



Member ID Cards

UnitedHealthcare Community Plan of Louisiana is sharing [IB 12-3: Member ID Cards](#) 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

Aetna Better Health® of Louisiana Healthy Louisiana		
Member ID#	Effective Date	
Member		
PCP		
Address		
PCP Phone/24 Hours		
	Pharmacy Copay \$0 - \$3	
	RxBIN:610591 RxPCN:MCAIDADV	
	RxGRP:RX881J	
	Pharmacy Use Only:1-855-364-2977	
www.AetnaBetterHealth.com/Louisiana		
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.		
MELAI		

AetnaBetterHealth.com/Louisiana	
2400 Veterans Memorial Blvd., Suite 200, Kenner, LA 70062	
Members	
Member Services & Filing Grievance 24/7	1-855-242-0802, TTY 711
Behavioral Health Crisis Line 24/7	1-855-242-2735
Nurse Line 24/7 1-855-242-0802	Pharmacy 1-855-242-0802
Fraud & Abuse Hotline 1-855-725-0288	Report Medicaid Fraud 1-800-488-2917
Non-Emergency Medical Transportation	1-877-917-4150
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.	
Send medical/behavioral health claims to:	Provider Services and Prior Authorizations
Aetna Better Health of Louisiana	1-855-242-0802
PO Box 982962	
El Paso, TX 79998-2962	
Send pharmacy paper claims to:	Medical Electronic Claims
Aetna Pharmacy Management	Payer ID 128LA
PO Box 52444	
Phoenix, AZ 85072-2444	
MMEM-1208 LA1	

AmeriHealth Caritas

	
Doe, John	Primary care provider (PCP):
Member ID: 12345678	PCP last name, PCP first name
Sex: M	Group name
Effective: MM/DD/YYYY	Address
Plan code: XXX/XXX	City, State ZIP
	PCP phone number: X-XXX-XXX-XXXX (and PCP after hours number, if applicable)
	PBM: PerformRx
	200 Stevens Drive
	Philadelphia, PA 19113
1-866-452-1040	
RxBIN: 019595	
RxPCN: 06030000	
	

	P.O. Box 83580, Baton Rouge, LA 70884 www.amerihhealthcaritasla.com
Always carry your AmeriHealth Caritas Louisiana card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana primary care practitioner (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.	
Nonemergency medical transport (NEMT): For transportation services, call 1-888-913-0364.	
Member Services and filing grievances or appeals 1-888-756-0004 or TTY 1-866-428-7588	
Provider Services and prior authorization 1-888-922-0007	
Report Medicaid fraud 1-800-488-2917	
To speak with a nurse anytime 1-888-632-0009	
24-hour Mental Health and Substance Use Crisis Line 1-844-211-0971	
Pharmacy Member Services 1-866-452-1040	
Pharmacy Provider Services 1-800-684-5502	
AmeriHealth Caritas Louisiana Claims Processing P.O. Box 7322 London, KY 40742	

Healthy Blue

Healthy Blue		Medicaid
JOHN Q SAMPLE Member ID: 123456789		
		
Primary care provider (PCP): Telephone #: _____ After-hours #: _____		
Effective date:	RxBIN:	020107
	RxPCN:	LA
	RxGRP:	RX8482

Healthy Blue		myhealthyblue.com
Members: Show this card before you receive medical care. If you have an emergency, call 911 or go to the nearest emergency room. Providers/hospitals: For preapproval and billing information, call 844-521-6942. For emergency admissions, notify Healthy Blue within 24 hours. Benefits may be limited outside LA. LA providers submit claims to availity.com or Healthy Blue. Providers outside LA submit claims to the local Blue Plan.		
Member Services: 844-521-6941 Appeals or Grievances: 844-521-6941 TTY: 711 24/7 NurseLine: 866-864-2544 24/7 Behavioral Health Crisis: 844-812-2280 Rides to covered services: 866-430-1101 Pharmacy Member Services: 833-485-6238 Help for Pharmacist: 833-485-6236 Providers Services/PA: 844-521-6942 Report Medicaid Fraud: 800-488-2917		
Healthy Blue 3850 N. Causeway Boulevard, Suite 1770 Metairie, LA 70002 <small>Healthy Blue is the trade name of Continuity Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.</small>		

Humana Healthy Horizons in Louisiana

Humana Healthy Horizons in Louisiana	
A Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.	
MEMBER NAME Member ID: HXXXXXXXXX	
Effective Date: XX/XX/XX RxGRP: LAM01 RxBIN: 610649 RxPCN: 03191502	
	
PCP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PCP Office/24 Hour Number: XXX-XXX-XXXX PCP Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Please present this card each time before you receive medical care except in an emergency. In case of emergency, call 911 or go to the closest emergency room.	

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

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 MA 2ENA	
	
In an emergency, call 911 or go to the nearest emergency room.	

FOR MEMBERS	FOR PROVIDERS
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	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



Health Plan (80840) **911-87726-04**

Member ID: 002200417 Group: LABYHP

Member:
NEW ENGLISH

PCP Name:
DOUGLAS GETWELL
PCP Phone/24 hours: (225) 756-5633
OUR LADY OF THE LAKE PHYSICIAN GROUP
8415 GOODWOOD BLVD STE 100
BATON ROUGE, LA 708067851

Transportation Services: 1-866-726-1472
0501 Administered by UnitedHealthcare of Louisiana, Inc.



Payer ID: 87726

Optum Rx

Rx Bin: 610494
Rx Grp: ACULA
Rx PCN: 9999

In an emergency go to nearest emergency room or call 911. Printed: 04/06/23

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

Healthy Louisiana




CCN:

EMERGENCIES - Call 911 or go to the nearest emergency room (ER)

CARDHOLDER
Eligibility Card/Medicaid 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
Medicaid Eligibility Verification (MEVS) www.lamedicaid.com or your
eligibility verification service

Report Medicaid Fraud/Abuse 1-800-488-2917
Pharmacy Help Desk 1-800-648-0790

DentaQuest



DentaQuest USA
Insurance Company Inc.

Member Name:
John H. Doe

<Insert Plan Name>

Effective Date:
January 1, 2021

PCD: UNKNOWN - no dentist
selected

PCD Phone: (999) 999-999



Member ID 1234567890



Member Services:
1-800-685-0143

Provider Services:
1-800-508-6785

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

Send claims to:
DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906

Report Medicaid 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



MEMBER NAME

JENNIFER ANNE SMITH

MEMBER ID

1234567890

MEMBER DATE OF BIRTH

01/01/2015

GROUP NUMBER

000000

PLAN NAME

LA EPSDT Medicaid

PRIMARY CARE DENTIST NAME

MICHAEL JONES, DDS

PRIMARY CARE DENTIST PHONE NUMBER

555-555-1234



INFORMATION FOR MCNA MEMBERS

TOLL-FREE MEMBER HOTLINE
1-855-702-6262

TTY (HEARING IMPAIRED)
1-800-846-5277

MCNA WEBSITE
www.mcna.net

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.mcna.net for more information.

MAIL CLAIMS TO

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

MCNA_LA_M_MEMBER.1

Medicaid Eligibility Verification System (MEVS)**Screenshot for an individual enrolled in a Healthy Louisiana plan:****Search Criteria**

Search Type Recipient ID and DOB **Recipient ID** 777777777777 **Date of Birth** 12/12/2011 **Plan Date** 09/24/2025

Subscriber Information

Policy Holder Name LOUANNA, LOUIS
Subscriber ID 777777777777
Date of Birth 12/12/2011
Sex Male
Address 11223 MAPLE STREET
 CLEAR LAKE LA 76666-0000

Provider Information

Provider LDH MGMT/DXCTECH PBM STAFF
NPI 7777777773
Submitter ID 2252166370

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 Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2023 PHARMACY PBM IS Prime Therapeutics, LLC Managed Care Organization UNITED HEALTHCARE OF LOUISIAN Telephone (866) 675-1607
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	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 Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Benefit Begin 01/01/2021 Payer DENTAQUEST USA INSURANCECO I Telephone (800) 417-7140 URL https://PROVIDERACCESS.DENTAQUEST.COM
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date.
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network
Co-Payment		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