



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
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Richmond, VA 23233

VAFAMIS1

Anthem

<div style="text-align: center;">  <p>Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.</p> </div> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Anthem Member ID</td> <td style="width: 50%;">PCP Name</td> </tr> <tr> <td></td> <td>PCP Phone</td> </tr> <tr> <td></td> <td>Medicaid ID</td> </tr> </table> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Group Number</td> <td style="width: 20%;">HKP00200</td> <td style="width: 10%;">PCP/Specialist</td> <td style="width: 10%;">[\$0/\$0]</td> <td style="width: 20%;"></td> </tr> <tr> <td>BC/BS Plan</td> <td>923</td> <td>Outpatient</td> <td>[\$0]</td> <td></td> </tr> <tr> <td>Rx Bin Number</td> <td>003858</td> <td>Inpatient</td> <td>[\$0]</td> <td></td> </tr> <tr> <td>Rx PCN Number</td> <td>A4</td> <td>Emergency</td> <td>[\$0]</td> <td></td> </tr> <tr> <td>Rx Group Number</td> <td>WQWA</td> <td>Rx</td> <td>[\$0/\$0]</td> <td></td> </tr> </table>	Anthem Member ID	PCP Name		PCP Phone		Medicaid ID	Group Number	HKP00200	PCP/Specialist	[\$0/\$0]		BC/BS Plan	923	Outpatient	[\$0]		Rx Bin Number	003858	Inpatient	[\$0]		Rx PCN Number	A4	Emergency	[\$0]		Rx Group Number	WQWA	Rx	[\$0/\$0]		<div style="text-align: right; font-size: small;">X21414171720001</div> 
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<div style="text-align: center;">  <p>Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.</p> </div> <p><small>[Members: When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.]</small></p> <p><small>Pharmacies: For network contracting and claims inquiries, call the pharmacists-only number listed to the right.</small></p> <p><small>Providers: Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.</small></p> <p><small>[Claims Filing Address: Post Office Box 27401 Richmond, VA 23279]</small></p>	<p style="text-align: center; font-size: small;">www.anthem.com/vamedicaid</p> <table style="width: 100%; border: none; font-size: x-small;"> <tr> <td>[Member Services:</td> <td style="text-align: right;">1-800-801-0020</td> </tr> <tr> <td>Provider Services:</td> <td style="text-align: right;">1-800-801-0020</td> </tr> <tr> <td>TTY:</td> <td style="text-align: right;">711</td> </tr> <tr> <td>24/7 NurseLine:</td> <td style="text-align: right;">1-800-801-0020</td> </tr> <tr> <td>Mental Health Services:</td> <td style="text-align: right;">1-800-801-0020</td> </tr> <tr> <td>Authorization:</td> <td style="text-align: right;">1-800-801-0020</td> </tr> <tr> <td>Smiles for Children™:</td> <td style="text-align: right;">1-888-812-3468</td> </tr> <tr> <td>Transportation Service:</td> <td style="text-align: right;">1-877-692-3988</td> </tr> <tr> <td>For Pharmacists Only:</td> <td style="text-align: right;">1-800-824-0888</td> </tr> </table> <p style="text-align: center; font-size: x-small;">[*Department of Medical Assistance Services program]</p> <p><small>[HealthKeepers, Inc.] P.O. Box 27401 Mail Drop VA2002-M500 Richmond, VA 23279</small></p> <p><small>[HealthKeepers, Inc.] is an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and logos are registered marks of the Blue Cross and Blue Shield Association.</small></p>	[Member Services:	1-800-801-0020	Provider Services:	1-800-801-0020	TTY:	711	24/7 NurseLine:	1-800-801-0020	Mental Health Services:	1-800-801-0020	Authorization:	1-800-801-0020	Smiles for Children™:	1-888-812-3468	Transportation Service:	1-877-692-3988	For Pharmacists Only:	1-800-824-0888													
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Magellan

 **Magellan**
COMPLETE CARE

John Smith

Medical ID: **ZECM12345678** Subscriber ID: **ZEB123456789**

Group No. **00000** Copayments:


RXGRP: MCCVARK
RXBIN: 016523
RXPON: 63348286 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

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Chattanooga, TN 37402-0052

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

Optima

United Healthcare

03115 9900973 0000 0000006 0000006 152 3 112	UnitedHealthcare Community Plan Health Plan (80840) 911-87726-04	
	Member ID: 001500006 Group Number: VAMDN	
	Member: REISSUE M ENGLISH Medicaid ID: 9999999996	Payer ID: 87726
	PCP Name: DOUGLAS GETWELL PCP Phone: (717)851-6816	Rx Bin: 810494 Rx GRP: ACUVA Rx PCN: 4900
	Date of Birth: 06/15/2013 Effective Date: 08/26/2013	
	No Copays	
	UnitedHealthcare Community Plan of Virginia - Medicaid Administered by UnitedHealthcare of the Mid-Atlantic, Inc.	
	0501	
	In an emergency go to nearest emergency room or call 911. Phone: 262-1118	
	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.	
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		
For Providers: UHCprovider.com 844-284-0146 Claims: PO Box 5270, Kingston, NY 12402-5270 Preauthorization: 844-284-0146		
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903 For Pharmacists: 844-284-0149		

03115 9900973 0000 0000010 0000010 152 1 115	UnitedHealthcare Community Plan Health Plan (80840) 911-87726-04	
	Member ID: 001500010 Group Number: VAMDN	
	Member: REISSUE M ENGLISH Medicaid ID: 9999999996	Payer ID: 87726
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VA Premier



Member Name: <Virginia Premier Elite Family>
<First Name Last Name>

Member ID: <XXXXXXXXXXXXXXXX>
PCP Name: <XXXXXXXX>
PCP Phone: <X.XXX.XXX.XXXX>
PCP Copay: <XXXXXX>
SPC Copay: <XXXXXX>



RxBin: <XXXXXX>
RxPCN: <XXXXXX>
RxGRP: <XXXXXXXXXXXXXXXX>
RxID: <XXXXXXXXXXXXXXXX>
RxCopay: <XXXXXX>



<Medallion 4.0> Coverage Effective Date: <XXXXXX>



Member Name: <Virginia Premier Elite Individual>
<First Name Last Name>

Member ID: <XXXXXXXXXXXX>
PCP Name: <XXXXXX>
PCP Phone: <X.XXX.XXX.XXXX>



RxBin: <XXXXXX>
RxPCN: <XXXXXX>
RxGRP: <XXXXXXXXXXXX>
RxID: <XXXXXXXXXXXX>

<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>

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

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