



Sample Member MCO Cards

Find your Managed Care Organization (MCO) card below. The **blue** arrow points to your MCO Member ID number.
Your Medicaid number is highlighted in **yellow**. The phone number for MCO member services is **circled**.

UNITED HEALTHCARE CARD


 **UnitedHealthcare** | Community Plan
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



lwa Medicaid
Administered by UnitedHealthcare Plan of the River Valley, Inc

DHS14

AMERIHEALTH CARITAS IOWA CARD

 **AmeriHealth Caritas**
Iowa

Member name: Doe, John Primary Care Provider (PCP)
PCP Last Name, PCP First Name
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

[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

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

For Providers: 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

  Iowa

PO Box 1516, Des Moines, IA 50305
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

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

Your Health Care is Changing

STEP 1

Do you have a new Managed Care Organization (MCO) Card? (see sample cards on front)

☐ I don't know ☐ No ☐ Yes

If YES, go to Step 2

If NO:

Call Member Services to find out your MCO at 1-800-338-8366

Call your MCO to request another card. (Call the number shown on the back of the sample card on front)

STEP 2

Are your regular health care providers in your MCO's network?

☐ I don't know ☐ No ☐ Yes

Call your provider's office and ask if they are part of your MCO network

Call Member Services to determine if you want to choose another MCO, at 1-800-338-8366

STEP 3

Is the Primary Care Provider (PCP) on the front of your card your regular doctor?

☐ I don't know ☐ No ☐ Yes

Call your regular doctor's office to ask the name of your doctor

Call your MCO at the number on the back of your card to switch your PCP to your regular doctor.

If you have questions about the services covered through your new MCO, call the number on the back of the card.

If you feel you are not being listened to or have concerns about bills that were not paid by your MCO, you can call an advocate for help at:

866-236-1430

managedcareombudsman@iowa.gov