



VIVA HEALTH, Inc. provides this newsletter as a resource to its contracted entities that meet the CMS definition of a first tier, downstream or related entity (FDR). This newsletter is published annually and will be available on our website at [www.VivaHealth.com/FDR](http://www.VivaHealth.com/FDR).

We hope you find this newsletter helpful. We value your feedback and suggestions! If there are topics you would like for us to address in a future newsletter, please let us know. You can reach out to one of the contacts listed in the "Your VIVA HEALTH Contacts" box on the last page of this newsletter.


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## VIVA MEDICARE Earns High Marks From CMS

For 2021, VIVA MEDICARE earned 4 1/2 out of 5 stars from CMS on its Medicare quality performance. The score is based on 46 different quality measures that illustrate everything from customer service to how well the plan helps its members stay healthy. In addition, VIVA MEDICARE is one of the most highly rated plans in Alabama for eleven years.



**Highest Star Rating**  
for a plan in Alabama<sup>1</sup>



One of the most highly rated plans in Alabama for 11 straight years<sup>3</sup>

***We appreciate our FDRs' support in helping us achieve these excellent ratings!***

<sup>1</sup>Every year, Medicare evaluates plans based on a 5-star rating system. The Star Rating referenced is for contract year 2021. <sup>2</sup><https://health.usnews.com/medicare> <sup>3</sup>Based on the 2011-2021 Medicare & You Handbooks for Alabama.

VIVA MEDICARE is expanding its service area for 2021 to include **Limestone, Madison, and Morgan counties** in Alabama.

*This expansion into the Huntsville market will help increase our footprint in the Northern region of the state.*



If you receive eligibility or other data feeds from VIVA MEDICARE, you will begin to see membership in the new group numbers listed below and the MNAM Provider Organization (PORG) we have established for the expansion. Members residing in the expansion counties will have the following plan options:



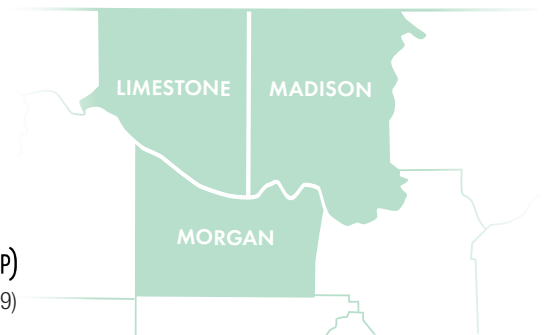
**VIVA MEDICARE CLASSIC (HMO)**  
(Group Number JEF217)



**VIVA MEDICARE PREFERRED (HMO)**  
(Group Number JEF218)



**VIVA MEDICARE EXTRA CARE (HMO SNP)**  
(Group Number JEF219)



Although the Huntsville expansion counties are effective 1/1/21, the Annual Election Period has begun and runs through 12/7/20. This means we are currently enrolling members in these counties and you may begin seeing membership in these counties through eligibility feeds (if applicable).

If you have any questions or need more detailed information about the new group numbers, PORG, or about the expansion, please feel free to reach out to us for assistance.

*We are glad that you are growing with us!*



# VIVA HEALTH'S Annual Compliance And Offshore Attestation

FDRs are required to complete VIVA HEALTH's Annual Compliance and Offshore Attestation. This form is available on our website at [www.VivaHealth.com/FDR](http://www.VivaHealth.com/FDR).

If you have not done so already, please go to our website to obtain the form, complete it, and return it to VIVA HEALTH by December 31, 2020. Please remember, the attestation must be completed by an authorized representative of your organization.



## THE VALUE OF YOUR DATA

**Data is a driving force in the world. In the past few months as businesses have had to restructure due to the pandemic, data and the protection and value of data have become increasingly more significant.**

The value of data can be seen in the amount of breaches happening in the health care sector, from business email compromises (through phishing) to hospitals having their data held for ransom. In 2019 alone, 41.4 million records were breached and the average cost of a medical record for sale on the dark web was \$1,000.

The end of 2019 saw a host of ransomware attacks. Several hospitals in Alabama were hit with a ransomware attack that forced them into diversion and made them launch emergency procedures.

A breach of health care data can come with a big price tag, not to mention potential lawsuits and reputational harm. The average cost of a health care breach in 2019 was \$6.45 million. In 2020, that number increased to \$7.13 million – that's more than a 10% rise.

The value of data is not just what a person is willing to pay for it; it's also what that data means to the organization or the human beings affected by the stolen data. Safeguarding data and its value is everyone's responsibility. For HIPPA, privacy, and security resources, visit <https://www.ama-assn.org/practicemanagement/hipaa/hipaa-privacy-security-resources>. So Do Your Part. **#BeCyberSmart**

<https://www.fiercehealthcare.com/tech/average-cost-healthcare-data-breach-rises-to-7-1m-according-to-ibm-report>

<https://newsroom.ibm.com/2020-07-29-IBM-Report-Compromised-Employee-Accounts-Led-to-Most-Expensive-Data-Breaches-Over-Past-Year>

# 2021 CMS Program Audit Preview

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**Even with the uncertainty related to the COVID-19 pandemic, CMS will be conducting Program Audits in 2021.**

CMS recently confirmed the 2021 audits will be based on the 2020 CMS Program Audit protocols. CMS also confirmed the audits will be conducted from March through July 2021. CMS did not say how many plans will be audited in 2021; however, if a plan was not audited in 2019 or 2020, there is a good chance of it being selected for a 2021 program audit.

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**A plan's chances to be audited increase every year since their last audit. VIVA HEALTH's last CMS Program Audit occurred in 2014, so there is a very good chance VIVA HEALTH will be on the 2021 schedule.**

While we know CMS will be using the 2020 protocols which are very similar to the 2018 and 2019 protocols, it does not mean a program audit will look exactly the same as it did in those years. CMS's focus in these audits is evolving as they learn specific issues that can cause plans trouble. CMS will also change its focus to reflect the ever changing regulatory environment. For example, the 2020 audits included deep looks into the impact and implementation of regulatory changes due to the COVID-19 pandemic. This could be a focus in 2021 as well, especially as we enter the COVID-19 pandemic one-year mark. While we do not know if we will be audited this year, it is important to remember that the audits are just a tool to evaluate VIVA HEALTH's operations and if we are meeting the CMS requirements.

**As long as we take care of our members within the regulatory guidelines, our audits will be successful.**





# CMS Preclusion List

Beginning January 1, 2019, CMS provides a preclusion list to Medicare Advantage (MA) plans on the 1st of each month. The preclusion list is a list of providers and prescribers who are precluded from receiving payment for MA items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

The preclusion list was created to ensure patient protections and safety and to protect the Medicare Trust Funds from prescribers and providers identified as bad actors. The list contains individuals or entities who meet the following criteria:

- Are currently revoked from Medicare, are under an active reenrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program.
- Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare Program.

The monthly preclusion list is reviewed by the plan, and members are notified by letter if they have received services or Part D drugs that were furnished or prescribed in the past 12 months by a provider on the list. The provider is copied on all member letters. The letter indicates the date (no earlier than 60 days from the date of the letter) by which claims for health care items or services must be denied, pharmacy claims must be rejected, or member requests for reimbursement must be denied. After the expiration of the 60-day period specified in 42 CFR §422.222, the provider will no longer be eligible for payment from the plan and will be prohibited from pursuing payment from the beneficiary as stipulated by the terms of the contract between CMS and the plan per 42 CFR §422.504(g)(1)(iv). The provider will hold financial liability for services, items, and drugs that are furnished, ordered, or prescribed after this 60-day period, at which point the provider will have already received notification of the preclusion (422.504(g)(1)(v)). Any provider/prescriber on the preclusion list will have been notified by CMS and given an opportunity to appeal before being precluded. For more information about the preclusion list, visit CMS's website at <https://www.cms.gov/Medicare/Provider-Enrollment-And-Certification/MedicareProviderSupEnroll/PreclusionList.html>.

VIVA HEALTH screens all contracted providers against the preclusion list monthly. If you are unsure whether or not VIVA HEALTH is screening your contracted providers/prescribers that perform services under your contract with VIVA HEALTH, please reach out to one of the contacts listed at the bottom of the last page.



# State Laws Strengthen Privacy and Security Requirements



Data privacy and security must always be a top priority not only for VIVA HEALTH, but our business associates (BAs) as well. Federal HIPAA privacy and security laws require protection of VIVA HEALTH's member information against impermissible access, use or disclosure.

Over the past few years, Alabama has joined most other states in issuing the following new requirements that govern protections of confidential information and breach reporting:

- **Alabama Data Breach Notification Act of 2018 (SB 318)**

This Act applies to any entity that maintains sensitive data of Alabama residents and carries civil penalties for violations. The Act mandates that VIVA HEALTH and our 3rd party service providers implement and maintain reasonable information security measures. It also requires immediate investigation if a security breach is discovered. The Act specifies if an entity is subject to HIPAA, most of the provisions in the Act do not apply provided the entity fully complies with HIPAA; however, a new requirement was added for notifying the Alabama Attorney General when a breach impacts over 1,000 individuals.

- **Insurance Data Security Law (SB 54)**

This Law mandated data privacy for "non-public information" which is broadly defined to include most any information about a member not publically available. The Law requires insurers to develop and implement an information security program and report certain cybersecurity events to the Alabama Commissioner of Insurance no later than three (3) business days from a determination that a cybersecurity event occurred. It also provides for civil penalties under certain conditions.

Federal and state requirements emphasize the need for VIVA HEALTH and our BAs to regularly review privacy and security policies and procedures for compliance with heightened standards. It also stresses the importance of identifying and reporting to VIVA HEALTH any privacy or security incident timely (as required in your Business Associate Agreement with VIVA HEALTH).

Please contact VIVA HEALTH's Privacy or Data Security Officers if you have questions regarding the protection of member information. Thank you for being diligent about protecting member information.

## Your VIVA HEALTH Contacts

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