



QUICK REFERENCE GUIDE

PLAN CONTACT INFORMATION

Plan Mailing Address: 1244 Mariner Blvd., Spring Hill, FL 34609

Website: <https://www.chooseultimate.com/>

Provider Portals:

Calypso Authorization/Eligibility Portal: <https://ultimate.mirrahealthcare.com/>

Claims Portal: <https://ultproviderportal.tmghealth.com/>

HEDIS Portal: <https://ultimate.gaprima.com:8030/>

<p>Case Management Toll-Free: (855) 337-6868 Local: (352) 277-5307 Fax: (352) 277-5309</p>	<p>Compliance and Fraud, Waste & Abuse Hotline Phone: (855) 730-7925 <i>24 hours per day, 7 days per week</i></p>
<p>Member Services Phone: (888) 657-4170 (Mon-Sun, 8am-8pm) Fax: (800) 303-2607 24/7 Nurse Advice Line (for Members) (855) AFT-Hour (1-855-238-4687)</p>	<p>Pharmacy Services Phone: (800) 311-7517 <i>24 hours per day, 7 days per week</i> Member Enrollment can be completed online at OptumRX.com or via phone by calling (877) 889-6358</p>
<p>Provider Relations Phone: (352) 515-5963 Fax: (352) 515-5976 Email: ProviderRelations@ulthp.com <i>For questions about Contracts, Credentialing Status, Escalated Issues</i></p>	<p>Provider Services Phone: (888) 657-4171 (Mon-Fri, 8am-6pm) <i>For Eligibility, Claims, Authorization Status and Provider Complaints</i></p>

CLAIMS

<p>Medical Claims Submissions EDI Payor ID: 77022 For faster payment we accept claims electronically through Change Healthcare (877) 363-3666 Paper Claims: CMS 1500 and CMS 1450 form (UB-04) "red form" for claims and encounters (no handwritten or replicated forms). Send Paper Claims to: Ultimate Health Plans P.O. Box 3146 Scranton, PA 18505 (855) 895-4743 Fax</p>	<p>Dental/Vision Claims Submission EDI Payor ID: Argus Send Paper Claims to: Argus Dental & Vision Attn: Claims P.O. Box 211276 Eagan, MN 55121</p>	<p>Claims Payment Disputes To address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc., please submit a Claims Payment Dispute within 60 calendar days of the date of the Explanation of Payment (EOP). Send Inquiries to: Ultimate Health Plans – CP Disputes P.O. Box 6560 Spring Hill, FL 34611 (888) 657-4171 Phone (800) 313-2798 Fax</p>
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UTILIZATION MANAGEMENT

Authorization Requests and Admission Notifications Fax to: (352) 515-5975

Physician Referrals - The Primary Care Provider (PCP) is the Members' "Medical Home." PCPs may refer members to plan participating Specialists, clinics and free-standing facilities by writing or faxing a script to the Specialist (except for Pain Management which requires Prior Authorization). The Specialist must document receipt of this request and the reason for the referral (No additional communication with the plan is needed). Referrals by a Specialist to another Specialist are not permitted.

Authorizations- All services listed on the No authorization list, do not require Prior Authorization when rendered by a participating provider or an in-network free standing diagnostic center (POS 11). For services not included on the list, the Specialist must coordinate with the PCP to obtain prior authorization.

CONTRACTED NETWORKS

Vision	<i>Argus Dental & Vision</i>	Phone: (800) 210-5511
Dental	<i>Argus Dental & Vision</i>	Phone: (800) 340-8869
Hearing	<i>Nations Hearing</i>	Phone: (800) 313-2763
Behavioral Health and Substance Abuse	<i>Beacon Health Options</i>	Phone: (800) 627-1259
Gym membership	<i>Silver Sneakers</i>	Phone: (888) 423-4632 www.silversneakers.com
Over the Counter (OTC) Benefits	<i>United Medco</i>	Phone: (877) 422-0039 https://otc.myultimatehp.com
Laboratory Services	<i>LabCorp</i>	Phone: 888-LABCORP (888-522-2677) Press option 1, then either option 1 for routine lab work, or option 2 for drug screening. www.labcorp.com/wps/portal/findalab
Transportation	Transportation is provided to the following approved destinations: <ul style="list-style-type: none"> • PCP • Specialist / Eye Doctor • Dialysis • Physical Therapy 	To schedule transportation, contact the supplemental benefits line: Phone: (833)-965-2106

PHARMACY SERVICES

Mail Order OptumRX Address: P.O. Box 2975 Mission, KS 66201 Phone: (877) 889-6358 Fax: (800) 491-7997	Specialty Pharmacy Optum Specialty Pharmacy Address: 1050 Patrol Rd. Jeffersonville, IN 47130 Phone: (855) 427-4682 Fax: (877) 342-4596	Medication Appeals OptumRx Attn: Prior Authorization Dept. c/o Appeals Coordinator Address: P.O. Box 25184 Santa Ana, CA 92799 Fax: (877) 239-4565
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Authorization is needed for:

- Coverage of a Part D drug that is not listed on the Formulary (NFE)
- Drugs listed on the Formulary with a Prior Authorization (PA)
- An override exception to a Quantity Limit drug listed on the Formulary (QL)
- Drugs on the Formulary with a Step Therapy and the first line drug(s) is inappropriate (ST)
- Drugs on the Formulary in a higher cost-sharing tier being requested to a lower cost-sharing tier (TE)

Coverage Determinations can be mailed to OptumRX, Attn: Prior Authorization Dept., PO Box 25183, Santa Ana, CA 92799. Expedited requests can be completed by calling (800) 311-7517 or by faxing completed form to (844) 403-1028.

Coverage determination form: https://cdn.chooseultimate.com/library/Request_Medicare_Prescription_Drug_Form.pdf