Clover Health 2021 Utilization Management Updates

Agenda

- 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 appropriate services are provided to our member while at the same time decreasing the administrative workload of our providers.

Steps to Confirm & Submit Prior Authorization Requests

1

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

Note: The Clover website will direct you to eviCore or NovoLogix portal if necessary.

2

If required, submit prior authorization request via one of the 3 methods:

- Online: Visit cloverhealth.c.om/providers.
- Fax Numbers:
 - Clover UM: 1-800-308-1107
 - Radiology (Imaging), Cardiology,
 MSK, Medical Oncology:
 800-540-2406
 - o Sleep: 866-999-3510
 - o Radiation Therapy: 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 (www.cloverhealth.com/en/pre-auth-status-check)

eviCore Auth:

Visit eviCore's website (www.evicore.com/resources/health plan/cloverhealth).

NovoLogix Auth:

Visit NovoLogix's website (https://navinet.navimedix.com).

To access the complete updated 2021 Prior Authorization listing, please visit the following website: 'Clover Health Prior Authorization List 2021'

eviCore

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 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.



NovoLogix

Clover has partnered with NovoLogix for review of Part B prescription drugs administered in a professional setting

Please use our online prior authorization tool at cloverhealth.com/pre-auth-request to determine if your request should be submitted to NovoLogix. If so, you will be redirected to NovoLogix's portal to submit your prior authorization request.



Clover Health's Retro Authorization Policy

Effective January 1, 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 department 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 the policy #UM-022 available at:

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

Retro Policy Overview



Timely & Accurate Determinations

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



Timely Submissions of Prior Authorization Requests

- Requests for an organization determination from the Utilization Management department 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 Health for the services provided.
- If an initial organization determination has not been issued by the Utilization Management department through prior authorization and a claim is received for care or services that requires authorization then the initial organization determination will be made through claims processing.



Appeal Rights

- Providers contracted with Clover Health that 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.

2021 Benefit Plan Changes

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

2021 Member Benefit Plan Changes



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 may 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 or 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-pro vider.
- You can also view or download a PDF of Clover's directory for your area at <u>cloverhealth.com/members/find-pro</u> <u>vider</u>.

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 as well to an in-network provider if additional services are required.

Thank you! For questions please contact:

Provider Services Phone Support

(877) 853-8019

8:00 AM - 5:30 PM EST

Monday - Friday