

Spring 2026



ProviderNews



Transitions of
CARE AND
READMISSIONS

Depression
SCREENING
in Older Adults

POPULATION
HEALTH MANAGEMENT

Ultimate Health Plans
Quality
Improvement Program

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.

Transitions of Care and Readmissions: Importance and Tips



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

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

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

Upon Patient Admission, What Can a Provider Do?

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

Upon Patient Discharge Home, What Can a Provider Do?

- Make outreach to the patient within **72** hours of discharge to assess the patient's need for help with ancillary providers such as Home Health, DME, or any medication questions. Document all encounters appropriately, refer to the minimum requirements of TRC Receipt of Discharge Information.
- Emphasize the importance of a follow-up appointment, ideally within seven (**7**) days of discharge. At the time of appointment scheduling, you can request the patient to bring in hospital records if they are able to.
- Instruct the patient to bring all medications they take at home and the discharge instructions from the hospital to the follow-up appointment.
- Communicate with the facility with a request to fax/email the discharge summary (including medication list) prior to the appointment or obtain it through the hospital/facility EMR/EHR.
- Coordinate a review and reconciliation of the patient's medications from the discharge summary.
- Help the patient coordinate any follow-up visits with specialists.

Office Staff Strategies:

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

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



Depression Screening in Older Adults

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

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

The USPSTF recommends screening for depression in the general adult population.

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

Symptoms of depression can include:

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

Older adults tend to be at risk due to:

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

Tips to help your patients

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

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

Population Health Management

Ultimate Health Plans is committed to supporting your patients through three key programs. These include Disease Management, Transition of Care, and Complex Case Management.

Our Disease Management Program provides guidance and education for members living with chronic illnesses. Our Special Needs Plans help members manage specific conditions such as cardiovascular disorder, chronic heart failure, chronic lung disorder, and diabetes mellitus.

Our Transition of Care Program assists members following a recent hospital or emergency room discharge. The program includes a post discharge assessment, review of medications, scheduling of follow up care, and resolution of any identified care gaps.

We also offer Complex Case Management for our most vulnerable population. This program encourages frequent patient contact and aims to assist our members in managing multiple comorbidities. Enrollment in these programs may occur based on a referral from you as the provider, a medical event, or upon a member's request. Each program aims to help our members navigate their healthcare journey and reach their goals.

Each program has specific requirements that must be met for automatic enrollment which is either disease specific or based on dual eligibility (Medicare/Medicaid beneficiaries). The member has the option to opt-out at any time by contacting member services 1-888-657-4170 (TTY 711). More information can be found on our Ultimate Health Plans website at chooseultimate.com.

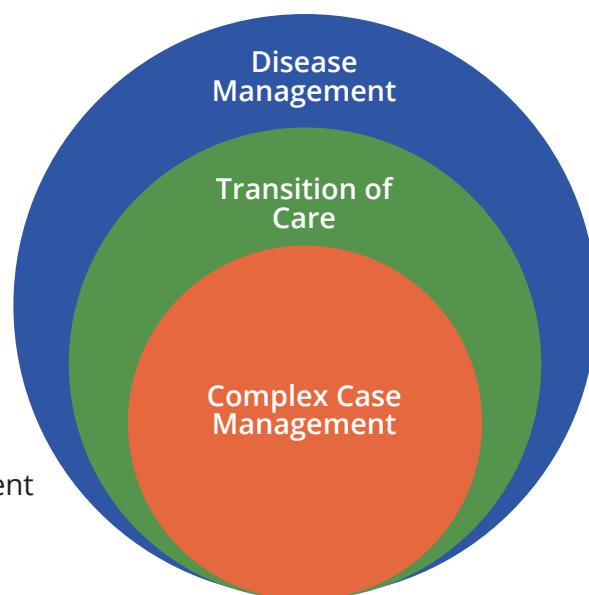
Benefits Available to Our Members Include:

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

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

https://cdn.chooseultimate.com/library/Case_and_Disease_Management_Referral_Form.pdf

Ultimate Health Plans is committed to providing skilled and compassionate support through our full range of programs.



Coverage Decisions, Appeals, and Complaints

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

- ◆ Situations in Which You Should Ask Us to Pay Our Share of the Cost of Your Covered Services or Drugs (*EOC Chapter 7, Section 1*)
- ◆ How to Make a Complaint (*EOC Chapter 9, Section 10*)
- ◆ A Guide to Coverage Decisions and Appeals (*EOC Chapter 9, Section 4*)
- ◆ Independent Review Entity Step-by-Step: How a Level 2 Appeal is Done (*EOC Chapter 9, Section 5.4*)



Understanding Our Members' Benefits

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

- The Medical Benefits Chart shows your Medical Benefits and Costs (*EOC Chapter 4, Section 2*)
- Services that aren't Covered by our Plan - Exclusions (*EOC Chapter 4, Section 3*)
- Drugs with Restrictions on Coverage (*EOC Chapter 5, Section 4*)

Obtaining Care

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

- The Provider and Pharmacy Directory (*EOC Chapter 1, Section 3.2*)
- Use Providers in the Plan's Network to Get Your Medical Care (*EOC Chapter 3, Section 2.1*)
- How to Get Care from Specialists and Other Network Providers (*EOC Chapter 3, Section 2.3*)
- How to Get Care from Out-of-Network Providers (*EOC Chapter 3, Section 2.4*)
- Getting Care When You Have an Urgent Need for Services – After Hours and Outside the Plan's Service Area (*EOC Chapter 3, Section 3.2*)
- Getting Care if you have a Medical Emergency (*EOC Chapter 3, Section 3.1*)



Member Rights and Responsibilities

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

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

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

Cardiovascular Disease

In the United States:

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

One person dies every 33 seconds from cardiovascular disease.

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

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

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

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

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

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

- Hypertension prevalence will increase from 51.22% in 2020 to 61.0% in 2050
- Coronary disease prevalence will increase from 7.8% in 2020 to 9.2% in 2050
- Heart failure prevalence will increase from 2.7% in 2020 to 3.8% in 2050
- Stroke prevalence will increase from 3.9% in 2020 to 6.4% in 2050
- Atrial Fibrillation prevalence will increase 1.7% in 2020 to 2.4% in 2050
- Total Cardiovascular disease prevalence will increase 11.3% in 2020 to 15.0% in 2050
- Clinical CVD will affect 45 million adults and CVD including hypertension will affect more than 184 million adults by 2050 (>61%)
- Most adverse trends are projected to be worse among people identifying as American Indian/Alaska Native or multiracial, Black, or Hispanic



Tips to help your patients

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

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

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



Diabetes and your members

Diabetes is the No. 1 cause of kidney failure, lower-limb amputations, and adult blindness.

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

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

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

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

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

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

Medical costs and lost work and wages for people with diagnosed diabetes total \$413 billion yearly. Medical costs for people with diabetes are more than twice as high as for people who don't have diabetes.

Tips to help your patients

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

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

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

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

Ultimate Health Plans Quality Improvement Program

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

Responsibilities within our department include:

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

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

Protect Your Patients This Season: The Importance of Flu Vaccination for Medicare Members

As flu season approaches, providers play a vital role in helping Medicare members stay healthy and avoid preventable complications. Influenza can lead to serious illness, hospitalization, and even death—especially among adults aged 65 and older and those with chronic conditions.

Why It Matters

Older adults account for the majority of flu-related hospitalizations and deaths each year. Vaccination remains the best defense against severe illness, helping to:

- Reduce flu-related hospitalizations
- Lower the risk of heart attack and stroke in high-risk patients
- Protect vulnerable populations, including those with diabetes, COPD, or heart disease

Provider Action Steps

- **Recommend vaccination early:** A strong provider recommendation is the most influential factor in a patient's decision to get vaccinated.
- **Stock age-appropriate vaccines:** Offer high-dose or adjuvanted flu vaccines for adults 65+ per CDC guidance.
- **Document and code correctly:** Ensure flu vaccinations are properly recorded in the medical record and submitted with the correct CPT/HCPCS codes to support quality reporting and Star measure performance.
- **Close care gaps:** Use reminder calls, portal messages, and standing orders to increase vaccination rates.



Key Reminder

Flu vaccines can be co-administered with COVID-19 or pneumococcal vaccines during the same visit—an efficient way to improve overall immunization coverage.

Resources

- **CDC Flu Vaccine Guidance:** <https://www.cdc.gov/flu/professionals>
- **Medicare Coverage:** Flu shots are covered at no cost for Medicare beneficiaries.

Bottom Line:

Your proactive recommendations make a difference. Encouraging flu vaccination protects your patients, supports community health, and improves quality outcomes across the Medicare population.

Improving Health Outcomes Survey (HOS) Performance: Best Practices for Providers

The Medicare Health Outcomes Survey (HOS) is a vital tool used by the Centers for Medicare & Medicaid Services (CMS) to assess how well Medicare Advantage (MA) plans help members maintain or improve their physical and mental health over time. As a trusted partner in patient care, providers play a critical role in influencing the outcomes measured by the HOS.

Strong HOS performance not only reflects the quality of care your patients receive, but also contributes to higher Star Ratings, better patient experiences, and improved clinical outcomes.



Understanding the HOS

The HOS is administered annually to a random sample of Medicare Advantage members and measures changes in physical and mental health status over a two-year period. Key domains include:

- **Physical Health Functioning**
- **Mental Health Functioning**
- **Fall Risk Management**
- **Physical Activity**
- **Bladder Control**
- **Pain Management**
- **Medication Adherence**
- **Chronic Disease Management** (e.g., diabetes, hypertension, heart disease)

Why HOS Matters

HOS results are directly linked to Star Ratings through the “Improving or Maintaining Physical Health” and “Improving or Maintaining Mental Health” measures. These scores are based on how members’ self-reported health status changes over time.

Improving member outcomes begins with consistent, compassionate, and proactive care at the provider level.

Key HOS Improvement Strategies

1. Encourage Open Communication

Patients may underreport symptoms or health challenges. Ask open-ended questions during visits:

- “How are you managing your daily activities?”
- “Have you felt down, depressed, or hopeless recently?”
- “Do you feel steady when you walk or stand?”

Empathetic communication helps uncover issues that impact physical or mental well-being.

2. Promote Physical Activity

Regular physical activity supports mobility, independence, and mental health.

- Recommend age-appropriate exercise plans such as walking, stretching, or balance training.
- Provide community or wellness resources for seniors (e.g., SilverSneakers®, local recreation centers).

3. Screen and Manage Fall Risk

Falls are a major concern for older adults.

- Ask about any recent falls or balance problems.
- Review medications for side effects that increase fall risk.
- Recommend physical therapy or home safety evaluations when needed.

4. Address Mental Health

Depression and anxiety significantly affect quality of life and HOS scores.

- Use brief screening tools such as PHQ-2 or PHQ-9.
- Normalize conversations about mental health and encourage appropriate referrals.
- Follow up regularly to monitor progress and treatment effectiveness.

5. Support Medication Adherence

Help patients understand their medication purpose, dosing, and side effects.

- Simplify regimens where possible.
- Encourage use of pill organizers or medication synchronization programs.
- Coordinate with pharmacists to identify barriers and solutions.

5. Support Medication Adherence

Help patients understand their medication purpose, dosing, and side effects.

- Simplify regimens where possible.
- Encourage use of pill organizers or medication synchronization programs.
- Coordinate with pharmacists to identify barriers and solutions.

6. Manage Chronic Conditions Proactively

Consistent monitoring and education can prevent health decline.

- Reinforce self-management goals for conditions like diabetes, hypertension, and COPD.
- Schedule regular follow-ups and lab testing.
- Encourage patients to report changes in their condition promptly.

7. Reinforce Preventive Care

Ensure members are up to date with annual wellness visits, vaccinations, and screenings. Preventive care supports long-term health and functional ability.

Engaging Patients Beyond the Clinic

Providers can also promote HOS improvement by partnering with care management teams and leveraging plan resources:

- **Care coordination:** Connect patients with disease management or behavioral health programs.
- **Education:** Provide written materials or handouts summarizing physical activity, nutrition, and medication tips.
- **Outreach:** Encourage patients to respond to the HOS when they receive it and reassure them their feedback helps improve care.

Takeaway

Improving HOS results begins with the patient-provider relationship. Every conversation, assessment, and follow-up contributes to a member's perception of their health and their ability to maintain or improve it over time.

Your commitment to whole-person care—addressing physical, emotional, and social needs—directly impacts both quality performance and patient well-being.

For More Information:

Providers can access additional resources on HOS measures, coding tips, and patient engagement strategies through the CMS Medicare Health Outcomes Survey website:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS>

High Risk Medication Utilization and Alternatives

When treating members who are older adults, prescribers need to be vigilant for medications found on the American Geriatrics Society (AGS) Beers Criteria® and outweigh the risks and benefits of prescribing these medications in the elderly. Members in Medicare plans are additionally monitored by the Centers for Medicare and Medicaid Services (CMS) which strives to identify and mitigate patient safety concerns and assess the quality of care afforded to members. This is directly reflected in the Star Ratings CMS assigns to plans in various categories each year. In 2025, the Journal of the American Geriatrics Society published a companion to the AGS Beers List® which details both pharmacologic and non-pharmacologic treatment alternatives for older adults.

Providers should proactively:

- Review medication regimens for patients aged 65 and older
- Evaluate cumulative anticholinergic exposure and avoid duplication when possible
- Avoid prescribing medications off the Beers Criteria® when possible
- Transition patients to lower risk alternatives when clinically appropriate
- Coordinate care across prescribers to prevent unintentional risk

Prior Authorization Requirement for Cyclobenzaprine

In 2026, Ultimate Health Plans added a prior authorization for anyone aged 65 or older for cyclobenzaprine due to anticholinergic risks (e.g., confusion, dry mouth, blurry vision, constipation, urinary retention) in older adults. Please consider alternatives such as short-term NSAIDs or topical agents or lowering and discontinuing use when no longer clinically warranted for the member. There are alternative recommendations now published by the American Geriatrics Society that is referenced before for additional details. Please note that if a prior authorization is submitted and approved, it will be for a limited period and reauthorization will be required for extended use.

Concurrent use of Opioids and Benzodiazepine

According to the 2023 AGS Beers Criteria, clinicians should avoid prescribing benzodiazepines in combination with opioids in adults aged 65 years or older who have, or are at high risk for, delirium, or who have a history of falls or fractures. These recommendations emphasize the importance of careful medication review and comprehensive risk assessment when managing pain and anxiety in older adults.

In 2026, Ultimate Health Plans, in partnership with OptumRx, implemented a secondary safety edit designed to identify and reduce the risk of adverse events associated with the concurrent use of opioids and benzodiazepines while ensuring that patients with legitimate clinical needs continue to receive appropriate care.

Under this new edit, OptumRx reviews up to 120 days of pharmacy claims history for members aged 18 years and older to detect overlapping prescriptions for opioid and benzodiazepine medications lasting fourteen (14) or more days. When such overlap is identified, the pharmacy claim triggers a hard rejection at the point of sale to prompt additional review and ensure patient safety.

If the dispensing pharmacy determines that the member qualifies for an exemption, the pharmacy may resubmit the claim using the appropriate Drug Utilization Review/ Professional Pharmacy Service (DUR/PPS) codes to override the rejection. Members who qualify for an exception include:

- individuals receiving hospice or palliative care
- treatment for cancer-related pain
- treatment for sickle cell disease

In situations where the rejection cannot be resolved at the pharmacy level, submission of a prior authorization request will be required for further clinical review.

Best Practices

Healthcare providers are encouraged to consider the following strategies to minimize risk and promote safe prescribing practices:

- Avoid initiating therapy with concurrent opioid and benzodiazepine medications whenever possible.
- Consider non-pharmacologic alternatives when appropriate, including relaxation techniques, behavioral therapy, anxiety management strategies, and cognitive therapy. etc
- Evaluate the appropriateness of initiating or continuing opioid therapy in accordance with established CDC prescribing guidelines.
- Provide education and engage in shared decision-making with patients by discussing the potential risks and benefits of opioid therapy, including the responsibilities of both the patient and clinician.
- Refer patients to pain management specialists when clinically indicated.

Medicare Part D Polypharmacy Anticholinergic Duplicate Therapy POS Edit:

Effective January 1, 2026, Ultimate Health plans along with Optum Rx® Medicare Part D plans implemented an enhanced Polypharmacy Anticholinergic Duplicate Therapy Point-of-Sale (POS) edit in response to CMS patient safety concerns related to the concurrent use of multiple anticholinergic medications in older adults.

Who Is Affected

- Medicare Part D members aged 65 years and older
- Members with two (2) or more unique anticholinergic medications
- Medications spanning eight (8) anticholinergic drug classes
- Fourteen (14) days or more of overlapping therapy

Anticholinergic Drug Classes Reviewed

CMS-Protected Classes	Non-Protected Classes
<ul style="list-style-type: none">• Antidepressants• Antipsychotics	<ul style="list-style-type: none">• Antiemetics• Antihistamines• Antimuscarinics• Antiparkinson agents• Antispasmodics• Skeletal muscle relaxants

CMS-Protected Classes

- Continue as soft rejects
- Override codes may be submitted when justified

Non-Protected Classes

- Will process as hard rejects
- Override codes will not be accepted at point of sale

What Providers Should Expect

- Pharmacy claim rejections for duplicate anticholinergic therapy involving **protected & non-protected classes**
- Outreach from pharmacies requesting:
 - o Discontinuation of duplicative therapy
 - o Medication changes or alternative selection
 - o Clarification of clinical intent

Key Takeaway

In members aged 65 and older, early intervention and review is critical to prevent adverse reactions to potentially inappropriate medications for this population. Providers can work to discontinue high-risk medication use in populations who could benefit from a potentially safer alternative selection.

References:

1. American Geriatrics Society Beers Criteria® Alternatives Panel; Steinman MA. Alternative Treatments to Selected Medications in the 2023 American Geriatrics Society Beers Criteria®. J Am Geriatr Soc. 2025 Sep;73(9):2657-2677. doi: 10.1111/jgs.19500. Epub 2025 Jul 23.
2. 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023 Jul;71(7):2052-2081. doi: 10.1111/jgs.18372. Epub 2023 May 4.



CONTACT US



BY PHONE:

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



BY MAIL:

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



ONLINE:

You may find answers to many of your questions online at www.ChooseUltimate.com



Community Outreach Offices



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



2713 Forest Rd
Spring Hill, FL 34606



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



www.ChooseUltimate.com

H2962_PROVNEWSQ1_CY25R032425_C