OPTUM Care® | Network of Connecticut

Quick reference guide: Connecticut | Updated July 2019

Welcome to OptumCare Network of Connecticut

OptumCare® Network of 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 OptumCare® Network and they have coverage through the listed participating Medicare Advantage plans.

Practices can check member eligibility in NAMMNet Express (NE), available through the OptumCare provider gateway:* **optumcare-mso.com.**

Participating plans

UnitedHealthcare® Medicare Solutions

Plan name: UnitedHealthcare® Medicare Complete Plans 1, 2, 3 and Essential (HMO)
CMS contract: H0755

Plan	PBP#	Group#
Plan 1	030	27151
Plan 2	031	27153
Plan 3	033	27100 or 27150
Essential	032	27155 or 27156

Members that have an OCNCT PCP will have one of the above listed group numbers on their member card.

Anthem BlueCross BlueShield

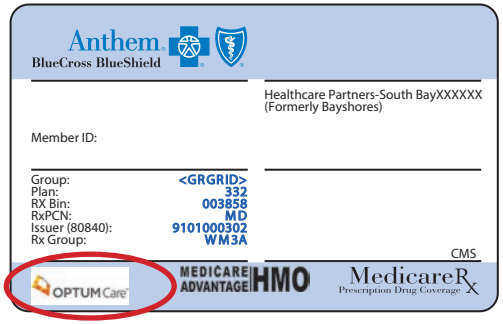
Plan name: Anthem MediBlue Plus (HMO)
CMS contract: H5854-007-000

Plan name: Anthem MediBlue Dual Advantage (HMO SNP)
CMS contract: H5854-008-000

Plan name: Anthem MediBlue Plus (HMO)
CMS contract: H5854-009-000

Plan name: Anthem MediBlue Select (HMO)
CMS contract: H5854-010-000

Note: Only applies to Anthem members who have selected or are assigned a PCP who is part of OCNCT.



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more information ►

Prior authorizations

OCNCT follows the same requirements as directed by UnitedHealthcare (UHC) and Anthem and should be completed prior to scheduling the appointment.

Referrals:

- Referrals are not required by the plans; however, OCNCT still requires that contracted partners enter referrals for utilization management and administrative purposes.
- An active, approved referral is for 1 initial consult and 3 subsequent visits in a 90-day period.
- If a specialist needs additional visits beyond the initial 90-day referral, they will be required to enter the request into NE. The specialist will receive approval if it is for 3 or less visits in a 90-day period. If more than 3 visits in a 90-day period are requested, it will not be approved, but will require further clinical review (by nurses or a medical director) before approval (or denial).
- The specialist or PCP can order subsequent visits, if clinically necessary.
- 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 OptumCare® provider gateway:* **optumcare-mso.com**
Fax: 1-855-268-2904
Phone: 1-888-556-7048 for *urgent referral only*

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

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

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

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

Submitting a claim to UHC

Follow these guidelines when submitting a claim through OptumCare.

Electronic submissions
Use payer ID, E3287
Paper submissions
OCNCT Claims
P.O. Box 2500
Rancho Cucamonga, CA 91729-2500

Submitting a claim – corrections for UHC

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.

Submitting a claim to Anthem

There will be no change to the claims submission process at this time. IPA providers should continue to submit their claims in accordance with Anthem's process. Electronic submissions are preferred.

Paper submissions
Anthem Blue Cross and Blue Shield
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

Important contact information

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

OptumCare website
Visit **professionals.optumcare.com/resources-providers.html.** You can filter documents by choosing "Connecticut" on the left side.

Refer to our website **(professionals.optumcare.com/resources-providers.html)** to download the following documents:

1. Electronic Fund Transfer (EFT)
2. Electronic Remittance Advice (ERA)
3. Provider Dispute Resolution (PDR) form
4. Provider Referral form
5. Prior Authorization Form for Rx injectables

Help desk: 1-888-556-7048, Mon.–Sat., 8 a.m.–4 p.m., EST
Press "1" for UnitedHealthcare members
Press "2" for Anthem BlueCross BlueShield members
Press "1" for claims information
Press "2" for existing prior authorization information
Press "3" for new prior authorization information

Behavioral health: 1-800-985-2596, Mon.–Sat., 8 a.m.–8 p.m., EST. To find behavioral health providers, call the number above, or visit: **provider.liveandworkwell.com/content/laww/3659/en/spa.html#/provider-home.**

Member help line: 1-888-832-0963, Mon.–Sat., 8 a.m.–8 p.m., EST

Network liaison: _____

Phone: _____

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