

# ConnectiCare Provider Orientation

Plan Year 2026

Updated: December 2025

# Agenda

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# Welcome Message

- Molina is excited to be in the Connecticut Market
- Molina and ConnectiCare remain dedicated to providing a high standard for customer service for our members and providers
- The ConnectiCare name brand will remain, but you may see references and links to documents with the Molina name
  - Exchange Plan may also be referenced as Marketplace (they are the same)
- As we merge onto Molina platforms, you will receive emails with Molina in the address
  - Please do not ignore these emails or treat them as Spam
- The existing local Provider Contracting and Provider Relations Teams remain intact

# Summary of Changes

ConnectiCare's new parent company is Molina Healthcare. Until we are fully integrated into the Molina family, network providers should continue to follow ConnectiCare's existing policies and processes as posted on our website ([connecticare.com/providers](http://connecticare.com/providers)) and use our existing portal functions.

On Jan. 1, 2026, ConnectiCare will have three lines of business: Commercial (employer groups), Marketplace (Exchange), and Medicare.

- Commercial members will have an ID number that begins with the letter "K". For these members, providers should continue to follow ConnectiCare's existing policies and processes as posted on our [website](#) and [use the same portal](#) that you use today through the end of 2026.
- Marketplace (Exchange) members will have an all-numeric ID number with 3-9 digits.
- Medicare members will have an ID number that may begin with the letter "K" or an all-numeric ID number with 13 digits that begins with the number eight.
- Sample member ID cards can be found in the online Provider Manuals.

# Provider Call Center

## Provider Call Center

- Phone Number
  - All lines of business
  - **800-828-3407**
- Hours of Operation
  - Monday through Friday
  - 8:00am to 6:00pm
- There will be IVR prompting to route calls to Provider agents who will handle coverage/claims inquires prior to 2026 and members in a Commercial plan
- 2026 Coverage calls will be handled by a new vendor with seasoned Molina Provider representatives who have been trained on CT business

# ConnectiCare Lines of Business 2026

# Current and Future State

- Current and Future State
  - Market Place (Individual On and Off Exchange)
  - Medicare Advantage (Non DSNP and DNSP)
  - These are products that ConnectiCare are offering today and in the future
- Exiting These Commercial (employer group) Products
  - Large Group All Funding, ASO, and Small Group Level Funding
  - ConnectiCare will no longer have members in these products by end of 2026

# New Providers / Demographic Changes

# New Providers

- **Effective January 1, 2026**, new providers and practitioners requesting to join the network, or an existing group, will begin the process with Molina's online Pre-enrollment tool.
- You can access the online enrollment tool through links on the Join Our Network [page](#) (available Jan 1). We will also provide a helpful user guide that provides details about navigating the tool.
- **Initial Credentialing and Recredentialing**
  - Maintain an up-to-date and accurate CAQH profile. Authorize ConnectiCare or Molina Healthcare Inc. to access your profile for credentialing and recredentialing, if you have not opted for global authorization.
  - Behavioral Health and Chiropractic Networks continue to be administered by Optum. To join their network, please contact Optum directly.
  - For Behavioral Health, contact Optum Behavioral Services at [ctnetworkmanagement@optum.com](mailto:ctnetworkmanagement@optum.com) or **800-614-0484**.
  - For Chiropractor, contact Optum Physical Health at [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com) and click on the "Interested in becoming a Provider?" link or **800-873-4575**.

# Demographic Changes

- Keep your contact information current to ensure efficient communication and accurate provider directories. This ensures that members have accurate, current information when accessing providers. For changes to your demographic information, email [CCI-ProviderFileOperations@MolinaHealthcare.com](mailto:CCI-ProviderFileOperations@MolinaHealthcare.com).
- Administrators of organizations delegated for credentialing, must submit provider updates to [CCI-ProviderFileOperations@MolinaHealthcare.com](mailto:CCI-ProviderFileOperations@MolinaHealthcare.com), in accordance with the terms of the agreement.
- Important Reminders:
  - Please visit our [Provider Online Directory](#) to validate your information.
  - Providers must validate their information at least quarterly for correctness and completeness.
  - Notice of changes must be made at least 30 days in advance of any of the following:
    - Change in office location, office hours, phone, fax, or email
    - Addition or closure of an office location
    - Addition or termination of a provider
    - Change in practice name, Tax ID and/or National Provider Identifier (NPI)
    - Open or close your practice to new patients (PCP only)

# Claims

# Marketplace (Exchange) & Medicare Advantage Claims Submission

**Marketplace (Exchange) & Medicare Advantage Claims: For dates of services beginning 01/01/2026:** ConnectiCare strongly encourages participating Providers to submit claims electronically via a clearinghouse or the Availity Essentials portal whenever possible.

EDI Payer ID **MLNCT**

- SSI Group: [thessigroup.com](http://thessigroup.com) directly or via any clearinghouse connected to SSI Group
- Availity Essentials portal for direct data entry: [availability.com/providers](http://availability.com/providers)

To verify the status of your claims, please use the Availity Essentials portal. For additional information, please refer to the Claims section of the [Provider Manuals](#).

# Marketplace (Exchange) & Medicare Advantage Claims Submission (continued)

- Claims with dates of services that span from December 2025 into January 2026
  - Inpatient
    - Claim should not be split
    - The start date of the claim would drive where the claim is processed/paid
  - Outpatient
    - Recommended the claim is split out and December 2025 dates sent to ConnectiCare's current/existing claim submission process/payer IDs and January 2026 dates of service to ConnectiCare's new claim submission process/payer ID
    - If the dates of service are not split, the Clearinghouse will split the claim
- Molina performs SNIP Level 1–7 editing through our primary clearinghouse and internal EDI gateway before claims enter the core adjudication system.
- Claims missing required information or containing syntactical errors will be rejected via a 277CA electronic acknowledgment or a rejection letter for a paper claim.
- Electronic rejections enable quick correction and resubmission, often within the same day, resulting in faster and more accurate payment processing.

# Marketplace (Exchange) & Medicare Advantage Timely Filing & Corrected Claims

Providers must submit claims to ConnectiCare within 180 calendar days after the discharge for inpatient services or the date of service for outpatient services (unless otherwise specified by the applicable participation agreement or the member's self-funded plan's provisions).

ConnectiCare allows 100 additional days from ConnectiCare original claim submission timely filing limits for providers to submit a Corrected claim. (timely filing is 180 days, providers have 280 days from the date of service to submit a corrected claim)

# Commercial Claim Submissions

- Commercial claims for 2026 dates of service must be submitted according to ConnectiCare's current/existing claims submission process. **These claims should never be submitted to Molina.**
- Please use EDI Payer ID 06105 when submitting commercial claims.
- If you submit a commercial claim to Molina or with the new EDI Payer ID, the claim will be rejected or denied.

# Marketplace (Exchange) & Medicare Advantage Claim Dispute/Appeal Submissions

ConnectiCare claim dispute/appeal requests must be submitted 90 calendar days for Marketplace and Medicare from the initial determination date unless otherwise specified in your Provider Agreement. Requests can be submitted via Availity Essentials portal, by fax, or by mail:

| Marketplace  | Medicare   |
|--|--|
| ConnectiCare Appeals and<br>Grievances<br>P.O. Box 36120<br>Louisville, KY 40233<br>Fax: <b>855-276-7538</b> | ConnectiCare Appeals and<br>Grievances<br>P.O. Box 22816<br>Long Beach, CA 90801<br>Fax: <b>562-499-0610</b> |

# Electronic Payment Requirement



- Electronic Funds Transfer: ConnectiCare will continue our partnership with ECHO Health, Inc. (ECHO) for payment delivery and electronic remittance advice processing (EFT/ERA).
- To begin receiving EFT/ERA, you must enroll with ECHO for Molina with any recent ECHO Draft Number. Enrollment can be done now at [enrollments.echohealthinc.com/afteradirect/molinahealthcare](http://enrollments.echohealthinc.com/afteradirect/molinahealthcare).
- If you need assistance, contact ECHO at:
  - Phone: **888-834-3511**
  - Email: [edi@echohealthinc.com](mailto:edi@echohealthinc.com)

There is no cost to the provider for EFT enrollment, and providers are not required to be in-network to enroll.

# Medical Management

# Marketplace (Exchange) & Medicare Advantage Prior Authorizations

- Marketplace (Exchange) & Medicare Advantage
  - Open outpatient and inpatient authorizations for dates of service in 2026 will be transitioned to Availity Essentials
  - If inpatient episode of care started in 2025, it will be maintained and processed in **ConnectiCare's current/existing systems**
- Questions about authorization status can be referred to Provider Services
- Requesting Authorization
  - Requests should be processed via Availity Essentials Provider Portal
  - If a phone request is necessary, **for Advanced Imaging and Transplants** the following number should be used:  
**855-714-2415**
- For Commercial Products
  - Process remains the same except for genetic testing, NICU, Transplant, and Prime Therapeutics (see clinical vendors grid on page 22)

# Marketplace (Exchange) & Medicare Advantage Prior Authorization Lookup Tool

The Prior Authorization Look-up Tool allows providers to enter a CPT or HCPCS code to determine authorization requirements in real-time! To access the Prior Authorization Look-up Tool instructions, go to: [Provider Look Up Tool Walk Through](#)

**Prior Authorization LookUp Tool** 

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

**This LookUp tool is for Outpatient services.** All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law. All Medicaid LTSS services require prior authorization regardless of code.

We attempt to provide the most current and accurate information on this PA LookUp Tool. Note prior authorization requirements change quarterly. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA request form.

No PA is required for office visits at Participating (PAR) Network Providers. All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services and Evaluation & Management Codes during non-elective observation/inpatient admissions or as required by law.

Molina Clinical Services completes Utilization Management for certain Healthcare Administered Drugs. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

| State       | Health Plan Benefit | LOB | CPT / HCPCS Code |
|-------------|---------------------|-----|------------------|
| Connecticut | ConnectiCare        |     |                  |

**Lookup**

## Provider Portal

- Participating providers are encouraged to use Avility Essentials for Prior Authorization (PA) submissions whenever possible. Instructions for how to submit a PA request is available at [avility.com/providers](http://avility.com/providers)

## Benefits of submitting PA requests via Avility Essentials include:

- Create and submit PA requests
- Check status of authorization requests
- Access dashboard where you can easily see your authorizations and the status update
- Attach medical documentation required for timely medical review and decision making

# Clinical Vendors

| Service Category  | Commercial              | Marketplace (Exchange) / Medicare | Contact Commercial  | Contact Marketplace (Exchange) / Medicare  |
|---|-------------------------|-----------------------------------|---|--|
| NICU  | ConnectiCare            | Progeny                           | <b>ConnectiCare</b><br>Phone: 800-828-3407  | <b>Progeny</b><br>Phone: 888-832-2006<br>Fax: 877-847-1708   |
| Transplant  | ConnectiCare            | ConnectiCare                      | <b>ConnectiCare – Commercial</b><br>Phone: 800-828-3407<br>Online: provider.connecticcare.com | <b>ConnectiCare</b><br>Phone: 855-714-2415<br>Online: availability.com/providers   |
| Advanced Imaging / Diagnostic Radiology   | Evolent                 | ConnectiCare                      | <b>Evolent</b><br>Phone: 877-607-2363<br>Online: radmd.com                                    | <b>ConnectiCare</b><br>Phone: 855-714-2415<br>Online: availability.com/providers   |
| Radiation Oncology / Oncology   | Prime                   | Evolent                           | <b>Prime</b><br>Phone: 833-519-4548<br>Online: gatewaypa.com                                  | <b>Evolent</b><br>Phone: 888-999-7713<br>Option 2: Medical Oncology<br>Option 3: Radiation Oncology<br>Online: my.newcenturyhealth.com |
| Genetic Testing   | ConnectiCare            | ConnectiCare                      | <b>ConnectiCare</b><br>Phone: 800-828-3407<br>Online: provider.connecticcare.com              | <b>ConnectiCare</b><br>Phone: 855-714-2415<br>Online: availability.com/providers   |
| Behavioral Health   | Optum Behavioral Health | Optum Behavioral Health           | Phone: 800-349-5365<br>Online: providerexpress.com  | Phone: 800-349-5365<br>Online: providerexpress.com   |
| All Other hospital admission notifications, all other preservice requests for inpatient & outpatient services that require preauthorization | ConnectiCare            | ConnectiCare                      | <b>ConnectiCare</b><br>Online: provider.connecticcare.com<br>Phone: 800-828-3407              | <b>ConnectiCare</b><br>Phone: 855-714-2415<br>Online: availability.com/providers   |

# Marketplace (Exchange) & Medicare Advantage Pharmacy Prior Authorization Requests

CVS Caremark will support the management of prescription drug benefits for our members. Prior authorization requests for pharmacy and HCPC/JCode can be submitted to ConnectiCare by phone, fax, or Electronic Prior Authorization platforms (Marketplace only):

| Marketplace  | Medicare  |
|--|---|
| Phone: 888-407-6425<br>Pharmacy and JCode Fax: 833-896-0676<br>Online: <a href="#">SureScripts®</a> and <a href="#">CoverMyMeds®</a> | Phone: 800-665-3086<br>Part D Fax: 866-290-1309<br>J Code Fax: 800-391-6437 |

**Note:** Prime Therapeutics manages pharmacy benefits and medical pharmacy drugs for our Commercial members. Phone: [833-519-4548](#), Online: [GatewayPA.com](#)

## Marketplace (Exchange) & Medicare Advantage Care Management

Our Care Management team guides members through the healthcare system by working together on their health goals, closing care gaps, coordinating among multiple providers, helping with benefit coordination, and connecting them with necessary community resources.

- Promotes the integration of services for members, including behavioral health care and long-term services and supports, to improve continuity.
- Assesses for barriers to care, offers care coordination, and assists members in addressing their concerns.
- Conducts telephonic, face-to-face or home visits as required.
- Collaborates with the member, caregiver, physician, and other healthcare professionals to develop and execute a personalized care management plan that addresses the member's unique needs and goals.
- Monitors the care plan regularly, tracking progress, documenting interventions, and adjusting as needed to ensure effective goal achievement and optimal outcomes.
- If you would like to refer a member to Care Management, you may contact Provider Services who will refer the case to our Care Management Team.

## Behavioral Health

- ConnectiCare's vendor, Optum Behavioral Health, coordinates and manages behavioral health and substance abuse services for members. Optum Behavioral Health has a Help Line that members and Providers can access by calling **888-946-4658**. Standard hours of operation are 7 a.m. to 7 p.m. CST.
- For clinical assistance, providers can contact Optum Behavioral Health at **800-349-5365** from 7 a.m. to 7 p.m. CST. For higher-level care authorization requests ONLY, providers can call this number 24/7.
- For additional information, please refer to Optum's website at [providerexpress.com](http://providerexpress.com).

# Availity Essentials Portal

# Availity Essentials Provider Portal

Organization Registration Resource: [availity.com/multi-payer-portal-registration](http://availity.com/multi-payer-portal-registration)

Availity Payor ID: **MLNCT**

Availity Payor Name: **ConnectiCare**

Training video will be available in December with Live Training sessions scheduled for January

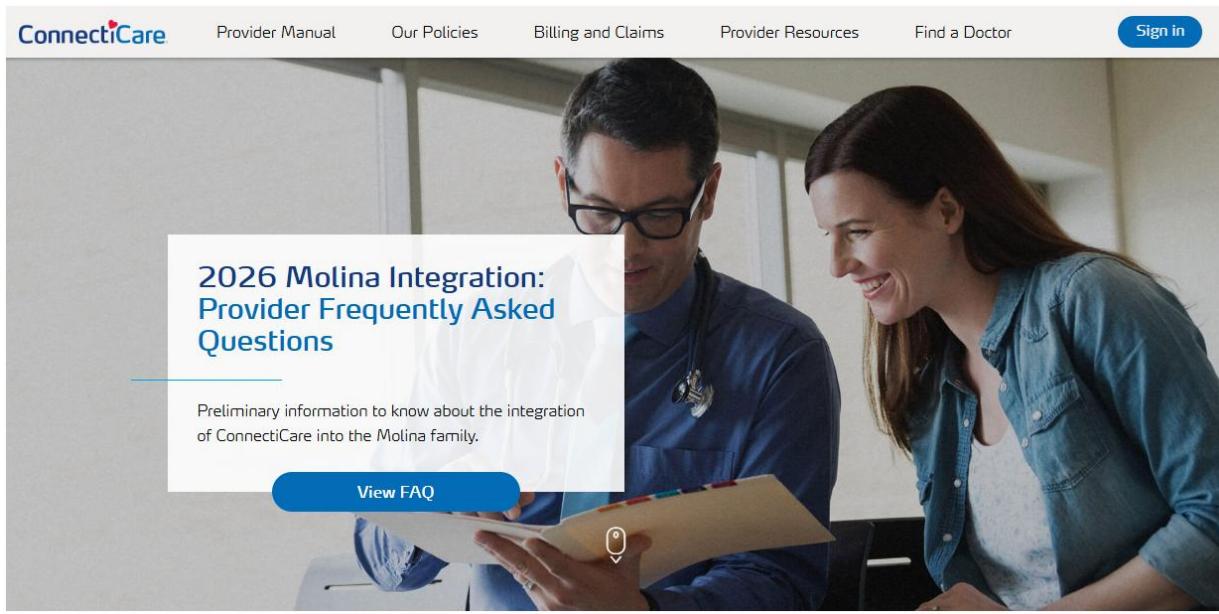
Services Offered by Availity and Molina:

- Claim Submission/Resubmission
- Self-service member eligibility
- Provider searches
- Submit requests for authorizations
- Submit claims
- Claim Status
- Remittance Viewer
- Obtaining Member Eligibility & Benefits
- Submitting Authorization Requests
- HEDIS Information



# Provider Online Resources

# ConnectiCare Provider Website



Provider Manual   Our Policies   Billing and Claims   Provider Resources   Find a Doctor   [Sign in](#)

**2026 Molina Integration:  
Provider Frequently Asked  
Questions**

Preliminary information to know about the integration of ConnectiCare into the Molina family.

[View FAQ](#)

Please visit our website at: [ConnectiCare.com/Providers/Molina](https://ConnectiCare.com/Providers/Molina)

## What Can be Found:

- Summary of Changes
- Important Communications
- Valuable Resources
- Provider Forms
- Contact Information
- Policies – Clinical, Pharmacy, Payment
- Training
- [Quick Reference Guide](#)

# Provider Manuals

- Here are some key items that can be found in our Provider Manuals:
  - Compliance/Anti-Fraud Hotline
  - Credentialing Department
  - Nurse Advice Line
  - Quality Programs
  - Continuity of Care and Transition of Members
  - Electronic Claims Submission Requirement



## Provider Manual ConnectiCare Marketplace 2026

The ConnectiCare Provider Manuals can be found [here](#)

# Provider Manual Highlights

The Provider Manuals are customarily updated annually but may be updated more frequently. Information in the Provider Manuals include:

- ✓ Benefits and Covered Services
- ✓ Claims and Compensation
- ✓ Member Appeals and Grievances
- ✓ Credentialing and Recredentialing
- ✓ Delegation Oversight
- ✓ Enrollment and Disenrollment
- ✓ Eligibility
- ✓ Health Care Services
- ✓ Interpreter Services
- ✓ HIPAA
- ✓ Member Rights and Responsibilities
- ✓ Preventive Health Guidelines
- ✓ Quality Improvement
- ✓ Transportation Services
- ✓ Referral and Authorizations
- ✓ Provider Responsibilities
- ✓ Pharmacy
- ✓ Address and Phone Numbers
- ✓ Provider Data Accuracy
- ✓ Long-Term Services and Supports

# Thank You!

# Confidentiality Statement

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