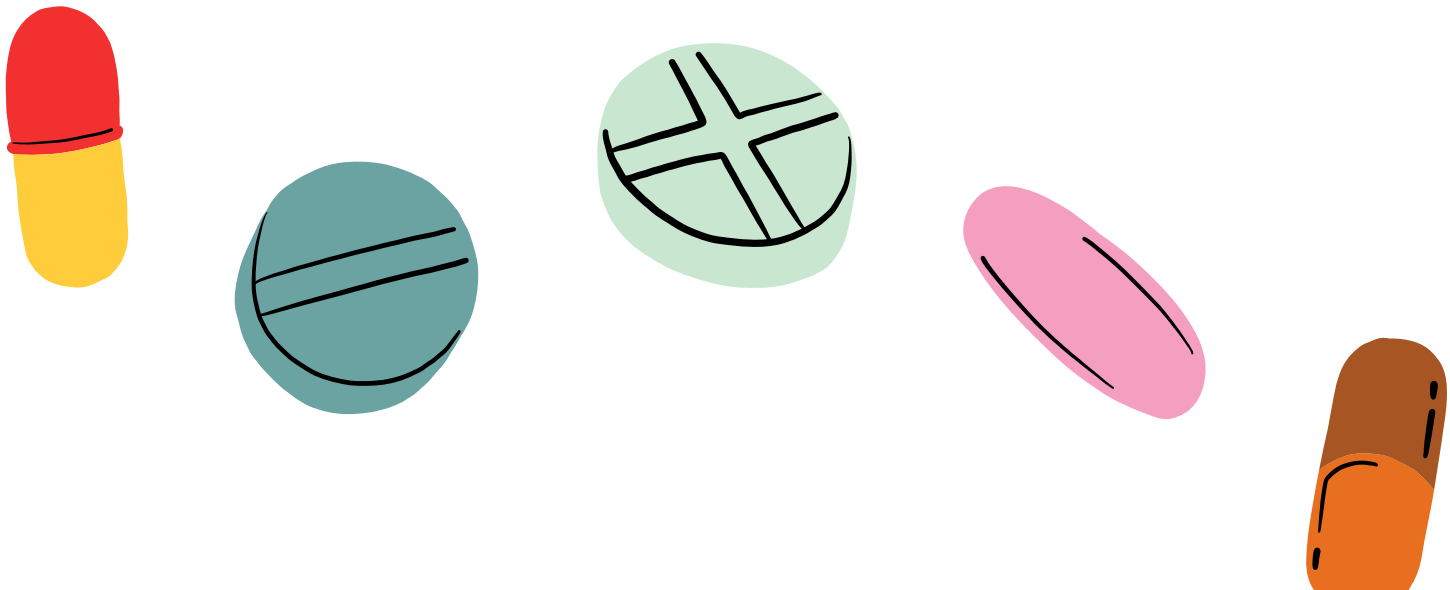
VIVA VOICE

PROVIDER NEWSLETTER | FALL 2025

New Part D Star Measures in 2025

Beginning in 2025, there are two new quality measures that Part D plans will be evaluated on, and their performance on these measures will count toward their overall Star rating.

These measures are **1) Polypharmacy: use of multiple anticholinergic medications in older adults, and 2) Concurrent use of opioids and benzodiazepines**. Because both of these scenarios pose significant safety risk for patients, we are asking that providers reevaluate if using these drugs in combination is truly necessary or if alternative medication regimens can be evaluated. We acknowledge that many patients have been on these medications in combination for years, and changing longstanding drug regimens can be challenging and not always welcome by your patients. However, due to the importance of preventing negative patient outcomes that could occur with both of these situations, we are asking for your assistance.



The use of multiple anticholinergic medications measure identifies patients greater than 65 years of age who are on two or more anticholinergic medications. Concurrent use of these medications in the elderly can increase the risk of multisystem adverse effects such as new or worsening cognitive impairment, acceleration of neurodegenerative processes, development of confusion, psychotic symptoms, functionality disturbances, and new onset or increased severity of dry mouth, urinary retention, constipation, paralytic ileus, tachycardia, and blurred vision. Please assess whether continued use of multiple anticholinergic medications remains appropriate. Consider discontinuing unnecessary medications or switching to non-anticholinergic therapeutics alternative when possible. Additionally, consider using the lowest possible doses and consider deprescribing opportunities to mitigate the potential harms of polypharmacy in the elderly. Therapeutic categories with anticholinergic effects include the following:

Indication	Anticholinergic Medication(s)	Therapeutic Alternative(s)
Allergies	1st generation antihistamine	Loratadine, fexofenadine
Parkinsonism	Benztropine, trihexyphenidyl	Pramipexole, ropinirole, amantadine
Muscle pain	Cyclobenzaprine, orphenadrine	Tizanidine, baclofen, acetaminophen, ibuprofen
Depression	Tricyclic antidepressants	SSRI, SNRI, bupropion
Neuropathic pain	Tricyclic antidepressants	SNRI, gabapentin, pregabalin
Psychosis	Olanzapine, loxapine, perphenazine	Aripiprazole, risperidone, ziprasidone
Urinary urgency	Antimuscarinics	Mirabegron, vibegron
Diarrhea	Dicyclomine, hyoscyamine, Lomotil	Loperamide
Nausea and vomiting	Prochlorperazine, promethazine	ondansetron

Concomitant use of opioid and benzodiazepine medications will also result in provider notification due to the risk of a safety event. The CDC Practice Guidelines for prescribing opioids for pain recommends additional caution when prescribing opioids and benzodiazepines concurrently. Concomitant use is associated with greater risk of respiratory depression, overdose, and death, especially when prescribed by multiple providers. Consider gradually tapering patients' opioid regimens to lower dosages to minimize symptoms of withdrawal while maximizing use of non-opioid therapies. It may be necessary to coordinate with other providers that your patients may be seeing to ensure a more holistic view of the patient is taken into consideration when determining if concomitant use of opioids and benzodiazepines is appropriate and consider deprescribing either the opioid or benzodiazepine if clinically appropriate to do so based on the unique clinical factors of each patient. If concomitant use is appropriate, consider also prescribing naloxone and educating patients and caregivers on appropriate use of this potentially lifesaving opioid reversal agent.

Humira Biosimilar Coverage Information for Commercial

Effective 7/1/2025, Humira is no longer a preferred product on the Commercial formulary. Use of a preferred biosimilar product is now required. The preferred biosimilars are as follows: ADALIMUMAB-ADAZ (CF) PEN/SYRINGE, ADALIMUMAB-ADBM (CF) PEN/SYRINGE, ADALIMUMAB-RYVK (CF) AUTOINJECT/SYRINGE, CYLTEZO (CF) PEN/SYRINGE, SIMLANDI (CF) AUTOINJECTOR/SYRINGE. The use of a preferred biosimilar product, along with evidence of a trial and failure of a preferred product, will be required before coverage of Humira will be considered. Members who had previously received a prior authorization for Humira will also be required to use a preferred biosimilar after 7/1/2025.

Value-Based Partnerships Highlight: Aledade, Better Health Group, and Main Street Rural Health

VIVA HEALTH is proud to collaborate with leading value-based care partners such as Aledade, Better Health Group, and Main Street Rural Health. These organizations work directly with independent primary care practices, offering support and infrastructure to improve patient outcomes, reduce unnecessary healthcare costs, and unlock shared savings opportunities. By joining these value-based arrangements, independent groups can enhance care quality while maintaining autonomy. This model fosters more coordinated, patient-centered care and empowers practices to thrive in a changing healthcare landscape. If you're interested in learning more or would like to be connected with one of these groups, please contact your VIVA HEALTH Provider Representative.

Durable Medical Equipment (DME) Coverage

This a quick reminder regarding patient access to essential Durable Medical Equipment (DME) at hospital discharge.

VIVA HEALTH does not require prior authorization for the following items:

- Walkers
- Rolling Walkers
- Bedside Commodes

To avoid disruption in patient care, we encourage you to provide these essential items at discharge. If you have any questions regarding coverage or to confirm if prior authorization is needed for other Durable Medical Equipment (DME) items, please contact Provider Customer Service at **205-558-7474**.

Electronic Dental Claims Submission

VIVA HEALTH is excited to announce that dental claims (837D) can now be submitted electronically! Providers may submit claims via Optum Intelligent EDI (IEDI) using Payer ID: 63114.

For EDI questions please email **VivaEDIServices@uabmc.edu** or contact Provider Customer Service directly at **205-558-7474**.

Medicare's Annual Enrollment Period (AEP) Starts Soon

All Medicare members have the chance to enroll in a new Medicare plan from **October 15 through December 7**. If patients request information about VIVA MEDICARE plans, please direct them to call us at:

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**

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 **https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html**.

Please direct any questions regarding 42 CFR Part 2 to **VivaProviderServices@uabmc.edu**.

Provider Portal

The VIVA HEALTH Provider 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**
- ✓ **Genetic Testing Labs**
- ✓ **Habilitative Occupational Therapy Outpatient**
- ✓ **Habilitative Physical Therapy Outpatient**
- ✓ **Habilitative Speech Therapy Outpatient**
- ✓ **Hyperbaric Oxygen (HBO) Therapy**
- ✓ **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 **www.VivaProviders.com**.

Please email questions to **VivaProviderPortal@uabmc.edu** or contact Provider Customer Service directly at **205-558-7474**.

In an effort to maintain appropriate portal access and security, VIVA HEALTH has the following access controls in place:

- **Only 1 Admin per Provider Office is permitted**
  - **Admins approve all other users for Provider Office**
- **Accounts that are inactive for 180 days are automatically disabled**
- **2-Factor Authentication is enforced**
- **Offshore access is prohibited**
- **Once a new account is established with a temporary password, the user has 7 days to log in and change their password or the account is disabled.**
- **Session timeout is set for 60 minutes of inactivity.**

Remember, you are responsible for what happens under your login in the Provider Portal. It is the responsibility of the Provider Offices to regularly review the list of users for the practice to ensure access is appropriate. Access must be disabled immediately when a user's access is no longer required for your practice. Also, remember that every function in the Provider Portal is digitally tracked based on the username and associated password.

Provider Offices are also responsible for provisioning and managing accounts of any 3rd party not employed by the practice (i.e., 3rd party billers). Third parties who reside offshore will not be able to register an account. By design, international phone numbers cannot be configured for 2 Factor Authentication which is required for access. See your **VIVA HEALTH Provider Manual** for more details.

VIVA HEALTH®