



## Connect for Quality (C4Q) Program Updates

The **new** electronic Comprehensive Review Form (eCRF) went live on 01/01/25 through the Provider Portal. You should have been contacted by your Connect for Quality (C4Q) nurse to set up training. If your office needs additional training or has questions, please do not hesitate to contact your C4Q nurse.

We are enthusiastic about integrating technology to improve health outcomes by closing quality gaps, capturing risk adjustment, and identifying members who would benefit from care management. Over the course of the year, we will continue to roll out enhancements, so stay tuned for more updates. We recognize that the transition to a new system can present challenges, but we deeply appreciate your partnership and feedback as we work to refine and optimize the user experience.

The 2025 Bonus Quality Incentive Compensation Schedule is now in effect. You will be receiving monthly reimbursements for CPT II Codes captured on claims. Please note that these payments will be processed separately from the EOB for office visits, in a similar manner to the CRF reimbursements. To view the full compensation schedule, [click here](#). If you have any questions, please contact your C4Q nurse.

Thank you for your continued commitment to improving patient care and working with us to enhance the quality of services provided.

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## EXL Service: Third-Party Audits

Please be advised that VIVA HEALTH utilizes the services of a third-party audit company, EXL Service, to conduct a variety of audits on its behalf. Contracted providers, facilities and services such as DME, Home Health, Home Infusion, Specialty Pharmaceuticals, Inpatient/Outpatient Hospital, and Ambulatory Surgery may be contacted by EXL regarding these audits.

VIVA HEALTH has entered into a Business Associate Agreement with EXL Service, in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the requirements of the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 (the "HITECH Act"). Under that rule, a covered

entity is permitted to use or disclose protected health information (“PHI”) for treatment, payment, or health care operations. Furthermore, 45 CFR 164.506(c)(3) permits a covered entity to disclose PHI both for its own payment purposes, as well as for the payment purposes of another covered entity that receives the information. VIVA HEALTH hereby requests its’ provider partners to cooperate with vendors in this regard.

Should you have any questions, please contact Provider Services at [VivaProviderServices@uabmc.edu](mailto:VivaProviderServices@uabmc.edu).

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## 2025 Special Needs Plan (SNP) Model of Care (MOC) Training Available Now

The Centers for Medicare and Medicaid Services (CMS) require that Medicare Advantage Organizations (MAO) provide annual Special Needs Plan (SNP) Model of Care (MOC) training to all providers that care for any dual eligible members.

We have updated the annual SNP MOC Training for 2025. You may complete the training and submit the attestation online at [www.VivaHealth.com/Provider](http://www.VivaHealth.com/Provider). The training is located on the landing page under “**2025 VIVA MEDICARE Special Needs Plan Model of Care (SNP MOC) Provider Training**”.

While the training itself must be completed by every participating provider, an attestation can be completed one time for all providers within a group by an individual given authority to sign on behalf of the practice.

If you have questions about the SNP MOC training, please email [VivaMOCTraining@uabmc.edu](mailto:VivaMOCTraining@uabmc.edu).

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## Commercial Pharmacy Update: Electronic Drug Prior Authorizations

VIVA HEALTH Commercial is pleased to announce an enhancement to our prescription drug utilization review process. We now have an electronic prior authorization (e-PA) solution that is HIPAA compliant and convenient for providers and their staff that will **go live on 4/1/25** replacing the need to fax directly to VIVA HEALTH.

Prescribers can access ePA via the Cover-My-Meds portal or Surescripts, which are integrated with many electronic health records (EHR) vendors and our new ePA database. This process coordinates the clinician, VIVA HEALTH, and the pharmacy to easily initiate and complete prior authorizations.

Many PA requests will receive immediate approval, while others may require additional review. The median turnaround time with e-PA submission can be within minutes with requested clinical information, as opposed to 3 hours with a fax submission.

For the quickest response to PA requests for Medicare and now Commercial members, submit your requests electronically!

# Provider Rep Territory Map

Click the map below to find your provider representative's contact information and send your representative an email.

## Karen Barganier

*West-Central Region*

- Brookwood
- Baptist Princeton
- Baptist Shelby
- Baptist Walker
- Baptist Citizens
- DCH

## 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

## Ashley Heard

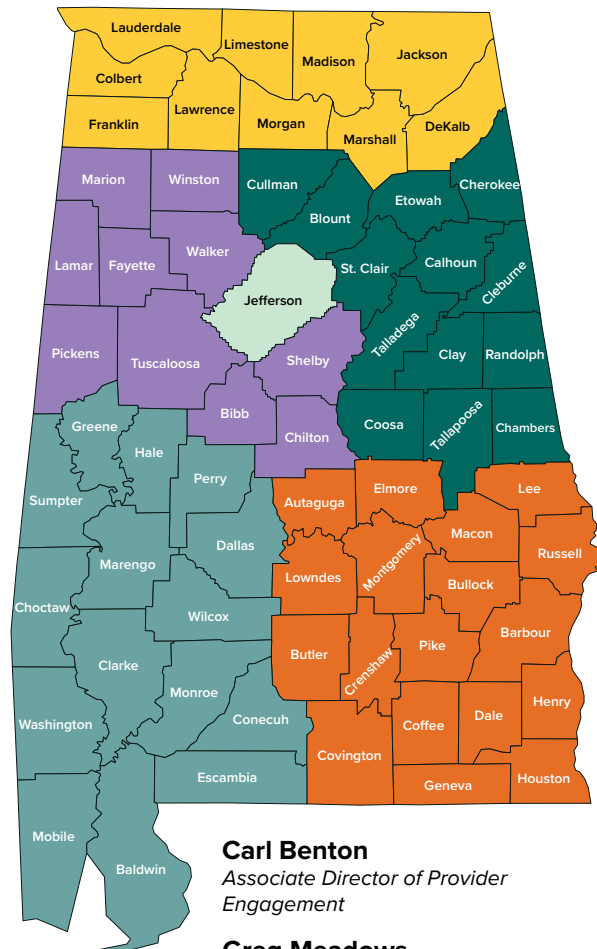
*Central Region*

- 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



## Carl Benton

*Associate Director of Provider Engagement*

## Greg Meadows

*Supervisor of Provider Engagement*

## Obligations for Providers Treating Substance Use Disorders (SUDs)

VIVA HEALTH contracted providers that diagnose, treat, or refer patients to receive treatment for substance use disorder (SUD) may be subject to comply with 42 CFR Part 2, a federal regulation that defines confidentiality and privacy standards for SUD health information. Providers required to comply with this regulation are referred to as "Part 2 providers."

Part 2 providers contracted with the plan must obtain a single consent from its VIVA HEALTH patients that allows for VIVA HEALTH's future uses and disclosures of a member's SUD data for treatment, payment or health care operations (TPO) as defined by the Privacy Rule at 45 CFR 164.501.

Part 2 providers must immediately notify VIVA HEALTH if the provider is unable to obtain this single consent from one of their VIVA HEALTH patients, so the plan can restrict uses and disclosures of the member's SUD data.

Please see page 45 of the [VIVA HEALTH Provider Manual](#) for more information regarding your obligations for obtaining patient consents for data sharing. You can also find more information about 42 CFR Part 2, including a Fact Sheet summarizing changes in the Final Rule, at [www.HHS.gov/HIPPA/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule](http://www.HHS.gov/HIPPA/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule).

Please direct any questions regarding 42 CFR Part 2 to [VivaProviderServices@uabmc.edu](mailto:VivaProviderServices@uabmc.edu).

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## HelpScript

VIVA HEALTH has partnered with HelpScript (formerly Smart RxAssist) to support members with copay assistance programs for provider-administered drugs in certain commercial groups, effective January 1, 2025.

## What Is HelpScript?

Even with insurance coverage, the out-of-pocket costs for specialty drugs can be significant. HelpScript assists patients in finding and enrolling in pharmaceutical manufacturer copay assistance programs. It is designed for patients who are prescribed specific provider-administered specialty drugs. The manufacturer assistance helps to ensure access with a significantly reduced copay. This assistance only applies to the cost of the provider administered drug(s). It does not apply towards office visits or other associated drug administration costs.

Enrollment is optional for eligible VIVA HEALTH members, and participation is voluntary for providers as well. Participants who choose to participate are required to enroll in the HelpScript program. HelpScript Patient Advocates will guide patients through the quick and easy enrollment process. Patient Advocates can also assist physicians as needed.

## HelpScript Process

- If your patient has not yet enrolled in HelpScript, a HelpScript Patient Advocate will reach out via phone. They will answer questions and guide the patient through the enrollment process.
- HelpScript Patient Advocates may reach out to provider offices to obtain any needed documentation for the manufacturer programs.
- If the service requires a prior authorization (PA), please note that all PAs will follow current requirements. As always, you will receive notification if the prior authorization is approved.
- Once patients are enrolled, a HelpScript Patient Advocate will contact the provider to give additional details on copay assistance claim submission. They will also discuss how the manufacturer funds will be distributed.
- You will still submit medical claims to VIVA HEALTH for primary payment

For more information, frequently asked questions and continued updates, please visit [www.VivaHealth.com/Provider](http://www.VivaHealth.com/Provider).

## The Medicare Advantage Open Enrollment Period

Each year from January 1 through March 31, Medicare beneficiaries who are currently enrolled in a Medicare Advantage plan can make a one-time change to enroll in a different Medicare Advantage plan or return to Original Medicare and make a coordinating change to add or drop Part D Prescription drug coverage.

VIVA MEDICARE plans have a \$0/month premium and include dental, vision, and hearing coverage as well as \$0 Primary care visits, money for over-the-counter items, \$0 gym memberships, and more.

If your patients would like more information about VIVA MEDICARE, please ask them to call:

**1-888-830-8482 (toll-free) | TTY: 711**

Hours: 8am - 8pm, Monday - Friday (Oct 1 - Dec 31: 8am - 8pm, 7 days a week)

Or visit us online at [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare)

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## 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.