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ULTIMATE LIVING

Health and Wellness News for Members of Ultimate Health Plans (UHP)

Summer 2023

Mission Statement

Ultimate Health Plans' mission is to provide all members with the highest quality healthcare with access to highly qualified physicians. We hold ourselves accountable for treating our members with dignity and respect, providing world-class customer service, and recognizing our commitment to the community as a local corporation.

Health Management Programs



Learn how programs are designed to help you manage specific conditions, such as diabetes or heart disease.

[Read more on page 3.](#)

2023 Special Needs Plans (SNP)



Learn more about our Special Needs Plans that provides coordinated care to members with specific illnesses, chronic conditions, or Medicaid.

[Read more on page 11.](#)



www.facebook.com/UltHP

Get Back on Track with Routine Vaccinations

August is National Immunization Awareness Month (NIAM). This annual observance highlights the importance of getting recommended vaccines throughout your life. We know the COVID-19 pandemic has impacted all aspects of life, including your ability to attend important appointments and receive routine vaccinations. During NIAM, we encourage you to talk to your doctor, nurse, or healthcare provider to ensure you and your family are protected against serious diseases by getting caught up on routine vaccination.

August is also a critical time for those who are eligible to get vaccinated against COVID-19. To learn more about COVID-19 vaccination, check out the following website:

- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html>

Source: <https://www.cdc.gov/vaccines/events/niam/sample-newsletter-content.html>



Prepare for Hurricane Season

weather.gov/hurricane

Prepare Before Hurricane Season

- Develop an evacuation plan
- Assemble disaster supplies: food, water, batteries, charger, radio, cash
- Get an insurance checkup and document your possessions
- Create a communication plan with a hand-written list of contacts
- Strengthen your home

Image Source: <https://www.weather.gov/hfo/HPW2023mon>

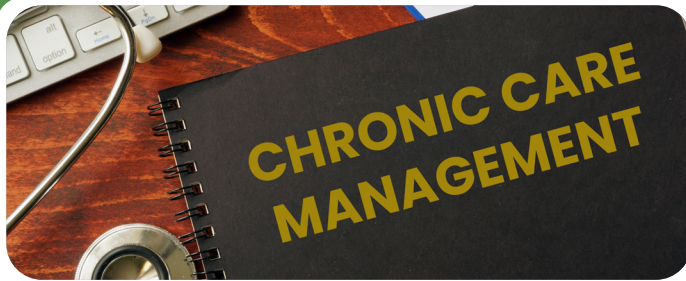
We want all our members to remain safe as we enter the Florida Hurricane Season. Please take time to prepare yourself and your loved ones for the possible arrival of a hurricane and/or surge in the county you reside. Ensure you have an evacuation plan, or you are aware of where you should be going, keep a list of all doctors and pharmacies, current medications, and important numbers if you cannot re-enter your home zone. If you have questions or concerns, please review <https://www.stateofflorida.com/articles/hurricane-preparedness-guide>.

Health Management Programs



Ultimate Health Plans offers programs to meet the health needs of you, one of our members. Many programs are designed to help you manage specific conditions, such as diabetes or heart disease. Other programs are designed to help you with particular needs related to a recent hospital stay. You may qualify for these programs based on diagnoses, care, or services you are overdue for or need but have not received. Sometimes, you qualify for program enrollment based on medical events. You may also be referred to programs by your doctor or an Ultimate Care Manager. You can also ask to enroll in these programs. Each program has different requirements that need to be met. If you meet the program criteria, you will automatically be enrolled. You may opt-out at any time.

Ultimate Health Plans has a program called Complex Case Management for members who require temporary assistance following a recent hospital stay or have more complex needs, such as managing multiple chronic conditions. Our Case Managers support members transitioning back home or to a skilled nursing facility after a hospital stay. They also help members who require assistance managing multiple medical conditions. The Case Managers coordinate care with members, their primary care provider, and specialists to review medications, set health management goals, offer education about their diseases or conditions, and help schedule appointments.



Ultimate Health Plans offers several **Disease Management Programs** to members who have been diagnosed with any of the following conditions:

- Heart Failure
- Cardiovascular Diseases
- Diabetes
- Chronic Lung Disorders

Members enrolled in these programs receive help with managing their conditions. Program services include providing condition-specific education, setting goals and monitoring progress, making medical appointments, and providing referrals to available community programs and services.

Ultimate Health Plans maintains a **Chronic Care Improvement Program** to help members with **Chronic Kidney Disease (CKD) Stage I – Stage V** manage their illness. Case Managers may assist members by coordinating blood work, helping find a nephrologist (kidney doctor), and coordinating with a



dietician to educate the member on this progressive disease. A blood test (eGFR) determines the stage of kidney failure. Our goal is to be your partner and help you develop an individualized treatment plan that meets your needs.

Ultimate Health Plans identifies members who may benefit from certain **preventive services**, such as flu shots, colon cancer screening, and breast cancer screenings, as well as other care to help members manage their chronic conditions, such as diabetes.

To receive a printed copy or for more information about these programs, please visit our website at <https://www.chooseultimate.com/Member/CaseManagement> or call us at 888-657-4170 (TTY 711) Monday - Friday from 8 am – 8 pm.

2023 Wellness and Health Care Planning



Ultimate Health Plans (UHP) works with our network of providers to offer members improved, timely access to Wellness and Health Care Planning (WHP), including advance care planning. Members receive three forms in the “Welcome Kit” that help support WHP.

1. Health Risk Assessment

The Health Risk Assessment tool (or HRA) is an internally developed, standardized tool used to collect information about each Special Needs Plan (SNP) member. Using this Risk Assessment tool, UHP conducts a comprehensive initial and annual assessment of the beneficiary’s medical, physical, psychosocial, cognitive, mental, and functional needs. The HRA collects data during the comprehensive initial clinical assessment or subsequent periodic assessments, including condition-specific issues and other non-clinical information. This information helps evaluate the health status and risk of the individual SNP member and develop their individualized care plan.

2. Advance Care Plan

An advance directive is a written or oral statement about how members want medical decisions made should they not be able to make them themselves and/or it can express their wish to make an anatomical donation after death. Included in the “Welcome Kit” are three types of advance directives: A Living Will, A Health Care Surrogate Designation, and An Anatomical Donation.

3. Care Transition

Care transition is the movement of a member from one care setting (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another without a disruption in coverage. The form focuses on the member’s medical history and medical equipment.

You can call Member Services at 888-657-4170 (TTY 711) for instructions on completing the forms. Once you complete the forms, they can be returned in the postage-paid envelope provided to the following address for processing:

Ultimate Health Plans
PO Box 3459
Spring Hill, FL 34611

Members that qualify for our Dual Special Needs Plan will also receive the following:

- ✓ Flex Card up to \$500/yearly
- ✓ Healthy Foods Card up to \$100/monthly

Advance Directive Rights

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care Advance Directives (Chapter 765, Florida Statutes).



The law recognizes the right of a competent adult to make an Advance Directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

You can complete an Advance Directive by downloading the form from www.ChooseUltimate.com/Member/DocumentsandForms or call Member Services at 888-657-4170 (TTY 711) to request we mail you a copy. Make sure that your primary care doctor, attorney, and the significant persons in your life know that you have an Advance Directive and give them a copy. You may also want to keep a card or note in your purse or wallet that states that you have an Advance Directive and where it is located.

Once you complete the forms, you can mail them to the following address for processing:

Ultimate Health Plans
PO Box 3459
Spring Hill, FL 34611

Medicare law gives you the right to file a complaint with the Agency for Health Care Administration (AHCA) if you are dissatisfied with our process for handling Advance Directives by calling 1-888-419-3456 (TTY 800-955-8771).

If you change your Advance Directives, make sure your health care provider, attorney, and the significant persons in your life have the latest copy.

**ADVANCE
MEDICAL DIRECTIVES**

It's 2023.

Let's Make Health Your Top Priority!

Ultimate Health Plans' Members Are Eligible for a Free Annual Wellness Visit with Their Primary Care Provider (PCP).



Have you started planning for your future? Ask your doctor about advance directives and how to sign up during your visit.



Contact your PCP's Office today to schedule an appointment.



ULTIMATE
HEALTH PLANS

Good health is where you live.

Complete your annual wellness visit and receive a \$10 reward.

Visit our website at
www.ChooseUltimate.com

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Earn rewards for taking care of your health.

As a member of Ultimate Health Plans, you can participate in our Wellness Incentive Program. This program is customized to your specific needs. You can get rewarded for various activities based on your health, screenings you may need, or conditions you have. The list below shows reward activities you may be eligible for. Eligible members may earn up to \$75 loaded to their Ultimate Benefit Card for completing important Healthy Care Activities.

Note: Members are eligible for rewards based on claims data. Please ensure your provider submits claims for completed screenings or tests for your healthcare wellness activities.

2023 Healthy Care Wellness Activities

Annual Activities: You can complete these every year.

Activity	Description	Reward
Annual Wellness Visit	Preventive care is an important part of maintaining good health. The annual routine wellness visit is a service designed to help you and your Primary Care Provider (PCP) identify the care you need and manage any chronic conditions you may have between 1/1/2023 – 12/31/2023.	\$10
Health Risk Assessment (HRA)	Your answers from this health assessment will help us learn more about your overall well-being. Please ensure your HRA is completed timely with at least 80% of the assessment completed for the 2023 Measurement Year before 12/31/2023. You can complete your HRA using any of the following options: <ul style="list-style-type: none"> • Option 1: You can call the Care Coordination team to assist you with completing the HRA over the telephone at toll-free 877-547-1460 (TTY 711). • Option 2: You can mail your completed HRA to the Care Coordination team at Ultimate Health Plans PO Box 3459 Spring Hill, FL 34611 • Option 3: You can complete the HRA online by visiting the Member Portal at portal.myultimatehp.com 	\$15
Controlling Blood Pressure	Untreated high blood pressure quietly damages your heart, lungs, blood vessels, brain, and kidneys. It raises your risk for stroke, heart, and kidney disease. Know your numbers and keep your blood pressure below 140/90mmHg with the most recent results between 1/1/2023 – 12/31/2023. This incentive is rewarded at the end of the year.	\$15
Hemoglobin A1c	The results of an A1C test can help your doctor diagnose prediabetes. If you have prediabetes, you have a higher risk of developing diabetes and cardiovascular disease. Complete a simple blood sugar test that measures less than 9% with most recent results between 1/1/2023– 12/31/2023. This incentive is rewarded at the end of the year.	\$15

Recommended Screenings

You can complete these activities as they are recommended.

Colorectal Cancer Screening | Reward: \$10

Colorectal Cancer Screening is important as it can find cancers early. Early detection means more treatment options and better outcomes. All members who had appropriate screening for colorectal cancer are covered as a plan benefit with any of the following tests:

- Annual Fecal Occult Blood Test (FOBT)
- Flexible Sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Computed Tomography Colonography every 5 years
- Stool DNA Test every 3 years

Mammogram Screening | Reward: \$10

A mammogram can detect breast cancer before it can be seen or felt by a patient or a physician. Women with breast cancer detected early have a 98% chance of survival and need less serious treatment. If you are a female between the ages of 52 and 74, it's recommended that you receive a mammogram every one to two years.

UHP Member Spotlight



My name is Mary T, born and raised in Michigan. I never lived anywhere else. A few years ago, I became a Florida resident. I am retired on Social Security disability. I am single and live with my daughter and grandson, and I have a fixed income. My daughter was researching all the options we had to choose for my health insurance options. After talking with all the different reps, we were impressed and found the best support for my need through Ultimate.

The Ultimate rep came over and he was very professional and polite. My daughter had an Excel sheet full of my medications and needs. He was able to answer all our questions and was very knowledgeable.

In the few years I have had Ultimate they have always been there for me. They have saved me so much time and money, it has been amazing. If you call customer service, you will get a person, not a computer to help you. They will do everything to help solve your problems, questions, or issues. It didn't matter if I had to call morning, day, or night.

Shortly after signing up with Ultimate, I ended up having quite a few health issues on top of normal preventative care. Ultimate covered it all. They really have your back with a fixed income, I didn't know what I would have done without Them.

It's nice going to any medical facility and walking out with nothing to pay. I recommend Ultimate to anyone I talk to about insurance. Even if you are skeptical just check it out, you will be shocked at all that they can do for you and help you with.

I would like to give a giant THANK YOU to all the employees and services you offer that have saved my life. Ultimate has provided me with peace of mind and comfortability especially when I needed it.

FOREVER GRATEFUL,

Mary T.



We'd love to hear from you!
Submit to us in writing at:
Ultimate Health Plans
ATTN: Testimonials
PO Box 3459
Spring Hill, FL 34611
Or by emailing us at:
MAT@ulthp.com



Health Equity & Race and Ethnicity Data



As we continue to grow, initiating discussions on collecting and analyzing Health Equity, Race, and Ethnicity data is crucial. It has been widely documented that there are racial and ethnic health disparities in the United States. We want to ensure we break any barriers, allowing our members to receive the care they deserve.

By gathering this data, we can identify any disparities within specific populations that we can actively work on resolving. It also allows us to see where our population is thriving and the best practices we have put in place that we can build upon. Identifying disparities will enable us to attempt to correct health inequities. They affect lives and finances, creating an economic burden for our members. The National Committee for Quality Assurance (NCQA) is an independent organization with the goal of improving healthcare quality by collaborating with policymakers, doctors, health plans, and you, the patient. NCQA uses the Healthcare Effectiveness Data and Information Set (HEDIS) to meet your healthcare needs.

Your Primary Care Physician (PCP) or the health plan may talk to you about important topics such as the need for a colorectal cancer screening if you have diabetes, maintaining blood pressure control, or ensuring that your Hemoglobin A1c (HbA1c) is at a specific level. These are some of the HEDIS measures that NCQA analyzes. NCQA has implemented a race and ethnicity order for the following measures:

- Colorectal Cancer Screening
- Blood Pressure Control
- HbA1c Control for Diabetic Patients

The HEDIS order will be implemented by:

- Stratifying race and ethnicity separately
- Including the option to decline to provide race or ethnicity data
- Allowing self-reported member data and indirect imputed data
- Using existing HEDIS audit and hybrid sampling guidelines

Thank you for partnering with us and allowing us to provide you and other Medicare members with the best healthcare possible.

Assessment of New Medical Technology

Ultimate has a formal process to evaluate and address new developments in technology and new applications of existing technology. We consider including new technology in our benefit plans to keep pace with changes and to ensure our members have equitable access to safe and effective care. To learn more about this formal process, please visit <http://www.chooseultimate.com/Member/DocumentsandForms> or call 888-657-4170 (TTY 711) to request that we mail you a copy of the process.

Your Rights and Responsibilities

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

- 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/Member/RightsAndResponsibilities or call 888-657-4170 (TTY 711) to request we mail you a copy.

Fraud, Waste, and Abuse

Healthcare fraud, waste, and abuse affects everyone in the U.S. Let's make sure you know what it is, how to spot it, and how to help us prevent it. So, what is it exactly?

- **Fraud** is when someone purposely lies to a health insurance company, Medicaid or Medicare to get money.
- **Waste** is when someone overuses health services carelessly.
- **Abuse** happens when best medical practices aren't followed, leading to costs and treatments that aren't needed.

These are some of the ways our investigative team fights scams:

- Looking carefully at claims and the information in them to spot red flags.
- Keeping a close eye on doctors' billing patterns for unusual charges.
- Working with other healthcare companies to track suspicious activity.
- Partnering with law enforcement to investigate potential fraud.
- Training all our employees to spot unusual claims.



How can you help?

- **Beware of freebies.** If you are unsure if a service or extra benefit is for your plan, call the Member Services number on your member ID card.
- **Avoid identity theft.** Don't leave your member ID card out, and report it if it's lost or stolen.
- **Review your explanation of benefits (EOB) if you get one in the mail.** Your EOB is a snapshot of your doctor's visit. When you get it, make sure the services listed match the services you actually got.

Reporting Fraud, Waste, or Abuse

If you think a member or doctor is involved in fraud, waste, or abuse, you should report it.

To report suspected fraud, waste, or abuse to Ultimate Health Plans:

Compliance Hotline: 855-730-7925. The Caller ID is not visible to the receiver. Callers may also choose to remain anonymous.

Email: compliancehotline@ulthp.com or investigatefwa@ulthp.com. This is not an anonymous reporting mechanism.

Direct Mail: c/o Compliance Officer, Ultimate Health Plans, PO Box 3459, Spring Hill, Florida 34611.

This is an anonymous reporting mechanism as a person does not need to disclose an identity.

Reporting Form: Located on the Ultimate website at: <https://www.chooseultimate.com>

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at <https://apps.ahca.myflorida.com/mpi-complaintform/>.

If you report suspected fraud and your report results in a fine, penalty or forfeiture of property from a doctor or other healthcare provider, you may be eligible for a reward through the Attorney General's Fraud Rewards Program (toll-free 1-866-966-7226 or 850-414-3990). The reward may be up to twenty-five percent (25%) of the amount recovered or a maximum of \$500,000 per case (Section 409.9203, Florida Statutes). You can talk to the Attorney General's Office about keeping your identity confidential and protected.

Thank you for helping Ultimate Health Plans' efforts to find fraud, waste, and abuse.

2023 Special Needs Plans (SNP)

Special Needs Plans (SNPs) are a type of Medicare Advantage Plan that provides coordinated care to members with specific illnesses, chronic conditions, or Medicaid. Ultimate Health Plans offers the following SNPs:

Advantage Care Chronic SNP	Advantage Plus Dual SNP
<ul style="list-style-type: none"> • Diabetes mellitus • Chronic heart failure • Cardiovascular disorders, which are limited to: <ul style="list-style-type: none"> o Cardiac arrhythmias o Coronary artery disease o Peripheral vascular disease o Chronic venous thromboembolic o Disorder • Chronic lung disorders, which are limited to: <ul style="list-style-type: none"> o Asthma o Chronic bronchitis o Emphysema o Pulmonary fibrosis o Pulmonary hypertension 	<ul style="list-style-type: none"> • For members with both Medicare and Medicaid

SNP Benefits:

- ✓ Transportation is available on all plans at no cost to you
- ✓ Hearing Aid Benefit allowance each year
- ✓ Wellness Program • SilverSneakers® Fitness Program • Health Education • Additional Smoking and Tobacco Use Cessation
- ✓ In-Home Support Service for companionship
- ✓ Flex Card up to \$500/yearly for DSNP members
- ✓ Healthy Foods Card up to \$100/monthly for DSNP members

SNP plans are offered in all of the counties we service:

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

If you'd like to change plans, would like a referral to Case Management, or have any questions, please call us at 888-657-4170 (TTY 711) Monday - Friday from 8 am – 8 pm.

Members can find out about Ultimate's Health programs using the link below:

<https://www.chooseultimate.com/Member/CaseManagement>

Part D Excluded Drugs



Certain kinds of drugs are excluded from Medicare coverage by law. Medicare does not cover the following:

- Drugs used to treat anorexia, weight loss, or weight gain
 - Note: Part D may cover drugs used to treat physical wasting caused by AIDS, cancer, or other diseases
- Fertility drugs
- Drugs used for cosmetic purposes or hair growth
 - Note: Drugs used for the treatment of psoriasis, acne, rosacea, or vitiligo are not considered cosmetic drugs and may be covered under Part D
- Drugs that are only for the relief of cold or cough symptoms
- Drugs used to treat erectile dysfunction
- Prescription vitamins and minerals (except prenatal vitamins and fluoride preparations)
- Non-prescription drugs (over-the-counter drugs)

Note: Prescription drugs used for the above conditions may be covered if prescribed to treat other conditions. Ultimate Health Plans may make an exception to cover prescription drugs used for the above conditions as long as it is approved by the U.S. Food and Drug Administration (FDA) for such treatment.

Our plan offers erectile dysfunction drugs as part of the plan's supplemental benefits. However, any amount spent on these drugs doesn't go toward the person's out-of-pocket limit.

For more information, please call OptumRx at 800-311-7517 (TTY 711).

Understanding Your Benefits

Knowing the benefits you receive as an Ultimate member is important. You can refer to the following sections of your Evidence of Coverage (EOC) to learn about them in detail. A copy of your Evidence of Coverage is available online at <http://www.chooseultimate.com/Member/DocumentsandForms> or call 888-657-4170 (TTY 711) to request we mail you a copy.

- Services that are Covered for You and How Much you Will Pay (EOC Chapter 4, Section 2.1)
- Services that are Not Covered by the Plan (EOC Chapter 4, Section 3.1)
- Restrictions on Coverage for Some Drugs (EOC Chapter 5, Section 4)

Obtaining Care

Your health is valuable, so it's essential to know how to find in-network providers and obtain the care you need. You can refer to the following sections of your Evidence of Coverage (EOC) on these topics. A copy of your Evidence of Coverage is available online at <http://www.ChooseUltimate.com/Member/DocumentsandForms> or call 888-657-4170 (TTY 711) to request we mail you a copy.

- The Provider and Pharmacy Directory: Your Guide to all Providers in the Plan's Network (EOC Chapter 1, Section 3.2)
- Obtaining Primary Care Provider (PCP) Services to Oversee Your Medical Care (EOC Chapter 3, Section 2.1)
- How to Get Care from Specialists and Other Network Providers (EOC Chapter 3, Section 2.3)
- How to Get Care from Out-of-Network Providers (EOC Chapter 3, Section 2.4)
- Getting Care When You Have an Urgent Need for Services – After Hours and Outside the Plan's Service Area (EOC Chapter 3, Section 3.2)
- Getting Care if you have a Medical Emergency (EOC Chapter 3, Section 3.1)

Coverage Decisions, Appeals, and Complaints

You can learn about the processes for Coverage Decisions, Appeals, and Complaints by reading the following sections of your Evidence of Coverage (EOC) or by reaching out to us. A copy of your Evidence of Coverage is available online at <http://www.ChooseUltimate.com/Member/DocumentsandForms> or you can call 888-657-4170 (TTY 711) to request we mail you a copy.

- Situations in Which You Should Ask Us to Pay Our Share of the Cost of Your Covered Services or Drugs (EOC Chapter 7, Section 1)
- How to Make a Complaint (EOC Chapter 9, Section 10)
- A Guide to the Basics of Coverage Decisions and Appeals (EOC Chapter 9, Section 4)
- Independent Review Entity Step-by-Step: How a Level 2 Appeal is Done (EOC Chapter 9, Section 5.4)



Preferred Diabetic Products and Continuous Glucose Monitors



Ultimate Health Plans' exclusive preferred blood glucose meter and test strips are OneTouch® (Johnson & Johnson). OneTouch® products can be obtained through in-network retail or mail-order pharmacies.

As a reminder, all other non-preferred brands can *only* be obtained through a Durable Medical Equipment (DME) provider and *not at retail*.

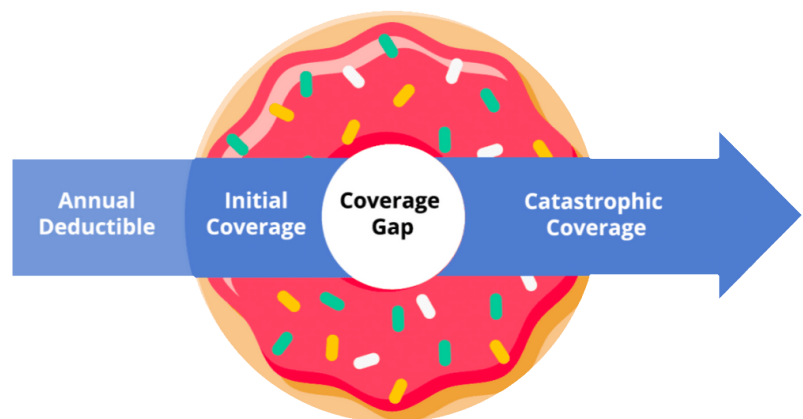
Ultimate Health Plans requires prior medical authorization for Continuous Glucose Monitors like Freestyle Libre, Dexcom, and other related supplies. These products are exclusively available through the DME benefit and cannot be obtained from a retail pharmacy. To ensure timely care for our members, please send these authorization requests directly to Ultimate Health Plans' prior authorization department and refrain from submitting them to Optum for approval. DME providers can be found by visiting: www.ChooseUltimate.com/Home/FindDoctor

Am I in the Donut Hole?

Have you noticed some of your medications may be a little more expensive than at the beginning of the year? If so, it may be because you have entered the Coverage Gap, also known as the "donut hole." Once the amount you pay and the plan pays reaches \$4,660 this year for drugs on our formulary, you will be in the Coverage Gap.

Drugs on tier 1 will remain a \$0 cost share while you are in the coverage gap. However, for some brand drugs, you will pay no more than 25% of the cost of the drug. You will not enter the coverage gap if you receive Extra Help paying Part D costs.

You will leave the Coverage Gap once your drug spend reaches \$7,400. If you have any questions or would like more information about the Coverage Gap, please call OptumRx at 800-311-7517 (TTY 711).



How to Track Your Drug Spend

If you have utilized your pharmacy benefit at a retail pharmacy or through mail order, you would have also received your Explanation of Benefits (EOB). However, you will not receive an EOB if you haven't filled any prescriptions.

SECTION 2 of your EOB: Which "drug payment stage" are you in?

Your Part D prescription drug coverage has drug payment stages, as shown below. How much you pay for a covered Part D prescription depends on your payment stage when filling it. During the calendar year, whether you move from one payment stage to the next depends on how much you spend on your drugs.

Be on the lookout for your monthly EOB at the beginning of each month and review it to ensure it shows what you picked up from the pharmacy. If you have any questions about the coverage phases or out-of-pocket costs, please call OptumRx at 800-311-7517 (TTY 711).

You are in this stage:			
<p>STAGE 1 Yearly Deductible Because there is no deductible for the plan, this payment stage does not apply to you.</p>	<p>STAGE 2 Initial Coverage</p> <ul style="list-style-type: none"> You begin this payment stage by filling out your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs, and you (or others on your behalf) pay your share. You generally stay in this stage until your year-to-date total drug costs reach \$4,660. Then you move to payment stage 3, the coverage gap. 	<p>STAGE 3 Coverage Gap</p> <ul style="list-style-type: none"> During this payment stage, you (or others on your behalf) receive a 70% manufacturer's discount on covered brand-name drugs. The plan will cover another 5%, so you will pay 25% of the negotiated price on brand-name drugs. In addition, you pay less than 25% of the costs of generic drugs. You generally stay in this stage until the amount of your year-to-date out-of-pocket costs reach \$7,400. As of April 30, 2023, your year-to-date out-of-pocket costs were \$367.32 (see Section 3). 	<p>STAGE 4 Catastrophic Coverage</p> <ul style="list-style-type: none"> During this payment stage, the plan pays most of the cost for your covered drugs. You generally stay in this stage for the rest of the calendar year (through December 31, 2023).
<p>What happens next?</p>			
<p>Once you (or others on your behalf) have paid an additional \$7,032.68 in out-of-pocket costs, you move to the next stage.</p>			

Health Outcomes Survey, The More You Know!

As a member of Ultimate Health Plans, you are important to us, and so is your input. The Medicare Health Outcomes Survey (HOS) will be sent out to a random sample of Ultimate Health Plan recipients on behalf of the Centers for Medicare and Medicaid Services (CMS) starting in July 2023. Every two years, the same members surveyed and still enrolled in the same Medicare Advantage plan will be surveyed again. This survey allows you to give your input on your relationship with your provider as a patient and include questions related to your physical health, mental health, incontinence, physical activity, fall risk and prevention, and additional topics.

This survey is important because:

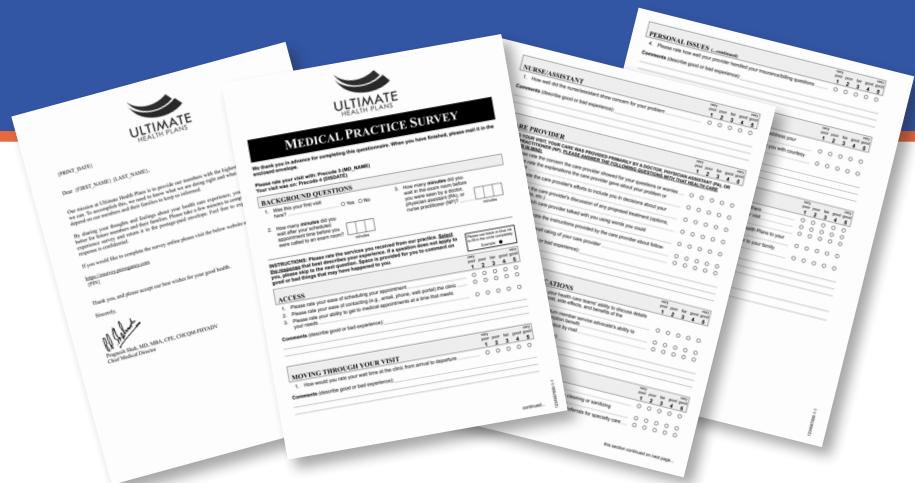
- It allows CMS to monitor your health plan's performance and Star Quality Ratings, which is how many Medicare beneficiaries choose their Medicare Advantage plan.
- The data collected focuses on quality improvement initiatives within the health plan, which include providing resources and activities to support you as a member of our plan.

If you receive this survey, thank you for taking the time out of your busy schedule to answer questions that can impact your health care and that of your neighbors.



Post-Visit Survey

Your feedback and experience are essential to us. Ultimate Health Plans has partnered with Consumer Assessment of Healthcare Providers and Systems and Health Outcomes Survey (CAHPS & HOS) vendor Press Ganey to send a post-visit survey to every member after you visit your primary care provider through email or mail, effective May 12, 2023. We request that all your feedback, experience, and comments be returned to us to ensure we provide you with the best member experience. Below is an example of the survey that will be sent out.



3 Key Differences Between Medical Screening and Diagnostic Testing



“Wellness testing can improve health and improve lives by finding health problems even before symptoms occur.” - Dr. Deborah Sesok-Pizzini, chief medical officer of Labcorp Diagnostics

The world has become increasingly aware of the importance of testing in healthcare. It is important to know the difference between diagnostic testing and screening. Both can help save lives, but screening and diagnostic tests have different advantages and may need to be used together to create an overall picture of your health.

What are the key differences between screening and diagnostic tests?

1) It's all about the signs and symptoms

Screenings and diagnostic tests initially differ based on their intended users and whether they're symptomatic or not. Screening tests are intended for asymptomatic (showing no or disguised symptoms) people, whereas diagnostic tests are intended for those showing symptoms in need of a diagnosis. Often, they are used together: a screening test is first performed to see if your health is on track, and a diagnostic test is then performed to either confirm or eliminate potential results.

2) Slightly different goals

What makes screening tests so valuable is their ability to detect risk. The goal of screening is to detect diseases or issues earlier, provide surveillance and help reduce the risk of disease. Though screening tests may detect irregularities or potential issues, they may not provide answers. If there is need for further diagnosis, that's where diagnostic tests are used. What makes diagnostic tests so valuable is their accuracy and specificity when it comes to results. An easy way to remember the key purpose of a diagnostic test is in the word itself: diagnosis. The end result of a diagnostic test is to diagnose an issue or problem.

3) Simplicity of use

Screening tests tend to be less invasive than diagnostic ones—and they are usually simpler to perform. It is vital to understand that a positive result in a screening test usually requires a more accurate diagnostic test to confirm diagnosis. Both screening tests and diagnostic tests are crucial tools in determining one's overall health.

Here are some examples of screening tests and how a diagnostic test is used as a follow up.

Screening and diagnostic testing for colon cancers

A fecal immunochemical test (FIT) is a screening test designed to catch bleeding in your digestive tract, a key marker of potential colon cancer. A FIT test will indicate whether or not further testing, like a colonoscopy—a more invasive diagnostic test—is needed.

Screening and diagnostic testing for blood analysis

A complete blood count (CBC) can be used as a screening test to analyze the cells that circulate in your blood. It's the most common test ordered by physicians because it provides valuable information regarding your overall health and is the first step in detecting problems like anemia, inflammation and infection. Based on your CBC results, you may need follow-up diagnostic testing. Your healthcare provider should discuss these options with you.

Screening and diagnostic testing for diabetes

Diabetes Risk (HbA1c) tests help screen for your risk as well as help monitor your blood sugar. Similar tests can give a picture of your overall health and risk for diabetes by measuring sugars, minerals, electrolytes, enzymes and waste products. This will tell you how well your metabolism, liver and kidneys are functioning.

Knowledge is power when it comes to your health

At the end of the day, your overall health is in your hands. Taking proactive steps like exercising regularly, eating better and drinking more water are always important, but so is knowing what's going on with your health. If you haven't visited your doctor in the last year for an annual checkup, it's time to make an appointment.



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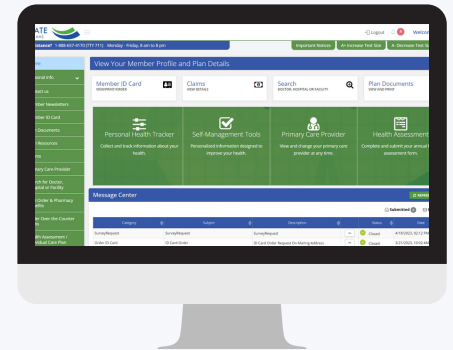
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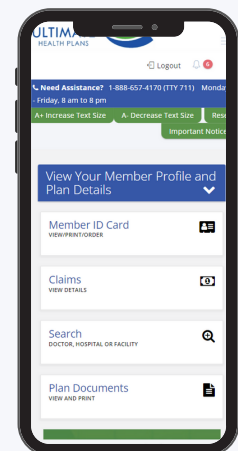
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MINI EGGPLANT CRUST PIZZAS



INGREDIENTS

- 1 eggplant, cut into 4 half-inch thick slices
- 4 teaspoons olive oil
- 1/2 teaspoon salt
- 1/8 teaspoon ground black pepper
- 1/4 cup pasta sauce
- 1/2 cup part-skim mozzarella cheese, shredded

DIRECTIONS

1. Preheat the oven to 425 degrees F.
2. Brush both sides of the eggplant with the oil and season with the salt and pepper. Arrange on a baking sheet and bake until browned and almost tender, 6 to 8 minutes, turning once.
3. Spread 1 tablespoon of pasta sauce on each eggplant slice. Top with the shredded cheese. Bake until the cheese melts, 3 to 5 minutes. Serve hot.



Prep
10 m

Cook
10 m

Total
20 m

<https://www.food.com/recipe/mini-eggplant-crust-pizzas-341506>

MEDICARE WORD SEARCH PUZZLE

T C G Q P U L U C E L P V P I G X L P R S Y A C
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