

## Model Member ID Cards

Text in blue indicates preferred layout placement.

● = Required ○ = As Needed

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPSTD	DBPM- Adult Dental
<b>Front of Card</b>								
MCE Name and logo	Statement of Work 12.13	●	●	●	●	●	●	●
<b>Left</b>								
Cardholder Name (Labelled as Member)	Statement of Work 12.13	●	●	●	●	●	●	●
Cardholder Identifier (Labelled as Member ID)	Statement of Work 12.13	●	●	●	●	●	●	●
Card Issuer Identifier		●	●	●	●	●	●	●
Quick Response (QR) Code	Statement of Work 12.13	●	●	●	●	●	●	●
<b>Right</b>								
<PCP/PCD> Name	Statement of Work 12.13	●	●			●	●	
<PCP/PCD> Address		●	●			●	●	
<PCP/PCD> Phone Number	Statement of Work 12.13	●	●			●	●	
<PCP/PCD> after hours number (if different)	Statement of Work 12.13	○	○			○	○	
RxBIN	Statement of Work 12.13	●	●			●		
RxPCN	Statement of Work 12.13	○	○			○		
RxGRP	Statement of Work 12.13	○	○			○		
RxID	Statement of Work 12.13	○	○			○		
<b>Back of Card</b>								
<b>Centered</b>								
Instructions for Emergencies	Statement of Work 12.13	●	●	●	●	●	●	●

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<i>Left (Member Resources)</i>								
24 Hour Nurse Line phone number	Statement of Work 12.13	●	●	●	●	●		
Member Services Line phone number	Statement of Work 12.13	●	●	●	●	●	●	●
Filing Appeals & Grievances phone number	Statement of Work 12.13	●	●	●	●	●	●	●
24 hour behavioral health crisis line phone number	Statement of Work 12.13	●	●	●	●	●		
Reporting Medicaid Fraud phone number	Statement of Work 12.13	●	●	●	●	●	●	●
Pharmacy benefit assistance phone number	Statement of Work 12.13	●	●	●	●	●		
<i>Right (Provider Resources)</i>								
MCE Provider Services and prior authorization line phone number	Statement of Work 12.13	●	●	●	●	●	●	●
MCE's Address	Statement of Work 12.13	●	●	●	●	●	●	●
PBM Provider Services and prior authorization line phone number	Statement of Work 12.13	●	●			●		
PBM's Name and identifying trademark	Statement of Work 12.13	●	●			●		