



# Quick Reference Guide

Calendar Year 2026

## Resources

### Provider Services

Phone: (888) 657-4171

Mon - Fri, 8:00 AM - 5:00 PM

For faster service, please use the Claims, Eligibility, and Authorization Status Portal at:

<http://providerportal.ulthp.health>

Provider Portal Help Desk:

[umsupport@mirahealthcare.com](mailto:umsupport@mirahealthcare.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](mailto:Provider_Relations@ulthp.com)

### Authorization Submission

<https://ultimate.mirahealthcare.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-qaprime.mirahealthcare.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

[Phone: \(855\) 730-7925](Phone: (855) 730-7925)

[Email: compliancehotline@ulthp.com](mailto:compliancehotline@ulthp.com)

### Care Management

Email:

[caremanagement@ulthp.com](mailto:caremanagement@ulthp.com)

<Phone: 1-866-967-3430>

### Member Services

April 1st - September 30th: Mon - Fri, 8 am - 8 pm

October 1st - March 31st : 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 the below Clearing Houses:

Change Healthcare: (877) 363-3666

Availity : (800) 282-4548

WayStar: (844) 492-9782

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

<b>Claims Payment Disputes</b>	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 65 calendar days of the date of the Explanation of Payment (EOP).
	Electronic Submission: <a href="https://request.uhp.health">https://request.uhp.health</a> or Send Inquiries to: Ultimate Health Plans CP Disputes PO Box 3340, Spring Hill FL 34611 Phone: (888) 657-4171 Fax: (352) 515-5979

## Utilization Management

<b>Physician Referrals</b>	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.
<b>Authorizations</b>	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: <a href="https://chooseultimate.com/Provider/Reference">https://chooseultimate.com/Provider/Reference</a>
	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.
<b>Expedited Prior Authorization Requests Criteria</b>	<ul style="list-style-type: none"> <li>◆ 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.</li> <li>◆ Retrospective requests will not be expedited.</li> <li>◆ Prior authorization requests that do not meet the CMS Expedited definition should be submitted as standard.</li> </ul>
<b>Authorization is required for</b>	<ul style="list-style-type: none"> <li>◆ Coverage of a Part D drug that is not listed on the Formulary (NFE).</li> <li>◆ Drugs listed on the Formulary with a Prior Authorization (PA).</li> <li>◆ An override exception to a Quantity Limit drug listed on the Formulary (QL).</li> <li>◆ Drugs on the Formulary with a Step Therapy and the first-line drug(s) is inappropriate (ST).</li> <li>◆ Drugs on the Formulary in a higher cost-sharing tier being requested to a lower cost-sharing tier (TE).</li> </ul>
<b>Coverage Determination Form</b>	<a href="https://cdn.chooseultimate.com/library/Request_Medicare_Prescription_Drug_Form.pdf">https://cdn.chooseultimate.com/library/Request_Medicare_Prescription_Drug_Form.pdf</a>

## Part D Pharmacy Services

<b>Optum Rx Mail Orders</b>	Address: PO Box 2975, Mission KS 66201 Phone: (877) 889-6358 Fax: (800) 491-7997
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<b>Optum Rx Covergae Determinations &amp; Redeterminations (Appeals)</b>	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
<b>OptumRx Specialty Pharmacy</b>	Address: 1050 Patrol Rd, Jeffersonville IN 47130 Phone: (855) 427-4682
<b>Contracted Vendor Network</b>	
<b>Acupuncture &amp; Chiropractic</b>	<b>American Specialty Health</b>
	Paper Claims Address: American Specialty Health Group, Inc. Claims Department PO Box 509001 San Diego, CA 92150-9001
	Member Services: 888-577-0055
	Provider Services: (800) 972-4226
<b>Behavioral Health</b>	<b>Optum Behavioral Care</b>
	Paper Claims Address: Optum Claims P.O. Box 30757 Salt Lake City, UT 84130-0757
	EDI Payer ID: 87726
	Member Services: 800-627-1259
	Provider Services: <a href="http://www.providerexpress.com">www.providerexpress.com</a>
<b>Dental - Routine and Comprehensive</b>	<b>FCL Dental</b>
	Paper Claims Address: FCL Dental ATTN: Claims Department 101 Parklane Blvd, Suite 301 Sugar Land TX 77478
	EDI Payer ID: CX090
	Claim Submission Email: <a href="mailto:claims@fcldental.com">claims@fcldental.com</a>
	Member Services: 800-340-8869
	Provider Services Phone: 877-493-6282 Provider Services Email: <a href="mailto:PR@FCLDental.com">PR@FCLDental.com</a>
<b>Fitness Benefit</b>	<b>Silver Sneakers</b>
	Member Services: 888-423-4632
	Website: <a href="http://www.silversneakers.com">www.silversneakers.com</a>

**Hearing****NationsBenefits**

Member Services: 800-313-2763

Provider Services Phone: 800-921-4559

Provider Services Email: providers@nationshearing.com

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**In-Home Support Services**

*Offered to DSNP-only*

**The Helper Bees**

Member Services: (888) 884-3614

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**Laboratory Services**

LabCorp

(800) 845-6167

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

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**Post Discharge Meals****NationsBenefits**

Member Services: 888-657-4170

*Meals are ordered through UHP CM or MAT*

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**24-7 Nurse Hotline****Carenet Health**

Member Services: (855) 238-4687

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**Benefit Card – Healthy Food & Nations Benefits**

Utilites, OTC, Flex (Dental,

Vision, Hearing), and Rewards Member Services: (855) 422-0039

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

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**Prescription Drug Benefit**

**24/7**

OptumRx

(800) 311-7517

[www.optumrx.com/members](http://www.optumrx.com/members)

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**Prescription Mail Order**

OptumRx

(877) 889-6358

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**Transportation****NationsBenefits**

Member Services: 855-306-0700

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**Vision - Routine Vision &**

**Medical Eye Care**

**Premier Eye Care**

Paper Claims Address:

PO Box 21503,

Eagan MN 55121

EDI Payer ID: 65054

Member Services: (800) 210-5511

Provider Services Phone: (800) 738-1889

Provider Services Email: [networkmanagement@premiereyecare.net](mailto:networkmanagement@premiereyecare.net)