

COVERAGE
Determination

Provider
Changes

2023
Servicing Counties

MAIL-ORDER SERVICES
*Increase Adherence
& Provide Savings*

MEMBER
EXPERIENCE

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.

A Message From Our Medical Director



Dear Providers,

I want to take this opportunity to discuss Healthcare Effectiveness Data and Information Set (HEDIS) measures and the best practices for achieving the highest scores. This article will be a general discussion on overall HEDIS scores, as a detailed discussion on individual HEDIS measures is outside the scope of this newsletter. We will also report Ultimate Health Plans' top HEDIS performers.

What is HEDIS?

- It was created by the National Committee for Quality Assurance (NCQA) as a standardized performance to evaluate and compare health plan performance and quality.
- It is required for ongoing NCQA Health Plan accreditation.
- It includes more than 90 measures across six domains of care:
 - o Effectiveness of Care
 - o Access/Availability of Care
 - o Experience of Care
 - o Utilization and Risk Adjusted Utilization
 - o Health Plan Descriptive Information
 - o Measures Reported Using Electronic Clinical Data Systems

Best Practices for achieving high HEDIS scores include:

- Completing an Annual Wellness Visit (AWV) at the beginning of the year or near the patient's birthday
- Creating a process to pull new-patient member roster monthly to reach out and schedule new patients within 30 days of enrollment
- Scheduling in-office or telehealth visits at least once every six months for all patients
- Providing an after-visit summary to ensure patients understand what was discussed during their visit and what steps they need to take
- Reviewing Care Gaps Report and plan chart reviews twice a year
- Submit claims timely and include the appropriate codes for diagnosis, health conditions, and the services provided

Our HEDIS PCP Stars

We looked at PCPs with at least 30 or more patients that are Ultimate Health Plans members. 60 total PCPs qualified for this criterion.

The 10 PCPs that scored the highest overall, highest Part C, and highest Part D measures are as follows:

Top 10 Overall Scores	
4.87 – Angie Layme, MD	4.83 – Dhammika Ekanayake, MD
4.78 – Alex A. Tambrini, MD	4.75 – Adisa Dzudza-Sunjic, MD
4.74 – Raghu Juvvadi, MD	4.61 – Manjusri Vennamaneni, MD
4.61 – Ivan Diaz, MD	4.57 – Sheetal Patel, MD
4.52 – Abdel K. Jibawi, MD	4.52 – Ryan S. Dickert, MD

Top 10 Part C Scores	
5.00 – Adisa Dzudza-Sunjic, MD	4.85 – Abdel K. Jibawi, MD
4.85 – Francis J. Mercado-Miranda, MD	4.77 – Angie Layme, MD
4.77 – Manjusri Vennamaneni, MD	4.77 – Evelyn E. Castillo Delgado, MD
4.77 – Jennifer L. Laman, DO	4.69 – Dhammika Ekanayake, MD
4.69 – Sheetal Patel, MD	4.69 – Kenneth L. Savage, DO

Top 10 Part D Scores	
5.00 – Angie Layme, MD	5.00 – Dhammika Ekanayake, MD
5.00 – Alex A. Tambrini, MD	4.90 – Raghu Juvvadi, MD
4.90 – Ivan Diaz, MD	4.70 – Syed W. Ali, MD
4.70 – Gaurav V. Malhotra, MD	4.70 – Robert L. Hartzell, MD
4.70 – Jose J. Rodriguez, MD	4.70 – Edgar R. Blecker, MD

Congratulations to our top-performing physicians! I am confident that each of our physicians is capable of achieving such scores. We recently published a 2022 End-of-Year Provider Incentive Newsletter, which should have been distributed via our Provider Relations team. The purpose of that newsletter is to attempt to close any outstanding HEDIS gaps for the remainder of the year. If there is anything we can do to help you achieve that, please do not hesitate to reach out.

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

Provider Changes

Providers are required to notify Ultimate Health Plans of changes to their practice demographics or participation 60 days before the effective date, ensuring minimal member disruption. These changes include, but are not limited to, phone number, fax number, address, provider termination, and billing

information. Please notify your Provider Relations Representative of changes within the required 60-day timeframe. If you are unsure who your assigned representative is, please email Provider Relations at provider_relations@ulthp.com for additional assistance.



2023 Servicing Counties

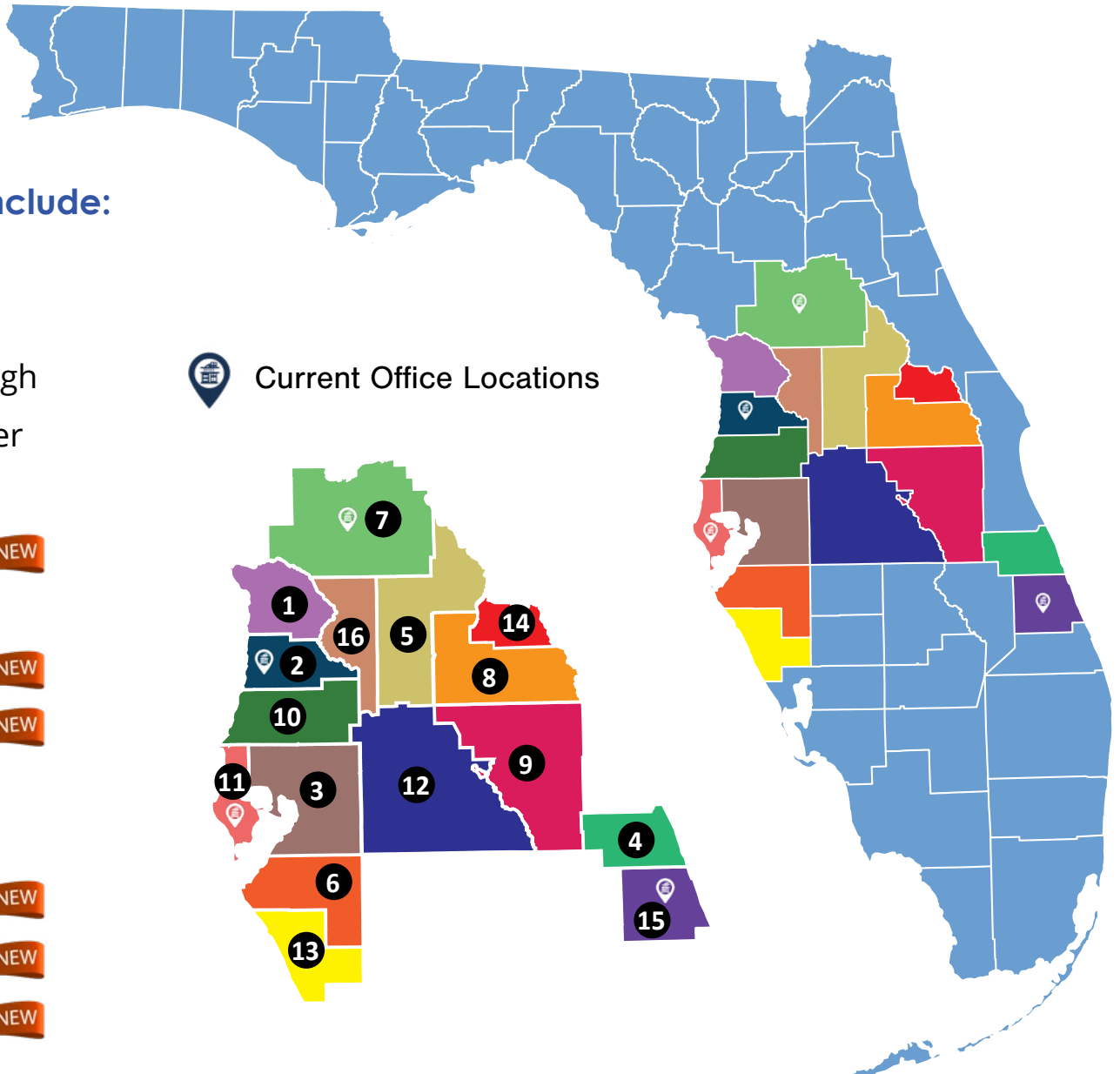
Ultimate Health Plans is proud to announce that we will be servicing the following 16 counties, with the expansions effective 01/01/2023:

Counties Include:

- 1 Citrus
- 2 Hernando
- 3 Hillsborough
- 4 Indian River
- 5 Lake
- 6 Manatee **NEW**
- 7 Marion
- 8 Orange **NEW**
- 9 Osceola **NEW**
- 10 Pasco
- 11 Pinellas
- 12 Polk **NEW**
- 13 Sarasota **NEW**
- 14 Seminole **NEW**
- 15 St. Lucie
- 16 Sumter



Current Office Locations



Community Outreach Offices



2713 Forest Rd
Spring Hill, FL 34606



Wayne Sessa
Senior Director
of Sales & Marketing
352-515-5940
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Frank Corsones
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Ricardo Cabello
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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).

Coverage Determination (Prior Authorization)

Some drugs on our Formulary (Drug List) have Utilization Management (UM) edits such as Prior Authorization (PA), Step Therapy (ST), and Quantity Limit (QL). UM edits help control misuse/abuse and protect our members' safety to ensure the best possible therapeutic outcomes while managing plan costs.

Providers must submit a coverage determination request when a UM edit is associated with the desired medication or therapy. These requests can be submitted electronically, saving you time and allowing you to focus on the care of our members.

Did you know that over two-thirds of requests are submitted electronically? If you are new to electronic prior authorizations (ePAs), there are several benefits to consider. ePAs save you time and resources while ensuring that patient health information (PHI) is secure and protected.

- Real-time submissions are provided with typical resolutions in less than 5 minutes at no additional cost
- Being placed on hold during phone calls and manually completing and faxing forms are eliminated
- Paperwork is reduced

The timeframe for OptumRx to complete its review and make a decision depends on the request type. OptumRx must make their decision within 72 hours for standard requests and within 24 hours for expedited requests. Please note that in some circumstances, up to 72 additional hours may be granted to obtain the required information to complete the review. If a request for additional information (RFI) is received, please respond as soon as possible to avoid delays in care.

Please visit <https://professionals.optumrx.com/prior-authorization.html> for additional information and to submit an ePA through the CoverMyMeds or Surescripts online portal.



Ultimate Health Plans is transitioning to Premier Eye Care for vision services, effective 01/01/2023. They provide medical-surgical (medical eye exams, diagnostic testing, and surgical services) and routine vision (annual eye exams, glasses, and contacts).

If any of your patients have questions or concerns, please have them call Premier Eye Care Member Services at 1-800-210-5511 (TTY 711).



Member Annual Eyewear Benefit Allowances by Plan	
\$150	Premier 013-4
\$200	Premier 001, 013-3, 028, 031, 046, 047
\$200	C-SNP 021, 022, 023, 029, 033, 034
\$300	Premier 045
\$300	Premier Plus 032
\$300	C-SNP 019-1, 019-2, 024, 025, 026, 050, 051, 052
\$500	D-SNP 035, 036

Routine Vision key points include:

- ▶ Members have open access to any "routine vision" provider and can call and schedule appointments.
- ▶ Eyewear benefit allowances are valid for any materials the provider sells, and there are no restrictions to frame kits.
- ▶ Diabetic members with no complications and/or history of treatment are strongly recommended to use their routine vision benefit for their annual exam.
- ▶ The annual exam has a \$0 copay.
- ▶ The member has an annual eyewear allowance. The comprehensive eye exam performed by the provider fully counts for the HEDIS DRE measure.

Medical-Surgical key points include:

- ▶ Premier is contracted for medical eye services with ophthalmologists and optometrists.
- ▶ Optometrists are used to the fullest extent of their license and can treat many eye conditions, such as foreign body removal, bacterial/viral infection, injury, and glaucoma. They also prescribe topical and oral medication.
- ▶ Premier works with the members' PCPs to find the most appropriate point of care, which can be an optometrist, ophthalmologist, or sub-specialist. They do not use optometrists as gatekeepers.
- ▶ Members assigned to a Preferred Provider Group (PPG) are not required to see that specific provider. If they want a different provider, their PCP must contact Premier for authorization and triage to the most appropriate point of care.

Member Experience Corner



Welcome to the Ultimate Health Plans Member Experience Corner! This article will appear in each Provider Newsletter and will cover engaging our members to create a positive member experience.

Here are just a few reasons that speak to the importance of a positive member experience:

Improved satisfaction levels are reported in the Consumer Assessment of Healthcare Providers and Systems (CAHPS), Health Outcomes Survey (HOS), and Star Measures, reducing member/patient churn. Member Experience is a deciding factor for many when choosing a health plan and physician.

Improving patient engagement and the relationship between provider and patient creates a better experience. They are more apt to start that dialogue with you, allowing trust to form.

Key points that strengthen trust include:

✓ Education

Educating your members on disease processes, engaging them, and discussing treatment options ensures that they are equipped with knowledge about their health, leading to increased happiness and trust.

✓ Access

Ensuring that you, the provider, and your office staff have patient records so they can be educated and understand their options and next steps.

✓ Medical Home

Creating a Medical Home for your member shows that you, the provider, and your office staff care and understand that their overall health can be affected by multiple factors, such as social issues.

✓ Care Coordination

As the Medical Home for your members, care coordination is imperative. Examples include following up on test results and returned phone calls received. Proper care coordination ensures that you are following streamlined protocols for processing authorizations and referrals and ensuring that the member gets follow-up care post-hospitalization. These factors are critical in preventing hospital re-admission.

2022 End-of-Year Provider Incentive Program

Dear Providers,

At Ultimate Health Plans, our primary goal is to ensure that our members receive the best care. We are proud to partner with our Primary Care Physicians (PCPs) to meet that goal. We invite you to participate in our 2022 End-of-Year Provider Incentive Program. This program was created to encourage quality performance while attempting to close the HEDIS gaps for the remainder of the year. The program components are outlined below.

Based on the members reflected in the key measures reporting included in the 09/23/2022 HEDIS refresh report, each PCP will receive an incentive of \$50 per measure/per member that becomes compliant before 12/31/2022 for the following:



- Care for Older Adults - Medication Review
- Care for Older Adults - Pain Assessment
- Colorectal Cancer Screening
- Controlling High Blood Pressure*
- Statin Use in Persons with Diabetes (SUPD)

* CBP & HbA1c measures compliant members may become non-compliant as the NCQA requirement is to have the most recent reading or result.

Based on the members reflected in the key measures reporting included in the 09/23/2022 HEDIS refresh report, each PCP will receive an incentive of \$100 per measure/per member that becomes compliant before 12/31/2022 for the following:

- Breast Cancer Screening
- Eye Exam for Patients with Diabetes
- Hemoglobin A1c Control for Patients with Diabetes*
- Statin Therapy for Patients with Cardiovascular Disease
- TRC - Medication Reconciliation Post-Discharge



*CBP & HbA1c measures compliant members may become non-compliant as the NCQA requirement is to have the most recent reading or result.

Each PCP will also receive an incentive of \$100 for each member who is less than 80% compliant for a given measure (as evident in the Non-compliant Recoverable Report from the 09/23/2022 HEDIS refresh) if that member is made >80% compliant for a particular measure by 12/31/2022 for the below:

- Medication Adherence for Cholesterol (Statins)**
- Medication Adherence for Diabetes Medications**
- Medication Adherence for Hypertension (RAS Antagonists)**

**Medication Adherence to Cholesterol, Diabetes, and Hypertension measures compliant members may become non-compliant as CMS Technical Notes require the member to adhere to ≥80%.

The 2022 End-of-Year Provider Incentive Program dates are as follows:

- | | |
|------------------------------------|---------------|
| • Baseline Report Card - | 09/23/2022 |
| • Provider Incentive Report Card - | February 2023 |
| • Incentive Reimbursement - | March 2023 |

EOY Payment Calculation Methodology:

As of the 09/23/2022 HEDIS refresh, any PCP that meets the criteria below will be qualified to receive \$20,000* if all of the 250 care gaps are closed or recovered to >80% prior to 12/31/2022.



- 100 Colorectal Cancer Screening care gaps
- 100 Eye Exams for Patients with Diabetes care gaps
- 50 recoverable members for Medication Adherence for Cholesterol (Statins)

*{\$50 x 100 (COL) = \$5,000} + {\$100 x 100 (EPD) = \$10,000} + {\$100 x 50 (Statins) = \$5,000} = \$20,000

New Benefit Update for 2023!

Effective January 1, 2023, Ultimate Health Plans' exclusive preferred blood glucose meter and test strips will be **OneTouch** products.

OneTouch products can be obtained through retail or mail-order pharmacies. We will send an announcement letter to utilizing members prior to January 1, 2023. Since OneTouch is currently one of two preferred products, if a member is utilizing another brand, please consider converting them to **OneTouch** prior to January 1, 2023, to allow for a seamless transition.

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

Kidney Health Evaluation for Patients With Diabetes (KED)

DIABETES

Diabetes affects 1 out of 3 adults and is the leading cause of kidney disease. Kidney function is lowered by increased levels of blood glucose in their blood vessels.¹ High blood pressure is typically developed which can also damage kidneys further.²

Measure Overview

Patients with Type 1 or Type 2 diabetes between the ages of 18 and 85, who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year, with the following requirements:

- At least one eGFR during the measurement year
- At least one uACR during the measurement year, identified by:
 - A uACR **OR** A quantitative urine albumin **and** urine creatine test four service days or less apart

Example: A quantitative urine albumin test's service date was 12/1, the urine creatine test must have a service date between the range of 11/27 and 12/5.

Patient survey data now contributes to more than half of the Star Rating. If a member has had one component of the measure, order the additional test to close the gap.

Exclusion Criteria Include:

- Patients that received hospice or palliative care during the servicing year
- Patients with evidence of ESRD or dialysis on or prior to 12/31 of the servicing year
- Patients that are 66 years of age or older as of 12/31 of the servicing year that resided in an institutional SNP or long-term in an institution at any point during the servicing year
- Patients that are 66 years of age or older as of 12/31 of the servicing year with an advanced illness or frailty **OR** patients 81 years of age or older with frailty at any point during the servicing year

Remember to:

- Personally connect with your patient prior to discussing the reason for the visit
- Review your patient's medical record prior to and reference it during the appointment
- Discuss and emphasize the importance of your patient's medication(s)
- Schedule follow-up appointments and discuss lab results and any upcoming tests
- Always provide test results in a timely manner
- Assist with the coordination of care if your patient requires a follow-up with a specialist

Codes to Trigger Compliance Include:

Estimated Glomerular Filtration Rate Lab Test

CPT: 80047, 80048, 80050, 80053, 50069, 82565

LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1

Urine Albumin Creatinine Ratio Lab Test

LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

Urine Creatinine Lab Test

CPT: 82570

LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

¹ Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2019. Atlanta, GA: US Department of Health and Human Services. Centers for Disease Control and Prevention; 2019.

² <https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems/diabetic-kidney-disease>
NCQA HEDIS Measurement Year 2022 Volume 2: Technical Specifications for Health Plans



Cardiovascular Diseases (CVDs)

Cardiovascular diseases (CVDs) are the leading cause of death worldwide, with about 17.9 million deaths in 2019 (32% of all deaths, 85% of which are from a heart attack or stroke). CVDs can be managed with counseling and medication when detected early. ¹ American College of Cardiology (ACC) and American Heart Association (AHA) guidelines recommend moderate to high-intensity statins for adults with established clinical atherosclerotic cardiovascular disease (ASCVD). ²

Overview

Statin Therapy for Patients with Cardiovascular Disease HEDIS® measure looks at the percentage of males ages 21-75 and females ages 40-75 diagnosed with clinical atherosclerotic cardiovascular disease who received at least one high or moderate-intensity statin medication.

Moderate and High-Intensity Statin Medications List

Moderate Intensity	
Atorvastatin 10-20mg (Tier 1)	Rosuvastatin 5-10mg (Tier 1)
Simvastatin 20-40mg (Tier 1)	Ezetimibe-Simvastatin 20-40mg (Tier 1)
Pravastatin 40-80mg (Tier 1)	Fluvastatin 40-80mg (Tier 1)
Lovastatin 40mg (Tier 1)	Amlodipine-Atorvastatin 10-20mg (Tier 1)
High Intensity	
Atorvastatin 40-80mg (Tier 1)	Rosuvastatin 20-40mg (Tier 1)
Simvastatin 80mg (Tier 1)	Ezetimibe-Simvastatin 80mg (Tier 1)
Amlodipine-Atorvastatin 40-80 mg (Tier 1)	

Patient Exclusion Criteria:

(Diagnosis, treatment, or dispensed medication during the current or prior measurement year)

- Cirrhosis
- Dialysis
- In Vitro Fertilization (IVF)
- Palliative Care
- Clomiphene (Estrogen Agonist Medication)
- End-Stage Renal Disease (ESRD)
- Myalgia, Myositis, Myopathy, or Rhabdomyolysis
- Pregnancy

Code Sets for SPC Exclusions:

Condition	Code Set	Value(s)
Muscular Pain and Disease	ICD10CM	G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.1, M79.710, M79.11, M79.12, M7918
Cirrhosis	ICD10CM	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
ESRD Diagnosis	ICD10CM	N18.5, N18.6, Z99.2
Dialysis Procedure	CPT	90935, 90937, 90945, 90947, 90999, 99512
	HCPCS	G0257, S9339
	ICD10PCS	3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D80Z, 5A1D90Z
Palliative Care Encounter	HCPCS	G9054, M1017
	ICD10CM	Z51.5
IVF/Pregnancy		Ask your Provider Relations and/or HEDIS team for these codes, as they are not commonly used in the MA population

The Patient Survey Data and Member Experience will contribute to more than half of the Star Rating score moving forward.

Remember to:

- Determine if your patient meets any exclusion criteria
- Personally connect with your patient before discussing the reason for their visit
- Review your patient's medical record prior to the visit and reference it during their appointment
- Discuss and establish the importance of their medications
- Schedule future appointments
- Discuss lab results and upcoming tests
- Provide results in a timely fashion
- Assist with their coordination of care if a follow-up with a specialist is needed

¹ [https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds))

² 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults

³ <https://www.ncqa.org/hedis/measures/statin-therapy-for-patients-with-cardiovascular-disease-and-diabetes/>



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