



# FAMIS Member ID Cards by Plan

## Aetna





**Aetna Better Health\* of Virginia**

**Name** Last Name, First Name  
**FAMIS/Member ID #** 0000000000      **DOB** 00/00/0000      **Sex** X

**PCP** Last Name, First Name  
**PCP Phone** 000-000-0000      **Effective Date** 00/00/0000

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**Copay:** N      **PCP/UC:** \$0      **Inpatient:** \$0      **Outpatient:** \$0  
**Generic Rx:** \$0      **Brand Rx:** \$0      **ER:** \$0      **ER non-emerg:** \$0  
**RxBIN:** 610591      **RxPCN:** ADV      **RxGROUP:** RX8836  
 Pharmacist Use Only: 1-866-386-7882      

**aetnabetterhealth.com/virginia**

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEVAFAMIS1

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

**Important numbers for members**

Member Services	<b>1-800-279-1878 (TTY 711)</b>
Behavioral Health and Substance Use Hotline	<b>1-800-279-1878</b>
24 Hour Nurse Line	<b>1-877-878-8940</b>
Smiles for Children	<b>1-888-912-3456</b>



**Important numbers for providers**

Eligibility/Preauthorization	<b>1-800-279-1878</b>
Radiology Preauthorization	<b>1-888-693-3211</b>

<b>Submit claims to</b>	<b>Submit appeals to</b>
Aetna Better Health of Virginia PO Box 63518 Phoenix, AZ 85082-3518 <b>Payer ID</b> 128VA	Aetna Better Health of Virginia 9881 Mayland Drive Richmond, VA 23233

VAFAMIS1

## Anthem

<b>Member ID</b>	<b>PCP Name</b>	
	<b>PCP Phone</b>	
	<b>FAMIS ID</b>	

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<b>Group Number</b>	HKP00200	<b>PCP/Specialist</b>	\$0/\$0	
<b>BC/BS Plan</b>	923	<b>Outpatient</b>	\$0	
<b>Rx Bin Number</b>	003858	<b>Inpatient</b>	\$0	
<b>Rx PCN Number</b>	A4	<b>Emergency</b>	\$0	
<b>Rx Group Number</b>	WQWA	<b>Rx</b>	\$0/\$0	

**Members:** When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.

**Pharmacies:** For network contracting and claims inquiries, call the pharmacists-only number listed to the right.

**Providers:** Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit prefix that precedes the patient's identification number listed on the front of this card.

**Claims Filing Address:**  
Post Office Box 27401  
Richmond, VA 23279

[www.anthem.com/vamedicaid](http://www.anthem.com/vamedicaid)

Member Services:	<b>1-800-901-0020</b>
Provider Services:	<b>1-800-901-0020</b>
TTY:	711
24/7 NurseLine:	<b>1-800-901-0020</b>
Behavioral Health Crisis Line:	<b>1-844-429-9620</b>
Authorization:	<b>1-800-901-0020</b>
Smiles for Children*:	<b>1-888-912-3456</b>
For Pharmacists Only:	<b>1-800-824-0898</b>

\*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.

Contractor ID: 0047003253

VA22 08/18

# Magellan

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**John Smith**

Medicaid ID  
**ZECM12345678**

Group No. **00000**

RXGRP: MCCVARK  
RISIN: 016523  
RXPIN: 63348286

Subscriber ID  
**ZEB123456789**

Copayments:

PCP: xxxx  
Specialist: xxxx  
Outpatient: xxxx  
Emergency: xxxx  
Rx: xxxx

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

Member Services: ..... 1-800-424-4518 (TTY 711)  
 Provider Services: ..... 1-800-424-4518 (TTY 711)  
 Behavioral Health: ..... 1-800-424-4518 (TTY 711)  
 24/7 CareLine: ..... 1-800-424-4518 (TTY 711)  
 Transportation: ..... 1-877-790-9472 (TTY 711)  
 Pharmacy Help Desk: ..... 1-800-424-4518 (TTY 711)  
 24 hours a day, 7 days a week  
 Rx Prior Authorizations: ..... 1-800-424-4518 (TTY 711)  
 Smiles for Children: ..... 1-888-912-3456 (TTY 711)  
 Website: [www.MCCofVA.com](http://www.MCCofVA.com)

**Claims Address:**  
MCC Claims Service Ctr.,  
1 Cameron Hill Circle, Suite 52,  
Chattanooga, TN 37402-0052

**General Mailing Address:**  
MCC of VA  
3829 Gaskins Rd  
Richmond, VA 23233-1437

# Optima



**FAMILY CARE  
FAMIS**

Member Name: JOHN DOE  
 Member Number: 9999999\*99  
 Group Number: ABC OV: \$0  
ER: \$0  
 Member Effective Date: 07-01-18  
 PCP Name: JANE DOE  
 PCP Phone: 999-9999

FAMIS #: 9999999999999999      DOB: 99/99/9999



Detailed benefit information is available at [optimahealth.com](http://optimahealth.com)

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Preauthorization 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.

**FOR PHARMACIST USE ONLY:**

<small>BIN# 610011</small>	<small>PROCESSOR CONTROL# OHPMCAID</small>
<small>OptumRx Pharmacist Help Desk:</small>	<small>1-866-244-9113</small>

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<small>Member Services: (Transition Services Available)</small>	<small>757-552-8975 OR 1-800-881-2166</small>
<small>Pharmacy Member Services:</small>	<small>757-552-8877 OR 1-844-672-2307</small>
<small>TTY Virginia Relay Service: (Hearing Impaired)</small>	<small>711 OR 1-800-828-1140</small>
<small>After Hours Nurse Advice:</small>	<small>757-552-7250 OR 1-800-394-2237</small>
<small>Smiles for Children:</small>	<small>1-888-912-3456</small>
<small>Behavioral Health Pre Authorization:</small>	<small>757-552-7174 OR 1-800-648-8420</small>
<small>Provider Relations:</small>	<small>757-552-7474 OR 1-800-229-8822</small>
<small>Medical/Pharmacy Pre Authorization:</small>	<small>757-552-7540 OR 1-800-229-5522</small>

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<small>MEDICAL CLAIMS</small>	<small>BEHAVIORAL HEALTH CLAIMS</small>
<small>P.O. Box 5028</small>	<small>P.O. Box 1440</small>
<small>Troy, MI 48007-5028</small>	<small>Troy, MI 48099-1440</small>

Offered by Optima Health Plan

**United Healthcare**

0315 990973 0000 000010 000010 131 1 115	 Health Plan (80840) <b>911-87726-04</b>	 <b>FAMIS</b>
Member ID: <b>001500010</b>	Group Number: <b>VAMDN</b>	
Member: <b>REISSUE M ENGLISH</b>	Payer ID: <b>87726</b>	
Medicaid ID: <b>9999999996</b>		
PCP Name: <b>DOUGLAS GETWELL</b>	Rx Bin: <b>610494</b>	
PCP Phone: <b>(717)851-6816</b>	Rx GRP: <b>ACUVA</b>	
Date of Birth: <b>06/15/2013</b>	Rx PCN: <b>4900</b>	
Effective Date: <b>08/26/2013</b>		
No Copays		
UnitedHealthcare Community Plan of Virginia - FAMIS MOMS Administered by UnitedHealthcare of the Mid-Atlantic, Inc.		

In an emergency go to nearest emergency room or call 911. Phone: 252-316

Carry card at all times and before you get non-emergency services. Call Member Services with questions or if you suspect fraud or abuse. Hospitals: Pre-admission certification required for non-emergency admissions.

Member Services/Behavioral:	844-752-9434	TTY 711
Smiles for Children:	888-912-3456	TTY 711
NurseLine:	800-842-3014	TTY 711
Transportation:	833-215-3884	TTY 711


For Providers: [UHCprovider.com](http://UHCprovider.com) 844-284-0146  
 Claims: PO Box 5270, Kingston, NY, 12402-5270  
 Preauthorization: 844-284-0146

Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903  
 For Pharmacists: 844-284-0149

**VA Premier**


  
 Member Name: **<Virginia Premier Elite Family>**  
 <First Name Last Name>

Member ID: <XXXXXXXXXXXX> PCP Name: <XXXXXXXX> PCP Phone: <X.XXX.XXX.XXXX> PCP Copay: <XXXXXX> SPC Copay: <XXXXXX>		Rx Bin: <XXXXXX> Rx PCN: <XXXXXX> Rx GRP: <XXXXXXXXXXXX> Rx ID: <XXXXXXXXXXXX> Rx Copay: <XXXXXX>
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Coverage Effective Date: <XXXXXX>

For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility. If you are not sure if you need emergency care, call your PCP or the 24-hour Nurse Advice line.

Member Services:	<X.XXX.XXX.XXXX, TTY:711>
24-hour Nurse Line:	<X.XXX.XXX.XXXX>
Behavioral Health:	<X.XXX.XXX.XXXX>
Pharmacy Help Desk:	<X.XXX.XXX.XXXX>
Smiles for Children:	<X.XXX.XXX.XXXX>
Adult Dental:	<X.XXX.XXX.XXXX>
Vision:	<X.XXX.XXX.XXXX>
ARTS:	<X.XXX.XXX.XXXX>

Website: <VirginiaPremier.com>  
 Send Claims To: <Virginia Premier Claims  
 PO Box 4250  
 Richmond, VA 23220>