



# Quick Reference Guide

## Calendar Year 2024

### Resources

**Ultimate Health Plans Website** <https://chooseultimate.com/>

#### Provider Services

Mon - Fri, 8:00 AM - 6:00 PM  
☎ 888-657-4171

Claims, Eligibility, and Authorization Status

For faster service, please use the provider portal:  
<http://providerportal.ulp.health>

Provider Portal Help Desk:  
E-Mail: [umsupport@mirrahealthcare.com](mailto:umsupport@mirrahealthcare.com)

#### Provider Relations

Mon - Fri, 8:00 AM - 5:00 PM  
☎ 352-515-5963  
📠 352-515-5976

Contracts, Credentialing Status, Escalated Issues, and General Inquiries  
E-Mail: [Provider\\_Relations@ulthp.com](mailto:Provider_Relations@ulthp.com)

#### Authorization Submission

##### Outpatient Authorization Requests:

Fax: 352-515-5975  
E-Mail: [partbumrequests@ulthp.com](mailto:partbumrequests@ulthp.com)

##### Inpatient, Concurrent Review, SNF, IRF, LTAC Requests:

Fax: 352-616-0946  
E-Mail: [partaumrequests@ulthp.com](mailto:partaumrequests@ulthp.com)

#### 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 and Fraud, Waste & Abuse Hotline

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

Or:  
[investigatefwa@ulthp.com](mailto:investigatefwa@ulthp.com)

#### Care Management

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

#### Member Services

Mon - Sun, 8 AM - 8 PM  
☎ 888-657-4170  
📠 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

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

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

#### Claims Payment Disputes

☎ 888-657-4171  
📠 800-313-2798

To address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc., send Inquiries to:  
Ultimate Health Plans CP Disputes  
PO Box 6560, Spring Hill, FL 34611

Please submit a Claims Payment Dispute within 60 calendar days of the date of the Explanation of Payment (EOP).

### Utilization Management

#### Physician Referrals

The Primary Care Provider (PCP) is the Member's Medical Home. PCPs may refer member to plan participating Specialists without obtaining prior authorization.  
Please note: Pain Management referrals require prior authorization. Specialist to Specialist referrals are not permitted.

#### Authorizations

Certain services do not require prior authorization. Please see the Authorization and Referral Process Overview at:

<https://chooseultimate.com/Provider/Reference>

The PCP must obtain prior authorization for services required on the Authorization and Referral Process Overview. It is required for the Specialist to always coordinate with the PCP to obtain Prior Authorization for services.

#### Expedited Prior Authorization Requests Criteria

- ♦ Expedited Authorization Requests should meet the following definition: Enrollee or his/her physician must believe that waiting for a decision under the standard timeframe could place the 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. If not, they may be downgraded.

Authorization is required for	<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>	
Coverage Determination Form	<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>	
Pharmacy Services		
Member Enrollment 24 hrs per day / 7 days per week ☎ 800-311-7517	Member enrollment via phone: ☎ 877-889-6358	Member enrollment online at: <a href="https://www.optumrx.com">https://www.optumrx.com</a>
Mail Order OptumRx	PO Box 2975 Mission, KS 66201 ☎ 877-889-6358	☎ 800-491-7997
Medication Appeals and Coverage Determinations OptumRx	Attn: Prior Authorization Dept. 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	1050 Patrol Rd. Jeffersonville, IN 47130	☎ 855-427-4682
Contracted Vendor Network		
Acupuncture & Chiropractic	American Specialty Health Group, Inc.	Claims Department P.O. Box 509001, San Diego, CA 92150-9001 Customer Service Provider Line: 800-972-4226
Behavioral Health	Carelon Behavioral Health	ATTN: Claims PO Box 1870, Hicksville, NY 11802 ☎ 800-627-1259 <a href="https://providersearch.carelonbehavioralhealth.com/#/provider/home/80">https://providersearch.carelonbehavioralhealth.com/#/provider/home/80</a>
Behavioral Health (Telemedicine - MD Live)	Carelon Behavioral Health	☎ 855-849-3650 <a href="http://www.mdlive.com">www.mdlive.com</a>
Dental	Delta Dental	Mail Paper Claims to: DeltaCare USA - ATTN: Claims PO Box 1810, Alpharetta, GA 30023-1809  For claims & billing questions: ☎ 800-422-4234 E-Mail: <a href="mailto:alliancesupport@delta.org">alliancesupport@delta.org</a> <a href="https://www1.deltadentalins.com/medicare/ultimatehealthplans.html">https://www1.deltadentalins.com/medicare/ultimatehealthplans.html</a>
Gym Benefit	Silver Sneakers	☎ 888-423-4632 <a href="http://www.silversneakers.com">www.silversneakers.com</a>
Hearing	20/20 Hearing Care Network	2900 W Cypress Creek Rd, Ste 4, Ft. Lauderdale, FL 33309 ☎ 800-313-2763 ☎ 914-510-7300 (for Warranty info) <a href="http://www.2020hearingnetwork.com/">www.2020hearingnetwork.com/</a>
In-Home Support (Companionship, Everyday Tasks & Transportation)	Papa Pals	☎ 888-884-3614
Laboratory Services	LabCorp	☎ 888-845-6167 <a href="http://www.labcorp.com">www.labcorp.com</a>
Meal Delivery (Post discharge nutrition)	Mom's Meals	For claims questions: ☎ 866-716-3257 ext 7603 Email: <a href="mailto:All-billing@momsmeals.com">All-billing@momsmeals.com</a>
Nurse Hotline - 24/7	Carenet Health	☎ 855-238-4687
Over the Counter (OTC) Benefits, Healthy Food & Flex Cards	Solutran	☎ 855-422-0039 <a href="http://www.healthybenefitsplus.com/chooseultimate">www.healthybenefitsplus.com/chooseultimate</a>
Prescription Drug Benefit - 24/7	OptumRx	☎ 800-311-7517 <a href="http://www.optumrx.com/members">www.optumrx.com/members</a>
Prescription Mail Order	OptumRx	☎ 877-889-6358
Transportation	SafeRide Health	☎ 855-306-0700
Vision - Routine Vision & Medical Eye Care	Premier Eye Care	ATTN: Claims 6501 Park of Commerce Blvd, First Floor, Boca Raton, FL 33487 ☎ 800-210-5511 <a href="https://providerdirectory.premiereyecare.net/">https://providerdirectory.premiereyecare.net/</a>