



Sample Managed Care Organization (MCO) ID Cards

The new Cardinal Care Managed Care MCO ID cards replace the Medallion 4.0 and Commonwealth Coordinated Care Plus MCO ID cards.

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. 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/Preauthorization: 1-800-279-1878

Radiology Preauthorization: 1-888-693-3211

Submit claims to
Aetna Better Health of Virginia
P.O. 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

Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

JOHN Q SAMPLE

Member ID
123456789

PCP Name
PCP Phone
Medicaid ID

Group Number **HKP00200** **BC/BS Plan** **923** **PCP/Specialist** **\$0/\$0**

RxBIN: **020107** **Outpatient** **\$0**

RxPCN: **FM** **Inpatient** **\$0**

RxGRP: **WQWA** **Emergency** **\$0**

Rx **\$0/\$0**

VA21 1/23

Anthem HealthKeepers Plus
Offered by 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:
Post Office Box 27401
Richmond, VA 23279

Contractor ID
0047003253

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

Member Services: **800-501-0020**

Provider Services: **800-961-0020**

TTY: **711**

24/7 NurseLine: **800-961-0020**

Behavioral Health Crisis Line: **844-429-5620**

Authorization: **800-961-0020**

Dental: **888-912-3456**

Transportation Service: **877-852-3988**

Pharmacy Member Services: **833-267-3120**

Help for Pharmacists: **833-253-4452**

***Department of Medical Assistance Services program**

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

Humana Healthy Horizons® in Virginia
A Medicaid product of Humana WI Health Org. Ins. Corp

MEMBER NAME

MEMBER ID: HXXXXXXXXX


Medicaid ID#: XXXXXXXX

Effective Date: XX/XX/XX

RxGRP: XXXXX

RxBIN: 610649

RxPCN: 3191507



In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24-hours or as soon as possible.

Member/Provider Services: **844-881-4482 (TTY: 711)**

Member Transportation Services: **877-718-4215**

Clinical Triage Line BH/ARTS Crisis, Nurse Line: **888-445-8714**

Member Dental Program: **888-912-3456**

Pharmacy Rx Inquiries: **844-912-0115**

Please visit us at: **Humana.com/HealthyVirginia**

To connect with Virginia Medicaid visit: **dmass.virginia.gov**

For online provider services, go to **Availity.com**

Please mail all claims to:

Humana Medical
P.O. Box 14359
Lexington, KY 40512-4359

(Sample MCO Cards continued)



SENTARA COMMUNITY PLAN

Member Name: JOHN DOE
 Member Number: 9999999
 Group Number: SCP
 Medicaid/Rx ID: 999999999999
 PCP Name: JANE DOE
 PCP Phone: 123-456-7899
 Member Effective Date: 01/01/24

RxBIN: 003858
 RxPCN: MA
 RxGRP: SHPMDCD




*Detailed plan information at sentarahealthplans.com

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: (Hearing Impaired/Virginia Relay: 711)	1-800-881-2166
Behavioral Health/ARTS Crisis Line:	1-833-686-1595
Transportation:	1-877-892-3986
24/7 Nurse Advice Line:	1-833-933-0487
Pharmacist Help Desk:	1-844-604-9165
Dental:	1-888-912-3456

Medical Claims	Behavioral Health Claims	Sentara Health Plans
PO Box 8203	PO Box 8204	PO Box 68189
Kingston, NY 12402	Kingston, NY 12402	Virginia Beach, VA 23486




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

UnitedHealthcare Community Plan
 Administered by UnitedHealthcare Insurance Company

0501

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

The new Cardinal Care Managed Care MCO FAMIS cards (below) replace the MCO FAMIS ID cards.

Aetna Better Health® of Virginia

Name


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

Language

PCP

PCP Phone **Effective Date**

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EDI Payer 128VA

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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: **833-253-4462**

***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.

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

Contractor ID
0047003253

VA23 1/23

Humana Healthy Horizons® in Virginia

A Medicaid product of Humana WI Health Org. Ins. Corp

FAMIS

MEMBER NAME

MEMBER ID: HXXXXXXXXX


Medicaid ID#: XXXXXXXX

Effective Date: XX/XX/XX

RxGRP: XXXXX

RxBIN: 610649

RxPCN: 3191507



In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24-hours or as soon as possible.

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 Member Number: 9999999
 Group Number: SCP
 Medicaid/Rx ID: 999999999999
 PCP Name: JANE DOE
 PCP Phone: 123-456-7899
 Member Effective Date: 01/01/24

RxBIN: 003858
 RxPCN: MA
 RxGRP: SHPMDCD




FAMIS

*Detailed plan information at sentarahealthplans.com


Pre-Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
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 Dental: 1-888-912-3456

Medical Claims	Behavioral Health Claims	Sentara Health Plans
PO Box 8203	PO Box 8204	PO Box 66189
Kingston, NY 12402	Kingston, NY 12402	Virginia Beach, VA 23466




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

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