



**Louisiana Department of Health
Informational Bulletin 12-3
Revised May 12, 2026**

Member ID Cards

Note: Effective April 1, 2026, UnitedHealthcare’s (UHC) contract with the Louisiana Department of Health (LDH) ended, and all members assigned to UHC were reassigned to other managed care organizations (MCO). For additional details regarding the UHC transition, refer to [Informational Bulletin 26-3](#).

Aetna Better Health Louisiana

Aetna Better Health® of Louisiana
Healthy Louisiana

Member ID# **Effective Date**

Member

PCP

Address

PCP Phone/24 Hours

Pharmacy Copay \$0 - \$3
RxBIN:610591 RxPCN:MCAIDADV
RxGRP:RX881J
Pharmacy Use Only:1-855-364-2877
www.AetnaBetterHealth.com/Louisiana

CVS
cardmark

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

AetnaBetterHealth.com/Louisiana
2400 Veterans Memorial Blvd., Suite 200, Kenner, LA 70062

Members
Member Services & Filing Grievance 24/7 1-855-242-0802, TTY 711
Behavioral Health Crisis Line 24/7 1-855-242-2735
Nurse Line 24/7 1-855-242-0802
Fraud & Abuse Hotline 1-855-725-0288
Non-Emergency Medical Transportation 1-855-242-0802, Pharmacy 1-855-242-0802
Report Medicaid Fraud 1-800-488-2917
1-877-917-4150

Emergency care: If you are having an emergency, call 911 or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Send medical/behavioral health claims to: Provider Services and Prior Authorizations
Aetna Better Health of Louisiana
PO Box 982962
El Paso, TX 79998-2962 1-855-242-0802

Send pharmacy paper claims to: Medical Electronic Claims
Aetna Pharmacy Management
PO Box 93444
Phoenix, AZ 85072-2444 Payer ID 12BLA

MMEM-1206 LA1

AmeriHealth Caritas

AmeriHealth Caritas
Louisiana

Doe, John

Member ID: 12345678
Sex: M
Effective: MM/DD/YYYY
Plan code: XXX/XXX

Primary care provider (PCP):
PCP last name, PCP first name
Group name
Address
City, State ZIP
PCP phone number: X-XXX-XXX-XXXX
(and PCP after hours number, if applicable)

PBM: PerformRx
200 Stevens Drive
Philadelphia, PA 19113
1-866-452-1040

RxBIN: 019595
RxPCN: 06030000

PERFORMRx

AmeriHealth Caritas
Louisiana

P.O. Box 83580, Baton Rouge, LA 70884
www.amerhealthcaritasla.com

Always carry your AmeriHealth Caritas Louisiana card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana primary care practitioner (PCP) for medical care.

Emergency care: 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 AmeriHealth Caritas Louisiana and your PCP within 48 hours.

Non-emergency medical transport (NEMT): For transportation services, call 1-888-913-0264.

Member Services and filing grievances or appeals
1-888-756-0004 or TTY 1-866-428-7528

Provider Services and prior authorization
1-888-922-0007

Report Medicaid fraud
1-800-488-2917

To speak with a nurse anytime
1-888-633-0009

The Louisiana Crisis Hub
1-855-24CARES (1-855-242-2735)

Pharmacy Member Services
1-866-452-1040

Pharmacy Provider Services
1-800-684-5502

AmeriHealth Caritas Louisiana Claims Processing
P.O. Box 7322
London, KY 40742

Healthy Blue

Medicaid

JOHN Q SAMPLE
Member ID
123456789

Primary care provider (PCP):

Telephone #:
After-hours #:

Effective date:

RxBIN: 020107
RxPCN: LA
RxGRP: RX8482

Healthy Blue

myhealthybluela.com

Members: Show this card before you receive medical care. If you have an emergency, call 911 or go to the nearest emergency room.
Providers/hospitals: For preapproval and billing information, call 844-521-6942. For emergency admissions, notify Healthy Blue within 24 hours.

Benefits may be limited outside LA.

LA providers submit claims to availity.com or Healthy Blue. Providers outside LA submit claims to the local Blue Plan.

LA098026

Member Services: 844-521-6941
Appeals or Grievances: 844-521-6941
TTY: 711
24/7 NurseLine: 866-864-2544
24/7 Behavioral Health Crisis: 844-812-2280
Rides to covered services: 866-430-1101
Pharmacy Member Services: 833-485-6238
Help for Pharmacist: 833-485-6236
Providers Services/PA: 844-521-6942

Report Medicaid Fraud:
800-488-2917

Healthy Blue
3850 N. Causeway Boulevard, Suite 1770
Metairie, LA 70002

Healthy Blue is the trade name of Continuity Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Humana Healthy Horizons in Louisiana

Humana Healthy Horizons in Louisiana

A Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

MEMBER NAME
Member ID: HXXXXXXXXX

Effective Date: XX/XX/XX
RxGRP: LAM01
RxBIN: 610649
RxPCN: 03191502

PCP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PCP Office/24 Hour Number: XXX-XXX-XXXX
PCP Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Please present this card each time before you receive medical care except in an emergency. In case of emergency, call 911 or go to the closest emergency room.

Member/Provider Services & Grievances: 1-800-448-3810

Member Transportation Services: 1-844-613-1638
24-Hour Nurse Advice Line: 1-800-448-3810
24-Hour Behavioral Health Crisis Line: 1-844-461-2848
Member Reporting Medicaid Fraud: 1-800-488-2917
Member Pharmacy Help Desk: 1-800-448-3810
Provider Rx Prior Authorization: 1-800-555-2546
Pharmacy Rx Inquiries: 1-833-252-1677

TTY, call 711 | Please visit us at: Humana.com/HealthyLouisiana
Please mail claims to or go to Availity.com
Humana Claims, P.O. Box 14601, Lexington, KY 40512-4601

Louisiana Healthcare Connections

louisiana healthcare connections.

Name: JOHN SMITH
ID #: 1234567891011 **Effective:** 01/08/2020

Primary Care Provider: JANE DOE
PCP Phone/24 hours: (555) 555-1234 / (555) 555-1234
PCP Address: 1234 Main Street
City, LA 71234

Express Scripts, Inc.

RxBIN	RXPCN	RXGRP
003858	MA	2ENA

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

FOR MEMBERS

Member Services: 1-866-595-8133 (TTY: 711)

- Questions about your benefits
- 24/7 free nurse advice
- A ride to medical appointments
- Comments and complaints
- Pharmacy help

24/7 Mental Health and Substance Use Crisis Support: 1-844-677-7553

Mailing Address:
Louisiana Healthcare Connections
P.O. Box 84180, Baton Rouge, LA 70884
Report Medicaid Fraud: 1-800-488-2917

FOR PROVIDERS

Provider Services and Prior Authorization: 1-866-595-8133

Send Claims to:
Louisiana Healthcare Connections
Attn: Claims
P.O. Box 4040
Farmington, MO 63640-3826
EDI Payor ID: 68069

FOR PHARMACISTS

Help Line: 1-833-750-4451
Express Scripts, One Express Way
St. Louis, MO 63121



LouisianaHealthConnect.com

UnitedHealthcare Community Plan

 <p>Health Plan (80840) 911-87726-04</p> <p>Member ID: 002200417 Group: LABYHP</p> <p>Member: NEW ENGLISH Payer ID: 87726</p>	<p>In an emergency go to nearest emergency room or call 911. <small>Printed: 04/06/23</small></p> <p>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 or file a grievance call Member Services or visit www.MyUHC.com/CommunityPlan.</p>
<p>PCP Name: DOUGLAS GETWELL PCP Phone/24 hours: (225) 756-5633 OUR LADY OF THE LAKE PHYSICIAN GROUP 8415 GOODWOOD BLVD STE 100 BATON ROUGE, LA 708067851</p> <p>Optum Rx Rx Bin: 610494 Rx Grp: ACULA Rx PCN: 9999</p> <p>Transportation Services: 1-866-726-1472 0501 Administered by UnitedHealthcare of Louisiana, Inc.</p>	<p>For Members: 1-866-675-1607 TTY 711 NurseLine: 1-877-440-9409 TTY 711 Report Fraud: 1-800-488-2917 TTY 711 Behavioral Health & Addiction Crisis Line: 1-866-232-1626 TTY 711</p> <p>Provider/Prior Auth: UHCprovider.com/LAcommunityplan 1-866-604-3267 Claims: PO Box 31341, Salt Lake City, UT 84131-0341</p> <p>Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826</p>

Gainwell Technologies-Issued Medicaid Card

LOUISIANA MEDICAID

ISSUED: 07-10-20 CCN: **7777000000000000**

BIN: 610551 RxBIN: 610514 RxPCN: LOUIPROD

FIRSTNAME LASTNAME

FOR EMERGENCIES - Call 911 or go to the nearest emergency room (ER)

CARDHOLDER
 Eligibility Card/Medicaid Coverage Questions 1-888-342-6207
 Health Plan Information www.myplan.healthyla.gov
 or 1-855-229-6848

MEDICAID PROVIDER
 (This card is for identification purposes. It is not proof of current eligibility.)
 Voice Recipient Eligibility Verification (REVS) 1-800-776-6323
 Medicaid Eligibility Verification (MEVS) www.lamedicaid.com or your
 eligibility verification service

Report Medicaid Fraud/Abuse 1-833-920-1773
 Pharmacy Help Desk 1-800-437-9101

DentaQuest

 <p>Member Name: John H. Doe</p> <p>Effective Date: January 1, 2021</p> <p>PCD: UNKNOWN - no dentist selected</p> <p>PCD Phone: (999) 999-999</p>	<p>DentaQuest USA Insurance Company Inc.</p> <p><Insert Plan Name></p>  <p>Member ID 1234567890</p>	 <p>Member Services: 1-800-685-0143</p> <p>Provider Services: 1-800-508-6785 Monday-Friday 7:00 a.m. to 7:00 p.m.</p> <p>Send claims to: DentaQuest PO Box 2906 Milwaukee, WI 53201-2906</p> <p>Report Medicaid Fraud 1-800-488-2917</p> <p>MemberAccess.DentaQuest.com</p> <p>Payer ID: CX014</p> <p>Directions for what to do in an emergency. During normal business hours, call your child's Primary Care Dentist (PCD) to find out how to get emergency services. If your child needs emergency dental services after the PCD's office has closed, do one of the following:</p> <ul style="list-style-type: none"> • If your child gets medical services through a Medicaid health plan, call that medical health plan. • If your child does not have a Medicaid health plan, call 1-800-685-0143. <p>Instrucciones sobre qué hacer en caso de emergencia. Durante las horas normales de operación, llame al dentista primario del niño para saber cómo obtener servicios de emergencia. Si su hijo necesita servicios dentales de emergencia después de que el consultorio del dentista primario haya cerrado, haga lo siguiente:</p> <ul style="list-style-type: none"> • Si su hijo recibe atención médica por medio de un plan de salud de Medicaid, llame a ese plan. • Si su hijo no tiene un plan de salud de Medicaid, llame al 1-800-685-0143.
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MCNA Dental



MEMBER NAME
JENNIFER ANNE SMITH

MEMBER ID 1234567890	MEMBER DATE OF BIRTH 01/01/2015
GROUP NUMBER 000000	PLAN NAME LA EPSDT Medicaid

PRIMARY CARE DENTIST NAME
MICHAEL JONES, DDS

PRIMARY CARE DENTIST PHONE NUMBER
555-555-1234



INFORMATION FOR MCNA MEMBERS

TOLL-FREE MEMBER HOTLINE 1-855-702-6262	TTY (HEARING IMPAIRED) 1-800-846-5277	MCNA WEBSITE www.mcnaia.net
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IN CASE OF EMERGENCY
Call your Primary Care Dentist listed on the front of this card. If the office is closed, their voicemail should instruct you on how to get in touch with your dentist for emergencies. You may also call 9-1-1 or go to the closest hospital or urgent care center.

IMPORTANT NOTICES
This card must be presented at the dental office. Having this card does not certify eligibility for benefits. Willful misuse of this card to get benefits is fraud. You must accept all plan terms and conditions. To report fraud, call the Louisiana Medicaid Fraud Hotline toll-free at 1-800-488-2917.

INFORMATION FOR DENTAL OFFICES

Member eligibility should be verified before services are performed. Create a free account on our Provider Portal (providers.mcna.net) or call our Provider Hotline at 1-855-702-6262. Claims and prior authorizations can be submitted via our Provider Portal, via an electronic clearinghouse (MCNA Payer ID: 65030), or via an ADA claim form mailed to us. Visit www.mcnaia.net for more information.

MAIL CLAIMS TO
MCNA Dental, PO Box 23920, Oakland Park, FL 33307

MCNA, LA-01-000001-01

Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Healthy Louisiana plan:

Search Criteria

Search Type Recipient ID and DOB Recipient ID 777777777777 Date of Birth 12/12/2011 Plan Date 09/24/2025

Subscriber Information

Policy Holder Name LOUANNA, LOUIS
 Subscriber ID 777777777777
 Date of Birth 12/12/2011
 Sex Male
 Address 11223 MAPLE STREET
 CLEAR LAKE LA 76666-0000

Provider Information

Provider LDH MGMT/DXCTECH PBM STAFF
 NPI 7777777773
 Submitter ID 2252166370

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

For dates of service from 01/01/2023 through 10/27/2023, if the Managed Care Coordinator listed for the Plan Coverage is Humana Health Benefit Plan, all pharmacy POS transaction should be processed as FFS using the Medicaid Recipient ID or CCN and BIN: 610514, PCN: LOUIPROD and Group: HUMANA.

For dates of service on/after 12/1/2015, if there is no Managed Care Coordinator listed for the Plan Coverage Description (Medical Care or Specialized Behavioral Health Care or Dental Care), claims should be sent to Gainwell Technologies.

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 11/01/2018
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	Recipient is EPSDT Eligible.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2023 PHARMACY PBM IS Prime Therapeutics, LLC Managed Care UNITED HEALTHCARE OF LOUISIAN Organization Telephone (866) 675-1607
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2023 PHARMACY PBM IS Prime Therapeutics, LLC Payer UNITED HEALTHCARE OF LOUISIAN Telephone (866) 675-1607
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Benefit Begin 01/01/2021 Payer DENTAQUEST USA INSURANCECO I Telephone (800) 417-7140 URL https://PROVIDERACCESS.DENTAQUEST.COM
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date.
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network

Please Note: Individual coverage level applies to all benefits.

Request Reference Number 120999620250924100546 Response Reference Number 202509240132781
 Transaction run on 09/24/2025 at 10:05:46 CT by LAMedicaid - Louisiana Medicaid