

(continuación de ejemplos de tarjetas de identificación de las MCO)



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: (<i>Hearing Impaired/Virginia Relay: 711</i>)	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 Kingston, NY 12402	PO Box 8204 Kingston, NY 12402	PO Box 66189 Virginia Beach, VA 23468




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

0501 UnitedHealthcare Community Plan
 Administered by UnitedHealthcare Insurance Company

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

Las nuevas tarjetas de Atención Administrada de las MCO de FAMIS de Cardinal Care (que aparecen a continuación) reemplazan las TARJETAS DE IDENTIFICACIÓN DE LAS MCO DE FAMIS.



Aetna Better Health® of Virginia

Name
Medicaid/Member ID # **DOB** **Sex**
Language
PCP
PCP Phone **Effective Date**

RxBIN: 610591 RxCN: ADV RxGROUP: RX8837
Pharmacist Use Only: 1-855-270-2365 

AetnaBetterHealth.com/Virginia

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. VACARFA-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**


Important numbers for providers


Eligibility/Preauthorization: **1-800-279-1878**
Radiology Preauthorization: **1-888-693-3211**

Submit claims to
Aetna Better Health of Virginia
PO 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

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: **833-253-4452**



*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: Contractor ID
Post Office Box 27401 0047003253
Richmond, VA 23279

VA23 1/23

Medicaid

Member name: XXXXXXXX
Program name: FAMIS
Preferred language: English
Medicaid ID #: 123456789
Subscriber ID #: 123456789
Effective date: xx/xx/xxxx

Pharmacy
RxBIN: BIN number
RxCN: RxCN
RxGRP: RXGROUP

In case of emergency, go to the nearest emergency room or call 911

Member numbers
Call (800) 424-4518 (TTY/TDD: 711) for information about your benefits which may include:

24/7 Pharmacy Help Line	Provider Services
Behavioral Health Crisis	Rx Prior Authorization
Care Coordination	Member Services

Dental: (888) 912-3456
24/7 Nurse Advice Line: (833) 514-1809

Providers/Hospitals:
For prior authorization, claims, eligibility, and general information, please call Member Services (see above).

Submit claims to:
Medical/Hospital: Molina Healthcare PO Box 22637, Long Beach, CA 90801
Pharmacy: Molina Healthcare 7050 Union Park Center, Suite 200 Midvale, UT 84047

General mailing address:
Molina Healthcare 3829 Gaskins Road Richmond, VA 23233

MolinaHealthcare.com

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FAMIS


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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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