

Member ID Cards

UnitedHealthcare Community Plan of Louisiana is sharing <u>IB 12-3: Member ID Cards</u> on behalf of the Louisiana Department of Health. Below you will find images of Member ID cards from UnitedHealthcare (UHC) and all other Louisiana Medicaid Managed Care Organizations (MCOs), as well as an example of the eligibility screen for an individual enrolled in a Healthy Louisiana plan. These examples are provided to help identify and understand the layout and information included.

LDH has published Informational Bulletin 12-3 for your reference IB12-3 revised 10.01.25.pdf.

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607.



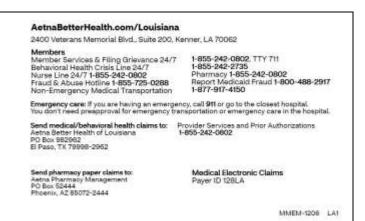
Louisiana Department of Health Informational Bulletin 12-3

Revised October 1, 2025

Member ID Cards

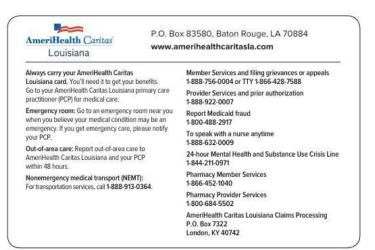
Aetna Better Health Louisiana





AmeriHealth Caritas





Healthy Blue





Humana Healthy Horizons in Louisiana

Humana Healthy Horizons, in Louisiana

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

MEMBER NAME Member ID: HXXXXXXXX

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

PCP Office/24 Hour Number: XXX-XXX-XXXX



Member/Provider Services & Grievances:

1-800-448-3810

Member Transportation Services: 1-844-613-1638 1-800-448-3810 24-Hour Nurse Advice Line: 24-Hour Behavioral Health Crisis Line: 1-844-461-2848 1-800-488-2917 Member Reporting Medicaid Fraud: 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



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 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



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

Printed: 04,0629

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.

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

Provider/Prior Auth: UHCprovider.com/LAcommunityplan 1-866-604-3267

Claims: PO Box 31341, Salt Lake City, UT 84131-0341

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334

For Pharmacists: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826

Gainwell Technologies-Issued Medicaid Card



EMERGENCIES - Call 911or go to the nearest emergency room (ER) CARDHOLDER Eligibility Card/Medicald Coverage Questions 1-888-342-6207 Health Plan Information www.myplan.healthyla.gov 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 Medicald Eligibility Verification (MEVS) www.lamedicald.com or your eligibility verification service Report Medicaid Fraud/Abuse 1-800-488-2917 Pharmacy Help Desk 1-800-648-0790

DentaQuest

DentaQuest.

DentaQuest USA Insurance Company Inc.

Member Name:

John H. Doe

Effective Date: January 1, 2021

PCD: UNKNOWN - no dentist

selected

PCD Phone: (999) 999-999

<Insert Plan Name>



Member ID 1234567890

DentaQuest.

Member Services: 1-800-685-0143

T

Provider Services: 1-800-508-6785

Monday-Friday 7:00 a.m. to 7:00 p.m.

Send claims to:

PO Box 2906

Milwaukee, WI 53201-2906

Report Medicald Fraud 1-800-488-2917

MemberAccess.DentaQuest.com

Payer ID: CX014

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:

- 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.

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:

- 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.

MCNA Dental



INFORMATION FOR MCNA MEMBERS

TOLL-FREE MEMBER HOTLINE

TTY (HEARING IMPAIRED)

MCNA WEBSITE

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 1-855-701-6262. Claims and prior authorizations can be submitted via our Provider Portal, via an electronic clearinghouse (MCNA Payor ID: 65030), or via an ADA claim form mailed to us. Visit www.mcnala.net for more information.

MAIL CLAIMS TO

MCNA Dental, PO Box 23920, Oakland Park, FL 33307

мона_га-м_мемюр:

Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Healthy Louisiana plan:

Search Criteria

Subscriber Information **Provider Information**

LDH MGMT/DXCTECH PBM STAFF Policy Holder LOUANNA, LOUIS Provider

Name NPI 777777773 Subscriber ID 777777777777 Submitter ID 2252166370

Date of Birth 12/12/2011

11223 MAPLE STREET Address

CLEAR LAKE LA 76666-0000

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 Coordinato	ole Health Benefit Plan Coverage Medicaid Per Health Benefit Plan Coverage Medicaid Description Health Benefit Plan Coverage Medicaid Description Health Benefit Plan Coverage Medicaid Per Medicaid I Care Coordinator Medicaid Care I Care Coordinator Specialized Behavioral Health Care Medicaid I Care Coordinator Dental Care Medicaid I Care Coordinator Dental Care		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 CoordinatorSpecialized Behavioral Health CareMedicaid			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 Coordinato	rDental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Benefit Begin Payer 01/01/2021 Telephone URL (800) 417-7140 https://PROVIDERACCESS.DENTAQUEST.COM
Active Coverage Co-Insurance Co-Payment		Medicaid	Eligible for Medicaid on Plan Date.	
		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network	
		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