



Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-3 February 8, 2012; **Revised July 31, 2013**

Issue: Member ID Cards

Amerigroup

	Effective Date:
	Date of Birth:
	Subscriber #:
<p>Amerigroup Louisiana, 3850 N. Causeway Blvd., Metairie, LA 70002 www.myamergroup.com/LA</p>	
<p>Member Name: Medicaid or LaCHIP Number: Primary Care Provider (PCP): PCP Telephone #: PCP After Hours #: PCP Address: Vision: 1-800-787-3157 (under age 21) Member Services and Behavioral Health: 1-800-600-4441 Amerigroup On Call/Nurse HelpLine: 1-866-864-2544</p>	

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 1-800-855-2880.

MIEMBROS: Lleve consigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención 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 la atención que no es de emergencia. Si tiene alguna pregunta, llame a Servicios para Miembros al 1-800-600-4441. Llame al 1-800-855-2880 si es una persona sorda o tiene problemas de la audición.

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.

PHARMACIES: Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; RXGRP: RX4299. For technical help, call Caremark at 1-800-364-6331.

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.

Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917

LA01 10/12

Community Health Solutions

	Community Health Solutions of Louisiana	
Member Name:	John Doe	
Member State ID:	12345	
Member DOB:	00/00/0000	Effective: 00/00/0000
Physician:	William Doe, M.D. 000-000-0000 (000-000-0000 after hours)	
		

Submit Claims to:

Community Health Solutions of Louisiana

P.O. Box 23199

St. Petersburg, FL 33742

Payor ID: CLA11

1-855-247-5248 24-hour Member Services or to file a grievance

1-855-773-2884 Prior Authorization

1-800-488-2917 To Report Medicaid Fraud


In Case of Emergency:

If life threatening **Call 911**


If non-life threatening call **24 hour nurse line at 1-855-247-5248**

		P.O. Box 83580 Baton Rouge, LA 70884 www.lacarelouisiana.com	Member Services & Filing Grievances 1-888-756-0004 TTY 1-866-428-7588 Provider Services & Prior Authorization 1-888-922-0007 Report Medicaid Fraud 1-800-488-2917 To Speak with a Nurse Anytime 1-888-632-0009 Pharmacy Member Services 1-866-452-1040 TTY 1-855-294-7047 Pharmacy Provider Services 1-800-684-5502
DOE, JOHN ID 12345678 SEX M DOB 01/01/01 EFFECTIVE 00/00/0000 RxBIN: 600428 RxPCN: 06030000	PRIMARY DOCTOR Dr. John Smith (ABC Family Practice) 123 Main Street Anytown, Louisiana 12345 PHONE 999-999-9999 PLAN CODE 355/855	Always carry your LaCare card. You'll need it to get your benefits. Go to your LaCare Primary Care Physician (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. Out-of-Area Care: Report out-of-area care to LaCare and your PCP within 48 hours. Mental Health, Drug & Alcohol Services: Call the toll free number for your parish. If you don't know the number, call Member Services at 1-888-756-0004 .	LaCare Claims Processing P.O. Box 7322, London, Kentucky 40742

Louisiana Healthcare Connections

		IMPORTANT TELEPHONE NUMBERS	
Name: Jane Doe Medicaid ID #: XXXXXXXXXXXX DOB: XX/XX/XXXX PCP Name: John Doe PCP Address: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX PCP Phone #: XXX-XXX-XXXX After Hours #: XXX-XXX-XXXX If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514) NurseWise is open 24 hours a day.		Members: Member Services: 1-866-595-8133 TDD/TTY: 1-877-285-4514 24/7 NurseWise: 1-866-595-8133 Vision: 1-866-595-8133 File a Grievance: 1-866-595-8133 Report Medicaid Fraud: 1-800-488-2917 Providers: Provider Services: 1-866-595-8133 IVR Eligibility inquiry - Prior Auth: 1-866-595-8133 Medical claims: Louisiana Healthcare Connections Attn: CLAIMS PO Box 4040 Farmington, MO 63640-3826 Provider/claims information via the web: www.LouisianaHealthConnect.com	
		Louisiana Healthcare Connections Address: 8550 United Plaza Blvd. Baton Rouge, LA 70809	

United Healthcare

 **UnitedHealthcare** | Community Plan

Health Plan (80840) 999-99999-99


Member ID: 999999999 Group: 99999

Member: SUBSCRIBER BROWN Payer ID: 99999

PCP Name: DR. PROVIDER BROWN
PCP Phone: (999)999-9999
PCP address Main St.
PCP City, ST 99999 DOB: 99/99/9999

0709 Administered by UnitedHealthcare Community Plan, LLC

In an emergency go to nearest emergency room or call 911. Printed: 08/10/11



This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member handbook. To find a provider visit the website www.UHCommunityPlan.com.

For Members: 866-675-1607 TTY 7 11
NurseLine: 800-542-8630 TTY 7 11
Report Fraud: 800-488-2917

For Providers: www.uhcommunityplan.com 866-675-1607
Medical Claims: PO Box 9999, Kingston, NY, 99999-9999

Molina-Issued Medicaid Card

HEALTH NETWORK for LOUISIANA

 **DEPARTMENT OF HEALTH AND HOSPITALS**
Medicaid

CCN:



Obertur C.S. 04 12621 4/11

This card is for identification purposes. It is not proof of current eligibility.

EMERGENCIES - For emergencies, go to the nearest health care facility or hospital emergency room. Please notify your Primary Care Physician (PCP) of emergency care as soon as possible.

For questions about this Medicaid card or the Medicaid program, call 1-800-834-3333 for help.

PROVIDERS - To verify eligibility, swipe the card or call the Recipient Eligibility Verification System (REVS) at 1-800-776-6323.

To report possible Medicaid fraud or abuse call 1-800-488-2917.

Medicaid Eligibility Verification System Web Application

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IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.

Note: For Technical Support, Please Contact (877) 598-8753

Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040

Note: The date field formats have changed - enter date in MM/DD/YYYY format

NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search	Card Control	Card	777999999999102	Date of	01/01/1984	Plan	02/08/2012
Type	Number and DOB	Control Number		Birth		Date	

Subscriber Information

Name O'ANA, LOU Z

Subscriber ID 1004022447801

Date of Birth 01/01/1984

Sex Male

Address C/O UNISYS

BATON ROUGE LA 70809-0000

Provider Information

Provider DHH EXEC MGMT/MOLINA SYSSTAF

NPI 9999999995

Submitter ID 2252166370

For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. Plan Begin Date 07/01/1999
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2012 Managed Care Organization COMMUNITY HEALTH SOLUTIONS OF Telephone (888) 982-4752
Active Coverage		Medicaid	Medical Care, Chiropractic, Dental Care, Hospital, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care

Please Note: Individual coverage level applies to all benefits.

Request Reference Number	141313520120208011638	Response Reference Number	201202080000029
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Transaction run on 02/08/2012 at 01:16:38 CT by LAMedicaid - Louisiana Medicaid