Clever Care Health Plan
Provider Orientation

Plan Year 2023

Clever Care™
HEALTH PLAN

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Clever Care™ HEALTH PLAN

Introduction

Clever Care Health Plan – who we are

A NEW MEDICARE ADVANTAGE PRESCRIPTION DRUG PLAN FOR 2022 WHERE EASTERN AND WESTERN SERVICES MEET

- **Our Mission** –
  To improve the health of our members by delivering access to culturally sensitive healthcare solutions.

- **Our Commitment –**

  - At Clever Care, our focus is on a person's complete well-being.

    Our plans combine centuries-old alternative therapies of Eastern Medicine with an extensive network of doctors and hospitals, that specialize in the innovative practices of Western medicine.

  - Clever Care is committed to the health of our members.

    A person's health plays a significant part in their quality of life. We strongly believe that healthcare decisions are very personal and driven by culture and values. That is why we strive to offer health insurance options that are sensitive to the way different communities access care.

    In addition to our comprehensive plan offerings, we provide our members with in-language support services in order to improve their access to care and help keep them healthy.

Clever Care™ HEALTH PLAN

Our Service Areas

- LOS ANGELES COUNTY except 90704, Catalina Island
- ORANGE COUNTY
- SAN DIEGO COUNTY
- RIVERSIDE COUNTY
- SAN BERNARDINO COUNTY

Clever Care™ HEALTH PLAN

Sample Member ID Card without PHN info

Clever Care HEALTH PLAN

MEMBER NAME
John Doe
MEMBER ID
000-000-0000
Health Plan (00000)

PCP NAME
Dr. Carol Clever
(555) 555-5555
MEDICAL GROUP/NETWORK
Acme Physician Associates

Clever Care Balance
MEDICARE ADVANTAGE (HMO)
EFFECTIVE DATE: **01/01/2021**

COPAYMENTS
PCP VISIT: $
SPECIALIST VISIT: $
URGENT CARE: $
ER: $

MedicareRx
Prescription Drug Coverage

RxBIN: **015574**
RxPCN: **ASPROD1**
RxGRP: **CLC01**

H7607-000-000

SAMPLE

IN AN EMERGENCY CALL 911 OR GO TO THE NEAREST ER

CUSTOMER SERVICE
(833) 388-8168 (TTY: 711)
clevercarehealthplan.com

PHARMACY HELP DESK & CLAIMS
(800) 926-3004
MedImpact Healthcare Systems, Inc.
P.O. Box 509108
San Diego, CA 92150-9108

HOSPITAL ADMIT AUTH & TRANSFER
(833) 253-8373

PROFESSIONAL CLAIMS
Send to Medical Group/Network

PROVIDER SUPPORT

Prior Authorization & Claims:
(714) 650-8770
Clever Care
660 W Huntington Dr, Suite 200
Arcadia, CA 91007

Dental: Liberty Dental (888) 704-9830

Hearing: Nations Hearing (866) 304-7577

Vision: Eye Med (866) 483-4733

Printed: 05/11/2021

Clever Care HEALTH PLAN

Benefits

2023 Plan Comparison

Western Medicine

BENEFIT	Original Medicare	LONGEVITY (HMO) MAPD	FORTUNE (HMO) MAPD (Low MOOP)	VALUE (HMO) MAPD (Part B Buyback)	JASMINE[2] (HMO C-SNP) (Diabetes/Heart)
Hospital stays (Part A)	**$1,600** deductible **$0** days 1–60 **$400** each day 61–90	**$0** copay **Unlimited** days	**$150** each day 1–5 **$0** days 6–90	**$100** each day 1–5 **$0** days 6 and more	**$1,600** deductible **$0** days 1–60 **$400** each day 61–90
Doctor visits (Part B)	**20%** coinsurance	**$0** copay	**$0** copay	**$0** copay	**$0** copay
Maximum-out-of-pocket protection	✗	**$1,700**	**$1,000**	**$5,000**	**$7,550**
Prescription drugs (Part D)	✗	✓	✓	✓	✓
Transportation (non-emergency)	✗	**$0** copay 48 trips (one-way)	**$0** copay 28 trips (one-way)	**$0** copay 25 trips (one-way)	**$0** copay 48 trips (one-way)
Labs/X-ray	**20%** coinsurance	**$0** copay	**$0** copay	**$0** copay	**20%** coinsurance
PPO dental coverage	✗	Up to **$2,500** per year	Up to **$1,500** per year	Up to **$800** per year	Up to **$2,500** per year
Routine vision and eyewear coverage	✗	**$300** every year	**$240** every year	**$320** every two years	**$300** every year
Personal Emergency Response System (PERS)	✗	**$0** copay	**$0** copay	**$0** copay	**$0** copay
Grocery allowance[1]	✗	**$25** every month	**$25** every month	**$25** every month	**$25** every month
In-home support[1]	✗	**$0** copay	**$0** copay	**$0** copay	**$0** copay

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2023 Plan Comparison (cont'd)

Eastern Medicine

BENEFIT	Original Medicare	LONGEVITY (HMO) MAPD	FORTUNE (HMO) MAPD (Low MOOP)	VALUE (HMO) MAPD (Part B Buyback)	JASMINE[2] (HMO C-SNP) (Diabetes/Heart)
Acupuncture	Must meet Medicare criteria	**Unlimited** visits per year ($3,000 max)	**Unlimited** visits per year ($2,500 max)	**24 visits** per year ($1,200 max)	**Unlimited** visits per year ($3,000 max)
Eastern wellness therapies	✕	**24** visits per year	**18** visits per year	**12** visits per year	**24** visits per year

Flexible Health & Wellness Spending Allowance

Improve your health your way. Use your allowance towards the things that you want; golf, gym membership, aspirin from the OTC catalog, or pick up some White Flower Oil. **We put choice back into wellness – *that's clever!***

BENEFIT	Original Medicare	LONGEVITY (HMO) MAPD	FORTUNE (HMO) MAPD (Low MOOP)	VALUE (HMO) MAPD (Part B Buyback)	JASMINE[2] (HMO C-SNP) (Diabetes/Heart)
Herbal supplements	✕	Flexible Spending Allowance **$300** every quarter	**$550** every quarter for Fitness Activities only (No OTC or Herbal Supplements)	Flexible Spending Allowance **$100** every quarter	Flexible Spending Allowance **$320** every quarter
Fitness	✕				
Over-the-counter (OTC) Items	✕				

Clever Care™ HEALTH PLAN

2023 Clever Care Medicare Advantage Portfolio Overview

- ✓ Plans designed for flexibility and choice – Four plans to fit your clients' needs
  - Introduction of a new C-SNP product (Jasmine)
  - Transition of Balance members to Longevity and Jasmine
  - Maintain four plan product portfolio
- ✓ Direct access to in-house Medicare Advisors who speak your clients' language
  - no third-party translators
- ✓ Doctors who speak their language and understand the integration of culture and tradition in healthcare
- ✓ Benefits that ensure complete wellness
- ✓ Expansion into Riverside and San Bernardino Counties

Longevity Flagship plan that delivers rich Eastern medicine and competitive medical and supplemental coverage	**Jasmine** Plan option for those with chronic conditions and may also have Medi-Cal who want rich Eastern medicine and supplemental benefits
Fortune Offers the protection of a low MOOP with enhanced fitness, Eastern medicine, and competitive supplemental coverage	**Value** **$125** Part B premium buy down with Eastern medicine and supplemental coverage

Clever Care™ HEALTH PLAN

2023 Benefit Highlights

- ✓ **$0 copay** for PCP and Specialist office visits
- ✓ Up to **$2,500** PPO Dental allowance
- ✓ Up to **$300 per year** Vision allowance
- ✓ Up to **$320 per quarter flexible health & wellness** allowance – can be used for OTC, herbal supplements, and fitness activities
- ✓ Up to **$550 per quarter on fitness activities** (including golf range and tennis court fees)
- ✓ **$125** Part B buydown plan available
- ✓ Unlimited Acupuncture (no prior authorization required)
- ✓ Eastern wellness therapies – cupping, gua sha, tui na, moxa, reflexology, etc.
- ✓ Non-emergency medical transportation and Worldwide Emergency Coverage on all Clever Care plans
- ✓ Grocery allowance, Personal Emergency Response System (PERS), Meals (Post discharge and Chronic), Remote Patient Monitoring (RPM), In-home support services, Respite care, and Social needs benefit *for qualified chronic illness*

New Benefits for 2023

- Post-discharge Meals
- Personal Emergency Response System (PERS)
- Teladoc
- Nurse Hotline
- Gap Coverage added to select Tier 3 Rx drugs
- 100-day fill for 3-month supply on Part D

Clever Care™ HEALTH PLAN

NEW PLAN for 2023

2023 Clever Care **Jasmine** (C-SNP)

- Diabetes
- Cardiovascular disorders

2023 Benefit Highlights	
Plan Name	Clever Care Jasmine Medicare Advantage (HMO C-SNP)
Service Area	Los Angeles, Orange, Riverside, San Bernardino
Premium	$31.80
Part B Buy Down	$0
MOOP	$7,550
IP Hospital (Acute)	Medicare-defined
PCP Office Visits	$0 copay
Specialist Office Visits	$0 copay
Emergency Care	$95 copay
Urgent Care	$25 copay
Ambulance	20% Coinsurance
Outpatient Laboratory Services	20% Coinsurance
X-rays	20% Coinsurance
Part D Deductible	$505; Applies to Tiers 2,3,4,5
Part D (30-day Retail/Mail)	$0 / 25% / 25% / 25% / 25% / $0
Part D Gap Coverage	T1, T2, & Partial T3

Supplemental Benefits	
Worldwide Coverage	$100,000
Transportation	48 one-way trips, 25 miles
FLEX Allowance	$320/quarter for OTC/ herbal /fitness
Acupuncture	Unlimited Visits with $3,000 Max
Eastern Medicine	24 visits
Dental	$2,500 Maximum ($625 quarterly with rollover); PPO
Vision	$300 allowance/year
Hearing	$1,500 per year, per ear
Post-discharge Meals	84 meals (28 days)
PERS	Covered
Nurse Hotline	Covered
Telemedicine	Teladoc - $0 Medical; $0 MH
Special Supplemental Benefits for Chronically Ill (SSBCI)	• Grocery - $25/month • Chronic Meals – 42 meals/yr • In-Home Support – ADLs • Respite Care – 40 hrs • Telemonitoring • Social Needs Benefit - 96 hrs

Clever Care™ HEALTH PLAN

2023 Part D Prescription Drug Benefits

Jasmine HMO C-SNP

Annual Coverage Limits:	Initial Coverage Limit **$4,660**		Enrollee Out-of-Pocket Threshold **$7,400**	
Stage 1: Annual Deductible	**$505** The deductible amount must be met before you move into the initial coverage phase of the plan for Tiers 2-5. Costs for Tier 1 and 6 drugs are not applied toward the deductible.			
Stage 2: Initial Coverage	Standard retail cost-sharing (In-network)		Standard Cost-sharing (Mail Order)	Retail cost-sharing (Out-of-network)*
	30-day supply	**90-day supply (100-day fill)**	**90-day supply (100-day fill)**	**30-day supply**
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Preferred Brand Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-Preferred Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 6: Supplemental Drugs	$0 copay	$0 copay	$0 copay	$0 copay

Tier 6 –Excluded Drug Tier, includes supplemental drugs including generic Viagra, prescription cough medicine, and vitamins.
*A long term, 90-day, supply of medication is not available at retail pharmacies that are not part of the Clever Care network.

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2023 Clever Care **Longevity**

2023 Benefit Highlights	
Plan Name	Clever Care Longevity Medicare Advantage (HMO)
Service Area	Los Angeles, Orange, Riverside, San Bernardino, San Diego
Premium	$0
Part B Buy Down	$0
MOOP	$1,700
IP Hospital (Acute)	$0 copay
PCP Office Visits	$0 copay
Specialist Office Visits	$0 copay
Emergency Care	$50 Copay
Urgent Care	$5 copay
Ambulance (ground / air)	$40 copay / 20% coinsurance
Outpatient Laboratory Services	$0 copay
X-rays	$0 copay
Part D Deductible	$0
Part D (30-day Retail/Mail)	$0 / $0 / $35 / $99 / 33% / $0
Part D Gap Coverage	T1, T2, & Partial T3

Supplemental Benefits	
Foreign Travel	$75,000
Transportation	48 one-way trips, 25 miles
FLEX Allowance	$300/quarter for OTC/ herbal / fitness
Acupuncture	Unlimited Visits with $3,000 Max
Eastern Medicine	24 visits
Dental	$2,500 Maximum ($625 quarterly with rollover); PPO
Vision	$300 allowance/year
Hearing	$1,500 per year, per ear
Post-discharge Meals	84 meals/yr
PERS	Covered
Nurse Hotline	Covered
Telemedicine	Teladoc - $0 Medical; $40 MH
Special Supplemental Benefits for Chronically Ill (SSBCI)	• Grocery - $25/month • Chronic Meals – 42 meals/yr • In-Home Support – ADLs • Respite Care – 40 hrs • Telemonitoring • Social Needs Benefit - 96 hrs

Clever Care™ HEALTH PLAN

2023 Part D Prescription Drug Benefits

Longevity HMO

Annual Coverage Limits:	Initial Coverage Limit **$4,660**		Enrollee Out-of-Pocket Threshold **$7,400**	
Stage 1: Annual Deductible	**$0** This stage does not apply because there is no deductible. Go directly to Stage 2.			
Stage 2: Initial Coverage	Standard retail cost-sharing (In-network)		Standard Cost-sharing (Mail Order)	Retail cost-sharing (Out-of-network)*
	30-day supply	**90-day supply (100-day fill)**	**90-day supply (100-day fill)**	**30-day supply**
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic Drugs	$0 copay	$0 copay	$0 copay	$0 copay
Tier 3: Preferred Brand Drugs	$35 copay	$105 copay	$70 copay	$35 copay
Tier 4: Non-Preferred Drugs	$99 copay	$297 copay	$198 copay	$99 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6: Supplemental Drugs	$0 copay	$0 copay	$0 copay	$0 copay

Tier 6 –Excluded Drug Tier, includes supplemental drugs including generic Viagra, prescription cough medicine, and vitamins.
*A long term, 90-day, supply of medication is not available at retail pharmacies that are not part of the Clever Care network.

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2023 Clever Care **Value**

2023 Benefit Highlights	
Plan Name	Clever Care Fortune Medicare Advantage (HMO)
Service Area	Los Angeles, Orange, Riverside, San Bernardino, San Diego
Premium	$0
Part B Buy Down	$125
MOOP	$5,000
IP Hospital (Acute)	$100 days 1-5; $0 days 6-90
PCP Office Visits	$0 copay
Specialist Office Visits	$0 copay
Emergency Care	$110 copay
Urgent Care	$0 copay
Ambulance (ground / air)	$150 copay / 20% coinsurance
Outpatient Laboratory Services	$0 copay
X-rays	$0 copay
Part D Deductible	$0
Part D (30-day Retail/Mail)	$0 / $10 / $47 / $99 / 33% / $0
Part D Gap Coverage	T1, T2, & Partial T3

Supplemental Benefits	
Worldwide Coverage	$50,000
Transportation	24 one-way trips, 25 miles
FLEX Allowance	$100/quarter for OTC/ herbal /fitness
Acupuncture	Unlimited Visits with $1,200 Max
Eastern Medicine	12 visits
Dental	$800 Maximum ($200 quarterly with rollover); PPO
Vision	$320 every two years
Hearing	$500 per year, per ear
Post-discharge Meals	84 meals (28 meals)
PERS	Covered
Nurse Hotline	Covered
Telemedicine	Teladoc - $0 Medical; $40 MH
Special Supplemental Benefits for Chronically Ill (SSBCI)	• Grocery - $25/month • Chronic Meals – 42 meals/yr • In-Home Support – ADLs • Respite Care – 40 hrs • Telemonitoring • Social Needs Benefit - 96 hrs

Clever Care™ HEALTH PLAN

2023 Part D Prescription Drug Benefits

Value HMO				
Annual Coverage Limits:	Initial Coverage Limit **$4,660**		Enrollee Out-of-Pocket Threshold **$7,400**	
Stage 1: Annual Deductible	**$0** This stage does not apply because there is no deductible. Go directly to Stage 2.			
Stage 2: Initial Coverage	Standard retail cost-sharing (In-network)		Standard Cost-sharing (Mail Order)	Retail cost-sharing (Out-of-network)*
	30-day supply	**90-day supply (100-day fill)**	**90-day supply (100-day fill)**	**30-day supply**
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic Drugs	$10 copay	$30 copay	$20 copay	$0 copay
Tier 3: Preferred Brand Drugs	$47 copay	$141 copay	$94 copay	$47 copay
Tier 4: Non-Preferred Drugs	$99 copay	$297 copay	$198 copay	$99 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6: Supplemental Drugs	$0 copay	$0 copay	$0 copay	$0 copay

Tier 6 –Excluded Drug Tier, includes supplemental drugs including generic Viagra, prescription cough medicine, and vitamins.
*A long term, 90-day, supply of medication is not available at retail pharmacies that are not part of the Clever Care network.

Clever Care™ HEALTH PLAN

2023 Clever Care **Fortune**

2023 Benefit Highlights	
Plan Name	Clever Care Fortune Medicare Advantage (HMO)
Service Area	Los Angeles, Orange, Riverside, San Bernardino, San Diego
Premium	$0
Part B Buy Down	$0
MOOP	$1,000
IP Hospital (Acute)	$150 days 1-5;$200 days 6-90
PCP Office Visits	$0 copay
Specialist Office Visits	$0 copay
Emergency Care	$90 copay
Urgent Care	$20 copay
Ambulance (ground / air)	$150 copay / 20% coinsurance
Outpatient Laboratory Services	$0 copay
X-rays	$0 copay
Part D Deductible	$0
Part D (30-day Retail/Mail)	$0 / $0 / $35 / $99 / 33% / $0
Part D Gap Coverage	T1, T2, & Partial T3

Supplemental Benefits	
Worldwide Coverage	$50,000
Transportation	28 one-way trips, 25 miles
FLEX Allowance	$550/quarter for Fitness Only
Acupuncture	Unlimited Visits With $2,500 Max
Eastern Medicine	18 visits
Dental	$1,500 Maximum ($375 quarterly with rollover); PPO
Vision	$240 allowance/year
Hearing	$500 per year, per ear
Post-discharge Meals	84 meals (28 meals)
PERS	Covered
Nurse Hotline	Covered
Telemedicine	Teladoc - $0 Medical; 20% MH
Special Supplemental Benefits for Chronically Ill (SSBCI)	• Grocery - $25/month • Chronic Meals – 42 meals/yr • In-Home Support – ADLs • Respite Care – 40 hrs • Telemonitoring • Social Needs Benefit - 96 hrs

Clever Care™ HEALTH PLAN

2023 Part D Prescription Drug Benefits

Fortune HMO				
Annual Coverage Limits:	Initial Coverage Limit **$4,660**		Enrollee Out-of-Pocket Threshold **$7,400**	
Stage 1: Annual Deductible	**$0** This stage does not apply because there is no deductible. Go directly to Stage 2.			
Stage 2: Initial Coverage	Standard retail cost-sharing (In-network)		Standard Cost-sharing (Mail Order)	Retail cost-sharing (Out-of-network)*
	30-day supply	**90-day supply (100-day fill)**	**90-day supply (100-day fill)**	**30-day supply**
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic Drugs	$0 copay	$0 copay	$0 copay	$0 copay
Tier 3: Preferred Brand Drugs	$35 copay	$105 copay	$70 copay	$35 copay
Tier 4: Non-Preferred Drugs	$99 copay	$297 copay	$198 copay	$99 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6: Supplemental Drugs	$0 copay	$0 copay	$0 copay	$0 copay

Tier 6 –Excluded Drug Tier, includes supplemental drugs including generic Viagra, prescription cough medicine, and vitamins.
*A long term, 90-day, supply of medication is not available at retail pharmacies that are not part of the Clever Care network.

Clever Care™ HEALTH PLAN

Clever Care 2023 MAPD Plans:
Who Can Join our C-SNP(Jasmine)?

This plan provides extra care and services to members who have on-going medical conditions including:

- Diabetes
- Cardiovascular disorders
  - coronary artery disease
  - peripheral vascular disease
  - cardiac arrhythmias
  - chronic venous thromboembolic disorder

This plan offers care and services specifically designed to assist the members with these unique needs and conditions.

- Tailored benefits
- Dedicated care team
- Out-of-pocket savings
- Part D coverage
- Case Management
  - Health risk assessments
  - Individualized care plans

Important: Beneficiaries must continue to meet other general eligibility requirements and pay their Part B premium to each year.

Clever Care™ HEALTH PLAN

2023 Clever Care Part D Benefits Overview

Rx Copays (30-day supply)				
	Longevity	Jasmine	Fortune	Value
Tier 1	$0	$0	$0	$0
Tier 2	$0	25%	$0	$10
Tier 3	$35	25%	$35	$47
Tier 4	$99	25%	$99	$99
Tier 5	33%	25%	33%	33%
Tier 6	$0	$0	$0	$0

New for 2023

- ✓ Partial Tier 3 Gap Coverage on select drugs
- ✓ 100-day fill for 3-month supply on Retail and Mail

Note: Clever Care Health plans will participate in the **Part D Senior Savings Model**. CMS's Part D Senior Savings Model is designed to help to keep the cost for insulin low during what is known as the "coverage gap". Depending on the brand of insulin taken, your out-of-pocket cost will be either $0 or $35 maximum for a 30-day supply in all coverage stages.

Clever Care™ HEALTH PLAN

Services Not Covered

- Services Not Medically Necessary
- Services Not Covered by Medicare-except supplemental benefits
- Services received from a non-network provider without authorization
- Experimental or investigational services
- Cosmetic procedures or services
- Assisted reproductive therapy
- Maintenance therapy treatments
- Routine Vision services & eyewear not provided by an EyeMed Provider
- Routine Hearing services & Hearing Aids not provided by a Nations Hearing Provider
- OTC Benefits purchased without the Benefit Card
- Herbal Supplements purchase from Non-Contracted providers or not on approved products list

Network

Clever Care Provider Network

- Access IPA
- Accountable Health Care IPA
- Advanced Medical Doctors of California (AMDC)
- Affiliated Partners IPA
- All United MG IPA (AUMG)
- Alliance Health System IPA (AHS)
- Allied Pacific of California IPA
- Alpha Care Medical Group
- American West Healthcare Solutions (AmWest)
- AMG IPA Inc
- AMVI
- Asian Comm MG dba Associated Dignity (ADMG)
- Associated Hispanic Physicians of SoCal (AHP)
- Auxillium Health Network
- CarePlan IPA (CPIPA)
- Center IPA
- ChoiceOne IPA
- Doctors Choice MG (DCMG)
- Doctors Managed IPA
- EasyAccess Care IPA
- Exceptional Care MG (ECMG)
- Freedom Physician Corp (FPC)
- Golden Physicians MG
- Greater Tri-Cities IPA MG
- Infinity IPA
- IN Physician Associates (INPA)
- Korean American Medical Group (KAMG)
- MediChoice
- Noble AMA
- NXT IPA
- Pacific Associates Medical Grouop (PAMG)
- Physician Healthcare Integration IPA (PHII)
- Physician Partners IPA
- Preferred IPA
- PremierCare IPA
- PremierOne Plus IDS
- Rapha IPA
- Rios Southwest Medical Group
- Select Healthcare System IPA
- Seoul Medical Group (SMG)
- Starlife
- St Vincent IPA
- Vitruvian Care IPA
- Younity IPA

- MemorialCare Medical Foundation
  - Edinger Medical Group
  - Greater Newport Physicians
  - MemorialCare Medical Group

- Prospect Health Plan
  - Cal Care IPA
  - Daehan Prospect Medical Group
  - Health Excel IPA
  - Los Angeles Medical Center IPA
  - Nuestra Familia Medical Group
  - Professional Care
  - Prospect Gateway Medical Group
  - Prospect Genesis
  - Prospect Health Source
  - Prospect Latino Medical Group
  - Prospect Medical Group
  - Prospect Medical Group – San Diego
  - Prospect NWOC
  - Prospect Medical Group – Inland Empire

Clever Care™ HEALTH PLAN

Hospital Provider Network

Dignity Health / CommonSpirit
- California Hospital Medical Center
- Glendale Memorial Hospital
- St Mary Medical Center
- Northridge Hospital Medical Center

Avanti
- Memorial Hospital of Gardena
- East Los Angeles Doctors Hospital
- Coast Plaza Hospital
- Community Hospital of Huntington Park

Tenet
- Lakewood Regional Medical Center
- Fountain Valley Regional Hospital
- Los Alamitos Medical Center
- Placentia-Linda Hospital
- Desert Regional Medical Center
- Hi-Desert Medical Center
- JFK Memorial Hospital

KPC Health
- Orange County Global Medical Center
- Anaheim Global Medical Center
- Chapman Global Medical Center
- South Coast Global Medical Center
- Victor Valley Global Medical Center
- Hemet Global Medical Center
- Menifee Global Medical Center

Emanate Health
- Emanate Queen of the Valley Hospital
- Emanate Foothill Presbyterian Hospital
- Emanate Intercommunity Hospital

College Health
- College Medical Center – Hawthorne
- College Medical Center – South Campus
- College Medical Center – Cerritos
- College Medical Center – Costa Mesa
- College Medical Center – Long Beach

United Health Services (UHS)
- BHC Alhambra
- Canyon Ridge Hospital
- Del Amo Hospital

Independent Facilities
- Beverly Hospital
- Methodist Hospital of Southern California
- Antelope Valley Hospital
- Hollywood Presbyterian Medical Center
- LA Downtown Medical Center (All Campuses)
- Tri-City Medical Center
- UCSD Health
- Redlands Community Hospital

MemorialCare Health System
- Long Beach Medical Center
- Miller's Children's & Women's Hospital Long Beach
- Orange Coast Medical Center
- Saddleback Medical Center

Adventist Health
- Adventist Health Glendale
- Adventist White Memorial Medical Center

Clever Care™ HEALTH PLAN

Hospital Provider Network

MemorialCare Health System
- Long Beach Memorial Medical Center
- Miller Children's and Women's Hospital Long Beach
- Orange Coast Medical Center
- Saddleback Medical Center

Emanate Health
- Emanate Health – Queen of the Valley Hospital
- Emanate Health – Foothill Presbyterian Hospital
- Emanate Health – Intercommunity Hospital

Prospect Health System
- Los Angeles Community Hospital
- Los Angeles Community Hospital Bellflower
- Norwalk Community Hospital
- Southern California Hospital Culver City
- Southern California Hospital Hollywood
- Southern California Hospital Van Nuys
- Foothill Regional Medical Center

Prospect Health Contracted Facilities
- Glendale Adventist Medical Center
- White Memorial Medical Center
- AHMC Whittier Hospital Medical Center
- AHMC Anaheim Regional Medical Center
- Cedars-Sinai Medical Center
- PIH Good Samaritan Hospital
- Avanti Hospitals
- College Health System
- KPC Health Hospitals
- Tenet Health Hospitals
- Tri-City Regional Medical Center

Clever Care™ HEALTH PLAN

Supplemental Benefit Vendors

Liberty Dental (888) 704-9830

Nations Hearing (866) 304-7577

EyeMed Vision Services
(866) 483-4733 TTY 711

Hours of Operation
October 1 to March 31:
8 a.m. to 8 p.m., 7 days a week
April 1 to September 30:
8 a.m. to 8 p.m., Monday-Friday

OTC Benefit Allowance
- CVS
- Rite Aid
- Walgreens
- Walmart
- NationsOTC.com
  (Catalog Access via Website)

Pharmacy Benefits
MedImpact Healthcare Services
(Medimpact.com for mail order processing)

Eastern Medicine Providers
- 500+ Acupuncture Providers
- Herbal Supplement Allowance
  - Acupuncture Offices
  - TS Emporium
  - Nam Bac Hang
  - K Natural One
  - SCU
  - Others

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Other Network Providers

- Satellite Dialysis Centers, US Renal, and other Dialysis facilities
- Optum Transplant Network (Coordinate via Clever Care)
- Skilled Nursing Facilities (150 Locations), including such SNF networks as:
  - Ensign Facilities
  - Covenant Facilities
  - Management & Health Services Network (MSN)
- DME
  - Apria
  - Byram
  - SuperCare
  - Others
- Behavioral Health Providers
  - Comprehensive Psychiatry Services (CPS)
- Contact us for other network service providers.

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Pharmacy Services - PBM

- **MedImpact Contact Information:**

  Medimpact.com

  Phone: (800) 926-3004 Fax: (858) 790-6060
- Step Therapy
- Prior Authorizations
- Exception Requests
- **Mail Order Opt-Out:** (855) 873-8739
- Mail Order Information
- **Pharmacy Locations & Formulary Links:**

  Clevercarehealthplan.com/pharmacy

  Clevercarehealthplan.com/formulary
- Part B Pharmacy

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Financial Responsibility

- **All decisions based on contractual Division of Financial Responsibility (DOFR)**
- **Medical Groups and IPA Responsibility:**
  - Part B Services
  - Professional & Ancillary Claims
  - Professional & Ancillary Authorizations
- **Clever Care Responsibility:**
  - Part A Services
  - Facility and SNF Claims & Authorizations
    (Non-Providence/Non-Prospect)
  - Out of Area Claims for ER, Dialysis & Urgent Care
  - Out of Network Providers When Authorized
  - Supplemental Benefits (Acupuncture, OTC, Dental, Vision, Hearing Aids, Fitness)
- **Pharmaceuticals**
  - Part D - Prescription Drug Services
  - MedImpact is PBM & Part B Specialty Pharmacy in many cases

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Need to update Provider Information?

Please submit any of the following changes along with the Provider Information Change Form to Clever Care Provider Relations Team at provider@ccmapd.com:

- the address(es) of the office locations where the participating provider currently practices
- the phone number(s) of the office locations where the participating provider currently practices
- the email address of the participating provider
- if the participating provider is still affiliated with listed provider groups,
- the specialty of the participating provider,
- the license(s) of the participating provider,
- the NPI(s) of the participating provider,
- the provider's name
- the clinic name/affiliation
- federal Taxpayer Identification (TIN),
- the telephone number,
- the office hours
- the provider is accepting new patients
- provider languages available from the Provider and Office Staff

Clever Care HEALTH PLAN

Provider Information Change Form

Clever Care HEALTH PLAN

Please send completed form with additional documentation to:
Provider@ccmapd.com **Fax No: 657-276-4718**

SECTION 1: Provider Contact Information *Section required*					
Provider Last Name:		First Name:		MI:	
NPI:					
Provider Type:	☐PCP	☐Specialist	☐Both	☐Hospitalist	☐Ancillary/Allied Health
Contact Person Submitting Request:					
Phone:		Date of Submission:			

Please complete all applicable information below.

SECTION 2: Type of Change - Please indicate the type of change (Check all that apply and include effective for each item checked) *Section Required			
	Effective date		**Effective date**
☐Practice Information	_____	☐Specialty	_____
☐Billing Information (+)	_____	☐Languages	_____
☐Provider/Group Name	_____	☐Hospital Affiliation	_____
☐Panel Status	_____	☐Medical Group/IPA Affiliation	_____
+ Please submit a signed, dated W-9 form for all Tax Identification Number changes			

If applicable, please attach a separate list of additional locations where address update is needed.

SECTION 3: Demographic Change (Adds)							
Enter new information or additional address below:							
Address Type: ☐ Office ☐Billing			Panel Status: ☐Open Panel ☐Closed Panel				
Group/Practice Name:			Group NPI:				
Address Line 1:			Telehealth: ☐Yes ☐No				
Address Line 2 (Suite Number):							
City:			State:			Zip Code (9 digits):	
Phone:			Fax:				
Office Hours:	M:	T:	W:	TH:	FR:	SA:	SU:
Specialty:		Board Certified: ☐Yes ☐No		Certification Date:			
				Certification Expiration Date:			
Languages:							
Hospital Affiliation(s):							
Wheelchair Accessible: ☐Yes ☐No			Email:				
TIN:			TIN Name:				

If applicable, please attach a separate list for additional locations that need to be terminated.

SECTION 4: Demographic Change (Deletes)			
Enter old information that needs to be terminated:			
Address Type: ☐Office ☐Billing		TIN:	
Group/Practice Name:		Group NPI:	
Address Line 1:			
Address Line 2:			
City:	State:		Zip Code:

Please allow 30 days to process your request. **Tax ID updates cannot be processed without a completed W-9.** If you have any questions, please contact Community Relations & Network Development at 562-888-8802 x3050 or Provider@ccmapd.com.

Clever Care HEALTH PLAN

Connectivity

Provider Portal

Save Time. Save Money: Use our secure online Provider Portal on EZNet.

If you are a current Clever Care Health Plan provider, log-in to use the EZ-NET Provider Portal.

- Clever Care's EZ-NET Provider Portal offers Providers secure, web-based access to healthcare information, including eligibility and authorizations. And its secure method protects the HIPAA privacy of our Members.

The EZ-NET Provider Portal allows Providers access to:

- Submit Authorizations into the EZ-CAP system when Clever Care is Financially Responsible
- Verify Member eligibility
- View Member authorization history and approval status
- Check the status of claims/encounter information
- Look up procedure COB, codes, diagnosis codes, and other general reference information

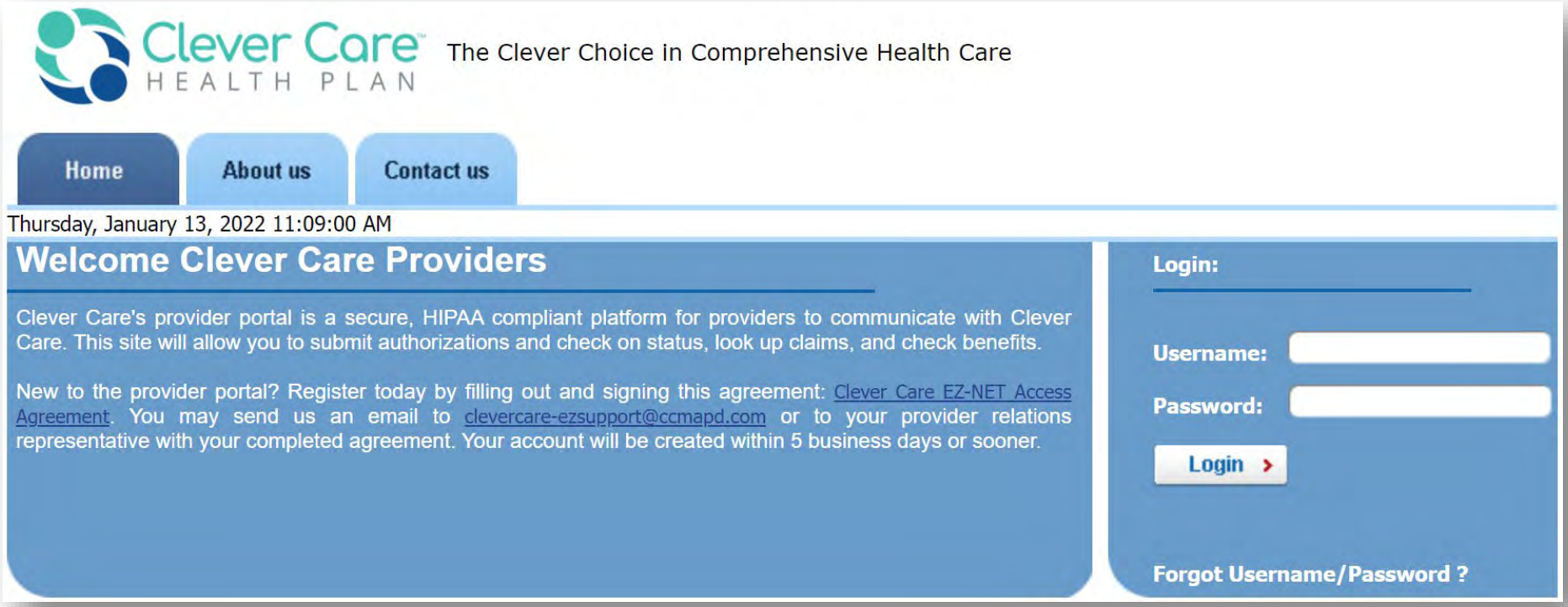
For Support - Email: clevercare-ezsupport@ccmapd.com Fax: 657-276-4758

Clever Care™ HEALTH PLAN

Register for the Portal

New to the provider portal? Register today by filling out and signing the *Clever Care EZ-NET Access Agreement*. You may send us an email to clevercare-ezsupport@ccmapd.com or to your provider relations representative with your completed agreement. Your account will be created within 5 business days or sooner.

Use the **Internet Explorer** with this link: https://eznet.clevercare.com



Clever Care
HEALTH PLAN

Eligibility

- Use the Portal to verify real time eligibility of all Clever Care Members.
- Ability to see member demographics
- View PCP Assignment
- View Secondary Insurance if applicable

Clever Care™
HEALTH PLAN

Clearinghouse Information and Submissions

Office Ally

- Clever Care Payer ID: CC168
  - Submit Fee For Service Claims
- Encounter ID: CC16E
  - Submit Paid Encounters

Clever Care™ HEALTH PLAN

Office Ally

- Go to https://vimeopro.com/user67674610/product-demo-pages/video/230063798 for an introduction to Office Ally.
- You can register for a no-cost account here https://cms.officeally.com/Register/Register.aspx; and there are free over-the-phone trainings available.
- Office Ally offers free training for all their software and programs. Go here for Office Ally's video library: https://cms.officeally.com/Home/VideoLibrary.aspx
- You can view Office Ally's payer list here: https://cms.officeally.com/Pages/ResourceCenter/PayerLists/PayerList.aspx

Claim Workflow (Diagram):

Office Ally continued

Claim Workflow (Detailed):

Online Claim Entry Submitter (Direct Data Entry):

1. Submitter will log into Office Ally
2. Under the "Online Claim Entry" section, they'll pull up a blank CMS1500/UB04/ADA form and begin entering in the claim information (Managed Stored Info can be utilized)
3. Once the claim information is filled in, they'll click on "Update" to submit the claim.
    a. If required fields are missing (Tax ID, DOB, DOS, DX code, etc.) a red error message will pop up until the information is entered
4. Once the claim is submitted, it'll go to our "Claims Awaiting Batch" where it'll wait until Office Ally picks it up (we do a sweep every 3 hours)
5. After the file has completed processing, a File Summary (TXT format) will go back to the submitter (via portal)
    a. Web portal reports can be found under the "Download File Summary" section
    b. The File Summary will show what OA accepted and what OA rejected (and the reason for rejection)
6. For the claims that rejected, they will go back to the Claim Fix section of Office Ally within 6-12 hours (usually less)
    a. Once the claim is in Claim Fix, the submitter can correct/resubmit the claim
7. For the claims that passed, they will go out in the payer's next batch file (within 24 hours [excluding weekends])
8. If a payer sends back a 999, we will not pass that 999 along to the submitter
    a. If a claim rejected on the 999, we'd manually fail back that claim and the submitter would receive the response on a EDI Status report (TXT format)

Office Ally continued

Claim Workflow (Detailed): continued

Online Claim Entry Submitter (Direct Data Entry): continued

9. If a payer sends back a 277CA/Proprietary report with payer acceptances/rejections, we will pass those along to the submitter in our EDI Status report (TXT format) (via portal)
10. If the payer rejects back a claim, that claim will show up in Claim Fix within 6-12 hours (usually less) from the time we process the payer response file
11. If the payer returns ERA's, it will be posted to the submitters account (both 835 and TXT versions of the ERA will be sent)
    a. ERA's can be found under the "Download EOB/ERA 835" section
    b. The claims are not updated in OA's system based on ERA responses

Office Ally Reports:

File Summary Report (Default Report)	• Text format (TXT) • Office Ally acceptances and rejections • Standard OA report (activated automatically) • Format specs & naming convention can be found here
EDI Status Report (Default Report)	• Text format (TXT) • Payer acceptances and rejections • Note: not all payers provide response reports • Standard OA report (activated automatically) • Format specs & naming convention can be found here

Eligibility File Access

- Complete SFTP Registration Form
- 834 File Format
- Weekly File Update with full file.
- Access processed when form is received.
- Test Files available

Secure File Transfer (SFTP) Request Form

Please complete the registration form below. Please fill out the entire form and return it to *it@ccmapd.com*
Please allow 7-10 days for the folder/user account(s) to be set up on the server.
(All fields marked with * are required; please complete before submitting form.)**

Company Name: ***

Primary Contact:

Contact Name: ***
Department:
Phone: ***
E-mail: ***

Technical Contact:

Contact Name: ***
Department:
Phone: ***
E-mail: ***

Network Info:

Primary Source IP address: required if new or changed xxx.xxx.xxx.xxx
Second Source IP address: required if available xxx.xxx.xxx.xxx
Target date for first transfer:
If known, include expected file sizes (MB,GB):

Clever Care HEALTH PLAN

File Formats

- Clever Care has standardized formats for information exchange:
- Eligibility format:
  - 834 File
  - Full file Provided monthly

- Claims Submission format:
- 837 Professional
- 837 Institutional
- 837 Paid Professional
- 837 Paid Institutional

Clever Care™ HEALTH PLAN

Claims

Clever Care Claims Payment

CCHP process claim payments for the following type of services:

- Institutional Portion of Shared Risk Group Claims
- Ancillary Claims-Part B, DME, Home Health
- Supplemental Benefit Providers-Acupuncture, Herbal Supplements, Eastern Wellness benefits.

Claims will be processed by the corresponding entity for the following type of services:

- **Prospect pays for their in-Network Hospital Claims**
- EyeMed pays Supplemental Vision Care Claims
- Liberty Dental pays Supplemental Dental Claims
- Nations Hearing Claims are paid by Clever Care

Clever Care™ HEALTH PLAN

Claims Submission

VERIFY THE CLAIM IS NOT A DELEGATED GROUP'S REPSONSIBLITY BEFORE SUBMITTING TO CLEVER CARE

- Providers can submit claims through their clearinghouse and receive electronic remits through PaySpan.
- For claims questions, contact the Claims Department at **562-888-8801 x3040 (claims@ccmapd.com).**
- For EZ-Net support, contact:

  clevercare-ezsupport@ccmapd.com
- For ease of processing payment, electronic claims are preferred; however, if you are unable to send us a claim electronically, please mail it to:

  Clever Care Health Plan
  Claims Department
  7711 Center Ave., Suite 100
  Huntington Beach, CA 92647

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Clever Care Payment Vendor

Clever Care uses PaySpan for payment distribution

- PaySpan provides electronic payment and remittance that is quick, easy and cost effective.
- No service fees are required for your participation in the standard PaySpan offering.
- You need only enroll in the standard PaySpan service to immediately begin receiving EFTs and ERAs from Clever Care.
- EFT deposits are made direct from Clever Care's Bank to your account.
- PaySpan will reach out to you directly for your information.

Clever Care™ HEALTH PLAN

Claims Re-direction

- Professional Claims are processed by the **Medical Group/IPA.** Medical Groups/IPAs of the member appear on the **Member ID Card**
- A Medical Group/IPA contact list is provided on the Clever Care Health Plan Website and on the EzNet Provider Portal.
- PROSPECT HEALTH NETWORK IS RESPONSIBLE FOR PROFESSIONAL AND HOSPITAL CLAIMS FOR THEIR MEMBERS.

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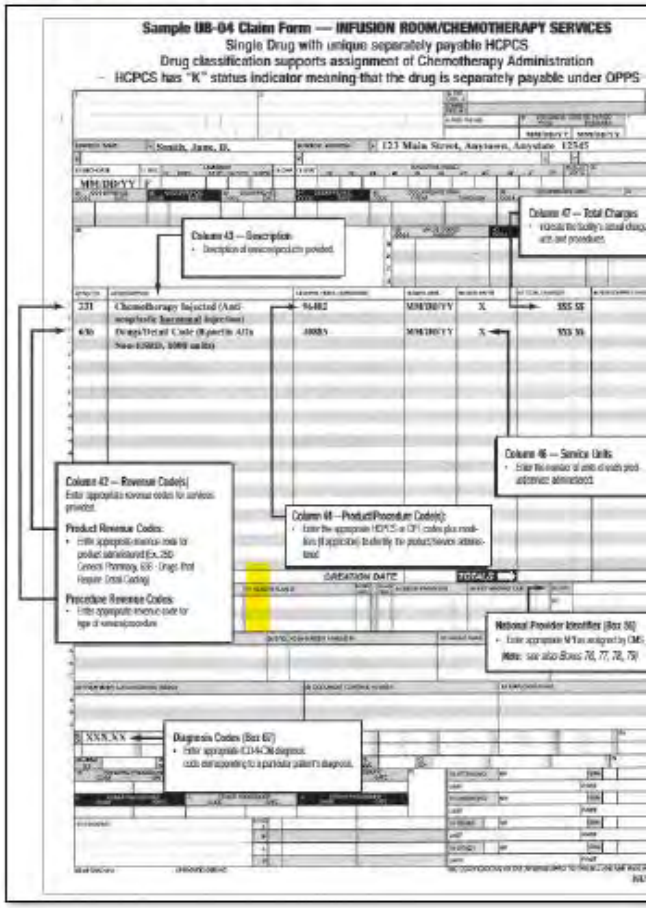
Examples of Claims Forms

CMS 1500 for Professional Claims

UB04 Claim Form



Clever Care™ HEALTH PLAN

Reporting

Delegation Reporting of Key Performance Indicators

Function	Reporting Requirements	Minimum Frequency of Reporting
Utilization Management	Utilization Management Program Description	Annually
	ODAG Reports – EOD and SOD	Monthly
	Utilization Management Metrics and Work Plan (ICE Format)	Semi-Annually
Complex Case Management	Complex Case Management Program Description	Annually
	Case Management Metrics and Work Plan (ICE Format)	Semi-Annually
Credentialing	Credentialing Reports (ICE Format)	Semi-Annually
Claims Processing and Provider Dispute Resolution	Monthly Timeliness Reports ODAG Reports – Claims, DMRs, and Dismissals	Monthly and Quarterly
	Provider Dispute Report	Quarterly
Documentation to Support Annual Delegation Oversight Audits	Other documentation, such as Delegate and Sub-Delegates' policies and procedures, are collected at the time of audit	Annually

Clever Care™ HEALTH PLAN

Reporting Requirements-Delegated Entities

Operational Area	Report Type	Due Dates	Form
Credentialing	ICE Quarterly Credentialing Submission Form	Quarterly: 5/15, 8/15, 11/15, and 2/15	ICE_CRD_Quarterly Report Template
Claims	Monthly Timeliness Report (MTR)	Monthly: 15th of the following month being reported	ICE_CMS_MTR rev 092020
Claims	Provider Dispute Resolution Report	Quarterly: Last calendar day of the month after the last month of each quarter. 4/30, 7/31, 10/31, & 1/31	CMS_Qtr_ProvDisput e_Rpt_Final_012019
Claims	ODAG – Table 3 Payment Organization Determinations and Reconsiderations	Quarterly: 4/15, 7/15, 10/15, and 1/15	Table 3 Payment Org Det
Utilization Management	ODAG – Table 1 Standard & Expedited Pre-Service Organization Determinations	Monthly: 15th of the following month being reported	Table 1 Standard and Expedited PreService (
Utilization Management	Part C Report	Quarterly: 4/15, 7/15, 10/15, and 1/15	2019_ICE__Part C_OD_Report_Final_T
Utilization Management	UM Program	Annually - February 15th	
Utilization Management	ICE Work Plan	Annually - February 15th	2022_HICE_UM_Dele gation_Report_Templ
Utilization Management	ICE Semi-Annual Report	Semi-Annually: 8/15 for Jan – June 30th. 2/15 for July – Dec.	2022_HICE_UM_Dele gation_Report_Templ

Clever Care™ HEALTH PLAN

Reporting Requirements-Delegated Entities

Operational Area	Report Type	Due Dates	Form
Inpatient Metrics	Acute Inpatient and LTAC – Calculated Monthly	Quarterly: 4/15, 7/15, 10/15, and 1/15 *RKK plans please submit monthly, 15th of the following month being reported	1. Admits/1000 2. Days/1000 3. Average Length of Stay 4. Readmission rate within 30 days Number of inpatient/LTAC stay denials
Inpatient Metrics	Detailed Notice of Discharge log and copy of notice sent to the beneficiary	Quarterly: 4/15, 7/15, 10/15, and 1/15	
Inpatient Metrics	SNF – Calculated Monthly	Quarterly: 4/15, 7/15, 10/15, and 1/15 *RKK plans please submit monthly, 15th of the following month being reported	1. Admits/1000 2. Days/1000 3. Average Length of Stay 4. Readmission rate within 30 days 5. Number of SNF stay denials
Inpatient Metrics	Log for SNF/HHC and CORF appeals with copies of the Detailed Explanation of Coverage letters given to Members	Quarterly: 4/15, 7/15, 10/15, and 1/15	
Complex Case Management	Complex Case Management Log	Quarterly: 4/15, 7/15, 10/15, and 1/15	 CCM Log
Compliance/Fraud, Waste and Abuse	Payment Suspensions Based on Credible Allegations of Fraud	Ad-Hoc: 7 days prior to implementing payment suspension.	 2022 Payment Suspension Reporti
Compliance/Fraud, Waste and Abuse	Inappropriate Prescribing of Opioids	Quarterly: 15 days after the last month of each quarter. 1/15, 4/15, 7/15, 10/15	 2022 Inappropriate Opioid Prescribing F

Clever Care HEALTH PLAN

Reporting Requirements-Delegated Entities

Operational Area	Report Type	Due Dates	Form
Compliance/Fraud, Waste and Abuse	Substantiated or Suspicious Activities of FWA	Ad-Hoc: Within 7 days of identifying substantiated or suspected FWA.	2022 FDR Suspected FWA Refe

*Please note, if a template is not provided, the plan will accept the groups template/format.

Please submit reports by the due date above via Clever Care's SFTP and send a screen shot to Compliance@ccmapd.com showing the location of the reports.

Instructions for access to Clever Care SFTP are as follows:

1. Complete the attached SFTP form and submit to Clever Care IT Systems Engineer at ron.wan@ccmapd.com and copy to Compliance@ccmapd.com

   Clever%20Care%20Health%20Plan%20S
2. Allow IT 7 to 10 business days to process the SFTP form.
3. Once the SFTP form is processed and your account is created, IT will send the login credentials to the primary contact.
4. Once logged in with your credentials, you can submit reports/files on the SFTP site, please remember notify Compliance with the screenshot.

Clever Care™ HEALTH PLAN

Utilization Management, Quality Management, Delegation & Oversight

Authorization

Prior authorization is required for all elective admissions to the acute setting. Notification of emergency admissions to acute setting is required within one business day.

- We do not require prior authorization for emergency room or urgent care services

MEDICAL GROUPS AND IPAs ARE DELEGATED FOR PROFESSIONAL SERVICE AUTHORIZATIONS

Utilization Review Criteria

- Clever Care uses follows CMS hierarchy: Medicare National Coverage determination (NCD), Local Coverage Determination (LCD), CMS Manuals, then InterQual®, Specialty Literature criteria to assess medical necessity for services
- Prior Authorization List/Documentation Requirements
- Enter Authorizations using the portal, view real time status, receive notice of approvals via email.
- Hospital Admissions Line:
  PH (833) 253-8373 FAX (657) 276-4719

Prior Authorization Requirements

Clever Care Health Plan

Procedures & Services Requiring Prior Authorization

Authorization Department: Phone (714) 650-8770 Fax (657) 276-4719

- These authorization requirements apply to all Clever Care Health Plan products; and are intended to be a guide and not a guarantee of coverage.
- Evidence of Coverage Plan language supersedes the general information provided in this guide.
- The presence or absence of an item on this list does not define whether coverage or benefits exist for the service or procedure and/or CPT code.
- All services listed may be subject to copays, coinsurance, or other services limitations.
- CMS benefit coverage limitations apply to all service categories except those specifically listed as Clever Care Supplemental Benefits as address in the approved Medical Benefit Plan.
- Failure to prior authorize procedures or services identified in this guide may result in denial of coverage; as a result, financial responsibility may be yours.
- More specific and Detailed information is available in the Provider Guideline issued by Clever Care Health Plan.
- Use the Clever Care EzNet Provider portal to submit and review prior authorization status in real time. Obtain access to the ClevercareEzNetPortal@Clevercarehealthplan.com/provider.

SERVICE CATEGORY	AUTHORIZATION REQUIRED	AUTHORIZATION REQUEST MADE BY
All Inpatient Services: IP, Inpatient Psych, SNF, IRF, LTAC	YES	Specialist/Service provider must request authorization.
Skilled Nursing Facility	YES	Specialist/Service provider must request authorization.
ASC/ Outpatient Hospital Surgery	YES	Specialist/Service provider must request authorization.
All Other unlisted Diagnostic or Specialty services	YES	Specialist/Service provider must request authorization.
Ambulance Transport -Non-Emergency	YES	Specialist/Service provider must request authorization.
Cardiac Imaging/Ablation/Ultrasound	YES	Specialist/Service provider must request authorization.
Chemotherapy	YES	Specialist/Service provider must request authorization.
Chiropractic Services -Medicare covered subluxation benefit only	NO	NO AUTHORIZATION REQUIRED
Clinical Trials	YES	Specialist/Service provider must request authorization.
Dental Medicare Covered Services* (Authorization not needed when received from Liberty Dental Provider)	YES	Specialist/Service provider must request authorization.

- Enter requests via Clever Care's EZNet provider portal.
- Complete required fields.
- Attached documentation to facilitate approval and expedite processing
- Look up Approval status or receive an email when Authorization status is changed.
- Print authorization directly from the Portal.

Clever Care™ HEALTH PLAN

Prior Authorization

Prior Authorization Request Form

Fax to 1-657-276-4719

Instructions: Please complete all fields on this form and submit any pertinent clinical information (i.e. progress notes, treatment rendered, test/lab results or radiology reports) to support the request for services in order to be processed in a timely manner. Any request for a non-contracted provider must include documentation to substantiate the reason for the request. When the completed form has been received, your request will be completed within 72 hours expedited / 14 days standard for non-Part B drug requests. Part B drug requests will be processed within 24 hours expedited / 72 hours standard.

Save time and speed up the authorization determination process by using Clever Care's provider portal. Log on to https://eznet.clevercarehealthplan.com/ or give us a call at (714) 650-8709 to register.

☐ **Expedited: defined as danger to a member's health if not provided within 72 hours**
Clinical reason for expedition: _____

Member Information			
Member Name:			
Member DOB:	**Member ID:**		**Zip code:**
Requesting Provider Information:			
Requesting Provider:		**Contact Person**	
		Phone #	
NPI or Tax ID:		**Fax #**	
Referred to Provider (or leave blank for Clever Care to fill in)			
Servicing Provider:		**Facility Name:**	
Address:		**Address:**	
NPI or Tax ID:		**NPI or Tax ID:**	
Phone #		**Phone #**	
Fax #		**Fax #**	
Service Request			
Inpatient	☐ Inpatient Emergent Notification ☐ SNF ☐ IRF ☐ LTAC ☐ Acute Elective ☐ Psychiatric Inpatient		
Outpatient	☐ Advanced Imaging MRA/MRI, CT, PET ☐ Ambulance/Transport ☐ Behavioral Health ☐ Chemotherapy ☐ Dialysis ☐ DME ☐ Elective Surgery ☐ Genetic Testing ☐ Home Health ☐ Home Infusion ☐ Hospice ☐ Nuclear Imaging ☐ Part B Drugs ☐ Podiatry ☐ Prosthetics/Orthotics ☐ Radiation Therapy ☐ Transplant ☐ Other:		
ICD-10 Code(s)			
ICD-10 Desc			
CPT / HCPCS			**# of Services Requested:**
Proc Desc			
Supporting Clinical Information, Physician Order, and/or Forms Attached? ☐ Yes ☐ No: enter details below			
Signature:			

AUTHORIZATION DOCUMENTATION GUIDELINES

Please refer to the following information that includes a list of the types of documentation which when submitted along with your referral request(s) will expedite approval & processing.

Outpatient Procedures/Services

Specialists are to request authorizations for services beyond the initial consult or follow up care based on the treatment plan established for the patient. The following are examples of services requiring authorization and documentation to facilitate approval. This list is not intended to be a comprehensive list of all services that may require prior authorization.

Cardiology:
Consultations:
- Progress Notes
- EKG
- Chest X-ray Report
- Labs containing the following: Astra 8, CBC, TSH, FT4, Protime
- Previous Cardiology records including:
  - Angiograms
  - CABG's
  - Pacemaker Insertions
  - Thallium Stress Test
  - History and Physician or Hospital Discharge Notes (if applicable)
  - Treadmill, Holter Monitor reports

Treadmill:
- PCP Notes
- EKG

Routine Follow-up Office Visit:
- PCP Notes
- Last Cardiology office notes
- Recent EKG

Echocardiogram:
- PCP Notes
- EKG
- Chest X-ray

(See attached Cardiology Matrix for assistance)

Gastroenterology:
Consultation-Need Recent PCP Notes
- Gastric Bypass Criteria: (see checklist attached)

The Gastric Bypass Criteria check list must be filled out completely before the referral will be processed

Colonoscopy:
PCP Notes
Labs-CBC
Any previous GI reports:
Flex-Sigmoid results
Colon reports
BE reports
Path reports

EGD:
- PCP Notes
- Labs-H-Pylori, CBC
  Any previous:
  - EGD reports
  - Upper GI reports
  - Path reports

General Surgery:
All Record Pertaining to Diagnosis:

Gallstones:
- Ultrasound
- Labs
- History & Physical

Hernias:
- History & Physical

Hemorrhoids:
- History & Physical
- Flex-Sigmoid/Colonoscopy Report (if ever done)

Hematology:
All Patients- Need Recent:
- PCP Notes

Clever Care™ HEALTH PLAN

Grievance & Appeals

Member Complaint and Appeals Form

This form is for your use in making suggestions, filing a formal complaint, or appeal regarding any the care or service provided to you. Clever Care **is required by law** to respond to your complaints and we have a detailed procedure for resolving these situations. If you have any questions, please f call us at: **Customer Service 1-833-283-9888.** If you have a hearing or speech impairment, please **TTY/TDD:** 711.

Please print or type the following information:

Member Name | Member ID Number

Address | Phone Number

City, State, Zip | Email Address (optional)

Authorized Representative: If the complaint is filed by someone other than the member, please review called "Who may file an Appeal" and provide the following information:

Name: _____ Phone Number: _____

Relationship to Member: _____

Address: _____

City, State, Zip: _____

☐ Authorization / ☐ Claim # (optional): _____ Date of Incident: _____

Please state the nature of the complaint, giving dates, times, persons, places, etc. involved.

_____

_____

_____

_____

_____

A complaint or appeal may be filed in writing within 60 days of the incident. Please attach cop additional information that may be relevant to your complaint or appeal.

Name of Member: _____ Signature: _____

Name of Submitter: _____ Signature: _____

- Member Grievance and appeals
- Members may file grievances by calling the Clever Care Customer Service Department at (833) 388-8168 toll free. Every attempt will be made to resolve the oral grievance at the time the information is received and ensure the member is accommodated.
- Complaint Forms routed to Clever Care will be processed within 24 hours of receipt. The completed Complaint Form shall be routed immediately to the Grievance Coordinator, investigated, resolved, and reported according to Clever Care Health Plan policies
- Providers and provider groups are not delegated Appeals or Grievances

Clever Care™ HEALTH PLAN

Grievances

- Standard grievances will be resolved within 30 calendar days.
- Verbal grievances will be responded to verbally unless it's Quality-of-Care or the member requests a written response.
- Grievances received in writing will be responded to in writing.
- Expedited grievances will be resolved within 24 hours of receipt.
- Clever Care will accept grievances via the following methods:
  - Calling 833-388-8168 and speaking to a Member Services Representative
  - Calling 833-283-9888 and speaking to the A&G department
  - Faxing their grievance to 657-276-4715 or 657-276-4720
  - Emailing their grievance to appeals@ccmapd.com or csr@ccmapd.com
  - Visiting one of our offices or community centers and filing in person
  - Via mail to any of our locations

Appeals

- **Standard Appeal –** We will provide a written decision on a standard appeal within ***30 days*** of receipt.
- We will provide a written decision on payment appeal within **60 days**.

  Part B drug appeals have a standard turnaround time of **7 days**.
- **Expedited Appeal** – We will provide a decision on an expedited appeal within **72 hours** after receipt.
- **We will automatically give the member an expedited appeal if a doctor asks for one.** If a member asks for an expedited appeal without support from a doctor, we will decide if the request requires an expedited appeal. If we do not provide an expedited appeal, the decision will be provided within **30 days**.
- Clever Care will accept appeals via the following methods:
  - Calling 833-388-8168 and speaking to a Member Services Representative (expedited only)
  - Calling 833-283-9888 and speaking to the A&G department (expedited only)
  - Faxing their appeal to 657-276-4715 or 657-276-4720
  - Emailing their appeal to appeals@ccmapd.com or csr@ccmapd.com
  - Visiting one of our offices or community centers and filing in person
  - Via mail to any of our locations

Clever Care HEALTH PLAN

- Providers and provider groups are not delegated for appeals & grievances
- When applicable, Clever Care A&G department will submit a request to an IPA to provide a response back to us within a specified amount of time regarding the grievance or appeal.
- Clever Care A&G department will then officially respond to member and/or provider and resolve the grievance or appeal.

Name	Email	Phone	Fax
A&G Department	Appeals@ccmapd.com	833-283-9888	657-276-4715
Ashlee Sprague	Ashlee.sprague@ccmapd.com	714-650-8768	657-276-4715
Terri Rosales	Terri.rosales@ccmapd.com	714-650-8751	657-276-4715
Jami Alfaro	Jami.alfaro@ccmapd.com	833-283-9888	657-276-4715

Quality Measures

- Member Incentives have been established to encourage Members to seek preventive care and services linked to Quality measures.
- Direct contracted PCPs may also earn incentives for the completion of an Annual Wellness visit.
- Clever Care will be engaging provider offices in various campaigns to encourage member completion of quality Stars and HEDIS measures.
- Clever Care offers a Medication Therapy Management (MTM) Plan for members with complex health needs. The MTM program helps members and their doctors ensure the member's medications are working. It also helps to identify and reduce possible medication problems.

Clever Care™
HEALTH PLAN

Member Incentives

Clever Care is committed to the health of our members.

We believe that members who participate in activities that focus on promoting improved health, preventing injuries and illness, and demonstrate efficient use of our health care resources deserve to be rewarded.

- Earn rewards up to a maximum of $150 in additional Flexible Health & Wellness Spending allowances on your debit card, per year.
- Complete and submit a verification form, signed by your PCP, to Clever Care in order to receive your reward.

Action	Reward
Complete the Health Risk Assessment (HRA) within 90 days of enrollment	**$20**
Complete an Annual Wellness Visit with a PCP	**$50**
Get the annual flu vaccine	**$10**
Get the COVID-19 vaccine	**$10**
Complete a diabetic retinal eye exam	**$30**
Complete an at-home wellness check	**$50**
Complete a post-hospitalization visit, with your PCP, within 30 days of discharge	**$50**
Complete two diabetic prevention measures: Blood Glucose A1C test Urine protein test	**$25**
Complete a cancer screening:	
Breast cancer	**$50**
Cervical cancer	**$25**
Prostate cancer	**$20**
Colon cancer (Colonoscopy, Sigmoidoscopy, CT Colonography, FOBT)	**$25**

Clever Care™ HEALTH PLAN

Risk Adjustment

- Risk adjustment is a mechanism used across health insurance programs for the **expected** healthcare costs of their enrollees based on disease factors and demographic characteristics.
- HCCs are comprised of mostly chronic conditions and a few acute conditions.
- **All conditions** the patient has and those that require care and treatment or impact the overall care and treatment of the patient **should be documented and reported at the time of the encounter**.
- The Member's Risk score is based on the validated codes supported by the documentation **submitted by our IPAs/Medical Groups and Participating Providers**.
- **Inappropriate coding**, which does not reflect the severity of illness and quality of care, can result in inaccurate identification of Member needs and impact reimbursement for the patient's overall care.
- CMS requires that each disease state and co-morbidity be documented **at least once**, every year.

Clever Care™ HEALTH PLAN

HCC Risk Related Reporting

The IPA/Medical Groups/Providers must redocument Member's chronic conditions on yearly basis.

To improve the accuracy of medical coding and its supporting documentation, Clever Care will provide its Primary Care Physicians with the following:

- A current list of the Primary Care Physician's assigned Clever Care Members
- The Member's profile which shows the Member's chronic/acute diagnosis history, potential undiagnosed disease conditions, and any CMS quality measures the Member may be eligible.
- Provider offices can also be provided trainings on acceptable CMS regulated coding and documentation practices.

HCC Documentation Requirements:

- A diagnosis documentation supporting a face-to-face encounter • Primary diagnosis or reason for visit
- The current statuses of the Member's conditions, reported as stable, improved or worsening
- Each condition addressed and/or treated, or those impacting the overall care and treatment of the patient must have a corresponding treatment plan.
- CMS requires that all codes reported on the encounter are supported by documentation.

Annual Wellness Visits

- 2023 **Very Clever Wellness Incentive (VCWi)** program for PCPs to close risk and quality gaps via comprehensive wellness visit.

	Date of Service	Incentive per AWV	Payout eligibility*	Payout timeline
AWV completed by PCP	Jan – Jun 2023	**$300**	AWV claim (G0438, G0439, 99381-99397) and documentation must be received within 45 days of visit	Within 45 days of receiving completed claim & AWV documents
	Jul – Dec 2023	**$150**		

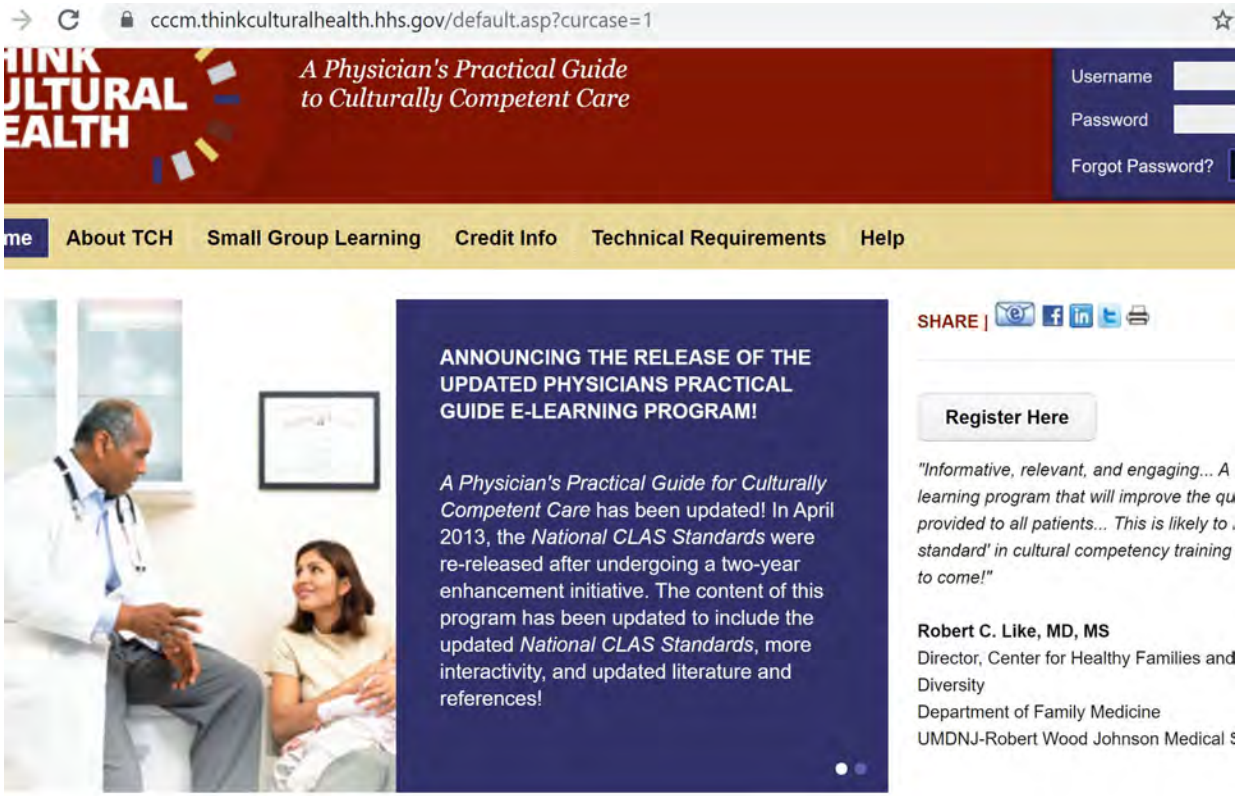
*Member must be eligible with Clever Care on the AWV visit date. Clever will pay only one AWV per member every year.

- Clever Care also offers in-home, embedded, and mobile wellness programs to our members via our vendor partners.

Clever Care™ HEALTH PLAN

Cultural Competency

- CMS encourages Providers to pursue cultural competency training.
- Compassionate care and communication in the member's language is integral to Clever Care Health Plan's success.



We care about our members and want to make sure they understand how to use the benefits of a Clever Care health plan.

That is why we have in-house materials and customer service representative who speak:

- English,
- Spanish
- Mandarin
- Cantonese
- Korean
- Vietnamese
- Tagalog
- Khmer

Clever Care™ HEALTH PLAN

In-Language Services

- Clever Care strives to provide in-language services to our Members.
- Member materials are available in English, Chinese, Korean, and Vietnamese.
- Large print, Braille and Audio versions of Member documents are also available from the health plan.
- Contact Customer Service at **(833) 888-8168** if you need assistance with In-Language or Accessible format documents.

Clever Care™
HEALTH PLAN

Delegation Oversight

Delegation Oversight Overview

Delegation Oversight Program to build structure around the requirements to audit, monitor, communicate, and train in healthcare and administrative functions that have been delegated.

Pre-Delegation Assessment

- Prior to proceeding with delegation of responsibilities to an FDR, Clever Care will conduct a pre-delegation assessment to determine, among other things, the FDR's ability to implement all proposed delegated activities.
- The Compliance Department is responsible for reviewing the new First Tier entity's Compliance Program, obtaining a completed Compliance Attestation and for screening the potential entity against the OIG/GSA Excluded Persons lists prior to contract effectuation

Focus areas may include:

- Quality Assurance and Quality Improvement.
- Credentialing, Recredentialing and Facility Site Review
- Staff and Provider Training and Communication
- Case Management, Continuity of Care and Care Transitions
- Utilization Management (e.g., timeliness, clinical decisions, denial notices, emergency services, structure)
- Claims Processing/Adjudication and Timely Payment
- Provider Disputes and Claim Appeals
- Member Rights
- Customer Service
- Network Management
- Organization Determinations
- Communication Services (for example, call center, Culture & Linguistic services, alternative formats)
- Access and Availability (including ADA)
- Model of Care and Practice Guidelines
- Systems
- Reporting and Monitoring
- Sub-delegation

Delegation Oversight Overview

Annual Audit

- Through annual oversight audits, Clever Care and likewise its Delegates review policies, program structure, and files of the Delegate and Sub-Delegate to ensure continued compliance with all applicable laws, rules, regulations, contractual requirements and Clever Care policies and procedures.
- The first annual audits are conducted within 12 months of initial contracting and every year thereafter.

Audit Area/ Benchmark	Resulting Action
Credentialing/ 100%	If FDR fails to meet this threshold a CAP will be issued and a re-audit may be scheduled
UM, CM, QM, Claims, PDR/ 100%	If FDR meets the overall score of 95% but fails to pass a "must pass" element, a CAP will be issued for that element. If FDR fails to meet the overall 95% score a CAP is issued and if the deficiency is attributed to a must pass element, a re-audit will be scheduled within 90 days

Delegation Oversight Overview

Data Validation & Reporting

- Quarterly Universe Validation audits are conducted on UM and Claims data. The result is incorporated in the annual delegation for the succeeding year and appropriate score is awarded.
- Clever Care requires that the Delegates and Sub-Delegates submit monthly, quarterly, and annual reports on key performance indicators for each delegated or sub-delegated or outsourced function

Function	Reporting Requirements	Minimum Frequency of Reporting
Utilization Management	Utilization Management Program Description	**Annually**
	ODAG Reports – EOD and SOD	**Monthly**
	UM Part C Quarterly Reports (HICE Format)	**Q1 = April 15th** **Q2 = July 15th** **Q3 = October 15th** **Q4 = January 15th**
	Utilization Management Metrics and Work Plan (HICE Format)	**Semi-Annually**
Complex Case Management	Complex Case Management Program Description	**Annually**
	Case Management Metrics and Work Plan (ICE Format)	**Semi-Annually**
Credentialing	Credentialing Reports (HICE Format)	**Semi-Annually**
Claims Processing and Provider Dispute Resolution	Monthly Timeliness Reports ODAG Reports- Claims, DMRs, and Dismissals	**Monthly and Quarterly**
Provider Dispute Resolution		**Quarterly**
Documentation to Support Annual Delegation Oversight Audits	Other documentation, such as Delegate and Sub- Delegates' policies and procedures, are collected at the time of audit	**Annually**

Reporting Requirements-Delegated Entities

Operational Area	Report Type	Due Dates	Form
Inpatient Metrics	Acute Inpatient and LTAC – Calculated Monthly	Quarterly: 4/15, 7/15, 10/15, and 1/15 *RKK plans please submit monthly, 15th of the following month being reported	1. Admits/1000 2. Days/1000 3. Average Length of Stay 4. Readmission rate within 30 days Number of inpatient/LTAC stay denials
Inpatient Metrics	Detailed Notice of Discharge log and copy of notice sent to the beneficiary	Quarterly: 4/15, 7/15, 10/15, and 1/15	
Inpatient Metrics	SNF – Calculated Monthly	Quarterly: 4/15, 7/15, 10/15, and 1/15 *RKK plans please submit monthly, 15th of the following month being reported	1. Admits/1000 2. Days/1000 3. Average Length of Stay 4. Readmission rate within 30 days 5. Number of SNF stay denials
Inpatient Metrics	Log for SNF/HHC and CORF appeals with copies of the Detailed Explanation of Coverage letters given to Members	Quarterly: 4/15, 7/15, 10/15, and 1/15	
Complex Case Management	Complex Case Management Log	Quarterly: 4/15, 7/15, 10/15, and 1/15	CCM Log
Compliance/Fraud, Waste and Abuse	Payment Suspensions Based on Credible Allegations of Fraud	Ad-Hoc: 7 days prior to implementing payment suspension.	2022 Payment Suspension Reporti
Compliance/Fraud, Waste and Abuse	Inappropriate Prescribing of Opioids	Quarterly: 15 days after the last month of each quarter. 1/15, 4/15, 7/15, 10/15	2022 Inappropriate Opioid Prescribing F

Reporting Requirements-Delegated Entities

Operational Area	Report Type	Due Dates	Form
Credentialing	ICE Quarterly Credentialing Submission Form	Quarterly: 5/15, 8/15, 11/15, and 2/15	ICE_CRD_Quarterly Report Template
Claims	Monthly Timeliness Report (MTR)	Monthly: 15th of the following month being reported	ICE_CMS_MTR rev 092020
Claims	Provider Dispute Resolution Report	Quarterly: Last calendar day of the month after the last month of each quarter. 4/30, 7/31, 10/31, & 1/31	CMS_Qtr_ProvDisput e_Rpt_Final_012019
Claims	ODAG – Table 3 Payment Organization Determinations and Reconsiderations	Quarterly: 4/15, 7/15, 10/15, and 1/15	Table 3 Payment Org Det
Utilization Management	ODAG – Table 1 Standard & Expedited Pre-Service Organization Determinations	Monthly: 15th of the following month being reported	Table 1 Standard and Expedited PreService (
Utilization Management	Part C Report	Quarterly: 4/15, 7/15, 10/15, and 1/15	2019_ICE__Part C_OD_Report_Final_T
Utilization Management	UM Program	Annually - February 15th	
Utilization Management	ICE Work Plan	Annually - February 15th	2022_HICE_UM_Dele gation_Report_Templ
Utilization Management	ICE Semi-Annual Report	Semi-Annually: 8/15 for Jan – June 30th. 2/15 for July – Dec.	2022_HICE_UM_Dele gation_Report_Templ

Reporting Requirements-Delegated Entities

Operational Area	Report Type	Due Dates	Form
Compliance/Fraud, Waste and Abuse	Substantiated or Suspicious Activities of FWA	Ad-Hoc: Within 7 days of identifying substantiated or suspected FWA.	2022 FDR Suspected FWA Refe

*Please note, if a template is not provided, the plan will accept the groups template/format.

Please submit reports by the due date above via Clever Care's SFTP and send a screen shot to Compliance@ccmapd.com showing the location of the reports.

Instructions for access to Clever Care SFTP are as follows:

1. Complete the attached SFTP form and submit to Clever Care IT Systems Engineer at ron.wan@ccmapd.com and copy to Compliance@ccmapd.com

   Clever%20Care%20Health%20Plan%20S
2. Allow IT 7 to 10 business days to process the SFTP form.
3. Once the SFTP form is processed and your account is created, IT will send the login credentials to the primary contact.
4. Once logged in with your credentials, you can submit reports/files on the SFTP site, please remember notify Compliance with the screenshot.

Fraud Waste & Abuse

Training and Documentation

Public Sector Specific Requirement

- The CMS annual compliance training requirement related to fraud, waste, and abuse awareness applies to all organizations that provide health care or administrative services for Medicare-eligible individuals under the Medicare Advantage program. If your organization provides these services, your organization will need to complete the required compliance training annually.
- Providers are responsible for administering and tracking their organization's completion of this training. All employees within your organization who provide health care or administrative services for a Medicare-eligible individual under a Medicare Advantage program must participate in the training. You may choose how to monitor your employees' completion of the training.
- Tracking of training must be maintained for 10 years and made available to Clever Care, CMS or agents of CMS upon request to verify the training occurred.

Clever Care™ HEALTH PLAN

Important Clever Care Contact Numbers

DEPARTMENT	PHONE	FAX	EMAIL
Authorization	714-650-8770	657-276-4719	authorization@ccmapd.com
Concurrent Review (Hospital Admissions)	833-253-8373	657-276-4719	concurrent@ccmapd.com
Claims	562-888-8801 x3040	657-276-4713	claims@ccmapd.com
Compliance	562-888-8801 x3060	657-276-4721	compliance@ccmapd.com
▪ Compliance Hotline	833-217-8644	657-276-4721	
▪ Fraud Waste & Abuse Hotline	833-217-8645	657-276-4721	
Community Provider Relations/ Network Development	562-888-8801 x3050	657-276-4718	provider@ccmapd.com
Credentialing	714-650-8719	657-276-4716	credentialing@ccmapd.com
Customer Service	833-388-8168	657-276-4720	csr@ccmapd.com
Grievance & Appeals	833 283-9888	657-276-4715	appeals@ccmapd.com
Quality Management	562-888-8801 x3220	657-276-4714	quality@ccmapd.com
Pharmacy-MedImpact	800-926-3004	858-790-6060	pharmacy@ccmapd.com
Sales	833-365-1888	657-276-4722	sales@ccmapd.com
EZNet Support		657-276-4758	clevercare-ezsupport@ccmapd.com

Clever Care™ HEALTH PLAN

Fraud Waste & Abuse

Fraudulent and abusive practices result in significant additional health care costs. It is in the best interest of all to identify and eliminate these practices. Allegations of fraud are treated seriously by Clever Care and will be aggressively investigated. Suspected instances of fraud or abuse against Clever Care can be reported by contacting the Clever Care Compliance Department hotline at (833) 217-8644.

FRAUD	ABUSE
Intentional deception or misrepresentation that the individual knows to be untrue, knowing that the deception results in benefit to themselves or some other person. Fraud may take many forms, some examples of which are: · Billing for services not provided · Misrepresenting services or the diagnosis to justify the services/equipment provided · Altering a claim to obtain a higher level of reimbursement · Soliciting, offering or receiving a kickback or bribe	Incidents or practices that are inconsistent with accepted sound medical practices, resulting in unnecessary costs, improper payment for services not meeting professionally recognized standards of care, or services that are medically unnecessary. Abusive practices include: · Excessive charges · Medically unnecessary services · Improper billing practices · Unbundling of services

Clever Care™ HEALTH PLAN

How to reach us

Phone

- Customer Service: **(833) 388-8168**
- Community Relations & Network Development: **(562) 888-8801 x3050**

Email

- csr@ccmapd.com
- Provider@ccmapd.com
- clevercare-ezsupport@ccmapd.com

Website

- clevercarehealthplan.com

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