



CALENDAR YEAR 2022 QUICK REFERENCE GUIDE

IMPORTANT TOOLS & RESOURCES

Website: <http://providerhome.uhp.health>

<p>Authorization Submission</p> <p>https://ultimate.mirrahealthcare.com</p> <p>Outpatient Authorization Requests: Fax: (352) 515-5975</p> <p>Inpatient Concurrent Review, SNF, Inpatient Rehab and Long-Term Acute Care Authorization Requests: Fax: (352) 616-0946</p>	<p>HEDIS</p> <p>https://ultimate.gaprima.com:8030</p> <p>Visit the portal for HEDIS Gap Submissions, Scorecards, and Part C & Part D Reporting</p> <p>Contact your assigned Provider Network Representative for any assistance needed.</p>
<p>Provider Services</p> <p>Phone: (888) 657-4171 (<i>Mon-Fri, 8 am-6 pm</i>)</p> <p>For faster service, please use the Claims, Eligibility, and Authorization Status Portal at: http://providerportal.uhp.health</p>	<p>Compliance and Fraud, Waste & Abuse Hotline</p> <p>Phone: (855) 730-7925 <i>24 hours per day, 7 days per week</i></p> <p>Email: compliancehotline@ulthp.com or investigatefwa@ulthp.com</p>
<p>Provider Relations</p> <p>Phone: (352) 515-5963 Fax: (352) 515-5976</p> <p>For questions about Contracts, Credentialing Status and Escalated Issues Email: providerrelations@ulthp.com</p>	<p>Case Management</p> <p>Phone: (866) 967-3430 Fax: (352) 691-5063</p> <p>Email: caremanagement@ulthp.com</p>
<p>Pharmacy Services</p> <p>Phone: (800) 311-7517 <i>24 hours per day, 7 days per week</i></p> <p>Member enrollment can be completed online at OptumRx.com or via phone by calling (877) 889-6358</p>	<p>Member Services</p> <p>Phone: (888) 657-4170 (<i>Mon-Sun, 8am-8pm</i>) Fax: (800) 303-2607</p> <p>24/7 Nurse Advice Line (for Members) (855) AFT-Hour (1-855-238-4687)</p>

CLAIMS

Medical Claims Submissions

EDI Payor ID: 77022

For faster payment, we accept claims electronically through **Change Healthcare (877) 363-3666**

For payments and ERA/EOPs contact

Zelis (877) 828-8770

<https://provider.zelispayments.com>

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 3340

Spring Hill, FL 34606

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

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 List at: https://cdn.chooseultimate.com/library/UHP_Prior_Auth_List.pdf. 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 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.

CONTRACTED NETWORKS

BENEFIT	VENDOR	PHONE/WEBSITE
Vision	Argus Dental & Vision	(800) 210-5511
Dental	Argus Dental & Vision	(800) 340-8869
Hearing	20/20 Hearing Care Network	(888) 657-4170
Behavioral Health and Substance Abuse	Beacon Health Options	(800) 627-1259
Gym Membership	Silver Sneakers	(888) 423-4632 www.silversneakers.com
Over the Counter (OTC) Benefits Flex, Healthy, and Wholesome Foods Cards	United Medco	(855) 422-0039 http://otc.myultimatehp.com
Laboratory Services	LabCorp	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
Acupuncture and Chiropractic	American Specialty Health (ASH)	(800) 678-9133
Meals – Post Discharge Nutrition	Mom’s Meals	(888) 657-4170
Companion Service Family-on-Demand	Papa Pals	(888) 884-3614
Transportation	WheelChair Transport Services (WTS)	(888) 657-4170 IVR Prompt Option #4 For pickup rides: (844) 438-8866

PHARMACY SERVICES

<p>Mail Order OptumRx Address: P.O. Box 2975 Mission, KS 66201</p> <p>Phone: (877) 889-6358 Fax: (800) 491-7997</p>	<p>Medication Appeals and Coverage Determinations OptumRx Attn: Prior Authorization Dept. c/o Appeals Coordinator Address: P.O. Box 25184 Santa Ana, CA 92799 Fax: (844) 403-1029 Expedited requests may be completed by calling: (800) 311-7517</p>	<p>OptumRx Specialty Pharmacy Address: 1050 Patrol Rd. Jeffersonville, IN 47130</p> <p>Phone: (855) 427-4682</p>
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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