

VIVA *Voice*

Fall-Winter 2019



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Attention: Radiology Services and Oncology Drug Changes

Effective 12/2/2019, VIVA HEALTH will no longer utilize eviCore for prior authorization and medical necessity reviews for radiology services and oncology drugs. To obtain authorization, providers should contact VIVA HEALTH directly.

For authorization of these services, VIVA HEALTH will utilize appropriate clinical criteria, published research, as well as guidelines from the specialty societies. A current list of radiology services and oncology drugs that require prior authorization can be found at www.vivaprovider.com in the prior authorization section under Forms & Resources.

Note: **Authorizations are only required for non-emergent outpatient procedures.** Therefore, services performed in conjunction with an inpatient stay, 23 hour observation, or emergency room visits are not subject to authorization requirements.

To request an authorization starting 12/2/2019:

- Call us at 1-800-294-7780 or (205) 933-1201
- Completed Prior Authorization forms can be faxed to (205) 449-7049

If you have any questions, feel free to contact our Provider Customer Service department at (205) 558-7474.

Medicare's Annual Enrollment Period is Almost Here!

Medicare's Annual Enrollment Period (AEP) starts October 15th and ends December 7th. This is the time of year when your patients should review their health and drug coverage and make a decision about their coverage for the upcoming year.

Here are a few things your patients should consider when choosing a Medicare Advantage plan:

1. Are all of my doctors in the plan's provider network?
2. Are all of my medicines covered?
3. What are the costs for the services I use most often?
4. Does the plan require a referral for me to see a specialist?
5. What is the monthly plan premium?
6. Does the plan offer emergency coverage if I travel outside the United States?
7. What do other people think of the plan and what is the plan's star rating?

If you think VIVA MEDICARE would be a good fit for any of your patients, please have them contact VIVA MEDICARE directly at 1-888-830-8482. They can call and speak to someone right here in Alabama seven days a week from 8 a.m. to 8 p.m. TTY users can call 711. You can also tell your patients about VIVA MEDICARE's group meetings, scheduled in convenient locations across our service area. Your patients can come to get expert advice and easy-to-understand answers to all their Medicare questions. Patients should call 1-888-830-VIVA (8482) for information on the group meetings, dates, and locations.

The Annual Enrollment Period is followed by the Open Enrollment Period, beginning January 1st and ending March 31st. During this period, members in a Medicare Advantage plan have a one-time opportunity to switch to another Medicare Advantage plan or disenroll from their current plan and obtain coverage through Original Medicare. As always, VIVA MEDICARE is here to help with any questions about the Medicare enrollment process.

Do Your VIVA MEDICARE Members Qualify for Help Paying for Medicare?

At VIVA MEDICARE, we want to help our members get more value for their health care dollar. If a member's income is less than \$1,427/month as an individual or \$1,924/month as a couple, then he or she may qualify for assistance from the state of Alabama in paying for their Medicare Part B premium and other Medicare expenses.

If you have a VIVA MEDICARE member as a patient who may fall below these income limits and is not already receiving assistance, have them call VIVA MEDICARE to find out what resources may be available. The number to call is 1-888-830-8482 (toll-free). TTY users dial 711. Our experienced agents are ready to assist Monday - Friday, 8am - 8pm (Oct 1 - Mar 31: 7 days a week, 8am - 8pm).

When a member qualifies for this assistance from the state, they also qualify for the VIVA MEDICARE *Extra Value* (HMO SNP) plan. This plan is just for people who have both Medicare and Medicaid or a Medicare Savings Program and comes with extra benefits at a \$0 premium.

The VIVA MEDICARE *Extra Value* plan includes:

- ✓ \$0 Primary Care Physician visits
- ✓ \$1,000 to spend on dental services each year
- ✓ \$100 to spend on eyeglasses or contacts each year
- ✓ \$110 to spend on over-the-counter items each quarter
- ✓ 24 one-way rides (12 round trips) to or from your doctor or dentist each year
- ✓ Lowest prescription drug costs available through Medicare

Depending on a member's level of assistance from the state, he or she could have no medical copays at all on the *Extra Value* plan.

We are here to help our members get the most out of Medicare. Thank you for your support and assistance!

KEPRO Update

As of 6/8/2019, the contact information for the Quality Improvement Organization (QIO), KEPRO, is as follows:

Method	KEPRO: Alabama's Quality Improvement Organization - Contact Information
CALL	1-888-317-0751 Available 9 a.m. to 5 p.m., Monday through Friday (available on weekends and holidays from 11 a.m. to 3 p.m.).
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
FAX	1-833-868-4058
WRITE	KEPRO 5201 West Kennedy Blvd., Suite 900 Tampa, FL 33609
WEBSITE	www.keproqio.com

Please be sure to update your "Important Message from Medicare" (IM) to reflect KEPRO's correct contact information. This is a very important change and assures that your patients have up-to-date contact information for KEPRO.

Connect for Quality Corner

VIVA MEDICARE's Connect for Quality (C4Q) program is based on improving the quality of care and health status for VIVA MEDICARE members through disease prevention and management activities.

Along with improving the quality of care for patients, PCPs can earn bonus incentives by working collaboratively with their VIVA MEDICARE C4Q nurse. The C4Q nurse proactively supports the PCP/patient relationship, is a valued member of the medical team, and is an excellent resource for PCPs in the program.

C4Q encourages the completion of the Comprehensive Review Form (CRF) at a member's annual visit, preventive screenings for breast and colorectal cancer, aggressive management and optimal member outcomes for diabetes and hypertension, plus medication adherence and reconciliation for VIVA MEDICARE members.

Your C4Q nurse promotes physician engagement and member satisfaction by:

- Facilitating and attending VIVA Days at the PCP's office.
- Sharing meaningful and actionable reporting with the PCP, including the identification of members who are at risk or who have measure gaps;

- Helping members receive their annual preventive visit and completion of the Comprehensive Review Form (CRF) screening tool;
- Facilitating physician orders and scheduling for preventive screenings and standard of care testing for STARS/HEDIS measures;
- Monitoring and impacting outcomes for better control of blood pressure and blood sugar;
- Monitoring medication adherence and medication reconciliation.

For more information about the Connect for Quality program, please contact your C4Q Nurse or your VIVA Provider Services representative.

2019 Measure Gaps

Attention VIVA MEDICARE PCPs!

Your C4Q nurse has been working diligently, throughout 2019, to ensure annual Comprehensive Review Forms (CRFs) are completed for your membership and to identify and eliminate any HEDIS and STARS measure gaps. With 2019 winding down, your C4Q nurse will continue to provide information on which of your members are at risk or have remaining measure gaps.

What are VIVA MEDICARE and C4Q doing to help PCPs reduce measure gaps?

SUPD/SPC – Statin Use in Persons with Diabetes and Statin Therapy for Patients with Cardiac Disease

In October, C4Q will begin sharing information with PCPs on diabetic and cardiac members, as identified by HEDIS, who may require statin therapy.

BCS - Breast Cancer Screenings

Throughout the fall months, C4Q has breast cancer screening events scheduled at many partnering facilities, and we can help facilitate appointments for mammograms.

COL - Colorectal Cancer Screenings

C4Q will offer colorectal cancer screening FIT tests to members who need to satisfy this measure.

CDC – Comprehensive Diabetes Care

Diabetic Retinopathy Screenings: Speak with your C4Q nurse for strategies on this measure. Your C4Q nurse call tell you about free retinopathy screenings for your VIVA MEDICARE members that can be held in your office. Members can also receive free diabetic retinopathy screenings at the VIVA HEALTH Cafés and our “On the Road” events this fall.

Diabetic Blood Sugar Control: C4Q can help you identify diabetic members who still need an HbA1c test completed for 2019 or those who may need their HbA1c test repeated before the end of the year.

Diabetic Kidney Disease Monitoring: C4Q can help you identify members who are lacking a Microalbumin or urine test for 2019 to monitor for kidney disease.

CBP – Controlling Blood Pressure

C4Q can help you identify members who need to have a blood pressure test for 2019 or who need repeat testing before the year's end. Remember, if the first blood pressure reading is greater than 140/90, always repeat the test later in the visit and document the subsequent reading.

FLU - Flu Vaccinations for Adults

Flu season is here, and VIVA MEDICARE wants our members to have easy access to crucial immunizations. Flu shots will be offered at the VIVA HEALTH Cafés and our "On the Road" events this fall. They are also available at participating pharmacies, and of course, at the PCP office.

C4Q Nurses have coordinated 424 VIVA Days so far in 2019 in PCPs' offices and closed thousands of gaps at these events. Thank you for your collaboration with these events, and thank you for everything you are doing to keep your VIVA MEDICARE members healthy and on track with their measures!

Rising Cost of Prescriptions - What Can You Do?

We have all heard about and felt the impact of the rising cost of prescription drugs. Drug pricing is far from transparent, and patients pay different amounts depending on their insurance or lack thereof. Needless to say, it is sometimes difficult for physicians to know the actual cost of the prescriptions they write. However, there are some red flags that could indicate a drug is unnecessarily high-cost and that there may be a more cost-effective alternative.

Red Flags:

- Receiving prescription requests for patients that you have not seen in a while or ever.
- Pharmacy sales representatives promoting off-label uses for their drugs.
- Pharmacy sales representatives leaving pre-printed prescriptions for their drugs.
- Pharmacy sales representatives requesting to volunteer at your office to relieve you of some administrative burden.
- Pharmacy sales representatives providing lavish gifts or incentives for you to prescribe their drug.
- Solicitations to direct patients to out-of-state and/or compounding pharmacies.

What you can do to help control cost:

- Be sure to ask the pharmacy sales representative how much the drug costs.
- Ask questions of the pharmacy sales representative to ensure they are a good business partner.
- Be familiar with medically appropriate alternatives (if any) to high-cost drugs.
- Make sure you have examined the patient for the specific ailment for which you are prescribing.
- If you have questions or concerns, call VIVA HEALTH. We will be happy to answer questions about your patient's formulary and actual cost.

In the event you have suspicion of pharmacy fraud, waste, or abuse, you are encouraged to report the activity or concerns to VIVA HEALTH or other authorities for investigation.

What is the Medicare Coverage Gap and How Does It Affect Our Members?

The coverage gap is the phase of coverage that comes after the deductible phase and the initial coverage phase for all members that have a Medicare Part D prescription drug plan. In 2020, members will fall into the coverage gap (informally known as the “donut hole”) after the total amount of money that the member has paid **PLUS** what their insurance plan has paid reaches \$4,020.

Medicare Part D Coverage Gap				
	Initial Coverage Limit	Out-of-Pocket Threshold	Percentage Member Pays for BRAND drugs	Percentage Member Pays for GENERIC drugs
2018	\$3,750	\$5,000	35%	44%
2019	\$3,820	\$5,100	25%	37%
2020	\$4,020	\$6,350	25%	25%

Example Scenario:

- A member on a *VIVA MEDICARE Plus* plan receives a prescription for Trulicity to treat their diabetes in January.
- The member will pay their Part D deductible plus their initial coverage copay for Trulicity, a tier 3 medication.
- For this example, we will assume a one-month supply of Trulicity is \$900 and the member’s copay is \$50. Since the member is paying their \$50 copay, *VIVA MEDICARE* is paying the remaining \$850.
- If the member is adherent to their treatment with Trulicity and the cost of Trulicity remains the same, this member will reach the coverage gap after 5 fills of Trulicity ($\$900 \times 5 \text{ fills} = \$4,500$). This would put the member in the donut hole sometime around May.
- Once the member is in the coverage gap, the member pays 25% of the cost of their brand name medications.
- For this example, the member would pay \$225 ($0.25 \times \900) each month to purchase Trulicity while the member is in the coverage gap.



Members with diabetes, COPD, or those on long-term anticoagulants are especially at high risk for entering the coverage gap early in the year since many of the most effective treatments are high-cost brand name medications. In addition, many patients with these conditions will require more than one high-cost medication which increases their drug spend even more.

Drugs Classes with Significant Costs:

- Diabetes Agents: insulin, injectables, name brand oral agents
- Inhalers
- Direct Oral Anticoagulants (DOACs)

VIVA MEDICARE members will not reach the coverage gap if their total drug spend never reaches the initial coverage limit. Some members who have Low Income Subsidies or Extra Help will not be affected by the coverage gap. However, it is important to remember that VIVA MEDICARE members who are taking high-cost medications may fall into the coverage gap early in the year and may struggle with purchasing their medications for the remainder of the year. This can negatively affect treatment outcomes and cause members to become non-adherent to not only their high cost medications, but also to their less expensive generic medications.

High Cost Medications and Lower Cost Alternatives

- The high costs of prescription medications can cause a significant financial burden on patients even with active health insurance.
- After reviewing our members' prescription claims, we found there are several high-cost medications being prescribed that have lower cost alternatives with therapeutic equivalence.
- In addition, high-cost medications can cause VIVA MEDICARE members to enter the coverage gap early in the year which may result in members having additional financial burden and adherence challenges.

Below are some medications that have less expensive alternatives for your consideration.

Higher-Cost Medications		Lower-Cost Alternatives	
Esomeprazole Magnesium Caps DR 20 mg and 40 mg	\$\$\$	Omeprazole Caps DR 10 mg, 20 mg, 40 mg OR Pantoprazole Sodium EC Tab 20 mg and 40 mg	\$
DEXILANT Caps 30 mg and 60 mg	\$\$		
JANUVIA Tab 25, 50, 100 mg	\$\$	Alogliptin Benzoate Tab 6.25 mg, 12.5 mg, 25 mg	\$
Venlafaxine ER Tab 225, 150, 75, 37.5 mg	\$\$	Venlafaxine ER Caps 37.5 mg, 75 mg, 150 mg	\$
Naproxen CR 500mg Tab	\$\$\$	Naproxen DR Tab 375 mg and 500 mg	\$
Metformin ER Tab 500 mg and 1000 mg (Generic Glumetza)	\$\$\$\$	Metformin ER Tab 500 mg and 750 mg (Generic Glucophage XR)	\$
Metformin ER Tab 500, 750, 1000 mg (Generic Fortamet)	\$\$\$	Metformin ER Tab 500 mg and 750 mg (Generic Glucophage XR)	\$
Fluoxetine 20 mg Tab	\$\$	Fluoxetine 20 mg Caps	\$
Fenofibrate 120 mg Tab	\$\$\$\$	Fenofibrate 134 mg Caps	\$\$
Mupirocin 2% Cream	\$\$	Mupirocin 2% Ointment	\$
Pennsaid 2% Pump	\$\$\$\$	Diclofenac 1% Gel	\$

Drug pricing may fluctuate throughout the year; this chart reflects claims experience and information as of summer 2019. VIVA HEALTH publishes our drug formularies for both commercial and Medicare Advantage Part D on our website.

Benefits of Statin Therapy

Lowering a patient's cholesterol levels with proper statin therapy can help decrease the risk of stroke, heart attack, and other vessel-related diseases. Statins are especially important for patients with diabetes or cardiovascular disease (CVD). While statins are very useful, they come with side effects that patients may complain about like diarrhea, arthralgia, and nasopharyngitis. These can reduce patient compliance with taking the medication as prescribed.

Consider the following to increase the likelihood of statin therapy success:

1. Low-cost statins are more likely to be filled. VIVA MEDICARE tier 1 statins are \$0 copay for members who fill at a preferred pharmacy for most plans. Tier 1 statin options available include: Atorvastatin, Rosuvastatin, Pravastatin, Lovastatin, and Simvastatin. To see other available options, view the formulary online at www.VivaHealth.com/Medicare/MemberResources. You may also call VIVA Provider Services at 1-888-769-9030 to speak to a pharmacist.
2. Timing of medication is important. Simvastatin, Fluvastatin, and Lovastatin have a shorter half-life and should be dosed in the evening. Other statin medications can be dosed when convenient for the patient, but should be taken the same time each day. Maintaining adherence is often easier for patients when statins are dosed at the same time of day as other medications.
3. When a patient experiences myalgia, it is recommended to re-challenge them with the same statin at a decreased dose. If myalgia returns, it is recommended to discontinue the initial statin, and once muscle symptoms resolve, prescribe a low dose of a different statin and gradually increase the dose.
4. It is important to code side effect diagnosis (like myalgia) on your member's claims. Certain (not all) quality measures account for this in reporting and may exclude the member from measure inclusion.
5. The appropriate prescribing and use of statins in diabetic and CVD populations is a significant quality of care issue. There are three measures in the CMS MAPD STAR Ratings Program related to statin use. The same patient may be in all three measures based on their disease states.

Aspire Health:

Home-Based Support for Patients with Advanced Illness

Care Coordination

- Aspire is a specialized physician practice providing home-based care to patients facing serious illness.
- Aspire coordinates closely with a patient's existing PCP and specialists.
- Patients can continue to see their PCP and specialists while on Aspire's service and receive active treatment.

Target Population

- Advanced Cancer
- Advanced CHF (Class III-IV)
- Advanced COPD (Stage III-IV)
- Advanced ESRD
- Advanced Dementia
- Geriatric Frailty

Services

- Home visits from nurse practitioners
- Specialized physician oversight
- 24/7 MD & NP availability

Outcomes

- Significantly reduces the risk of hospitalization
- Achieves greater patient and caregiver satisfaction
- Addresses Advance Care Planning

To refer a patient today, call (205) 533-8902 or visit the website www.aspirehealthcare.com for more details.



Participating Lab Usage

VIVA HEALTH is dedicated to working with you to ensure quality care is provided at the lowest cost possible to our members. We need your help to continue this effort. According to your provider contract, you should only refer patients to participating providers, including lab services. **If you use a non-par lab, look for communication from VIVA HEALTH regarding a change in our policy that may negatively impact your fee schedule.** Our participating laboratories are as follows:

Accupath Diagnostic/US Labs
American Esoteric Laboratories
Associated Pathologists
Assurance Scientific Laboratories
Assurex Health
Compass Lab
Cunningham Pathology
Diatherix Laboratories
GeneDX
Labcorp
Lister Healthcare/Lister Lab
Millennium Laboratories
Myriad Genetics Laboratories
Neogenomics
Pathgroup Labs
Quest Diagnostics
Regional Biomedical Lab
Sequenom Center for Molecular Medicine
Southeast Clinical Laboratories
Southern Lab Partners
Synergy Laboratories
Total Renal Laboratories

All participating hospital laboratories (patient cost may be higher)

Provider Portal Setup

The Provider Portal is a secure web-based application designed to give providers quick access to member eligibility, authorization status, and claim payment information. PCPs are also able to view quality measures and initiate Pain Management referrals. For setup, visit www.vivaprovider.com and select Provider Portal. Complete and submit the Provider Portal online registration form. Provider Customer Service will contact you with a secured login ID and password within 3-5 business days. For password resets or reactivations, please email vivaproviderportal@uabmc.edu or contact Provider Customer Service directly at 205-558-7474.

EFT Availability

VIVA HEALTH has selected Change Healthcare 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 Change Healthcare 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

- ChangeHealthcare.com/eft
- Call **866.506.2830**
- Fax 615.238.9615
- Enroll by email, send completed PDF form to: EFTenrollment@changehealthcare.com

Holiday Schedule

Thursday, November 28, 2019 (Thanksgiving Day): Closed
Friday, November 29, 2019 (Day after Thanksgiving): Closed
Tuesday, December 24, 2019 (Christmas Eve): Closed
Wednesday, December 25, 2019 (Christmas Day): Closed
Tuesday, December 31, 2019 (New Year's Eve): Closed
Wednesday, January 1, 2020 (New Year's Day): Closed
Monday, January 20, 2020 (Martin Luther King, Jr. Day): Closed



Important VIVA HEALTH
plan information.

PRSRT STD
US POSTAGE
PAID
BIRMINGHAM, AL
PERMIT NO. 2061

417 20th Street North
Suite 1100
Birmingham, Alabama 35203

