

PROVIDER RELATIONS

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|----------------------------|--|-----------------------------|------------------------------------|
| Toll-free Telephone | (866) 245-5360 | Fax Number | (813) 506-6236 |
| TTY/TDD | 711 | Secondary Fax Number | (888) 313-0332 |
| Physical Address | 4200 West Cypress St. Tampa, FL 33607 | Mailing Address | P.O. Box 151257 Tampa, FL 33684 |

Website: 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

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|-----------------------------------|---|-----------------------|----------------------------|
| UM Department Availability | Weekdays | 8:00 a.m. - 5:00 p.m. | All Staff |
| | Weekends and Holidays | 24 hours a day | Select Clinical Staff Only |
| Standard Requests | <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> | | |
| Expedited Requests | <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 request 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

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|---------------------------|--------------------------------|-----------------------|---------------------------|
| 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

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|--------------------------------|--|
| Pharmacy Technical Help | (833) 377-4267 |
| Health Plan Pharmacy | (833) 272-9772 |
| IngenioRX (mail-order) | (833) 203-1735 |
| IngenioRX Fax | (800) 378-0323 |
| IngenioRX Online: | www.ingenio-rx.com |
| Web-based Information: | 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
- Brand name requests when a generic is on the Formulary
- Formulary and forms
- 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

CLAIMS

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|--------------------------|---------------------------|---------------------|---|
| 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 & Grievances
 P.O. BOX 152727, Tampa, FL 33684

COMPLAINTS, APPEALS & GRIEVANCES

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|--|---|----------------|
| Behavioral Health | Beacon Health Options (Formerly known as Psychcare) | (888) 273-3710 |
| Chiropractic | Chiro Alliance | (716) 712-2830 |
| Dental | Argus Dental | (855) 445-9757 |
| Diabetic Supplies - OTC | Optimum Member Services | (866) 245-5360 |
| DME & Home Health | Optimum Member Services | (866) 245-5360 |
| Gym | SilverSneakers® | (855) 585-2392 |
| Hearing | Hear USA/HearX | (800) 333-3389 |
| Laboratory | LabCorp (Clinical) Provider Service and Live Scheduling | (800) 877-5227 |
| | LabCorp (Clinical) Automated Appointment Scheduling | (855) 277-8669 |
| Anatomic Pathology | FreePath/Mark & Kambour (biopsies, excisions) | (786) 268-6050 |
| | AmeriPath Florida/Dermapath Diagnostics (pathology) | (800) 395-7284 |
| | Bostwick Laboratories, Inc. (pathology) | (407) 888-9934 |
| | GI Pathology (pathology) | (888) 244-7284 |
| | IPathology (pathology) | (863) 510-5971 |
| | Mid-Florida (pathology) | (352) 460-0292 |
| | Miraca Life Sciences (pathology) | (866) 588-3280 |
| Independent Clinical Laboratories Inc. | (813) 932-0374 | |
| Podiatry | Optimum Member Services | (866) 245-5360 |
| Optometry | Optimum Member Services | (866) 245-5360 |

Sign Language Interpreter: Culturalink
 Email: Request@theculturalink.com
 Phone: (888) 695-1001 Option 1

Language Interpreter: Cyracom
 Phone: (833) 723-0109