

VIVA *Voice*

PROVIDER NEWSLETTER
SPRING/SUMMER 2023



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ANNUAL TRAINING ALERT:

Special Needs Plan (SNP) Model of Care (MOC) Training for Providers

The Centers for Medicare & Medicaid Services (CMS) requires that Medicare Advantage Organizations provide Special Needs Plan (SNP) Model of Care (MOC) training to all providers that care for our valued dual eligible members. The MOC serves as the foundation for VIVA MEDICARE's care management policies and procedures. To remain compliant with CMS guidelines, MOC training must be completed annually.

To complete the annual MOC training, please visit VivaProvider.com. To the left of the page, choose the **SNP Model of Care** tab. The PDF includes the training (first 5 pages) and provider attestation (6th page).

Please sign, date, scan, and return the attestation by email to VivaMOCTraining@uabmc.edu or fax to (205) 449-8253.



No Authorization Needed for Most Observation Stays

Effective May 1, 2023 VIVA HEALTH no longer requires an authorization for Observation level of care stays for either our Medicare or Commercial population. A VIVA HEALTH member who is placed in Observation, and has no change in status during their stay, will not require an authorization, and a claim may be submitted without an authorization number. This is specific to medical or urgent/emergent stays, and does not include outpatient procedures in which there is a need to keep the patient for an observation day following the procedure. For any change in status (admit to Inpatient, observation following an outpatient procedure), the facility will be required to request authorization from VIVA HEALTH.

This change applies to our in-network Providers only. Out-of-network (non-par) providers will still require an authorization for Observation level of care stays.

For any questions, you may speak with your VIVA HEALTH Case Manager or email Pam Pope at ppope@uabmc.edu.



BetterDoctor Outreach

VIVA HEALTH has enlisted Quest Analytics' BetterDoctor services to implement a robust process to help us meet the provider directory requirements outlined in the No Surprises Act. We are excited about the progress made since partnering with BetterDoctor to collect quarterly provider data attestations.

Attestations may be completed in one of two ways:

1. Attest via the BetterDoctor portal by using the secure access code you receive via email, fax, direct mail, or phone call each quarter. For assistance contact BetterDoctor directly at support@betterdoctor.com or call (844) 668-2543 8:00am - 5:00pm CST.
2. Submit a roster file if your organization has 10 or more practitioners at multiple service locations. We highly recommend this streamlined roster solution for larger groups and health systems. For more information and data specifications please email rosters@questanalytics.com.

Advance Directives

Primary Care Providers (PCPs) are expected to engage each VIVA MEDICARE member annually regarding his/her future health care needs and available options for treating those needs. PCPs should discuss with members the importance of having an advance directive in place. Advanced care planning and the use of advance directives provides a tool for ensuring individual autonomy at end of life. There are two ways members can make a formal advance directive:

- Living Will
- Power of Attorney for Healthcare Document

An advance directive form can be found on our website at VivaHealth.com/Medicare/Member-Resources (select the member's VIVA MEDICARE plan name, then click the link titled "Advanced Directive for Healthcare"). Documentation of the PCP's discussion of advance directives with members must be maintained in the medical record, as well as documentation indicating if the member currently has an advance directive in place.



5- STAR RATING: Allows Medicare Beneficiaries to Enroll in VIVA MEDICARE Any Time in 2023

VIVA MEDICARE received a 5-Star rating from the Centers for Medicare & Medicaid Services for the 2023 benefit year. This makes VIVA MEDICARE the highest rated Medicare Advantage plan in Alabama for the second year in a row. We earned this distinction by having excellent performance on 38 measures across key areas such as preventive screenings and tests, chronic condition management, provider responsiveness and care, addressing member complaints and disenrollments, and customer service.

This distinction opens up a unique opportunity for Alabamians who now have access to the 5-Star Special Enrollment Period. This means beneficiaries can enroll in a VIVA MEDICARE plan any time of the year for their 2023 coverage, even during the lock-in period when many beneficiaries are otherwise unable to make any plan changes.

VIVA MEDICARE is taking calls at 1-888-830-8482 (toll free) Monday - Friday, 8am - 8pm (Oct 1 - Dec 31: 8am - 8pm, 7 days a week). TTY users call 711. Individuals may enroll over the phone, online at VivaHealth.com/Medicare/Enroll, at a VIVA HEALTH Café, or request an individual appointment with an agent.

For more information about the Medicare Star Rating Program and the 5-Star Special Enrollment Period, visit [Medicare.gov/sign-up-change-plans/when-can-i-join-a-health-or-drug-plan/5-star-special-enrollment-period](https://www.Medicare.gov/sign-up-change-plans/when-can-i-join-a-health-or-drug-plan/5-star-special-enrollment-period).



**HIGHEST STAR
RATING IN ALABAMA**
2 YEARS IN A ROW



**ALABAMA'S HIGHEST
MEMBERS' RATING**
2 YEARS IN A ROW



Mid-year Benefit Changes for Members

Beginning April 2023, Medicare will review Part B drugs to determine the cost of those rising faster than the rate of inflation. These drugs are considered “rebtable” Part B drugs. The rebtable drug list will be reviewed by Medicare quarterly and the cost of these rebtable drugs for VIVA MEDICARE members with a coinsurance on Part B drugs may be less than 20% of the Medicare allowed amount.

Effective 7/1/2023, a 30-day supply of insulin will be available for VIVA MEDICARE members at \$35 at participating durable medical equipment (DME) suppliers.

PLUS, EVEN MORE CHANGES FOR THESE PLANS:

 **VIVA MEDICARE** *Extra Value*
(HMO SNP)



 **VIVA MEDICARE**
EXTRA CARE (HMO SNP)


INFIRMARY
HEALTH

 **VIVA MEDICARE**
INFIRMARY HEALTH ADVANTAGE (HMO)

Starting 4/1/2023, VIVA MEDICARE members on *Extra Value* or *Extra Care* plans have a total calendar year eye-wear allowance of \$300. That is an increase of \$100.

As of 4/1/2023, VIVA MEDICARE *Infirmity Health Advantage* members received an increase in their calendar year dental and eye-wear allowance.

- Annual dental allowance is now \$2000 (an increase of \$600).
- Annual eyewear allowance is now \$300 (an increase of \$150).



Documentation and Coding Reminder

Documentation and coding are how care teams communicate. As a provider, you are creating the narrative of the patient's health status. Strong documentation and coding provides a complete view of the patient that will ultimately benefit the patient and other providers involved in the patient's care. Any code submitted on a claim must be supported by medical record documentation. When documenting conditions, be sure that each condition has a treatment plan, be as specific as possible, and confirm that all conditions submitted on the claim are in the medical record.

EXAMPLES:

- Some medications treat multiple conditions. Document the medication that is treating the condition you have diagnosed with the treatment plan rather than only under the "Medications" section.
- Make sure the symptom under the "Exam" matches the condition in the "Assessment and Plan."
- If the "Problem List" has CKD3 and the "Assessment and Plan" only has CKD, make sure the "Assessment and Plan" has the condition listed to the highest specificity.

It is the provider's responsibility to ensure their patients receive the highest quality of care and that the documentation in the medical record reflects that quality. The documentation should include a clear picture of the patient's severity of illness to justify providing care.

MEDICARE GLP-1 DRUG COVERAGE

The Centers for Medicare & Medicaid Services will **not** allow plans to cover GLP-1 drugs under a patient's Part D benefit when used for metabolic syndrome, obesity, prediabetes, or weight loss, because these conditions are not considered to be medically accepted by the FDA package insert, AHFS, or Micromedex. CMS regulations state for a drug to be considered for coverage under Medicare Part D, it must be used for a medically accepted indication as defined in section 1860(D)-2(e)(4) of the Social Security Act. Medications utilized off-label may have implications on Star adherence measures.

- Currently, all GLP-1 drugs are medically accepted for Type 2 Diabetes Mellitus.
- Ozempic and Victoza are also medically accepted for fatty liver disease.

GLUCAGON-LIKE PEPTIDE 1 (GLP-1) DRUGS

- | | |
|-------------------|--------------|
| • Bydureon BCise® | • Trulicity® |
| • Byetta® | • Victoza® |
| • Ozempic® | • Adlyxin® |
| • Rybelsus® | |

There are formulations of these drug categories specifically FDA approved for weight loss (Saxenda®/ Wegovy®). If that is the intended use, then prescribe those instead. CMS does not allow coverage of weight loss drugs, and they will reject appropriately under Part D coverage and prevent the compliance concerns discussed above.



CHANGE HEALTHCARE

EFT Availability

VIVA HEALTH has selected **Change Healthcare ePayment** as its electronic payment and remittance administrator. There is no cost to you to use Change Healthcare ePayment. Enrollment is simple and free!

With ePayment, you can accelerate your reimbursement cycle, eliminate manual processes like sorting and opening mail, reconciling paper-based claims payments, creating deposit tickets, and making trips to the bank.

ENROLL TODAY WITH EPAYMENT

You can switch from paper to electronic payments by submitting an ePayment enrollment authorization by mail, email, or fax.

MEDICAL PROVIDERS:

CHANGE HEALTHCARE PAYER ID: 63114

To enroll by mail, email, or fax, download the enrollment form at:

- **Online:** [ChangeHealthcare.com/eft](https://changehealthcare.com/eft)
- **Call:** 866.506.2830
- **Fax:** 615.238.9615
- **Enroll by email:** Send completed PDF form to: EFTenrollment@changehealthcare.com

VIVA HEALTH Holiday Schedule

We will be closed in observance of the following holidays:

Monday, May 29, 2023 – Memorial Day

Tuesday, July 4, 2023 – Independence Day

Monday, June 19, 2023 – Juneteenth

Monday, September 4, 2023 – Labor Day

