



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 2024, VIVA MEDICARE earned 5 out of 5 stars from CMS on its Medicare quality performance once again!

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 has earned the highest members' rating for a plan in Alabama for three years in a row.



5-Star Highest rating in Alabama
PLAN
3 YEARS IN A ROW¹



Highest Members' RATING for a plan in Alabama
3 YEARS IN A ROW³

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

¹Every year, Medicare evaluates plans based on a 5-star rating system. The Star Ratings referenced are for contract years 2022-2024.

² health.usnews.com/medicare. ³ Based on the 2022-2024 Medicare & You Handbooks for Alabama.

2023 CMS Program Audit Update

In the 2022 Vendor Vine Newsletter, we noted CMS appeared to be ramping up their program audit schedule to pre-pandemic levels. We also noted there was a good chance of VIVA HEALTH being selected for an audit since our last program audit was in 2014. Well, we were right on both notes. CMS conducted audits from March through July 2023, and we received our audit notice in March 2023.

The CMS Program Audit is a long and thorough process. Below was our audit timeline:

Audit Engagement Notice	3/13/23
Universe (data) Preparation and Submission	3/13/23 – 4/3/23
Universe Data Integrity Validations	4/6/23 – 4/21/23
Sample Review (Four Simultaneous Review Sessions)	4/24/23 – 4/26/23
Compliance Program Effectiveness Review	5/8/23 – 5/12/23
Draft Report	6/29/23
Final Report (1 st report issued by CMS for 2023)	7/13/23

Based on the amount of data submitted with the universes and CMS's use of targeted samples, it is very difficult to come through an audit unscathed, but overall VIVA HEALTH did well. Our final audit score was 0.33, and the lower the score the better. We have four corrective actions and no immediate corrective actions required (ICAR). ICARs are the most severe audit findings.

Vendor functions play a huge role in a CMS audit. Oftentimes, CMS reviews specific vendor services during an audit to ensure vendors are complying with CMS requirements. CMS views vendor services as being an extension of the health plan, so your role in our success is key.

Thank you for all of your support.



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, 2023. Please remember, the attestation must be completed by an authorized representative of your organization.

HOW TO REPORT ETHICS, COMPLIANCE & FWA CONCERNS

1

Visit

viva.ethicspoint.com



2

Anonymous
Compliance Hotline

833-593-1946



3

Write to

VIVA HEALTH Compliance

417 20th Street N, Ste. 1100

Birmingham, AL 35203



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

 **VIVA HEALTH**[®]



VIVA HEALTH'S Value Based INSURANCE DESIGN (VBID) PROGRAM

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

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

By providing \$0 copays on all Part D covered drugs, VIVA HEALTH hopes to increase medication adherence for our members. We also hope to help address food insecurity and provide a way for our SNP members to receive nutritious fresh food through the food/produce allowance. SNP members will have the ability to purchase food/produce at select retailers or buy nutritious food online through NationsBenefits.

Although not part of the VBID program, VIVA HEALTH also provides transportation to our SNP members to improve access to healthcare facilities and appointments. Please keep these benefits in mind as you work with our VIVA MEDICARE SNP members.

WHAT IS

Cultural Competence?



The Health Policy Institute of Georgetown University defines cultural competence as the ability of organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of a patient. The Office of Minority Health, Department of Health and Human Services established national standards for culturally and linguistically appropriate services in health and health care (CLAS). The principle standard for CLAS is to “Provide effective, equitable, understandable, and respectful quality of care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and communication needs.” For more information on the CLAS standards, go to [CLAS Standards - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/office-of-minority-health/standards-for-cultural-linguistic-appropriateness/).

Per the Centers for Disease Control and Prevention (CDC), the principles of cultural competence* include:

- Define culture broadly
- Value clients’ cultural beliefs
- Recognize complexity in language interpretation
- Facilitate learning between providers and communities
- Involve the community in defining and addressing service needs
- Collaborate with other agencies
- Professionalize staff hiring and training
- Institutionalize cultural competence

What are ways your organization can provide cultural competence?

You can begin by hiring a diverse staff, using interpreters and translators, and producing member education materials in other languages and lower grade reading levels to improve cultural competence. In addition, you can provide employee education and training on cultural awareness and cultural competence and identify Social Determinants of Health (SDOH) that create barriers to equitable care for everyone. The CDC states, “Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum. Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services.”

Services delivered with sensitivity to understanding cultural differences and influences can increase patient safety and engagement, reduce care disparities, improve health outcomes, and provide a better patient experience.

*Centers for Disease Control and Prevention, Nation Prevention Information Network, Cultural Competence in Health and Human Services

Your VIVA HEALTH Contacts

Tanya Maddox

Supervisor of Privacy and Vendor Oversight

Phone: 205-558-3283

Email: tanyamaddox@uabmc.edu

Teresa Evans

Executive Director of Privacy and Vendor Oversight

Phone: 205-558-7544

Email: temevans@uabmc.edu

VIVA HEALTH WISHES YOU

**HAPPY HOLIDAYS &
A HAPPY NEW YEAR**

VIVA HEALTH will be closed Nov 23rd & 24th,
Dec 25th & 26th, and January 1st & 2nd.

