ProviderNews

ULTIMATE HEALTH PLANS

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and How to Get Your Patient the Care They Need on Insulin & Vaccines

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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.

Ultimate Health Plans: Health Equity & Race and Ethnicity Data

As Ultimate Health Plans (UHP) grows, it is important that we begin discussing the very important topic of Health Equity & Race and Ethnicity Data collection and analysis. It has been widely documented that there is a prevalence of racial and ethnic health disparities in the United States. We here at Ultimate Health Plans want to ensure we are doing everything we can to break any barriers for our members to receive the care they deserve.

NCQA has implemented, for the measurement year 2023, race and ethnicity stratification for 13 HEDIS (Healthcare Effectiveness Data and Information Set) measures, four of which are specific to Medicare:

- Colorectal Cancer Screening (COL and COL-E)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Breast Cancer Screening (BCS-E)

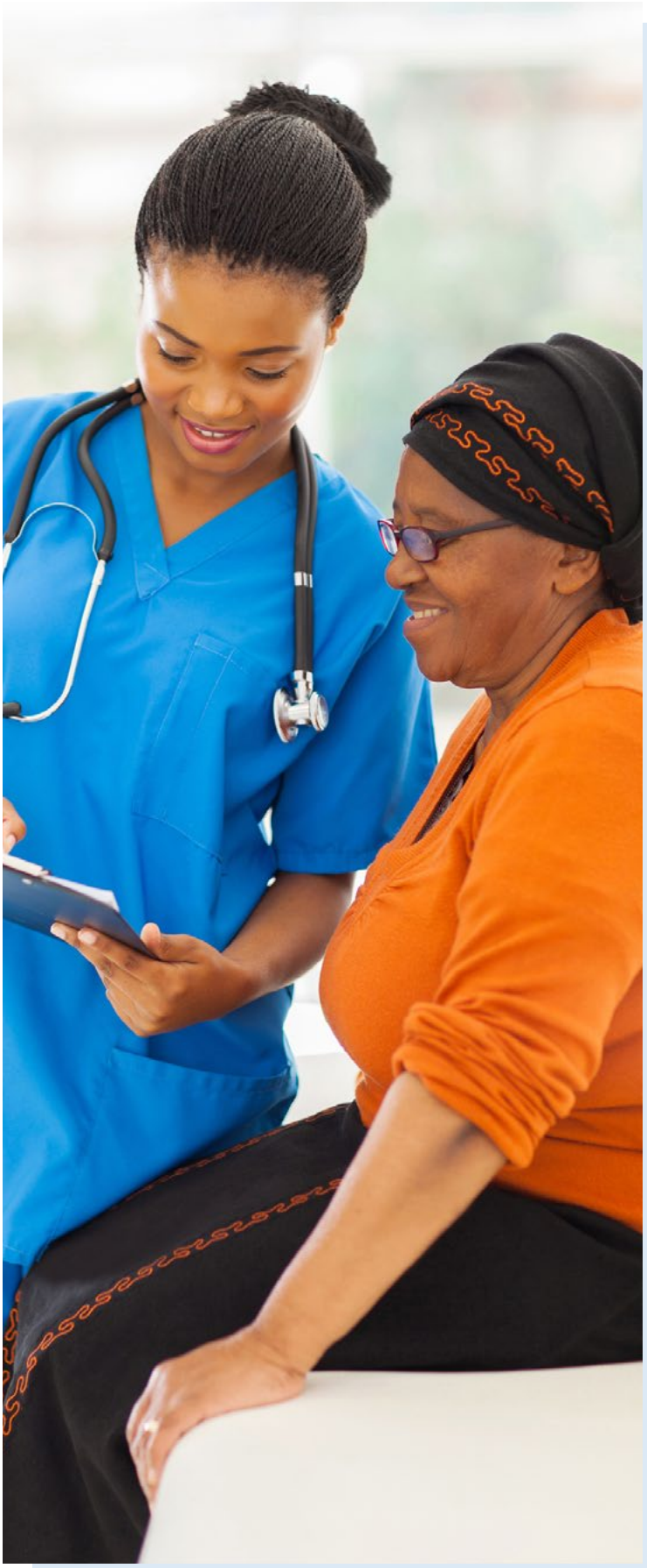
The stratification will be implemented by:

- Stratifying race and ethnicity separately
- Including options for the member to decline to answer and not provide their race or ethnicity
- Allowing self-reported member data and indirect imputed data
- Using existing HEDIS audit and hybrid sampling guidelines

Gathering this type of data will allow us to see any disparities in specific populations that we can address. It will also allow us to see where our populations are thriving and the best practices we have put in place that we can build upon.

By identifying the disparities, we can also attempt to fix the health inequities that occur, as they not only affect lives but affect finances and can create an economic burden for the members we serve.

Thank you for partnering with us to help your patients, our members, to give them the best possible care.



ULTIMATE HEALTH PLANS

News from Ultimate Health Plan's (UHP) the Quality Management Department on Delivery Systems Supports

Here at Ultimate, our goal is to give our members, your patients, the best and most comprehensive care available. We have a team within Ultimate, known as the Quality Management Department, comprised of Case Management nurses, Disease Management nurses, and Social Workers, working behind the scenes to obtain resources to help your patients better. Our Quality Management Department maintains its clinical licensures, CEUs, and education to give your patients the most up-to-date care available in achievement towards meeting the population health goals.

We use various methods in obtaining and sharing data with you to serve your patients better and identify which populations need resources that we can offer. Our goal is to break down any barriers that can impact a member's ability to receive the care they need. We share the data with you, the provider, by faxing Care Plans to your office to ensure communication on your patient is occurring.

Also, within the Case Management department, we can provide oversight in the costs and quality of care associated with your patient to better assist their needs and yours.

The Quality Management Department annually works on CAHPS measures with simulation surveys throughout the year. The results of these surveys can show UHP and you, as the provider, how we can continue to provide quality care as a team.

If you feel that a patient of yours is unable to receive the care they need due to various barriers, please reach out to the Care Management Team at 866-967-3430.

ULTIMATE HEALTH PLANS

Case Management and How to Get Your Patient the Care They Need

Within Ultimate Health Plans, our members are important to us, so we have an extensive Complex Case Management Program within our Population Health Program to fit your patients' needs.

There are four ways your patients can be referred to the program:

- Medical Management Referrals:
  - Occur within the health plan by Case Managers identifying high-risk patients
  - Referral from the Utilization Management (UM) Department when a patient has been diagnosed with COVID
  - Referral from Disease Management to Case Management to further management of chronic conditions
  - Referral from the Health Risk Assessment (HRA)
- Discharge Planner Referrals:
  - UM staff and Case Managers coordinate with discharge planners to facilitate care for your patients
- Member Referrals:
  - Patients, our members, continue to be educated on how to self-refer to Case Management through the website at www.ChooseUltimate.com/Member/CaseManagement as well as UHP Member Newsletters
- Physician Referrals:
  - Providers are encouraged and educated on the ways to refer their patients to Case Management in the Provider Manual
  - The Referral Form is in the Provider Manual on the UHP website at www.ChooseUltimate.com

Located in the Ultimate Health Plans' Quick Reference Guide (QRG) are the telephone and fax numbers to the Case Management department as well as the email.

Case Management
Phone: 866-967-3430
Fax: 352-691-5063
Email: caremanagement@ulthp.com

Thank you for partnering with us to meet your patients' needs!

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TRANSITION OF CARE TIPS FOR PROVIDERS

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

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

Upon Patient Admission, What Can a Provider Do?

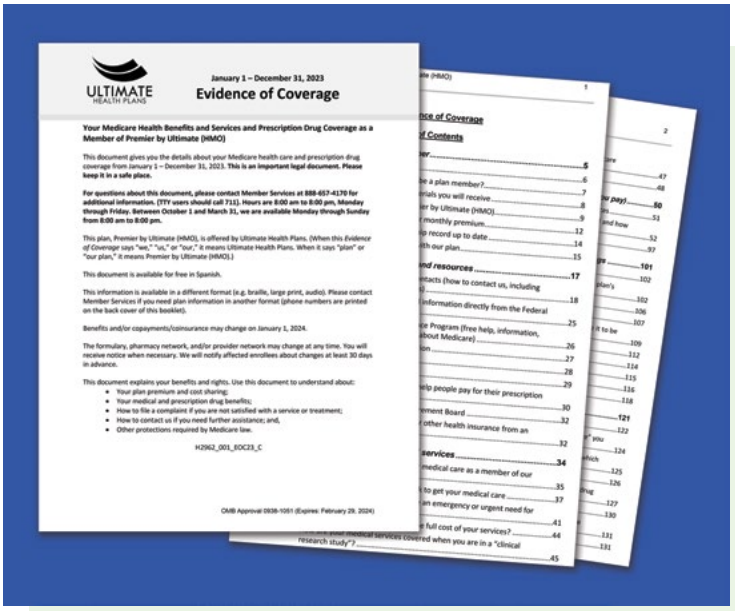
1. Communicate between hospitalist/staff and PCP for patient's ongoing care (e.g., phone call, email, fax).
2. Communicate a complete list of current medications the patient is taking at home, including over-the-counter medications, vitamins, herbals, and nutritional supplements, with hospitalists.
3.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

Upon Patient Discharge Home, What Can a Provider Do?

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

Assessment of New Medical Technology

Ultimate Health Plans has a formal process to evaluate and address new developments in technology and new applications of existing technology. We consider including new technology in our benefit plans to keep pace with changes and to ensure our members have equitable access to safe and effective care. To learn more about this formal process, please visit www.ChooseUltimate.com.



Coverage Decisions, Appeals, and Complaints

You can learn about the processes for Coverage Decisions, Appeals, and Complaints by reading the following sections of our Evidence of Coverage (EOC) or by reaching out to us. A copy of each plan's Evidence of Coverage is available online at www.ChooseUltimate.com. Members can call 888-657-4170 to request we mail them a copy as well.

- 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)*

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Coverage Determination (Prior Authorization)

Some drugs on our Formulary "Drug List" have Utilization Management (UM) edits, i.e., PA (Prior Authorization), ST (Step-Therapy), QL (Quantity Limit). UM edits help control misuse, protect our patient's safety to ensure the best possible therapeutic outcomes, and help the plan manage costs.

Providers are required to submit a coverage determination request when a UM tool is associated with a desired medication or therapy. We understand how busy you are with patients, so we have a convenient way for you to initiate these requests electronically.

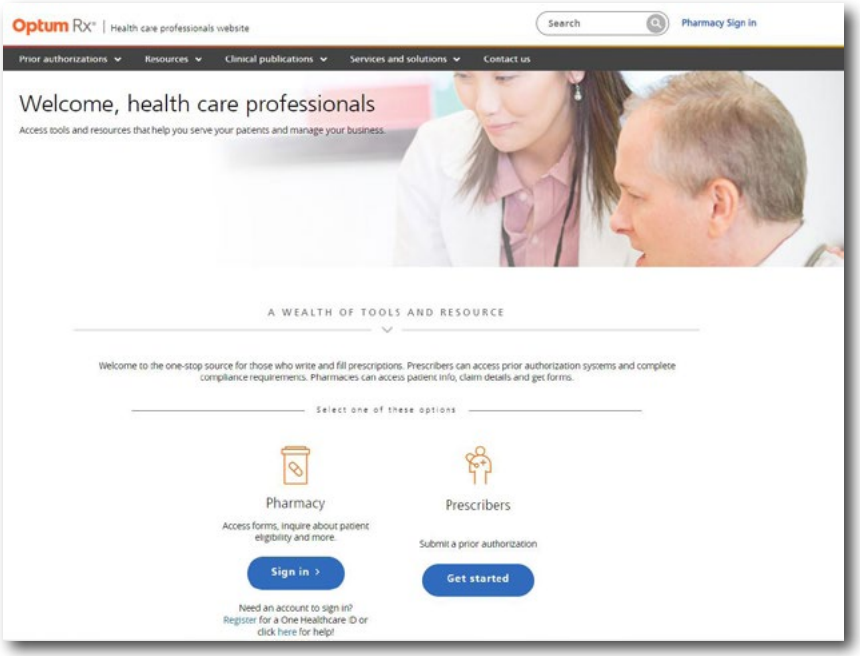
Did you know over 2/3 of requests are submitted electronically? If you are new to electronic prior authorizations (ePAs), here are some benefits to consider:

- Saves time: Data shows providers who use ePA submissions spend 2.5 fewer hours on PAs per week
- Provides real-time submissions with typical resolutions in less than 5 minutes at no additional cost
- Eliminates wait time on the phone or using manual fax forms
- Reduces patients' access to care
- Includes specific clinical questions pertinent to patient plan requirements
- Reduces paperwork
- Protects patient health information

Please remember there are timeframes associated with standard and expedited requests.

- Standard request: OptumRx must make a decision within 72 hours
- Expedited request: OptumRx must make a decision within 24 hours
- In some instances, up to 72 additional hours may be granted to obtain the required information to complete the review
- If you receive a request for additional information (RFI), please respond as soon as possible to avoid a delay in care.

You can go to www.OptumRx.com to access Covermymeds or Surescript:



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Preferred Diabetic Products and Continuous Glucose Monitors

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

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

Ultimate Health Plans requires Continuous Glucose Monitors such as Freestyle Libre, Dexcom, and supplies to be approved through a medical prior authorization. These products are only available via the DME benefit and cannot be obtained from a retail pharmacy. In an effort to prevent delays in care for our members, these requests should not be sent to OptumRx for approval and should be sent to Ultimate Health Plans' prior authorization department.

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 reject, **PLEASE CONSIDER** proactively requesting a coverage determination on behalf of the patient attesting to the medical need for a supply greater than 7 days. A member can also request a cover determination to be initiated.

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- 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/providers/prescribing/guideline.html
- If a member is switching health plans, anticipate that a 7-day opioid edit will be triggered. **Be proactive and initiate a coverage determination on behalf of the member by calling 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 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 800-311-7517, so we may assist them.

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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

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

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Good health is where you live.

*This vaccine list was last updated on **1/1/2023**.*
*Please visit **www.ChooseUltimate.com/Provider/Reference** for the most recent Ultimate Health Plans Vaccine List.*

Member's Rights and Responsibilities

Ultimate Health Plans honors our member's rights. Members 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. Members can call 888-657-4170 to request we mail them a copy as well.

Understanding Our Benefits

Knowing the benefits your patients receive as an Ultimate member is important. You can refer to the following sections of the Evidence of Coverage (EOC) to learn about them in detail. Copies of our Evidence of Coverage for each plan are available online at www.ChooseUltimate.com. Members can call 888-657-4170 to request we mail them a copy as well.

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

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Ultimate Health Plans' Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-657-4170 (TTY: 711). Someone who speaks English or the needed language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-657-4170 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-888-657-4170 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-888-657-4170 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-657-4170 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-657-4170 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-888-657-4170 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-657-4170 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-657-4170 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-657-4170 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-657-4170 (برقياً: 117). سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा योजना से संबंधित आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त इंटरप्रेटर सेवाएं हैं। इंटरप्रेटर प्राप्त करने के लिए, हमें तुरंत 1-888-657-4170 (TTY: 711) पर कॉल करें। जो कोई भी व्यक्ति [हिंदी/गुजराती/थाई] बोलता हो, वह आपकी सहायता कर सकता है। यह सेवा बिलकुल मुफ्त है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-657-4170 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-657-4170 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-657-4170 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-657-4170 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-888-657-4170 (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Gujarati: અમારા આરોગ્ય અથવા દવાની યોજના વિશે તમને જ કોઈ પણ પ્રશ્ન હોય તેના જવાબ આપવા માટે અમારા પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, ફક્ત અમને 1-888-657-4170 પર કોલ કરો (TTY: 711). જે વ્યક્તિ [હિન્દી/ગુજરાતી/થાઇ] બોલે છે તે તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Thai: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ของคุณเกี่ยวกับแผนด้านสุขภาพและยาของเรา หากต้องการล่ามเพียงโทรติดต่อเราที่ 888-657-4170 (TTY: 711) เจ้าหน้าที่ของเราที่พูดภาษา [ฮินดี/คุชราต/ไทย] จะคอยช่วยเหลือคุณ บริการนี้ไม่มีค่าใช้จ่าย

ULTIMATE HEALTH PLANS

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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

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