



Member ID Card Submissions by Plan


Aetna

Aetna Better Health® of Virginia

Name Last Name, First Name
Medicaid/Member ID # 0000000000 **DOB** 00/00/0000 **Sex** X

PCP Last Name, First Name
PCP Phone 000-000-0000 **Effective Date** 00/00/0000

RxBIN: 610591 **RxPCN:** ADV **RxGROUP:** RX8837  **CVS caremark™**

Pharmacist Use Only: **1-866-386-7882**

aetnabetterhealth.com/virginia

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. VAMED4

In case of an emergency go to the nearest emergency room or call 911.

Important numbers for members

Member Services	1-800-279-1878 (TTY 711)
Transportation	1-800-734-0430
Behavioral Health and Substance Use Hotline	1-800-279-1878
24-Hour Nurse Line	1-800-279-1878
Smiles for Children	1-888-912-3456



Important numbers for providers

Eligibility/Preauthorization	1-800-279-1878
Radiology Preauthorization	1-888-693-3211

Submit claims to
Aetna Better Health of Virginia
PO Box 63518
Phoenix, AZ 85082-3518
EDI Payer 128VA

Submit appeals to
Aetna Better Health of Virginia
9881 Mayland Drive
Richmond, VA 23233

VAMED4B





Aetna Better Health® of Virginia

Name Last Name, First Name
FAMIS/Member ID # 0000000000 **DOB** 00/00/0000 **Sex** X

PCP Last Name, First Name
PCP Phone 000-000-0000 **Effective Date** 00/00/0000

Copay: N **PCP/UC:** \$0 **Inpatient:** \$0 **Outpatient:** \$0
Generic Rx: \$0 **Brand Rx:** \$0 **ER:** \$0 **ER non-emerg:** \$0

RxBIN: 610591 **RxPCN:** ADV **RxGROUP:** RX8836  **CVS caremark™**

Pharmacist Use Only: 1-866-386-7882

aetnabetterhealth.com/virginia

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEVAFAMIS1

In case of an emergency go to the nearest emergency room or call 911.

Important numbers for members

Member Services	1-800-279-1878 (TTY 711)
Behavioral Health and Substance Use Hotline	1-800-279-1878
24 Hour Nurse Line	1-877-878-8940
Smiles for Children	1-888-912-3456

Important numbers for providers





Eligibility/Preauthorization	1-800-279-1878
Radiology Preauthorization	1-888-693-3211

Submit claims to
Aetna Better Health of Virginia
PO Box 63518
Phoenix, AZ 85082-3518
Payer ID 128VA



Submit appeals to
Aetna Better Health of Virginia
9881 Mayland Drive
Richmond, VA 23233

VAFAMIS1

Anthem

 X5931113990001		T000066ETTT65X 	
 Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.		 Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.	
Member ID		PCP Name	
PCP Phone		PCP Phone	
Medicaid ID		Medicaid ID	
<hr/>		<hr/>	
Group Number	HKP00200	PCP/Specialist	\$0/\$0
BCBS Plan	923	Outpatient	\$0
Rx Bin Number	003858	Inpatient	\$0
Rx PCN Number	A4	Emergency	\$0
Rx Group Number	WQWA	Rx	\$0/\$0
<hr/>		<hr/>	
		www.anthem.com/vamedicaid	
		Member Services: 1-800-901-0020	
		Provider Services: 1-800-901-0020	
		TTY: 711	
		24/7 NurseLine: 1-800-901-0020	
		Behavioral Health Crisis Line: 1-844-429-9620	
		Authorization: 1-800-901-0020	
		Smiles for Children: 1-888-912-3456	
		Transportation Service: 1-877-693-3888	
		For Pharmacists Only: 1-800-824-0898	
		*Department of Medical Assistance Services program	
		<hr/>	
		HealthKeepers, Inc.	
		P.O. Box 27401	
		Mail Drop VA2002-H500	
		Richmond, VA 23279	
		HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.	
		Anthem is a registered trademark of Anthem Insurance Companies, Inc.	
Claims Filing Address:		Contractor ID:	
Post Office Box 27401		9047003263	
Richmond, VA 23279			
VA21-0818			

Magellan



John Smith

Medicaid ID
ZECM12345678

Group No. **00000**

Subscriber ID
ZEB123456789

Copayments:

RXGRP: MCCVARK
RXBIN: 016523
RXPON: 63346286



PCP: xxxx
Specialist: xxxx
Outpatient: xxxx
Emergency: xxxx
Rx: xxxx

In case of emergency, go to the nearest emergency room or call 911.

Member Services: 1-800-424-4518 (TTY 711)
Provider Services: 1-800-424-4518 (TTY 711)
Behavioral Health: 1-800-424-4518 (TTY 711)
24/7 CareLine: 1-800-424-4518 (TTY 711)
Transportation: 1-877-790-9472 (TTY 711)
Pharmacy Help Desk: 1-800-424-4518 (TTY 711)
24 hours a day, 7 days a week
Rx Prior Authorizations: 1-800-424-4518 (TTY 711)
Smiles for Children: 1-888-912-3456 (TTY 711)
Website: www.MCCofVA.com

Claims Address:
MCC Claims Service Ctr.,
1 Cameron Hill Circle, Suite 52,
Chattanooga, TN 37402-0052

General Mailing Address:
MCC of VA
3829 Gaskins Rd
Richmond, VA 23233-1437



John Smith

Medicaid ID
ZECM12345678

Group No. **00000**

Subscriber ID
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Claims Address:
MCC Claims Service Ctr.,
1 Cameron Hill Circle, Suite 52,
Chattanooga, TN 37402-0052

General Mailing Address:
MCC of VA
3829 Gaskins Rd
Richmond, VA 23233-1437

Optima



**FAMILY CARE
FAMIS**

Member Name: JOHN DOE
Member Number: 9999999*99
Group Number: ABC
Member Effective Date: 07-01-18
PCP Name: JANE DOE
PCP Phone: 999-9999

OV: \$0
ER: \$0

FAMIS #: 999999999999 DOB: 99/99/9999


Family Care in Michigan
Member Support Services

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room.
Always call your Primary Care Physician for non-emergent care.

FOR PHARMACIST USE ONLY:

BIN# 610011	PROCESSOR CONTROL# OHPMCAID
OptumRx Pharmacist Help Desk:	1-866-244-9113

Member Services: <i>(Transition Services Available)</i>	757-552-8975 OR 1-800-881-2166
Pharmacy Member Services:	757-552-8877 OR 1-844-672-2307
TTY Virginia Relay Service: <i>(Hearing Impaired)</i>	711 OR 1-800-828-1140
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Smiles for Children:	1-888-912-3456
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

Offered by Optima Health Plan



FAMILY CARE

Member Name: JOHN DOE
Member Number: 9999999*99
Group Number: ABC
Member Effective Date: 07-01-18
PCP Name: JANE DOE
PCP Phone: 999-9999

OV: \$0
ER: \$0
RX: 0

Medicaid #: 999999999999 DOB: 99/99/9999

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
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After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Smiles for Children:	1-888-912-3456
Transportation:	1-877-892-3986
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

Offered by Optima Health Plan

United Healthcare

03115 9960973 0000 0000006 0000006 152 3115	 UnitedHealthcare [®] Community Plan Health Plan (80840) 911-87726-04	Payer ID: 87726												
	Member ID: 001500006 Group Number: VAMDN													
	Member: REISSUE M ENGLISH													
	Medicaid ID: 9999999996													
	PCP Name: DOUGLAS GETWELL PCP Phone: (717)851-6816													
	Date of Birth: 06/15/2013 Effective Date: 08/26/2013													
	No Copays													
	0501 UnitedHealthcare Community Plan of Virginia - Medicaid Administered by UnitedHealthcare of the Mid-Atlantic, Inc.													
	In an emergency go to nearest emergency room or call 911. Phone: 866-318													
	Carry card at all times and before you get non-emergency services. Call Member Services with questions or if you suspect fraud or abuse. Hospitals: Preadmission certification required for non-emergency admissions.													
<table border="0"> <tr> <td>Member Services/Behavioral:</td> <td>844-752-9434</td> <td>TTY 711</td> </tr> <tr> <td>Smiles for Children:</td> <td>888-912-3456</td> <td>TTY 711</td> </tr> <tr> <td>NurseLine:</td> <td>800-842-3014</td> <td>TTY 711</td> </tr> <tr> <td>Transportation:</td> <td>833-215-3884</td> <td>TTY 711</td> </tr> </table>			Member Services/Behavioral:	844-752-9434	TTY 711	Smiles for Children:	888-912-3456	TTY 711	NurseLine:	800-842-3014	TTY 711	Transportation:	833-215-3884	TTY 711
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Preauthorization:	844-284-0146													
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903 For Pharmacists: 844-284-0149														

03115 9960973 0000 0000010 0000010 152 1115	 UnitedHealthcare [®] Community Plan	 FAMIS Family Access to Member Information System												
	Health Plan (80840) 911-87726-04													
	Member ID: 001500010 Group Number: VAMDN	Payer ID: 87726												
	Member: REISSUE M ENGLISH													
	Medicaid ID: 9999999996													
	PCP Name: DOUGLAS GETWELL PCP Phone: (717)851-6816													
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VA Premier



<Virginia Premier Elite Family>

Member Name: **<First Name Last Name>**

Member ID: <XXXXXXXXXXXXXXXX>

PCP Name: <XXXXXXXXXX>

PCP Phone: <X.XXX.XXX.XXXXX>

PCP Copay: <XXXXXXXX>

SPC Copay: <XXXXXXXX>

ENVISION[®]

RxBin: <XXXXXX>

RxPCN: <XXXXXX>

RxGRP: <XXXXXXXXXXXXXXXX>

RxID: <XXXXXXXXXXXXXXXX>

RxCopay: <XXXXXX>



<Medallion 4.0> Coverage Effective Date: <XXXXXX>

For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility. If you are not sure if you need emergency care, call your PCP or the 24-hour Nurse Advice line.

Member Services:	<X.XXX.XXX.XXXX, TTY:711>
24-hour Nurse Line:	<X.XXX.XXX.XXXX>
Behavioral Health:	<X.XXX.XXX.XXXX>
Pharmacy Help Desk:	<X.XXX.XXX.XXXX>
Smiles for Children:	<X.XXX.XXX.XXXX>
Adult Dental:	<X.XXX.XXX.XXXX>
Vision:	<X.XXX.XXX.XXXX>
ARTS:	<X.XXX.XXX.XXXX>

Website: <VirginiaPremier.com>
Send Claims To: <Virginia Premier Claims PO Box 4250 Richmond, VA 23220>



<Virginia Premier Elite Individual>

Member Name: **<First Name Last Name>**

Member ID: <XXXXXXXXXXXX>

PCP Name: <XXXXXX>

PCP Phone: <X.XXX.XXX.XXXX>

ENVISION[®]

RxBin: <XXXXXX>

RxPCN: <XXXXXX>

RxGRP: <XXXXXXXXXXXX>

RxID: <XXXXXXXXXXXX>

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Vision:	<X.XXX.XXX.XXXX>
ARTS:	<X.XXX.XXX.XXXX>

Website: <VirginiaPremier.com>
Send Claims To: <Virginia Premier Claims PO Box 4250 Richmond, VA 23220>