Quick Reference Guide

For Premier HMO (001) and Premier Plus HMO (002)
Ultimate Elite (003)
April 2018

We appreciate your valuable partnership in serving our members. This Quick Reference guide is a tool with important information to better serve your patients who have become Ultimate Health Plans' Members. If you can't find the information you are looking for in this guide, please call our **Provider Relations Department at (888) 657-4171** and we'll be happy to assist you.

Sections Found in This Guide

- Frequently Used Contact Information for Ultimate Health Plans
- Claims
- Pharmacy and Prescription Drugs
- Laboratory Services
- Other Contracted Networks (Vision, Hearing, Dental, Behavioral Health)
- Over-the-Counter (OTC) Benefit
- Referrals
- Case Management
- Prior Authorization
- Grievances and Appeals
- Patient Communication and UHP's Commitment to Quality Care

Frequently Used Contact Information

Ultimate Health Plans – Mailing Address P.O. Box 15569 Brooksville, FL 34604 **Member Services** (888) 657-4170 Phone (855) 303-2607 Fax **Provider Services** (888) 657-4171 Phone ***For Eligibility, Claims, Authorization Status and Provider Complaints***	**Sales** (855) ULT-PLAN (855-858-7526) **24/7 Nurse Advice Line** (for Members) (855) AFT-Hour (1-855-238-4687) **Ultimate Health Plans, Inc. - Corporate Office** 1244 Mariner Boulevard, Spring Hill, FL 34609 855-ULT-FLOR (1-**855-858-3567)** Phone **352-835-7169** Fax **Compliance and Fraud, Waste & Abuse Hotline** (855) 730-7925 Phone

Claims

Claims Submissions *EDI Payor ID# 77022* For faster payment, we accept claims electronically through: **Change Healthcare (877) 363-3666**. **Paper Claims:** We only accept CMS 1500 and CMS-1450 form (UB-04) "red form" for claims and encounters (no handwritten or replicate forms please. Send paper claims to: **Ultimate Health Plans, Inc.** P.O. Box 15569 Brooksville, FL 34604 Via Fax: (352) 616-0909 via email: ClaimsServices@mirrahealthcare.com	**Claims Payment Disputes** To address claims 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, Inc.** P.O. Box 6560 Spring Hill, FL 34611 Via Fax: (800) 313-2798

Pharmacy and Prescription Drugs

Pharmacy Services - **(800) 311-7517, *24 hours per day - 7 days per week***

Ultimate Health Plans Identifying Information

Ultimate Health Plans, Inc. Routing Information for Various Regions			
Plan Name	RxBIN:	RxPCN:	Group
Ultimate Premier 001 Hernando	004758	DNPS	H2962001
Ultimate Premier Plus 002 Citrus, Hernando & Pasco	004758	DNPS	H2962002
Ultimate Elite 003 Citrus & Pasco	004758	DNPS	H2962003

IMPORTANT: Flu shots, Hepatitis B and Pneumonia vaccinations are covered with $0 copay under Part B of Medicare. *Member must present the information above at the point of service in order to avoid being charged a copayment. Please assist your patients with this information as appropriate.*

Specialty Pharmacy:	**Mail Order Pharmacy**
Diplomat Specialty Pharmacy 4100 S. Saginaw Street Flint, MI 48507 Phone: 810-230-5045 Fax: 810-281-0158	IHMO Integrated HMO Pharmacy PO BOX 369 Boys Town, NE 68010 Phone: 1-800-633-7928 Fax: 1-800-801-2395

Member Online/Phone Enrollment
ihmo.pti-nps.com
1-800-633-7928

Coverage Determination Requests
You should request a Coverage Determination to ask us 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 a drug listed on the Formulary has (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 that are being requested to a lower cost-sharing tier (TE)

(800) 311-7517 Phone / (866) 632-7946 Fax

Online Form www.chooseultimate.com/Members/forms

Medication Appeals

Please send appeals related to our coverage of prescription drugs to:
NPS
Attn: Coverage Determinations Department
PO Box 407
Boys Town, NE 68010

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
Quest Diagnostics	866-MYQUEST (866-697-8378) Press option 2, then 1 www.questdiagnostics.com
Access Health Care Physicians	(352)-688-8116 Draw Stations www.AccessHealthcareLLC.net

ACCESS HEALTH CARE PHYSICIANS

Access Healthcare Draw Station Locations

County	Address	Hours of Operation
Citrus	401 N. Central Avenue, Inverness, FL 34453 **(352) 419-6526**	7:30 am - 4:30 pm M - F
	92 West Cypress Blvd., Homosassa, FL 34446 **(352) 765-4737**	7:30 am - 4:30 pm M - F
Hernando *For all Hernando County Locations, Please Call:* **(352) 666-6724**	14690 Spring Hill Drive, Suite 300, Spring Hill, FL 34609	7:30 am to 12:00 pm M - F
	7271 Spring Hill Drive, Suite B, Spring Hill, FL 34606	7:30 am to 12:00 pm M - F
	11373 Cortez Blvd, Suite 302, Brooksville, FL 34613	8:00 am to 3:00 pm M - F
	920 W. Jefferson St, Brooksville, FL 34601	7:30 am to 4:30 pm M - F
	1194 Mariner Blvd, Spring Hill, FL 34609	7:30 am to 4:30 pm M - F
Pasco	5537 Gulf Drive, New Port Richey, FL 34652 **(727) 849-2600**	7:30 am - 4:30 pm M - F
	13911 Lakeshore Blvd., Ste 107, Hudson, FL 34667 **(727) 862-0569**	7:30 am - 4:30 pm M - F

NO APPOINTMENT NECESSARY!
Simply stop in at the draw station located closest to your home or workplace.
PLEASE NOTE: *Many laboratory tests require overnight fasting.*
Please be sure to check with your physician.

Other Contracted Networks

Vision	Dental	Hearing	Behavioral Health and Substance Abuse
iCare administers our vision benefit. **(800) 210-5511**	**Liberty Dental** administers our dental benefit. **(800) 340-8869**	**Nations Hearing** administers our hearing benefit. **(800) 313-2763**	We have arranged with **PsychCare/Beacon Health Options** to provide the behavioral health services included in our benefit plans. A referral is not required from the PCP or from Ultimate Health Plans. Members may call **(800) 627-1259** to access these services.

Gym Membership and Locations

SilverSneakers® helps older adults take greater control of their health by encouraging physical activity and offering social events through a fitness center membership to any participating location across the country. To find locations:
TivityHealth - SilverSneakers® (**866) 584-7389** Online at www.silversneakers.com

Over-the-Counter (OTC) Benefit

Ultimate Health Plans OTC Help Line (855) 422-0039
Members have a quarterly OTC benefit in the amount of $100, which allows them to order OTC products, such as bandages, cold and allergy medicines, pain relievers, non-prescription medications, and some vitamins. Although a letter of medical necessity is not required for "Dual Purpose" OTC Medications and Products, Ultimate Health Plans encourages Members to have appropriate conversations with their physicians to have him/her orally recommend the OTC item for a specific diagnosable condition prior to purchase. Members may place an order via telephone or by mail. A printable OTC Catalog and order form are posted in the Forms & Documents section of Ultimate's website, www.chooseultimate.com.

Referrals

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, see Authorization section below.** The Specialist must document receipt of this request and the reason for the referral (No additional communication with the plan is needed). The Specialist must coordinate with the PCP for any additional services that will require prior authorization. ***Referrals by a Specialist to another Specialist are not permitted***.

Member Self-Referrals - Members may "self-refer", meaning no documented referral from the PCP is necessary, for the following services:

- Routine women's health care, which includes breast exams, screening mammograms, Pap tests, and pelvic exams.
- Behavior Health/Substance Abuse
- Chiropractor
- Dermatologist – See list of minor procedures and testing allowed during visit (*limit 5 visits per year without authorization*)
- Dialysis when member is temporarily out-of-area
- Flu shots, Hepatitis B and pneumonia vaccinations
- Emergent/Urgently needed care
- Optometry
- Podiatrist

Case Management

Toll-Free: **(855) 337-6868** Local: **(352) 277-5307** Fax: **(352) 277-5309**

Authorizations*

Urgent Authorization Requests and Admission Notifications:
(352) 835-7151 or **855-ULT-FLOR** (855-858-3567)

All Other Non-Urgent Requests Fax: **(352) 515-5975**

PLACE OF SERVICE CODES*

Note: Place of service codes are specific for some services.
Please complete the Authorization Request Form in its entirety to prevent a delay in approval.

11 - Office	12 - Home	19 - Off Campus-Outpatient Hospital
20 - Urgent Care Facility	21 - Inpatient Hospital	22 - On Campus-Outpatient Hospital
23 - Emergency Room	24 - Ambulatory Surgery Center	31 - Skilled Nursing Facility
32 - Nursing Facility	49 - Independent	61 - Comprehensive Inpatient Rehabilitation Facility
62 - Comprehensive Outpatient Rehabilitation Facility	65 - End Stage Renal Disease Clinic Treatment Facility	81 - Independent Laboratory

NOTIFICATION REQUIRED

- Unplanned Hospitalizations (21) *
  by next business day with clinical information
- Emergency Room Services (23) *
- Hospice Care Services (34) *
- Observations (22) *
  by next business day with clinical information
- Urgent Care Services (20) *
- Dialysis (65)

OUT-OF-NETWORK AUTHORIZATION REQUESTS

Out-of-network services require prior authorization. Emergency care, urgently needed care when our network is not available, or dialysis out of the service area, do not require prior authorization and are always covered at the in-network benefit level, even when obtained from out-of-network providers.

STANDARD AUTHORIZATIONS

Procedures and Services	Authorization Required	No Authorization Required	Comments
INPATIENT SERVICES			
Elective Inpatient Admissions (21) *	x		Clinical updates required for continued length of stay
Skilled Nursing Admissions (31 & 32) *	x		Clinical updates required for continued length of stay
Rehabilitation Facility Admissions (61) *	x		Clinical updates required for continued length of stay.
Long- Term Acute Care Hospital (LTACH) Admission	x		Clinical updates required for continued length of stay.

Procedures and Services	Authorization Required	No Authorization Required	Comments
OUTPATIENT SERVICES / HOME HEALTH/DME/LABORATORY			
Disposable Medical Supplies	x		Ostomy, urological, incontinence supplies.
Home Health and Drug Infusion (12) *	x		• Evaluation and first 3 visits DO NOT require authorization. PCP authorization required thereafter. • Antibiotics with HH are not subject to the 20% coinsurance ($0 copay). • G0179 and G0180 DO NOT require prior authorization.
Emergency Room Services (23) *		x	Notification Only – No authorization required.
Emergency Transportation Services		x	
Non-Emergency Transportation Services	x		
Emergency Behavioral Health and Substance Abuse Services		x	**PsychCare/Beacon Health Options** See Contracted Networks Phone: **800-627-1259** to access these services.
Observations (22) *	x		Clinical updates required for continued length of stay.
Ambulatory Surgery Center Procedures (24) *	x		A referral or prior authorization is required for some services. Please contact the plan for more information.
Wound Care/Wound Care Centers	x		A referral or prior authorization is required for some services. Please contact the plan for more information.
Disposable Medical Supplies	x		Ostomy, urological, and incontinence supplies
BiPAP/CPAP Machines, Nebulizers	x		
DME Non-Standard equipment (11, 12) *	x		Such as custom or motorized wheelchair/ scooter, special mattresses, insulin pumps, overnight pulse oximetry and bone growth stimulators.
DME Standard equipment (11, 12) *	x		DME greater than $300 (billed amount) per line item require authorization.
Orthotics and Prosthetics	x		Excluding basic stabilizing splints and casts applied in an office.
Laboratory (Routine) Testing (11, 22, & 81) *		x	*Lab services performed in POS 81 should be directed to Vista Clinical Diagnostics, Quest or LabCorp.
Pain Management	x		Authorization Required for **ALL** Pain Management services

***NOTE:** *This guide is not intended to be an all-inclusive list of covered services by Ultimate Health Plans, but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations, and exclusions as described in the applicable plan coverage guidelines.*

Member Grievance Overview

A grievance may be filed by a Member, on the Member's behalf by an authorized representative or by a Provider with the Member's written consent. Member grievances may be filed verbally by contacting **Member Services** at **888-657-4170** or in writing, within 60 calendar days of the date of the incident, or when the member was made aware of the incident.

Fax to: (800) 313-2798
Mail to: **Ultimate Health Plans, Inc.**
Attn: Grievances & Appeals
P.O. Box 6560
Spring Hill, FL 34611

Provider Communication with Patients (Affirmative Statement)

Ultimate Health Plans' Providers and Practitioners may freely communicate with patients about treatment options available to them, including medication treatment options, regardless of benefit coverage limitations.

Ultimate Health Plans' Commitment to Quality Care

Ultimate Health Plans assures providers and practitioners that all decisions about how we cover Members' health care are based on appropriateness of care and service and existence of coverage. We NEVER compensate or reward doctors or anyone else for making decisions that could result in denying care to our Members. We do not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood, or on the perceived likelihood, that the practitioner or staff member supports, or tends to support, denial of benefits. Denials are based on medical necessity, benefit coverage or contract provisions. We do not provide incentives to any individual or entity to deny, limit, or discontinue Medically Necessary services to any Member. Ultimate Health Plans works to prevent inappropriate decision-making by regularly monitoring all medical claims and requests for care. We are committed to providing our Members with superior access to quality care.