




**Louisiana Department of Health
Informational Bulletin 12-3
Revised January 6, 2021**

Member ID Cards

Aetna Better Health Louisiana

AETNA BETTER HEALTH® 

Bayou Health
Member ID# 000000000-00 **Date of Birth** 00/00/0000
Member Name Last Name, First Name **Sex** X
PCP Last Name, First Name
PCP Phone/24 Hours 000-000-0000 **Effective Date** 00/00/0000

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RxBIN: 610591 **RxPCN:** ADV **RxGRP:** RX8834
Pharmacist Use Only: 1-855-364-2977

www.aetnabetterhealth.com/louisiana
 THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062


Members
 Member Services & Filing Grievance 24/7 **1-855-242-0802, TTY 711**
 Fraud & Abuse Hotline **1-855-725-0288** Report Medicaid Fraud **1-800-488-2917**
 24 Hour Nurse Line **1-855-242-0802** Pharmacy **1-855-242-0802**
 Vision Services **1-800-879-6901**

Emergency care: If you are having an emergency, call **911** or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Providers
 Provider Services and Prior Authorization **1-855-242-0802**

Send medical claims to
 Aetna Better Health **Electronic claims**
 P.O. Box 61808 Payer ID 128LA
 Phoenix, AZ 85082-1808

Healthy Blue

 **Healthy Blue** **Medicaid**

Identification Number

Primary Care Provider (PCP):

Telephone #:
After Hours #:

Effective Date: **RxBIN:** 003858
Date of Birth: **RXPCN:** MA
RXGRP: WKLA

 **Healthy Blue** www.myhealthybluela.com

Member Services: 1-844-521-6941
Appeals or Grievances: 1-844-521-6941
TTY: 711
24/7 NurseLine: 1-866-864-2544
24/7 Behavioral Health Crisis: 1-844-812-2280
Rides to covered services: 1-866-430-1101
Vision Services: 1-800-787-3157

Members: Please carry this card at all times. Show this card before you get medical care (except emergencies). If you have an emergency, call 911 or go to the nearest emergency room. To file an appeal or grievance, call Member Services.

Providers/Hospitals: For preapproval/billing information, call 1-800-454-3730. For emergency admissions, notify Healthy Blue within 24 hours after treatment.

Pharmacies: Submit claims using Express Scripts. For help, call 1-844-367-6111.

Submit medical claims to:
 Healthy Blue
 P.O. Box 61010
 Virginia Beach, VA 23466-1010



Use of this card by any person other than the member is fraud. Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917

Healthy Blue
 3850 N. Causeway Blvd.
 Metairie, LA 70002

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

LA01 09/17

AmeriHealth Caritas

 <p>DOE, JOHN PLAN ID <u>12345678</u> STATE ID <u>1234567890123</u></p> <hr/> <p>SEX <u>M</u> DOB <u>01/01/01</u> EFFECTIVE <u>00/00/0000</u></p> <hr/> <p>RxBIN: 600428 RxPCN: 06030000</p>	<p>PRIMARY DOCTOR Dr. John Smith (ABC Family Practice) 123 Main Street Anytown, Louisiana 12345 PHONE 999-999-9999</p> <hr/> <p>PLAN CODE 355/855</p>
 P.O. Box 83580 Baton Rouge, LA 70884 www.amerhealthcaritasla.com	
<p>Always carry your AmeriHealth Caritas Louisiana card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana Primary Care Physician (PCP) for medical care.</p> <p>Emergency Room: Go to an Emergency Room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.</p> <p>Out-of-Area Care: Report out-of-area care to AmeriHealth Caritas Louisiana and your PCP within 48 hours.</p> <p>Mental Health, Drug & Alcohol Services: Call the toll free number for your parish. If you don't know the number, call Member Services at 1-888-756-0004.</p>	
<p>Member Services & Filing Grievances 1-888-756-0004 TTY 1-866-428-7588</p> <p>Provider Services & Prior Authorization 1-888-922-0007</p> <p>Report Medicaid Fraud 1-800-488-2917</p> <p>To Speak with a Nurse Anytime 1-888-632-0009</p> <p>Pharmacy Member Services 1-866-452-1040 TTY 1-855-294-7047</p> <p>Pharmacy Provider Services 1-800-684-5502</p> <p>AmeriHealth Caritas Louisiana Claims Processing P.O. Box 7322, London, Kentucky 40742</p>	

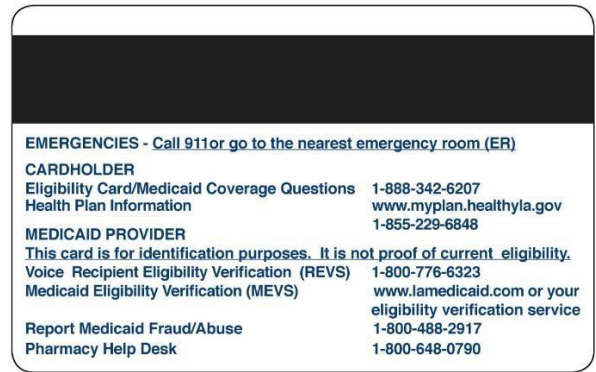
Louisiana Healthcare Connections

<p>Rx: US Script BIN: 008019</p> <p>Name: JOHN SMITH Medicaid ID #: 1234567891011 DOB: 01/01/2012</p> <p>PCP Name: JANE DOE PCP Address: 1234 Main St. City, LA 71234</p> <p>PCP Phone #: (555) 555-1234 After Hours #: (555) 555-5678</p> <p>If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514). NurseWise is open 24 hours a day.</p>	 <p>IMPORTANT TELEPHONE NUMBERS</p> <p>Members: Member Services: 1-866-595-8133 TDD/TTY: 1-877-285-4514 24/7 NurseWise: 1-866-595-8133 Vision: 1-866-595-8133 File a Grievance: 1-866-595-8133 Report Medicaid Fraud: 1-800-488-2917</p> <p>Providers: Provider Services: 1-866-595-8133 IVR Eligibility Inquiry/Prior Authorization: 1-866-595-8133 US Script: 1-877-690-9330 Report Medicaid Fraud: 1-800-488-2917</p> <p><i>Provider/claims information via the web: www.LouisianaHealthConnect.com.</i></p>
<p>IMPORTANT ADDRESSES</p> <p>Medical claims: Louisiana Healthcare Connections Attn: CLAIMS PO Box 4040 Farmington, MO 63640-3826</p> <p>Address: Louisiana Healthcare Connections 8585 Archives Avenue Suite 310 Baton Rouge, LA 70809</p>	

UnitedHealthcare Community Plan

 <p>Health Plan (80840) 911-87726-04</p> <p>Member ID: 999999999</p> <p>Member: SUBSCRIBER BROWN Payer ID: 87726</p> <p>PCP Name: PROVIDER BROWN PCP Phone/24 hours: (999)999-9999 PCP Clinic Name 1234 Address Street DOB: Anywhere, LA 12345 02/08/2012</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">  <p>Rx Bin: 610494 Rx Grp: ACULA Rx PCN: 9999</p> </div> <p>0501 Administered by UnitedHealthcare Community Plan, Inc.</p>	<p>In an emergency go to nearest emergency room or call 911. Printed: XXXXXX</p>  <p>This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider visit the website www.MyUHC.com/CommunityPlan.</p> <p>For Members: 1-866-675-1607 TTY 711 NurseLine: 1-877-440-9409 TTY 711 Report Fraud: 1-800-488-2917 TTY 711</p> <hr/> <p>For Providers www.UnitedHealthcareOnline.com 1-866-675-1607 Medical Claims: PO Box 31341, Salt Lake City, UT 84131-0341</p> <p>Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903 For Pharmacist: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826</p>
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Gainwell Technologies-Issued Medicaid Card



DentaQuest



MCNA Dental



Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Healthy Louisiana plan:

Search Type	Recipient ID and DOB	Recipient ID	777777777777	Date of Birth	12/12/2011	Plan Date	01/16/2015
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Subscriber Information

Provider Information

Name LOUANNA , LOUIS
Subscriber ID 777777777777
Date of Birth 12/12/2011
Sex Male
Address 11223 MAPLE STREET
 CLEAR LAKE LA 76666-0000

Provider LDH EXEC MGMT/MOLINA PBMSTAF
NPI 7777777773
Submitter ID 2252166370

For name or address discrepancies, recipients must call the Louisiana Medicaid Eligibility Hotline at 1-877-252-2447.

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. Plan Begin Date 01/01/2015
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	HEALTHY LOUISIANA PLAN Benefit Begin 04/01/2012 PHARMACY PBM IS USSCRIPT Managed Care Organization LOUISIANA HEALTHCARE CONNECTI Telephone (866) 595-8133

Active Coverage	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Dental Care, Hospital - Inpatient, Hospital - Outpatient, Pharmacy
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient

Please Note: Individual coverage level applies to all benefits.

Request Reference Number 120999620150116033333 **Response Reference Number** 201501160088822

Transaction run on 01/16/2015 at 03:08:24 CT by LAMedicaid - Louisiana Medicaid

Screenshot for an individual enrolled in Legacy Medicaid: