



Credentialing Turnaround Time

VIVA HEALTH is currently experiencing a high volume of initial credentialing requests, which may result in extended processing times. Our typical completion timeframe is between 90-120 days of receipt. Completed applications are placed into our credentialing queue upon receipt, however due to the higher than usual volume, credentialing completion may take up to 180 days.

If you have not received an update within 90 days of submission, you may contact our credentialing department at vivacredentialing@uabmc.edu to check the status.

We expect to return to our standard processing timeframe of 90–120 days by the end of August 2025.

Updates on New CMS Pharmacy Measures for 2025 & Partnership with Arine

The Centers for Medicare and Medicaid Services (CMS) have updated the Star ratings for 2025 to enhance medication safety, focusing on polypharmacy and the use of high-risk medications. These updates address common concerns in Medicare populations, where multiple chronic conditions often lead to polypharmacy, increasing the risk of adverse drug events and interactions.

New measures for the 2025 performance year are:

- **Concurrent Use of Opioid and Benzodiazepine (COB – 1x):** This measure tracks individuals aged 18+ with overlapping opioid and benzodiazepine prescriptions for 30+ days, which can increase the risk of overdose and respiratory depression.
- **Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH – 1x):** This measure assesses individuals 65+ prescribed two or more anticholinergics for 30+ days, which may cause cognitive decline and increase the risk of falls.

Managing these medications is challenging, especially when patients are resistant to changes. As we pursue improvement in these metrics, VIVA HEALTH is committed to supporting providers – by providing timely and precise information about drug fills as well as validated clinical guidelines and resources for de-prescribing in those patients *in whom it is appropriate*.

To assist with these efforts, VIVA HEALTH has partnered with Arine, a pharmacy data analytics company. They will send prescribing physicians monthly lists of VIVA MEDICARE members who are at risk for poor performance on these new measures. These lists will be refined to exclude ineligible patients, ensuring only relevant information is shared. While we don't expect perfect performance on these measures, we aim to help providers identify members who may benefit from de-prescribing. Each monthly list will also include an information sheet with references. Additional resources are available at www.vivahealth.com/provider under "Poly-ACH, COB Clinician Resources".

Zelis Partnership: Prepay Claim Audits

In our ongoing commitment to support accurate billing standards VIVA HEALTH is partnering with Zelis to conduct prepayment audits on inpatient claims. The audits will focus on the review of itemized bills, clinical charts, and diagnosis-related group (DRG) validation. Audits will be conducted prior to claim payment and will assist us with maintaining transparency and ensuring accurate reimbursement. If you have questions regarding this process or how it may impact your facility claims, please email vivaproviderservices@uabmc.edu or contact your Provider Representative directly.

Oral Phosphate Binder Drug Coverage Changes

The Centers for Medicare and Medicaid Services (CMS) issued a final rule effective January 1, 2025 that changed coverage requirements for oral-only phosphate binders.

As a result, oral-only phosphate binders when used for patients with ESRD receiving dialysis are required to be covered through the ESRD bundled payment and are not covered through Medicare Part D.

For patients with ESRD receiving dialysis who are prescribed an oral phosphate binder drug, please contact the patient's dialysis facility to verify the pharmacy that the dialysis facility contracts with to fill prescriptions for oral phosphate binder drugs. This will ensure proper payment of the oral phosphate binder through the ESRD bundled payment.

For patients not on dialysis for ESRD, oral phosphate binders may be coverable through Part D when the drugs are used for medically accepted indications according to CMS compendia (FDA package insert, AHFS, or Micromedex).

For patients not on dialysis for ESRD and are prescribed an oral phosphate binder, please submit a Part D coverage determination request to VIVA HEALTH through electronic prior authorization or fax the request to 205-449-2465.

Pharmacy Updates: Electronic Drug Prior Authorizations

VIVA HEALTH Commercial is pleased to announce an enhancement to our prescription drug utilization review process.

Effective 4/1/2025, we now have an electronic prior authorization (ePA) solution that is HIPAA compliant and convenient for providers and their staff, replacing the need to call or 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.

While ePA has been an option for our VIVA MEDICARE members for select drugs since 2021, we are also making enhancements to allow ePA for all drugs requiring PA **effective 7/1/2025**.

With ePA, some PA requests may also be eligible for immediate approval. Even if clinician review is required, ePA offers the most efficient way to submit and receive determinations for requests while providing visibility to PA status in real-time.

If ePA is not available, we will still accept requests via the fax numbers provided below. We will no longer be accepting requests for Commercial PAs over the phone.

Commercial Pharmacy PA fax number: 205-872-0458

Medicare Part D PA fax number: 205-449-2465

We continually strive to minimize the burden on our providers related to the PA process, and we are confident that these enhancements will aid in those efforts. For the quickest response to PA requests for Medicare and Commercial members, we encourage you to submit your requests electronically!

Special Enrollment Periods (SEP) for Medicare Beneficiaries

The Lock-In Period is the period between April 1 and October 14 when most people cannot change their Medicare coverage. There are special circumstances, called Special Enrollment Periods, when some Medicare beneficiaries can change their coverage. The type of changes a beneficiary can make and their new coverage start date depends on the event that triggers the SEP.

The most common special enrollment periods happen when:

- A beneficiary loses their group health insurance coverage
- A beneficiary moves into an area with different plan options
- A beneficiary qualifies for Extra Help with prescription drug costs
- A beneficiary has a change in Medicaid status

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

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

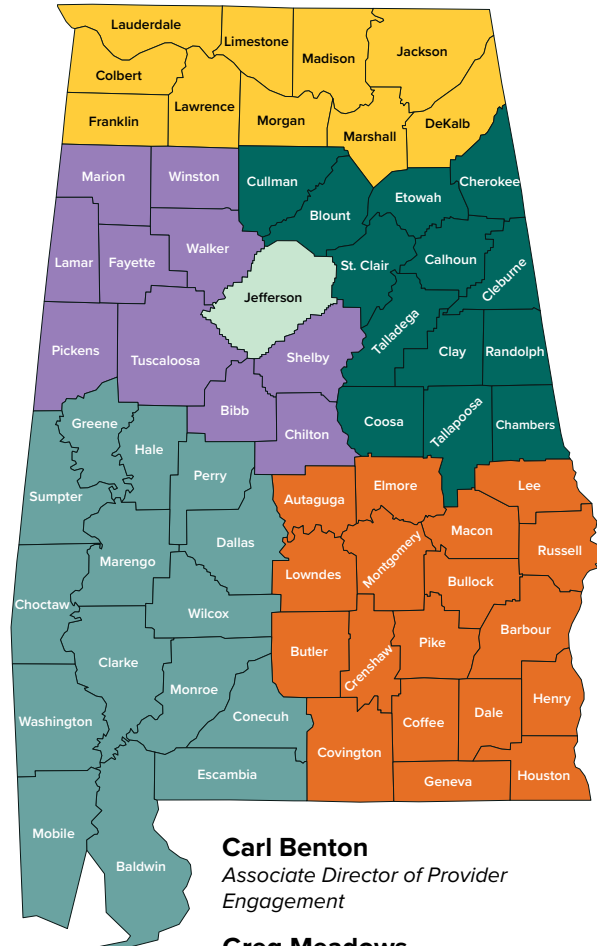
Central Region

- 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

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. 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

Better Doctor

The Consolidated Appropriations Act of 2021, signed on December 27, 2020, includes the No Surprises Act, aimed at enhancing patient protection by improving provider directory accuracy. It mandates self-insured group health plans and health insurance issuers like VIVA HEALTH to:

1. Establish a provider data accuracy verification process
2. Create a response protocol for network status inquiries
3. Maintain a publicly accessible and accurate database of in-network providers and facilities

VIVA HEALTH utilizes Quest Analytics' BetterDoctor services to fulfill these requirements. As a participating provider, you are prompted to attest to your information every 90 days via BetterDoctor. You may be contacted through email, fax, mail, or phone. Each service location may require separate attestations. Updates will reflect in the directories within two business days of verification. Failure to respond may lead to your practice being excluded from the directories, so prompt attention is crucial.

Organizations with more than ten practitioners are encouraged to use BetterDoctor's streamlined rosters solution for quarterly data attestations. For details, contact the BetterDoctor Rosters support via email at rosters@questanalytics.com.

For questions, contact BetterDoctor at support@betterdoctor.com or (844) 668-2543 (8 AM – 5 PM CST), or you may call VIVA HEALTH Provider Services at **1-800-294-7780** (8 AM – 5 PM CST, Mon-Fri).

