

# ProviderNews



**Brand** Drug Price  
Increases

Medication  
**RECALLS**

**Prior Authorization** &  
Step Therapy Criteria

**Opioid (POS)**  
What You Need to Know

**The Value of**  
**ADHERENCE**

**Advantage Plus**  
by Ultimate Improvements

## 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.



Dear Provider,

We are reaching out to you, our contracted health care provider, to remind you to review your National Provider Identifier (NPI) data in National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. As you may know, providers are legally required to keep their NPPES data current. Centers for Medicare & Medicaid Services (CMS) is also encouraging Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to Medicare beneficiaries.

If the NPPES database is kept up to date by providers, our organization can rely on it as a primary data resource for our provider directories, instead of calling your office for this information. With updated information, we can download the NPPES database and compare the provider data to the information in our existing provider directory to verify its accuracy.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and *actively* see patients and where a patient can call and make an appointment. Do not include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, you may reference NPPES help at <https://nppes.cms.hhs.gov/webhelp/nppeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html>.

Please direct any general questions about this notice to your assigned Network Representative.

Sincerely,

Ultimate Provider Network

## A Message From Our Medical Director



Dear Providers,

I want to take this opportunity to discuss *the patient-reported* outcomes measure known as Medicare Health Outcomes Survey (HOS). As you may know, all managed care organizations that participate in Medicare contracts must participate in HOS.

Below is a brief overview of HOS and its impact.

HOS is a survey related to patient-provider relationships. It is administered annually to a random sample of Medicare beneficiaries. If enrolled with the same Medicare Advantage Plan (MAP), they are surveyed again in two years. The baseline surveys are sent annually in July.

Survey questions relate to physical and mental health, fall risk and prevention, incontinence, and physical activity. Fall risk and prevention, incontinence, and physical activity are also HEDIS effectiveness of care measures.

The goals and impact of HOS are to clinically gather meaningful health status data from MAPs to use in quality improvement activities, pay for performance, Medicare program oversight, public reporting, and improving health.

As a provider, it is essential that you:

- Empower yourself and your staff through HOS-related education
  - Ask the Provider Relations team for additional tools from Ultimate Health Plans
- Ask your office staff to assist members with completing the HOS
- Engage our members during each visit and offer reminders of HOS topics
- Encourage our members to ask your office staff for help completing the HOS if they are selected and require assistance



HOS measures and action items include:

### **Improving and Maintaining Physical and Mental Health**

- Ask questions related to mental health and physical activities
- Discuss factors affecting Activities of Daily Living (ADLs)
- Ask members if they are feeling down or depressed

### **Improving Bladder Control**

- Ask members if they have problems regarding bladder control and discuss any related symptoms
- Discuss treatment options, including behavioral therapy, medications, exercise, medical devices, and surgery
- Provide members with a questionnaire if they feel uncomfortable discussing bladder issues
- Provide members with a questionnaire if they feel uncomfortable discussing bladder issues

### **Monitoring Physical Activity**

- Discuss the importance of exercise and physical activity
- Talk about how to start, increase, or maintain physical activity
- Refer members to physical therapy when appropriate

### **Reducing Fall Risk**

- Discuss concerns such as difficulty walking, dizziness when standing, balance issues, and a history of falls
- Talk about the use of cane or walker
- Check members' orthostatic vitals
- Refer members to physical therapy when appropriate
- Refer members to testing for their vision or hearing as appropriate
- Review bone density tests in the appropriate populations

As you can see, this patient-reported survey is one of the tools for health plan performance. Medicare rewards top-performing health plans. Asking basic questions may not only lead to better health plan ratings, but it may significantly impact member outcomes by preventing falls and other complications. I hope you found this information helpful and will take the time to address HOS-related issues during your encounters with our members. Please reach out to our staff if you need further information.

*Yours in good health,  
Pragnesh Shah, MD, MBA, CPE*

# ANNOUNCEMENT!



## Ultimate Health Plans has Partnered with Florida Cancer Specialists



### Special Needs Plans (SNP)

We are proud to offer several Special Needs Plans (SNP) to members of Ultimate Health Plans. SNPs are Medicare Advantage Plans (MAP) that provide coordinated care to members with specific illnesses or chronic conditions. Five SNP plans are offered within our servicing areas, including the East Coast, West Coast, and Central Florida.



Chronic Special Needs Plans (C-SNP) provide care for members with:

- ❖ Cardiovascular Disorders
- ❖ Chronic Heart Failure
- ❖ Chronic Lung Disorders
- ❖ Diabetes Mellitus

Also, dual-eligible members (who qualify for both Medicare and Medicaid) are eligible for participation in our Dual Special Needs Plans (D-SNP) .

SNP benefits available for your patients include:

- ❖ Case and Disease Management
- ❖ Social Services
- ❖ Transition of Care
- ❖ Over-the-Counter (OTC) Products
- ❖ Telemedicine Services
- ❖ Transportation
- ❖ Routine Dental, Vision, and Hearing
- ❖ SilverSneakers Gym Membership
- ❖ Meals

If you feel that a patient not currently enrolled in an SNP meets the criteria, please contact your Provider Network Representative or the Provider Services Department by calling 1-888-657-4171.

## Advantage Plus by Ultimate Improvements

Medicare is working on how to improve the Advantage Plus by Ultimate (HMO D-SNP) plan we offer. One such method is the start of the Value-Based Insurance Design (VBID) program. Medicare has approved Ultimate Health Plans to provide important benefit information to all enrollees participating in Wellness and Health Care Planning (WHP) services.

Because Ultimate participates in the RX cost-share buy-down, members will be eligible for WHP services, including Advance Care Planning (ACP).

Members are encouraged to document what is important to them as it is essential in ensuring they receive the care they want when they may be too ill to speak for themselves.

Our members receive Health Care Advance Directives in their Welcome Kit. They are also available online by visiting <https://chooseultimate.com/Member/DocumentsandForms>.

→ The Health Care Advance Directives include the following forms: ←

- Living Will
- Designation of Health Care Surrogate
- Uniform Donor Form
- Printable Health Care Advance Directives Card



If a member's health condition or status changes in the future, we will outreach them. Support will be provided by a Case Manager, ensuring that Advance Directives are in place, which they can share with their family and doctors.

Participation in programs including WHP and ACP is voluntary, and members can decline services anytime.

Advantage Plus by Ultimate (HMO D-SNP) members qualify for zero cost-sharing for Part D drugs. Members can find additional details in Chapter 5 of the Evidence of Coverage (EOC). The EOC is available online by visiting <https://chooseultimate.com/Member/DocumentsandForms>.

If you have any additional questions, please contact your Provider Network Representative or the Provider Services Department by calling 1-888-657-4171. They can better assist you in ensuring that your patient, our valued member, receives quality care.



## The Value of Adherence

Encouraging patients to take their medicine can be challenging. Patients that are compliant and adhere to their drug therapy have better outcomes and experience an overall lower cost of care. The CMS Quality Measures Report released in 2021 estimated \$27 - \$46 billion in health care cost avoidance for Medicare beneficiaries between 2013 and 2018 from improved patient adherence to diabetic, hypertension, and cholesterol medications alone.

Studies have found that **prescribing a 90-day supply of maintenance medications** increases therapy compliance and members' ability to achieve healthier outcomes and reach the 80 percent adherence rate.

Consider the following:

- Prescribe diabetic, hypertension, and cholesterol medications for their Tier 1 generic equivalents with a \$0 copay.
- Encourage our members to use the OptumRx mail order service to receive their three-month supply of Tier 1 generic medications with a \$0 co-pay.



# Prescription Drug Search

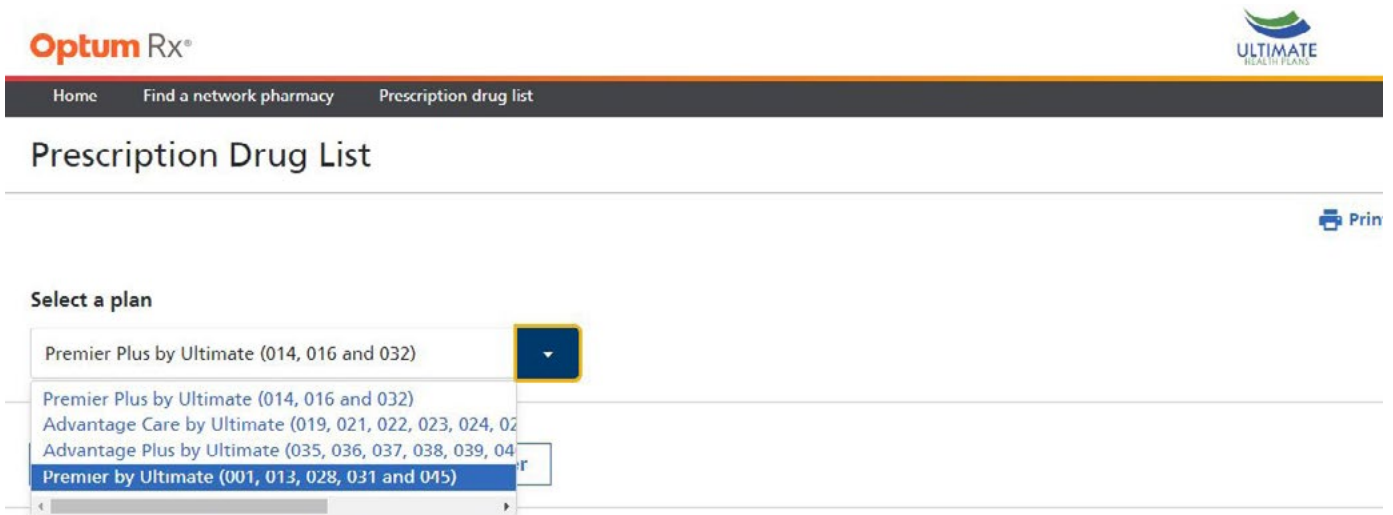
Are you looking for a real-time search tool to locate drugs on our formulary? You can find this tool by visiting OptumRx at

[https://www.optumrx.com/oe\\_ulthp/prescription-drug-list](https://www.optumrx.com/oe_ulthp/prescription-drug-list)

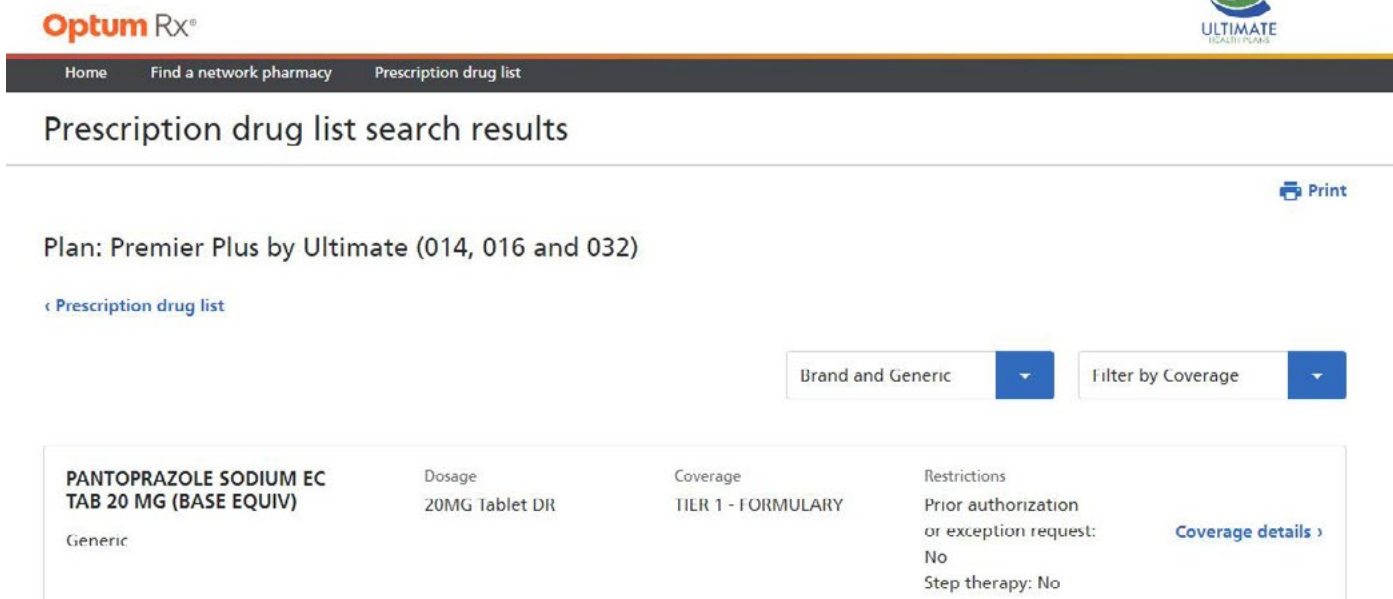
First, select the member's plan from the drop-down menu. Next, you can search for the drug by name. Once located, you can view its dosage, coverage, and applicable restrictions.



## 1 Select your plan from the drop down list:





## 2 Type in the drug name:



Drug Name	Dosage	Coverage	Restrictions
PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	20MG Tablet DR	TIER 1 - FORMULARY	Prior authorization or exception request: No Step therapy: No



### 3 After you type in the drug name, click on Coverage details

[Home](#)
[Find a network pharmacy](#)
[Prescription drug list](#)

## Prescription drug list search results

Print



Plan: Premier Plus by Ultimate (014, 016 and 032)

[Prescription drug list](#)

Brand and Generic
Filter by Coverage

<b>PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)</b> Generic	Dosage 20MG Tablet DR	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization or exception request: No Step therapy: No	<a href="#">Coverage details &gt;</a>
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### 4 See your Coverage details according to the plan benefit:

Plan: Premier Plus by Ultimate (014, 016 and 032)

[Search results](#)

Brand Name	PROTONIX
Generic name	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)
Therapeutic class	<a href="#">Gastrointestinal Agents</a>
Therapeutic subclass	<a href="#">Proton Pump Inhibitors</a>
Dosage	20MG Tablet DR
Status	TIER 1 - FORMULARY
Prior authorization or exception request	No.
Step therapy	No.
Quantity limit	Yes. 60 per 30 day(s).
Specialty Pharmacy	No.
Member notes	No.



## Brand Drug Prices are Increasing.... Consider Generic Alternatives When Appropriate!

It has been established and well documented that brand-name drug prices are increasing and growing faster than inflation. The average net cost of a brand-name prescription paid for by Medicare Part D grew five times faster than inflation between 2009-2018. In fact, the Congressional Budget Office (CBO) advised that the average

cost of brand-name drugs in the Medicare Part D program grew and more than doubled from \$149 in 2009 to \$353 in 2018.

With the most utilized therapeutic classes now containing generics, it is important to consider generic therapeutic options when clinically appropriate.

Some common therapeutic options to consider include the following:

Top Brand Drugs	Generic Considerations (Tier 1)
Eliquis/ Xarelto	Warfarin
Ozempic/Bydureon	Metformin
Humalin/Novolin	Novolin Relion (Walmart & Sam's Club)
Trelegy, Breo Ellipta, Anoro, Symbicort	Wixela



## Mail-Order Services Increase Adherence While Providing Savings to Our Members!

Members can utilize the convenient OptumRx mail-order service to save time and money while increasing compliance. Additionally, the auto-refill service automatically re-orders prescription medications before the member's supply runs out. OptumRx takes great care in shipping and packaging medications sent through home delivery, including those that require special handling, such as controlled temperature.

- Prescriptions are required to be written for a 90-day supply to be eligible for the mail-order service.
- Mail-order pharmacy orders are delivered within 14 days.

- Medications prescribed for chronic or long-term medical conditions are the best candidates for this service.
- Members are encouraged to call us as soon as possible if they are experiencing a delay with their order.
- Pickup from a local pharmacy can be arranged if there are any delays
- **Opioids are not eligible to be delivered through the mail-order service.**

**To initiate mail-order services for your patients, use the following information:**

ePrescribe to:

OptumRx  
2858 Loker Ave East  
Suite 100  
Carlsbad, CA 92010

NCPDP ID – 0556540  
PID - P0000000002017

Additionally, you can reach the dedicated clinician line by calling 1-800-791-7658 (TTY 711).





# 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 additional 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:

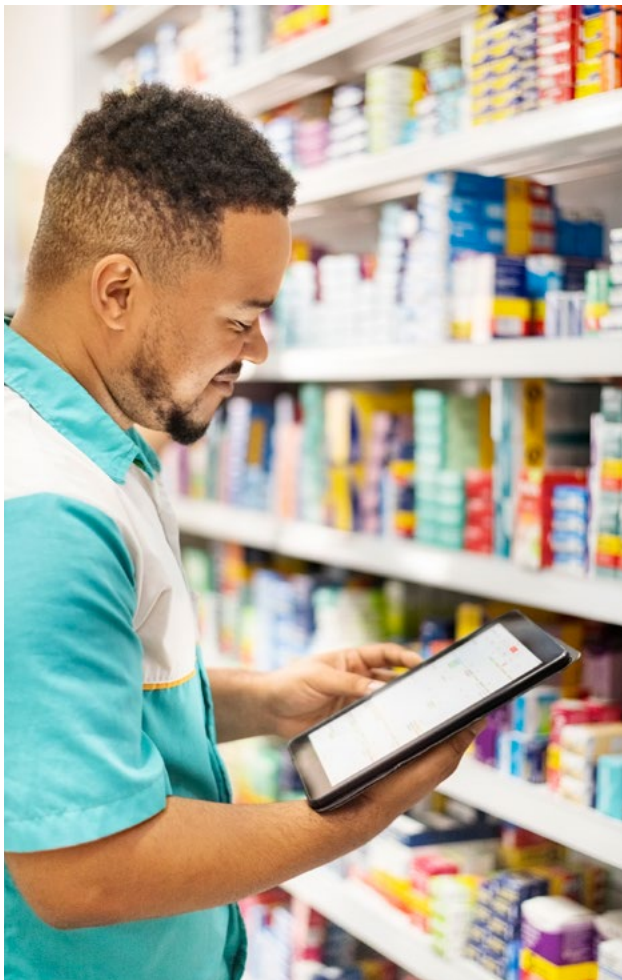
- ❖ Members who have not filled an opioid prescription under their current benefit within the past 120 days, preventing the pharmacy from processing a prescription until they enter an override.
- ❖ Any new member of Ultimate Health Plans with no history of opioid use in their prescription history under their plan.
- ❖ If you believe an opioid-naïve patient will require a supply greater than seven days, consider requesting a coverage determination on their behalf. You can then attest to their medical need to receive a supply greater than seven days. The member can also request the initiation of a coverage determination.
- ❖ 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 <https://www.cdc.gov/opioids/providers/prescribing/guideline.html>.
- ❖ If a member is switching health plans, anticipate the trigger of a 7-day opioid edit. **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 provide the necessary information as soon as possible, allowing them to provide an assessment and 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.
- ❖ Encourage members to call OptumRx at 1-800-311-7517 if they require any additional assistance.



## Notable Medication Recalls

On April 25, 2022, Glenmark announced consumer-level recall of several lots of **arformoterol** inhalation solution and **zonisamide** capsules.

A recall for arformoterol inhalation solutions was issued. A review of the manufacturing facility's microbiology controls and processes identified a lack of assurance of product sterility.

- ▶ Arformoterol is indicated for the long-term, twice daily maintenance and treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

A recall for zonisamide capsules was issued. There were gaps in the microbiology control system or a lack of stability data.

- ▶ Zonisamide is indicated as adjunctive therapy in the treatment of partial seizures in adults with epilepsy.

Patients are encouraged to reach out to their physician or health care provider if they have experienced any problems that may be related to taking either of these recalled medications.

Patients can contact Qualanex by phone at 1-888-504-2012 or by email at [recall@qualanex.com](mailto:recall@qualanex.com) for return information and more information about the recalls.

Product Description	NDC#	Lot# Expiration
Arformoterol 15 mcg / 2 mL Inhalation Solution	68462-833-35	30210041 (03/31/2023); 30210045 (03/31/2023); 30210046 (04/30/2023); 30210050 (04/30/2023); 30210051 (04/30/2023); 30210058 (04/30/2023)
	68462-833-65	30210042 (03/31/2023); 30210047 (04/30/2023); 30210048 (04/30/2023); 30210052 (04/30/2023); 30210053 (04/30/2023); 30210054 (04/30/2023); 30210059 (04/30/2023); 30210060 (04/30/2023); 30210061 (04/30/2023); 30210062 (04/30/2023); 30210063 (04/30/2023); 30210064 (05/31/2023)
Zonisamide 100 mg Capsules	68462-130-01	29200053 (04/30/2023); 29200015 (03/31/2023); 29200016 (03/31/2023); 29200030 (05/31/2023); 29200031 (05/31/2023); 29200032 (05/31/2023); 29200033 (06/30/2023); 29200037 (06/30/2023); 29200038 (06/30/2023); 29200039 (07/31/2023); 29200041 (07/31/2023); 29200042 (07/31/2023); 29200048 (08/31/2023); 29200014 (02/28/2023); 29200050 (08/31/2023); 29200072 (11/30/2023); 29200073 (11/30/2023); 29200074 (11/30/2023); 29200075 (11/30/2023); 29200076 (11/30/2023); 29200049 (08/31/2023)



Product Description	NDC#	Lot# Expiration
Zonisamide 100 mg Capsules	68462-130-05	29200014 (02/28/2023); 29200015 (03/31/2023); 29200016 (03/31/2023); 29200054 (04/30/2023)
Zonisamide 25 mg Capsules	68462-128-01	29200052 (04/30/2023)
Zonisamide 50 mg Capsules	68462-129-01	29200064 (05/31/2023); 29190043 (05/31/2022); 29190044 (05/31/2022); 29190045 (05/31/2022)

On June 8, 2022, Plastikon Healthcare voluntarily recalled several lots of various forms of **Milk of Magnesia** due to microbial contamination. Anyone with an existing inventory of the lots that are being recalled should stop use, distribution, and quarantine immediately. Any providers, hospitals, or clinics that may have dispensed these products should notify patients of the recall.

Patients with questions or concerns regarding this recall should contact Plastikon Healthcare by calling 1-785-330-7109 or emailing [sdixon@plastikon.com](mailto:sdixon@plastikon.com). Their hours of operation are Monday - Friday from 9 am to 4 pm CST.

Patients that have experienced problems with this product or have additional questions are encouraged to reach out to their health care providers for further guidance.

Patients that have experienced adverse reactions can report them to the FDA's MedWatch Adverse Event Reporting program online by visiting <https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program>. A pre-addressed form can be requested through this website or by calling 1-800-332-1088. The report can be returned via mail or faxed to 1-800-FDA-0178 (1-800-332-0178).



**Product indication, lot numbers, expiration dates, and NDC information are listed in the table below.**

<b>Product Name</b>	Milk of Magnesia 2400 mg / 30 mL Oral Suspension	Milk of Magnesia 2400 mg / 10 mL Oral Suspension	Magnesium Hydroxide 1200 mg / Aluminum Hydroxide 1200 mg / Simethicone 120 mg per 30 mL Oral Suspension	Magnesium Hydroxide 2400 mg / Aluminum Hydroxide 2400 mg / Simethicone 240 mg per 30 mL Oral Suspension
<b>Indications for Use</b>	Occasional relief of constipation (irregularity) in adults and children 12 years and older or for children under 12 as recommended by a doctor.	Occasional relief of constipation (irregularity) in adults and children 12 years and older or for children under 12 as recommended by a doctor.	Relief of acid indigestion, heartburn, sour stomach, upset stomach due to these symptoms, pressure and bloating commonly referred to as gas.	Relief of acid indigestion, heartburn, sour stomach, upset stomach due to these symptoms, pressure and bloating commonly referred to as gas.
<b>Lot/Exp.</b>	20071A / Jul. 2022	20074A / Jul. 2022	21103A / Sep. 2023 210046A / May 2022 20079A / Aug. 2022 20080A / Aug. 2022 20081A / Aug. 2022 21057A / May. 2023 21059A / May. 2023 21095A / Sept. 2023 21096A / Sept. 2023 21099A / Sept. 2023 21115A / Oct. 2022	20051A / Aug. 2022 20088A / Sep. 2022
<b>NDC</b>	0904-6846-73	0904-6840-72	0904-6838-73	0904-6839-73

## Prior Authorization and Step Therapy Criteria

Ultimate Health Plans has several medications with Utilization Management (UM) criteria. UM restrictions protect members from drug overuse/abuse, ensuring the medications are taken appropriately. In this case, a request may need to be submitted for the medications to be received by the patient.

At other times, step therapy or quantity limits may need to be met for the patient to receive certain drugs. Please visit <https://ChooseUltimate.com/Home/PrescriptionDrugs> to access this information and review the criteria.

### Premier by Ultimate and Premier Plus by Ultimate

This list of covered drugs is for Premier by Ultimate (001, 013, 028, 031, and 045) and Premier Plus by Ultimate (014, 016, and 032)

#### Formulary - English

List of Covered Drugs

#### Formulario - Spanish

Lista de medicamentos cubiertos

Open

#### Prior Authorization Criteria

Open

#### Step Therapy Criteria

Open

### Advantage Care by Ultimate

This list of covered drugs is for Advantage Care by Ultimate (019, 021, 022, 023, 024, 025, 026, 027, 029, 030, 033, and 034)

#### Formulary - English

List of Covered Drugs

#### Formulario - Spanish

Lista de medicamentos cubiertos

Open

#### Prior Authorization Criteria

Open

#### Step Therapy Criteria

Open

### Advantage Plus by Ultimate

This list of covered drugs is for Advantage Plus by Ultimate (035, 036, 037, 038, 039, 040, 041, 042, 043, and 044)

#### Formulary - English

List of Covered Drugs

#### Formulario - Spanish

Lista de medicamentos cubiertos

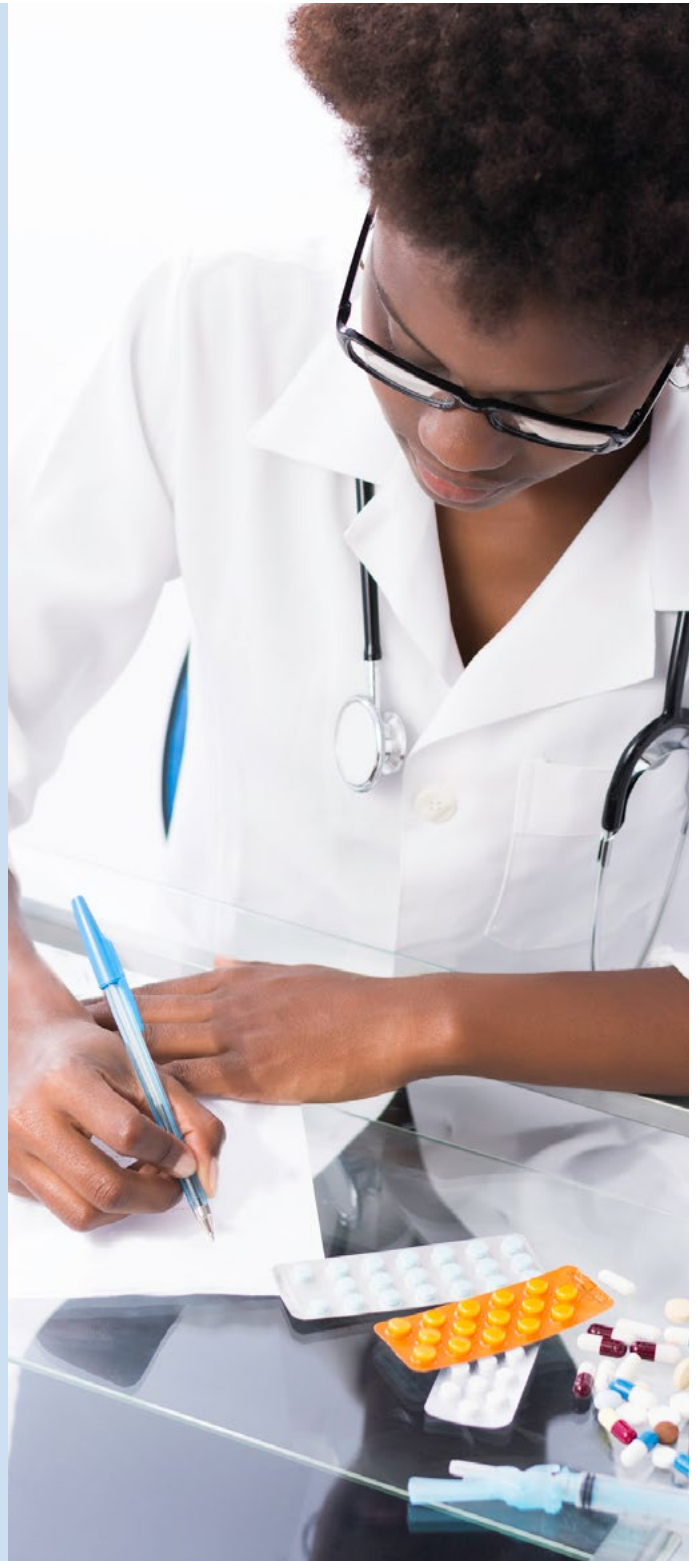
Open

#### Prior Authorization Criteria

Open

#### Step Therapy Criteria

Open







## CONTACT US



### BY PHONE:

Monday - Friday, 8 am to 6 pm  
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



4058 Tampa Rd, STE 7  
Oldsmar, FL 34677



2713 Forest Rd  
Spring Hill, FL 34606



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



<https://www.facebook.com/Ulthp>