

SPRING 2025



# ProviderNews



Cardiovascular  
**DISEASE**

Medication  
**ADHERENCE**

**CAHPS**  
TIPS FOR PROVIDERS

Antidepressant  
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Management

#### 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.

## Coverage Decisions, Appeals, and Complaints

Members and providers can learn about the processes for Coverage Decisions, Appeals, and Complaints by reading the following sections of Ultimate's Evidence of Coverage (EOC) or by reaching out to us. A copy of each plan's Evidence of Coverage is available online at [www.ChoosUltimate.com/MemberDocumentsandForms](http://www.ChoosUltimate.com/MemberDocumentsandForms). You may also call Provider Services at 1-888-657-4171 for additional information.

- ◆ 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)



## Understanding Our Members' Benefits

Knowing the benefits available to our members is important. You can refer to the following sections of Ultimate's Evidence of Coverage (EOC) to learn about them in detail. A copy of each plan's Evidence of Coverage is available online at [www.ChoosUltimate.com/Member/DocumentsandForms](http://www.ChoosUltimate.com/Member/DocumentsandForms). You may also call Provider Services at 1-888-657-4171 for additional information.

- Use the Medical Benefits Chart to Find Out What is Covered and How Much You Will Pay (EOC Chapter 4, Section 2.1)
- What Services 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

Our members' health is valuable, so it is essential for our providers to know how to help members find in-network providers and obtain the care they need. Members and providers can refer to the following sections of Ultimate's Evidence of Coverage (EOC) on these topics. A copy of each plan's Evidence of Coverage is available online at [www.ChoosUltimate.com/Member/DocumentsandForms](http://www.ChoosUltimate.com/Member/DocumentsandForms). You may also call Provider Services at 1-888-657-4171 for additional information.

- The Provider and Pharmacy Directory  
*(EOC Chapter 1, Section 3.2)*
- Use Providers in the Plan's Network to Get 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)*



## Member Rights and Responsibilities

Ultimate Health Plans honors our members' rights. They have the following rights to help protect themselves:

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

For a full list of Member Rights and Responsibilities, please visit our website at [www.ChooseUltimate.com/Member/RightsAndResponsibilities](http://www.ChooseUltimate.com/Member/RightsAndResponsibilities) or call Provider Services at 1-888-657-4171 to request we mail you a copy.

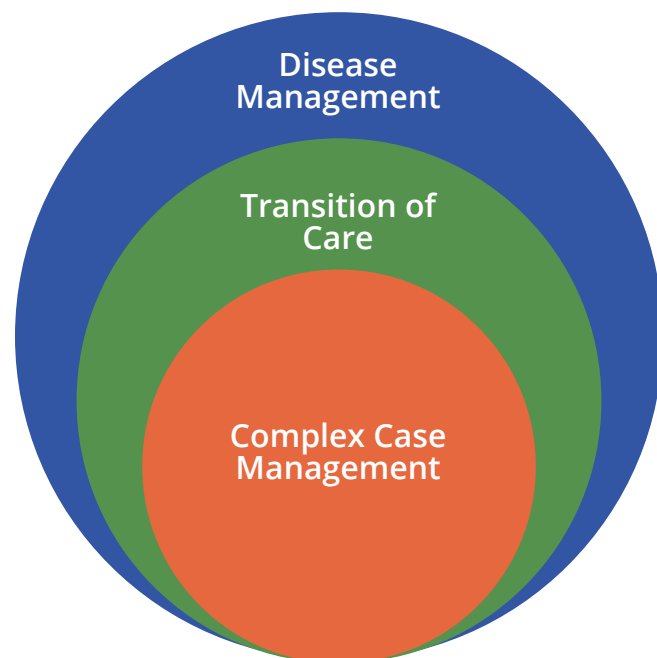
# Population Health Management

At Ultimate Health Plans we proudly offer three programs to support your patients' changing needs that include Disease Management, Transition of Care, and Complex Case Management.

Our Disease Management Program aims to keep our members well informed and educated about their chronic diseases. We offer several Special Needs Plans that are specially designed to meet the health care needs of our members. Our Special Needs Plans are tailored to help our members manage specific chronic conditions such as Cardiovascular Disorder, Chronic Heart Failure, Chronic Lung Disorder, and/or Diabetes Mellitus.

Our Transition of Care Program impacts on our members who were recently discharged from the hospital or emergency room. This program performs post-discharge assessment that includes medication reconciliation, facilitation of follow-up care, and the identification and closure of care gaps.

We also offer Complex Case Management for our most vulnerable population. This program supports frequent patient contact and aims to assist our members in managing multiple comorbidities. Enrollment in these programs may occur based on a referral from you as the provider, a medical event, or upon a member's request. Each program aims to help our members navigate their healthcare journey and reach their goals. Each program has specific requirements that must be met for automatic enrollment which is either disease specific or based on dual eligibility (Medicare/Medicaid beneficiaries). The member has the option to opt-out at any time by contacting member services 1-888-657-4170 (TTY 711). More information can be found on our Ultimate Health Plans website at [chooseultimate.com](https://chooseultimate.com).



## Benefits Available to Our Members Include:

- Case & Disease Management
- Resource Coordination
- Transition of Care
- Meal Benefit
- Telehealth Services
- Dental, Vision, and Hearing Benefits
- Silver Sneakers Program (Gym Membership)
- Transportation Services

If you feel your patient would benefit from one of our programs, please reach out to your Provider Network Representative or the Provider Services Department at 1-888-657-4171 for enrollment. You can also find a referral form on our website at:

[https://cdn.chooseultimate.com/library/Case\\_and\\_Disease\\_Management\\_Referral\\_Form.pdf?](https://cdn.chooseultimate.com/library/Case_and_Disease_Management_Referral_Form.pdf?)

Ultimate Health Plans looks forward to providing skilled, compassionate care to your patients through the many programs that we have to offer.

# GLP-1 Agonist Prior Authorization Requirement Update

Beginning January 1, 2025, access to covered GLP-1 agonist therapy will require submission of medical records to confirm the diagnosis of type 2 diabetes.

This means that if GLP-1 therapy is covered and required starting January 1, 2025, the patient's claim history must include 90 days of treatment with any combination of the Diabetes agents listed below. If 90 days of Diabetes therapy is found, then the Prior Authorization will be bypassed, and the patient will be allowed to obtain their GLP-1 medication.

Sulfonylureas	Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors	Sglt2 Inhibitor - Metformin Combinations	Sulfonylurea - Thiazolidinedione Combinations
Metformin	Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors	Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations	Thiazolidinedione - Metformin Combinations
Meglitinide Analogues	Dpp-4 Inhibitor - Metformin Combinations	Sglt2 Inhibitor - Dpp-4 Inhibitor - Metformin Combinations	
Alpha-Glucosidase Inhibitors	Dpp-4 Inhibitor - Thiazolidinedione Combinations	Sulfonylurea - Metformin Combinations	

**Transition fills are not allowed on all GLP-1s.** If Optum Rx is unable to identify evidence to support that a member is taking the GLP-1 agent for the treatment of Diabetes, claims for GLP-1 agents will reject at the pharmacy for prior authorization required until an approved coverage determination is obtained to confirm use.



## Concurrent Use of Opioids and Benzodiazepines (COB)

Eligible Population:

Age: 65 years and older

What is Concurrent Use?

- Overlapping use of an opioid and a benzodiazepine for 30 or more cumulative days.

### APPLICABLE MEDICATIONS

Opioid Medications		
<ul style="list-style-type: none"> <li>• benzhydrocodone</li> <li>• buprenorphine</li> <li>• butorphanol</li> <li>• codeine</li> <li>• dihydrocodeine</li> <li>• fentanyl</li> </ul>	<ul style="list-style-type: none"> <li>• hydrocodone</li> <li>• hydromorphone</li> <li>• levorphanol</li> <li>• meperidine</li> <li>• methadone</li> <li>• morphine</li> </ul>	<ul style="list-style-type: none"> <li>• opium</li> <li>• oxycodone</li> <li>• oxymorphone</li> <li>• pentazocine</li> <li>• tapentadol</li> <li>• tramadol</li> </ul>
Benzodiazepine Medication		
<ul style="list-style-type: none"> <li>• alprazolam</li> <li>• chlordiazepoxide</li> <li>• clobazam</li> <li>• clonazepam</li> <li>• clorazepate</li> </ul>	<ul style="list-style-type: none"> <li>• diazepam</li> <li>• estazolam</li> <li>• flurazepam</li> <li>• lorazepam</li> <li>• midazolam</li> </ul>	<ul style="list-style-type: none"> <li>• oxazepam</li> <li>• quazepam</li> <li>• temazepam</li> <li>• triazolam</li> </ul>



## TIPS FOR SUCCESS MANAGING CONCURRENT USE:

### 1. Discuss Alternatives:

- Talk with your patients about the benefits, risks, and availability of non-opioid therapies.

### 2. Coordinate Care:

- Work with providers involved in the patients care to avoid co-prescribing.

### 3. When Co-Prescribing is Necessary:

- If co-prescribing opioids and benzodiazepines is necessary, follow these CMS guidelines:
  - o Avoid initial combination by offering alternative approaches, such as cognitive behavioral therapy or other medication classes.
  - o If new prescriptions are needed, limit the dose and duration.
  - o Taper long-standing medications gradually and, whenever possible, discontinue.
  - o Continue long-term co-prescribing only when necessary and monitor the patient closely.
  - o Provide rescue medication (e.g., naloxone) to high-risk patients and their caregivers as co-prescribing places the patient at high risk of opioid overdose.

### 4. Educate Your Patient

- Ensure the patient understands the side effects of opioids and benzodiazepines, including the risk of addiction and what to do if side effects occur.

### 5. Reinforce the Treatment Plan:

- Regularly assess the treatment plan and evaluate the medication regimen. Consider the presence or absence of side effects, potential costs, and provide clear written instructions for the medication schedule.

## ALTERNATIVE PAIN MANAGEMENT METHODS:

- Physical Techniques: Cold and heat therapy, acupuncture, chiropractic care, physical therapy
- Topical Treatments: pain relievers when clinically indicated
- Injections: Corticosteroid injections when clinically indicated
- Medication Alternatives: Considering over the counter and non-scheduled analgesics, serotonin-norepinephrine reuptake inhibitors, and gabapentin
- Lifestyle Changes: Encourage exercise and weight management, stress reduction
- Mind-Body Techniques: Meditation, breathing exercises, yoga

## EXCLUSIONS:

Patients are excluded if they have any of the following during the measurement year:

- o Cancer
- o Hospice or palliative care
- o Sickle cell disease

For more information on concurrent opioid and benzodiazepine use, visit:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Concurrent-Use-of-Opioids-and-Benzodiazepines-in-a-Medicare-Part-D-Population-CY-2015.pdf>

## YOUR ROLE IN TRANSITION SUPPORT

When members are new to the health plan or starting a new medication, it is important for you to take action to ensure the patient's medication will be covered by Ultimate Health Plans.

The process of a transition claim often occurs when the patient is prescribed a medication that is either not included on the plan's formulary or is included on the formulary but subject to utilization management requirements, such as step therapy, prior authorization, or quantity limits.

You may want to consider the following:

- Change the drug to a formulary drug; or
- Request approval for the drug by demonstrating the member meets clinical criteria or
- Request an exception from our coverage criteria.

It is important for you to initiate a prior authorization, also known as coverage determinations, with Ultimate Health Plans to ensure the member can smoothly transition without facing any disruption in their treatment.

Below is an example of the Transition letter your office may receive.

Ultimate Health Plans  
PO Box 3459  
Spring Hill, FL 34611



PRESCRIBER FIRST NAME PRESCRIBER LAST NAME  
PRESCRIBER ADDRESS 2  
PRESCRIBER ADDRESS 1  
PRESCRIBER CITY IL 12345

September 26, 2024

### Prescriber Copy

Dear Prescriber First Name Prescriber Last Name:

Effective January 1, 2011, to be compliant with recent clarification guidance issued by the Centers for Medicare & Medicaid Services on December 20, 2010, Part D sponsors must ensure that reasonable efforts are made to notify prescribers of enrollees who receive a transition notice after adjudication of a temporary fill (42 C.F.R. §423.120(b)(3)(v)).

Please see the attached transition notice that was created on September 26, 2024 and sent to the member.

Member: UHPMEDD \*ALL  
Address: NE NF ADDRESS 1 \*ALL ADDRESS 2  
MEMBER CITY, IL 12345  
Member ID: 12345-ENG  
Product: PRODUCT - LABEL NAME 0.57 MCG

Please retain the attached letter in the patient records.



## Responding to Requests for Additional Information

The majority of our members request an urgent turnaround for their requests, which often leads to a high number of prior authorization denials due to insufficient information for review. Clinical information requests will come via fax with a deadline for the details to be received. Lack of response will result in a denial of the request.

We ask that you or your team respond to Requests for Information (RFI) or clinical information requests within the Medicare-established timelines to help provide the best healthcare outcomes for our mutual members.

- **Standard/non-urgent request:** OptumRx must make a decision within 72 hours.
- **Expedited/urgent request:** OptumRx must make a decision within 24 hours
- Depending on the type of request, *up to an additional 14 days* may be granted to obtain the required information to complete the review.

Below is an example of what a Request for Information request will look like.

<b>Date Sent:</b> 08/01/24	
<b>To:</b> Dr. [REDACTED]	<b>Fax:</b> [REDACTED]
Re: Pending Provider Response	
<b>From:</b> OptumRx/Prior Authorization Department	
Number of pages, including cover sheet: 4	
If you did not receive all the pages, please call 1-800-311-7517 and reference # PA-[REDACTED]	
<b>The request we received from your office for prior authorization is <u>incomplete</u>. Please provide the additional information requested on the following page(s).</b>	
<b>Fax completed form to: 1-844-403-1028</b>	
<i>If you have any questions or would like to speak to a Prior Authorization Advocate, please call 1-800-311-7517.</i>	
<b>PLEASE NOTE: Your or your patient's request for coverage of this medication may be denied if all of the necessary information needed to support this request is not received by 08/04/2024 at 06:07 AM CT.</b>	
<b><u>PLEASE FAX BACK AT THE NUMBER LISTED ABOVE OR CALL US AT 1-800-311-7517 AS SOON AS POSSIBLE TO AVOID DENIAL OF THIS REQUEST DUE TO LACK OF INFORMATION.</u></b>	

# How to Request a Coverage Determination or Exception?

How do I request coverage determination, including an exception? You may contact OptumRx to request a coverage determination, including an exception at.

OptumRx Prior Authorization Department  
PO BOX 2975  
Mission, KS 66201  
Phone: 800-311-7517  
Fax: 866-632-7946

Online Options:

CoverMyMeds

**CoverMyMeds**

Submit an e-PA using the CoverMyMeds provider portal.

**covermymeds**

Select

Surescripts

**Electronic prior authorization**

Submit an e-PA using Surescripts prior authorization portal.

**surescripts**

Select



On January 31, 2025, the FDA announced a voluntary recall for Fentanyl Transdermal patch. Check out this link to review recent FDA drug recalls.

<https://www.fda.gov/drugs/drug-safety-and-availability/drug-recalls>

FDA recall link is available on <https://chooseultimate.com/Home/PrescriptionDrugs>

# CAHPS Tips for Providers

As you know, in March of every year, CAHPS surveys are sent to randomly selected members.

Within the survey, there are a multitude of questions that cover various aspects of a member's care. These questions fall under what CMS calls "domains."

Below are the "domains" that you, as a provider, can positively impact:

- Annual Flu Vaccine
- Getting Needed Care
- Getting Appointments and Care Quickly
- Care Coordination
- Getting Needed Prescription Drugs

The questions under each domain ask the member to recall whether their provider has discussed or met any of the metrics associated with these domains in the past 6 months.

For example:

*"In the last 6 months, did your personal doctor seem informed and up to date about the care you got from specialists?"*

*"In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?"*

The above are just two examples of an exceptionally long survey that random members may receive.

## How do CAHPS surveys impact you?

- CAHPS surveys impact the star rating for the health plan.

## Tips to help improve CAHPS scores.

- Build a relationship with your patients and encourage all staff in your office to treat and greet every patient with a smile, and personal comment.
  - o For example, "Mrs. Jones, I like that color on you! It brightens your face!"
- Recommend flu vaccines during a member's visit, create a flu clinic, and administer vaccines to your members.
- Build a relationship with specialists that you commonly refer to; to open that dialogue of conversation and to be able to discuss coordination of care for your patients.
- Have your office staff schedule the patients' appointments with the specialists before they leave the office.
- Ask the patient if they have had any delays in receiving care.
- Set aside appointment times each day for urgent visits or same day appointments.
- Consider the possibility of extending your hours to accommodate patients who still work.
- Educate patients in urgent care locations close by after hours.



- Offer telehealth/virtual visits for patients that may have barriers to getting into the office.
- Have office staff prepare charts before appointments to ensure all necessary records are included prior to the patient coming into the office.
- Set expectations with your patients regarding appropriate turnaround timeframes for authorizations, test results, etc.
- Explain clearly, in terms the patient can understand, as to why you may be ordering a test, prescribing a medication, or referring them to a specialist.
- Ask detailed questions to your patient when discussing medications.
  - o Do not ask “Are you having any side effects from the medications?” INSTEAD, ask the patient about specific symptoms of potential side effects.
- Consider prescribing 90-day supplies of maintenance medications, to increase compliance.
- Ensure patients have enough refills and that medications have not expired. Encourage automatic refills at the member’s pharmacy or with OptumRx.

Thank you for your partnership in ensuring our members receive the best care available!

## Cardiovascular Disease

In the United States:

Heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups.

One person dies every 33 seconds from cardiovascular disease.

In 2022, 702,880 people died from heart disease. That’s the equivalent of 1 in every 5 deaths.

Heart disease cost about \$252.2 billion from 2019 to 2020. This includes the cost of health care services, medicines, and lost productivity due to death.

In 2022, about 1 out of every 5 deaths from cardiovascular diseases (CVDs) was among adults younger than 65 years old.

Heart disease is the leading cause of death for people of most racial and ethnic groups in the United States.

- For women from the Pacific Islands and Asian American, American Indian, Alaska Native, and Hispanic women, heart disease is second only to cancer.

The forecast through 2050, from the AHA journals, on the future burden of Cardiovascular Disease and Stroke, shows a prevalence of many cardiovascular risk factors and most established diseases will increase over the next 30 years.

- Hypertension prevalence will increase from 51.22% in 2020 to 61.0% in 2050
- Coronary disease prevalence will increase from 7.8% in 2020 to 9.2% in 2050
- Heart failure prevalence will increase from 2.7% in 2020 to 3.8% in 2050



## Cardiovascular Disease (continued)

- Stroke prevalence will increase from 3.9% in 2020 to 6.4% in 2050
- Atrial Fibrillation prevalence will increase 1.7% in 2020 to 2.4% in 2050
- Total Cardiovascular disease prevalence will increase 11.3% in 2020 to 15.0% in 2050
- Clinical CVD will affect 45 million adults and CVD including hypertension will affect more than 184 million adults by 2050 (>61%)
- Most adverse trends are projected to be worse among people identifying as American Indian/Alaska Native or multiracial, Black, or Hispanic

### Tips to help your patients

- Work with your patients to ensure they are getting their annual wellness visit
  - If the 1st BP reading of the visit is abnormal ( $\geq 140/\geq 90$ ), have the BP rechecked before the patient leaves the appointment.
- Ensure patients check their blood pressure, routinely.
  - Remind them of Silver Sneakers [www.silversneakers.com](http://www.silversneakers.com) or 888-423-4632 for exercises, for all skill levels
  - Medication adherence is imperative to help control blood pressure levels and reduce risks in cardiovascular disease
  - Proper diet can also help reduce risks in cardiovascular disease
- Evaluate if the patient would benefit from statins, and discuss the benefits and risks of statin therapy
  - Document in detail any adverse effects your patient may have from statins

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000001256>

<https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>



# Diabetes

According to the CDC reporting in 2021, an estimated 38.1 million adults, 18 years of age or older, in the U.S. have diabetes. **In the last 20 years, the number of adults diagnosed with diabetes has more than doubled.**

- 1 in 5 of them don't know they have it
- Diabetes is the **eighth** leading cause of death
- The percentage of adults with diabetes **increased** with age, reaching **29.2%** (or **16.5 million**) among those aged 65 years or older.

Prevalence varied significantly by education level, which is an indicator of socioeconomic status.

- Specifically, 13.1% of adults with less than a high school education had diagnosed diabetes versus 9.1% of those with a high school education and 6.9% of those with more than a high school education.
- For both men and women, prevalence was higher among adults living in nonmetropolitan areas compared to those in metropolitan areas.

For both men and women, prevalence of diagnosed diabetes was highest among:

- American Indian and Alaska Native adults (13.6%)
- non-Hispanic Black adults (12.1%)
- adults of Hispanic origin (11.7%)
- non-Hispanic Asian adults (9.1%)
- non-Hispanic White adults (6.9%)

Diabetes is the No. 1 cause of kidney failure, lower-limb amputations, and adult blindness. Medical costs and lost work and wages for people with diagnosed diabetes total \$413 billion yearly. Medical costs for people with diabetes are more than twice as high as for people who don't have diabetes.

## Tips to help your patients

- Work with your patients to ensure they are getting their diabetic eye exam, annually.
  - o This can help with screening for diabetic retinopathy as well as to help reduce fall risks if vision impairment is identified.
- Ensure that your patient is routinely having an A1c drawn and results are within appropriate limits (<9%)
  - o Remind them of Silver Sneakers [www.silversneakers.com](http://www.silversneakers.com) or 888-423-4632 for exercises, for all skill levels.
  - o Medication adherence is imperative for maintaining proper blood sugar levels.
  - o Proper diet to help maintain blood sugar control.
- Ensure that an eGFR and urine Albumin and Creatinine ratio is ordered and completed to monitor for diabetic nephropathy.
- Routinely checking blood pressure
- Skin checks for any unhealed wounds
- Discuss with your patient the benefits and risks of statin therapy for diabetes as they may be at increased risk for cardiovascular events and lower cholesterol levels.

Ultimate Health Plans appreciates your partnership in helping members receive the health care they deserve!

<https://www.cdc.gov/diabetes/about/index.html>

<https://www.cdc.gov/diabetes/php/data-research/index.html>

# Health Outcomes Survey (HOS) and How Providers Can Help

Health Outcomes Survey (HOS) collects member-reported health outcomes. The survey is used to measure how the care provided by the health plan affects the health outcomes of their members.

- The survey starts in July and runs through November.
- The survey is conducted with a random sample of members.
- A member is surveyed one year to create a baseline, and then surveyed again two years later, for follow-up to measure changes in their physical and mental health over time.
- Questions for the HOS survey are centered around asking the patients if:
  - Monitoring Physical Activity
    - ❖ Physician advised the patient to start or increase physical activity
  - Improving Bladder Control
    - ❖ Physician discussed urinary incontinence with the patient
  - Reducing the Risk of Falling
    - ❖ Physician discussed fall risks and ways to avoid with the patient
  - Improving or Maintaining Physical Health
  - Improving or Maintaining Mental Health

Sample Questions include:

- *In the past 12 months, has a doctor or other health care provider advised you to start, increase or maintain your level of exercise or physical activity?*
- *Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?*
- *Has your doctor or other health care provider done anything to help prevent falls or treat problems with balance or walking?*



## Tips to help your patients:

- Talk about the importance of physical activity and the benefits of staying active.
- Encourage your patient to engage in Silver Sneakers [www.silversneakers.com](http://www.silversneakers.com) or 888-423-4632
- Refer patients with limited mobility to physical therapy to learn safe and effective exercises.
- Assess patients for balance problems, recent falls, difficulty walking and other fall risks.
- Recommend routine eye exams and hearing tests.
- Review medications for any issues that increase fall risk.
- Discuss ways to decrease the risk of bladder control issues, including pelvic floor exercises, avoiding bladder irritants and maintaining a healthy weight.
- Discuss treatments for bladder control issues that may arise with age, such as behavioral therapy, exercises, medications, medical devices and surgery.
- Discuss home safety tips, such as removing trip hazards, installing handrails, and using non-slip mats and night lights.
  - Have your patient contact Ultimate Member Services 888-657-4170 to obtain a **FREE** toilet bowl light **OR** night light.

# Medication Adherence for Our Members

## **Medication adherence is important for multiple reasons:**

- Decreases disease symptoms and possible progression of the disease
- It can improve the quality of life for the member
- It can decrease medical costs associated with a specific disease process, such as unnecessary hospitalizations and complications.

## **Quick Tips for in office:**

- Prescribe 90-day supply on maintenance medications
- Ensure members are educated on all medications and uses
- Create a process for tracking members medication refills and assign to a mid-level, nurse, or medical assistant
- Complete medication reconciliations regularly and include OTC medications
- Complete new patient visits as soon as possible to avoid gaps in adherence
- Offer generic formulary medications to help contain the cost for the member





# Antidepressant Medication Management (AMM)

Here at Ultimate Health Plans, it is important that your patients receive the care they need.

Antidepressants are a key component of treating depression, a mood disorder with a persistent feeling of sadness and loss of interest. These medications help to relieve symptoms of depression and prevent the symptoms from returning.

Antidepressants help reduce anxiety, restlessness, and suicidal thoughts. Major depressive disorder is very common, with 3 million U.S. cases per year. If left untreated, the condition could be dangerous or life threatening.

## Tips to help your patients:

- Build a trusting relationship with your patient.
- Regularly ask your patients about their thoughts, feelings, and symptoms.
- Ask your patient if there are any barriers such as financial concerns, transportation, picking up refills, lack of support, etc.
- Make sure there are open appointments for patients that call in for same day/urgent appointments.
- Instruct your patients not to stop any medications without your instruction as their provider and to take them as prescribed.
  - o Explain the risks of abruptly stopping certain medications and how long it may take for the medication to become fully effective.
  - o Encourage your patient to set an alarm and/or use a pill box, if adherence is a concern.
- Educate your patient on depression.
- Encourage your patient to establish a support system
  - o The patient should discuss their treatment plan with their support system.
- Suggest the patient attend a support group in their area.
- Refer your patient to a therapist.
- Encourage your patient to maintain and prioritize self-care.
- Encourage your patient to maintain a regular sleep pattern.
  - o Discuss ways that a patient can get a good night's sleep. There are apps on the market that can help monitor a patient's sleep pattern, as well as help a patient get a peaceful night's sleep.
- Encourage your patient to keep a journal of feelings, thoughts, symptoms.
- National Suicide Prevention Lifeline 1-800-273-TALK

Ultimate Health Plans partners with Carelon to help meet your patient's behavioral health needs, analyze the data for any barriers that may be occurring, and brainstorm interventions to remove those barriers.

Carelon, the behavioral health vendor, is a valuable resource for all behavioral health-related matters. They can assist your patients with finding counselors or therapists in their area. Please call 1-800-627-1259 for assistance. They are available to talk to you, Monday through Friday 8 a.m. to 8 p.m. EST.

Sources:

[Antidepressant Medication Management - NCQA](#)

[Major Depressive Disorder: Symptoms, Causes, and Treatment \(verywellmind.com\)](#)

[FAQ - 988 Suicide & Crisis Lifeline \(988lifeline.org\)](#)

# Follow-Up After Hospitalization for Mental Illness (FUH)

Here at Ultimate Health Plans, it is important that your patient receives the care they need. If your patient was recently hospitalized for a mental health condition, it's important for them to follow up with a mental health provider within 7 days.

According to NCQA in 2019, one in five adults in the U.S. had a mental health disorder diagnosis. This population is very vulnerable and requires follow-up. Frequently, these patients do not receive the appropriate follow-up care. Patient health outcomes improve with the right treatment plan and adherence to this plan.

## Tips to help your patients:

- Remind your patients to call your office anytime they go to the hospital ER or are admitted.
- Remind your patients of the importance in attending all their follow-up appointments.
- Remind your patients when they make the follow-up appointments to bring in their discharge summary and discharge instructions.
- Ask your patient if they have any barriers such as financial concerns, transportation, picking up refills, lack of support, etc.
- Remind your patients about Carelon and the possible resources that may be available to them.
- Instruct your patients not to stop any medications without your instruction as their provider and to take them as prescribed.
  - o Explain the risks of abruptly stopping certain medications and how long it may take for the medication to become fully effective.
  - o Encourage your patient to set an alarm and/or use a pill box, if adherence is a concern.
- Encourage your patient to establish a support system
  - o The patient should discuss their treatment plan with their support system.
- Suggest the patient attend a support group in their area.
- Refer your patient to a therapist.
- Encourage your patient to maintain and prioritize self-care.
- Encourage your patient to maintain a regular sleep pattern
  - o Discuss ways that a patient can get a good night's sleep. There are apps on the market that can help monitor a patient's sleep pattern, as well as help a patient get a peaceful night's sleep.
- Encourage your patient to keep a journal of feelings, thoughts, symptoms.

Ultimate Health Plans partners with Carelon to help meet your patient's behavioral health needs, analyze the data for any barriers that may be occurring, and brainstorm interventions to remove those barriers. Carelon, the behavioral health vendor, is a valuable resource for all behavioral health-related matters. They can assist your patients with finding counselors or therapists in their area. Please call 1-800-627-1259 for assistance. They are available to talk to you, Monday through Friday 8 a.m. to 8 p.m. EST.

Sources:

[Follow-Up After Hospitalization for Mental Illness - NCQA](#)

[FUH - Follow-Up After Hospitalization for Mental Illness | Johns Hopkins Medicine](#)

# Initiation and Engagement of Substance Use Disorder Treatment (IET)

Here at Ultimate Health Plans, it is important that your patients receive the care they need, and that includes anyone with a mental illness.

In 2022, 48.7 million individuals in the U.S. 12 years of age or older (approximately 17.3% of the population) were classified as having had an SUD within the past year. Individuals with SUD are at an increased risk of overdose, injury, soft tissue infections and mortality. In 2021, drug overdose accounted for 106,699 deaths, representing a 14% increase in overdose deaths compared to 2020. Similarly, over 140,000 people die each year from excessive alcohol use. Early and regular SUD treatment, including medication therapy, has been demonstrated to improve outcomes for individuals with SUDs, but less than 20% of individuals with a SUD receive this important specialty care. The best way to improve outcomes and reduce active symptoms is through medication adherence and treatment plan adherence.

## Tips to help your patients:

- Build a trusting relationship with your patient.
- Ask your patient about their thoughts, feelings, and symptoms, regularly.
- Ask your patient if there are any barriers such as financial concerns, transportation, picking up refills, lack of support, etc.
- Make sure there are open appointments for patients that call in for same day/urgent appointments.
- Instruct your patients not to stop any medications without your instruction as their provider and to take them as prescribed.
  - o Explain the risks of abruptly stopping certain medications and how long it may take for the medication to become fully effective.
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# Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Here at Ultimate Health Plans, it is important that your patients receive the care they need, and that includes anyone with a mental illness.

Schizophrenia is a mental disorder with symptoms including delusions, hallucinations, disorganized speech and behaviors. There are 3.7 million individuals with schizophrenia spectrum disorders living in the United States, 2.4 million of whom had active symptoms in the past year. Patients with active symptoms require urgent medical attention. Antipsychotic medication is the first line of treatment along with counseling and social support.

The best way to improve outcomes and reduce active symptoms is through medication adherence and treatment plan adherence.

## Tips to help your patients:

- Build a trusting relationship with your patient.
- Ask your patient about their thoughts, feelings, and symptoms, regularly.
- Ask your patient if there are any barriers such as financial concerns, transportation, picking up refills, lack of support, etc.
- Make sure there are open appointments for patients that call in for same day/urgent appointments.
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# Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Here at Ultimate Health Plans, it is important that your patients receive the care they need, and that includes anyone with a mental illness.

Diabetes is among the top 10 leading causes of death in the United States. Because people with serious mental illness who use antipsychotics are at increased risk of developing diabetes, screening and monitoring of this condition is important. Lack of appropriate care for diabetes for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream. Type 2 diabetes mellitus is highly predictive of cardiovascular diseases and can have particularly deleterious health impacts in people with severe mental illness (SMI), i.e. schizophrenia, bipolar disorder or major depressive disorder.

Schizophrenia is a mental disorder with symptoms including delusions, hallucinations, disorganized speech and behaviors. There are 3.7 million individuals with schizophrenia spectrum disorders living in the United States, 2.4 million of whom had active symptoms in the past year. Patients with active symptoms require urgent medical attention. Antipsychotic medication is the first line of treatment along with counseling and social support.

Patients with severe mental illness have an increased chance of developing diabetes, which is likely due to both hereditary and environmental causes. Not getting enough exercise, eating poorly, not getting proper medical care, and using antipsychotic drugs are also contributors. Initial studies suggest that schizophrenia may be a separate risk factor for developing diabetes. Furthermore, there is a 50% nonadherence rate among those with schizophrenia who are receiving treatment.

The best way to improve outcomes and reduce active symptoms is through medication adherence and treatment plan adherence.

## Tips to help your patients:

- Build a trusting relationship with your patient.
- Discuss proper nutrition and better eating habits to help your patients reduce the risk of diabetes diagnosis.
- Ask your patient about their thoughts, feelings, and symptoms, regularly.
- Ask your patient if there are any barriers such as financial concerns, transportation, picking up refills, lack of support, etc.
- Make sure there are open appointments for patients that call in for same day/urgent appointments.
- Instruct your patients not to stop any medications without your instruction as their provider and to take them as prescribed.
  - o Explain the risks of abruptly stopping certain medications and how long it may take for the medication to become fully effective.
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## Transitions of Care and Readmissions: Importance and Tips

NCQA assesses key points of transition for Medicare Beneficiaries after discharge from an inpatient facility by scoring four measures. In part, this is a patient safety strategy. Studies have found that patients experience poor coordination between inpatient facilities and returning home. NCQA states one study estimated that the poor coordination resulted in approximately \$25 - \$45 billion in unnecessary spending. PCP's being more involved with their patient's hospitalization can improve the coordination gap and the patient outcomes. It has been reported that patients value their PCP involvement in the hospital setting for many reasons. Patients take a sense of security knowing that their PCP is familiar with them and their ongoing issues and feel more confident in their PCP input versus an unfamiliar hospitalist. The longitudinal continuity of care with a PCP is valued and very helpful in the overall health of a patient.

Following these patients from admission through post discharge will help decrease readmissions, improve patient outcomes and reflect more favorable transition of care and PCR rates.

**PCPs should consider the following suggestions in improving the coordination of care for hospitalized patients:**

### **Upon Patient Admission, What Can a Provider Do?**

- Communicate between hospitalist/staff and PCP for patient's ongoing care (e.g., phone call, email, fax).
- 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.
- Communicate a list of the patient's medication allergies and drug intolerances.
- 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?**

- 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. Document all encounters appropriately, refer to the minimum requirements of TRC Receipt of Discharge Information.
- Emphasize the importance of a follow-up appointment, ideally within seven (**7**) days of discharge. At the time of appointment scheduling, you can request the patient to bring in hospital records if they are able to.
- Instruct the patient to bring all the medications they take at home, along with the discharge instructions from the hospital to the follow-up appointment.
- 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.
- Coordinate a review and reconciliation of the patient's medications from the discharge summary.
- Help the patient coordinate any follow-up visits with specialists.

### **Office Staff Strategies:**

- Ensure that you, as the PCP, are receiving notifications of admission from the health plan.
- If possible, enroll in a hospital notification program (i.e. HCA Physician Notification)
- Have a designated office staff member to track admissions of patients once notification is received through to patient's discharge and hospital follow up appointment in office.
- Have the designated staff, reach out to the patient/next of kin/family upon admission and discharge
- Have designated staff, obtain hospital records from hospital portal, request from hospital, request from health plan, and/or request patient to bring in for hospital follow up.
- A discharge summary with all requirements within 3 days, time stamped and placed in chart.
- Clearly notate the hospitalization in the patient chart and follow up visit.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8638455/>  
<https://www.ncqa.org/hedis/measures/transitions-of-care/>



# Depression Screening in Older Adults

Here at Ultimate Health Plans, it is important that your patients receive the care they need. The United States Preventive Services Taskforce (USPSTF) is an independent, volunteer panel made up of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.

- For example, the age range recommendation for Colorectal Cancer Screenings and Mammograms comes from the USPSTF.

USPSTF recommends screening for depression in the general adult population.

The Centers for Disease Control and Prevention have found that 4% of older adults aged 70 and over have depression. Although depression is not a normal part of aging, older adults often experience challenges related to health or changes in life circumstances. This may put them at increased risk for depression.

Symptoms of depression can include:

- Feeling sad, hopeless
- Not wanting to do anything that you might have enjoyed in the past
- Trouble sleeping
- Lack or change of appetite, weight gain or loss
- Irritability, frustration
- Lack of motivation or energy
- Feeling worthless
- Difficulty concentrating or making decisions, or remembering things
- Thoughts of self-harm or suicide

Older adults tend to be at risk due to:

- Medical condition
- Decreased independence, difficulty with daily tasks that came more easily when younger
- Sleep issues
- Barriers such as:
  - o Thinking symptoms are a normal part of aging
  - o A perceived stigma related to admitting symptoms
  - o Transportation barriers to behavioral health providers
  - o Lack of mental health professionals in their area

## Tips to help your patients

- Routinely screen your patients on every visit
- Open a dialogue with your patient to discuss how a specific diagnosis can impact them emotionally, not just medically.

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## Ultimate Health Plans and Carelon Behavioral Health

Here at Ultimate Health Plans, one of our priorities is ensuring that you as a provider have all the tools, we can share with you, to help bring our members the best care possible. To create those tools internally and in partnership with our delegated vendors, we use data from provider surveys, CAHPS and HOS, and HEDIS, to help educate and point providers in the right direction to optimize care to members. One partnership we value is with our MBHO, Carelon Behavioral Health. Carelon and Ultimate Health Plans meet routinely to analyze and strategize on ways we can reach and help our members to provide behavioral health services.

Carelon provides many resources that you as a provider can use to help your patients, too!

### **Carelon Provider Toolkit:**

Carelon has a provider toolkit, that is updated biannually. Here is the link to the toolkit:

<https://www.carelonbehavioralhealth.com/providers/resources/provider-toolkit>

Within this toolkit are tools to help assist in conversations and ways that may improve the dialogue between you and your patient.

### **Carelon Provider Newsletter:**

Carelon's provider newsletter allows you to stay up to date on the latest findings and regional news.

Below is the link to stay informed:

<https://www.carelonbehavioralhealth.com/providers/resources/newsletter>

### **Carelon Provider Education and webinars:**

Carelon also values the importance of continued education on various topics with current information that can help you as the provider, bring that information to your patients, as well as new approaches when discussing mental health needs with your patients. Below is the link to those trainings and webinars:

<https://www.carelonbehavioralhealth.com/providers/resources/trainings>

### **Carelon Provider Handbook:**

Lastly, Carelon has a detailed provider handbook for your reference should you have any questions. The link below will also allow you to drill down to state-specific resources:

<https://www.carelonbehavioralhealth.com/providers/resources/provider-handbook>



## Ultimate Health Plans Quality Improvement Program

Here at Ultimate Health Plans, Quality is of the utmost importance. In the Quality Department, we have nurses and trained data professionals that work collaboratively with other departments to ensure your patients receive the best care possible.

Responsibilities within our department include:

- Reviewing data from claims to ensure that metrics are being met.
- Reviewing medical records to ensure that any gaps in care are addressed.
- Meeting with IPAs and providers to ensure that you remain up to date on all aspects of CMS and NCQA requirements.
- Analyze and identify reporting for any areas of opportunity to help reduce barriers for your patients/our members, or underserved groups, and improve opportunities.
- Analyze data, meet routinely, and collaborate on ways to improve care for your patients/our members with delegated vendors such as our behavioral health vendor, Carelon.
- Collaborative partnership with our Chief Medical Officer to address any concerns in a patient's care or safety.

We are here to help ensure that your patients' needs are being addressed and provide them with the best possible service to obtain better health outcomes.



## DSNP Member Supplemental Benefits

### Chiropractic (888-577-0055)

Medicaid covers additional services deemed medically necessary:

- One new patient visit and 23 established patient visits per year
  - X-Rays
- OR**  
24 established patient visits per year

### Benefit Card (855-422-0039)

- Healthy Food and Utility Allowance: \$200/month
- Over-The-Counter (OTC) Allowance: \$125/month
- Flex Allowance (Dental, Vision, Hearing): \$550/year

### Dental (800-340-8869)

- 1 root canal per year
- 1 full mouth debridement every 2 years
- Unlimited simple and surgical extractions necessary to fit dentures

Dentures may include 1 of the following per arch every 5 years:

- Complete denture, maxillary or mandibular
- Immediate denture, maxillary or mandibular
- Maxillary or mandibular partial denture, resin base
- Maxillary or mandibular partial denture, cast metal, resin base
- Maxillary or mandibular partial denture, flexible base
- Maxillary or mandibular denture reline (1 per year)

### Vision (800-210-5511)

\$500 yearly benefit limit for eyewear  
Eyeglasses - Yearly retail value benefit amount may be applied to one of the following options:

Option 1:

Contact lenses, and contact lens fitting

**OR**

1 pair of standard single vision, bifocal or trifocal eyeglass lenses

Option 2:

Choice of 3 standard pairs of select eyeglasses, frames and lenses

### In-Home Support Services (855-329-4858)

30 hours a year for in-home support services such as:

- Companionship services such as board games, photo album viewing, and watching TV and movies
- Light housekeeping in the kitchen/main living area such as wiping down counters, light sweeping and light laundry
- Pet help such as filling food and/or water bowl
- Activities of daily living such as medication reminder, light meal prep, assisting with shopping lists

### Transportation (855-306-0700)

Unlimited one-way trips every year to plan-approved health-related locations.



## CONTACT US



### BY PHONE:

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



### BY MAIL:

Ultimate Health Plans, Inc.  
PO Box 3459  
Spring Hill, FL 34611



### ONLINE:

You may find answers to many of your questions online at [www.ChooseUltimate.com](http://www.ChooseUltimate.com)



## Community Outreach Offices



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



2713 Forest Rd  
Spring Hill, FL 34606



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



[www.ChooseUltimate.com](http://www.ChooseUltimate.com)

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