

PROVIDER RELATIONS

Toll-free Telephone	(866) 245-5360	Fax Number	(813) 506-6236
TTY/TDD	711	Secondary Fax Number	(888) 313-0332
Physical Address	5411 Sky Center Dr. 8th Floor 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

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

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) 272-9772
CarelonRX (mail-order) (833) 203-1735
CarelonRX Fax (800) 378-0323
CarelonRX Online: www.carelonrx.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

EDI Clearinghouse

Change Healthcare
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, lack of prior authorization, 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 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

CONTRACTED NETWORKS

Behavioral Health	Carelon Behavioral Health	(888) 273-3710
Chiropractic	Chiro Alliance	(716) 712-2830
Dental	Liberty Dental	(866) 609-0422
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
	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

NOTE: This guide is not designed to be an all-inclusive list of covered services under Freedom Health, 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.

Updated 03/06/24