patient outcomes.

Scheduling Tasks

Review admission tasks

Patient care after a hospitalization event is critical in helping manage the patient's overall health and preventing readmission. To help you identify eligible hospitalization events, such as a hospital admission, we aim to surface review admission tasks within three days of patients being admitted to the hospital.

Review admission tasks will contain important information notifying you of your patients' hospital admissions. You will be able to review the information that we have available and review the admission in the side panel that opens. Tasks will be listed in the order of descending admission and discharge dates, with the most recent date listed first.

Review admission tasks can be found under "Admissions" or "My tasks" in CareConnect in the left menu.

Both Practitioners and Office Staff can view, edit, and close the tasks.

Post-discharge appointment scheduling

Post-discharge tasks are a type of scheduling task. Bringing in a recently discharged patient to see a Practitioner is important to help reduce the likelihood of patient readmission and to improve quality

of care. By knowing when patients are discharged from the hospital, you can help them stay on top of their care by scheduling their post-discharge appointment.

On the CareConnect page, you will see a list of timely discharge tasks based on the newest discharge information. When we receive the Admission, Discharge, and Transfer (ADT) notification for a patient, we will surface the discharge task into CareConnect within 15 minutes.

When a **post-discharge appointment** is ready to be scheduled, the task appears in CareConnect for you to manage according to your own workflow. Post-discharge tasks will be associated with a patient's aligned Practitioner.

All users with permission to access CareConnect will see all tasks within their Practice Group or Organization.

More detailed information about CareConnect can be found in the Clover Assistant Support Center.

Frequently Asked Questions about Clover Assistant

What technology will I need to use 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 Clover Assistant impact my billing?

In addition to Clover Assistant Visit submission, providers still must submit their claim in the standard format utilizing the appropriate E&M and/or AWV codes. Clear summary reporting on your Visits and their status (i.e., submitted vs. open) can be found within the tool to assist with monitoring of billing.

How long will each Clover Assistant Visit take?

Completing Clover Assistant Visit is usually quick and takes place right at the point of care.

How will I receive my Clover Assistant payments?

You will receive your Clover Assistant payments through the same process by which you receive your claim payments today. Clover will process payment within 10 days of receiving a complete Clover Assistant Visit submission. The best way to ensure timely receipt of payment is to enroll with Change Healthcare to receive EFT payments.

Provider Web Tools, Authorizations & Claims



Provider Web Tools

NaviNet

NaviNet provides quick and simple access to eligibility, benefit information, and status of a claim for Clover members as well as Clover provider updates and forms. Visit **navinet.navimedix.com** for more information. A username and password are required in order to use the NaviNet portal. If your organization is already using NaviNet, please contact your security officer and have them add Clover Health to your workflow. If you do not have an existing NaviNet account, please ask your security officer to create an account for you.

If you need further assistance, please contact NaviNet.

Phone support is available:
Monday–Friday 8 am–11 pm ET and Saturday 8 am–3 pm ET
1-888-482-8057

Eligibility and Benefits Tools

- Find out member copays, deductibles
- Check members' maximum out-of-pocket (MOOP)

Claim Status

- Check the status of claims

Claim Investigations

- Submit a Claims Appeal & Dispute Form
- 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 Appeal & Dispute Form and supporting documents. *No clinical appeal should be submitted through NaviNet.*

Explanation of Payments (EOPs)

- Download EOPs for claims

Forms and Documents

- General reference material, such as the provider manual and quarterly provider newsletters
- Plan and policy details
- Prescription drug formulary
- Provider forms to update practice information as well as add or remove providers

Clover Self-Service 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 the status of prior authorization requests completely online. Go to **cloverhealth.com/providers** and click **Prior Authorization Tools**. Here you can:

- View new Utilization Management policies
- Check if prior authorization is required
- Download faxable prior authorization form
- 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 Clover or our partner(s) eviCore and/or CVS Caremark - Part B Drugs.

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

Provider Claims Tools

- Request an EOP
- Check the status of a claim

Provider Resources

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
- View/download the 2023 Provider Resource Guide by market
- Get our quarterly provider newsletters
- Search our formulary
- Find Clover policies

Medical Prior Authorization

Prior authorization requests can be submitted to Clover in three 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:** You can find the Prior Authorization Request Form at **cloverhealth.com/providers**. Select Prior Authorization Tools and then click to download the Prior Authorization Request Form.

   Please use the following fax numbers:

   Clover: 1-800-308-1107

   eviCore
   - Radiology (Imaging), Cardiology, MSK, Medical Oncology: 1-800-540-2406
   - Sleep: 1-866-999-3510
   - Radiation Therapy: 1-866-699-8160
   - Outpatient Therapy (PT, OT, ST): 1-855-774-1319

   CVS Caremark Part B Drugs: 1-833-866-2893

3. **Phone:**
   Clover: 1-888-995-1690
   eviCore: 1-800-421-7592
   CVS Caremark Part B Drugs: 1-800-932-7013

See if 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.

Submit a new request:

1. Go to **cloverhealth.com/providers**.
2. Click the **"Prior Authorization Tools"** button.
3. Click the **"Prior authorization request and lookup"** button.
4. Enter the required information about the procedure and the patient, and upload any **documentation**.
5. 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

Clover has partnered with CVS Caremark for review of the following services:

- Part B drugs (including step therapy requirements)

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

To check the status of an existing authorization submitted directly to Clover:

1. Go to **cloverhealth.com/providers/pre-auth-tools**.
2. Click the **"Check the status of prior authorizations"** button.
3. Enter the **National Provider Identifier (NPI)** for your practice or the name of the provider performing the service.
4. Enter the **prior authorization ID number** you received when you submitted the request.

OR

1. Go to **cloverhealth.com/providers/pre-auth-tools**.
2. Click the **"Check the status of prior authorizations"** button.
3. Enter the **National Provider Identifier (NPI)** for your practice or the name of the provider performing the service.
4. Enter the **Clover Health member's ID #**, their **date of birth**, and the **date of service** (if available).

To check the status of an existing authorization submitted to eviCore:

Log in to the eviCore portal at **carriers.carecorenational.com/Preauthorization**.

To check the status of an existing authorization submitted to CVS Caremark:

Log in to the NovoLogix portal at **identity.navinet.net**.

To request a change to an existing authorization that was submitted directly to Clover:

1. Go to **cloverhealth.com/providers/pre-auth-tools**.
2. Click the **"Prior Authorization Change Request"** button.
3. Enter the required information about the authorization and the requested change.

Part B Prior Authorization

Clover requires step-therapy for some part B drugs. Our preferred drug list (PDL) can be viewed online at **cloverhealth.com/part-b-st**.

Use our online authorization tool at **cloverhealth.com/pre-auth-request** to determine if your request should be submitted for Part B drug reviews.

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/formulary** for information.

Follow these guidelines for efficient processing of your Medicare prescription drug coverage determination requests:

- Contact CVS Caremark Part D Appeals and Exceptions directly at 1-855-344-0930.
- Coverage determination requests, except those with tiering exceptions, can be submitted electronically at **covermymeds.com/main**.
- Complete the Request for Medicare Prescription Drug Coverage Determination form found at **cloverhealth.com/members/plan-documents/formulary-part-d** and fax it to CVS Caremark Part D Appeals and Exceptions Department 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 9 am–5 pm ET, 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. Requests for P2P are limited to members in the hospital, prior to discharge.
- P2P is not available for non-hospitalization retrospective requests.
- For SNF, Home Health, and CORF: A P2P 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. The request for a P2P must be made before the last covered date.
- Appeals should be filed with the Quality Improvement Organization (QIO) if: there is no change in the member's medical condition after the NOMNC is issued or if the appeal request is with Clover'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 at **cloverhealth.com/part_c_retrospective_review**.

Claims

Claim Payments

To set up electronic payments:

1. Go to **changehealthcare.com/eft** (formerly known as Emdeon) or call **1-866-506-2830** Option 2 to set up an account. Start with by going to **changehealthcare.com/eft** and selecting EPayment Request form first. This is a 3-page request to identify what type of enrollment is requested. Once you submit the form, then you will receive an email with a link in it for the type of enrollment requested. Then you will need to fill out and submit online. Follow the instructions on the form for email/fax. Email completed forms to **EFTEnrollment@ChangeHealthcare.com** or fax to 615-238-9815.
2. Enter Clover Health's **Payer ID #: 13285**.

Claim 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 are processed within state and federal regulations.
- 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 ET, Monday–Friday.

Claim Status

To check the status of a claim, visit NaviNet at **navinet.navimedix.com**.

Claim Corrections

Clover accepts corrected claims that are submitted within the timely filing period. Clover's standard timely filing limit is 90 days from the most recent date of the Clover Health provider EOP. Clover

may deny a claim if it is determined to be incorrect, incomplete due to missing invalid information, or submitted outside of the timely filing window. As set forth in your Provider Services Agreement, providers are prohibited from balance billing members for denied claims for covered services.

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

- 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.

- When correcting or submitting late charges on 837 institutional claims, use bill type xx7, Replacement of Prior Claim. Do not submit corrected or additional charges using bill type xx5, Late Charge Claim.
- When correcting or submitting late charges on a 1500 professional claim, use the following frequency code in Box 22 and use left justified to enter the code. Include the 12-digit original claim number under the Original Reference Number in this box.
  - Frequency code 7 Replacement of Prior Claim: Corrects a previously submitted claim.
  - Frequency code 8 Void/Cancel of Prior Claim: Indicates this bill is an exact duplicate of an incorrect bill previously submitted. This code will void the original submitted claims.

Disputes

Contracted providers may submit a Claims Appeal & Dispute form in writing 60 days from the date of the most recent Clover Health provider EOP. 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 Claims Appeal & Dispute form, which can be found at **cloverhealth.com/providers/provider-forms/payment**-disputes. Submit any supporting documentation.

INN Claim Payment Disputes

If you have attachments (e.g., medical records), you will need to mail or fax in the Claims Appeal & Dispute form and supporting documents regardless of when the claim was processed. THIS ADDRESS IS NOT FOR CLAIM SUBMISSIONS.

Clover Health
Attn: Claims
P.O. Box 2092
Jersey City, NJ 07303

Email: PO_Box_2092@cloverhealth.com

Fax: 1-888-240-7243

OON Claim Payment Disputes

If you have attachments (e.g., medical records) you will need to mail or fax in the Claim Payment Dispute form and supporting documents regardless of when the claim was processed. THIS ADDRESS IS NOT FOR CLAIM SUBMISSIONS.

Clover Health
Attn: Appeals
P.O. Box 2091
Jersey City, NJ 07303

Email: PO_Box_2091@cloverhealth.com

Fax: 1-732-412-9706

For more information on filing disputes and appeals, see your provider manual or your contract with Clover.

Our Partners



Our 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/formulary** to access drug formulary and utilization management information.)
- **Healthy Benefits+:** Clover's partner for over-the-counter (OTC) items
- **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, Prosthetics/Orthotics & Supplies (DMEPOS)
- **LabCorp**: Clover's preferred lab partner
- **SilverSneakers**: Clover's fitness partner, with online classes and a nationwide network of gyms
- **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	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 dentaquest.com/find-a-provider/cloverdental dentaquest.com/vision/providers
TruHearing	1-855-205-5570 truhearing.com
SilverSneakers	1-888-423-4632
Integra	1-888-729-8818 accessintegra.com
LabCorp	1-800-845-6167
Teladoc	1-800-835-2362

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): one routine exam, two routine cleanings, and one routine X-ray for a $0 copay.
- Preventive plus comprehensive dental covers (per calendar year): at least one routine exam, two routine cleanings, two fluoride treatments, one routine X-ray for a $0 copay, and a $1,000–$2,000 yearly allowance (after a $15–$20 copay for each service) for comprehensive dental services including dentures, fillings, and crowns.

  *Comprehensive dental is not offered in every plan.

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 go to **cloverhealth.com/providers** and click the “Log in” button under NaviNet.

To find a Dentaquest provider, please visit **dentaquest.com/find-a-provider/cloverdental** or refer to one of the state-specific numbers from the table.

Routine Hearing Benefits

Clover has partnered with TruHearing to provide members with one routine hearing exam per calendar year for a $0 copay plus special pricing on high-quality digital hearing aids (one 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 and get the lowered cost-shares listed above.

To verify patient eligibility, benefits, and cost-shares visit **navinet.navimedix.com** or **cloverhealth.com/providers** and click the “Log in” button under NaviNet.

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 one 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 "Log in" button under NaviNet.

To find an EyeQuest provider, please visit **dentaquest.com/vision/providers** or refer to one of the state specific numbers from the prior table.

Over-the-Counter (OTC)

We give members an allowance of at least $120 per year** to shop from a selection of thousands of approved over-the-counter (OTC) items, including things like bandages, cough medicine, and vitamins. Plus, members have the convenience of purchasing their OTC items at leading retail locations like CVS, Walgreens, and Walmart by phone or online.

**The allowance is at least $30 per quarter and expires at the end of each quarter (March 31, June 30, September 30, and December 31).

Members can shop three ways:

- **Online: healthybenefitsplus.com/cloverhealthotc**
- **By phone: 1-844-529-5869 (TTY 711) 8 am–8 pm local time**, 7 days a week, October to March, and Monday through Friday, April to September.
- **In store at participating retailers (see chart on the following page)**

Some Participating Grocery/OTC Retail Locations

	AL	GA/SC	MS	PA	TN	TX
Acme				✔		
CVS	✔	✔	✔	✔	✔	✔
Dollar General	✔	✔	✔	✔	✔	
Food Lion		✔			✔	
GetGo				✔		
Giant				✔		
Giant Eagle				✔		
Kroger	✔	✔	✔		✔	✔
Publix	✔	✔			✔	
Rite Aid				✔		
Stop & Shop						
Walgreens	✔	✔	✔	✔	✔	✔
Walmart	✔	✔	✔	✔	✔	✔
Winn Dixie	✔	✔	✔			

Clover LiveHealthy Rewards Program

Healthy activities should be rewarded! With our new rewards program, we give members the opportunity to earn up to $410 a year while taking a path to their best health.

- Get $100 for answering Getting to Know You (health assessment survey) questions.
- Get up to $60 for receiving certain vaccines.
- Get $150 for completing a LiveHealthy Visit.
- Get up to $100 for watching LiveHealthy learning videos.

LiveHealthy Flex Plus Card
1 Card for 2 Great Programs

In late December, members receive their 2023 Healthy Benefits+ welcome kit with a LiveHealthy Flex Plus Visa card. The Flex Plus Visa card is used for both the OTC benefit and rewards earned through the LiveHealthy Rewards program.

Note: These funds cannot be converted to cash. Other limitations may apply. Members should contact Clover Health for details.

Check Balances, Find a Store, and More

Members can go to **cloverhealth.com/livehealthy** or download the Healthy Benefits+ mobile app—or both! On the website or app they can:

- Get more details on using the OTC benefit

- Check account balances for both their OTC allowance and rewards earned through the Clover LiveHealthy Rewards program
- Find participating stores

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 SilverSneakers membership at no cost, giving members access to online classes as well as thousands of fitness centers and in-person activities 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 1-888-502-0836. 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. 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 via phone, mobile app, or online account

Submit prescriptions for processing using your ePrescribing tool to:
CVS Caremark Mail Service Pharmacy
NCPDP ID: 0322038
9501 E Shea Blvd.
Scottsdale, AZ 85260

Please note: Plans 056 and 057 do not include Part D prescription drug coverage.

Part D Covered Insulins
On August 16, 2022, President Biden signed the Inflation Reduction Act of 2022 into law. The following important message applies to plans offering Medicare Part D coverage. This goes into effect January 1, 2023.

Important Message About What Members Pay for Insulin: Members won't pay more than $35 for a one-month supply of each insulin product covered by our Medicare Part D plans, no matter what cost-sharing tier it's on, even if the member hasn't paid their deductible (if applicable).

Part D Senior Savings Model for 2023

Select Clover health plans participate in the Part D Senior Savings Model, which offers lower, stable, and predictable out-of-pocket costs for covered insulins through the different Part D benefit coverage stages. Members pay $35 for a one-month supply, $70 for a two-month supply, or $105 for a three-month supply of covered insulin during the deductible, initial coverage, and coverage gap stages. Catastrophic stage cost-shares still apply. Members will not be eligible for this program if they receive Extra Help from Medicare.

- To find out which drugs are Select Insulin Drugs, review the 2023 formulary available at **cloverhealth.com/formulary**. You can identify participating Select Insulin Drugs by the abbreviation "SI" in the formulary.
- To find out which Clover plans participate, see Individual Plan Benefit Offerings.

Please note: Plans 056 and 057 do not include Part D prescription drug coverage.

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. In addition to general medical services, Teladoc offers behavioral health services to our members. 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.

Clinical Programs



Clover Care Visit

When deemed appropriate, our members are offered an annual Clover Care Visit in which nurse practitioners conduct health assessments in the comfort of our members' homes or via telehealth. These visits allow the 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 the 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

The team also supports 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
- 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

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
- Coronavirus, 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 Guideline Resources

Clover has curated the following best-practice guideline resources 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/Healthy Diet and Activity for High Risk Adults
- 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
- AHA CHF Tools/Congestive Heart Failure
- HIV/AIDS
- Hypertension
- Low Back Pain
- Mental Health: Depression Screening, CAGE Questionnaire, Opioids for Chronic Pain
- American Psychiatric Association Practice Guidelines
- Osteoporosis
- Tobacco Cessation
- AAFP Clinical Preventive Services
- USPSTF Screening Recommendations
- AGS Beers Criteria for Potentially Inappropriate Medication Use

For the most up-to-date clinical practice guideline resources, 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 ET, Monday–Friday.

Provider Responsibilities & Compliance



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.

Provider Data Collection

Initial Roster and Facility Data Collection

Clover Health requires a fully complete and up-to-date practitioner or facility roster in order to load practitioners, groups, and facilities into our internal systems and provider directory. Inaccurate provider data may result in incorrect claim payment and incorrect representation in our provider directories.

Directory Validation

Clover may conduct outreach to every provider in our provider directory to validate demographic and contact information. Outreach is performed on a regular basis by email or by phone.

For health systems and large groups, Clover will request the organization's provider roster by email or phone on a quarterly basis. The organization is responsible for the accuracy of the information sent to Clover and any inaccurate data discovered by Clover will be quickly communicated back to the provider for verification.

Additions, changes, and terminations should be reported to Clover promptly so internal systems and the provider directory remain current.

Changes to Your Provider Data

It is important to keep your provider data up to date to ensure accurate claim payment and proper representation in our provider directories. **Please let us know immediately 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

To submit practice changes, go to **cloverhealth.com/providers/support** and select "Update practice information" to review the information and documentation required for each type of change. Email required documentation to **providers@cloverhealth.com**.

If you decide not to accept additional Clover members, please give us 60 days notice. Please send notification to **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 ET, Monday–Friday.

Changes to Your NPPES Profile

As recommended by CMS, it is important to review, update, and certify your information in the National Plan & Provider Enumeration System (NPPES). Providers are required to keep their NPPES data current, and changes should be made as soon as possible to ensure accurate provider data is displayed. Centers for Medicare & Medicaid Services (CMS) is also encouraging Medicare Advantage Organizations such as Clover Health to use NPPES as a resource for our online provider directories.

If the NPPES database is kept up to date by providers, Clover can rely on it as a primary data resource for our provider directories, and potentially reduce outreach for this information. Clover can download the NPPES database and compare the provider data to the information in our existing provider directory to verify accuracy.

When reviewing your provider data in NPPES, please update any inaccurate information in the modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. Please include all addresses where you practice and actively see patients. *Do not* include addresses where you do not actively see patients. Please remove any practice locations that are no longer in use. Once you update your information, confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, you may reference NPPES help at **nppes.cms.hhs.gov/webhelp/index.html**.

Changes to Your CAQH Profile

To help ensure accurate provider directory information, it is important to keep your Council for Affordable Quality Healthcare (CAQH) profile up to date. While you are required to re-attest your CAQH profile 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 your information:

- Log in to CAQH ProView at **proview.caqh.org/Login**.
- 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.
- Confirm current proof of malpractice insurance is uploaded to the Documents section.
- Review work history to ensure full work history is listed from time of initial licensure.

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-0**.

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.

Acceptance of New Patients

If you decide not to accept additional Clover members, please give us 60 days notice. Please send notification to **providers@cloverhealth.com**.

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 15 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 Services 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 may request medical records.

Clinical documentation of disease burden is central to collaborative management and is the cornerstone of 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 claim payment practices. Unless otherwise specified in your Provider Services Agreement, medical records shall be provided at no cost.

Medical Records Standard

We believe that updated and 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 claim 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.

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 keep all medical records for 10 years.
- 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 healthcare services, CMS and other federal or state regulators require that you and your employees meet certain FWA and general compliance requirements. 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.