

# 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 phone number: 1-555-555-1234

Sex: M Effective: 00/00/0000

DOB: MM/DD/YYYY

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](http://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](http://www.MyUHC.com/CommunityPlan)

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

For Providers: [www.unitedhealthcareonline.com](http://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](http://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](mailto:IowaCommunityNetwork@uhc.com)  
Or contact your current contract manager  
Phone: 1-888-650-3462

AmeriHealth Caritas Iowa, Inc.  
Email: [IowaProviderNetwork@amerihealthcaritas.com](mailto:IowaProviderNetwork@amerihealthcaritas.com)  
Phone: 1-855-287-7855

Amerigroup Iowa, Inc.  
Email: [iowamedicaid@amerigroup.com](mailto:iowamedicaid@amerigroup.com)  
Phone: 1-800-454-3730

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