

ProviderNews



ePrescribe

Prescription Home Delivery

SOLUTRAN[®]

DELTA DENTAL[®]

SafeRide Health

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.



Ultimate Health Plans continues to partner with Premier Eye Care for vision services in 2024. Premier Eye Care provides medical-surgical (medical eye exams, diagnostic testing, and surgical services) and routine vision (annual eye exams, glasses, and contacts). If any of your patients have questions or concerns, please have them call Premier Eye Care Member Services at 1-800-210-5511 (TTY 711).

Member Annual Eye Wear Allowance by Plan	
\$200	Giveback: 001, 046 CSNP: 023, 029, 033
\$300	Giveback: 028, 047 CSNP: 021, 022, 025, 026, 050, 051, 052
\$350	Giveback: 045
\$500	DSNP: 035 (Full) 036 (Partial)



Routine Vision key points include:

- Members have open access to any "routine vision" provider and can call and schedule appointments. Eyewear benefit allowances are valid for any materials the provider sells, and there are no restrictions to frame kits.
- Diabetic members with no complications and/or history of treatment are strongly recommended to use their routine vision benefit for their annual exam.
- The annual exam has a \$0 copay.
- The member has an annual eyewear allowance.
- The comprehensive eye exam performed by the provider fully counts for the HEDIS DRE measure.

Medical-Surgical key points include:

- Premier is contracted for medical eye services with ophthalmologists and optometrists.
- Optometrists are used to the fullest extent of their license and can treat many eye conditions, such as foreign body removal, bacterial/viral infection, injury, and glaucoma. They also prescribe topical and oral medication.
- Premier works with the members' PCPs to find the most appropriate point of care, which can be an optometrist, ophthalmologist, or sub-specialist. They do not use optometrists as gatekeepers.
- Members assigned to a Preferred Provider Group (PPG) are not required to see that specific provider. If they want a different provider, their PCP must contact Premier for authorization and triage to the most appropriate point of care.



Delta Dental will be our dental partner in 2024.

ALL PLANS: \$0 Copay



PREVENTIVE COVERED SERVICES

1 every 6 months:

- Oral Evaluation
- Cleaning
- Fluoride Treatment

2 every year - Imaging

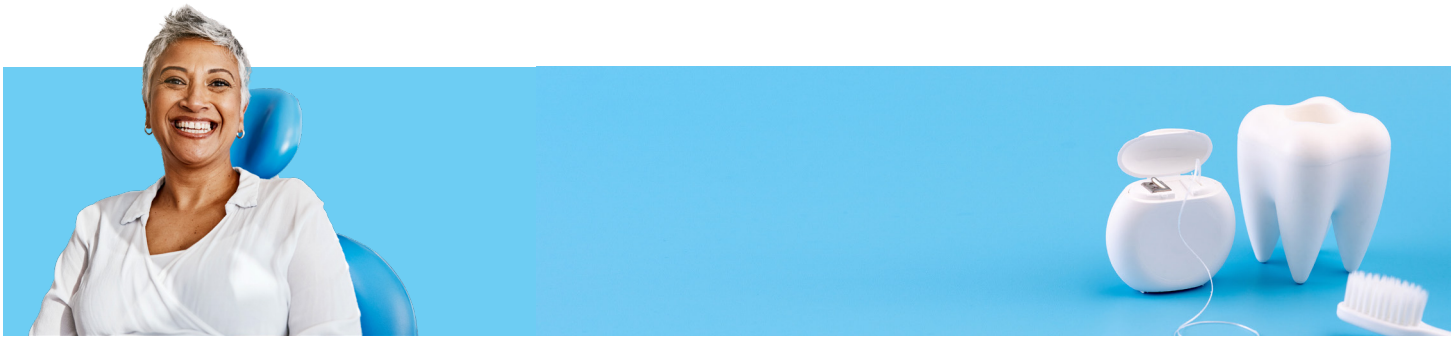
- Intraoral periapical
- Bitewing

1 every 3 years - Imaging

- Intraoral, complete series of radiographic images
- Panoramic radiographic images

COMPREHENSIVE DENTAL

Service & Limits	Plan Name , ID, & Servicing County
Comprehensive Oral Exam - 1 every 3 years	All Plans
Fillings - 3 per year - 4 per year	All Plans (except CSNP: 029) CSNP: 029 (Lake, Marion, Sumter)
Crown - 1 per year	All Plans
Root Canal - 1 per year	CSNP: 021, 022 (Citrus, Hernando, Pasco) CSNP: 023 (Citrus, Indian River, Lake, Manatee, Marion, Orange, Osceola, Polk, Sarasota, Seminole, St. Lucie, Sumter) CSNP: 025 (Hernando, Hillsborough, Pasco, Pinellas) CSNP: 026 (Hillsborough, Pinellas) CSNP: 029 (Lake, Marion, Sumter) CSNP: 033 (Indian River, St. Lucie) CSNP: 050 (Orange, Osceola, Seminole) CSNP: 051 (Polk) CSNP: 052 (Manatee, Sarasota) DSNP: 035 (Full), 036 (Partial) All Counties



COMPREHENSIVE DENTAL

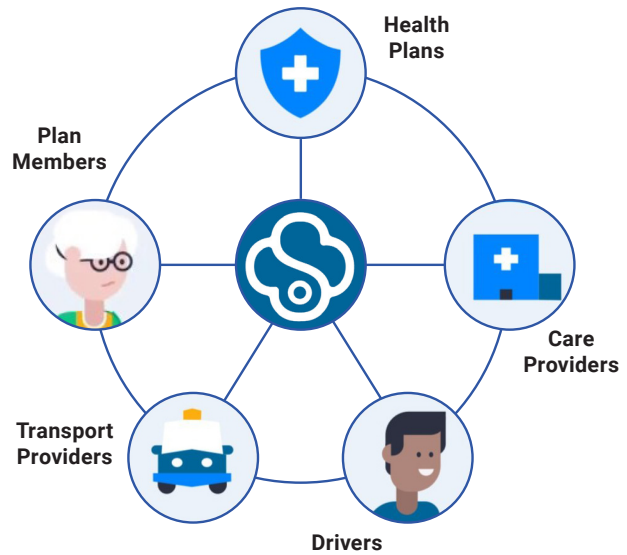
Service & Limits	Plan Name , ID, & Servicing County
Full Mouth Debridement - 1 every 2 years	CSNP: 021, 022 (Citrus, Hernando, Pasco) CSNP: 023 (Citrus, Indian River, Lake, Manatee, Marion, Orange, Osceola, Polk, Sarasota, Seminole, St. Lucie, Sumter) CSNP: 025 (Hernando, Hillsborough, Pasco, Pinellas) DSNP: 035 (Full), 036 (Partial) All Counties
Scaling & Planing with Maintenance Following Active Surgery - 4 procedures (1 per quad per year) - 2 per year (Maintenance following active surgery)	All Plans
Simple Extraction - 1 per year Surgical Extraction -1 per year	All Plans All Plans
Dentures with Unlimited Extractions	CSNP: 021, 022 (Citrus, Hernando, Pasco) CSNP: 023 (Citrus, Indian River, Lake, Manatee, Marion, Orange, Osceola, Polk, Sarasota, Seminole, St. Lucie, Sumter) CSNP: 025 (Hernando, Hillsborough, Pasco, Pinellas) CSNP: 029 (Lake, Marion, Sumter) DSNP: 035 (Full), 036 (Partial) All Counties

SafeRide **Health**

In 2024, Ultimate Health Plans will partner with SafeRide Health to provide transportation to plan approved health-related destinations.

PLAN APPROVED HEALTH-RELATED DESTINATIONS

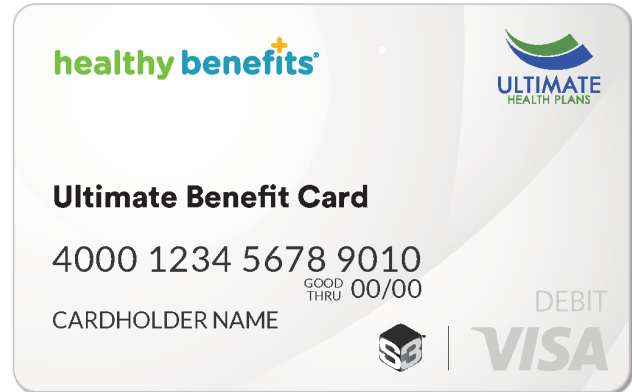
- Primary Care Providers and Specialists
- Labs and Imaging Centers
- Pharmacies
- Dialysis
- Gym / Fitness Locations
- Bank
- Food Pantry
- Grocery Store
- Post Office



2024 Number of Trips by Plan	
Plan Type and ID	One-way Trips per Year
Premier: 046 (Orange, Osceola, Seminole) Premier: 047 (Manatee, Sarasota) CSNP: 050 (Orange, Osceola, Seminole) CSNP: 051 (Polk) CSNP: 052 (Manatee, Sarasota)	12
Premier: 001 (Citrus, Hernando, Indian River, Pasco, St. Lucie) Premier: 028 (Lake, Marion, Sumter) Premier: 045 (Hillsborough, Pinellas, Polk)	20
CSNP: 021, 022 (Citrus, Hernando, Pasco) CSNP: 023 (Citrus, Indian River, Lake, Manatee, Marion, Orange, Osceola, Polk, Sarasota, Seminole, & St. Lucie, Sumter) CSNP: 025 (Hernando, Hillsborough, Pasco, Pinellas) CSNP: 026 (Hillsborough, Pinellas) CSNP: 029 (Lake, Marion, Sumter) CSNP: 033 (Indian River, St. Lucie)	Unlimited
DSNP: 035 (Full) 036 (Partial) All Counties	Unlimited



Over-the-Counter (OTC), Healthy Foods, Utilities, Rewards & Flex



The 2024 Ultimate Benefit card comes pre-loaded with funds for Over-the-Counter (OTC), Healthy Foods, Utilities, and the Flex Benefit. The amount and the benefit you receive depends on your plan.

- Premier members receive the Over-the-Counter (OTC) benefit.
- DSNP members receive the Over-the-Counter (OTC) benefit, the Healthy Foods Benefit, and the FLEX benefit to use for out-of-pocket dental, hearing, and vision costs.
- CSNP Members receive one allowance to use on any one or a combination of Over-the-Counter (OTC), Healthy Foods, and Utilities.
- All funds expire monthly, except for the FLEX allowance, which expires annually.
- All eligible members that complete wellness incentives in 2024 will receive their reward dollars on the Ultimate Benefit Card. Wellness incentives can be used towards OTC and/or Healthy Food.

2024 In-network retailers: Walmart, Publix, Winn-Dixie, Dollar General, Walgreens, CVS, Save-a-Lot



The card can be used at any in-network retailer outside the plan's servicing counties

OTC Monthly Benefit Amount	Plan Number
\$45	Premier: 028 (Lake, Marion, Sumter)
\$50	Premier: 001 (Citrus, Hernando, Indian River, Pasco, St. Lucie) Premier: 045 (Hillsborough, Pinellas, Polk), Premier: 046 (Orange, Osceola, Seminole) Premier: 047 (Manatee, Sarasota)
\$125	DSNP: 035 (Full), DSNP: 036 (Partial) All Counties
Healthy Food Monthly Benefit Amount	Plan Number
\$100	DSNP: 035 (Full), DSNP: 036 (Partial) All Counties
OTC, Healthy Foods, Utilities Monthly Amount	Plan Number
\$100	CSNP: 021, 022 (Citrus, Hernando, Pasco) CSNP: 023 (Citrus, Indian River, Lake, Manatee, Marion, Orange, Osceola, Polk, Sarasota, Seminole, & St. Lucie, Sumter) CSNP: 025 (Hernando, Hillsborough, Pasco, Pinellas) CSNP: 026 (Hillsborough, Pinellas) CSNP: 029 (Lake, Marion, Sumter) CSNP: 033 (Indian River, St. Lucie) CSNP: 051 (Polk) CSNP: 052 (Manatee, Sarasota)
\$125	CSNP: 050 (Orange, Osceola, Seminole)
FLEX Benefit	Plan Number
\$500	DSNP: 035 (Full), DSNP: 036 (Partial) All Counties



Pharmacy Part D Benefit Updates for 2024



- Members will be able to fill up to 100-day supply for some Tier 1 Generic drugs at retail and mail for all formularies- MAPD, CSNP, DSNP.
- Select Respiratory agents and Select Antidiabetic medications only will be on CSNP Tier 5 Select Care Tier.
- Antidiabetic -GLP-1 agonists drugs (Ozempic, Trulicity, Victoza) will require a Prior Authorization for all formularies- MAPD, CSNP, DSNP.
- Antidiabetic- GLP-1 agonists drugs (Ozempic, Trulicity, Victoza) will no longer is on Tier 5 Select Care for CSNP and is NOW on Tier 2 Preferred Brand.
- Anticoagulant-Dabigatran (generic Pradaxa) 75MG & 150mg will NOW be on the formulary as Tier 1 Generic for all formularies MAPD, CSNP, DSNP.
- Anticoagulants- Xarelto and Eliquis will no longer be on Tier 5 Select Care for CSNP, and NOW on Tier 2 Preferred Brand.

Eliminating coinsurance and copayments during Medicare Part D's catastrophic phase.

The 5% coinsurance requirement for Part D enrollees in the catastrophic phase will be eliminated and Part D plans will pay 20% of total drug costs in this phase and Medicare will pay 80%.

- As of January 1, 2024, beneficiaries with Medicare Part D drug coverage who fall into the catastrophic phase of the drug benefit won't have to pay any coinsurance or co-payments during that phase for covered Medicare prescription drugs.

For more information you can visit:

<https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/catastrophic-coverage>

Continuing for 2024

- One-month supply of Part D covered insulin will be capped at \$35.
- Part D vaccines including the Shingles and RSV vaccines at \$0 cost share.

For more information visit our website: <https://chooseultimate.com/Home/PrescriptionDrugs>

Prescription Home Delivery

Members can use OptumRx as their home delivery mail-order service as a convenient way to save time and an outing to the pharmacy! With mail-order service the medication will arrive right to their front door- *with no charge for standard shipping.*

Home delivery mail-order- facts:

- Mail order is used for 90-days' supply of medication.
- The order will arrive within 14 days.
- Chronic a long-term medication can be delivered through home delivery.
*** Opioid medications are not available through home delivery.**
- Auto refill service automatically reorders prescription medications before they run out!

Home delivery mail-order- benefits:

- **Savings:** Member may pay less for their medication with a 3-month supply.
- **Convenience:** Medications are delivered to the member's home – with free standard shipping.
- **24/7 pharmacist support:** Members can speak to a pharmacist any time, from the privacy of their own home.

Home delivery mail-order- getting started:

- Doctors may send an electronic prescription to OptumRx



ePrescribe - Fast and secure script requests

ePrescribe to:

Optum Home Delivery (OptumRx Mail Service)

6800 W 115th St., Ste. 600

Overland Park, KS 66211-9838

NCPDP ID: 1718634

Call 1-800-791-7658

Provide a verbal prescription directly to Optum Rx pharmacists dedicated to our health care providers.

Fax 1-800-491-7997

Opioid Point-of-Sale (POS) Safety Edits... What You Need To Know To Assist Members!

We understand the significance of our nation's opioid epidemic and its negative impact on our communities. When used appropriately, opioid medications effectively treat many types of pain, but the benefits come with the risk of tolerance, addiction, overdose, and even death.

Through the Center for Medicare & Medicaid Services (CMS) support, we have received approval to implement Real-Time Safety Alerts and Edits to aid in the safe and appropriate review and use of opioid medications.

These revisions are intended to provide more information to prescribers and, if needed, to encourage prescribers to stress opioid overdose risk and prevention with their patients, particularly if the patient receives prescribed opioids from several prescribers or pharmacies.

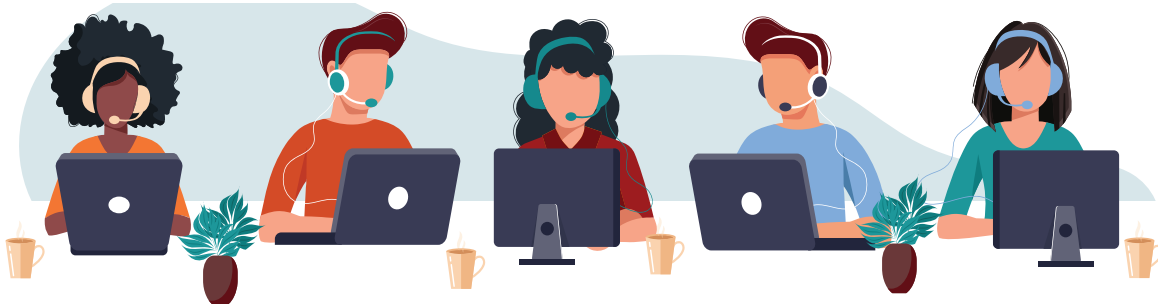
Below are details of the most common opioid edits experienced by members.

****Members are exempt from these edits if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer-related pain, or are diagnosed with sickle cell anemia. 7-days' supply limit for opioid naïve patient's hard edit:***

- ❖ Edit will affect a member who has not filled an opioid prescription under the current benefit within the past 120 days.
- ❖ This is a hard edit that stops the pharmacy from processing a prescription until an override is entered.
- ❖ Edit will affect a member that is NEW to Ultimate Health Plans who does not have a history of opioid use in their prescription history under the new plan.
- ❖ As the provider, if you believe that an opioid naïve patient will need more than a 7-day supply initially or the limited history may trigger a reject, PLEASE CONSIDER proactively requesting a coverage determination on behalf of the patient attesting to the medical need for a supply greater than 7 days. A member can also request a cover determination to be initiated.
- ❖ Pharmacies should also reach out to you to determine if it is appropriate to enter an override on demand.

What can you do to best support our members?

- ❖ Regularly assess your patients' short and long-term needs and use of opioid prescriptions. <https://www.cdc.gov/opioids/providers/prescribing/guideline.html>
- ❖ If a member is switching health plans, anticipate that a 7-day opioid edit will be triggered. Be proactive and initiate a coverage determination at 1-800-711-4555 for the member.
- ❖ If you receive a call from the member, pharmacy, or coverage determinations team from OptumRx (PBM), please be as responsive as possible so that the necessary information can be acquired and assessed to make a determination.
- ❖ Educate the member on what they may experience. Assist members in knowing their rights.
- ❖ Members can initiate a coverage determination.
- ❖ Members should receive a copy of the "Medicare Prescription Drug Coverage and Your Rights" if the edit cannot be resolved with ease at the point of sale.
- ❖ Please encourage the member to call OptumRx at 1-800-311-7517, so we may assist them.



EFT/Electronic Remittance Advice (ERA) Enrollment

Ultimate Health Plans Inc partners with PaySpan Health for electronic fund transfers (EFTs) and Electronic Remittance Advice (ERAs).

Enrollment is easy and offers multiple payment option including;

- Electronic fund transfer (EFTs) and Electronic Remittance Advice (ERA's)
- Printed and Mailed Checks with online ERA's.
- Printed and Mailed Checks with printed and mailed explanation of payment (EOPs)

Visit www.payspanhealth.com to complete registration and begin receiving EFT/ERAs today.

For additional information or assistance with registration or to request a duplicate explanation of payment please contact PaySpan at providersupport@payspanhealth.com or by calling

877-331-7154



TRANSITION OF CARE TIPS FOR PROVIDERS

NCQA assesses key points of transition for Medicare Beneficiaries after discharge from an inpatient facility. Four rates are reported:

1. Notification of Inpatient Admission
Documentation in the medical record of receipt of notification of inpatient admission.
2. Receipt of Discharge Information
Documentation in the medical record of receipt of discharge information.
3. Patient Engagement After Inpatient Discharge
(e.g., office visits, visits to the home, telehealth) provided within 30 days of discharge.
4. Medications Reconciliation Post-Discharge
Medication reconciliation on the date of discharge through 30 days after discharge.



Upon Patient Admission, What Can a Provider Do?

1. Communicate between hospitalist/staff and PCP for patient's ongoing care (e.g., phone call, email, fax).
2. Communicate a complete list of current medications the patient is taking at home, including over-the-counter medications, vitamins, herbals, and nutritional supplements, with hospitalists.
3. Communicate a list of the patient's medication allergies and drug intolerances.
4. Primary Care Provider (MD, DO, Mid-level) should make outreach to the patient and/or patient's family/next of kin to provide support and foster the relationship.



Upon Patient Discharge Home, What Can a Provider Do?

1. Make outreach to the patient within 72 hours of discharge to assess the patient's need for help with ancillary providers such as Home Health, DME, or any medication questions.
2. Emphasize the importance of a follow-up appointment, ideally within (1) to three (3) days of inpatient discharge. At the time of appointment scheduling, you can request the patient to bring in hospital records if they are able to.
3. Instruct the patient to bring all medications they take at home and the discharge instructions from the hospital to the follow-up appointment.
4. Communicate with the facility with a request to fax/email the discharge summary (including medication list) prior to the appointment or obtain it through the hospital/facility EMR/EHR.
5. Coordinate a review and reconciliation of the patient's medications from the discharge summary.
6. Help the patient coordinate any follow-up visits with specialists.
7. Educate the patient or their caregiver at hospital follow-up visits and provide discharge instructions that are simple and easy to read. Include a complete list of medications, including medication names, dosages, frequency, over-the-counter (OTC) medications, and herbal or supplemental to ensure comprehension and avoid adverse events.

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UHP Case Managers will be calling the PCP office to schedule member appointments. We will ask that the PCP schedule the office visit within 1-3 days of an inpatient discharge or 5-7 days of an ER discharge. The follow up visit should focus on closing any open care gaps and reconciling medications to reduce risk of readmission.

Introducing Self-Service Tools in Labcorp Link™

Labcorp Link eServices (labcorplink.com) features a number of easy-to-use tools to help make your job easier.



- **AccuDraw®:** Get information on specimen collection, handling, and shipping for patient draws. On-screen visual cues help ensure accuracy and precision when collecting specimens.
- **Pay My Client Bill:** Pay invoices from Labcorp and its subsidiaries conveniently and securely.
- **ABN OnDemand:** Generate an Advance Beneficiary Notice (ABN)—required for Medicare patients when the testing ordered and diagnosis codes do not meet the medical necessity policies provided by CMS.
- **Resolve Patient Issues:** Electronically receive and respond to requests for updated patient diagnosis codes, date of birth, and gender.
- **Reporting:** View specimen tracking and management reports on demand, and export them for easy offline viewing or sharing. Reports include Agency Reported Results, Reflexed Tests, Tests Not Performed, Turnaround Time, and Utilization Management.
- **Custom Reports:** Create fully customized reports for clinical results. Search multiple account numbers, select which columns to include, and build personalized filters to create a report tailored to your needs.
- **Cross Account Search:** Access a referred patient's test results.
- **Lab Orders:** Order lab tests and verify insurance. Confirm order information in real time with ABN determination and diagnosis validation.
- **Results Inbox:** See recent results and filter list by ordering provider, account, abnormal results, pending/resulted, category, and read/unread.
- **Results Search:** Search, view, print, or fax laboratory results. You can access the status of results for a patient from the time the specimen is received through final reporting.
- **Supply Ordering:** Order supplies for collection, handling, and shipping of specimens.
- **Specimen Pickup:** Electronically request a single, on-demand pickup of laboratory specimens.
- **Labcorp Insight Analytics™:** Clinical and administrative leaders can identify actions based on lab orders and research data with interactive dashboards, including lab stewardship and population analysis reports.

How do I get a Labcorp Link account?

You can self-register for a Labcorp Link account at labcorplink.com. You will get immediate access to public features like Specimen Pickup and Supply Ordering. You can request authorization for PHI features, such as Resolve Patient Issues and Results Search, by contacting your client administrator or Labcorp representative.

For more information, please contact your local Labcorp representative.





CONTACT US



BY PHONE:

Monday - Friday, 8 a.m. to 6 p.m.
1-888-657-4171 (TTY 711)



BY MAIL:

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PO Box 3459
Spring Hill, FL 34611



ONLINE:

You may find answers to many
of your questions online at
www.ChooseUltimate.com



Community Outreach Offices



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Fort Pierce, FL 34950



4058 Tampa Rd, STE 7
Oldsmar, FL 34677



2713 Forest Rd
Spring Hill, FL 34606



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

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