



Updated C4Q Program Contracts

Updated Connect for Quality (C4Q) Program contracts with Provider Incentives will be distributed by the end of the second quarter. Your VIVA HEALTH C4Q Nurse or Provider Representative will be reaching out with the contract for review and signature. *Please Note: All signed C4Q Program Contracts will be dated with a **January 1, 2024** effective date.*

Provider Portal

The new VIVA HEALTH provider portal is now available! The 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.

Telehealth Coverage

VIVA HEALTH is committed to covering telehealth services for our members. Per CMS Guidelines, we will continue covering telehealth services for the remainder of 2024. Please see below for billing information:

Telehealth Visits – Both Audio and Visual Required

- CPT Code 99202-99205
- CPT Code 99211-99215

Telehealth Evaluation and Management Service – Only Audio Required

- CPT Code 99441
- CPT Code 99442
- CPT Code 99443

Place of Service (POS) Codes accepted by VIVA HEALTH

- 02 (Patient is not in the home)
- 10 (Patient is in the home)


For more information on telehealth coding guidelines, please visit the following websites:

[AMA telehealth policy, coding & payment | American Medical Association \(ama-assn.org\)](#)

[List of Telehealth Services | CMS](#)

Electronic Prior Authorizations (ePA)

- Electronic prior authorization (ePA) is the electronic transmission between the prescriber and a payer to determine whether or not a medication request is granted.
- Currently, the ePA functionality only works for patients at VIVA MEDICARE with Part D pharmacy benefits.
- An ePA can be accessed through ePA platforms such as CoverMyMeds and Surescripts which can be connected to your Real-Time Benefit tool.
- ePA requests via your EHR are in many cases processed within minutes or hours. Some ePA requests are processed in near real-time for certain approval scenarios. When using this prospective approach, the average turn-around-times for ePA requests meeting criteria for approval is only 3 minutes, opposed to the days your staff would have expended addressing retrospective medication requests from a pharmacy.
- ePA functionality works for the following types of coverage determination requests: prior authorizations, non-formulary exceptions, quantity limit exceptions.
- [Please click this link for more information and FAQs regarding ePAs on the VIVA HEALTH provider webpage.](#)



**Rx Fax Number
Change For Medicare
Part D Redeterminations
(Appeals)**

The fax number for requesting
Part D Redeterminations
(Appeals) has changed to
205-449-2465

Value Based Insurance Design Model

As part of VIVA HEALTH'S commitment to achieving more equitable outcomes for our members, we are participating in a CMS program called the Value-Based Insurance Design (VBID) Model.

Through this program, VIVA HEALTH has funded enhanced benefits for members in our Special Needs Plans (SNPs) including the VIVA MEDICARE Extra Value (HMO SNP) and VIVA MEDICARE Extra Care (HMO SNP). For 2024, VBID benefits for our SNP members include

Value Based Insurance Design Model *(continued)*

\$0 copays on all Part D covered drugs and a monthly Flex Card allowance that can be used to purchase food/produce items (and over-the-counter/OTC items that are not part of the VBID program).

Please keep these benefits in mind as you work with VIVA MEDICARE insured patients enrolled in SNPs.

We appreciate your assistance in helping to identify social needs and other frailty conditions that may place our members at higher risk of negative health outcomes. You can view diagnosis code ranges that can assist in communicating these conditions in the “Diagnosis Code Ranges” section below.

Select diagnosis associated with frailty:

- [R26.2] Difficulty in walking, not elsewhere classified
- [R26.89] Other abnormalities of gait and mobility
- [R26.9] Unspecified abnormalities of gait and mobility
- [R41.81] Age-related cognitive decline
- [R53.1] Weakness
- [R53.81] Other malaise
- [R53.83] Other fatigue
- [R54] Age-related physical debility
- [R62.7] Adult failure to thrive
- [R63.4] Abnormal weight loss
- [R63.6] Underweight
- [R64] Cachexia

Diagnosis code ranges that designate social determinants of health:

- [Z55] Problems related to education and literacy
- [Z56] Problems related to employment and unemployment
- [Z57] Occupational exposure to risk factors
- [Z58] Problems related to physical environment
- [Z59] Problems related to housing and economic circumstances
- [Z60] Problems related to social environment
- [Z62] Problems related to upbringing
- [Z63] Other problems related to primary support group, including family circumstances
- [Z64] Problems related to certain psychosocial circumstances
- [Z65] Problems related to other psychosocial circumstances

New Benefit Puts Money Back in Members’ Wallets: Learn about the Part B Premium Buy-Down

Several VIVA MEDICARE plans come with a benefit that is fairly new on the Medicare scene called a Part B Premium Buy-Down or Giveback. This sought-after benefit lowers the cost of the Part B premium that is paid each month by Medicare beneficiaries (usually paid by a Social Security check deduction). Unlike other benefits like an allowance for over-the-counter items or even a flex card, this benefit truly puts money back in our members’ wallets – money they can choose to save or spend however they wish.

VIVA MEDICARE *Plus* (HMO) has a \$20/month Part B Premium Buy-Down benefit available in select counties.* VIVA MEDICARE *Infirmity Health Advantage* (HMO), available in Mobile and Baldwin Counties, has a \$30/month benefit. VIVA MEDICARE *Select* (HMO), our MA-only plan with no Part D drug coverage, has a \$65/month benefit.

If you have patients who could benefit from the Part B Premium Buy-Down, have them call us at 1-888-830-8482 (TTY: 711).

**The Part B Premium Buy-Down on the VIVA MEDICARE Plus plan is available in the following counties: Baldwin, Blount, Chambers, Dale, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, Shelby, St. Clair, Talladega, Tuscaloosa and Walker Counties.*

5-STAR RATING: **Allows Medicare Beneficiaries to Enroll in VIVA MEDICARE Any Time in 2024**

VIVA MEDICARE received a 5-Star rating from the Centers for Medicare & Medicaid Services for the 2024 benefit year. This makes VIVA MEDICARE the highest rated Medicare Advantage plan in Alabama for the third year in a row.

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 2024 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.