

## PROVIDER RELATIONS

<b>Toll-free Telephone</b>	(866) 245-5360	<b>Fax Number</b>	(813) 506-6236
<b>TTY/TDD</b>	711	<b>Secondary Fax Number</b>	(888) 313-0332
<b>Physical Address</b>	5403 N. Church Ave. Tampa, FL 33614	<b>Mailing Address</b>	P.O. Box 151257 Tampa, FL 33684

Website: [www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com)

MRA/HEDIS® Portal: <https://apps.youroptimumhealthcare.com>

### Provider Portal Features

- 24-hour access to eligibility and claim status
- For Portal help contact Provider Relations at (813) 506-6127
- Technical assistance is available by phone at (813) 506-6030

## UTILIZATION MANAGEMENT - AUTHORIZATIONS

<b>UM Department</b>	<b>Weekdays</b>	8:00 a.m. - 5:00 p.m.	All Staff
<b>Availability</b>	<b>Weekends and Holidays</b>	24 hours a day	Select Clinical Staff Only
<b>Standard Requests</b>	<i>The health plan's average time to completion is two days, if all information is complete. Please submit requests through the provider portal for the quickest response. Alternatively, requests can be faxed to (866) 608-9860 or (888) 202-1940.</i>		
<b>Expedited Requests</b>	<i>A request can only be expedited if it is felt that waiting up to the standard time for a decision would place the patient's life, health or ability to regain maximum function in serious jeopardy. Expedited requests may be submitted by provider portal, by phone at 888-796-0947 or by fax to (866) 608-9860 or (888) 202-1940.</i>		

## PLACE OF SERVICE CODES

11 - Office	22 - Outpatient Hospital	32 - Nursing Facility	65 - ESRD
12 - Patient's Home	23 - Emergency Room	50 - FQHC	71 - Public Health Clinic
20 - Urgent Care Facility	24 - Ambulatory Surgery Center	61 - Inpatient Rehab	72 - Rural Health Clinic
21 - Inpatient Hospital	31 - Skilled Nursing Facility	62 - Outpatient Rehab	81 - Laboratory

## PHARMACY SERVICES

**Pharmacy Technical Help** (833) 377-4267  
**Health Plan Pharmacy** (833) 272-9773  
**IngenioRX (mail-order)** (833) 203-1735  
**IngenioRX Fax** (800) 378-0323  
**IngenioRX Online:** [www.ingenio-rx.com](http://www.ingenio-rx.com)  
**Web-based Information:** [www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com)

### Authorization Required

- Drugs not listed on the Formulary
- Formulary drugs require a Coverage Determination
- Duplication of drug therapy
- Doses that exceeds the FDA quantity maximum
- Most self-injectable and infusion drugs
- Formulary and forms
- Brand name requests when a generic is on the Formulary
- Drug with a step edit and the first line therapy is inappropriate
- Prescriptions that exceed \$1,000/prescription (some exceptions apply) and/or plan limitations

**NOTE:** This guide is not designed to be an all-inclusive list of covered services under Optimum HealthCare, Inc. It provides current referral and prior authorization instructions. Authorization does not guarantee payment of claims. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable health plan coverage guidelines.

## CLAIMS

**EDI Clearinghouse**
**EMDEON**  
 Payor ID: 20133

**Paper Claims**

 Optimum HealthCare, Inc.  
 Claims Department  
 P.O. Box 151258  
 Tampa, FL 33684

When filing claims that require additional information (i.e. medical records, CLIA updates, EOPs, invoices) please mail supporting documentation to the address listed above.

**Claim Disputes** - Please submit all documentation to the address above for claim denials regarding untimely submission, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc., within 90 days of date of denial on EOP.

## COMPLAINTS, APPEALS & GRIEVANCES

Provider complaints on administrative issues related to the health plan's policies, procedures or its authorization/referral processes must be submitted within 45 calendar days from the date of occurrence. A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals Department within 60 calendar days of a claim denial for lack of prior authorization, a service that exceeds authorization, insufficient supporting documentation or late notification. Submit a complaint, an appeal or a grievance, with supporting clinical documentation to the Appeals & Grievances Department fax number or address listed below.

Fax: (813) 506-6235

Optimum HealthCare, Inc.

Appeals &amp; Grievances

P.O. BOX 152727, Tampa, FL 33684

## CONTRACTED NETWORKS

<b>Behavioral Health</b>	Beacon Health Options (Formerly known as Psychcare)	(888) 273-3710
<b>Chiropractic</b>	Chiro Alliance	(716) 712-2830
<b>Dental</b>	Argus Dental	(855) 445-9757
<b>Diabetic Supplies - OTC</b>	Optimum Member Services	(866) 245-5360
<b>DME &amp; Home Health</b>	Optimum Member Services	(866) 245-5360
<b>Gym</b>	Silver Sneakers	(855) 585-2392
<b>Hearing</b>	Hear USA/HearX	(800) 333-3389
<b>Laboratory</b>	LabCorp(Clinical)Provider Service and Live Scheduling	(800) 877-5227
	LabCorp(Clinical)Automated Appointment Scheduling	(855) 277-8669
<b>Anatomic Pathology</b>	LabCorp (Pathology)	(800) 877-5227
	Dianon Pathology (Pathology)	(800) 328-2666
	FreePath/Mark & Kambour (Biopsies, Excisions)	(786) 268-6050
	AmeriPath Florida/Dermapath Diagnostics (Pathology)	(800) 395-7284
	Bostwick Laboratories, Inc. (Pathology)	(888) 274-7596
	GI Pathology (Pathology)	(888) 244-7284
	Mid-Florida (Pathology)	(352) 460-0292
	Miraca Life Sciences (Pathology)	(866) 588-3280
	Independent Clinical Laboratories Inc.	(813) 932-0374
<b>Podiatry</b>	Optimum Member Services	(866) 245-5360
<b>Optometry</b>	Optimum Member Services	(866) 245-5360

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