

Sample Member MCO Cards

The **blue** arrow points to the patient MCO Member ID Number. The patient Medicaid number is highlighted in **blue**. The type of Medicaid plan is circled in **orange**. The back side of the cards have the Provider Contact number highlighted in **yellow**.

UNITED HEALTHCARE CARD



Health Plan/Plan de salud (80840) 911-87726-04

Member ID/ID del Miembro: 999999999 Group/grupo: IAQHP

Member/Miembro: SUBSCRIBER M BROWN Payer ID/ID del Pagador: 87726

PCP Name/Nombre del PCP: DR. PROVIDER BROWN
PCP Phone/Teléfono del PCP: (999)999-9999

DOB: 00/00/0000



Rx Bin: 610494
Rx Grp: ACUIA
Rx PCN: 4444

Iowa Medicaid

DHS14 Administered by UnitedHealthcare Plan of the River Valley, Inc

AMERIHEALTH CARITAS IOWA CARD




Member name: Doe, John Primary Care Provider (PCP) Group Name

AmeriHealth Caritas Iowa ID: 123456789 PCP Last Name, PCP First Name

Sex: M PCP phone number: 1-555-555-1234

DOB: MM/DD/YYYY Effective: 00/00/0000

State ID: 1234567890123

Copays: ER* PCP SPEC RX(G) RX(B)

Limits may apply to some services. Not transferable.

AMERIGROUP CARD




Effective Date: _____
Date of Birth: _____
Amerigroup #: _____

www.myamerigroup.com/IA

Amerigroup Iowa, Inc.
Member Name:
[Medicaid or CHIP] Number:
Primary Care Provider (PCP):
PCP Telephone #:
Vision: [1-800-879-6901]
Copays: [Non-preferred drugs <\$25: \$0] [Nonemergency ER Visits: \$8]
[Non-preferred drugs \$25.01-\$50: \$0]
[Non-preferred drugs >= \$50.01: \$0]
[Member Services/Behavioral Health]: [1-800-600-4441 (TTY 711)]
[Amerigroup On Call/Nurse HelpLine]: [1-866-864-2544 (TTY 711)]

Printed: 04/23/12



En caso de emergencia, acuda a la sala de emergencia más cercana o llame al 911. In an emergency, go to the nearest emergency room or call 911. Unauthorized use of non-plan providers may result in benefits denial. www.MyUHC.com/CommunityPlan

For Members/Para Miembros: 800-464-9484 TDD 711

For Providers: www.unitedhealthcareonline.com 888-650-3462

Claims Address: P.O. Box 5220, Kingston, NY 12402-5220

For Pharmacist: 877-495-2272
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903




PO Box 1516, Des Moines, IA 50305
www.amerihealthcaritasia.com

Always carry your AmeriHealth Caritas Iowa card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Iowa Primary Care Provider (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. *Copayment applies for non-emergent visits to the ER.

Out-of-area care: Report out-of-area care to AmeriHealth Caritas Iowa and your PCP within 48 hours. Mental health, drug, and alcohol services: Call Member Services at 1-855-332-2440.

AmeriHealth Caritas Iowa
Claims Processing
P.O. Box 7113, London, KY 40742

Member Services and filing grievances: 1-855-332-2440 or TTY 1-844-214-2471

Provider Services and prior authorization: 1-844-411-0579

Report Medicaid fraud: 1-800-831-1394

To speak with a nurse anytime: 1-855-216-6065

Pharmacy Member Services: 1-855-332-2440 or TTY 1-844-214-2471

Pharmacy RxBIN # 600428
Pharmacy RxPCN # 07390000
Pharmacy Provider Services: 1-855-328-1612

All other insurance payors must be billed before AmeriHealth Caritas Iowa, payor of last resort.

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, call Member Services at [1-800-600-4441]. If you are deaf or hard of hearing, call [711].

MIEMBROS: [Spanish translation of above English text to be inserted here]

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]. For preauthorization of medications, call [1-855-712-0104].

PHARMACIES: Submit claims using [Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKYA]. For technical help, call [Express Scripts] at [1-855-712-0104].

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.

IA03 01/16

UnitedHealthcare Plan of the River Valley, Inc.
Email: IowaCommunityNetwork@uhc.com
Or contact your current contract manager
Phone: 1-888-650-3462

AmeriHealth Caritas Iowa, Inc.
Email: IowaProviderNetwork@amerihealthcaritas.com
Phone: 1-855-287-7855

Amerigroup Iowa, Inc.
Email: iowamedicaid@amerigroup.com
Phone: 1-800-454-3730

If you have any questions or are seeking more information, please contact: