Missouri Department of SOCIAL SERVICES

MoHealthNet

MO HealthNet Managed Care Member ID Cards

United Healthcare

UnitedHealthcare | Community Plan

Health Plan (80840) 911-87726-04

Member ID: 999999999

Group Number: MOHNET
Payer ID: 877 5

Member:
SUBSCRIBER M BROWN
DCN #: 111111111
PCP Name:
PROVIDER BROWN
PCP Phone: (999) 999-9999

SAMPLE

0000

UnitedHealthcare Community Plan of Missouri
Administered by UnitedHealthcare of STATE NAME, Inc.

In case of emergency call 911 or go to nearest emergency room.   Printed: 01/01/01

This card does not guarantee coverage. To verify benefits or to find a provider, visit the
website www. UHC.com/CommunityPlan or call.

For Members:
Member Service: 866-292-0359   TTY: 711
Behavioral Health: 866-292-0359   TTY: 711
Dental: 999-999-9999   TTY: 711
Nurseline: 866-351-6827

For Providers: www.UHCOnline.com   999-999-9999
Provider and BH Claims: PO Box 5240, Kingston, NY 12402-5240

MissouriCare

missouricare
A WellCare Company

Children's Mercy
PEDIATRIC CARE NETWORK

DCN #: <MO_DCN_NO⁹⁶>
Member ID #: <SUBSCRIBER_ID⁴>   Date _ B h: <DOB
Member: <FIRST_NAME⁶> <MIDDLE_IN... _AST_NAM__>

PCP: <PHY_FIRST_NAME²²> <PHY___ T_NAM __³>
PCP Phone: <PHY_PHONE³¹>   Effective Date: <EFFECTIVE_DATE³³>

www.missouricare.com

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

SAMPLE

MEMBERS: In an emergency, call 911 or go to the nearest hospital. For non-emergency
care, always call your PCP. Benefits may be limited based on your eligibility group. Si no
habla ingles llamé al 1-800-322-6027 para ayuda.

Member Services, Language Line: ....1-800-322-6027 (TTY/TDD 1-800-735-2966 or 711)
Behavioral Health, Dental, Tran........V....................................1-800-322-6027
24 _our N_e Advice Line:..1-855-670-2642
Be_vioral _alth Crisis Line:...1-800-322-6027
_harmacy _rvices:............................1-800-392-2161 or 1-573-751-6527
Care Mana_ment:.......................................1-800-322-6027   1-888-670-7262
Report Fra_ _nd Abuse Issues:...1-866-678-8355

PROVIDERS: <Medical prior authorization, call 1-877-347-9367. All other prior authorization, call
1-800-322-6027. Details: www.missouricare.com²> <Prior authorization, call 1-800-322-6027.
Details: www.missouricare.com²>

SEND MEDICAL CLAIMS TO: Missouri Care, P.O. Box 31224, Tampa, FL 33631-3224

MOC14036 Approved 11252013

Home State Health

home state health

Name:
MO HealthNet ID #:
PCP Name:
PCP Address :

PCP Phone #:

SAMPLE

If you have an emergency, call 911 or go to the nearest emergency room (ER). You
do not have to contact Home State for an okay before you get emergency services.
If you are not sure whether you need to go to the ER, call your PCP or NurseWise
at 1-855-694-4663 (TDD/TTY 1-877-250-6113. Relay 711.

HSHP15134 | Approved: March 25, 2015

IMPORTANT TELEPHONE NUMBERS

Memebers:
Member Services: 1-855-694-4663   TDD/TTY: 1-877-250-6113
Dental: 1-855-694-4663
Vision: 1-855-694-4663
Behavioral Health: 1-855-694-4663
Pharmacy: 1-800-392-2161/573-751-6527
24/7 NurseWise: 1-855-694-4663
File a Grievance: 1-855-694-4663
Providers:
Provider Services: 1-855-694-4663
IVR Eligibility Inquiry - Prior Auth: 1-855-694-4663
Medical claims: Home State Health Plan
                             Attn: CLAIMS
                             PO Box 4050
                             Farmington, MO 63640-3829

Home State Address:
16090 Swingley Ridge Road, Suite 500
Chesterfield, MO 63017

EDI/EFT/ERA please visit
Provider Resources at
www.homestatehealth.com

Provider/claims information via the web: www.HomeStateHealth.com

MO HealthNet

MO HealthNet
Department of Social Services

MoHealthNet

Date of Birth   MO _ealth_ _ _mber

SAMPLE

USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS
FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW

- You must present this card each time you get medical services.
- You must tell the provider of services if you have other insurance.
- Some services may not be covered by MO HealthNet and you may have to
  pay for services that are not covered. For more information, go to
  http://www.dss.mo.gov/mhd/participants/index.htm

_..._nt Inc _ies   1-80_ ___ ___.   OR   1-573-751-6527
Waste, _ud, _d Abuse   1-80_ 286-3932   OR   ASK.MHD@DSS.MO.GOV

Possession of _is card does _ _t certify eligibility or guarantee benefits.
- Restrictions _ _y apply to som _ participants or for certain services.
- Services are ___ ___ _spec___ _ ___ _les and Regulations of
  the Family Support Division or the MO HealthNet Division.
- The holder of this card has made an assignment of rights to the
  Department of Social Services for payment of medical care from a
  third-party.