

# Administrative changes for UnitedHealthcare Medicare Advantage members in Connecticut

## Quick reference guide

For dates of service beginning Jan. 1, 2023, Advantage Plus Network–Connecticut (APN–CT), a partnership of Optum® and Hartford HealthCare, will manage certain administrative services for certain UnitedHealthcare® Medicare Advantage benefit plans listed below. This reference guide provides an overview of the administrative processes:

- Verifying member eligibility
- Referrals, if required
- Prior authorization requests
- Hospital admission notifications
- Claims submission
- Claims reconsideration

The following benefit plans will be newly administered by Advantage Plus Network, effective Jan. 1, 2023:

Plan name	CMS contract number	Group number
AARP® Medicare Advantage Choice Flex (PPO)	H3442-011-000	90223

The following benefit plans will continue to be administered by Advantage Plus Network, effective Jan. 1, 2023:

Plan name	CMS contract number	Group number
AARP® Medicare Advantage Choice (PPO)	H3442-001-000	90125
UnitedHealthcare® Medicare Advantage Plan 1 (HMO-POS)	H0755-030-000	27062, 27151
UnitedHealthcare® Medicare Advantage Plan 2 (HMO-POS)	H0755-031-000	27064, 27153
UnitedHealthcare® Medicare Advantage Plan 3 (HMO-POS)	H0755-033-000	27100, 27150
UnitedHealthcare® Medicare Advantage Patriot (HMO-POS)	H0755-032-000	27155, 27156
AARP® Medicare Advantage Choice (Regional PPO)	R7444-001-000	90150, 90151

The following benefit plans will **not** be administered by Advantage Plus Network, effective Jan. 1, 2023:

Plan name	CMS contract number	Group number
UnitedHealthcare Dual Complete® (PPO D-SNP)	H0271-014-000	66100
UnitedHealthcare Dual Complete® Balance (PPO D-SNP)	H0271-059-000	66105





## Verifying member eligibility

You can verify member eligibility online or by phone:

- **Online:** Through the [UnitedHealthcare Provider Portal](#), go to [UHCprovider.com](#) and click Sign In at the top-right corner. Then, click Eligibility and enter member information.
- **Phone:** Call **888-556-7048** and select the Eligibility and Benefits option



## Referral requests

For plans that require referrals, submit referral requests online at [optumproportal.com](#).



## Prior authorization requests

Prior authorization may be required for certain services, based on the member's plan. Inpatient and outpatient services generally don't require prior authorization when members are referred to health care professionals who participate with UnitedHealthcare Medicare Advantage Plans.

Services that require prior authorization will be listed at [UHCprovider.com/priorauth](#) > [Advance Notification and Plan Requirement Resources](#). Submit your request at least 14 days before the planned date of service.

- **Online:** Submit your request at [optumproportal.com](#). Please include any clinical information associated with the requested service.
- **Phone:** Call **888-556-7048**

You don't need to submit another prior authorization request to APN-CT if a request was previously reviewed and approved by UnitedHealthcare for dates of service starting Jan. 1, 2023, and after. APN-CT will reimburse services approved by UnitedHealthcare.



## Hospital admission notifications

Please notify APN-CT of hospital admissions no later than 1 business day after admission by calling **888-556-7048** or submitting online at [optumproportal.com](#).



## Claims submissions

Please submit claims for UnitedHealthcare members to APN-CT using the following electronic Payer ID or mailing address:

- **Electronic:** Payer ID LIFE1 or use your clearinghouse's APN-CT Payer ID
- **Mail:** Advantage Plus Network-Connecticut Advantage, P.O. Box 30781, Salt Lake City, UT 84130-0781

To check the status of your claim submission, sign in at [optumproportal.com](#).

For any other claim questions, call **888-556-7048**. Please don't submit duplicate claims unless you haven't received payment or an explanation of payment within 45 days of submission.



## Claim reconsiderations

- You can submit claim disputes by calling **888-556-7048**.



## Member ID cards

Members in the affected plans will get new member ID cards that show the Payer ID LIFE1 and will have the following claims address: P.O. Box 30781, Salt Lake City, UT 84130-0781. You can download a copy of the member ID card when you verify eligibility and benefits in the [UnitedHealthcare Provider Portal](#).

### New for 2023 - UnitedHealthcare UCard (Member ID)

- Nearly all UnitedHealthcare Individual Medicare Advantage plan members including DSNP will receive a UnitedHealthcare UCard™ (some plan exclusions may apply)
- UnitedHealthcare UCard makes it easier for members to access their benefits and programs so they can take advantage of their plan offerings
- UCard does not need to be activated for you to verify eligibility or provide care services or for members to receive medical, dental, prescription, vision and hearing care services
- Starting Jan. 1, 2023, impacted members will present their redesigned member card
- UCard will have the information you need to verify eligibility and should be used in the same manner as any other UnitedHealthcare member ID card
- UCard cannot be used for member out-of-pocket expenses, including copays, coinsurance or deductibles
- Each UCard will include an S3 number, security code and scannable barcode for in-store purchases—providers do not need to scan the barcode to provide medical, dental, prescription, vision or hearing services to the member
- For questions, members should visit their plan website or call the Customer Service number on their UCard
- For a description of the information displayed on the UCard, refer to Chapter 2 of the [UnitedHealthcare Care Provider Administrative Guide](#)



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



## We're here to help

If you have questions, please call **877-842-3210**. Thank you.