



## Primary Care Practices

In an effort to enhance access to care for our members, VIVA HEALTH has made Advanced Practice Providers (APPs) eligible to accept VIVA MEDICARE member assignment as a Primary Care Provider (PCP). APPs now have the ability to participate in the Connect for Quality (C4Q) incentive program and to be included in VIVA HEALTH Provider Directories. If you would like to opt-out of this offering, please email [vivaproviderservices@uabmc.edu](mailto:vivaproviderservices@uabmc.edu) by **12/31/2024**.

**Note:** APP participation in the incentive program requires a signed C4Q contract agreement. For additional information, please contact your C4Q Nurse or Provider Representative. **Alabama state requirements for physician supervision still apply.**

## Updated C4Q Program Contracts

Updated Connect for Quality (C4Q) Program contracts with Provider Incentives have been distributed. The deadline has passed and we still have a few outstanding contracts. If you have not submitted your signed contract, please contact your VIVA HEALTH C4Q Nurse or Provider Representative.

**Note:** All signed C4Q Program Contracts will be dated with a **January 1, 2024** effective date.

## Provider DEA Requirements

Providers with an ACSC are required to have an Alabama-specific DEA registration. VIVA HEALTH is unable to allow network participation for providers with an out of state DEA, unless evidence of meeting an exception can be provided and subsequently approved by our Credentialing Committee.

All providers that distribute, prescribe, or dispense any controlled substance in the state of Alabama must obtain annually an Alabama Controlled Substance Certificate (ACSC). An initial ACSC application becomes available once a provider has completed the applicable license process and is awarded a certificate of qualification. Once an initial ACSC is received the provider is required to apply for an Alabama-specific DEA registration. Additionally, an Alabama-specific DEA registration is required for ACSC renewal and the provider must be registered to query in the Prescription Drug Monitoring Databank.

For more details please visit: <https://www.albme.gov/licensing/md-do/registrations/acsc>

For questions, please contact [vivacredentialing@uabmc.edu](mailto:vivacredentialing@uabmc.edu).

## 2024 Special Needs Plan (SNP) Model of Care (MOC) Training

The Centers for Medicare and Medicaid Services (CMS) require that Medicare Advantage Organizations (MAO) provide annual Special Needs Plan (SNP) Model of Care (MOC) training to all providers that care for any dual eligible members. You may complete the training and submit the attestation online at [www.vivahealth.com/provider](http://www.vivahealth.com/provider). The training is located on the landing page under “2024 VIVA MEDICARE Special Needs Plan Model of Care (SNP MOC) Provider Training”.

If you have questions about the 2024 SNP MOC training, please email [vivamoctraining@uabmc.edu](mailto:vivamoctraining@uabmc.edu).

## Helpful Tips for Provider Appeals Submission

When filing appeals for denied claims or payment disputes, providers should consult the VIVA HEALTH [Provider Manual](#) for a detailed explanation of the process.

Below are the **Dos** and **Don'ts** of Provider Appeals Submission:

### Do:

- ✓ State the basis for the appeal and include the relevant information that addresses the reason for the denial.
  - *For example, appeals for claims denied for lack of authorization should explain why the authorization was not obtained.*
- ✓ Submit appeals with more than 50 pages on a CD rather than paper. Send the CD password in a separate envelope.

### Do Not:

- × Fax appeals if there are more than 20 pages.
- × Continue to try to fax lengthy appeals that fail to send properly. Multiple faxes for a single appeal may result in our inability to process the appeal.
- × Send medical records if the appeal was not denied for lack of medical necessity.
  - *For example, do not send medical records if the denial is due to no authorization. VIVA HEALTH does not retrospectively review medical records when a provider simply fails to get a timely authorization.*
- × Send the patient's entire medical record even if the claim was denied for lack of medical necessity. Only send those records relevant to the appeal. Sending extraneous information may delay a decision or result in an ineffective review of your appeal.

## Provider Portal

The VIVA HEALTH provider portal includes a user-friendly design, with a self-registration feature for portal account administrators, enhanced security, access to claims payment information, eligibility, and benefits. In addition to these great features, users are also able to submit authorization request via the portal for the below services.

- |  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| ✓ Chemo Support Drugs                      | ✓ Home Health Episodic                | ✓ Rehabilitative Physical Therapy |
| ✓ DME                                      | ✓ Home Health Fee for Service         | Outpatient                        |
| ✓ Diagnostic Imaging                       | ✓ In-Office Services                  | ✓ Rehabilitative Speech Therapy   |
| ✓ Habilitative Occupational Therapy        | ✓ Outpatient Surgery                  | Outpatient                        |
| Outpatient                                 | ✓ Pain Management                     | ✓ Specialty or Part B Medications |
| ✓ Habilitative Physical Therapy Outpatient | ✓ Planned Admission                   | ✓ Sleep Study                     |
| ✓ Habilitative Speech Therapy              | ✓ Rehabilitative Occupational Therapy | ✓ Wound Care                      |
| Outpatient                                 | Outpatient                            |                                   |

**Note: Third Party Administrators (TPAs) will have the ability to self-register;** however, self-registration will only allow access to a non-active account. Once a TPA creates their account, notification will be sent via the portal to the practice/facility account administrator for review. The TPA will not have access to any provider or member data until the practice/facility account administrator grants final approval.

To access the new provider portal please visit <https://vivaproviders.com>.

Please email questions to [vivaproviderportal@uabmc.edu](mailto:vivaproviderportal@uabmc.edu) or contact Provider Customer Service directly at **205-558-7474**.

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## Medicare's Annual Enrollment Period (AEP) Starts Soon

All Medicare members have the chance to enroll in a new Medicare plan from October 15 through December 7. If patients request additional information about VIVA MEDICARE plans available in their county, please direct them to:

**1-888-830-8482 (toll-free) | TTY: 711**

Hours: 8am - 8pm, Monday - Friday (Oct 1 - Dec 31: 8am - 8pm, 7 days a week)

Or visit us online at [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare)

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## Payment Processing for Immunosuppressant Drugs

VIVA HEALTH must perform its due diligence to ensure appropriate payment for immunosuppressant drugs under the Medicare Part B or Medicare Part D benefit. Per Medicare regulations, if a drug as prescribed and dispensed or administered is available under Medicare Part B, the drug is not eligible under Medicare Part D.

If VIVA HEALTH has received information from CMS or identified information in VIVA HEALTH's medical claims data indicating that a beneficiary has received a Medicare-covered transplant, VIVA HEALTH cannot cover immunosuppressant drugs used for transplant rejection under Medicare Part D, even if the prescriber indicates that Medicare did not cover the transplant. For this reason, VIVA HEALTH will not perform outreach to prescribers to inquire about Medicare coverage of the transplant.

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## Update to Vaccine Coverage as Provided Under the Inflation Reduction Act (IRA)

Most Part D covered vaccines have a zero dollar member cost under the Inflation Reduction Act (IRA). The listing of covered vaccines has been reviewed and may now be updated based on a recent recommendation from the Advisory Committee on Immunization Practices (ACIP).

- **Ixchiq (Chikungunya)** is now eligible for Part D coverage under the IRA for \$0 cost share.

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## Preparing for the Respiratory Season

Respiratory infectious diseases often follow seasonal patterns, co-circulating during the late fall through early spring. While people have a tendency to underestimate their risk of severe outcomes from these infections, in 2023, over **900,000** people were hospitalized due to COVID-19 and each year between 100,000 and 700,000 persons are hospitalized due to influenza. However, receipt of an updated COVID vaccine can reduce the risk of COVID-related hospitalization by **50%** and flu vaccine can reduce hospitalizations and doctors' visits from the flu by **40% to 60%** in both adults and children.

## 2024/25 CDC's Advisory Committee on Immunization Practices (ACIP) Recommendations

For this reason, [ACIP recommends](#) all persons 6 months and up get an updated COVID-19 vaccine for the 2024/25 season.

- Certain children aged 6 months through 4 years may need 2-3 doses based on manufacturer guidance.
- Those with certain immunocompromising conditions may need multiple doses based on age and manufacturer guidance.

ACIP also [recommends](#) all persons 6 months and up who are not contraindicated get an updated influenza vaccine for the 24/25 season.

- ACIP recommends that adults aged  $\geq 65$  years preferentially receive any one of the following: higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).
- Certain children aged 6 months through 8 years may need 2 doses.

Because these infections co-circulate in the fall and winter, patients need to be protected at the same time, making for a crowded vaccination calendar. Coadministration of vaccines allows patients to potentially get up-to-date on all their required vaccines in a single visit, without the need to return at a later date. [Coadministration](#) also reduces overall care costs, the number of cumulative transient adverse events, and the number of missed opportunities, thus increasing overall vaccination rates.

The [CDC allows](#) that all respiratory vaccines can be given in the same visit, if the patient is eligible and the timing is right but should be given at least 1 inch apart or in different anatomical sites.

### Want to learn more about having conversations about vaccines?

- [Flu and COVID coadministration quick guide](#)
- [Expert Brief: Framing Conversations using the AIMS approach](#)
- [HCP education module: Pediatric COVID vaccination](#)
- [Vaccine Hesitancy Learning program](#)
- [COVID-19 in the US: Key Facts for 2024](#)

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## Cultural Competence in Health Care

According to the American Hospital Association, “a culturally competent health care system is one that acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs.”

It is paramount that all of our VIVA MEDICARE members receive the highest quality of care. Members may have diverse perspectives on health and wellness based on their cultural background.

The four components to cultural competent care are awareness, attitude, knowledge, and skill. Health care providers must be mindful of their own reactions to individuals who may appear or behave differently than the norm and understand that could be based on culture. It is important for providers to constantly enhance their cultural knowledge and apply cultural competence in their practice. Offering culturally competent care results in more member participation, engagement and improved understanding that can result in:

- ✓ Increased member satisfaction
- ✓ Decreased costs
- ✓ Reduced care disparities
- ✓ Reduced inefficiencies

Being respectful and responsive to health beliefs, practices and the cultural and linguistic needs of members can help bring about positive health outcomes and better quality of care.