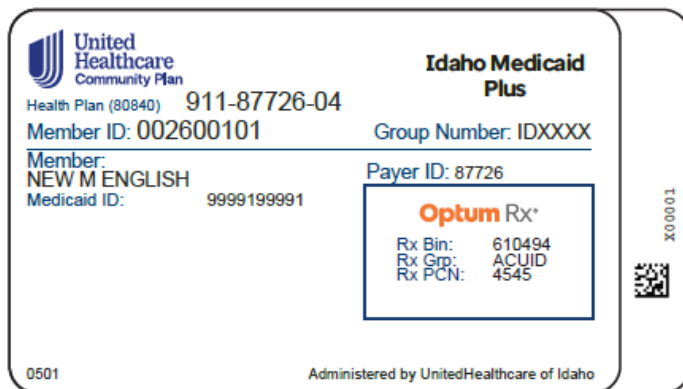


NEW PLAN INFORMATION

UnitedHealthcare Community Plan of Idaho Idaho Medicaid Plus

Effective Date: June 1, 2025		
BIN: 610494	PCN: 4545	Group: ACUID

- All members of **UnitedHealthcare Community Plan of Idaho IMPlus** will receive a **new member identification (ID) card** as shown below.
- Process prescriptions online using the applicable plan ID card information.



Idaho Medicaid Plus

Health Plan (80840) 911-87726-04

Member ID: 002600101 Group Number: IDXXXX


Member: NEW M ENGLISH

Medicaid ID: 9999199991

Payer ID: 87726

Optum Rx®
 Rx Bin: 610494
 Rx Grp: ACUID
 Rx PCN: 4545

0501 Administered by UnitedHealthcare of Idaho



In an emergency go to nearest emergency room or call 911. Printed: 05/17/2025

By using this card for services, you agree to the release of medical information, as stated in your member handbook. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.

For Members: 866-785-1628 TTY 711
 NurseLine: 855-873-2377 TTY 711

For Providers: UHCprovider.com 855-857-9753
 Medical Claims: PO Box 8207, Kingston, NY 12402-8207

Additional Information				
Plan Name	Plan Type	New Member ID	New Member ID Format	Person Code Required
Idaho Medicaid Plus	Medicaid	Yes – Enter exactly as printed on the member's ID card	9 digit numeric	No

Limited Benefit Plan

This is a limited benefit plan for Idaho Medicaid members who also have Medicare coverage. Most of the prescription drugs will be covered on the members' Medicare Part D plan. Medicare Part B drugs out of pocket costs are covered as coordination of benefits claims. Medicare Part D drugs out of pocket costs are not covered as coordination of benefits claims.

Covered products include mostly non-prescription drugs including analgesics for pain, some allergy relief, heart burn, Opill the oral contraceptive, and lice treatments. Also covered are Vitamin D, Vitamin B12, Vitamin K, folic acid, some prenatal vitamins, and children's multi vitamins with fluoride.

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team: pharmacyprovidercommunications@optum.com
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Dispensing 72 Hour Emergency Supply of Prescriptions:

Dispense medications as an emergency 72-hour supply when drug therapy must start urgently but prior authorization isn't completed. This emergency supply:

- Is limited to a single 72-hour supply per drug per member.
- If medication can't be dispensed as an exact 72-hour supply, dispense the minimum quantity as a 72-hour supply. Examples include, but are not limited to: metered dose inhalers, nasal sprays, topical preparations and powders for reconstitution.

Please include the following information when submitting claims for a 72-hour supply:

NCPDP Field Name & Number	Value	Description
Prior Authorization Type Code (Field 461-EU)	8	Code clarifying the Prior Authorization Number.
Prior Authorization Number Submitted (Field 462-EV)	72	Number submitted by the provider to identify the prior authorization.
Days Supply (Field 405-D5)	3	Estimated number of days that the prescription will last.

Diagnosis Required at the Point-of-Sale:

- The ICD-10 diagnosis code will be required when a prompt is received at the point-of-sale (POS). This requirement will check that the diagnosis matches the FDA-approved use, or a use supported by the current published evidence.
- If the diagnosis is in the POS system, but not a match for the National Drug Code (NDC) on the submitted claim, or if a diagnosis code is not submitted on the claim, you will receive the message: **NCPDP reject code 80 – Enter ICD 10 code provided by prescriber.**

Enter the ICD-10 code by including the clinical segment (NCPDP segment 13) on the claim. If necessary, please contact your software vendor to ensure the fields indicated are transmitted on the claims.

Populate the fields within this segment as follows:

NCPDP Field Name & Number	Value	Description
Segment Identification (111-AM)	13	Identifies the segment in the request record (clinical).
Diagnosis Code Count (491-VE)	1-4	Count of diagnosis occurrences. Required when diagnosis code is used.
Diagnosis Code Qualifier (492-WE)	02	Code qualifying the diagnosis code (ICD10).
Diagnosis Code (424-DO)	Specific ICD10 code	Code identifying the diagnosis of the patient. Required when diagnosis is needed for designated drug coverage.

Should you have any questions or require assistance, please contact the OptumRx Pharmacy Help Desk through the health plan's provider line at **(855) 857-9753** (24 hours a day, 7 days a week).

Please distribute immediately.

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