



**ULTIMATE**  
HEALTH PLANS  
Good health is where you live.

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# 2024 Benefit & Organization Training

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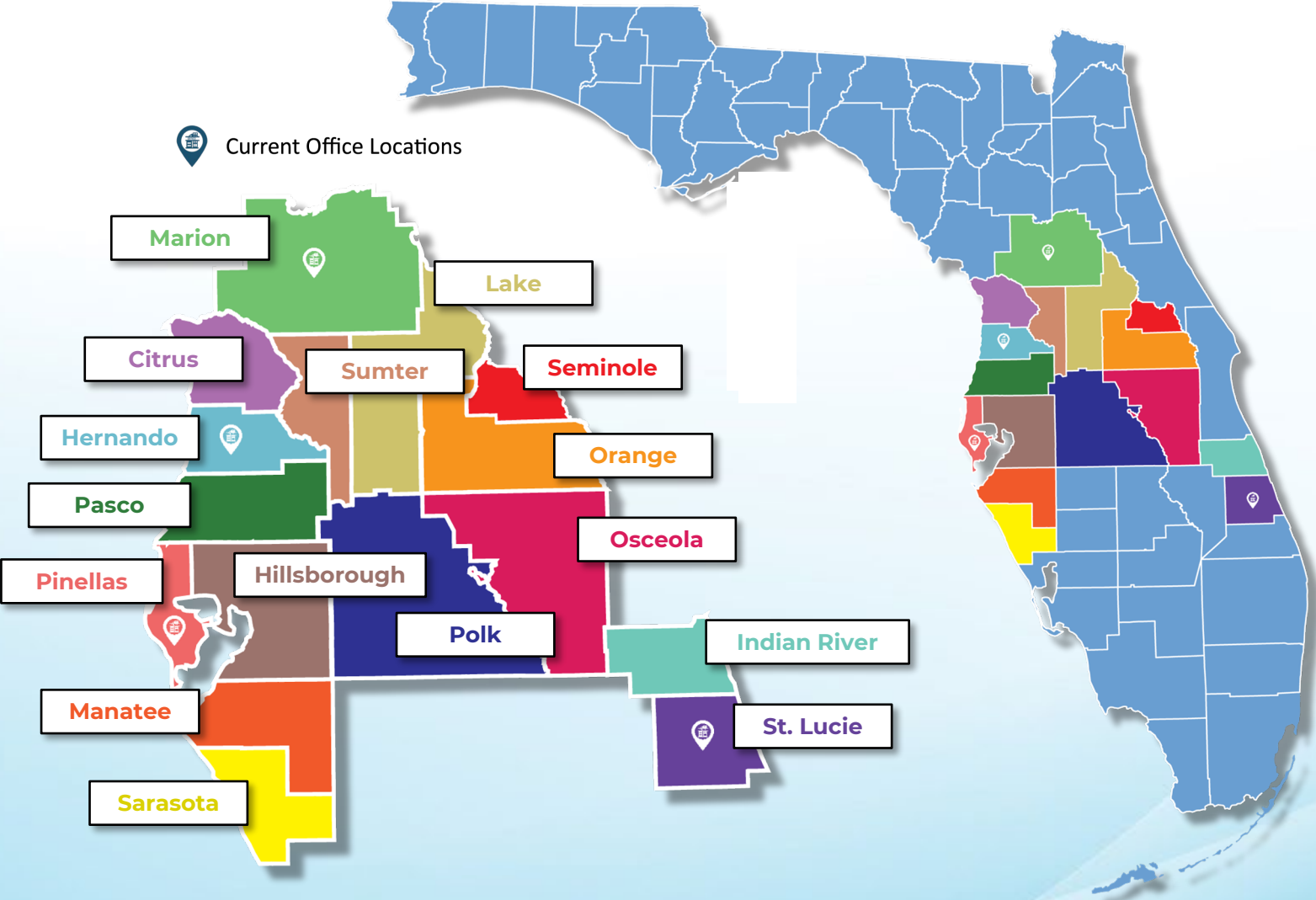
# About Ultimate Health Plans

**Section 1**

# Service Area

## Counties Include:

- Citrus
- Hernando
- Hillsborough
- Indian River
- Lake
- Manatee
- Marion
- Orange
- Osceola
- Pasco
- Pinellas
- Polk
- Sarasota
- Seminole
- St. Lucie
- Sumter





# Community Outreach Offices



## Hernando

2713 Forest Road  
Spring Hill, FL 34606



## Marion

303 SE 17th Street, STE 305  
Ocala, FL 34471



## Pinellas

4058 Tampa Road, STE 7  
Oldsmar, FL 34677



## St. Lucie

600 N US HWY 1, STE A  
Fort Pierce, FL 34950

# Sales Management Team



**Frank Corsones**

Email: [fcorsones@ulthp.com](mailto:fcorsones@ulthp.com)

- Citrus County
- Hernando County
- Pasco County



**Melissa Price**

Email: [mprice@ulthp.com](mailto:mprice@ulthp.com)

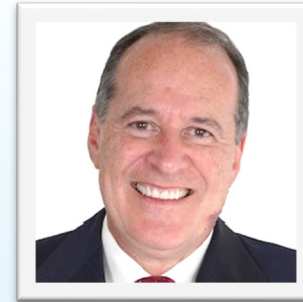
- Indian River County
- St. Lucie County



**Patrick Tate**

Email: [ptate@ulthp.com](mailto:ptate@ulthp.com)

- Hillsborough County
- Pinellas County
- Polk County



**Ricardo Cabello**

Email: [rcabello@ulthp.com](mailto:rcabello@ulthp.com)

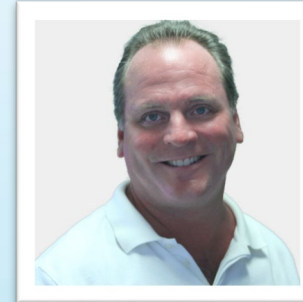
- Orange County
- Osceola County
- Seminole County



**Samantha Hall**

Email: [shall@ulthp.com](mailto:shall@ulthp.com)

- Lake County
- Marion County
- Sumter County

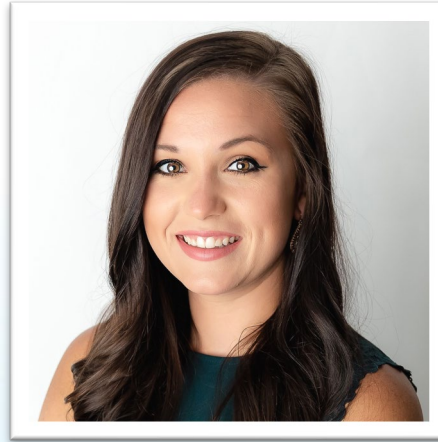


**Robert Drake**

Email: [rdrake@ulthp.com](mailto:rdrake@ulthp.com)

- Manatee County
- Sarasota County

# Broker Management



**Lexi Olson**  
Broker Manager

Phone: (352) 835-7151  
Ext. 6066  
Email: lolson@ulthp.com



# Agent Information

**Section 2**

# Agent Resources



**877-322-4029**

Agent Support



**agentsupport@ulthp.com**

Agent Support



**352-515-5969**

Application Fax Line



**Chooseultimate.com**

Ultimate Health Plans  
Website



**Agent Portal**

<https://enroll.myultimatehp.com/agportal#/login>



# Agent Support

## Reformation

- **The Agent Support team is now managed by the Sales Department!**
- This new delegation has transformed the Agent Support team to be focused solely on sales related knowledge and practices. This will make the team a greater asset for you!

## The team can:

- Medicare and Medicaid lookup
- Check application statuses
- Assistance with Sunfire's electronic application platform
- Agent appointment and certification statuses
- General commission and renewal inquiries
- Assistance with member inquiries (must be agent of record)
- And more!

## HIPAA Requirements

- Representative will need to verify:
  1. Your full name
  2. Florida license number OR UCAIN (writing number)
  3. Active appointment with Ultimate
- Agents cannot make any CHANGES to a member's account.
- Agents can only be given general information on a member's account.



## Appointment Requirements

### **STEP 1: Agent Application**

- Code of Ethics
- Organization HIPAA Training
- AHIP Certificate
- W-9
- Direct Deposit (Optional)

### **STEP 2: Benefits & Organization Training**

### **STEP 3: Benefits & Organization Exam**

- Must score 85% or higher
- Attempts to pass are limited
- Plan materials & self taken notes may be used.



## Grievances & CTMs

### **Ultimate documents disposition of agents as follows:**

1. No Action
2. Coach/Retrain
3. Verbal Warning
4. Written Warning
5. Suspension of up to 90 days
6. Termination

**CMS holds the Plan Sponsor responsible for agent complaints.**

# Broker Agent Compensation

**\$611** New to Medicare

- Not prorated

**\$306** Renewal Years

- Prorated

**\$25.50** Lifetime Renewals

**Per Month**

- As allowed by CMS
- Payments begin in January of the 2nd enrollment year
- Paid if the member remains enrolled in the plan with no lapse in coverage

Commissions & Renewals are paid monthly by the **28<sup>th</sup> of each month.**

\*\*Applications are not paid until accepted by CMS. Applications submitted within the last 7 days of the month may not be approved until the following month.

# Broker Agent Incentives

## \$75

### HRA Incentive

Agents can earn **\$75** for submitting a new member's **Health Risk Assessment (HRA) WITH** the enrollment application.

Then, agents can receive an **additional \$75** in **February 2024** if the same member has remained active on the plan!

## \$50

### C-SNP Incentive

Agent's can earn **\$50** for assisting a new Advantage Care By Ultimate member with getting their Qualification Verification Form completed by the members provider and submitted to UHP.

**AEP applications only (effective 01/01/2024). Incentive will be paid March 2024 as long as member remained active on the plan.**



# 2024 Benefits Presentation Video

Only  
11  
Minutes!

Agents must use the Ultimate Health Plans Benefits Presentation during enrollment appointments.

Video can be downloaded from your Ultimate Health Plans Agent Portal starting October 1, 2023!



2024 BENEFITS  
PRESENTATION



# Call Recording Guidance

- 42 CFR 422.2274(g); 42 CFR 423.2274(g)
  - **CMS now requires recording of all inbound and outbound calls in their entirety, including the enrollment process.**
    - This also includes virtual platforms, such as Zoom or Microsoft Teams.
    - This ruling does not apply to in-person interactions.
    - Retention period for calls is 10 years.
  - The independent broker and/or FMO must disclose to Ultimate any subcontracted relationships used for marketing, lead generation, and enrollment via Ultimate's **Medicare Compliance Program Attestation – FMO/Agent.**
  - If the beneficiary/member does not want to be recorded, agents are instructed to provide other options to the beneficiary. These can include:
    - In-person appointment
    - Online plan finder and enrollment form link
    - Email/direct mail

# Compliance and Reporting FWA

Compliance is Everyone's Responsibility!

You play a vital role in protecting the integrity of the company and the various government programs with which we participate.

Immediately report suspected non-compliance or FWA to a supervisor, manager, or another management member within your specific reporting structure. You may do so confidentially or anonymously without fear of retaliation or retribution.

If you are uncomfortable about raising concerns directly to a supervisor or if a concern has already been raised and not addressed, employees should report their concerns to one of the following:

**Next level of management in the reporting structure:**

Compliance Officer  
Compliance Hotline  
Human Resources

# Reporting Mechanisms



## Compliance Officer

**Nirali Patel**

[npatel@ulthp.com](mailto:npatel@ulthp.com)

(352) 835-7151

Ext. 5932



## Compliance Hotline

**(855) 730-7925** (Toll Free)

[compliancehotline@ulthp.com](mailto:compliancehotline@ulthp.com)

*Available 24 hours a day,  
7 days a week, 365 days a year.  
Reports may be made anonymously.*



## Direct Mail

**c/o Compliance Officer**

Ultimate Health Plans

P.O. Box 3459

Spring Hill, FL 34611





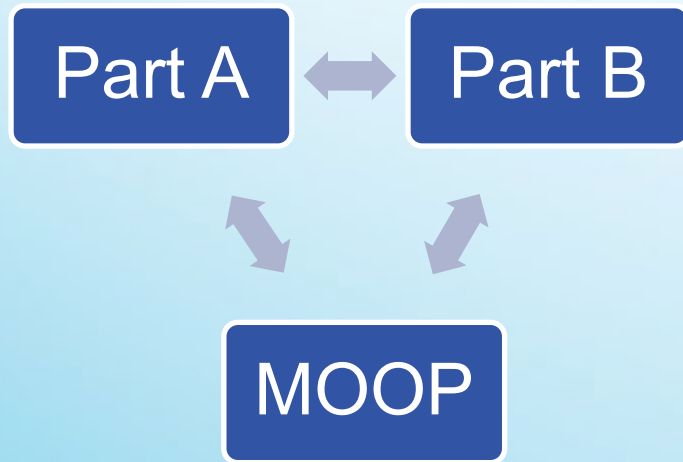
# Plan Benefits

## Section 3





# Maximum Out-of-Pocket (MOOP)

All our plans have a MOOP limit

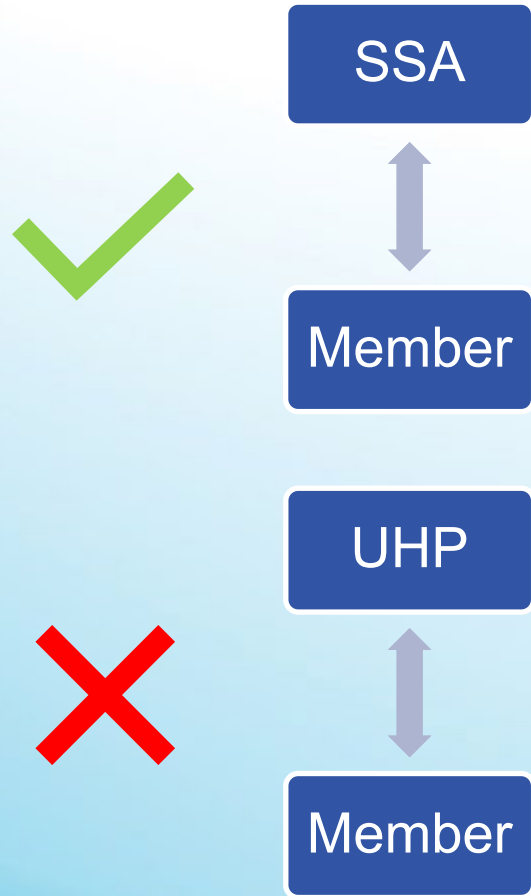
**Out-of-Pocket  
Expenses**



**Co-pays that do NOT  
go towards the MOOP:**

-  Routine hearing and vision
-  Preventive and comprehensive dental services
-  Part D prescription drugs
-  Emergency services encountered outside of the United States and its territories

# Part B Reduction Process



Typically takes **up to 90 days** after the effective date but could take up to 6 months in rare circumstances to begin receiving the reduction.

If the Medicare beneficiary does NOT have Social Security, the member MUST pay the Part B premium as directed by Medicare, then the member will receive the appropriate Part B reduction amount from the government by check or credit toward owed Part B premiums.

# Premier By Ultimate

**\$0**

No copay for  
primary care visits  
& lab exams

Up to

**\$164.90**

Part B  
Reduction

Up to

**\$50**

per month  
OTC Benefit

Premier by Ultimate plans are available in ALL our counties!

**Premier Plus by Ultimate plans are no longer available!**



# Advantage Care by Ultimate (C-SNP)

**DM** Diabetic

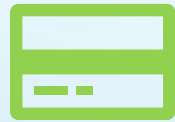
**CVD** Cardiovascular Disease

**CHF** Chronic Heart Failure

**COPD** Chronic Obstructive  
Pulmonary Disease

Up to  
**\$164.90**

**Part B  
Reduction**



**Benefit Card**



**Preventive &  
Comprehensive  
Dental Benefits**



**Chronic Care Rx  
covered through  
the gap**

Chronic Special Needs Plans are available in ALL our counties!

# Benefit Card On Chronic Plans (C-SNP)

**\$100**

**Per Month**

Cost depending on chronic plan.



**Use your benefit card funds your way!**



**Healthy Foods**



**OTC**



**Utilities**

# Advantage Plus By Ultimate (D-SNP)

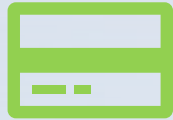


Three benefits combined  
into ONE card!



**\$125**

Monthly  
OTC Benefit



**\$500**

Annual  
Flex Benefit  
Vision / Dental / Hearing



**\$100**

Monthly  
Food Benefit



**\$500**

Annual  
Eyewear Benefit

Full & Partial Dual Special Needs Plans are available in ALL our counties!

# Formulary Tiers

- 1 Generic
- 2 Preferred Brand
- 3 Non-Preferred Brand
- 4 Specialty
- 5 Chronic Care Medication (C-SNP Only)



# Part D Benefits

First Dollar Coverage: No monthly premium or deductible for our members.

## Initial Coverage Phase:

- **Initial Coverage Limit (ICL) in 2024 \$5,030.**
- While in the Initial Coverage Phase, members pay the co-pay or co-insurance for formulary drugs as determined by the tier level.
- Total cost of the Part D drug paid by both the member and the plan sponsor contribute toward the member's ICL of \$5,030.

## Coverage Gap Phase:

- Once someone reaches their ICL they fall into the "Donut Hole".
- While in the coverage gap in 2024 beneficiaries pay 25% of the cost on name brand drugs and 25% of the cost of generics. Part D enrollees will receive a 75% Donut Hole discount on the total cost of their brand name drugs purchased while in the Donut Hole. The discount includes , a 70% discount paid by the manufacturer and a 5% discount paid by the plan. The 70% paid by the manufacturer combined with the 25% paid by the member (95%) count towards the catastrophic phase set at \$8,000. Also, the 25% cost of generic medications paid by the member counts towards the catastrophic coverage limit.

## Catastrophic Coverage Phase:

- Beginning in CY 2024, cost-sharing for Part D drugs will be eliminated for beneficiaries in the catastrophic phase of coverage.
- Co-payment amounts for Excluded Drugs do NOT contribute toward the ICL or Coverage Gap.

# Additional Plan Benefits



## Mail Order – OptumRx

- **90-day** supply for the cost of 60-day supply.
- Discount applies for any drug labeled “MO”
  - Tiers 2, 3, and 5



## Transportation

- Included in **all** our plans.



## SilverSneakers Program

- A **no cost** fitness benefit with access to 16,000+ fitness location nationwide.



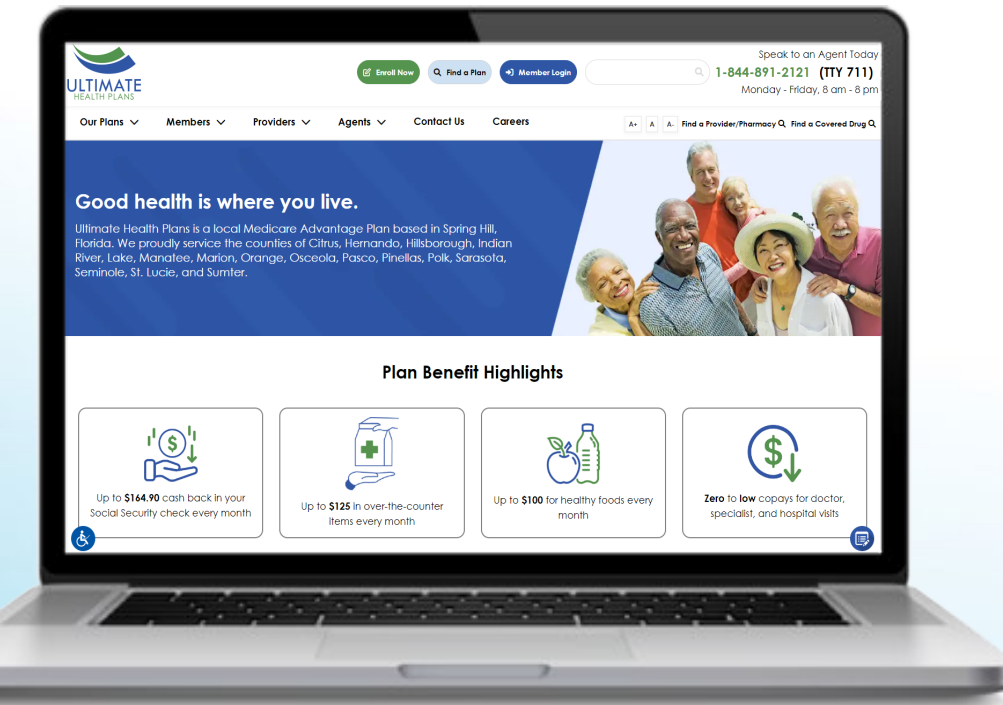
## Vaccines

- **\$0** copay for shingle, pneumonia, and flu vaccines.



# Plan Material

**Section 4**



## Visit our website for the following plan materials & resources:

- **Agent Portal Access**
- **Provider Search**  
(<https://www.chooseultimate.com/Home/FindDoctor>)
- **Prescription Drug Search**  
(<https://www.chooseultimate.com/Home/PrescriptionDrugs>)
- **Enrollment Application**
  - [Electronic](#) and [Printable](#) Versions
- **Member Plan Documents & Forms**  
(<https://www.chooseultimate.com/Member/DocumentsandForms>)
- **Member Portal Access**

[www.chooseultimate.com](https://www.chooseultimate.com)

# Scope of Appointment (SOA)

- Sections 1851(j)(2)(A) and 1860D-04(l) of the Social Security Act; 42 CFR §§422.2264(c), 422.2266(d)-(f), 422.2274(b)-(c), 423.2264(c), 423.2266(d) and (e), 422.2274(b)-(c)
  - Scope of Appointment (SOA) parameters (and documentation) are required for all marketing activities, in-person, telephonically, including walk-ins to plan or agent offices.
  - During these appointments, discussions may only concern previously agreed upon plan products documented in the SOA, and may only market health-related products, and not, for example, annuities or life insurance.
- 42 CFR 422.2264(c)(3)(i)(A)-(B)
  - Per CY 2024 CMS Final Rule, there will be **48-hour minimum waiting requirement** between completing a Scope of Appointment and an agent meeting with a beneficiary, with exceptions for beneficiary-initiated walk-ins and the end of a valid enrollment period.
- Individuals may not solicit/accept enrollment applications for a January 1 effective date until October 15 of the preceding calendar year, unless the beneficiary is entitled under another enrollment period.

**Per Ultimate Health Plans policy, no other lines of business can be discussed during an Ultimate Health Plans enrollment appointment or sales/marketing event.**



# Electronic Application Using Sunfire



## Login

- **Login here:** <https://www.sunfirematrix.com/app/agent/ult>
- **Username:** Your email address used for your Agent Portal.
- **Password:** X# + [NPN] + first 3 letters of last name in lower case
  - No spaces and no “+” signs.
  - “X” is capitalized.
  - For example, John Smith, who has an NPN 12345678 would have the following password: X#12345678smi
  - **After logging in, you can change your password on your “Agent Profile” of your account.**



## Personal URL

Your Personal URL can be found on your “Agent Profile” of your account.

## Assisted & Unassisted

Use your account to assist with enrollments.  
Your Personal URL can be used for unassisted enrollments.

**If you have technical difficulties during an appointment, please use a paper application.**

# Enrolling a New Member

## Leave with Member



- **Star Rating Form**
- **Summary of Benefits with Enrollment Checklist**
- **Copy of Application**
  - If Paper Application
- **Application Confirmation Number**
  - If Electronic Application

**Application Accuracy Is Important!** All fields must be completed and legible upon submission to the plan.



## Turn In

- **Enrollment Application**
- **Scope of Appointment**
- **Attestation of Eligibility**
  - Required for all enrollments EXCEPT AEP
- **Pre-Qualification Form**
  - Required for all C-SNP enrollments
- **Health Risk Assessment Form**

**It is imperative a Primary Care Physician (PCP) is selected and specified on the enrollment application!** Ensure the PCP's full name and ID number are correct. Also, the PCP must be in-network. Please refer to our Provider Search or call Agent Support at 877-322-4029 for provider network statuses and/or ID numbers.

**Thank you!**



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