Louisiana Department of Health
Informational Bulletin 12-3
Revised September 1, 2017

Member ID Cards

Aetna Better Health Louisiana


AETNA BETTER HEALTH®

aetna

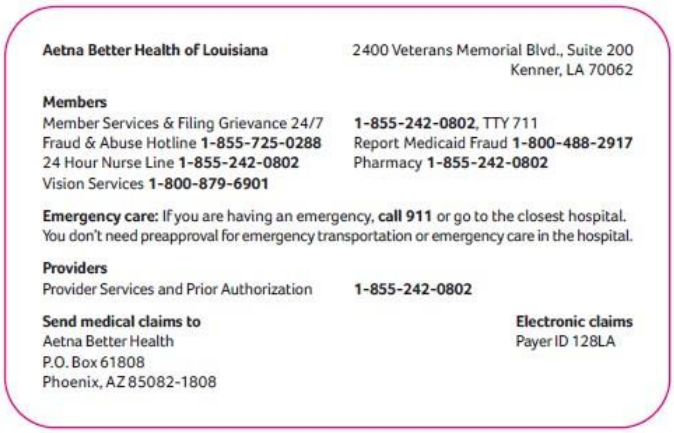
Bayou Health
Member ID# 000000000-00 Date of Birth 00/00/0000
Member Name Last Name, First Name Sex X

PCP Last Name, First Name
PCP Phone/24 Hours 000-000-0000 Effective Date 00/00/0000

RxBIN: 610591 RxPCN: ADV RxGRP: RX8834
Pharmacist Use Only: 1-855-364-2977

www.aetnabetterhealth.com/louisiana

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


Aetna Better Health of Louisiana
2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062

Members
Member Services & Filing Grievance 24/7 **1-855-242-0802**, TTY 711
Fraud & Abuse Hotline **1-855-725-0288** Report Medicaid Fraud **1-800-488-2917**
24 Hour Nurse Line **1-855-242-0802** Pharmacy **1-855-242-0802**
Vision Services **1-800-879-6901**

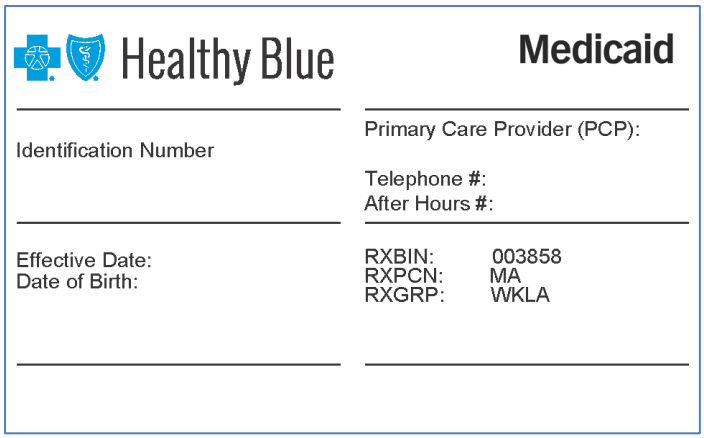
Emergency care: If you are having an emergency, **call 911** or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Providers
Provider Services and Prior Authorization **1-855-242-0802**

Send medical claims to
Aetna Better Health
P.O. Box 61808
Phoenix, AZ 85082-1808

Electronic claims
Payer ID 128LA

Healthy Blue


Healthy Blue

Medicaid

Identification Number

Primary Care Provider (PCP):

Telephone #:
After Hours #:

Effective Date:
Date of Birth:

RXBIN: 003858
RXPCN: MA
RXGRP: WKLA


Healthy Blue

www.myhealthybluela.com

Member Services:	1-844-521-6941
Appeals or Grievances:	1-844-521-6941
TTY:	711
24/7 NurseLine:	1-866-864-2544
24/7 Behavioral Health Crisis:	1-844-812-2280
Rides to covered services:	1-866-430-1101
Vision Services:	1-800-787-3157

Members: Please carry this card at all times. Show this card before you get medical care (except emergencies). If you have an emergency, call 911 or go to the nearest emergency room. To file an appeal or grievance, call Member Services.

Providers/Hospitals: For preapproval/billing information, call 1-800-454-3730. For emergency admissions, notify Healthy Blue within 24 hours after treatment.

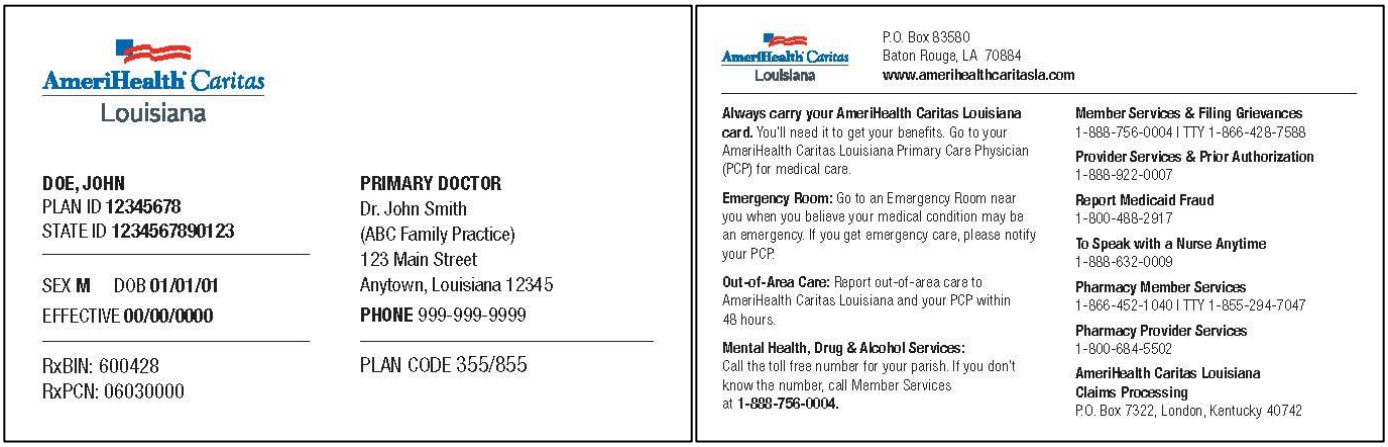
Pharmacies: Submit claims using Express Scripts. For help, call 1-844-367-6111.
Submit medical claims to:
Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466-1010
LA01 09/17

Use of this card by any person other than the member is fraud. Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917

Healthy Blue
3850 N. Causeway Blvd.
Metairie, LA 70002

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

AmeriHealth Caritas



AmeriHealth Caritas Louisiana

DOE, JOHN
PLAN ID **12345678**
STATE ID **1234567890123**

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

AmeriHealth Caritas Louisiana
P.O. Box 83580
Baton Rouge, LA 70884
www.amerihealthcaritasla.com

Always carry your AmeriHealth Caritas Louisiana card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana 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 AmeriHealth Caritas Louisiana 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.**

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

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

Louisiana Healthcare Connections

Rx: US Script
BIN: 008019

LOUISIANA HEALTHCARE CONNECTIONS

Name: JOHN SMITH
Medicaid ID #: 1234567891011 **DOB**: 01/01/2012

PCP Name: JANE DOE
PCP Address: 1234 Main St.
City, LA 71234

PCP Phone #: (555) 555-1234 **After Hours #**: (555) 555-5678

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.

IMPORTANT TELEPHONE NUMBERS

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 Authorization: 1-866-595-8133
US Script: 1-877-690-9330
Report Medicaid Fraud: 1-800-488-2917

IMPORTANT ADDRESSES

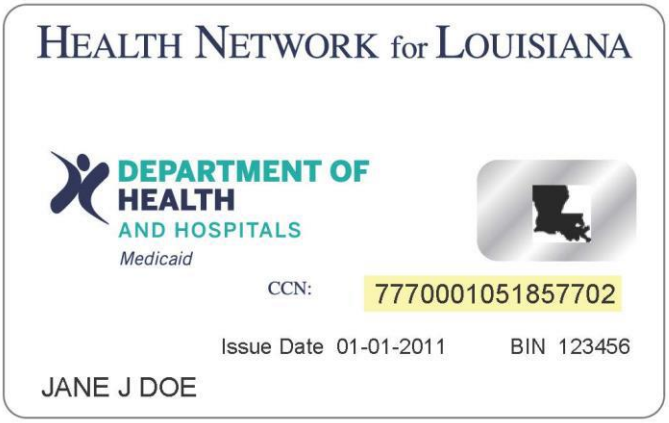
Medical claims:
Louisiana Healthcare Connections
Attn: CLAIMS
PO Box 4040
Farmington, MO 63640-3826

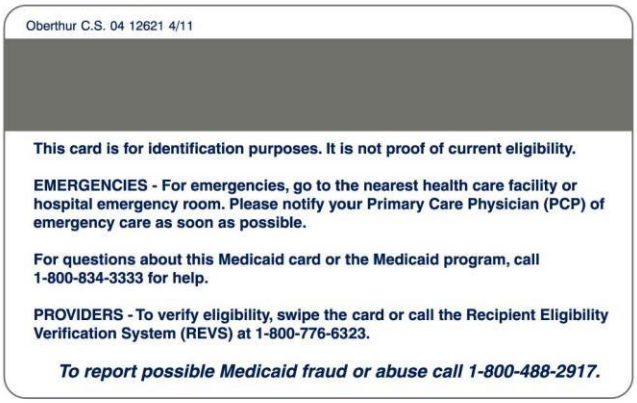
Address:
Louisiana Healthcare Connections
8585 Archives Avenue
Suite 310
Baton Rouge, LA 70809

Provider/claims information via the web: www.LouisianaHealthConnect.com.

UnitedHealthcare Community Plan

Molina-Issued Medicaid Card





Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Healthy Louisiana Plan:

Search Type	Recipient ID and DOB	**Recipient ID**	7777777777777	**Date of Birth**	12/12/2011	**Plan Date**	01/16/2015

Subscriber Information

Name	LOUANNA , LOUIS
Subscriber ID	7777777777777
Date of Birth	12/12/2011
Sex	Male
Address	11223 MAPLE STREET CLEAR LAKE LA 76666-0000

Provider Information

Provider	LDH EXEC MGMT/MOLINA PBMSTAF
NPI	7777777773
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** 01/01/2015
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	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	HEALTHY LOUISIANA PLAN **Benefit Begin** 04/01/2012 PHARMACY PBM IS USSCRIPT **Managed Care Organization** LOUISIANA HEALTHCARE CONNECTI **Telephone** (866) 595-8133
Active Coverage	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER **Payer** MCNA INSURANCE COMPANY **Telephone** (855) 701-6262 **URL** https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Dental Care, Hospital - Inpatient, Hospital - Outpatient, Pharmacy
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient

Co-Payment	Medicaid	MEDICAID - Benefit Co-Pay is $0 for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient

Please Note: Individual coverage level applies to all benefits.

Request Reference Number 120999620150116033333 **Response Reference Number** 201501160088822

Transaction run on 01/16/2015 at 03:08:24 CT by LAMedicaid - Louisiana Medicaid

Screenshot for an individual enrolled in Legacy Medicaid: