



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.uhp.health>

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

[Phone: \(855\) 730-7925](tel:8557307925)
[Email: compliancehotline@ulthp.com](mailto:compliancehotline@ulthp.com)

Care Management

Email:
caremanagement@ulthp.com

[Phone: 1-866-967-3430](tel:18669673430)

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

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 65 calendar days of the date of the Explanation of Payment (EOP).

Electronic Submission: <https://request.uhp.health>

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

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

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

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

Behavioral Health

Optum Behavioral Care

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: www.providerexpress.com

**Dental - Routine and
Comprehensive**

FCL Dental

Paper Claims Address:
FCL Dental
ATTN: Claims Department
101 Parklane Blvd, Suite 301
Sugar Land TX 77478

EDI Payer ID: CX090

Claim Submission Email: claims@fcl dental.com

Member Services: 800-340-8869

Provider Services Phone: 877-493-6282
Provider Services Email: PR@FCLDental.com

Fitness Benefit	Silver Sneakers Member Services: 888-423-4632 Website: www.silversneakers.com
Hearing	NationsBenefits Member Services: 800-313-2763 Provider Services Phone: 800-921-4559 Provider Services Email: providers@nationshearing.com
In-Home Support Services <i>Offered to DSNP-only</i>	The Helper Bees Member Services: (888) 884-3614
Laboratory Services	LabCorp (800) 845-6167 www.labcorp.com
Post Discharge Meals	NationsBenefits Member Services: 888-657-4170 <i>Meals are ordered through UHP CM or MAT</i>
24-7 Nurse Hotline	Carenet Health Member Services: (855) 238-4687
Benefit Card – Healthy Food & Utilites, OTC, Flex (Dental, Vision, Hearing), and Rewards	Nations Benefits Member Services: (855) 422-0039 Website: 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	NationsBenefits Member Services: 855-306-0700
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