ProviderNews

ULTIMATE HEALTH PLANS

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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.

2023 Vendor Overview & Contact Information

American Specialty Health	Acupuncture & Chiropractic	American Specialty Health	888-577-0055
beacon health options	Behavorial Health	Beacon Health Options www.beaconhealthoptions.com/find-a-provider/	800-627-1259
	MDLive - Telemedicine	Beacon Health Options www.mdlive.com	855-849-3650
Aflac Benefits Solutions	Dental	Aflac Benefit Solutions www.aflacbenefitssolutions.com	800-340-8869
SilverSneakers	Gym Benefit	SilverSneakers www.silversneakers.com	888-423-4632
20/20 Hearing Care Network	Hearing	20/20 Hearing www.2020hearingnetwork.com	800-313-2763
papa	In-Home Support	Papa Pals	800-348-7951
labcorp	Laboratory Provider	Labcorp www.labcorp.com	800-845-6167
MOM'S MEALS	Meal Delivery	Ultimate Member Services	888-657-4170
Carenet Health Engaging. For the better.	Nurse Hotline - 24/7	Carenet Health	855-238-4687
SOLUTRAN	Over-the-Counter (OTC) Healthy Food, & Flex Card	Solutran www.healthybenefitsplus.com/ChooseUltimate	855-422-0039
Optum Rx	Prescription Drug Benefit - 24/7	OptumRx www.optumrx.com	800-311-7517
	Prescription Mail Order	OptumRx Pharmacy Refills & Questions	877-889-6358
WTS Wheelchair Transport Service	Transportation	Wheelchair Transport Service	855-306-0700
PREMIER EYE CARE	Vision	Premier Eye Care providerdirectory.premiereyecare.net/	800-210-5511

PREMIER EYE CARE

New Vision Vendor: Premier Eye Care

In 2023 Premier Eye Care will provide routine and medical-eye vision services to Ultimate Health Plans members.

- ✓ Routine Vision: Annual Eye Exams, Glasses, and Contacts
- ✓ Medical-Surgical: Medical Eye Exams, Diagnostic Testing, and Surgical Services

Routine Vision – All Counties

- ✓ Members have open access to any in-network Premier Routine Vision provider
- ✓ Members may refer to their Routine Vision Provider Directory or contact Premier Customer Service at 800-210-5511
- ✓ Routine Vision Providers may access the Premier web portal for eligibility verification at: https://www.premiereyecare.net/

Medical Eye Care - Fee for Service Counties

Hernando, Indian River, Lake, Marion, Polk, St. Lucie, Sumter

- ✓ **The Primary Care Physician (PCP) or the referring eye care provider** should contact Premier Eye Care for the Initial Medical Eye Prior Authorization to a Premier Medical Eye Provider or subspecialist
- ✓ **For all subsequent visits,** procedures, tests, surgeries, lasers, etc., the Premier Medical Eye Provider is responsible for obtaining Prior Authorizations directly from Premier Eye Care

Medical Eye Care – Preferred Provider Group (PPG)

Citrus, Hillsborough, Manatee, Orange, Osceola, Pasco, Pinellas, Sarasota, Seminole

- ✓ **All members are linked to a Preferred Provider Group (PPG) according to their PCP Center Assignment**
  - No referrals or authorizations are required for medical/surgical eye care when a member sees their PPG
  - Members may call to schedule their own appointment
- ✓ **The PCP, Provider, Member, or Health Plan may send members to an alternate Premier Provider other than their Preferred Provider Group**
  - Please call (800) 738-1889 to speak with Premier Provider Services to obtain an authorization for an alternate Premier provider
  - Members may choose to be linked to another PPG
  - Results in increased Member satisfaction

All member questions regarding benefits or provider information should be directed to Premier Eye Care Customer Service at 800-210-5511.

Premier Eye Care Q&A for PCPs

Question 1: If a member sees a Preferred Provider Group (PPG) that is assigned to a PCP, and the PCP decides to switch to another PPG, is the member automatically moved to the new PPG?

Answer 1: When a PCP requests to change PPGs, Premier Eye Care runs a claims report to see if any members have claims on file or are in active treatment with the current PPG. Members with recent

claims with the PPG will remain with the current PPG, and all other members will be moved to the new PPG.

Question 2: If a PCP wants to be linked to another Preferred Provider Group (PPG), would that take effect the following month and be reflected on that roster, or is it possible for providers to change PPG affiliation mid-month?

Answer 2: If a PCP would like to be linked to a different PPG, the effective date of the change will take place the following month. For example, if a PCP requested to change their PPG on the 14th of the month, Premier Eye Care would make the effective date the 1st of the following month.

Effective January 1, 2023, OneTouch is the Exclusive Preferred Blood Glucose Monitor & Test Strips!

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

Utilizing members have been notified via a mailed letter of the 2023 change of preferred blood glucose monitors and test strips. If you have a member using another brand, please consider converting them to OneTouch®.

As a reminder, all other non-preferred brands can be obtained through a Durable Medical Equipment (DME) provider, which can be found by visiting www.ChooseUltimate.com/Home/FindDoctor

2023 Formulary Changes

There are a few notable updates to the formulary for 2023 to enhance the member experience.

- In 2023, the Advantage Plus (D-SNP) formulary will consist of five tiers. The tier structure is the same as our Premier (HMO) and Advantage Care (C-SNP) plans; however, the fifth tier is the Excluded Drug only tier. Sildenafil 25mg, 50mg, 100mg, and Tadalafil 10mg and 20mg will be a zero-cost share for UHP members. These drugs are excluded under Medicare's benefit. However, Ultimate Health Plans offers this coverage as an enhanced benefit.
- Dabigatran (generic Pradaxa) will be on our formulary for 2023.
- Januvia will have a quantity limit (QL) of 30 per 30, and Ozempic now has a step therapy (ST) requirement.

This list is not inclusive, so please refer to www.chooseultimate.com/Home/PrescriptionDrugs

	Plan	Drug Name	UM Criteria
Formulary Addition	Advantage Plus (D-SNP)	Sildenafil 25mg; 50mg; 100mg	QL 12/30
	Advantage Plus (D-SNP)	Tadalafil 10mg; 20mg	QL 10/30
	Premier and Premier Plus (HMO) Advantage Care (C-SNP) Advantage Plus (D-SNP)	Dabigatran	N/A

	Plan	Drug Name	UM Criteria
UM Changes	Premier and Premier Plus (HMO) Advantage Care (C-SNP) Advantage Plus (D-SNP)	Januvia 25mg; 50mg; 100mg	30/30 days
	Premier and Premier Plus (HMO) Advantage Care (C-SNP) Advantage Plus (D-SNP)	Ozempic	ST

ULTIMATE HEALTH PLANS MEMBERS WILL SAVE MONEY ON INSULIN AND VACCINES THROUGH THE INFLATION REDUCTION ACT!

We care about our members' health and their ability to afford medications. That is why we are pleased to share information on new legislation passed in August 2022, known as the **Inflation Reduction Act (IRA)**. All Medicare Advantage Plans with drug coverage are required to enhance benefits around insulin and vaccines, effective January 1, 2023.

Insulin cost-sharing is $35 or less each month

Starting January 1, 2023, members enrolled in a Medicare prescription drug plan will not pay more than $35 for a 1-month supply of each insulin they take that is covered by their Medicare prescription drug plan and dispensed at a retail pharmacy or through a mail-order pharmacy. In addition, Part D deductibles won't apply to the covered insulin product.

Vaccine cost-sharing, $0 for shingles and other vaccines

Starting January 1, 2023, adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), including the shingles vaccine, will be available to members through their Medicare prescription drug plan at no cost.

Ultimate Health Plans Vaccine List

ACTHIB INJ	KINRIX INJ	RECOMBIVAX HB INJ 10MCG/ML
ADACEL INJ	MENACTRA INJ	RECOMBIVAX HB INJ 5MCG/0.5ML
BCG VACCINE INJ 50MG	MENQUADFI INJ	RECOMBIVAX HB INJ 40MCG/ML
BEXSERO INJ	MENVEO INJ	SHINGRIX INJ 50/0.5ML
BOOSTRIX INJ	MENVEO SOL	TDVAX INJ 2-2 LF
DAPTACEL INJ	M-M-R II INJ	TENIVAC INJ 5-2 LF
ENGERIX-B INJ 10/0.5ML	PEDIARIX INJ 0.5ML	TET/DIP TOX INJ 2-2 LF
ENGERIX-B INJ 20MCG/ML	PEDVAX HIB INJ	TICOVAC INJ
GARDASIL 9 INJ	PENTACEL INJ	TRUMENBA INJ
HAVRIX INJ 1440UNIT	PREHEVBRIO SUS 10MCG/ML	TWINRIX INJ
HAVRIX INJ 720UNIT	PRIORIX INJ	TYPHIM VI INJ
HIBERIX SOL 10MCG	PROQUAD INJ	VAQTA INJ 25/0.5ML
IMOVAX RABIES INJ 2.5/ML	QUADRACEL INJ	VAQTA INJ 50UNT/ML
IPOL INJ INACTIVE	QUADRACEL INJ 0.5ML	VARIVAX INJ
IXIARO INJ	RABAVERT INJ	YF-VAX INJ

ULTIMATE HEALTH PLANS
Good health is where you live.

*This vaccine list was last updated on **12/14/2022**.*
*Please visit **www.ChooseUltimate.com/Provider/Reference** for the most recent Ultimate Health Plans Vaccine List.*

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ULTIMATE HEALTH PLANS

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.

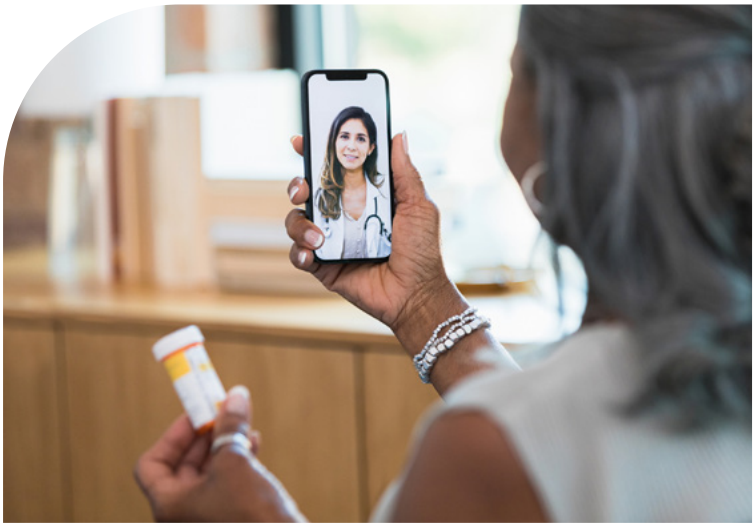
These revisions are intended to provide more information to prescribers and, if needed, to encourage prescribers to stress opioid overdose risk and prevention with their patients, particularly if the patient receives prescribed opioids from several prescribers or pharmacies.

The following details are the most commonly experienced opioid edits by our members:

Members in Long-Term Care (LTC), Hospice, receiving palliative care, receiving treatment for cancer-related pain, or are diagnosed with sickle cell anemia are exempt from these edits.

Opioid naïve patients affected by 7-day hard edits:

- Members who have not filled an opioid prescription under their current benefit within the past 120 days, preventing the pharmacy from processing a prescription until they enter an override.
- Any new member of Ultimate Health Plans with no history of opioid use in their prescription history under their 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 rejection, **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. You can view the CDC's Opioid Prescribing Guideline by visiting www.cdc.gov/opioids/healthcare-professionals/index.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 on behalf of the member by calling 1-800-711-4555**
- 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
- Provide education to members regarding what they may experience and help them understand their rights.
- Inform members that they can initiate a coverage determination
- Ensure that the member receives a copy of the "Medicare Prescription Drug Coverage and Your Rights" if the edit cannot be resolved at the point of sale
- Please encourage the member to call OptumRx at 1-800-311-7517, so we may assist them

ULTIMATE HEALTH PLANS

Provider Portal Capabilities

While Ultimate Health Plans is working on consolidating our portals, we want to remind you of the current capabilities of our Provider Portal. Provider Portal is separate from the portals used to submit authorizations (Calypso) and the portal used for HEDIS data (QAPrima). This portal can be utilized by Specialists and PCPs to verify eligibility, view authorizations, and check the claims billing for your practice.

Provider Portal was designed to include a vast amount of information to be available since it is used by all providers. The main dashboard allows the user to view eligibility for the Ultimate member. When searching for eligibility, three different search criteria need to be met, which will be highlighted in red. Once they have searched and selected a member, the user can download the eligibility for the member. Provider Portal also allows the user to view claims submitted under the TIN to which the user has access. This includes viewing and downloading the E.O.P., viewing claim details, and rejection reasons, if applicable. Users can also view authorizations for their practice. PCP users can view panel reports as well as the ability to search and download authorizations.

Provider Portal has self-registration for Participating Ultimate Providers. Visit https://pm-ultimate.mirrahealthcare.com/ and click ***Register Now***. If the information you provided matches our records, an account will be created, and a registration email will be sent to your email to complete the registration process. If the TIN and NPI do not match our records, an account cannot be created. If you experience any issues, please reach out to your assigned representative or email provider_relations@ulthp.com for assistance.

Educational Links & Training Tools

National Healthcare Quality & Disparities Report

AHRQ, a federal agency that operates under the DHHS, is charged with improving the quality of healthcare for Americans. AHRQ's annual publication track the quality of healthcare and disparities related to the quality of and access to healthcare. The report provides a comprehensive national overview of these disparities and tracks the progress of activities to reduce them. http://www.ahrq.gov/research/findings/nhqrdr/index.html.

America's Health Insurance Plans (AHIP)

AHIP is a national association representing many American health plans and their members. AHIP's website offers a variety of resources on health care policy, issue advocacy, and consumer education. https://www.ahip.org/

Think Cultural Health

Launched in 2004, Think Cultural Health is sponsored by the Office of Minority Health. The website features information, continuing education opportunities, resources, and more for health and healthcare professionals to learn about culturally and linguistically appropriate services, or CLAS. https://thinkculturalhealth.hhs.gov/

Health Care Language Services Implementation Guide

This Web-based interactive tool from the DHHS Office of Minority Health can assist with enhancing language access services to better serve their limited English proficiency patients and decrease disparities in access to health care. https://hclsig.thinkculturalhealth.hhs.gov/

Special Needs Plans (SNP)

At Ultimate Health Plans, we are proud to offer several Special Needs Plans to our members, your patients. Special Needs Plans are a type of Medicare Advantage Plan that provides coordinated care to members with specific illnesses or chronic conditions. We offer five SNP plans in the counties we service on the East and West Coast and Central Florida.

Advantage Care by Ultimate (HMO C-SNP)	Advantage Plus by Ultimate (HMO D-SNP)
• Cardiovascular Disorder • Chronic Heart Failure • Chronic Lung Disorder • Diabetes Mellitus	• Dual Eligible (Member qualifies if eligible for both Medicare and Medicaid)

Some Benefits Available to SNP Members Include:

Case and Disease Management

Social Services

Transition of Care

Benefit for Over-the-Counter Products

Food Benefit

Telehealth Services

Transportation Services

Routine Dental, Vision, and Hearing Benefits

SilverSneakers Program (Gym Membership)

Meal Benefit

If you feel a patient meets the criteria and isn't enrolled in a Special Needs Plan, please reach out to your Provider Network Representative or the Provider Service Department at 1-888-657-4171 to better assist you in getting your patient, our member, the care they need.

ULTIMATE HEALTH PLANS

Annual Health Assessment Questionnaire

Your Annual Health Assessment is a questionnaire that helps your doctor understand your health status and identify any health risks you may have.

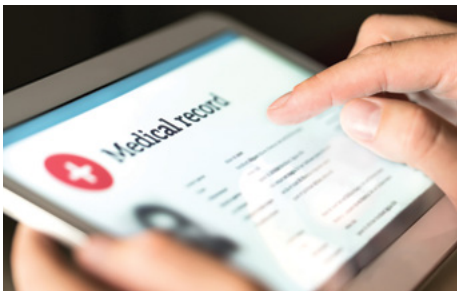
TYPES OF QUESTIONS

- General information, such as your age, height, weight, education level, income range, and marital status
- Questions on personal health history, including chronic illness and current treatment
- Questions about how you perceive your health status
- Questions about what is the **best way** to help you enhance and maintain your health
- Questions about any special needs you may have in the areas of hearing impairment, vision impairment, and language preference.

Why do we ask you to answer these questions?

Answering these questions can help you and your doctor develop a personalized prevention plan. Following your plan can help you stay healthy and get the most out of each doctor visit. It also helps us connect you to your plan's benefits and services. The questions will get you thinking about how to enhance and maintain your health, as well. More knowledge about your health puts you in control.

HOW WE USE INFORMATION



How do we use the information you give us?

We share this information with your doctor. Although he or she may already have some of this information throughout your medical record, having all the answers in one place is more helpful and efficient. We also use your answers to help find ways to keep you healthy that will work for you.

We may call you to discuss all the ways that your doctor and Ultimate Health Plans can work together to help. We also check your answers to see if you may qualify for one of our Case or Disease Management programs, which are staffed by nurses dedicated to answering your questions and partnering with you to maintain your health. Some of the services provided through our programs include:

- Regularly scheduled telephone calls from your case manager
- Health education materials
- Tips on understanding and following your doctors' instructions
- Information on community and national resources that may benefit you

HAVE QUESTIONS?

Your answers will not change your benefits in any way. We hope you will fill out your questionnaire when the time comes and take advantage of the opportunity to find out what areas of your health you need to focus on to become a healthier you!

If you have any questions, please call Case Management at 1-855 337-6868 (TTY 711) Monday through Friday from 8 a.m.-5 p.m.

You may also fill out your questionnaire online at our Member Portal.

Please visit:
portal.myultimatehp.com
Registration is required for first-time users.

Important Numbers

Member Services
1-888-657-4170 (TTY 711)

Case Management
1-855-337-6868 (TTY 711)

portal.myultimatehp.com

ULTIMATE HEALTH PLANS

Advance Directive Rights

Every competent adult has the right to make decisions concerning their 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 their decisions; and/or to indicate the desire to make an anatomical donation after death.

Your member can complete an Advance Directive by downloading the form at www.ChooseUltimate.com/Member/DocumentsandForms or by calling 1-888-657-4170 (TTY 711) to request we mail them a copy. You can educate your member on the need for you, as their PCP, their attorney (if they have one), and the significant persons in their life know that they have an Advance Directive and give them a copy. They may also want to keep a card or note in their purse or wallet that states that they have an Advance Directive and where it is located.

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

Ultimate Health Plans
PO Box 3459
Spring Hill, FL 34611

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

If they change their Advance Directives, make sure you, as their health care provider, their attorney (if they have one), and their significant persons in their life have the latest copy.

Cultural Competency

Ultimate Health Plans is committed to Cultural Competency by improving health care by meeting its members' unique and diverse needs. Our values, principles, policies, and structures will enable the Ultimate staff and Providers to work cross-culturally effectively.

At Ultimate, Cultural Competency will evolve and grow with the comprehensive needs of our network, ensuring that employees and Providers understand and value cultural diversity.

Goals and Objectives

The employees and Providers of Ultimate Health Plans must possess the method, aptitude, and behavior to work cross-culturally in delivering healthcare services.

Employees and Providers must effectively provide services to Members:

- Respective of their cultures, ethnic backgrounds, race, and religion.
- In a manner that recognizes values, affirms and respects the worth of the individual, and protects and preserves their dignity.
- Removing all cultural or language barriers by providing or obtaining alternative communication methods, as needed.
- Utilizing culturally sensitive and appropriate educational materials based on the member's race, ethnicity, and primary language spoken.
- Increasing satisfaction with clinical care and services while decreasing health care disparities in the minority populations we serve.
- Increasing the understanding of health issues, including diagnoses and treatment plans.
- Reducing potential liability from medical errors and Title VI (Civil Rights Act) violations.
- Increasing overall preventive healthcare services and education on health risk issues.
- Improving utilization of outpatient and inpatient services.
- Improving care and health outcomes for our Members.

- Enhancing the cost-effectiveness of service provision.
- Increasing market penetration by appealing to potential culturally and linguistically diverse Members; and
- Improving sensitivity to cultural diversity and understanding the Members we serve.

Our strategy includes the following:

- Development of an integrated system to provide the foundation for Cultural Competency, strategies, and goals.
- Assessing and analyzing Membership in areas served to:
  - Identify member's health disparities based on cultural characteristics
  - Collect data on race, ethnicity, and language spoken by Members
  - Identifying the healthcare needs of the population from the claims and encountering data
  - Determining a Provider network based on Member demographic data for cultural and linguistic needs
- Development of a Provider network that mirrors Members' cultural and linguistic characteristics and provides culturally appropriate services to Members.
- Evaluating Provider offices for oral and written educational material and notices in languages that reflect the Membership.
- A Provider directory that indicates the Provider's language so Members may choose a Provider who speaks their primary language.
- Emphasizing the importance of Cultural Competency as part of a Provider's initial in-service.
- Inform Providers of "Cultural Competency" educational opportunities available.
- Ultimate will arrange alternative communication methods for Provider with Members with potential linguistic barriers.
- Ultimate may assist in arranging interpretation services, at no cost to the member, when necessary to access covered services which include:
  - Verbal translation and/or verbal interpretation for those with limited English proficiency
  - Sign language for the hearing impaired
  - Written materials are available to Members in large print format.
  - Telephone adaptation system (TTY) for Members who are hearing impaired.
- A hiring process that does not discriminate with regard to race, religion, or ethnic background and strives to recruit diverse talent at all levels of management.
- Bilingual employees in all areas who have direct contact with Membership.
- Ensuring that the existing outreach and community-based organizations which support minorities and the disabled are being utilized to their fullest potential by Members; and
- Ongoing monitoring and assessment (e.g., Member/Provider surveys) to identify opportunities for improvement.

ULTIMATE HEALTH PLANS

Good health is where you live.

CONTACT US

BY PHONE:

Monday - Friday, 8 a.m. to 6 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**

Community Outreach Offices

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

4058 Tampa Rd, STE 7
Oldsmar, FL 34677

2713 Forest Rd
Spring Hill, FL 34606

17820 SE 109th Ave, STE 103
Summerfield, FL 34491

Moving Soon to:
303 SE 17th St., STE 305
Ocala, FL 34471

www.ChooseUltimate.com