



# Provider Newsletter

November 2021



## 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.

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## A message from the CEO



*At Ultimate, we have been carefully monitoring the ever-changing situation with the COVID-19 pandemic. The new Delta variant has proven to be highly contagious and is causing serious illness, hospitalizations and death, especially for unvaccinated individuals and those at risk. The CDC has advised individuals to continue wearing masks and get fully vaccinated to protect themselves and others against COVID. Recently, the FDA issued full authorization for the Pfizer COVID-19 vaccine. Full FDA authorization for additional approved vaccines is expected.*

*We care about our members, provider partners and the communities we serve. Given the current state of the COVID pandemic, I am encouraging all Ultimate members and providers to get the vaccine, to wear a mask, and to continue to practice social distancing whenever possible. I am fully vaccinated and received my booster today courtesy of one of our Ultimate primary care physicians, Dr. Evelyn Castillo Delgado, M.D. at The Unity VIP Center located at 1180 Mariner Boulevard in Spring Hill, Florida 34609.*

*Wishing you good health,*

*- Nancy Gareau, CEO  
Ultimate Health Plans, Inc.*



# Announcing Our NEW WEBSITE

[www.ChooseUltimate.com](http://www.ChooseUltimate.com)

Ultimate Health Plans is proud to launch our newly redesigned website, available online at [www.ChooseUltimate.com](http://www.ChooseUltimate.com)

The primary goal of our website redesign effort was focused on simplifying our content and increasing the visibility of the plans we offer.

The new design allows for easier navigation and usability on all devices.

Explore the website today to access valuable information about Ultimate Health Plans!

**NEW!**

**User-Friendly  
Provider  
Search**

▲ COVID-19: Click here to learn about COVID-19 and what Ultimate is doing to help you through the pandemic. x



Find a Seminar/Webinar

Enroll Now

Member Login

Speak to an Agent Today  
**1-844-891-2121 (TTY 711)**  
Monday - Sunday, 8am - 8pm

Find a Plan ▾ Members ▾ Providers ▾ Agents ▾ Contact Us

A+ A A- Find a Provider/Pharmacy 🔍

## Good health is where you live.

Ultimate Health Plans is a local Medicare Advantage Plan based in Spring Hill, Florida. We proudly service the counties of Citrus, Hernando, Hillsborough, Indian River, Lake, Marion, Pasco, Pinellas, St. Lucie, and Sumter.





## OPIOID POINT-OF-SALE (POS) SAFETY EDITS... WHAT YOU NEED TO KNOW TO ASSIST MEMBERS!

Ultimate Health Plans understands the magnitude of our nation's opioid epidemic and negative impact on our communities. When used appropriately opioid medications are effective in treating many types of pain, but the benefits come with the risk of tolerance, addiction, overdose and even death.

Through the support of The Centers for Medicare & Medicaid Services (CMS), Ultimate Health Plans has received approval to implement Real-Time Safety Alerts and Edits to aid in the safe and appropriate review and use of opioid medications.

These edits are designed to give prescribers more information, and if warranted, to encourage prescribers to emphasize opioid overdose risk and prevention with their patients, especially if the patient is receiving prescription opioids from multiple prescribers or pharmacies.

Below are details of the most common opioid edits experienced by members.

### *PLAN RULES FOR CY2022*

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

#### *7-days supply limit for opioid naive patients hard edit:*

- Edit will affect a member who has not filled an opioid prescription under the current benefit within the past 120 days.
- This is a hard edit that stops the pharmacy from processing a prescription until an override is entered.
- Edit will affect a member that is NEW to Ultimate Health Plans who does not have a history of opioid use in their prescription history under the new plan.
- As the provider, if you believe that an opioid naive 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 coverage determination be initiated.
- Pharmacies should also be reaching out to you, to engage in discussion to determine if it is appropriate to enter an override on demand.

## Opioid care coordination 90 MME soft edit:

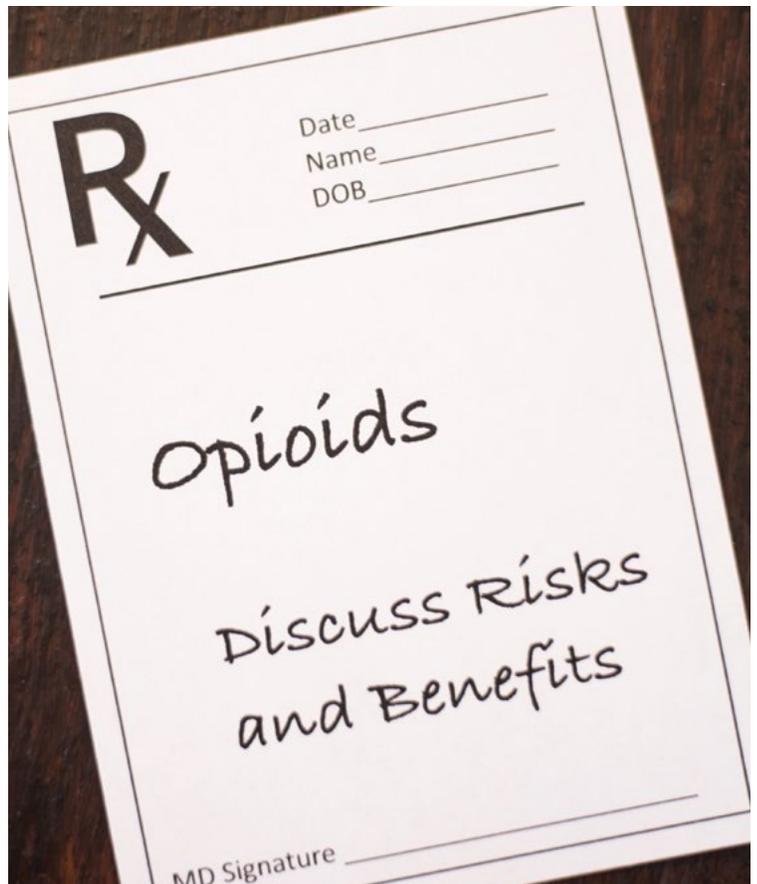
- This real-time safety edit is a soft reject that will affect members when they present an opioid prescription at the pharmacy and their cumulative morphine milligram equivalent (MME) per day across all their opioid prescriptions reaches or exceeds 90 MME.
- This alert is also designed to identify potentially high-risk patients who may benefit from closer monitoring and care coordination.
- The prescriber that writes the prescription that triggers the cumulative dose over 90 MME per day, will be the one contacted.
- The 90 MME is cited in the CDC Guideline as the level above which prescribers should generally avoid, **however this is not a prescribing limit.**
- The pharmacist is expected to consult with you to confirm the medical need for the higher MME. If appropriate, the pharmacist should then make appropriate indications in the pharmacy system so the prescription claim can pay.

## Cumulative 200 MME opioid hard edit:

- This real-time safety hard edit will affect members when they present an opioid prescription at the pharmacy and their cumulative morphine milligram equivalent (MME) per day across all their opioid prescriptions reaches or exceeds 200 MME.
- The pharmacist may alert you to this reject.
- A coverage determination may be needed to resolve the rejected claim. This would require you to provide information to Optum (PBM) so a clinical review can be completed.



Prescription abuse





## What can you do to best support our members?

- ✓ Regularly assess the short and longer term need and use of opioid prescriptions in your patients. <https://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 for the member.**
- ✓ If you are called by the member, pharmacy, or coverage determinations team from Optum (PBM) please be as responsive as possible so that the necessary information may be acquired and assessed.
- ✓ Educate the member on what they may experience. Assist member in knowing their rights.
  - Members can initiate a coverage determination.
  - Members should also receive a copy of “Medicare Prescription Drug Coverage and Your Rights” if the edit cannot be resolved with ease at the point of sale.
  - Please encourage the member to call Optum at 1-800-311-7517



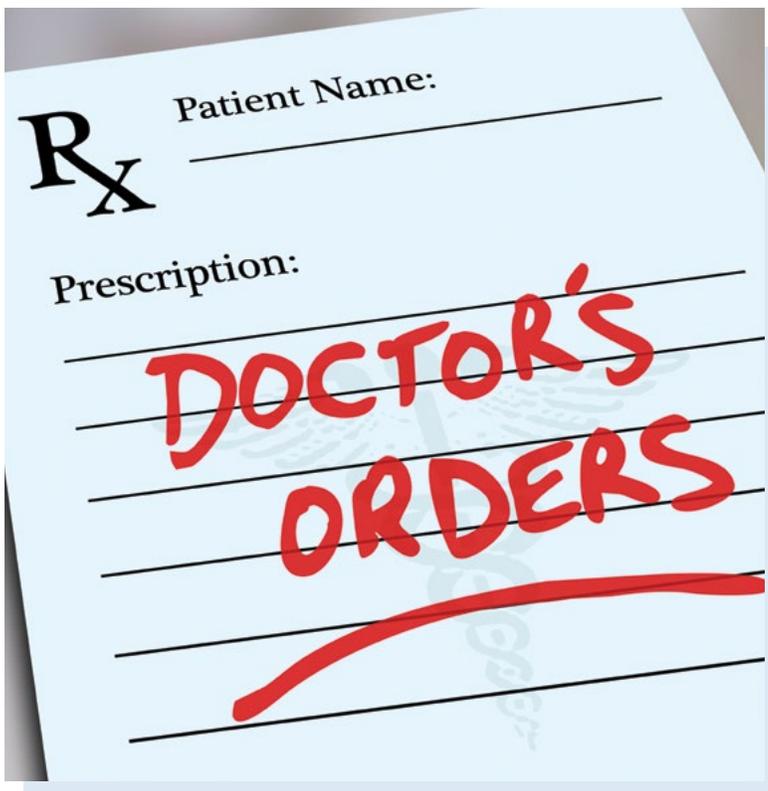
## Following the Doctor's Orders?

Due to advances in technology, standards in practice guidelines, and the potential of medication errors the use of verbal orders in the hospital setting has diminished significantly over the last decade.

Although written changes in prescription orders is common practice in the hospital setting, there is still some indication that when communicating *acute* changes in an ambulatory setting, verbal orders given to the member are still widely used. **Verbal orders in the ambulatory care setting whether acute or chronic in nature can lead to medication errors and non-adherence implications.**

*Consider the following suggestions to avoid member confusion when changing prescription therapy:*

- Discontinue original script and write for new orders even if the dose change is temporary.
- Call the pharmacy to discontinue the original order.
- Review the prescription change with the member.
- Ask the member to repeat their understanding of the change.
- Give the member instructions on what to do with the original prescription if there is medication still left.
- Advise the member if the change is expected to be short or long term.



### *Did you know:*

If a member refills a medication less or more frequently due to verbal orders, the member will be flagged as being non-compliant when pharmacy utilization data is reviewed. **This flag will lead to incorrect assumptions on member's utilization patterns when reviewing quality utilization data.**



## Notable Medication Recalls

### **Pfizer Expands Voluntary Nationwide Recall to include All Lots of CHANTIX® (Varenicline) Tablets Due to N-Nitroso Varenicline Content**

On September 16, 2021, Pfizer voluntarily recalled all lots of Chantix 0.5 mg and 1 mg Tablets to the patient (consumer/user) level due to the presence of a nitrosamine, N-nitroso-varenicline, at or above the FDA interim acceptable intake limit. Chantix is a treatment to help patients quit smoking and is intended for short term use.

Long-term ingestion of N-nitroso-varenicline may be associated with a theoretical potential increased cancer risk in humans, but there is no immediate risk to patients taking this medication.

Healthcare Professionals with questions regarding this recall can contact Pfizer at 800-438-1985, option 1 (24 hours a day; 7 days a week).

Patients with Chantix Tablets should contact Stericycle Inc. at 888-276-6166 (Mon.-Fri. 8:00 am - 5:00 pm ET) for instructions on how to return their product and obtain reimbursement for their cost. <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/pfizer-expands-voluntary-nationwide-recall-include-all-lots-chantixr-varenicline-tablets-due-n>

Reference: <https://www.fda.gov/drugs/ensuring-safe-use-medicine/best-practices-tablet-splitting>





## Submitting Claims

Please note that effective 10/1/2021, Ultimate Health Plans will have a new mailing address for paper claims.

All paper claims should be sent to:

**Ultimate Health Plans**  
**P.O Box 3340**  
**Spring Hill, FL 34606**

Electronic claims submission continues to be the method that we prefer to receive claims. There are no changes to electronic submissions. You can continue to send electronic claims to Emdeon (Change Healthcare) Payor ID 77022.

If you have any additional questions regarding this change, please reach out to your assigned Provider Relations Representative or contact us via email at [ProviderRelations@ulthp.com](mailto:ProviderRelations@ulthp.com).

## Pharmacy Reminders

- **OptumRx is our Pharmacy Benefits Manager (PBM) for 2021.**

- Member customer service:  
800-311-7517
- TTY: 711

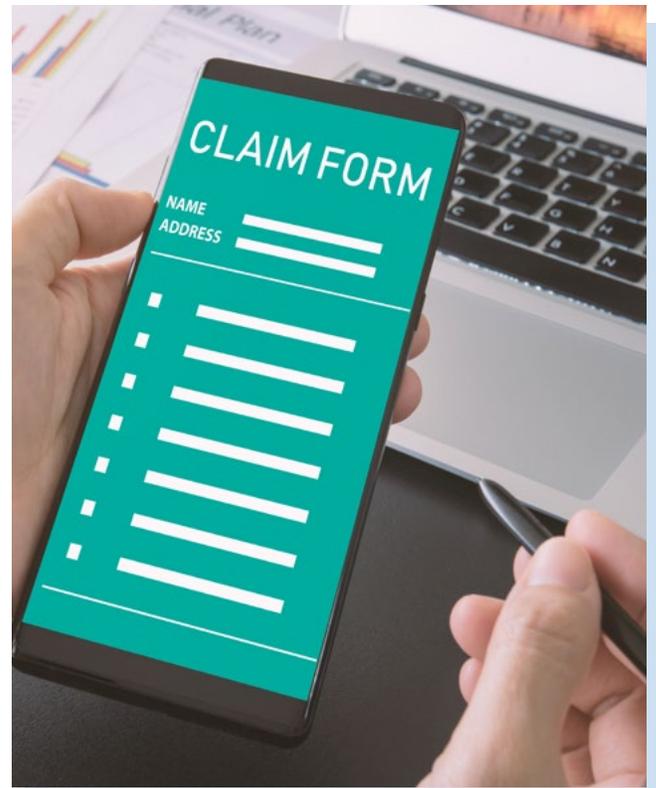
- **OptumRx is the mail-order vendor.**

Utilizing mail order not only saves members' money but also helps with adherence!

- Mail-order phone number:  
800-791-7658
- Mail-order fax number: 800-491-7997

- **Prior authorization submissions by phone, fax, or new online portal!**

- Phone: 1-800-711-4555 -  
Hours of Operation:
  - 5 a.m. PT - 10 p.m. PT, Monday through Friday
  - 6 a.m. PT - 3 p.m. PT, Saturday
- Fax: 1-844-403-1028
- <https://professionals.optumrx.com>



# Introducing our New Dual Special Needs Plans

For 2022, we are pleased to announce the addition of our Dual Special Needs Plans (D-SNP). All D-SNP plans are available in our existing servicing counties of Citrus, Hernando, Hillsborough, Indian River, Lake, Marion, Pasco, Pinellas, St. Lucie, and Sumter. In order to join one of our D-SNP plans, you must be actively enrolled in the State of Florida Medicaid Program.

## Members of our D-SNP Plans enjoy these benefits:

### Prescription Drugs at No Cost to You

Medicare approved Ultimate Health Plans to provide covered prescription drugs to our members at no cost to you as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Refer to our Formulary for a list of covered drugs.

### Vision with Choices

In addition to **\$0** copays for routine eye exams and post-cataract surgery benefits, you may select from one of the following benefit options each year:

#### Option 1:

Yearly benefit limit of up to **\$500** for eyewear towards 1 pair of:

- Eyeglasses, frames, lenses, and fitting OR
- Contact lenses, conventional or disposable, and contact lens fitting

#### Option 2:

- **\$0** copay for your choice of 3 standard pairs of select eyeglasses, frames and lenses

### Unlimited Transportation

**\$0** copay for unlimited trips to any plan-approved locations per benefit year.

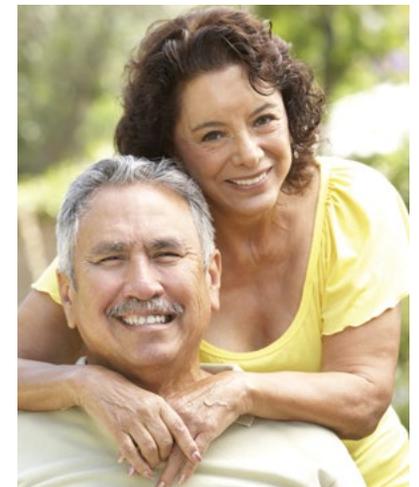
### Flex Card for Hearing, Dental and Vision

Up to **\$500** every year on a prepaid Visa card that may be used to cover costs which exceed the plan allowed benefits for hearing, dental and vision services.

### Healthy Foods Card

Up to **\$25** monthly on a prepaid card to spend at participating retailers towards the purchase of healthy foods such as vegetables, fruit, bread, rice, milk, and more. Some restrictions may apply. The benefit amount does not roll over from month to month.

To be eligible for the Healthy Foods Card benefit, you must be diagnosed with one of the following chronic conditions: Chronic alcohol and other drug dependencies, Autoimmune disorders, Cancer, Cardiovascular disorders, Chronic heart failure, Chronic kidney disease (any stage), Dementia, Depression, Diabetes, End-stage liver disease, End-stage renal disease (ESRD), Hypercholesterolemia, Hypertension, Severe hematologic disorders, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders, Stroke, Tobacco abuse.





# Provider Perspective

By Pragnesh Shah, MD, MBA, CPE

**Dear Provider,**

As we enter the last quarter of the year, I want to congratulate you for job well done taking care of our health plan members. We at UHP truly appreciate your outstanding care. In this newsletter, I want to discuss the importance of vaccination. Everyone plays a role in infection prevention – patients, family members of patients, and healthcare providers. As part of your role to protect members against serious diseases like pneumonia, flu, and shingles, there are certain measures you can take to improve compliance of vaccine adherence. Adults with chronic conditions such as diabetes and heart disease are at increased risk of adverse outcomes for vaccine – preventable diseases. Below is an outline of flu and pneumococcal vaccinations.

## Influenza Immunization:

In the United States, influenza activity peaks around January or February. However, flu season can last from as early as October to as late as May. Young children, elderly, and anyone with a compromised immune system are at increased risk of adverse outcomes from Influenza infection. Vaccination is an effective way of reducing the chances of influenza infection.

- Routine annual influenza vaccination of anyone older than 6 months is recommended.
- All influenza vaccines for the flu season 2021-2022 will be quadrivalent vaccines, protecting against two strains of Influenza A virus and two strains of Influenza B virus.
- Different vaccines have been approved for different age groups. There is a quadrivalent flu vaccine approved for children as young as 6 months old. Other vaccines (e.g., Flucelvax Quadrivalent) are approved for anyone 2 years and older. Influenza vaccines can be given along with COVID vaccine.
- Quadrivalent nasal spray vaccine is approved for anyone who is not pregnant and between ages 2 through 49.
- Pregnant women or those who would be pregnant during the flu season should receive inactivated influenza vaccine.
- Influenza vaccines should be offered as soon as they become available, preferably by October.

## Pneumococcal Immunization:

Streptococcus pneumoniae (pneumococcus) is the bacteria responsible for pneumococcal disease. It can lead to pneumonia, sepsis, and even meningitis. Vaccination is the best way to prevent pneumococcal disease.

- There are two types of pneumococcal vaccines in the United States:
  - (1). Pneumococcal conjugate vaccine – PCV13,
  - (2). Pneumococcal polysaccharide vaccine – PPSV23.
- PCV13 protects against 13 types of pneumococcal bacteria, whereas PPSV23 protects against 23 different types of pneumococcal bacteria.
- CDC recommends PCV13 for all children younger than 2 and people 2 and older with certain medical conditions. PPSV23 is recommended for all adults 65 and older, people 2 to 64 years old with certain medical conditions, and adults 19 through 64 years old who smoke cigarettes.
- Vaccination Timing:
  - o Anyone 19 to 64 years old with chronic renal failure, nephrotic syndrome, or asplenia – one time revaccination 5 years after the first dose.
  - o Anyone 65 years or older who has received one pneumococcal vaccine (e.g., based on above criteria) should receive another vaccination at age 65 or at least 5 years since the first vaccination, whichever is later.
  - o No further doses for those vaccinated at age 65 or later.

## Immunization Schedule:

- As you know, adult vaccination recommendations depend on various factors including age, comorbid conditions, occupation, etc. Each year, the Advisory Committee on Immunization Practices (ACIP) reviews the recommended adult (anyone over 18 years old) immunization schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. The following link provides this adult immunization schedule.
  - <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>



## Medicare Coverage and Payment

### • Medicare Part B will pay for the following vaccines:

- o Influenza (flu) vaccine
- o Pneumococcal vaccines
- o Hepatitis B vaccines for persons at increased risk of hepatitis
- o Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus
- Part D plan formularies must include all commercially available vaccines (except those covered by Part B).

As always, thank you for caring for our members.  
Please do not hesitate to reach out with any questions, concerns, or comments.



## CONTACT US



### BY PHONE:

Monday thru Friday: 8 a.m. to 6 p.m.  
1-888-657-4171  
(TDD/TTY call 711)



### BY MAIL:

Ultimate Health Plans, Inc.  
1244 Mariner Blvd.,  
Spring Hill, FL 34609



### ONLINE:

You may find answers to many  
of your questions online at  
[www.ChooseUltimate.com](http://www.ChooseUltimate.com)



### CORPORATE OFFICE

1244 Mariner Blvd.,  
Spring Hill, FL 34609  
Currently, Monday thru Friday  
9 a.m. to 5 p.m.



### IN PERSON

## Community Outreach Offices

17820 SE 109th Ave  
Unit 103  
Summerfield, FL 34491



2713 Forest Road  
Spring Hill, FL 34606



4058 Tampa Road  
Unit 7  
Oldsmar, FL 34677

