

# Quick reference guide: Connecticut

## Welcome to Advantage Plus Network–Connecticut

Advantage Plus Network–Connecticut, a partnership of Optum® and Hartford HealthCare, is a network designed to help local provider groups improve quality of care, clinical outcomes, and member satisfaction through collaboration within the care delivery system.

This quick reference guide provides an overview of key information you will need when treating Advantage Plus Network (APN-CT) patients.

### Eligibility

APN-CT currently has contracts with the participating plans listed below for patients in Connecticut.

Patients can take advantage of what APN-CT has to offer if they select a primary care physician (PCP) from the APN-CT network and they have coverage through the listed participating Medicare Advantage plans.

Practices can check member eligibility in the Optum Pro Portal at **optumproportal.com**

### 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 Choice Flex (PPO) | PBP# H3442-011 | Group # 90223         |
| AARP® Medicare Advantage Walgreens (PPO)   | PBP# H3442-001 | Group# 90125          |
| 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 APN-CT PCP will have one of the above listed PBP on their member card.

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



Prior authorizations and referrals

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

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: [optumproportal.com](https://optumproportal.com)

Fax: 1-855-268-2904

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

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

Post-acute care requesting prior authorization

Online (Preferred): [partners.navihealth.com/partner/nh-access](https://partners.navihealth.com/partner/nh-access)

Phone: (Only if online is not an option): 1-855-851-1127

Hospital admission notification

Notify Advantage Plus Network of hospital admissions no later than 24 hours after admission and 24 hours post discharge by

Phone: 1-888-556-7048

Fax: 1-855-268-2904

Electronic funds transfer (EFT)

Advantage Plus Network works exclusively with InstaMed as our free payer payments solution for providers. Please register for free ERA/EFT at [instamed.com/eraeft](https://instamed.com/eraeft).

Your physician business manager

Each practice in our network is supported by a dedicated physician business manager (PBM) who is your go-to resource. For general inquiries please email [APNCTNetwork@optum.com](mailto:APNCTNetwork@optum.com)

Important contact information

Below are phone numbers and websites you can use to contact APN-CT or find information on related services.

Optum Pro Portal

Optum Pro Portal is the provider portal APN-CT uses. It is a secure web portal providing clinicians and non-clinicians with access to:

- View eligibility benefits/eligibility in real time
- Create and submit prior authorizations for multiple health plans
- Discover and capture open risk or quality screening gaps
- Securely access health plan documents, policies and guides
- Access digital training for a multitude of topics

You'll also have access to important forms and other resources online at [optumproportal.com](https://optumproportal.com)

Optum Care Service Center

Our service advocates are available to answer questions on topics such as provider search, claims, eligibility and more.

Phone: 1-888-556-7048, TTY 711,

Mon.–Sat., 8 a.m.–4 p.m., EST

- Press “1” for UnitedHealthcare members
- Press “2” for Anthem BlueCross BlueShield members

Or you can contact the APN-CT Service Center through secure email on the APN-CT Provider Portal. Login through [optumproportal.com](https://optumproportal.com)

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

Credentialing and provider updates

Provider request for credentialing

Providers requesting participation with Advantage Plus Network should contact their physician business manager. Please ensure that your provider CAQH account is up to date to prevent delays in credentialing.

Group and provider updates

To make NPI, TIN, or provider demographic updates, providers will need to contact the health plans they are contracted with to fill out and submit the appropriate form(s).

Please note: Some limited communications from Advantage Plus Network–Connecticut may have the legal entity of “Senior Care Network” on them.

**\*To request access to the Optum Pro Portal, contact the Advantage Plus Network team via email: [APNCTNetwork@optum.com](mailto:APNCTNetwork@optum.com).**

Submitting a claim

Follow these guidelines when submitting a claim through APN-CT for UHC.

- Electronic submissions, use payer ID LIFE1
- Paper submissions  
Advantage Plus Network–Connecticut  
P.O. Box 30539  
Salt Lake City, UT 84130

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 code in the left-hand portion of box 22:
  - a. 7 – Replacement of prior claim
  - b. 8 – Void/cancel of prior claim
3. 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.
3. Field 64 (Document control number): Required if sending a replacement or void of a prior claim. List the previous claim number.

Provider use only

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