



Quick Reference Guide

Calendar Year 2025

Resources

Provider Services

Phone: (888) 657-4171
Mon - Fri, 8:00 AM - 6:00 PM
For faster service, please use the Claims, Eligibility, and Authorization Status Portal at:
<http://providerportal.uhp.health>

Provider Portal Help Desk:
umsupport@mirrahealthcare.com

Provider Relations

Phone: (352) 515-5963
Fax: (352) 515-5976

For questions about Contracts, Credentialing Status and Escalated Issues, e-mail:
Provider_Relations@ulthp.com

Authorization Submission

<https://ultimate.mirrahealthcare.com>
Outpatient Authorization Requests, fax to (352) 515-5975.
Inpatient Concurrent Review, SNF, Inpatient Rehab and Long-Term Acute Care Authorization Requests, fax to (352) 616-0946.

HEDIS

<https://ultimate-qaprima.mirrahealthcare.com/>
Visit the portal for HEDIS Gap Submissions, Scorecards, and Part C & Part D reporting.
Contact your assigned Provider Network Representative for any assistance needed.

Compliance, Fraud, Waste & Abuse Hotline

Email either/or:
compliancehotline@ulthp.com
investigatefwa@ulthp.com

Care Management

Email:
caremanagement@ulthp.com

Member Services

Mon - Sun, 8 AM - 8 PM
Phone: (888) 657-4170
Fax: (800) 303-2607
24/7 Nurse Advice Line (for Members)
(855) AFT-Hour (1-855-238-4687)

Claims

Electronic Medical Claims Submissions

EDI Payor ID: 77022
For faster payment, we accept claims electronically through Change Healthcare at (877) 363-3666.

For payments and ERA/EOPs, contact Payspan at (877) 331-7154 Ext 1.
<https://www.payspanhealth.com/nps>

Paper Medical Claims Submissions

CMS 1500 and CMS 1450 form (UB-04) "red form" for claims and encounters (no handwritten or replicated forms).

Mail to:
Ultimate Health Plans
PO Box 3340, Spring Hill FL 34611-3340

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

PO Box 6560, Spring Hill FL 34611

Phone: (888) 657-4171

Fax: (800) 313-2798

Utilization Management

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 (please note, Pain Management referrals require Prior Authorization). A Specialist-to-Specialist referral is not permitted.

Authorizations

Certain services do not require prior authorization when rendered by a participating provider or an in-network freestanding diagnostic center (POS 11). You may access the Prior Authorization Exclusion List at: <https://chooseultimate.com/Provider/Reference>

The PCP must obtain prior authorization for services not on this list. The Specialist must always coordinate with the PCP to obtain Prior Authorization for services.

Expedited Prior Authorization Requests Criteria

- ◆ Enrollee or his/her physician must believe that waiting for a decision under the standard timeframe could place enrollee's life, health, or ability to regain maximum function in serious jeopardy.
- ◆ Retrospective requests will not be expedited.
- ◆ Prior authorization requests that do not meet the CMS Expedited definition should be submitted as standard.

Authorization is required 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 Determination Form https://cdn.chooseultimate.com/library/Request_Medicare_Prescription_Drug_Form.pdf

Part D Pharmacy Services

Member Enrollment

Phone: (800) 311-7517 - 24 hrs/7 days

Member enrollment via phone, call (877) 889-6358.

Member enrollment online at:

<https://www.optumrx.com>

Optum Rx Mail Orders

Address: PO Box 2975, Mission KS 66201

Phone: (877) 889-6358

Fax: (800) 491-7997

Optum Rx Coverage Determinations & Redeterminations (Appeals)

Coverage Determinations
Attn: Optum Rx C/O Prior Authorization Department
PO Box 2975, Mission KS 66201

Redeterminations (Appeals)
Attn: Optum Rx C/O Appeals Coordinator
PO Box 2975, Mission KS 66201

Expedited requests may be completed by calling: (800) 311-7517
Appeals Fax: (877) 239-4565
Coverage Determination Fax: (844) 403-1028

OptumRx Specialty Pharmacy

Address: 1050 Patrol Rd, Jeffersonville IN 47130
Phone: (855) 427-4682

Contracted Vendor Network

Acupuncture & Chiropractic

American Specialty Health Group, Inc.
ATTN: Claims Department
PO Box 509001, San Diego CA 92150-9001
Claims Contact: (800) 972-4226
Customer Service Provider Line: (800) 577-0055

Behavioral Health

Carelon Behavioral Health
ATTN: Carelon Behavioral Health
PO Box 1870, Hicksville, NY 11802-1870
Claims Contact: (800) 221-5487
Customer Service: (800) 627-1259
<https://providersearch.carelonbehavioralhealth.com/#/provider/home/80>

Behavioral Health (Telemedicine - MD Live)

Carelon Behavioral Health
Customer Service: (855) 849-3650
www.mdlive.com

Dental 2024

Delta Dental
ATTN: Claims
DeltaCare USA
PO Box 1810, Alpharetta, GA 30023-1809

Claims Contact: (888) 643-3261
alliancesupport@delta.org

Dental 2025

FCL Dental
ATTN: Claims Department
101 Parkland Blvd, Suite 301, Sugar Land TX 77478

Claims Contact: claims@fcl dental.com
Customer Service: TFN (800) 340-8869 and DID (281) 276-5040
<https://search.fcl dental.com/>

Gym Benefit

Silver Sneakers
Customer Service: (888) 423-4632
<https://tools.silversneakers.com/>

Hearing 2024

20/20 Hearing Care Network
PO#'s created during active contract will be paid at close of trial period 30 days post delivery date.

Hearing 2025	Nations Benefits 2900 W Cypress Creek Rd, Ste 4 Ft. Lauderdale, FL 33309 Claims Contact: (800) 921-4559 and providers@nationshearing.com Customer Service: (800) 313-2763 https://chooseultimate.nationsbenefits.com/hearing
In-Home Support (Companionship, Everyday Tasks & Transportation)	The Helper Bees Customer Service: (888) 884-3614
Laboratory Services	LabCorp (800) 845-6167 www.labcorp.com
Meal Delivery (Post discharge nutrition)	Nations Benefits (855) 422-0039 https://chooseultimate.nationsbenefits.com
Nurse Triage	Carenet Health (855) 238-4687
Over-the-Counter (OTC) Benefits, Healthy Food & Flex Cards	Nations Benefits (855) 422-0039 https://chooseultimate.nationsbenefits.com
Prescription Drug Benefit 24/7	OptumRx (800) 311-7517 www.optumrx.com/members
Prescription Mail Order	OptumRx (877) 889-6358
Transportation	SafeRide Health (855) 306-0700
Vision - Routine Vision & Medical Eye Care	Premier Eye Care ATTN: Premier Eye Care PO Box 21503, Eagan MN 55121 Claims Contact: (800) 738-1889, Option 1, Option 5 and ClaimsSupport@premiereyecare.net Customer Service: (800) 210-5511 https://providerdirectory.premiereyecare.net/