



Provider Newsletter

February 2021

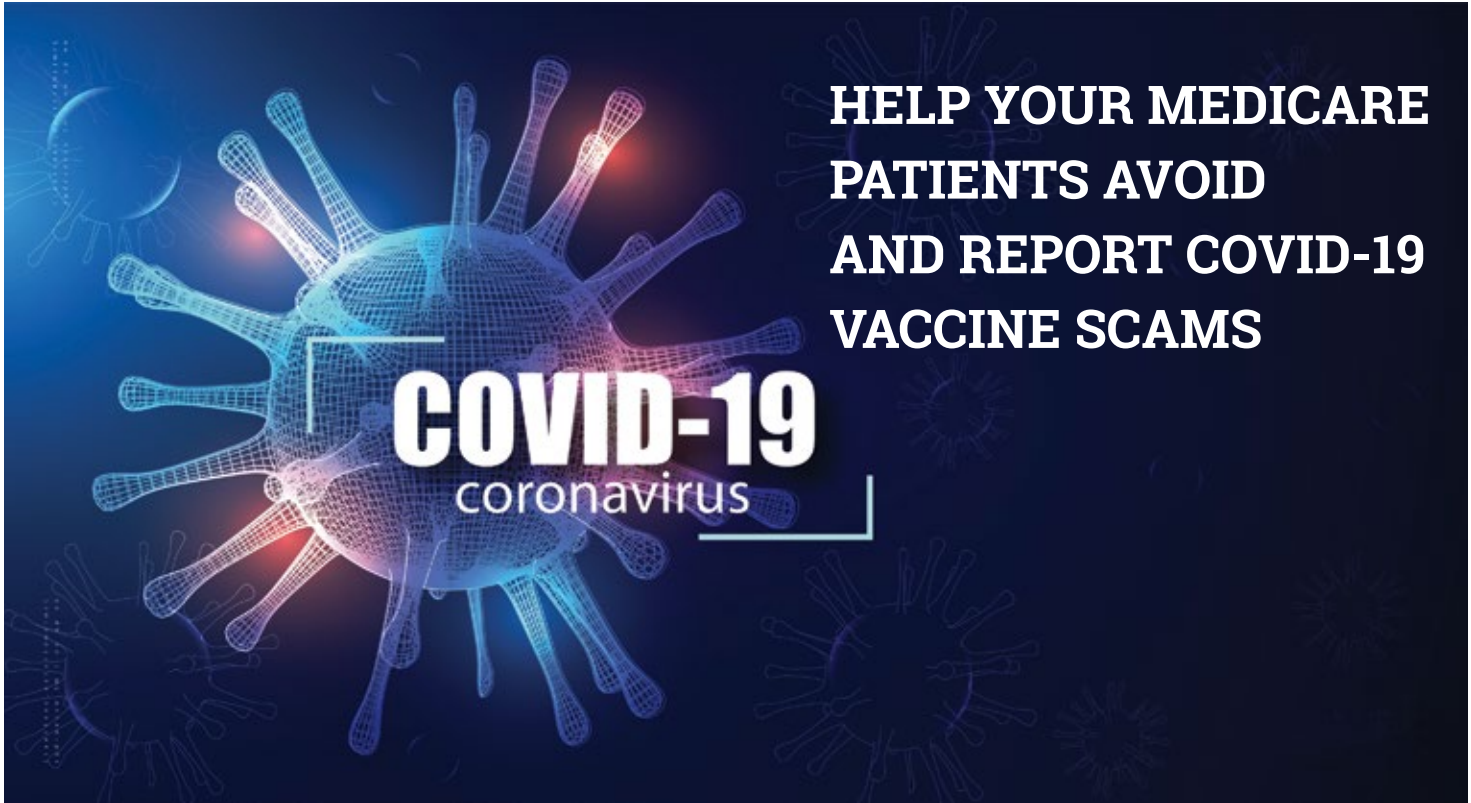


Mission Statement

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 legendary customer service, and recognizing our commitment to the community as a local corporation.

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As the COVID-19 vaccines begin to be distributed across the country, scam artists may try to obtain your patients personal information (like their current Medicare Number) so they can steal their identity and commit Medicare fraud.

Medicare covers the COVID-19 vaccine at no cost to your Medicare patients so if anyone asks your patients to share their Medicare Number or pay for access to the vaccine, it's a scam. Here's what to know and what to advise your Medicare patients:

- ▶ Medicare Patients can't pay to put your name on a list to get the vaccine.
- ▶ Medicare Patients can't pay to get early access to a vaccine.
- ▶ Advise them to not share their personal or financial information if someone calls, texts, or emails them promising access to the vaccine for a fee.
- ▶ Medicare will never contact you for your

Medicare Number or other personal information unless you've given them permission in advance.

- ▶ Medicare will never call you to sell you anything.
- ▶ You may get calls from people promising you things if you give them a Medicare Number. Don't do it.
- ▶ Medicare will never visit you at your home.
- ▶ Medicare can't enroll you over the phone unless you called first.

If your Medicare patient is asked for their information or for money please have them call **1800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048**. For Medicare Advantage Patients, call Medicare Drug Integrity Contractor (MEDIC) at 1-877-7SAFERX (1-877-772-3379).

Dear Valued Provider



It is my privilege to introduce you to our new Chief Medical Director, Pragnesh Shah, M.D., MBA, CPE. As a student of University of Illinois at Chicago, Dr. Shah earned a Bachelor of Science degree in 1996, followed by a Master of Science in Chemistry in 1997. From there, Dr. Shah attended the Finch University of Health Sciences – The Chicago Medical School, where he earned a Master of Science in Applied Physiology in 1999, followed by Doctor of Medicine in 2003. He went on to complete his residency in Categorical Internal Medicine at Milton S. Hershey Medical Center in Hershey Pennsylvania in 2006. He completed his Master of Business Administration from the Raymond J. Harbert College of Business in Auburn Alabama in 2017.

He is Board Certified in Internal Medicine (with Focused Practice in Hospital Medicine) and holds active licenses in the states of Florida, Texas, and California. He is also a Member of the American Association for Physician Leadership. Dr. Shah was the Founder, President and CEO of Everest Inpatient Physicians which he grew from a 1 to 10 physician hospitalist group practicing at various facilities in Sugar Land, TX with Medicare Advantage contracts with Texas Health Spring and Texan Plus. Dr. Shah sold this group to TeamHealth, LLC in 2015.

After the sale, Dr. Shah served as a physician group leader for TeamHealth for about a year-and-a-half before moving to Northern California and joining John Muir Medical Group. Most recently, Dr. Shah has served over 2 years as a Medical Director for Humana, Inc. in the utilization management space. On a personal note, Dr. Shah lives in Wesley Chapel, FL and is married with a 5-year old daughter. His hobbies include biking, watching movies, reading books, and listening to the Indian music. Most importantly though, he enjoys spending time with his family.

We are delighted to have Dr. Shah join our team at Ultimate Health Plans, where he will lead our health services department encompassing Healthcare Quality, including CMS Stars metrics and NCQA accreditation, MRA coding and medical record documentation, and utilization and care management. Please join us in welcoming Dr. Shah!

Yours in Good Health,
~Nancy Gareau
CEO, Ultimate Health Plans, Inc.



NEW MEMBER WELCOME OUTREACHES

At Ultimate Health Plans, our member's quality of service and care are most important. Our Member Advocate Team personally performs outreach to each new member to assist with any questions they may have and encourage important steps while onboarding with the plan. Some of these important steps include scheduling new patient appointments, completing Care Transition and Health Assessment forms, and ensuring they have access to obtain the necessary prescriptions during their transition.

PROVIDER SERVICES NEW SELF-SERVICE INTERACTIVE VOICE MENU

Ultimate Health Plans is excited to announce the launch of our Self-Service Interactive Voice Menu. Check Claim Status and Member Eligibility 24 hours a day, 7 days a week! Just have your 9-digit Tax ID number or 10-digit NPI number as well as the Member's ID number, date of birth, and zip code on hand. To access the Self-Service Voice Menu, **simply call Provider Services at 888-657-4171.**

4 Star Rating



Dear Provider,

On behalf of Ultimate Health Plans, I would like to thank you for the excellent care you give to our members. You are the cornerstone to the success of the health plan and the members it serves. I would like to take this opportunity to talk about the importance of completing your medical notes.

As you are aware, appropriate clinical documentation of your patient's health conditions drives many of the HEDIS measures, Star rating, and Risk Scoring. For 2020, with your partnership, we maintained a 4 Star Rating, and our Risk Scoring yielded an average increase of 20% in premium year over year. Our team is here to provide you education on compliant diagnosis coding and documentation to help you succeed. Over the next couple months, we will reach out to you with queries to close any gaps in the measures. We thank you in advance for your partnership and support!

MEDICATION ADHERENCE FOR HYPERTENSION

Dear Provider,

I want to take this opportunity to congratulate you on achieving a 5-STAR rating for "Medication Adherence for Hypertension" measure for MY (Measurement Year) 2020. Without your efforts, this would not have been possible. Though we are currently doing well, moving forward, we will need to be extra vigilant to maintain the same rating for MY 2021. As a reminder, the details of the measure are as follows:

Medication Adherence for Hypertension (RAS Antagonists):

Description: Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Blood pressure medication means an ACE (angiotensin converting enzyme) inhibitor, an ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.

Exclusion:

1. End-Stage Renal Disease
2. One or more prescriptions for Sacubitril/Valsartan (Entresto)
3. Hospice Members

Best Practice:

1. When clinically appropriate, prescribe.
2. Talk with patients about why they're on a RAS antagonist for hypertension and why it's important to take their medication as prescribed and get refills promptly
3. Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects, and cost.
4. When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy, especially if going to the pharmacy is difficult.
5. HMSA Medicare Advantage plans pay for a 90-day supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
6. HMSA Medicare Advantage members can get a 90-day supply of most generic medications for the same cost as a 30-day supply at the pharmacy. Even brand-name drugs are less expensive through mail order.

Please do not hesitate to reach out to our team for any clarification or questions. As always, thank you for the excellent care of our members! Ultimate Health Plans appreciates your efforts to achieve exceptional STAR ratings!





In 2020, The Centers for Medicare & Medicaid Services (CMS) created its Five-Star Quality Rating System to help consumers, their families, and caregivers compare Medicare health and prescription drug plans. The below information is the overall star rating Ultimate Health Plans received by CMS.

2021 STAR RATINGS

Ultimate Health Plans – H2962 2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan’s performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan’s scores.
2. Summary Star Ratings that focus on our medical or our prescription drug services.

- Some of the areas Medicare reviews for these ratings include:
- How our members rate our plan’s services and care;
 - How well our doctors detect illnesses and keep members healthy;
 - How well our plan helps our members use recommended and safe prescription medications.

For 2021, Ultimate Health Plans received the following Overall Star Rating from Medicare.

4 STARS

★★★★★

We received the following Summary Star Ratings for Ultimate Health Plans’ health/ drug plan services:

Health Plan Services

3.5 STARS

★★★★★

Drug Plan Services

4 STARS

★★★★★

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 855-858-7526 (toll-free) or 711 (TTY).

Current members please call 888-657-4170 (toll-free) or 711 (TTY). During certain times of the year we may use alternative technologies to answer your call such as weekends and Federal holidays.

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.



DIABETES AWARENESS

Patient Follow-Up and Education Are Critical for Diabetes Care


Ultimate Health Plans believes in a stricter follow-up with diabetic patients, especially if diabetes is not well controlled. For those patients, we recommend scheduling a follow-up visit every three months, sometimes with visits in between.

Patient education is important to communicate the idea of getting testing done in a timely manner. Developing awareness among the office staff is also important to tracking diabetic patients and ensuring that they have the recommended testing completed at the right intervals.

The following diabetes care screenings are important for diabetic patients:

<p>HbA1c</p> <p>every three months sometimes with visits in between. To meet the NCQA HEDIS® standard, HbA1c must be measured at least once a year, with the date and result recorded in the medical record.</p>	<p>Monitoring and treatment for Diabetic Nephropathy</p> <p>a urine test for albumin or protein at least yearly, with the results documented in the medical record along with the date of service when it was completed.</p>	<p>Eye Exam</p> <p>every 12 months, performed by an ophthalmologist or optometrist, to screen for diabetic retinopathy and glaucoma. To meet the NCQA HEDIS® standard, a copy of the exam must be included in the medical record. Diabetic eye exams are very important for diabetic patients. Regular screenings will give your patients a head start on health.</p>
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As a reminder, Laboratory Corporation of America (LabCorp) is the exclusive Lab for Ultimate Health Plans members. If your practice needs assistance establishing a LabCorp account, please contact LabCorp’s customer service: 1-800-877-5227. A dedicated LabCorp representative will reach out to your office to set up an account# and offer training on the portal.

Members can find a listing of LabCorp draw stations in our servicing counties as well as all LabCorp locations by visiting www.labcorp.com or by calling (800) 877-7831 (TTY: 711).



CONVENIENCE AND ADHERENCE WITH 90- DAY SUPPLIES OF MAINTENANCE MEDICATIONS!

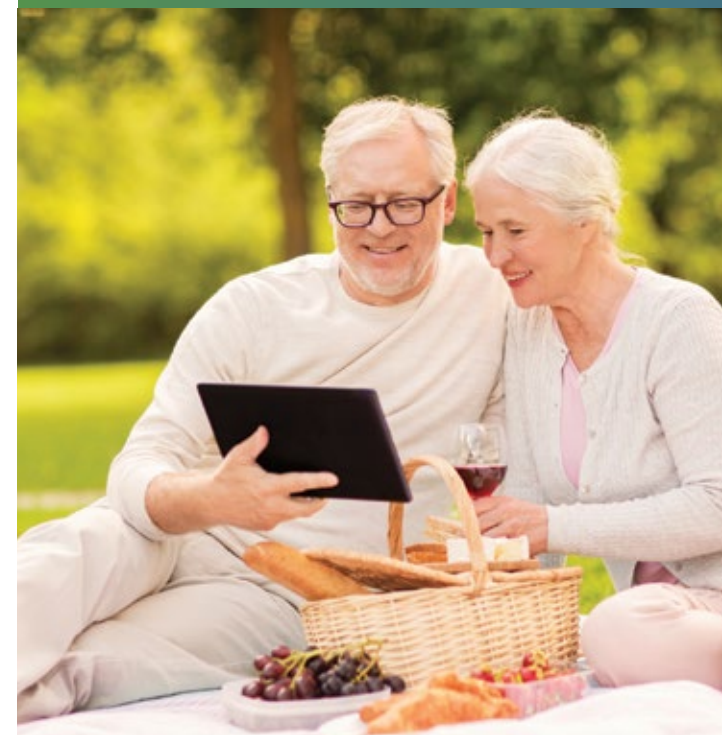
Current social distancing guidelines lends itself to the perfect opportunity to start your patient on a 90-day supply of their chronic maintenance medications. Utilizing a 90- day supply not only limits the patients' unnecessary exposure outside the home, but it also increases the opportunity for adherence! Studies have shown that non-adherence leads to poor health outcomes and avoidable increased health care cost.

You may e-prescribe or traditionally prescribe a 90-day supply to be dispensed at most retail pharmacies and through OptumRx mail-order. Please note, that if your patient is interested in obtaining a 90-day supply through mail-order, the first fill of a mail-order prescription may take 10 to 14 days to process. If you want your patient to start therapy immediately but are concerned about delays in starting mail-order, you may opt to prescribe a 30-day supply to be dispensed immediately at a local pharmacy and a 90-day supply for the member to fill through mail order. That time in between, will give the patient time to establish an account with OptumRx and the 90-day supply will be put on hold with OptumRx until the prescription is eligible for the fill.

You may contact OptumRx mail-order 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711) or E-prescribe to get your members started!

Aurel O Iuga, Maura J McGuire. 2014. Adherence and health care costs . Risk Management Healthcare Policy. 7: 35-44.

Take home message: Mail-order is a convenient way to get medications delivered directly to patients. It can help increase compliance and can also increase preparedness during emergency situations such as the hurricane season.



MEMBER RIGHTS AND RESPONSIBILITY

Ultimate Health Plans honors our patient's rights as a member of the plan. They have the following rights to protect them:

- ✓ We must treat our members with fairness, respect and dignity at all times
- ✓ We must ensure that they get timely access to covered services and drugs
- ✓ We must protect the privacy of their personal health information

For a full list of Member Rights and Responsibilities please visit our website at www.ChooseUltimate.com/Members/rights-responsibilities.aspx

UM Criteria – Available Upon Request

Practitioners may discuss a denial decision based on medical necessity with UHP physician reviewers and may request the criteria used to make utilization management decisions. Call 800-219-3391 To request criteria or for more information.



HEALTH MANAGEMENT PROGRAMS

Ultimate offers programs to meet the health needs of members. Many programs are designed to help members manage specific conditions. Some of these conditions are diabetes or heart disease. Other programs are designed to help members with specific needs related to a recent hospital stay.

Members may be identified for these programs based on diagnoses. Another reason would be for care or services that the member is overdue for or needs but has not received. Sometimes members are identified based on medical events. Members may also be referred to programs by you as their doctor or by an Ultimate Care Manager. The Member can also ask to be enrolled in these programs.

Each program has different requirements that need to be met. If the Member meets the measures, he/she will automatically be enrolled. The Member may opt out at any time.

Please visit our website at www.ChooseUltimate.com for additional information.



Updates

1. **CPT Codes Not Requiring Authorization** (V3, updated for 2021) attached (pg 12)

2. **Transportation for Members**

- ▶ Transportation provided to members, depending on plan enrollment, for either unlimited or limited trips to the following approved destinations:
- ▶ PCP
- ▶ Specialist
- ▶ Dialysis
- ▶ Physical Therapy
- ▶ Members may contact the plan directly to schedule rides

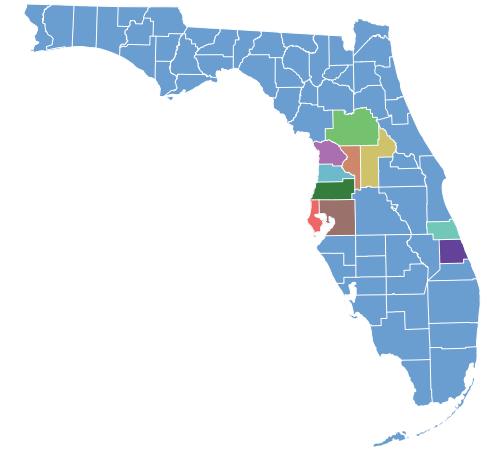


3. **Meals**

- ▶ Meals provided after each discharge from an inpatient hospital setting
- ▶ 2 meals per day for 7 days
- ▶ May be ordered by Physician, Case/Disease Manager or member by contacting the plan directly
- ▶ Aimed at reducing re-admission rates

4. **Servicing Counties**

- ▶ Ultimate Health Plans proudly serves our members in Citrus, Hernando, Hillsborough, Indian River, Lake, Marion, Pasco, Pinellas, St. Lucie & Sumter counties



5. **CSNP Plans**

- ▶ Chronic SNP plans are offered in all servicing counties for Cardiovascular Disorders, Diabetes, Congestive Heart Failure & Chronic Obstructive Pulmonary Disease

6. **Bathroom Safety**

- ▶ As part of our fall prevention initiative, one-night light or toilet bowl light offered to each and every member at no cost
- ▶ Members may contact the plan directly to order their bathroom safety device



NO AUTHORIZATION REQUIRED FOR THE FOLLOWING PROCEDURES
The following services DO NOT require Prior Authorization when rendered by a participating provider or an in-network free standing diagnostic center (POS 11).

OFFICE VISITS*
New 99202-99205 Established 99211-99215 *Pain Management – Authorization required for ALL office Visits
ALLERGY
Scratch Test 95004, 95017, 95018, 95012 Intradermal Test 95024, 95027 Intradermal Test w/ Allergenic Extracts 95028 Patch or Application Test 95044 Photo Patch Test 95052 Ophthalmic Membrane Test 95060 Nasal Membrane Test 95065, 95070, 95115, 95117, 95144, 95145 Allergen Immunotherapy 95115-95180
AUDIOLOGY / OTOLARYNGOLOGY (ENT)
Binocular Microscopy 92504 Otolaryngologic Exam 92507-92508 Laryngeal Endoscopy 31505, 31575 Nasal Endoscopy 31231 Control of Epistaxis 30901 Drainage External Ear 69000-69005 Removal Impacted Ear Wax Uni 69210 Nasopharyngoscopy 92511 Nasal Function Study 92512 Facial Nerve Function 92516 Vestibular Evaluation/Test 92537-92538, 92540-92548 Tympanometry and Reflux 92550 Audiometry: Air 92552 Audiometry: Air, Bone 92553 Speech Audiometry 92555-92556 Comp. Hearing Test 92557 Acoustic Reflex Testing 92568 Auditory Evoked Response 92561-92565, 92567-92568, 92570- 92572, 92575-92577, 92579, 92582, 92583, 92587, 92588, 92596, 92608, 92613, 92615, 92617, 92621, 92627
CARDIOVASCULAR
PICC Line Insertion 36569 Temporary Transcutaneous Pacing 92953 Cardio Assist Method Internal 92970 Interrogation Device Evaluation 93290 Thrombolysis Coronary Intravenous 92977 EKG 93000 EKG with Tracing Only 93005 Interpretation and Report Only 93010 Stress Test 93015-93018, nuclear 78452 Provocation Test Coronary Vasospasm 93024 Rhythm Strips 93040-93042 Holter Monitor 93224-93227 Event Monitor Recording 93270 Event Monitor Physician Review 93272, 93278 Monitoring Cardiovascular Devices 93279-93298, 93306- 93308, 93313, 93316, 93325, 93352, 93463, 93563- 93568, 93701, 93750, 93784, 93786, 93788, 93790, 93797, 93798, 94726, Injections: dipyridamole J1245, aminophylline J0280 Regadenoson J2785
DERMATOLOGY – FIRST 5 VISITS
Drain Skin Abscess 10060-10061 Excision-Debridement 11000-11044, 97597, 97598 Biopsy Skin Lesion 11102-11107 Shaving Dermal Lesion 11300-11313 Excision Benign Lesions 11400-11403, 11420-11423, 11440- 11642-11646 Layer Closures-Intermediate 12031-12036, 12045-12047, 12051-12057 Destroy Lesions 17000-17004, 17106-17108, 17110-17111 Chemical Cauterization 17250 Destroy Malignant Lesions 17260-17266, 17270-17276, 17280-17286

DURABLE MEDICAL EQUIPMENT (DME)
Walker E0130-E0159 Pneumatic show/CAM Walker L4360, L4361
FRACTURE CARE
Plaster Arm Shoulder 29058, 29065, 29075, 29085, 29086 Splinting & Strapping Torso/Upper Ext 29105, 29125, 29126, 29130, 29131, 29200, 29240, 29260, 29280 Ankle/ Foot/Leg/Toes 29505, 29515, 29520, 29530, 29540, 29550, 29580, 29581 Casting Services 29700, 29705, 29710, 29720, 29730, 29740, 29750; Q4010 Re-Casting Supplies 29065, 29075, 29105, 29125, 29425, 29505, 29515
GYNECOLOGY
Vaginal Irrigation 57150 Insertion of Uterine Tandem 57155 Insertion of Vaginal Radiation 57156 Fitting and Insertion of Pessary 57160 Diaphragm or Cervical Cap Fitting 57170 Dilation and Curettage 58120 Introduction of Any Hemostatic Agent 57180 Colposcopy and/or w/Biopsy 57452 57461
INJECTIONS / INFUSIONS
Inject Tendon 20550-20553 Drain/Inject Joint 20600-20611 Infusion, Hydration 96360 Penicillin G Benzathine 100,000 units J0561 Ceftriaxone Sodium 250 mg J0696 Betamethasone Acetate 3mg J0702 Methylprednisolone 20mg, 40mg J1020, J1030 Methylprednisolone 80mg J1040 Dexamethasone Acetate 1mg J1094 Dipyridamole 10mg J1245 Triamcinolone Acetonide 10mg J3301 Dexamethasone sodium phosphate 1 mg J1100 NS Hydration Infusion J7040, J7050
LABORATORY / X-RAY / DIAGNOSTICS
Routine Diagnostics Labs at (POS 11) or (POS 81) (Consistent with CLIA guidelines) Venipuncture 36415 EGD 43235-43270 Head, Face, Eyes 70030-70260 Neck/Soft Tissue 70360 Chest 71045-71048 Ribs, Sternum 71100-71130 Spine 72020-72120, 72141-72148 Pelvis 72170-72190 Upper Extremities 73000-73140 Lower Extremities 73502-73660 Abdomen 74018-74022 Swallow Study 74230 Barium Enema 74270- 74280 Upper GI 74240, 74242-74244, 74246, 74248 Air Contrast Enema 74283 IVP 74400-74410 Urography 74420 Urography Antegrade 74425 Cystography 74430 Urethrocytography 74450 VCUG 74455 Bone Eval / Survey 77074-77076 DEXA 77080-77086 Mammogram 77065-77067 Tomosynthesis, Mammo G0279 Drug Test PRSMV DIR OPT OBS 80305 Urinalysis 81000-81003, 81005, 81007, 81015 Pregnancy Test 81025 Glucose Test 82962 Prothrombin Test 85610-85611 EEG 95819 Drug Screen G0480-G0483 TC-99M Sestamibi A9500

PODIATRY
Drainage of Hematoma/Fluid 10140 Tear or Cutting Lesion(s) 11055-11057 Nail Debridement(s) 11719-11721 Removal of Nail Plate 11730 Removal of Nail Plate, add-on 11732 Drain Blood from Under Nail 11740 Removal of Nail Bed 11750 Removal of Foreign Body 20520 Trim Nails G0127
PULMONARY
PFT 94010, 94011-94016, 94150 Bronchodilation 94060 Bronchospasm 94070 Breathing Capacity 94200 Plethysmography 94726 Gas Dilution or Washout 94727 Airway Resistance 94728 Respiratory Flow Volume Loop 94375 Breathing Response to Hypoxia 94450 HAST 94452 , HAST w/ Altitude Simulation 94453 Intrapulmonary Surfactant 94610 Pulmonary Stress Testing 94618, 94621 Pressurized and Non- Inhalation 94640 Continuous Inhalation Treatment 94644 Additional Hours 94645 CPAP Initiation & Management 94660 CNP Initiation & Management 94662 Manipulation Chest Wall 94667 Oxygen Uptake Expired Gas 94680-94690 Membrane Diffusion Capacity/PFT 94728, 94729 Pulmonary Compliance Study 94750 Multiple Determinations 94761
REGISTERED DIETICIAN – FIRST 2 VISITS
Nutrition Therapy Services 97802 - 97804 Nutrition Therapy Reassessment G0270, G0271
THERAPY SERVICES – EVALUATION & FIRST 3 VISITS
THEREAFTER, AUTHORIZATION IS REQUIRED
PT; OT; ST; Initial Evaluations
ULTRASOUND
Breast 76641-76642 AAA Screening 76706 Pelvic 76856-76857 Ultrasonic Guidance Needle Placement Imaging S&I 76942 Arterial Extremity 93922-93931 Carotid 93880 Venous Doppler 93970-93971 Routine Ultrasounds 76536, 76604, 76700-76705, 76770-76776, 76800, 76881-76882 Abdominal Aortic Ultrasound 93978
UROLOGY
Cath Insert 51701 Insert Bladder Catheter 51702 Bladder Scan 51798
ADDITIONAL PREVENTATIVE SERVICES & SCREENINGS
Seasonal Vaccines and Administration Diabetes Self-Management Training G0108, G0109 Screening Pap Tests G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001; Q0091 Screening Pelvic Examination G0101 Bone Mass Measurement 76977 Single Energy X-Ray absorptiometry (SEXA) G0130 Colorectal Cancer Screening G0104-G0106, G0120, G0121, G0328 (Including POS 24) Prostate Screening G0102, G0103

Updated 12/23/2020



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/>

Case Management Toll-Free: (855) 337-6868 Local: (352) 277-5307 Fax: (352) 277-5309	Compliance and Fraud, Waste & Abuse Hotline Phone: (855) 730-7925 <i>24 hours per day, 7 days per week</i>
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)	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
Provider Relations Phone: (352) 515-5963 Fax: (352) 515-5976 Email: ProviderRelations@ulthp.com <i>For questions about Contracts, Credentialing Status, Escalated Issues</i>	Provider Services Phone: (888) 657-4171 (Mon-Fri, 8am-6pm) <i>For Eligibility, Claims, Authorization Status and Provider Complaints</i>

CLAIMS

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	Dental/Vision Claims Submission EDI Payor ID: Argus Send Paper Claims to: Argus Dental & Vision Attn: Claims P.O. Box 211276 Eagan, MN 55121	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
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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	Argus Dental & Vision	Phone: (800) 210-5511
Dental	Argus Dental & Vision	Phone: (800) 340-8869
Hearing	Nations Hearing	Phone: (800) 313-2763
Behavioral Health and Substance Abuse	Beacon Health Options	Phone: (800) 627-1259
Gym membership	Silver Sneakers	Phone: (888) 423-4632 www.silversneakers.com
Over the Counter (OTC) Benefits	United Medco	Phone: (877) 422-0039 https://otc.myultimatehp.com
Laboratory Services	LabCorp	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

Message from the CEO



Ultimate Health Plans enjoys the privilege of partnership with a compassionate and hardworking network of physicians and allied health care professionals. During these unprecedented times, you and your staff are on the frontlines tackling this unprecedented, dangerous, and challenging pandemic with courage and dedication. I would like to extend our deepest gratitude to you for rising to the occasion and providing quality service and care to our members. Thank you!

~Nancy Gareau
CEO, Ultimate Health Plans, Inc.

Provider Changes



Have there been any recent changes with your practice? It's important to keep your practice information up-to-date to ensure timely claims payments and to ensure the accuracy of our directories. If you have any updates, please send them to **ProviderChanges@ulthp.com**.



CALL US



Online communication makes it easier now
because distance means so much less when you're connected
and able to stay in touch with your care team

Contact us:



BY PHONE:

Monday thru Friday: 8 am to 6 pm
1-888-657-4171
(TDD/TTY call 711)



IN PERSON:

Ultimate Health Plans Offices
Hernando Community
Outreach Center
2713 Forest Rd.,
Spring Hill, FL 34606

CORPORATE OFFICE:

1244 Mariner Blvd., Spring Hill, FL 34609
Currently, Monday thru Friday
9 am to 5 pm
By appointment only



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



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