

# VIVA Voice

## WINTER 2017



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# NON-PARTICIPATING LAB USAGE

VIVA HEALTH is dedicated to working with you to ensure quality care is provided at the lowest cost possible to our members. We need help from you to continue this effort. According to your provider contract, you should only refer patients to participating providers, including participating labs. **If you use a non-par lab, look for communication from VIVA HEALTH regarding a change in our policy that may negatively affect your fee schedule.** VIVA encourages the use of outpatient reference labs due to costs being generally lower. Our participating reference laboratories are:

<b>PARTICIPATING LABORATORIES:</b>
Labcorp
Quest Diagnostics
Accupath Diagnostics Laboratories Inc
American Esoteric Laboratories
Assurance Scientific Laboratories
Sequenom Center for Molecular Medicine
Regional Biomedical Lab
Compass Lab

If you have a question regarding participating laboratories, please contact our Customer Service Department at 205-558-7474 or verify with your Provider Representative.

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) CHART AUDIT SEASON BEGINS IN FEBRUARY

As part of our Quality Improvement program, VIVA HEALTH'S contract with the Centers for Medicare & Medicaid Services (CMS) requires us to perform chart audits. The quality improvement activities requiring review of members' charts include HEDIS measurements, complaint investigations, and focused studies.

During the months of February through May, VIVA goes through an intensive HEDIS review process that necessitates collecting medical record documentation on thousands of members. VIVA appreciates your prompt attention and cooperation with requests during the audit season. The performance outcome on the HEDIS quality measures directly affects our CMS Star Rating. The timelines for chart collection and data submission are very strict and are dictated by the National Commission on Quality Assurance (NCQA), our HEDIS auditing contractor, and CMS.

As a reminder, disclosure of patient information for these purposes does not require patient authorization as these are permitted disclosures under HIPAA for payment, treatment, and healthcare operations. All VIVA HEALTH employees undergo compliance training, including training on HIPAA privacy standards, when their employment begins and on an annual basis thereafter. As a covered entity under HIPAA, VIVA HEALTH recognizes our responsibility to protect patient information and the serious consequences that can result from a failure to do so.

We value your participation with VIVA HEALTH and appreciate your cooperation in allowing our Quality Improvement staff access to our members' medical records. If you have any questions or need additional information, please contact your Provider Representative for assistance.

## **VIVA PATIENT EXPERIENCE SURVEY SEASON STARTS IN MARCH – PATIENT OPINIONS MATTER!**

Each spring CMS conducts two patient experience surveys of a sample of VIVA MEDICARE members:

- Consumer Assessment of Healthcare Provider and Systems (CAHPS®) – an annual member satisfaction survey. Some CAHPS results are published in the Medicare & You handbook and on the Medicare Options Compare Web site ([www.medicare.gov](http://www.medicare.gov)).
- Health Outcomes Survey (HOS) - a baseline survey of members taken each spring with a follow-up survey to the same respondents two years later.

**The results of these surveys are a big part of how Medicare decides VIVA MEDICARE's Star Rating.** A Star Rating of 4 or above is critical to our ability to offer patients competitive benefits and low out of pocket costs. Many of the survey questions seek to measure a patient's experience with their primary care or specialist physician. A patient may rate a physician not on the factual account of their experience, but on the way it made them feel. Please train your staff to make the patient's experience a priority. Pleasant, caring staff can influence experience ratings more than any other factor. Below are selected CAHPS/HOS survey questions and their outcomes for the 2017 Star Rating. VIVA scored less than 4 Stars on these questions so we have included some tips in hopes our providers will work with us to improve the patient experience.

## Survey Questions

## Tips for Improving Performance

### Getting Appointments & Care Quickly:

**4 Star Rating: 77%**

**VIVA Rating: 74%**

In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Offer to put patients on a cancellation notification list if you are unable to schedule appointments as timely as they would like.
- Set wait time standards for each stage of a patient visit (check in, waiting room, initial triage, examination room) and hold your staff accountable for measurement and improvement. Make the patient feel they are moving through the process even if they haven't seen the doctor yet.
- If delays are occurring, keep patients informed of why this is happening and express appreciation for their patience. Offer to reschedule the appointment if needed.
- Offer wait –time activities such as Sudoku or crossword puzzles, television, wi-fi, and a variety of reading materials to help patients pass the time.
- If appointment times are running behind schedule, show respect for patients by notifying them ahead of time or upon check in.
- For primary care, increase ease of access and patient satisfaction by setting up VIVA days with your C4Q nurse.
- The person who greets patients upon arrival should have excellent people skills and make each patient feel special and welcomed. Make sure front desk staff is polite and patient both in person and over the phone.

### Monitoring Physical Activity

**4 Star Rating: 54%**

**VIVA Rating: 46%**

In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity?

In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity?

- Ask your patients if they exercise regularly or take part in physical exercise.
- If appropriate, give patients simple steps to take to increase their physical activity such as to start taking the stairs, increase walking from 10 to 20 minutes every day or maintain their current exercise program.

### Reducing the Risk of Falling

Did your doctor or other health provider talk with you about falling or problems with balance or walking?

Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?

- Always ask your patients if they ever experience dizziness, falls, or other problems with balance, or light headedness.
- Advise patients about fall precautions when prescribing medications that may cause altered mental status.
- If appropriate: suggest patients use a cane or walker, advise them to remove small area rugs that are trip hazards, and suggest a vision or hearing test.

### Annual Flu Vaccine

Have you had a flu shot since July 1, 2015?

- Strongly encourage your patients to get the flu shot or explore the reasons they are refusing one. Patients may have misconceptions about the vaccine that can be dispelled. If your office doesn't stock the flu shot, let them know they can get one at the pharmacy.
- If they got a flu shot, remind patients that they received one – some members do not recall getting the shot when surveyed in the spring.

## Survey Questions

## Tips for Improving Performance

### Getting Needed Care & Seeing Specialists

In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she:

- Have your medical records or other information about your care?
- Seem informed and up-to-date about the care you got from specialists?
- Talk to you about all the prescription medicines you were taking?

In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you:

- How often did someone from your personal doctor's office follow up to give you those results?
- How often did you get those results as soon as you needed them?

In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

- Review notes or diagnostic tests from other providers prior to seeing the patient. Specifically tell the patient you have done this. Talk to patients about their prescription drugs – what drugs they are taking, what for, and any problems they are having.
- Help patients understand your specific role in their care if they are seeing multiple providers. Patients get easily confused about what provider to call about issues, and this can lead to frustration and errors/omissions in care.
- If members need help beyond your role, refer them to VIVA's care management program by calling (205) 933-1201 or 1-800-294-7780, or faxing a request to (205) 933-1232.
- Ensure a diagnostic results communication program and standards are in place in your practice, and hold staff accountable for communication timeliness. Keep in mind many elderly patients do not use a computer, so ensure you have ways other than electronic patient portals to deliver notification of lab results or other tests.

## ICD10 DOCUMENTATION TIPS

### HYPERTENSION

In the ICD-10-CM Official Coding Reporting Guidelines for 2017, you now see the following guidance:

**The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement as the two conditions are linked by the term 'with' in the alphabetic index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states that the conditions are unrelated.**

### HYPERTENSION WITH HEART DISEASE

Hypertension with heart conditions classified to I50.- or I51.4-I51.9 is assigned to a code from category I11, Hypertensive heart disease. Use an additional code from category I50, Heart failure, to identify the type of heart failure in those patients with heart failure.

The same heart conditions (I50.-, I51.4-I51.9) with hypertension are coded separately **if the provider has specifically documented a different cause.** The sequence is according to the circumstances of the admission/encounter."

## **HYPERTENSIVE CHRONIC KIDNEY DISEASE**

Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. **CKD should not be coded as hypertensive if the physician has specifically documented a different cause.** The appropriate code from category N18, CKD, should be used as a secondary code with a code from category I12 to identify the stage of CKD. If a patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.”

## **NEW PROVIDER PORTAL**

The Provider Portal is a secure web-based application designed to give providers quick access to member eligibility, authorization status, claims payment, and additional information. For setup, visit <http://www.vivaprovider.com/ePower/Register.aspx>. Complete and submit the Provider Portal online registration form. Provider Customer Service will contact you with your login ID and password. Providers set up with Administrator access have the ability to create additional end users and reset the passwords of end users as needed. Administrators that need their password reset can email request to [vivaproviderportal@uabmc.edu](mailto:vivaproviderportal@uabmc.edu).

## **NEW IN-OFFICE SURGICAL PROCEDURES REQUIRING PRIOR AUTHORIZATION**

Advanced medical technology paired with patient comfort and convenience has made it possible for physicians to perform more surgical procedures in the office. Below is a list of additional in-office surgery codes that now require prior authorization.

### **OFFICE SURGERY CODES:**

0238T, 10040, 15775-15819, 15824-15829, 17380, 17999, 19300, 19316, 21137-21139, 21172-21184, 22513-22515, 28344, 30120, 30400-30460, 30540-30560, 30620, 35471-35476, 36100-36254, 36468-36479, 37220-37244, 37500, 37700-37785, 37799, 67221, 67225, 67912, 69090, 69300.

## **INJECTIONS REQUIRING PRIOR AUTHORIZATION**

At VIVA HEALTH, we strive to keep our provider network informed of any changes to procedures that require prior authorization. To view a complete list of injection, infusion, and supply codes that require prior authorization please visit [www.vivaprovider.com](http://www.vivaprovider.com).

## EFT AVAILABILITY

Change Healthcare (formerly Emdeon) is VIVA HEALTH's electronic payment and remittance administrator. There is no fee to use Change Healthcare (formerly Emdeon) ePayment. Enrollment is simple and free.

By enrolling with Change Healthcare, you can accelerate your reimbursement cycle, eliminate paper based claims payments, sorting mail, and making trips to the bank. In addition to receiving payments electronically, Change Healthcare ePayment users can search, view, and print electronic remittance advices (ERAs).

### **To get started, contact Change Healthcare:**

**Phone:** 1.866.506.2830

**Fax:** 615.238.9615

**Online:** [www.emdeon.com/eft](http://www.emdeon.com/eft)

**Mail:** Attention - Emdeon Electronic Payment Service Enrollment  
P.O. Box 148850 Nashville, TN 37214

*NOTE: If you have signed up for EFT please expect a return email from Change Healthcare verifying your bank account information.*

## NATIONAL DRUG CODES (NDC)

Effective July 1, 2017, VIVA HEALTH will begin requiring NDC codes on all claims submitted with drug codes. Omission of the NDC code will result in a delay in payment. Claims will have to be resubmitted with the NDC code to be paid.

The NDC, or National Drug Code, is a unique 10- digit, 3- segment universal product identifier for human drugs in the United States. This code is present on all nonprescription (OTC) and prescription medication packages and inserts in the United States. The NDC number is used to identify the labeler, product, and trade package size. Example: 0777-3105-02.

Many NDCs are displayed on drug packaging in a 10- digit format. Proper billing of a NDC, however, requires an 11- digit number in a 5-4-2 configuration. If the NDC is less than 11- digits, add a leading zero to the appropriate segment to complete the 5-4-2 configuration. Using the previous example: 0777-3105-02, a zero would be placed in the first segment to make the required 5-4-2- configuration. Thus the 11- digit code is now: 00777-3105-02.

The information required for billing NDCs is:

- Appropriate HCPCS or CPT code
- Number of HCPCS/CPT units
- NDC Qualifier (N4)
- Valid 11- digit NDC number
- NDC Unit of Measure (F2, GR, ML, UN)
- NDC Units Dispensed

Codes that will require NDC numbers:

- J-codes
- Drug related CPT codes
- Drug related Q codes
- Drug related S codes
- Drug related A codes

## RHEUMATOID ARTHRITIS CODING AND DMARD THERAPY

The prevalence of Rheumatoid Arthritis (RA) in the adult population is about one (1) percent. A review of our VIVA MEDICARE members with the diagnosis of Rheumatoid Arthritis shows that many are:

- Correctly diagnosed with Rheumatoid Arthritis but not treated with a DMARD as recommended by the College of Rheumatology guidelines **OR**
- Incorrectly coded with Rheumatoid Arthritis when the patient really has either joint pain, osteoarthritis, or other findings that require a work up.

Miscoding of Rheumatoid Arthritis causes an inflated risk adjustment score that could put VIVA at financial risk in a CMS audit. Miscoding of Rheumatoid Arthritis also puts the patient in the denominator for the Rheumatoid Arthritis HEDIS measure making it appear the patient is not being treated properly. We have listed the codes for Rheumatoid Arthritis and other conditions commonly miscoded as Rheumatoid Arthritis below. Please be very careful to select the correct code for the patient's condition.

ICD10 coding for:

- Rheumatoid Arthritis M05.00-M06.9
- Joint pain M25.50-M25.579
- Stiffness of Joint M25.60-M25.676
- Osteoarthritis M15.0-M19.93



Please see below for the prescriptions that qualify for treatment for RA in HEDIS specifications:

Description	Prescription
5-Aminosalicylates	<ul style="list-style-type: none"> <li>• Sulfasalazine</li> </ul>
Alkylating agents	<ul style="list-style-type: none"> <li>• Cyclophosphamide</li> </ul>
Aminoquinolines	<ul style="list-style-type: none"> <li>• Hydroxychloroquine</li> </ul>
Anti-rheumatics	<ul style="list-style-type: none"> <li>• Auranofin</li> <li>• Gold sodium thiomalate</li> <li>• Leflunomide</li> <li>• Methotrexate</li> <li>• Penicillamine</li> </ul>
Immunomodulators	<ul style="list-style-type: none"> <li>• Abatacept</li> <li>• Adalimumab</li> <li>• Anakinra</li> <li>• Certolizumab</li> <li>• Certolizumab pegol</li> <li>• Etanercept</li> <li>• Golimumab</li> <li>• Infliximab</li> <li>• Rituximab</li> <li>• Tocilizumab</li> </ul>
Immunosuppressive agents	<ul style="list-style-type: none"> <li>• Azathioprine</li> <li>• Cyclosporine</li> <li>• Mycophenolate</li> </ul>
Janus kinase (JAK) inhibitor	<ul style="list-style-type: none"> <li>• Azathioprine</li> <li>• Cyclosporine</li> <li>• Mycophenolate</li> </ul>
Tetracyclines	<ul style="list-style-type: none"> <li>• Minocycline</li> </ul>

Because of the significance of the problem, you may be contacted by VIVA about patient's you have coded as having Rheumatoid Arthritis but who we do not show as being treated with a DMARD. We need to confirm the RA diagnosis is correct. If the diagnosis is incorrect, we will work with you to reverse the claims with the incorrect RA diagnosis and refile corrected claims. If the diagnosis is correct, we may ask whether DMARD therapy has been considered or is contraindicated for the patient.

Thank you for paying extra attention to the proper coding of Rheumatoid Arthritis in 2017.

# SURPRISE! BLADDER CONTROL MEASURE IS BACK!

Star Measure 2017: Bladder Control

Viva providers please address bladder control with your VIVA MEDICARE members. This is a Star measure for men and women age 65 and above. This particular measure is a “survey” measure where the member has to **RECALL** that they had education/counseling/treatment for bladder issues. This measure will be part of the Health Outcome Survey (HOS) where members will be asked four questions concerning their bladder control:

42. Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?

1. Yes - Go to Question 43 (Star measure denominator)
2. No – Go to Question 46

43. During the **past six months**, how much did leaking of urine make you change your daily activities or interfere with your sleep?

1. A lot
2. Somewhat
3. Not at all

44. Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?

1. Yes
2. No

45. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you **ever** talked with a doctor, nurse, or other health care provider about any of these approaches?

1. Yes
2. No

When a patient has bladder issues, it can make them at greater risk for a fall and the associated complications. Also, certain medications may exacerbate or even help with bladder issues, so it's important for members to speak with their doctor.

# UPCOMING CAFÉ EVENTS

VIVA HEALTH has many cafes across the state where we can assist individuals with their Medicare needs. Our VIVA HEALTH Cafés also offer a wide variety of fun and free events, open to anyone in our community.

**Come join us!**

<b>Grand River – Leeds</b> 6200 Grand River Blvd. E, Suite 438 Leeds, AL 35094   (205) 699-3040		
Ask The Expert: Heart Health	2/6/17	10 AM - 2 PM
BINGO!	2/7/17	10 AM - 11 AM
Healthy Cooking Class	2/23/17	11 AM - 12 PM
Ask The Expert: Gastroenterology	3/6/17	10 AM - 2 PM
BINGO!	3/14/17	10 AM - 11 AM
Healthy Cooking Class	3/23/17	1 PM - 3 PM
Ask The Expert: Diabetes Academy	4/10/17	10 AM - 2 PM
Member Appreciation Event	5/15/17	10 AM - 2 PM

<b>Hoover</b> 1550-K Montgomery Hwy. Hoover, AL 35216   (205) 978-4911		
Ask The Expert: Heart Health	2/7/17	10 AM - 2 PM
Healthy Cooking Class	2/23/17	2 PM - 3 PM
Ask The Expert: Gastroenterology	3/7/17	10 AM - 2 PM
BINGO!	3/14/17	10 AM - 11 AM
Ask The Expert: Diabetes Academy	4/11/17	10 AM - 2 PM
Member Appreciation Event	5/16/17	10 AM - 2 PM

<b>Mobile</b> 3071 Dauphin Street Mobile, AL 36606   (251) 380-2222		
Ask The Expert: Heart Health	2/9/17	10 AM - 3 PM
Healthy Cooking Class	2/23/17	11 AM - 12 PM
Ask The Expert: Gastroenterology	3/9/17	10 AM - 3 PM
BINGO!	3/14/17	10 AM - 11 AM
Ask The Expert: Diabetes Academy	4/13/17	10 AM - 2 PM
Member Appreciation Event	5/17/17	10 AM - 2 PM

<b>Montgomery</b> 2107-B Eastern Blvd Montgomery, AL 36117   (334) 272-8882		
Ask The Expert: Heart Health	2/8/17	10 AM - 2 PM
BINGO!	2/7/17	2 PM - 3 PM
Healthy Cooking Class	2/22/17	1 PM - 2 PM
Healthy Cooking Class	2/23/17	1 PM - 2 PM
Ask The Expert: Gastroenterology	3/8/17	10 AM - 2 PM
BINGO!	3/14/17	2 PM - 3 PM
Healthy Cooking Class	3/22/17	1 PM - 2 PM
Ask The Expert: Diabetes Academy	4/12/17	10 AM - 2 PM
Member Appreciation Event	5/17/17	10 AM - 2 PM



**Important Viva Health  
information inside.**

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