

AARP Medicare Advantage Plans in Connecticut

2021 Quick Reference Guide

Need to contact us? Use this reference guide for quick access to a variety of helpful resources.



UHCprovider.com and Link

Link is your gateway to UnitedHealthcare's online tools. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. On Link, you can:

- Check patient eligibility and benefits
- Check claims status and submit reconsideration requests
- Submit and check referral status

If you have questions, visit UHCprovider.com/link or call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, 7 a.m. – 9 p.m. Central Time, Monday – Friday.

For Optum-delegated members, contact OptumCare at 888-556-7048 or through NAMMNetExpress (NE), available through the OptumCare provider gateway:

optumcare-east.nammnet.com/login/nammcal.aspx



Provider Services

Call us at **877-842-3210** to:

- Confirm member eligibility and benefits
- Provide advance notification
- Check claims status
- Request prior authorization
- Update facility/practice data
- Submit an appeal request



Tip: You can go online to get much of this information and submit transactions. To learn more, please go to UHCprovider.com/link.

You'll be prompted to enter your patient's date of birth, the date of service and the member ID and group number, as shown on the member's ID card.

For Optum-delegated members, contact OptumCare at 888-556-7048 or through NAMMNetExpress (NE), available through the OptumCare provider gateway:

optumcare-east.nammnet.com/login/nammcal.aspx



Claims Submission

Electronic: To submit claims by Electronic Data Interchange (EDI), please use **payer ID 87726**. Learn more at UHCprovider.com/edi.

Paper: Please submit paper claims to the address listed on the back of the member's ID card.

For Optum-delegated members, please use payer ID E3287. For paper submission send to: OCNCT Claims, P.O. Box 2500, Rancho Cucamonga, CA 91729-2500.



Prior Authorization Requests and Advance Notification

Request prior authorization and provide advance notification.

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- Call **877-842-3210**.
 - Visit [UHCprovider.com](https://uhcprovider.com) > Prior Authorization and Notification Resources.

For Optum-delegated members, contact Optum Care at 888-556-7048 or submit your request through NAMMNet Express (NE), available through the OptumCare provider gateway: optumcare-east.nammnet.com/login/nammcal.aspx

You may also fax the request to 855-268-2904.



Behavioral Health Services

Please refer to the member's ID card for their behavioral health provider phone number.



Prescription Medications

[OptumRx.com](https://optumrx.com)

Mail Order

- Call **800-791-7658**, Monday – Friday, 8 a.m. – 8 p.m. Central Time.
- Fax **800-491-7997**.

Oral Drug Prior Authorization Requests

- covermymeds.com/epa/optumrx
- Call **800-711-4555**, option 1.
- Fax **800-527-0531**.

Injectable Drugs Prior Authorization Requests

- Call **800-711-4555**, option 2.

For Optum-delegated members' Injectable Drugs Prior Authorization Requests, call 888-556-7048.



Routine Vision: UnitedHealthcare Vision

spectera.com

Call **800-638-3120**, Monday – Friday, 7 a.m. – 10 p.m. and Saturday, 8 a.m. – 5:30 p.m. Central Time.



Routine Hearing: UnitedHealthcare Hearing

[UHChearing.com](https://uhchearing.com)

Call **855-523-9355**, Monday – Friday, 8 a.m. – 8 p.m. Central Time.



Dental

[UHCdental.com](https://uhcdental.com)

Call **877-816-3596**, Monday – Friday, 7 a.m. – 10 p.m. Central Time.



Virtual Visits

Virtual Medical Visits

- amwell.com
- Members have access to virtual medical visits 24/7 with American Well at amwell.com.

Virtual Mental Health Visits

- VirtualVisitsMentalHealth.uhc.com

Members have access to virtual mental health visits through Optum Behavioral Health.



Other Resources

You'll find information in our Care Provider Administrative Guides at UHCprovider.com/guides.

If you have questions, please contact your Physician Advocate, Provider Relations or Network Management representative at UHCprovider.com/contactus > Find a Network Contact.

For Optum-delegated members, contact OptumCare at 888-556-7048 or through NAMMNetExpress (NE), available through the OptumCare provider gateway:
optumcare-east.nammnet.com/login/nammcal.aspx



2021 Medicare Advantage Sample ID Cards

AARP Medicare Advantage
by **UnitedHealthcare**

Health Plan (99999): **999-99999-99**
Member ID: 999999999-00 Group Number: XXXXX

Member: **MEMBER SAMPLE** [UHC Dental Benefits]

Payer ID: xxxxx

PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999

Copay: PCP \$XX ER \$XX
Spec \$XX

H9999-999-999

MedicareRx
Prescription Drug Coverage X

RxBIN: 610097
RxPCN: 9999
RxGrp: COS

[Referral Required]
[AARP Medicare Advantage (HMO)]

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: xx/xx/xxxx

For Members
Website: www.MEMBERURL.com
Customer Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
[Dental: 1-999-999-9999 TTY 711]

For Providers www.PROVIDERURL.com 1-999-999-9999
Medical Claim Address: P.O. Box 99999, Healthcare, US 99999-9999
[PCP to send electronic referrals]
[UHC Dental Providers] www.DENTALURL.com 1-999-999-9999

UHC [Fitness Benefit Logo]

For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999

AARP Medicare Advantage
by **UnitedHealthcare**

Health Plan (99999): **999-99999-99**
Member ID: 999999999-00 Group Number: XXXXX

Member: **MEMBER SAMPLE** [UHC Dental Benefits]

Payer ID: xxxxx

PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999

Copay: PCP \$XX ER \$XX
Spec \$XX

H9999-999-999

MedicareRx
Prescription Drug Coverage X

RxBIN: 610097
RxPCN: 9999
RxGrp: COS

[Referral Required]
[AARP Medicare Advantage (PPO)]
Medicare limiting charges apply.

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: xx/xx/xxxx

For Members
Website: www.MEMBERURL.com
Customer Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
[Dental: 1-999-999-9999 TTY 711]

For Providers www.PROVIDERURL.com 1-999-999-9999
Medical Claim Address: P.O. Box 99999, Healthcare, US 99999-9999
[UHC Dental Providers] www.DENTALURL.com 1-999-999-9999

UHC [Fitness Benefit Logo] [No Referral Logo]

For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999

AARP Medicare Advantage
by **UnitedHealthcare**

Health Plan (99999): **999-99999-99**
Member ID: 999999999-00 Group Number: XXXXX

Member: **MEMBER SAMPLE** [UHC Dental Benefits]

Payer ID: xxxxx

PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999

Copay: PCP \$XX ER \$XX
Spec \$XX

H9999-999-999

MedicareRx
Prescription Drug Coverage X

RxBIN: 610097
RxPCN: 9999
RxGrp: COS

[Referral Required]
[AARP Medicare Advantage (HMO)]

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: xx/xx/xxxx

For Members
Website: www.MEMBERURL.com
Customer Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
[Dental: 1-999-999-9999 TTY 711]

For Providers www.PROVIDERURL.com 1-999-999-9999
Medical Claim Address: P.O. Box 99999, Healthcare, US 99999-9999
[PCP to send electronic referrals]
[UHC Dental Providers] www.DENTALURL.com 1-999-999-9999

UHC [Fitness Benefit Logo]

For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999

UnitedHealthcare
Dual Complete

Health Plan (80840): **999-99999-99**
Member ID: 999999999 Group Number: XXXXX

Member: **MEMBER SAMPLE** UHC Dental Benefits

Payer ID: E3287

PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999
OptumCare Network of CT

H9999-999-999

MedicareRx
Prescription Drug Coverage X

RxBIN: 610097
RxPCN: 9999
RxGrp: COS

UnitedHealthcare Dual Complete (PPO D-SNP)
Medicare limiting charges apply.

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: xx/xx/xxxx

For Members
Website: Customer www.memberurl .com
Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711
[Transportation Svcs: 1-999-999-9999 TTY 1-999-999-9999]

For Providers www.OptumCare.com 1-888-556-7048
Medical Claim Address: P.O. Box 2500, Rancho Cucamonga, CA 91729-2500
Provider Authorizations: 1-888-556-7048
[UHC Dental Providers] www.dentalurl.com 1-999-999-9999

UHC **Renew Active** [No Referral Logo] **OPTUMCare**

For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999-9999



Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements. Members with the Medicare National Network logo will not need to activate Passport.

2021 Plan Overview

Referrals are not required.

Plan Name and Type	Counties	Centers for Medicare & Medicaid Services (CMS) Contract	Group Number
UnitedHealthcare® Medicare Advantage Plan 1 (HMO)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	H0755-030	27040/27061/27062*/27151*
UnitedHealthcare® Medicare Advantage Plan 2 (HMO)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	H0755-031	27044/27063/27064*/27153*
UnitedHealthcare® Medicare Advantage Plan 3 (HMO)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	H0755-033	27031/27032/27100*/27150*
UnitedHealthcare® Medicare Advantage Patriot (HMO)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	H0755-032	27048/27049/27155*/27156*
UnitedHealthcare® Dual Complete (PPO D-SNP)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	H0271-014	09116*/66100
AARP® Medicare Advantage Walgreens (PPO)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	H3442-001	74054/90125*
AARP® Medicare Advantage Choice (Regional PPO)	Statewide – CT, MA, RI, VT	R7444-001	43500/43850

*Optum-delegated plans

