

Welcome to Optum Care Network–Connecticut

Optum Care Network–Connecticut (OCNCT) is an Independent Physician Association (IPA) with a local management team. We offer a full range of services to assist physicians and other providers in their managed care and business operations. This quick reference guide provides the most important information you'll need when working with OCNCT patients.

Eligibility

OCNCT currently has contracts with the participating plans listed below for patients in Connecticut.

Patients can take advantage of what OCNCT has to offer if they select a primary care physician (PCP) from the Optum Care Network and they have coverage through the listed participating Medicare Advantage plans.

Practices can check member eligibility in NAMMNet Express (NE), available through the Optum Care provider gateway: optumcare-mso.com or from the plan.

Participating plans

UnitedHealthcare Medicare Advantage plans		
MedicareComplete Plan 1 (HMO)	PBP# H0755-030	Group# 27151 or 27062
MedicareComplete Plan 2 (HMO)	PBP# H0755-031	Group# 27153 or 27064
MedicareComplete Plan 3 (HMO)	PBP# H0755-033	Group# 27100 or 27150
MedicareComplete Essential Plan (HMO)	PBP# H0755-032	Group# 27155 or 27156
AARP® Medicare Advantage Walgreens (PPO)	PBP# H3442-001	Group# 90125
UnitedHealthcare Dual Complete (PPO DSNP)	PBP# H0271-014	Group# 09116
AARP Medicare Advantage (Regional PPO)	PBP# R7444-001	Group# 90150 or 90151

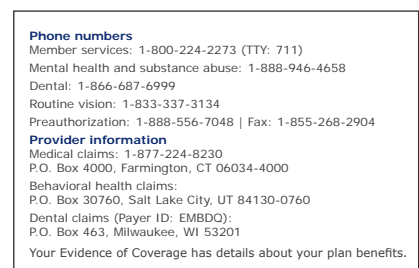
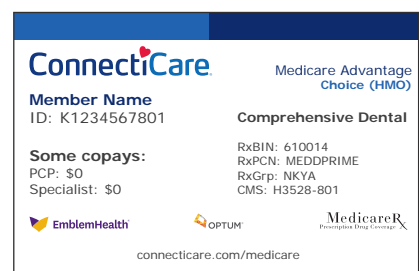
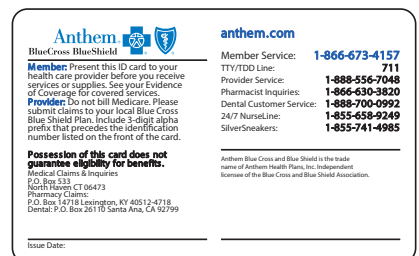
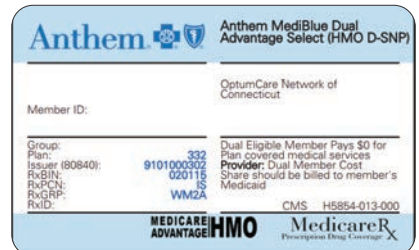
Anthem Medicare Advantage plans	
MediBlue Plus (HMO)	PBP# H5854-007
MediBlue Dual Advantage (HMO-SNP)	PBP# H5854-008
MediBlue Plus (HMO)	PBP# H5854-009
MediBlue Select (HMO)	PBP# H5854-010
MediBlue Extra (HMO)	PBP# H5854-011
MediBlue Dual Advantage Advantage Select (HMO D-SNP)	PBP# H5854-013
MediBlue Prime (HMO)	PBP# H5854-015

Members that have an OCNCT PCP will have one of the above listed group numbers and/or PBP on their member card

ConnectiCare Medicare Advantage plans	
HMO ConnectiCare Choice Plan 2 (HMO)	PBP# H3528-003
HMO-POS ConnectiCare Flex Plan 1 (HMO-POS)	PBP# H3528-006
HMO ConnectiCare Passage Plan 1 (HMO)	PBP# H3528-010
HMO-POS ConnectiCare Flex Plan 3 (HMO-POS)	PBP# H3528-011
HMO ConnectiCare Choice Plan 3 (HMO)	PBP# H3528-014
HMO-POS ConnectiCare Flex Plan 2 (HMO-POS)	PBP# H3528-015
HMO ConnectiCare Choice Plan 1 (HMO)	PBP# H3528-016
HMO ConnectiCare Choice Part B Saver (HMO)	PBP# H3528-017
HMO ConnectiCare Employer Group Plan (HMO)	PBP# H3528-801
HMO-POS ConnectiCare Employer Group Plan (HMO-POS)	PBP# H3528-806

Members that have an OCNCT PCP will have one of the above plan names, PBP#, and the Optum logo on the back of their member ID card.

Note: ConnectiCare members/patients are only delegated for Medical Management. Continue to process claims with ConnectiCare.



PROVIDER USE ONLY

Prior authorizations and referrals

While we are delegated to manage referral and prior authorization processes, OCNCT follows the same requirements as directed by UnitedHealthcare (UHC), Anthem and ConnectiCare, and should be completed prior to scheduling the appointment.

Referrals:

- Referrals are not required but highly recommended for OCNCT.

Referrals will be returned to providers via the method they were submitted.

Prior authorizations:

- An active, approved prior authorization is for one initial consult and three subsequent visits in a 90-day period.
- All prior authorizations/referrals must have the necessary clinical information.

Listed below are the numbers/online application you may need to use to request prior authorization or make a referral.

Online: NAMMNet Express available through the Optum Care® provider gateway:*
optumcare-mso.com

Fax: 1-855-268-2904

Phone: 1-888-556-7048, TTY 711 for *urgent referral only*

Phone line business hours are
Mon.–Sat., 8 a.m.–4 p.m., EST

Refer to optumcare.com/state/ct for a directory of eligible specialists.

Submitting a claim

Follow these guidelines when submitting a claim through Optum Care for Anthem and UHC.

Electronic submissions

Use payer ID, E3287

Paper submissions

OCNCT Claims

P.O. Box 2500

Rancho Cucamonga, CA 91729-2500

Submitting a claim – corrections

Corrected claims can be submitted via paper or electronically by following the guidelines below.

Professional claims – CMS-1500 paper claim identifiers

1. Box 22 (resubmission code): Required if sending a replacement or void to a prior claim. List the applicable resubmission code in the left-hand portion of box 22:
 - a. 7 – Replacement of prior claim
 - b. 8 – Void/cancel of prior claim
2. Box 22 (Original Ref No.): List the prior claim number generated by payor.

Facility claims – UB-04 paper claim identifiers

1. Field 4 (Type of bill):

a. 0XX7 = Replacement of prior claim:

This type of bill is used when a specific claim needs to be restated in its entirety, except for the identifying information. The original bill is considered null and void, and the information on this bill completely replaces the previous claim.

b. 0XX8 = Void/cancel of a prior claim: This code indicates that this claim eliminates and cancels a previously submitted claim.

2. Field 64 (Document Control Number): Required if sending a replacement or void of a prior claim. List the previous claim number.

Important contact information

Below are numbers and websites you can use to contact Optum Care or find information on related services.

Optum Care website

Visit professionals.optumcare.com/resources-clinicians/connecticut-clinician-resources.

You can filter documents by choosing “Connecticut” on the left side.

Refer to our website professionals.optumcare.com/resources-clinicians/connecticut-clinician-resources to download the following documents:

1. Electronic Funds Transfer (EFT)
2. Electronic Remittance Advice (ERA)
3. Provider Dispute Resolution (PDR) form
4. Provider referral form
5. Prior authorization form for Rx injectables
6. Provider manual

Help desk: 1-888-556-7048, TTY 711,

Mon.–Sat., 8 a.m.–8 p.m., EST

Press “1” for UnitedHealthcare members

Press “2” for Anthem BlueCross BlueShield members

Press “3” for ConnectiCare members

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

Network liaison: _____

Phone: _____

Please note: Some limited communications from Optum Care Network–Connecticut may have the legal entity of “LifePrint East” on them.

*To request access to the provider gateway, contact the OCNCT network coordinator via email: yancy_vazquez@optum.com.

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