



VIVA HEALTH, Inc. provides this newsletter as a resource to its contracted entities that meet the CMS definition of a first tier, downstream or related entity (FDR). This newsletter is published annually and will be available on our website at www.VivaHealth.com/FDR.

We hope you find this newsletter helpful. We value your feedback and suggestions! If there are topics you would like for us to address in a future newsletter, please let us know. You can reach out to one of the contacts listed in the "Your VIVA HEALTH Contacts" box on the last page of this newsletter.



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VIVA MEDICARE Earns High Marks from CMS

For 2023, VIVA MEDICARE earned 5 out of 5 stars from CMS on its Medicare quality performance.

This is the highest score a plan can receive! The score is based on 46 different quality measures that illustrate everything from customer service to how well the plan helps its members stay healthy. In addition, VIVA MEDICARE is one of the most highly rated plans in Alabama for 13 years in a row.



HIGHEST STAR RATING
for a plan in Alabama
2 YEARS IN A ROW¹



HIGHEST MEMBERS' RATING
for a plan in Alabama
2 YEARS IN A ROW³

We appreciate our FDRs' support in helping us achieve these excellent ratings!

¹ Every year, Medicare evaluates plans based on a 5-star rating system. The Star Ratings referenced are for contract years 2022-2023.

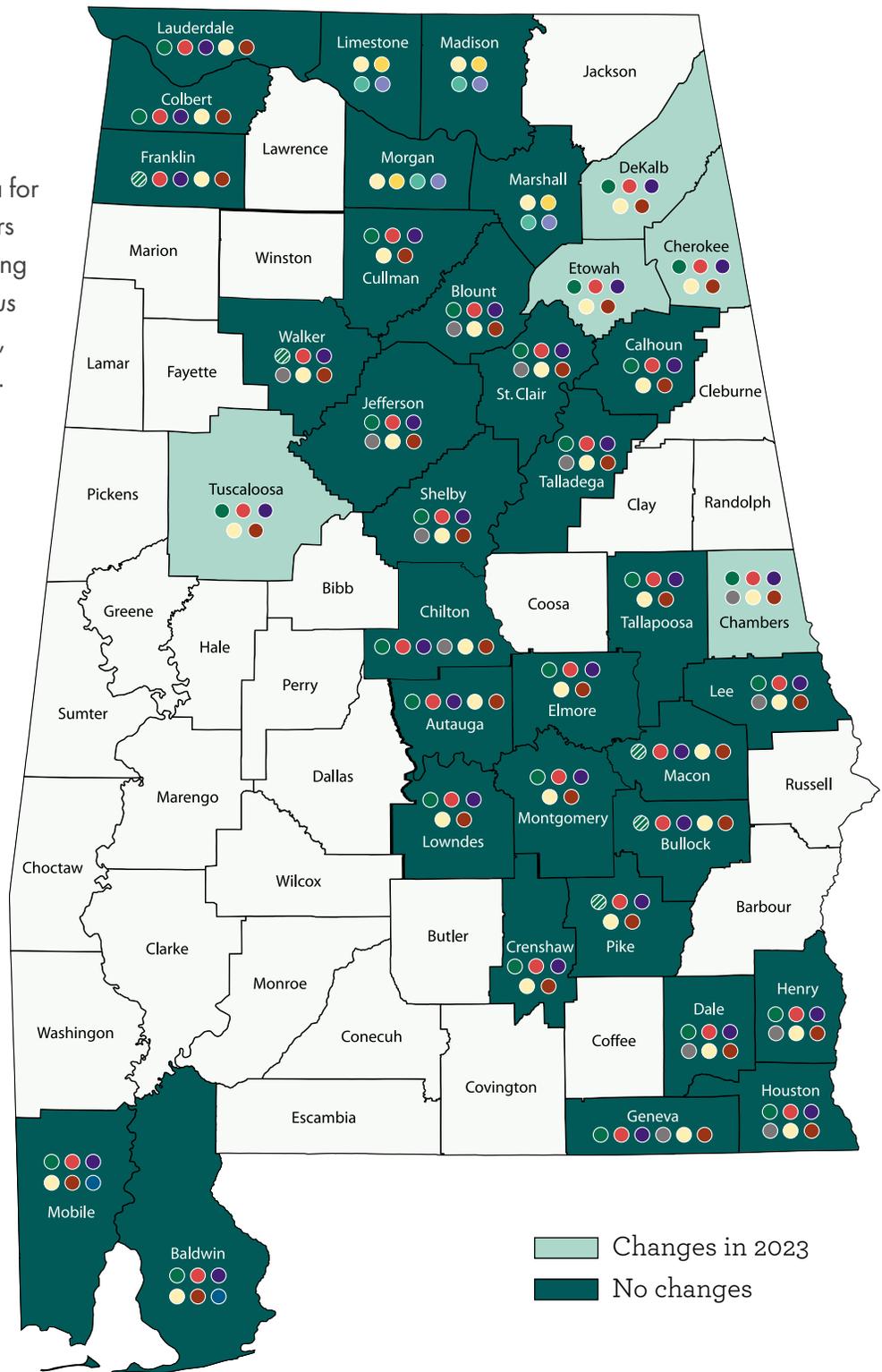
² health.usnews.com/medicare. ³ Based on the 2022-2023 Medicare & You Handbooks for Alabama.

VIVA MEDICARE's Service Area is Growing!

VIVA MEDICARE is expanding its service area for 2023 to include Tuscaloosa and Chambers Counties. The following plans are expanding to Tuscaloosa and Chambers Counties: *Plus* (JEF201), *Prime* (JEF216), *Premier* (JEF211), *Select* (JEF208), and *Extra Value* (JEF212). The following plan is expanding to Chambers County: *Me* (JEF214).

The *Extra Value* plan (JEF212) is also expanding to Cherokee, DeKalb, and Etowah Counties.

-  VIVA MEDICARE *Plus*
Premium: \$0
-  VIVA MEDICARE *Plus*
Premium: \$28
-  VIVA MEDICARE *Prime*
Premium: \$55
-  VIVA MEDICARE *Premier*
Premium: \$105
-  VIVA MEDICARE *Me*
Premium: \$0
-  VIVA MEDICARE *Select*
Premium: \$0
-  VIVA MEDICARE *Extra Value*
Premium: \$0
-  VIVA MEDICARE *Classic*
Premium: \$0
-  VIVA MEDICARE *Preferred*
Premium: \$92
-  VIVA MEDICARE *Extra Care*
Premium: \$0
-  VIVA MEDICARE
Infirmatory Health Advantage
Premium: \$0



2023 CMS Program Audit Preview

CMS is back to a pre-pandemic Program Audit schedule and based on last year, we expect CMS to conduct audits from March through July 2023. A plan's chances to be audited increase every year since their last audit. VIVA HEALTH's last CMS Program Audit occurred in 2014, so there is a very good chance VIVA HEALTH will be on the 2023 schedule.

For 2023, we expect the CMS Program Audits to be similar to the 2022 audits with the same data universes in the following categories:

- | | |
|---|--|
| ODAG (Organization Determinations, Appeals & Grievances) | SNP CC (Special Needs Plans Care Coordination) |
| CDAG (Coverage Determinations, Appeals & Grievances) | CPE (Compliance Program Effectiveness including FWA and Vendor Oversight) |
| FA (Formulary Administration) | |

To test our audit readiness, VIVA HEALTH conducted a full mock Program Audit in the fall of 2022 with an outside entity that participated in several CMS Program Audits in 2022 and 2023. It was a good exercise, and we (VIVA HEALTH), learned a lot. Be on the lookout for information from your business partner.

While we do not know if we will be audited next year, it is important to remember that the audits are just a tool to evaluate VIVA HEALTH's operations and if we are meeting the CMS requirements. So as long as we take care of our members within the regulatory guidelines, our audits will be successful.

VIVA HEALTH's Annual Compliance And Offshore Attestation

FDRs are required to complete VIVA HEALTH's Annual Compliance and Offshore Attestation. This form is available on our website at www.VivaHealth.com/FDR.

If you have not done so already, please go to our website to obtain the form, complete it, and return it to VIVA HEALTH no later than December 31, 2022. Please remember, the attestation must be completed by an authorized representative of your organization.



"Right of Access" REMAINS A HOT HIPAA TOPIC

In 2019, the U.S. Department of Health and Human Services Office for Civil Rights (OCR) started an initiative to enforce that individuals can gain access to their protected health information (PHI) without unreasonable costs or delays. Since this initiative began, OCR has settled 41 cases with various entities that failed to comply with HIPAA requirements related to an individual's Right of Access to PHI.

The ability for an individual to see and obtain copies of his/her PHI is one of the fundamental rights under HIPAA. HIPAA requires covered entities and business associates (when applicable) to provide access to PHI, in the form and format requested by the individual, within 30 days from making the request (unless an extension is permitted by law).



As a VIVA HEALTH business associate, you could receive a request for access to PHI from one of our members. If this occurs, please ensure the request is processed in accordance with HIPAA requirements. If you are unsure if you should process the request, or you need assistance, please reach out to VIVA HEALTH promptly so we can work together to ensure our mutual HIPAA obligations are met.

Thank you for your careful attention to these requests.

Evaluating Vendor Data Security



The information systems of VIVA HEALTH and our 3rd party vendors are intertwined in many ways. Often, sensitive information (PHI/PII) must flow between the two organizations so that each can perform effectively. When the information that is shared is sensitive, it is protected by law and must be kept private and secure.

Both VIVA HEALTH and our 3rd party vendors want a smooth and productive relationship, and secure information flow between them is an important factor. If sensitive information will be shared, VIVA HEALTH will want to evaluate the security practices of its vendor as there are security standards required by law. A questionnaire is often used to learn the vendor's security practices. It's good business, it's a good idea, and it's the law.

A vendor can help VIVA HEALTH and help itself by taking responsible security steps, making them policy, and documenting them:

- Perform internal risk assessments to identify security practices and risks to security and privacy.
- Scan internal network, servers, and applications for vulnerabilities.
- Keep all computer systems current with updates, patches, supported releases, and support relationships.
- Protect the computers and media that hold systems and sensitive information with physical safeguards, and actively manage access to them.
- Use multi-factor authentication where possible.
- Share the minimum PHI/PII necessary to get the job done - whether the information flows Vendor-to-VIVA, or vice-versa.
- Encrypt data "at rest" - the data stored on disks.
- Encrypt data "in motion." Use secure communication protocols, especially for internet traffic.
- Confirm that your systems are responsibly secured.

Attention to security posture will pay off in terms of your relationship with VIVA HEALTH, your relationship with your other customers, and for your business itself.

How to Report Ethics, Compliance and FWA Concerns

VIVA HEALTH Policy prohibits retaliation against anyone, including whistle blowers and those who report suspected violations in good faith.

Visit

www.Viva.Ethicspoint.com

Call

Anonymous
Compliance Hotline
833-593-1946

Write to

VIVA HEALTH Compliance
417 20th Street N, Ste. 1100
Birmingham, AL 35203

Your VIVA HEALTH Contacts

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