



## Louisiana Department of Health Informational Bulletin 12-3

**Revised Feb. 1, 2015**

### Member ID Cards

#### *Aetna Better Health Louisiana*

**AETNA BETTER HEALTH®** **aetna**

**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](http://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

#### *Amerigroup*

**Amerigroup Louisiana, 3850 N. Causeway Blvd., Metairie, LA 70002**  
[www.myamerigroup.com/LA](http://www.myamerigroup.com/LA)

**Member Name:**  
**Medicaid or LaCHIP Number:**  
**Primary Care Provider (PCP):**  
**PCP Telephone #:**  
**PCP After Hours #:**  
**PCP Address:**  
**Vision: 1-800-787-3157**  
**Member Services and Behavioral Health: 1-800-600-4441**  
**Amerigroup On Call/Nurse HelpLine: 1-866-864-2544**

**Effective Date:**  
**Date of Birth:**  
**Subscriber #:**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions or wish to file an appeal or grievance, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-855-2880.

**MIEMBROS:** Lleve consigo siempre esta tarjeta de identificación. Muéstreala antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene preguntas o desea presentar una apelación o queja, llame a Servicios al Miembro al 1-800-600-4441. Llame al 1-800-855-2884 si es una si es una persona sorda o tiene problemas de la audición.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.


**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730.

**PHARMACIES:** Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKLA. For technical help, call Express Scripts at 1-844-367-6111.

**SUBMIT MEDICAL CLAIMS TO:**  
 AMERIGROUP • 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

401 2/15

**AmeriHealth Caritas**



**DOE, JOHN**  
 PLAN ID **12345678**  
 STATE ID **1234567890123**

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**SEX M DOB 01/01/01**  
 EFFECTIVE **00/00/0000**

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RxBIN: 600428  
 RxPCN: 06030000

**PRIMARY DOCTOR**  
 Dr. John Smith  
 (ABC Family Practice)  
 123 Main Street  
 Anytown, Louisiana 12345  
**PHONE** 999-999-9999

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**PLAN CODE** 355/855



P.O. Box 83580  
 Baton Rouge, LA 70884  
[www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com)

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**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.

**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.

**Out-of-Area Care:** Report out-of-area care to AmeriHealth Caritas Louisiana and your PCP within 48 hours.

**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**.

**Member Services & Filing Grievances**  
 1-888-756-0004 | TTY 1-866-428-7588

**Provider Services & Prior Authorization**  
 1-888-922-0007

**Report Medicaid Fraud**  
 1-800-488-2917

**To Speak with a Nurse Anytime**  
 1-888-632-0009

**Pharmacy Member Services**  
 1-866-452-1040 | TTY 1-855-294-7047

**Pharmacy Provider Services**  
 1-800-684-5502

**AmeriHealth Caritas Louisiana Claims Processing**  
 P.O. Box 7322, London, Kentucky 40742

**Louisiana Healthcare Connections**



Rx: US Script  
 BIN: 008019

**Name:** JOHN SMITH  
**Medicaid ID #:** 1234567891011 **DOB:** 01/01/2012

**PCP Name:** JANE DOE  
**PCP Address:** 1234 Main St.  
 City, LA 71234

**PCP Phone #:** (555) 555-1234 **After Hours #:** (555) 555-5678

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.

**IMPORTANT TELEPHONE NUMBERS**

**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

**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

*Provider/claims information via the web: [www.LouisianaHealthConnect.com](http://www.LouisianaHealthConnect.com).*

**IMPORTANT ADDRESSES**

**Medical claims:**  
 Louisiana Healthcare Connections  
 Attn: CLAIMS  
 PO Box 4040  
 Farmington, MO 63640-3826

**Address:**  
 Louisiana Healthcare Connections  
 8585 Archives Avenue  
 Suite 310  
 Baton Rouge, LA 70809

**UnitedHealthcare Community Plan**


  
 Health Plan (80840) 911-87726-04
   
**Member ID: 999999999**

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**Member:**
  
 SUBSCRIBER BROWN
 **Payer ID: 87726**



Rx Bin: 610494
   
 Rx Grp: ACULA
   
 Rx PCN: 9999

**PCP Name:** PROVIDER BROWN
   
**PCP Phone/24 hours:** (999)999-9999
   
**PCP Clinic Name:**
  
 1234 Address Street
 **DOB:** 02/08/2012
  
 Anywhere, LA 12345

0501 Administered by UnitedHealthcare Community Plan, Inc

In an emergency go to nearest emergency room or call 911. Printed: XX/XX/XX



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](http://www.MyUHC.com/CommunityPlan).

|               |                |         |
|---------------|----------------|---------|
| For Members:  | 1-866-675-1607 | TTY 711 |
| NurseLine:    | 1-877-440-9409 | TTY 711 |
| Report Fraud: | 1-800-488-2917 | TTY 711 |



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For Providers [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) 1-866-675-1607
   
 Medical Claims: PO Box 31341, Salt Lake City, UT 84131-0341

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
   
 For Pharmacist: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826

**Molina-Issued Medicaid Card**

**HEALTH NETWORK for LOUISIANA**

**DEPARTMENT OF HEALTH AND HOSPITALS**
  
*Medicaid*

CCN: **7770001051857702**

Issue Date 01-01-2011      BIN 123456

**JANE J DOE**

Oberthur C.S. 04 12621 4/11

**This card is for identification purposes. It is not proof of current eligibility.**

**EMERGENCIES** - For emergencies, go to the nearest health care facility or hospital emergency room. Please notify your Primary Care Physician (PCP) of emergency care as soon as possible.

For questions about this Medicaid card or the Medicaid program, call 1-800-834-3333 for help.

**PROVIDERS** - To verify eligibility, swipe the card or call the Recipient Eligibility Verification System (REVS) at 1-800-776-6323.

**To report possible Medicaid fraud or abuse call 1-800-488-2917.**

**Medicaid Eligibility Verification System (MEVS)**

Screenshot for an individual enrolled in a Bayou Health Plan:

|                               |  |                     |              |                             |                              |                  |            |
|-------------------------------|--|---------------------|--------------|-----------------------------|------------------------------|------------------|------------|
| <b>Search Type</b>            | Recipient ID and DOB                           | <b>Recipient ID</b> | 777777777777 | <b>Date of Birth</b>        | 12/12/2011                   | <b>Plan Date</b> | 01/16/2015 |
| <b>Subscriber Information</b> |  |                     |              | <b>Provider Information</b> |                              |                  |            |
| <b>Name</b>                   | LOUANNA , LOUIS                                |                     |              | <b>Provider</b>             | DHH EXEC MGMT/MOLINA PBMSTAF |                  |            |
| <b>Subscriber ID</b>          | 777777777777                                   |                     |              | <b>NPI</b>                  | 7777777773                   |                  |            |
| <b>Date of Birth</b>          | 12/12/2011                                     |                     |              | <b>Submitter ID</b>         | 2252166370                   |                  |            |
| <b>Sex</b>                    | Male   |                     |              |                             |                              |                  |            |
| <b>Address</b>                | 11223 MAPLE STREET<br>CLEAR LAKE LA 76666-0000 |                     |              |                             |                              |                  |            |

**For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.**

**Health Benefit Plan Coverage**

| Benefit                         | Service Type Code            | Insurance Type | Plan Coverage Description   |
|---------------------------------|------------------------------|----------------|---|
| <b>Active Coverage</b>          | Health Benefit Plan Coverage | Medicaid       | Eligible for Medicaid on Plan Date.<br><b>Plan Begin Date</b> 01/01/2015  |
| <b>Deductible</b>               | Health Benefit Plan Coverage | Medicaid       | Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.   |
| <b>Deductible</b>               | Health Benefit Plan Coverage | Medicaid       | Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.  |
| <b>Benefit Description</b>      | Health Benefit Plan Coverage | Medicaid       | PREFERRED LANGUAGE: ENGLISH   |
| <b>Managed Care Coordinator</b> | Medical Care                 | Medicaid       | BAYOU HEALTH PLAN<br><b>Benefit Begin</b> 04/01/2012<br>PHARMACY PBM IS USSCRIPT<br><b>Managed Care Organization</b> LOUISIANA HEALTHCARE CONNECTI<br><b>Telephone</b> (866) 595-8133 |
| <b>Active Coverage</b>          | Dental Care                  | Medicaid       | DENTAL BENEFITS PLAN MANAGER<br><b>Payer</b> MCNA INSURANCE COMPANY<br><b>Telephone</b> (855) 701-6262<br><b>URL</b> https://portal.MCNA.net  |
| <b>Active Coverage</b>          |                              | Medicaid       | Eligible for Medicaid on Plan Date. : Dental Care, Hospital - Inpatient, Hospital - Outpatient, Pharmacy  |
| <b>Co-Insurance</b>             |                              | Medicaid       | MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient   |
| <b>Co-Payment</b>               |                              | 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: