

ProviderNews



Mission Statement

Ultimate Health Plan's Chronic Care Improvement Program (CCIP)

Ultimate Health Plans is excited to announce its new 3-year Chronic Care Improvement Program (CCIP). The Care Management team, in collaboration with our Quality team, is focused on improving outcomes for our diabetes population. The program will promote effective chronic disease management and aim to improve outcomes for our members with diabetes. This program fully aligns with the requirements shaped by the Centers for Medicare and Medicaid Services (CMS).

Diabetes
Management and
Complications
Prevention

Annual Retinal Eye Exams

HBA1C Control < 8 %

Blood Pressure Control of < 130/80

3-Year Program

Diabetes impacts approximately 38.4 million people in the United States which is roughly 11% of the population (CDC, 2025). In addition, there are more than 97 million adults with pre-diabetes, an additional demographic of people who can also benefit from the interventions within our CCIP (CDC, 2025). Our CCIP supports this growing population with focused interventions that promote eye exams, hemoglobin A1C control, and blood pressure management.

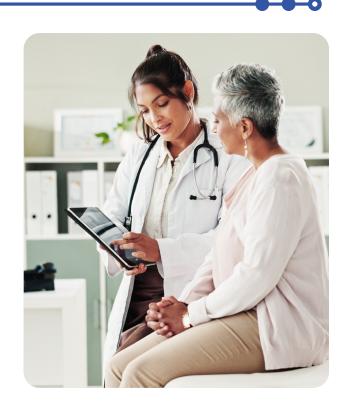
Consider Complex Case Management

We have a team of nurses within the Care Management department who have the skills and expertise to help your patients navigate their diabetes diagnosis.

If your patients are struggling to manage their HbA1c levels, consider referring them to Complex Case Management.

In Case Management, we offer additional support and education to help patients gain a clearer understanding of their diagnosis.

For more information about Ultimate Health Plan's CCIP or to enroll a member in Complex Case Management, please reach out to us at 1-866-967-3430. We look forward to assisting our members with these focused interventions.



References



Implementing 100-Day Supply Prescriptions to Improve Medication Adherence

Medication adherence is a cornerstone of effective treatment and positive health outcomes. Yet, non-adherence remains a persistent challenge, often resulting in poorer clinical outcomes and increased healthcare costs. To support improved adherence, Ultimate Health Plans offers up to a 100-day supply for the majority of Tier 1 and Tier 2 medications.

Benefits of Prescribing 100-Day Supply Medications

- Enhanced Convenience for Patients
 Fewer pharmacy visits reduce barriers to access, especially for members with mobility or transportation challenges.
- Improved Medication Continuity
 Extended supplies help reduce gaps in therapy, which can occur when prescriptions run out or are delayed.

Advancing Patient Outcomes Through Extended Supply Prescriptions

Incorporating 100-day supply prescriptions into your practice, alongside patient education and regular follow-up, can significantly improve medication adherence—particularly for patients managing chronic conditions. This approach can lead to better health outcomes and improved quality of life.

Why Consider 100-Day Supplies for Chronic Medications?

Prescribing 100-day supplies can:

- Reduce the burden of frequent refills.
- Enhance medication management and routine adherence.
- Lower out-of-pocket expenses for patients in some cases.
- Help minimize the risk of missed doses due to lapsed refills, which can positively impact STAR ratings related to medication adherence.

Common candidates for 100-day supply prescriptions include medications for managing:

- Diabetes
- Hyperlipidemia (cholesterol)
- Dyslipidemia
- Hypertension
- Respiratory Disease, etc.

We encourage you to consider this approach as part of your ongoing efforts to support patients in achieving their long-term health goals.







What is Drug Recall?

A **drug recall** occurs when a pharmaceutical company removes a defective or potentially harmful drug from the market—either on its own initiative or at the request of the U.S. Food and Drug Administration (FDA).

Recalls are implemented to protect public health and safety by preventing the use of medications that may pose risks due to contamination, mislabeling, improper dosage, or other safety concerns.



Drug manufacturers typically initiate recalls to safeguard patients and consumers, alert them to potential risks, and prevent further distribution or use of the affected product.

You can find a full list of current drug recalls on the FDA website:



FDA Drug Recalls

Once a recall is issued:

- Impacted members are identified.
- Notification letters are prepared and sent to both the member and the prescribing provider.

Below is an example of a provider drug recall notice you may receive if you have prescribed a recalled medication to a member.

> <Plan Logo 1> <Plan Logo 2> <Return Address> «FULL NAME FORMATTED» «ADDRESS1» «ADDRESS2» «CITY», «STATE» «ZIP_CODE»

Re: Recall of fentanyl transdermal system 25 mcg/h by Alvogen

Dear Physician/Healthcare Professional:

This is a courtesy notification, intended only to enhance the clinical care you provide. No specific action is being requested of you.

On January 31, 2025, Alvogen announced a voluntary recall of one lot of fentanyl transdermal system because some patches may be stuck together in a single pouch.

Per Alvogen, there is a possibility that the application of a multi-stacked patch could result in serious, life threatening, or fatal respiratory depression.

Optum Rx notifies members who may be affected by this recall. These members were provided information to help them identify if their product is being recalled, advised to not use the recalled product, and to contact their pharmacy for a replacement.

The enclosed report lists your patient(s) who, based on pharmacy claims, may have received the fentanyl transdermal system.

These members may inquire about the fentanyl transdermal system prescription(s) you

If you have any questions, please call Optum Rx at 855-225-5069. Or, you may directly contact Alvogen at 1-866-770-3024 (9:00 a.m. - 5:00 p.m. EST, Monday through Friday) for more

Reference:

FDA Recall Notice. January 31, 2025.



Important Update: New Preferred Glucose Meter Products Effective July 1, 2025

Effective July 1, 2025, Accu-Chek® (Roche) and Contour® (Ascensia) glucose meters will be added to the Ultimate Health Plans preferred glucose monitor List.

This update is part of a strategic initiative to address growing concerns about the financial stability of **LifeScan OneTouch**, which has been the sole preferred glucose meter in both retail and mail order pharmacy settings. By expanding our preferred product options, we are proactively working to safeguard continuity of care and avoid future disruptions for your patients.

We recognize that many of our members currently use **LifeScan OneTouch Ultra** and **Verio** meters. To help ensure a smooth and timely transition, Ultimate Health Plans, in partnership with Optum Rx, is implementing the following support measures:

- \$0 member cost share for preferred glucose meters and test strips at both retail and mail order pharmacies
- No changes to prescription processes: Providers may continue to send glucose meter prescriptions to the member's preferred pharmacy
- **Non-preferred glucose meters** are available through approved DME providers, subject to applicable coverage criteria and prior authorization requirements

We sincerely appreciate your continued partnership in helping patients navigate this transition. Your support is critical in maintaining access to effective and reliable diabetes management tools for our members.





Close patient care gaps with Labcorp's Open Orders Program



Timely diagnostic testing is essential for proactive patient care and chronic condition management. However, for physicians who are already facing the challenges of high patient volumes and increasing administrative burdens, keeping track of which patients have outstanding lab orders can be a challenge.

That's why <u>Labcorp</u> has digital solutions to support your patient adherence efforts and close gaps in care. <u>Labcorp Link™</u>, our electronic health record (EHR) companion browser-based solution, integrates into clinical workflows and allows you to identify and close care gaps by tracking unfulfilled lab orders and automating patient outreach.

In particular, the Open Orders Program in Labcorp Link is designed to help you improve patient compliance while also supporting quality metrics, risk adjustment and care coordination efforts.

What constitutes an open order?

An open order refers to an electronic lab order you've submitted through your EHR or Labcorp Link that hasn't been completed by the patient. These orders remain "open" until the patient visits a Labcorp patient service center (PSC) or another approved collection site to complete the testing by submitting a sample to the lab. These unfulfilled orders represent missed opportunities for crucial health screenings, diagnostic insights and proper disease management.

It's estimated <u>93% of lab orders</u> are submitted electronically, making the Open Orders Program a highly scalable and impactful solution for modern practices.

Improving patient compliance

Labcorp's Open Orders Program is designed to increase patient compliance by automatically reminding patients to complete their lab testing. Here's how it works:

Patient reminders

A patient is sent reminders when:

- An order is not completed within seven days of the order date (or a time period that you can set)
- The order includes tests that are included in the program, such as wellness screenings or chronic disease monitoring
- The patient has provided an email address and/or phone number

When all three conditions are met, Labcorp sends the patient a reminder email and text message (if the patient has opted-in for text messages), and a second reminder is sent 48 hours after the first reminder if no action is taken.

The reminders encourage patients to schedule a lab appointment and complete their testing, while emphasizing the importance of these lab orders for preventive care or managing chronic conditions. Each email includes a direct link for convenient online appointment scheduling at a nearby Labcorp PSC.

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Targeted tests

The Open Orders Program currently supports frequently used wellness and chronic condition-related tests, including:

- Hemoglobin A1c
- Lipid panel
- Complete metabolic panel
- Complete blood count (CBC)
- Creatinine
- Glucose
- Urinalysis
- Basic metabolic panel
- Hematocrit
- Calcium
- Estimated glomerular filtration rate (eGFR)

These tests represent approximately 70% of all open orders, making the program highly relevant for routine and preventive care. The program is also expanding later this year to include cancer and other screening tests and infection/immunity tests (excluding sexually transmitted infections).



Get a real-time view with the open orders dashboard

The open orders dashboard is the centerpiece of the program, offering you a powerful, real-time view of your patients' unfulfilled lab orders. It transforms raw data into actionable insights, helping practices track, manage and prioritize outreach and improve compliance to optimize the program's effectiveness.

Benefits of the dashboard include:

- Global filters and views to customize the displayed data by ordering provider, location, date range or test type to target specific patient populations or time frames
- Summary metrics on your patient population include the total number of open orders, number of patients who have been sent reminders and the rate of patients who completed their test order
- Comparisons of collection rates between patients who received reminders and those who did not to gauge outreach campaign success
- Charts illustrating the overall performance of the reminder campaign over time to help track effectiveness and seasonal fluctuations in patient compliance
- A detailed report view with patient data, order dates, contact information, test types and days since the reminder was sent (exportable to Excel or CSV)



Provider benefits



The Open Orders Program offers you a strategic tool to improve patient care and support value-based care and operational efficiency.

1. Increased patient compliance

The personalized reminders have proven effective in encouraging patients to complete their lab testing, leading to higher compliance rates and better adherence to care plans.

2. Closed care gaps

Timely lab testing supports early detection, preventive care and chronic disease management.

3. Improved patient satisfaction

Proactive communication, easy scheduling and convenient testing improves patient satisfaction and engagement.

4. Support for quality metrics

When patients complete recommended lab tests in a timely manner, it helps meet HEDIS, Star and other performance benchmarks related to preventive care, chronic disease management and coding accuracy.

5. Reduced administrative burden

Automated reminders reduce the need for manual follow-up, streamlining your practice operations and allowing office staff to focus on other essential tasks.

6. Enhanced risk adjustment and coding accuracy

Completed lab tests provide critical data for accurate documentation of patient acuity.

7. Reduces patient costs

Reminders encourage patients to use in-network Labcorp PSCs, reducing out-of-pocket costs, supporting network utilization goals and supporting consistent test results, making for easier comparisons over time.





Frequently asked questions

- 1. Can patients opt out of receiving the reminders?
 - No, patients cannot opt out of these transactional notifications, as they are intended to remind them of their outstanding lab orders for their care plan. However, patients can opt out of receiving text message reminders by replying "STOP" to a text.
- 2. Will patients be told which specific tests they need to complete?
 - No, mentioning specific tests in the reminders would violate HIPAA regulations. The communications will include the ordering provider's name and a general explanation about the importance of completing the testing.
- 3. Can patients visit any Labcorp PSC for their testing?
 - Yes, patients can complete their testing at any of Labcorp's over 2,200 PSCs across the United States or at their provider's location, if available.
- 4. Should patients schedule an appointment or walk in?
 - While walk-ins are welcome, scheduling an appointment is recommended for a more convenient experience with shorter wait times and access to services like mobile check-in.
- 5. Can providers opt out of the Open Orders Program?
 - While opting out is highly discouraged since the program benefits patients and providers, opt-outs may be granted under certain circumstances with Labcorp approval.

Getting started

Labcorp's Open Orders Program is a powerful tool that can help you improve patient compliance and outcomes, close gaps in care and support your practice's success. Using the program, you can better support your patients in receiving the necessary lab testing for optimal health management.

To begin using the Open Orders Program, simply log in to your <u>Labcorp Link account</u> and navigate to the open orders dashboard. From there, you can explore the available features, customize your views, and start identifying and addressing your patients' open lab orders.

If you have any questions or need assistance, call Labcorp at 1-800-877-5227 to guide you through the process and ensure you get the most out of this program.







CONTACT US



Monday - Friday, 8 a.m. to 5 p.m. 1-888-657-4171 (TTY 711)

BY MAIL:

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ONLINE:

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

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