NOVEMBER 2020 EDITION

ULTIMATE PROVIDER

ULTIMATE HEALTH PLANS

Dear Valued Provider

It is my privilege to introduce you to our new Chief Medical Director, Pragnesh Shah, M.D., MBA, CPE. As a student of University of Illinois at Chicago, Dr. Shah earned a Bachelor of Science degree in 1996, followed by a Master of Science in Chemistry in 1997. From there, Dr. Shah attended the Finch University of Health Sciences – The Chicago Medical School, where he earned a Master of Science in Applied Physiology in 1999, followed by Doctor of Medicine in 2003. He went on to complete his residency in Categorical Internal Medicine at Milton S. Hershey Medical Center in Hershey Pennsylvania in 2006. He completed his Master of Business Administration from the Raymond J. Harbert College of Business in Auburn Alabama in 2017.

He is Board Certified in Internal Medicine (with Focused Practice in Hospital Medicine) and holds active licenses in the states of Florida, Texas, and California. He is also a Member of the American Association for Physician Leadership.
Dr. Shah was the Founder, President and CEO of Everest Inpatient Physicians which he grew from a 1 to 10 physician hospitalist group practicing at various facilities in Sugar Land, TX with Medicare Advantage contracts with Texas Health Spring and Texan Plus. Dr. Shah sold this group to TeamHealth, LLC in 2015. After the sale, Dr. Shah served as a physician group leader for TeamHealth for about a year-and-a-half before moving to Northern California and joining John Muir Medical Group. Most recently, Dr. Shah has served over 2 years as a Medical Director for Humana, Inc. in the utilization management space.
On a personal note, Dr. Shah lives in Wesley Chapel, FL and is married with a 5-year old daughter. His hobbies include biking, watching movies, reading books, and listening to the Indian music. Most importantly though, he enjoys spending time with his family.

We are delighted to have Dr. Shah join our team at Ultimate Health Plans, where he will lead our health services department encompassing Healthcare Quality, including CMS Stars metrics and NCQA accreditation, MRA coding and medical record documentation, and utilization and care management. Please join us in welcoming Dr. Shah!

Yours in Good Health,
Nancy Gareau, CEO
Ultimate Health Plans, Inc.

NEW MEMBER WELCOME OUTREACHES

At Ultimate Health Plans, our member's quality of service and care are most important. Our Member Advocate Team personally performs outreach to each new member to assist with any questions they may have and encourage important steps while onboarding with the plan. Some of these important steps include scheduling new patient appointments, completing Care Transition and Health Assessment forms, and ensuring they have access to obtain the necessary prescriptions during their transition.

PROVIDER SERVICES

NEW SELF-SERVICE INTERACTIVE VOICE MENU

Ultimate Health Plans is excited to announce the launch of our Self-Service Interactive Voice Menu. Check Claim Status and Member Eligibility 24 hours a day, 7 days a week! Just have your 9-digit Tax ID number or 10-digit NPI number as well as the Member's ID number, date of birth, and zip code on hand. To access the Self-Service Voice Menu, **simply call Provider Services at 888-657-4171.**

4 Star Rating

Dear Provider,

On behalf of Ultimate Health Plans, I would like to thank you for the excellent care you give to our members. You are the cornerstone to the success of the health plan and the members it serves. I would like to take this opportunity to talk about the importance of completing your medical notes. As you are aware, appropriate clinical documentation of your patient's health conditions drives many of the HEDIS measures, Star rating, and Risk Scoring. For 2020, with your partnership, we maintained a 4 Star Rating, and our Risk Scoring yielded an average increase of 20% in premium year over year. Our team is here to provide you education on compliant diagnosis coding and documentation to help you succeed. Over the next couple months, we will reach out to you with queries to close any gaps in the measures. We thank you in advance for your partnership and support!

MEDICATION ADHERENCE FOR HYPERTENSION

Dear Provider,

I want to take this opportunity to congratulate you on achieving a 5-STAR rating for "Medication Adherence for Hypertension" measure for MY (Measurement Year) 2020. Without your efforts, this would not have been possible. Though we are currently doing well, moving forward, we will need to be extra vigilant to maintain the same rating for MY 2021. As a reminder, the details of the measure are as follows:

Medication Adherence for Hypertension (RAS Antagonists):
Description: Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Blood pressure medication means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.

Exclusion:

1. End-Stage Renal Disease
2. One or more prescriptions for Sacubitril/Valsartan (Entresto)
3. Hospice Members

Best Practice:

1. When clinically appropriate, prescribe.
2. Talk with patients about why they're on a RAS antagonist for hypertension and why it's important to take their medication as prescribed and get refills promptly
3. Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects, and cost.
4. When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy, especially if going to the pharmacy is difficult.
5. HMSA Medicare Advantage plans pay for a 90-day supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
6. HMSA Medicare Advantage members can get a 90-day supply of most generic medications for the same cost as a 30-day supply at the pharmacy. Even brand-name drugs are less expensive through mail order.

Please do not hesitate to reach out to our team for any clarification or questions. As always, thank you for the excellent care of our members! Ultimate Health Plans appreciates your efforts to achieve exceptional STAR ratings!

In 2020, The Centers for Medicare & Medicaid Services (CMS) created its Five-Star Quality Rating System to help consumers, their families, and caregivers compare Medicare health and prescription drug plans. The below information is the overall star rating Ultimate Health Plans received by CMS.

2021 STAR RATINGS

Ultimate Health Plans – H2962 2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Ratings that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Ultimate Health Plans received the following Overall Star Rating from Medicare.
4 STARS
★★★★

We received the following Summary Star Ratings for Ultimate Health Plans' health/ drug plan services:

Health Plan Services	Drug Plan Services
3.5 STARS	4 STARS
★★★½	★★★★

Learn more about our plan and how we are different from other plans at **www.medicare.gov.**

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 855-858-7526 (toll-free) or 711 (TTY).

Current members please call 888-657-4170 (toll-free) or 711 (TTY). During certain times of the year we may use alternative technologies to answer your call such as weekends and Federal holidays.

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

DIABETES AWARENESS

Patient Follow-Up and Education Are Critical for Diabetes Care

Ultimate Health Plans believes in a stricter follow-up with diabetic patients, especially if diabetes is not well controlled. For those patients, we recommend scheduling a follow-up visit every three months, sometimes with visits in between.

The following diabetes care screenings are important for diabetic patients:

HbA1c
every three months sometimes with visits in between. To meet the NCQA HEDIS® standard, HbA1c must be measured at least once a year, with the date and result recorded in the medical record.

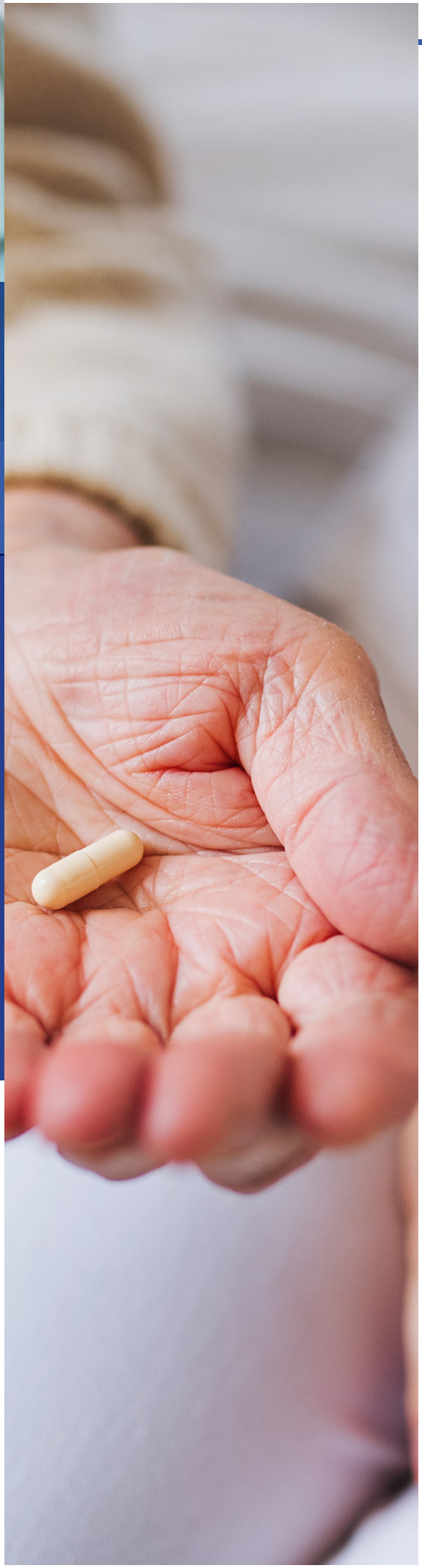
Monitoring and treatment for diabetic nephropathy
a urine test for albumin or protein at least yearly, with the results documented in the medical record along with the date of service when it was completed.

Eye Exam
every 12 months, performed by an ophthalmologist or optometrist, to screen for diabetic retinopathy and glaucoma. To meet the NCQA HEDIS® standard, a copy of the exam must be included in the medical record. Diabetic eye exams are very important for diabetic patients. Regular screenings will give your patients a head start on health.

LabCorp

As a reminder, Laboratory Corporation of America (LabCorp) is the exclusive Lab for Ultimate Health Plan members. If your practice needs assistance establishing a LabCorp account, please contact LabCorp's customer service: 1-800-877-5227. A dedicated LabCorp representative will reach out to your office to set up an account# and offer training on the portal.

Members can find a listing of LabCorp draw stations in our servicing counties as well as all LabCorp locations by visiting www.labcorp.com or by calling (800) 877-7831 (TTY: 711).



CONVENIENCE AND ADHERENCE WITH 90- DAY SUPPLIES OF MAINTENANCE MEDICATIONS!

Current social distancing guidelines lends itself to the perfect opportunity to start your patient on a 90-day supply of their chronic maintenance medications. Utilizing a 90- day supply not only limits the patients' unnecessary exposure outside the home, but it also increases the opportunity for adherence! Studies have shown that nonadherence leads to poor health outcomes and avoidable increased health care cost.

You may e-prescribe or traditionally prescribe a 90-day supply to be dispensed at most retail pharmacies and through OptumRx mail-order. Please note, that if your patient is interested in obtaining a 90-day supply through mail-order, the first fill of a mail-order prescription may take 10 to14 days to process. If you want your patient to start therapy immediately but are concerned about delays in starting mail-order, you may opt to prescribe a 30-day supply to be dispensed immediately at a local pharmacy and a 90-day supply for the member to fill through mail order. That time in between, will give the patient time to establish an account with OptumRx and the 90-day supply will be put on hold with OptumRx until the prescription is eligible for the fill.

You may contact OptumRx mail-order 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711) or E-prescribe to get your members started!

Aurel O Iuga, Maura J McGuire. 2014. Adherence and health care costs . Risk Management Healthcare Policy. 7: 35–44.

Take home message: Mail-order is a convenient way to get medications delivered directly to patients. It can help increase compliance and can also increase preparedness during emergency situations such as the hurricane season.

MEMBER RIGHTS AND RESPONSIBILITY

Ultimate Health Plans honors your rights as a member. You have the following rights to help protect you:

- **We must treat you with fairness, respect, and dignity at all times**
- **We must ensure that you get timely access to your covered services and drugs**
- **We must protect the privacy of your personal health information**

For a full list of Member Rights and Responsibilities please visit our website at www.chooseultimate.com/Members/rights-responsibilities.aspx

UM Criteria – Available Upon Request

Practitioners may discuss a denial decision based on medical necessity with UHP physician reviewers and may request the criteria used to make utilization management decisions. Call 352-277-5056 To request criteria or for more information.

HEALTH MANAGEMENT PROGRAMS

Ultimate offers programs to meet the health needs of members. Many programs are designed to help members manage specific conditions. Some of these conditions are diabetes or heart disease. Other programs are designed to help members with specific needs related to a recent hospital stay.

Members may be identified for these programs based on diagnoses. Another reason would be for care or services that the member is overdue for or needs but has not received. Sometimes members are identified based on medical events. Members may also be referred to programs by you as their doctor or by an Ultimate Care Manager. The Member can also ask to be enrolled in these programs.

Each program has different requirements that need to be met. If the Member meets the measures, he/she will automatically be enrolled. The Member may opt out at any time.

Please visit our website at www.chooseultimate.com for additional information

Contact us:

BY PHONE:
Monday thru Sunday: 8 am to 8 pm
1-888-657-4170
(TDD/TTY call 711)

IN PERSON:
Ultimate Health Plans Offices
Hernando Community
Outreach Center
2713 Forest Rd.,
Spring Hill, FL 34606

CORPORATE OFFICE:
1244 Mariner Blvd., Spring Hill, FL 34609
Currently, Monday thru Friday
9 am to 5 pm

BY MAIL:
Ultimate Health Plans, Inc.
1244 Mariner Blvd.,
Spring Hill, FL 34609

ONLINE:
You may find answers to many of your questions online at
www.chooseultimate.com

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