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Connect for Quality (C4Q) Program Updates

Beginning **January 1, 2025**, Comprehensive Review Forms (CRFs) will transition from paper to electronic through the Provider Portal. Your Connect for Quality (C4Q) nurse will contact your office to set up training.

The 2025 Bonus Quality Incentive Compensation Schedule is now available. The most significant change will be **reimbursement of CPT-2 Codes** through the claims process. Please **click here** to see the schedule and reach out to your C4Q Nurse with any questions.

Peer to Peer

As of October 1, 2024, as part of the inpatient hospitalization and preservice post-acute review process, **ᴠɪᴠᴀ ʜᴇᴀʟᴛʜ will offer a peer-to-peer option for treating providers.** For any cases that are reviewed by a ᴠɪᴠᴀ ʜᴇᴀʟᴛʜ Medical Director and the intent is to deny, the treating provider will be offered the opportunity to complete a peer to peer **within 24 hours** of notification of the intent to deny. If a request is not made within 24 hours of notification, or if the member has already discharged, peer to peer is no longer an option. In these cases, the provider must file an appeal of the determination. Following a peer-to-peer discussion, the determination made is final. Should the treating provider wish to have any further review of the case, an appeal must be filed.

Medicare's Upcoming Open Enrollment Period

The Medicare Advantage Open Enrollment Period (MA OEP) is available from **January 1 to March 31** to beneficiaries who are already enrolled in a Medicare Advantage plan as of January 1. During this enrollment period, beneficiaries can make a one-time change to go to another Medicare Advantage plan or Original Medicare (and make a coordinating change to add or drop Part D prescription drug coverage).

If your patients would like more information about the ᴠɪᴠᴀ ᴍᴇᴅɪᴄᴀʀᴇ plans available in their county, please ask them to call: 1-888-830-8482 (toll-free) | TTY: 711 8am - 8pm, Monday - Friday (Oct 1 - Dec 31: 8am - 8pm, 7 days a week) or visit us online at **www.VivaHealth.com/Medicare**.

Provider Rep Territory Map

Look at the map below to find your provider representative and click on their name to send them an email.

Karen Barganier
West–Central Region
- Brookwood
- Baptist Princeton
- Baptist Shelby
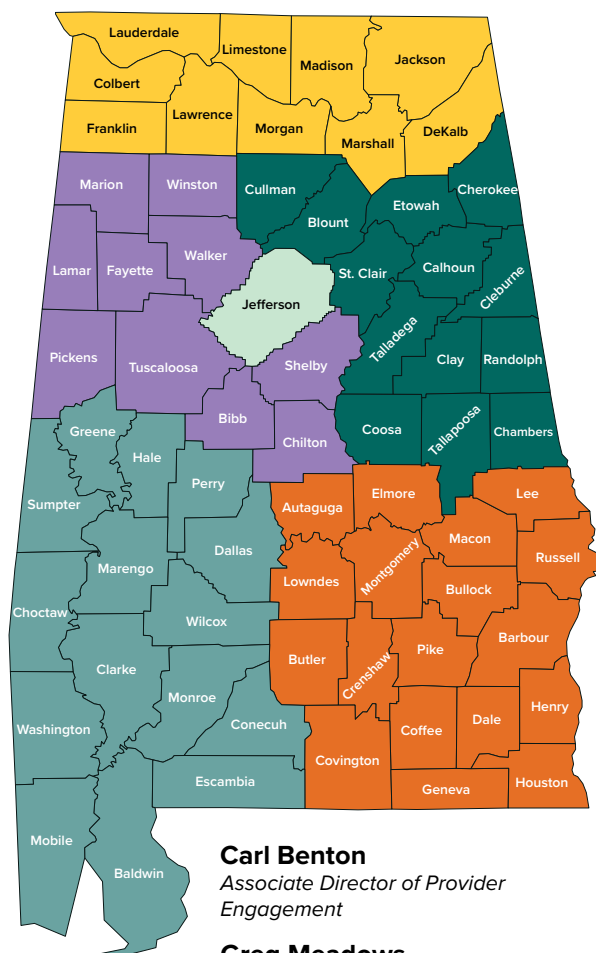- Baptist Walker
- Baptist Citizens
- DCH

Ashley Heard
Central Region
- UAB
- UAB Medical West
- Cooper Green
- Callahan
- CHS Facilities *(Grandview MC, Crestwood MC, South Baldwin Regional MC, Gadsden Regional MC, Foley Clinic, Wiregrass Clinics)*

Corey Beard
Southwest Region
- Infirmary Health
- Providence Hospital
- USA

Chris Price
North Region
- Huntsville Hospital
- Athens Limestone
- Marshall Medical Center

Jennifer McDaniel
East–Central Region
- St. Vincent's Blount
- St. Vincent's St. Clair
- St. Vincent's East
- St. Vincent's Bham
- Cullman Regional

Amanda Smitherman
Southeast Region
- Baptist Montgomery
- Baptist Montgomery South
- Baptist Montgomery East
- Jackson Hospital
- East Alabama Medical Center
- Southeast Health Medical Center
- Troy Regional

Map of Alabama counties showing regional provider territories: Lauderdale, Limestone, Madison, Jackson, Colbert, Franklin, Lawrence, Morgan, Marshall, DeKalb, Marion, Winston, Cullman, Cherokee, Etowah, Blount, Lamar, Fayette, Walker, St. Clair, Calhoun, Cleburne, Jefferson, Talladega, Clay, Randolph, Pickens, Tuscaloosa, Shelby, Bibb, Chilton, Coosa, Tallapoosa, Chambers, Greene, Hale, Perry, Elmore, Lee, Sumter, Autauga, Macon, Russell, Marengo, Dallas, Montgomery, Bullock, Choctaw, Lowndes, Wilcox, Butler, Crenshaw, Pike, Barbour, Clarke, Monroe, Coffee, Dale, Henry, Washington, Conecuh, Covington, Escambia, Geneva, Houston, Mobile, Baldwin

Carl Benton
Associate Director of Provider Engagement

Greg Meadows
Supervisor of Provider Engagement

No Longer a Special Enrollment Period for SNP or Extra Help Beneficiaries

Beginning in 2025, the quarterly Special Enrollment Period (SEP) for beneficiaries who qualify for both Medicare and Medicaid and/or those who get Extra Help ***will no longer be available*** in Alabama. In previous years, this SEP allowed dual-eligible beneficiaries to join, switch, or drop a Medicare Advantage plan with drug coverage or a Medicare drug plan once during each period: January–March, April–June, and July–September.

Note: All Medicare beneficiaries can change their Medicare health plan and/or prescription drug coverage during the Annual Enrollment Period (AEP). This enrollment period takes place between **October 15 and December 7**. Coverage begins on January 1, the following year.

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
- ✓ DME
- ✓ Diagnostic Imaging
- ✓ Habilitative Occupational Therapy Outpatient
- ✓ Habilitative Physical Therapy Outpatient
- ✓ Habilitative Speech Therapy Outpatient

- ✓ Home Health Episodic
- ✓ Home Health Fee for Service
- ✓ In-Office Services
- ✓ Outpatient Surgery
- ✓ Pain Management
- ✓ Planned Admission
- ✓ Rehabilitative Occupational Therapy Outpatient

- ✓ Rehabilitative Physical Therapy Outpatient
- ✓ Rehabilitative Speech Therapy Outpatient
- ✓ Specialty or Part B Medications
- ✓ Sleep Study
- ✓ Wound Care

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** or contact Provider Customer Service directly at **205-558-7474**.

In an effort to maintain appropriate portal access and security, VIVA HEALTH has the following access controls in place:

- Only 1 Admin per Provider Office is permitted
  - *Admins approve all other users for Provider Office*
- Accounts that are inactive for 180 days are automatically disabled
- 2-Factor Authentication is enforced

- Offshore access is prohibited
- Once a new account is established with a temporary password, the user has 7 days to log in and change their password or the account is disabled.
- Session timeout is set for 60 minutes of inactivity.

Remember, you are responsible for what happens under your login in the Provider Portal. It is the responsibility of the Provider Offices to regularly review the list of users for the practice to ensure access is appropriate. Access must be disabled immediately when a user's access is no longer required for your practice. Also, remember that every function in the Provider Portal is digitally tracked based on the username and associated password.

Provider Offices are also responsible for provisioning and managing accounts of any 3rd party not employed by the practice (i.e., 3rd party billers). Third parties who reside offshore will not be able to register an account. By design, international phone numbers cannot be configured for 2 Factor Authentication which is required for access. See your **VIVA HEALTH Provider Manual** for more details.

VIVA HEALTH®