MCO Enrollee Card Example

UnitedHealthcare

UnitedHealthcare Community Plan
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
OPTUMRx™
Rx Bin: 610494
Rx Grp: ACUIA
Rx PCN: 4444
DHS14
Iowa Medicaid
Administered by UnitedHealthcare Plan of the River Valley, Inc

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: 877-305-8952
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903

Amerigroup Iowa

ia health link
Amerigroup An Anthem Company
Effective Date:
Date of Birth:
Amerigroup #:
www.myamerigroup.com/IA
Amerigroup Iowa, Inc.
Member Name:
Medicaid Number:
Primary Care Provider (PCP):
PCP Telephone #:
Vision: 1-800-879-6901
Copays: Nonemergency ER Visits: $3
No Other Copays
Member Services/Behavioral Health: 1-800-600-4441 (TTY 711)
24/7 Amerigroup On Call/Nurse HelpLine: 1-866-864-2544 (TTY 711)

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: Lleve esta tarjeta de identificación con usted siempre. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado 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 cuidado que no sea de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.
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 1-855-690-8353.

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.
IA04 03/10

AmeriHealth Caritas

ia health link
AmeriHealth Caritas Iowa
Member name
Doe, John
AmeriHealth Caritas Iowa ID
123456789
Sex: M
DOB: MM/DD/YYYY
State ID: 1234567890123
Primary Care Provider (PCP)
PCP Last Name, PCP First Name
Group Name
PCP phone number
1-555-555-1234
Effective: 00/00/0000
Copays
ER* PCP SPEC RX(G) RX(B)
Limits may apply to some services.
Not transferable.

ia health link
AmeriHealth Caritas Iowa
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.

The MCO card is the secondary payer card for those on Medicare and Medicaid.

Note for those on Medicare and Medicaid:

- There is RX information on all cards
- The MCO Rx only pays for Medicaid excluded drugs for those on Medicare
- Medicare clients use their Part D or MA-PD card for drug coverage