

Ejemplos de tarjetas de identificación de Organizaciones de Atención Administrada (MCO)

Las nuevas tarjetas de identificación de Atención Administrada MCO de Cardinal Care reemplazan las tarjetas de identificación de Atención Administrada MCO de Medallion 4.0 y las tarjetas de identificación de Atención Administrada MCO del Programa de Cuidados Administrados Estatal Plus.




Aetna Better Health® of Virginia

Name

Medicaid/Member ID # **DOB** **Sex**

Language

PCP

PCP Phone **Effective Date**

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RxBIN: 610591 RxPCN: ADV RxGROUP: RX8837
Pharmacist Use Only: 1-855-270-2365 

AetnaBetterHealth.com/Virginia

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. VACARD-1

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	1-800-279-1878
Dental	1-888-912-3456
Transportation	1-800-734-0430

Important numbers for providers

Eligibility/Prauthorization:	1-800-279-1878
Radiology Prauthorization:	1-888-693-3211

Submit claims to
Aetna Better Health of Virginia
PO Box 982974
El Paso, TX 79998-2974
EDI Payer 128VA

Submit grievances and appeals to
Aetna Better Health of Virginia
P.O. Box 81139
5801 Postal Road
Cleveland, OH 44181

VACARD-2




JOHN Q SAMPLE

Member ID	123456789	PCP Name	
		PCP Phone	
		Medicaid ID	

Group Number	HKP00200	PCP/Specialist	\$0/\$0
BC/BS Plan	923	Outpatient	\$0
RxBIN:	020107	Inpatient	\$0
RxPCN:	FM	Emergency	\$0
RxGRP:	WQWA	Rx	\$0/\$0

anthem.com/vamedicaid



Member Services: 800-901-0020
Provider Services: 800-901-0020
TTY: 711
24/7 NurseLine: 800-901-0020
Behavioral Health Crisis Line: 844-429-9620
Authorization: 800-901-0020
Dental: 888-912-3456
Transportation Service: 877-892-3988
Pharmacy Member Services: 833-207-3120
Help for Pharmacists: 833-253-4452
*Department of Medical Assistance Services program

Members: When sending inquiries, always include your ID number from the front of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest ER or call 911.

Pharmacies: For network contracting and claims inquiries, call the pharmacists-only number listed to the right.

Providers: Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit prefix that precedes the patient's ID number listed on the front of this card.

HealthKeepers, Inc.
P.O. Box 27401
Mail Drop VA2002-N500
Richmond, VA 23279

Claims Filing Address: Post Office Box 27401
Richmond, VA 23279

Contractor ID
0047003253

HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

VA21 1/23




Medicaid

Member name: XXXXXXXX	Pharmacy
Preferred language: English	RxBIN: BIN number
Medicaid ID #: 123456789	RxPCN: RXPCN
Subscriber ID #: 123456789	RxGRP: RXGroup
Effective date: xx/xx/xxxx	

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

Member numbers
Call (800) 424-4518 (TTY/TDD: 711) for information about your benefits which may include:

24/7 Pharmacy Help Line	Provider Services
Behavioral Health Crisis	Rx Prior Authorization
Care Coordination	Transportation
Member Services	

Dental: (888) 912-3456
24/7 Nurse Advice Line: (833) 514-1809

Providers/Hospitals:
For prior authorization, claims, eligibility, and general information, please call Member Services (see above).

Submit claims to:
Medical/Hospital: Molina Healthcare PO Box 22637, Long Beach, CA 90801
Pharmacy: Molina Healthcare 7050 Union Park Center, Suite 200 Midvale, UT 84047

General mailing address:
Molina Healthcare 5829 Gaskins Road Richmond, VA 23233

MolinaHealthcare.com

(continuación de ejemplos de tarjetas de identificación de las MCO)

OptimaHealth 

OPTIMA COMMUNITY CARE

Member Name: <Member Name>
 Member Number: <XXXXXXXX*XX> RxBIN: 003858
 Group Number: <XXX> RxPCN: MA
 Medicaid #: <XXXXXXXXXXXX> RxGRP: OHPMDCD
 PCP Name: <PCP Name>
 PCP Number: <XXX-XXX-XXXX>
 DOB: <XX-XX-XXXX>
 Member Effective Date: <MM/DD/YY>



Detailed benefit information at optimahealth.com and our mobile app

Pre-Authorization 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.

Member Services: <i>(Hearing Impaired/Virginia Relay: 711)</i>	1-800-881-2166
Behavioral Health/ARTS Crisis Line:	1-888-946-1168
Transportation:	1-877-892-3986
Provider Services: <i>(Including Pre-Authorization)</i>	1-888-946-1167
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk: <i>(Including Pre-Authorization)</i>	1-844-604-9165
Dental:	1-888-912-3456

Medical Claims P.O. Box 5028 Troy, MI 48007-5028	Behavioral Health Claims P.O. Box 1440 Troy, MI 48099-1440	Optima Health P.O. Box 66189 Virginia Beach, VA 23466
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*Las personas que estaban afiliadas a Virginia Premier tienen tarjetas de identificación de Optima Health con el número de grupo: VP.

 Health Plan (80840) 911-87726-04 

Member ID: 001500001 Group Number: VACCCP

Member:
 NEW M ENGLISH
 Medicaid ID: 9999999991
 PCP Name: DOUGLAS GETWELL
 PCP Phone: (717)851-6816

Payer ID: 87726



Rx Bin: 610494
 Rx GRP: ACUVA
 Rx PCN: 4900

0501 UnitedHealthcare Community Plan
 Administered by UnitedHealthcare Insurance Company

In case of emergency call 911 or go to nearest emergency room. Printed: 07/14/22

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myUHC.com/CommunityPlan or call. Member Customer Service Hours 8:00 am-8:00 pm local time.

Member Services/Behavioral:	844-752-9434	TTY 711
Dental:	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 650334, Dallas, TX 75265-0334
 For Pharmacists: 1-855-873-3493

Las nuevas tarjetas de Atención Administrada de las MCO de FAMIS de Cardinal Care (que aparecen a continuación) reemplazan las TARJETAS DE IDENTIFICACIÓN DE LAS MCO DE FAMIS.

Aetna Better Health® of Virginia

Name

Medicaid/Member ID # **DOB** **Sex**

Language

PCP

PCP Phone **Effective Date**

RxBIN: 610591 RxPCN: ADV RxGROUP: RX8837

Pharmacist Use Only: 1-855-270-2365

AetnaBetterHealth.com/Virginia

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. VACARFA-1

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 **1-800-279-1878**
Dental **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 982974
El Paso, TX 79998-2974
EDI Payer 128VA

Submit grievances and appeals to
Aetna Better Health of Virginia
P.O. Box 81139
5801 Postal Road
Cleveland, OH 44181

VACARFA-2

FAMIS

JOHN Q SAMPLE

Member ID
123456789

PCP Name
PCP Phone
FAMIS ID

Group Number	HKP00200	PCP/Specialist	\$0/\$0
BC/BS Plan	923	Outpatient	\$0
RxBIN:	020107	Inpatient	\$0
RxPCN:	FM	Emergency	\$0
RxGRP:	WQWA	Rx	\$0/\$0

VA23 1/23

anthem.com/vamedicaid

Member Services: **800-901-0020**
Provider Services: **800-901-0020**
TTY: **711**
24/7 NurseLine: **800-901-0020**
Behavioral Health Crisis Line: **844-429-9620**
Authorization: **800-901-0020**
Dental*: **888-912-3456**
Pharmacy Member Services: **833-207-3120**
Help for Pharmacists: **833-253-4452**

*Department of Medical Assistance Services program

HealthKeepers, Inc.
P.O. Box 27401
Mail Drop VA2002-N500
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. FAMIS is a program of the Commonwealth administered by DMAS in partnership with HealthKeepers, Inc.

Members: When sending inquiries, always include your ID number from the front of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest ER or call 911.
Pharmacies: For network contracting and claims inquiries, call the pharmacists-only number listed to the right.
Providers: Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit prefix that precedes the patient's ID number listed on the front of this card.

Claims Filing Address: Contractor ID
Post Office Box 27401 0047003253
Richmond, VA 23279

VA23 1/23

Medicaid

Member name: XXXXXXXX
Program name: FAMIS
Preferred language: English
Medicaid ID #: 123456789
Subscriber ID #: 123456789
Effective date: xx/xx/xxxx

Pharmacy
RxBIN: BIN number
RxPCN: RXPCN
RxGRP: RXGroup

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

Member numbers
Call (800) 424-4518 (TTY/TDD: 711) for information about your benefits which may include:

24/7 Pharmacy Help Line	Provider Services
Behavioral Health Crisis	Rx Prior Authorization
Care Coordination	Member Services

Dental: (888) 912-3456
24/7 Nurse Advice Line: (833) 514-1809

Providers/Hospitals:
For prior authorization, claims, eligibility, and general information, please call Member Services (see above).

Submit claims to:
Medical/Hospital: Molina Healthcare PO Box 22637, Long Beach, CA 90801
Pharmacy: Molina Healthcare 7050 Union Park Center, Suite 200 Midvale, UT 84047

General mailing address:
Molina Healthcare 3829 Gaskins Road Richmond, VA 23233

MolinaHealthcare.com

(continuación de ejemplos de tarjetas de identificación de las MCO DE FAMIS)



OPTIMA COMMUNITY CARE

Member Name: <Member Name>
 Member Number: <XXXXXXXX*XX>
 Group Number: <XXX>
 Medicaid #: <XXXXXXXXXXXX>
 PCP Name: <PCP Name>
 PCP Number: <XXX-XXX-XXXX>
 DOB: <XX-XX-XXXX>
 Member Effective Date: <MM/DD/YY>

RxBIN: 003858
 RxPCN: MA
 RxGRP: OHPMDCD



FAMIS

Detailed benefit information at optimahealth.com and our mobile app

Pre-Authorization 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.

Member Services: <i>(Hearing Impaired/Virginia Relay: 711)</i>	1-800-881-2166
Behavioral Health/ARTS Crisis Line:	1-888-946-1168
Provider Services: <i>(Including Pre-Authorization)</i>	1-888-946-1167
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk: <i>(Including Pre-Authorization)</i>	1-844-604-9165
Dental:	1-888-912-3456

Medical Claims P.O. Box 5028 Troy, MI 48007-5028	Behavioral Health Claims P.O. Box 1440 Troy, MI 48099-1440	Optima Health P.O. Box 66189 Virginia Beach, VA 23466
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*Las personas que estaban afiliadas a Virginia Premier tienen tarjetas de identificación de Optima Health con el número de grupo: VP.



Health Plan (80840) 911-87726-04



Member ID: 001500013 Group Number: VAMDN

Member:
 NEW M ENGLISH
 Medicaid ID: 9999999995
 PCP Name: DOUGLAS GETWELL
 PCP Phone: (717)851-6816

Payer ID: 87726



Rx Bin: 610494
 Rx GRP: ACUVA
 Rx PCN: 4900

No Copays

0501 UnitedHealthcare Community Plan of Virginia - FAMIS
 Administered by UnitedHealthcare of the Mid-Atlantic, Inc.

In an emergency go to nearest emergency room or call 911. Printed: 07/14/22

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myUHC.com/CommunityPlan or call. Member Customer Service Hours 8:00 am-8:00 pm local time.

Member Services/Behavioral:	844-752-9434	TTY 711
Dental:	888-912-3456	TTY 711
NurseLine:	800-842-3014	TTY 711
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