

Louisiana Department of Health Informational Bulletin



To: AmeriHealth Caritas Louisiana Providers

Date: October 6, 2025

Subject: [Informational Bulletin 12-3](#): Member ID Cards
(Revised October 1, 2025)

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

The Member ID cards were changed to reflect the changes to Pharmacy Benefit Management on October 1, 2025.

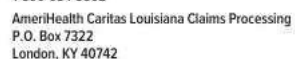
Member ID Cards

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 Behavioral Health Crisis Line 24/7 Nurse Line 24/7 1-855-242-0802 Fraud & Abuse Hotline 1-855-725-0288 Non-Emergency Medical Transportation	1-855-242-0802, TTY 711 1-855-242-2735 Pharmacy 1-855-242-0802 Report Medicaid Fraud 1-800-488-2917 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: Aetna Better Health of Louisiana PO Box 982962 El Paso, TX 79998-2962	Provider Services and Prior Authorizations: 1-855-242-0802
Send pharmacy paper claims to: Aetna Pharmacy Management PO Box 52444 Phoenix, AZ 85072-2444	Medical Electronic Claims Payer ID 128LA
MMEM-1208 LA1	

AmeriHealth Caritas



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

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

Healthy Blue is the health arm of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

LAC04935

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 avality.com or Healthy Blue. Providers outside LA submit claims to the local Blue Plan.

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 Avality.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: 003858 RxPCN: MA RxGRP: 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



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	

		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: <ul style="list-style-type: none"> • 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. 	
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	

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 <small>MCNA_LA-MEMBR[1]</small>		

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.

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 LOUISIANA 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 LOUISIANA 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

For additional details, please review [Informational Bulletin 12-3 \(Revised October 1, 2025\)](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#). The Provider Service Department can be reached between 7:00 am and 7:00 pm daily.

Missed an Informational Bulletin?

You can find a complete listing of Informational Bulletins on the [Provider Newsletters and Updates](#) page of our website under the header [Louisiana Department of Health Informational Bulletins](#).

Need to update your provider information? Send full details to: network@amerihealthcaritasla.com.