

Administrative Changes for UnitedHealthcare Medicare Advantage Members in Connecticut

Quick Reference Guide

Effective for dates of service beginning Jan. 1, 2021, Optum Care Network of Connecticut, an affiliate of UnitedHealthcare, will manage administrative processes for members of UnitedHealthcare® Medicare Advantage benefit plans offered in Connecticut, as identified below.

You can find more information about Optum Care at optumcare.com.

We've put this guide together to help you understand the changes to administrative processes, including:

- Claims submission
- Hospital admission notifications
- Member eligibility verification
- Prior authorization requests



Affected UnitedHealthcare Medicare Advantage Plan Members

Members of the following UnitedHealthcare Medicare Advantage plans who have chosen an Optum Care primary care provider (PCP) are managed by Optum Care Network of Connecticut:

- H0755-030 UnitedHealthcare Medicare Advantage Plan 1 (HMO)
- H0755-031 UnitedHealthcare Medicare Advantage Plan 2 (HMO)
- H0755-033 UnitedHealthcare Medicare Advantage Plan 3 (HMO)
- H0755-032 UnitedHealthcare Medicare Advantage Patriot (HMO)
- H3442-001 AARP® Medicare Advantage Walgreens (PPO)

New! Beginning Jan. 1, 2021, Optum Care Network of Connecticut will manage services for members who choose an Optum Care PCP:

- H0712-014 UnitedHealthcare Dual Complete® (PPO D-SNP)

Member IDs for the affected plans will show the **payer ID E3287** and have the Optum Care logo. For all other members, please continue following the UnitedHealthcare processes outlined in the Administrative Guide at UHCprovider.com/guides.



Verifying Member Eligibility

You can verify UnitedHealthcare member eligibility at the time of service online or by phone:

- **Online:** log into the care provider gateway at optumcare-east.nammnet.com/login/nammcal.aspx
- **Phone:** 855-893-2297



Requesting Prior Authorization

Prior authorization is required for certain services based on the patient's benefit plan. Please request prior authorization at least 14 days before planned date of elective services in one of these ways:

- **Online:** log into the care provider gateway at optumcare-east.nammnet.com/login/nammcal.aspx
- **Phone:** 855-893-2297 (only for urgent referrals)
- **Fax:** 855-268-2904



Submitting Claims

Please submit claims for the Optum Care-managed members:

- **Electronically:** Payer ID E3287
- **Mail:** OCNCT Claims, P.O. Box 2500, Rancho Cucamonga, CA 91729-2500

For claims status, call 855-893-2297. Please don't submit duplicate claims unless you haven't received payment or an explanation of payment within 45 days of submission.



Sample Member ID Cards

Member IDs for the affected plans will show the **payer ID E3287** and have the Optum Care logo.



Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

Questions?

If you have questions about these plan members, contact Optum Care at **888-556-7048**. For questions about other plan members, please call UnitedHealthcare Network Management at **877-842-3210**.