

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| 1199 National Benefit Fund ## | 13162 | Y | 1199 NATIONAL BEN | | FALSE | G | BOTH |
| 1ST MEDICAL NETWORK (MEDICAL RESOURCES) ** | 58203 | Y | MEDICAL RESOURCE | | FALSE | G | BOTH |
| 2020 Eyecare ## | 2020E | N | 2020 EYECARE | | FALSE | G | BOTH |
| 360 Alliance Gilsbar ## | 07205 | Y | 360 ALLIANCE PPOG | | FALSE | G | BOTH |
| 3P ADMIN ** | 20413 | Y | 3P ADMIN | | FALSE | G | BOTH |
| A & I Benefit Plan Administrators ## | 93044 | N | A AND I BENEFIT P | | FALSE | G | BOTH |
| A.G.I.A, INC. | 95241 | Y | AGIA INC | Claims are printed and mailed | FALSE | G | BOTH |
| AAG - American Administrative Group ** | 37283 | Y | AMERICAN ADMINIST | Formerly Gallagher Benefit Admin | FALSE | G | BOTH |
| AARP - UnitedHealthcare Insurance Company | 36273 | Y | AARP MEDICARE SUP | Medicare Supplement and Hospital Indemnity Plans that carry the AARP name, but are insured by UnitedHealthcare. | FALSE | C | BOTH # |
| AARP Hospital Indemnity Plans insured by UnitedHealthcare Insurance Company ** | 36273 | Y | AARP | | FALSE | C | BOTH |
| AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Company ** | 36273 | Y | AARP | | FALSE | C | BOTH# |
| AARP MedicareComplete insured through UnitedHealthcare (formerly AARP MedicareComplete from SecureHorizons) ** | 87726 | Y | OXFORD MEDICARE N | | FALSE | C | BOTH # |
| AARP MedicareComplete insured through UnitedHealthcare / Oxford Medicare Network, former payer id 06111 ** | 87726 | Y | AARP MEDICARECOMP | | FALSE | C | BOTH # |
| Abrazo Advantage Health Plan ** | 03443 | Y | ABRAZO ADV HEALTH | | FALSE | G | BOTH |
| Abri Healthplan (Now known as Molina Health Care of WI) ** | ABRI1 | N | ABRI HEALTHPLAN | | FALSE | G | BOTH |
| Access Administrators | AHS01 | Y | ACCESS ADMINISTRA | | FALSE | G | BOTH |
| Acclaim ** | 64071 | Y | ACCLAIM | | FALSE | G | BOTH |
| Healthsmart Benefit Solutions (Wells Fargo TPA, formerly Acordia National)** | 87815 | Y | ACORDIA NATIONAL | | FALSE | G | BOTH |
| ACS Benefits Payer Compass ## | PA331 | Y | ACS BENEFITS | | FALSE | G | BOTH |
| ADMINISTRATIVE CONCEP ## | 22384 | Y | ADMIN CONCEPTS IN | | FALSE | G | BOTH |
| Administrative Services ## | 59141 | N | ADMIN SVCS INC | | FALSE | G | BOTH |
| Advantage Health Network IPA ** | NMMO1 | Y | ADVANTAGE HLTH IP | | FALSE | G | BOTH |
| ADVANTAGE HEALTH SOLU ## | 35209 | Y | ADVANTAGE HEALTH | | FALSE | G | BOTH |
| Advantage Preferred Plans ## | 35219 | Y | ADVANTAGE | Claims submitted with old payerID of 77070 may need to be resubmitted after May 23rd, 2014 | FALSE | N | BOTH |
| Advantek Benefit Administrators ## | 83077 | N | ADVANTEK BENEFIT | | FALSE | G | BOTH |
| Advantica Benefits ** | 59374 | A | ADVANTICA BENEFIT | | FALSE | G | BOTH |
| ADVENTIST HEALTH SYSTEM ## | 95340 | Y | ADVENTIST HLTH SY | | FALSE | G | BOTH |
| Advocate Health Centers | 36320 | Y | ADVOCATE HEALTH | | FALSE | G | BOTH |
| Advocate Health Partners | 65093 | Y | ADVOCATE HLTH PAR | | FALSE | T | BOTH |

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| Aetna 60054 (Commercial only) | 60054 | Y | AETNA | | FALSE | G | BOTH |
| Aetna Affordable Health Choices ** | 57604 | Y | AETNA AFFORDABLE | | FALSE | G | BOTH |
| Aetna Better Health IL Medicaid ** | 26337 | N | AETNA IL MCD | | FALSE | G | BOTH |
| Aetna Better Health Nevada ## | 128NV | N | AETNA NV | | FALSE | G | BOTH |
| Aetna Better Health NY ## | 34734 | N | AETNA BET HLTH NY | | FALSE | G | BOTH |
| Aetna Better Health of Kentucky ** | 128KY | Y | AETNA BET HLTH KY | | FALSE | G | BOTH |
| Aetna Better Health of Louisiana ** | 128LA | Y | AETNA BH LOUISIAN | | FALSE | G | BOTH |
| Aetna Better Health of Maryland ## | 128MD | Y | AETNA MD | | FALSE | G | BOTH |
| Aetna Better Health of Michigan ** | 128MI | Y | AETNA BH MICHIGAN | | FALSE | G | BOTH |
| Aetna Better Health of New Jersey ** | 46320 | Y | AETNA BH NEW JERS | | FALSE | G | BOTH |
| Aetna Better Health of Ohio ** | 50023 | Y | AETNA BTTR HLTH O | | FALSE | G | BOTH |
| Aetna Better Health of Pennsylvania Medicaid ** | 23228 | Y | AETNA BH PA MEDIC | | FALSE | G | BOTH |
| Aetna Better Health of Virginia ** | 128VA | Y | AETNA BH VA | | FALSE | G | BOTH |
| Aetna Better Health of West Virginia ** | 128WV | Y | AETNA BTR HLTH WV | | FALSE | G | BOTH |
| AETNA TEXAS MEDICAID ## | 38692 | Y | AETNA TX MEDICAID | | FALSE | G | BOTH |
| Affiliated Doctors of Orange County ** | ADOCs | Y | AFFILIATED DRS | | FALSE | G | BOTH |
| Affiliated Physicians Group | M3CA1 | Y | AFFILIATED PHYS | | FALSE | T | BOTH |
| Affinity Health Plan ## | 13334 | Y | AFFINITY HEALTH O | Contact EDI@Affinityp lan.org or (718)794- 7592 prior to sending claims. (For Medicaid, Child Health Plus and Essential Plan Members) | FALSE | G | BOTH |
| Affinity Health Plans (TMG Health) ## | 13333 | Y | AFFINITY HEALTH N | (For Medicare Advantage and Medicaid Advantage Members) | FALSE | G | BOTH |
| AffinityAccess** | 23334 | Y | AFFINITYACCESS | (For Qualified Health Plan Members) | FALSE | G | BOTH |
| Agency Services Inc ## | 64158 | Y | AGENCY SERVICES | | FALSE | G | BOTH |
| AHPO (Cleveland, OH) ## | 31138 | Y | AHPO CLEVELAND OH | | FALSE | G | BOTH |
| AIG Chartis ## | 19402 | Y | AIG CHARTIS | | FALSE | G | BOTH |
| Alaska Children's Services, Inc. - Group # P68 ## | 91136 | Y | ALASKA CHILD SVCS | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Alaska Laborers Construction Industry Trust - Group # F23 ## | 91136 | Y | AK LABORERS TRUST | Please include Group Number when submitting claims. | FALSE | G | BOTH |

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| Alaska Pipe Trades Local 375 - Group # F24 ## | 91136 | Y | AK PIPE LOCAL 375 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Alaska United Food & Commercial Workers Health & Welfare Trust - Group # F45 ## | 91136 | Y | AK UNITED FOOD TR | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Albuquerque Public Schools ## | 85600 | A | ALBUQUERQUE PS | | FALSE | G | BOTH |
| Alexian Brothers Community Services of Tennessee ## | 44423 | y | ALEXIAN BROTHERS | | FALSE | G | BOTH |
| ALICARE | 13550 | Y | ALICARE | | FALSE | G | BOTH |
| Aliera Health Care ## | ALH01 | N | ALIERA HEALTH | | FALSE | G | BOTH |
| Alignment Healthcare ## | CCHPC | Y | ALIGNMENT HCARE | | FALSE | G | BOTH |
| All Savers Insurance / UnitedHealthcare ## | 81400 | Y | ALL SAVERS | | FALSE | C | BOTH # |
| AllCare PEBB ## | 26158 | Y | ALLCARE PEBB | | FALSE | G | BOTH |
| Allegian Choice ## | 55649 | Y | PHOENIX CHOICE | | FALSE | G | BOTH |
| Allegiance Benefit Plan Management, Inc. ## | 81040 | Y | ALLEGIANCE BENE | | FALSE | G | BOTH |
| Alliance Coal Health Plan ## | 93658 | N | ALLIANCE COAL | | FALSE | G | BOTH # |
| Alliance PPO, LLC (Previously Payer ID 52148) | 87726 | Y | UHC OXFORD | | FALSE | C | BOTH # |
| Alliance, The (Only for ID Cards showing PO Box 44365 Madison WI 53744 as mailing address. Call 608-210-6656 for Payer ID. ** | Call | Y | ALLIANCE | | FALSE | T | BOTH |
| Alliant Health Plans of Georgia ## | 58234 | Y | ALLIANT GEORGIA | | FALSE | G | BOTH |
| Allied Benefit Systems ## | 37308 | Y | ALLIED BENEFIT | | FALSE | G | BOTH |
| Allied Physicians of California IPA ** | NMM01 | Y | ALLIED PHYS OF CA | | FALSE | G | BOTH |
| Alphacare Medical Group** | MPM32 | N | ALPHACARE MEDICAL | Effective 12/1/17, all AlphaCare Medical Group claims should be submitted to Payer ID MPM32. SynerMed no longer manages AlphaCare.) | FALSE | G | BOTH |
| AltaMed ** | ALTAM | Y | ALTAMED | | FALSE | G | BOTH |
| Alternative Opportunities ## | 16089 | Y | ALTERNATIVE OPP | | FALSE | G | BOTH |
| AMA Insurance Agency## | AMAIA | N | AMA INSURANCE | | FALSE | G | BOTH |
| AMA Insurance Agency, Inc. | AMAIA | Y | AMA INSURANCE | | FALSE | G | BOTH |
| Amalgamated Life ## | 13550 | Y | ALICARE | | FALSE | G | BOTH |
| Amalgamated Life - PA / Alicare ## | 13343 | N | AMALGAMATED LIFE | | FALSE | G | BOTH |
| Ambetter of Arkansas ** | 68069 | Y | AMBETTER | | FALSE | G | BOTH |
| ClaimChoice Administrators | 38219 | Y | AMERAPLAN | | FALSE | G | BOTH |
| Ameriben - IEC Group ## | 97661 | Y | AMERIBEN IEC | | FALSE | G | BOTH |
| AMERIBEN SOLUTIONS | 75137 | Y | AMERIBEN SOLUTION | | FALSE | G | BOTH |
| Americaid CC Tampa ** | 06161 | Y | AMERICAID CC | | FALSE | T | BOTH |

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| Americaid Community Care (Dallas/Ft. Worth) ** | 27514 | Y | AMERIGROUP GA | | FALSE | G | BOTH |
| Americaid Community Care (Houston) ** | 27515 | Y | AMERICAID HOUSTON | | FALSE | G | BOTH |
| Americaid Community Care (Maryland) ** | 27517 | Y | AMERICAID MD | | FALSE | G | BOTH |
| Americaid Community Care (New Jersey) ** | 27516 | Y | AMERICAID NJ | | FALSE | G | BOTH |
| American Behavior ## | 63103 | N | AMERICAN BEHAVIOR | | FALSE | G | BOTH |
| American Family Insurance ## | 12T31 | Y | AMERICAN FAMILY | | FALSE | G | BOTH |
| American Family Insurance (Administered by American Republic) | 56071 | N | AM FAMILY INSURAN | | FALSE | G | BOTH |
| American Fidelity Assurance Company ## | 60801 | Y | AMERICAN FIDELITY | | FALSE | G | BOTH |
| AMERICAN GENERAL LIFE AND ACCIDENT ## | 62030 | Y | AMERICAN GENERAL | | FALSE | G | BOTH |
| American Healthcare Alliance ## | 01066 | Y | AM HEALTHCARE ALL | | FALSE | G | BOTH |
| American Lifecare | 72099 | Y | AMERICAN LIFECARE | Valid for billing address of 1100 Poydras Street, Suite 2600, New Orleans, LA 70163-2602 | FALSE | G | BOTH |
| American National Insurance (ANICO) ## | 74048 | Y | AMER NAT INSURANC | | FALSE | G | BOTH |
| American Postal Workers Union Health Plan ## | 44444 | Y | AMERICAN POSTAL W | | FALSE | G | BOTH |
| American Republic Insurance Company ## | 42011 | Y | ARIC | | FALSE | G | BOTH |
| AMERICAN WORKER HEALTH PLUS ** | 37322 | Y | AMERICAN WORKER H | | FALSE | G | BOTH |
| Americas 1st Choice Health Plans of South Carolina ## | 20553 | N | AMERICAS FIRST CH | | FALSE | G | BOTH |
| Americas 1st Choice of South Carolina, Inc ## | 55349 | Y | AM FIRST CHOICE S | | FALSE | G | BOTH |
| America's Choice Health ## | 20029 | N | AMERICAS CHOICE N | | FALSE | G | BOTH |
| America's Health Choice | 21810 | Y | AMERICAS HEALTH C | | FALSE | T | BOTH |
| America's PPO (Formerly ARAZ) ## | 16120 | N | AMERICAS PPO ARAZ | | FALSE | G | BOTH |
| America's PPO / America's TPA ## | 41178 | Y | AMERICAS PPO | | FALSE | G | BOTH |
| Amerigroup ## | 28804 | Y | AMERIGROUP | | FALSE | G | BOTH |
| Amerigroup Houston ## | 26374 | Y | AMERIGROUP HOUST | Claims and Encounters | FALSE | G | BOTH |
| Amerigroup Illinois ## | 27518 | Y | AMERIGROUP IL | Claims and Encounters | FALSE | G | BOTH |
| Amerigroup Iowa ## | 26375 | Y | AMERIGROUP IOWA | | FALSE | G | BOTH |
| Amerigroup Multiple States ## | 26378 | Y | AMERIGROUP MULTI | Claims and Encounters | FALSE | G | BOTH |
| Amerigroup Ohio ## | 27518 | Y | AMERIGROUP OHIO | Claims and Encounters | FALSE | G | BOTH |
| Amerigroup Vantage ## | 26375 | Y | AMERIGROUP IOWA | | FALSE | G | BOTH |
| Amerihealth Administrators, Inc. ** | 54763 | Y | AMERIHEALTH ADMIN | | FALSE | T | BOTH |
| AmeriHealth Caritas Healthplan New Hampshire ## | 87716 | Y | NH CARITAS | | FALSE | G | BOTH |
| AmeriHealth Caritas Louisiana(Formerly known as LA Care)## | 27357 | Y | LA CARE | | FALSE | G | BOTH |
| AmeriHealth Caritas VIP Care ## | 77062 | N | AMERIHLTH CARITAS | | FALSE | G | BOTH |
| AmeriHealth Caritas VIP Care Plus (Michigan) # | 77013 | Y | AH CARITUS VIP CA | | FALSE | G | BOTH |

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| Amerihealth DC ## | 77002 | Y | AMERIHEALTH DC | For EDI Support, please email edi.dc@amerihealthdc.com or call 1-888-656-2383 | FALSE | G | BOTH |
| Amerihealth Delaware ** | 77799 | Y | AMERIHEALTH DE | | FALSE | G | BOTH |
| Amerihealth HMO NJ and DE ** | 95044 | N | AHLTH HMO NJ & DE | | TRUE | N | BOTH |
| Amerihealth Mercy Health Plan ## | 22248 | Y | AMERIHEALTH MERCY | | FALSE | G | BOTH |
| Amerihealth NJ/DE - HMO ** | 23037 | Y | AMERIHEALTH HMO | | TRUE | G | BOTH |
| AmeriHealth NorthEast ** | 77001 | Y | AMERIHEALTH NE | | FALSE | G | BOTH |
| Amfirst Insurance Company | 64090 | Y | AMFIRST INS CO | | FALSE | G | BOTH |
| AM-First Insurance Morgan White ** | 01757 | N | AM FIRST INS MORG | Payer accepts secondary claims only, and Medicare cannot be the primary payer | FALSE | G | BOTH |
| Amida Care Medicare ## | 79966 | Y | AMIDA CARE MEDICA | | FALSE | G | BOTH |
| Angeles IPA (SynerMed) ## | 75299 | Y | ANGELES IPA SYNER | | FALSE | G | BOTH |
| Antares Management Services ** | 34192 | Y | ANTARES MGMT SOLN | | FALSE | G | BOTH |
| Anthem BCBS Virginia ** | 00423 | Y | ANTHEM BCBS VA | | FALSE | G | BOTH |
| Anthem Blue Cross of California ** | 47198 | Y | BC OF CA | | FALSE | N | BOTH |
| Anthem IN ** | 130 | Y | ANTHEM IN | | FALSE | G | BOTH |
| Anthem KY | 00160 | Y | ANTHEM KY | | FALSE | N | BOTH |
| ANTHEM MEDICAID (WI) (formerly BadgerCare) ** | WIBLS | y | ANTHEM WI MEDICAI | | FALSE | N | BOTH |
| Anthem NH | 00770 | Y | BC OF NH | | FALSE | N | BOTH |
| Anthem OH ** | 00332 | Y | ANTHEM OH | | FALSE | N | BOTH |
| APEX BENEFITS SERVICE ** | 34196 | Y | APEX BENE SERVICE | | FALSE | G | BOTH |
| APWU Health | 55544 | Y | APWU HEALTH | Claims are printed and mailed to the payer. If filing a claim for a federal plan member, use payer ID 44444 | FALSE | G | BOTH |
| ARAZ (Now known as America's PPO.) ## | 16120 | N | ARAZ | | FALSE | G | BOTH |
| Arbor Health ** | 52312 | Y | ARBOR HEALTH | | FALSE | G | BOTH |
| ARCADIAN MGMT SERVICE ## | 61101 | Y | ARCADIAN MGMT SVS | | FALSE | G | BOTH |
| Argus Dental and Vision ## | ARGUS | N | ARGUS | | FALSE | G | BOTH |
| Arise Health Plan ## | 39185 | Y | ARISE HEALTH PLAN | Formerly Prevea Health Plan | FALSE | G | BOTH |
| Arizona Foundation for Medical Care ** | 86062 | Y | ARIZONA FOUNDAT | | FALSE | G | BOTH |
| Arizona Physicians IPA (APIPA) / UnitedHealthcare Community Plan ## | 03432 | Y | UHC AZIPA | | FALSE | C | BOTH # |
| Arizona Priority Care Plus ## | 27154 | N | AZ PRIORITY CARE | | FALSE | G | BOTH |

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| Arkansas Best Corporation - Choice Benefits ## | 62308 | Y | CIGNA PPO | Formerly payer ID 75278. New payer ID effective for claims submitted December 15, 2017 and after | FALSE | C | BOTH |
| Arkansas Managed Care Organization, Inc. (AMCO) ** | 36335 | Y | HFNIN | | FALSE | G | BOTH |
| Arkansas Total Care ** | 68069 | Y | AK TOTAL CARE | | FALSE | G | BOTH |
| Arnett Health Plans ** Former PayerID 95440 | 87726 | Y | ARNETT HEALTH PLA | | FALSE | C | BOTH # |
| Arroyo Vista Family Health Center ** | NMM01 | Y | ARROYO VISTA FAM | | FALSE | G | BOTH |
| ASAGEHA ## | 06603 | Y | ASAGEHA | | FALSE | G | BOTH |
| ASC Benefit Services, Inc. ## | 72467 | Y | ACS BENEFIT SERVI | Payer ID is for ACS Benefit Services. Inc. ONLY | FALSE | G | BOTH |
| Asian American Medical Group ## | AAMG1 | Y | ASIAN AMERICAN MG | | FALSE | G | BOTH |
| Aspen ** | 16180 | N | ASPEN INSURANCE | | FALSE | G | BOTH |
| Aspire Health Plan ## | 46156 | Y | ASPIRE HEALTH PLA | | FALSE | G | BOTH |
| ASR Physicians Care ## | 38265 | Y | PHYS CARE NETWORK | | FALSE | G | BOTH |
| Associates for Health Care, Inc. (AHC) ** | 36326 | Y | ASSOC HEALTHCARE | | FALSE | C | BOTH |
| Assurant Health Self Funded ** | 75068 | N | ASSURANT HLTH SLF | MUST VERIFY ALL CLAIMS SHOULD GO TO ALLIED BENEFIT for Assurant Health self funded groups with plan effective dates after 5/1/2013 | FALSE | G | BOTH |
| ASSURED BENEFITS ADMI ** | 74240 | Y | ASSURED BENEFITS | | FALSE | G | BOTH |
| Asuris NW Health | 93221 | Y | ASURIS NW HEALTH | | FALSE | G | BOTH |
| Atlantic Medical Insurance ## | 22285 | N | ATLANTIC MEDICAL | | FALSE | G | BOTH |
| Automated Benefit Services ** | 38259 | Y | AUTOMATED BEN SVC | | FALSE | G | BOTH |

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| | | | | Please send these EDI claims to the Payer ID of the PPO shown on the Members ID Card. If you have any questions, please call 260-489-6447 (703). | | | |
| Automated Group Administration ## | 37280 | Y | AUTOMATED GROUP A | | FALSE | G | BOTH |
| Automotive Machinists Local 289 Health & Welfare Trust -Group #F32 ## | 91136 | Y | AUTO GRP F32 | | FALSE | G | BOTH |
| Auxiant (Nat'l Health Benefit Corp) ## | 88050 | Y | NHBC02 | | FALSE | G | BOTH |
| Avectus Healthcare Solutions ## | MP001 | N | MEDPAY FIRST ONE | Call 855-AVECTUS | FALSE | G | BOTH |
| Avera Health Plans | 46045 | Y | avera health plan | | FALSE | G | BOTH |
| Avmed, Inc. | 59274 | Y | AVMED | | FALSE | P | BOTH |
| Bakery & Confectionery Union and Industry International Health ## | BCTF1 | N | BAKERY UNION | | FALSE | G | BOTH |
| Banner Health & Aetna Health Insurance Company ** | 67895 | Y | AETNA BANNER HLTH | | FALSE | G | BOTH |
| Banner Health ** | 12X42 | Y | BANNER HEALTH | | FALSE | G | BOTH |
| Banner Medisun ** | 77078 | N | BANNER MEDISUN | | FALSE | G | BOTH |
| Baycare Select Health Plans Incorp ** | 81079 | Y | BAYCARE SELECT | | FALSE | G | BOTH |
| | | | | Plan effective December 1, 2015 | | | |
| BCBS of Texas Medicaid ## | 66001 | Y | BCBS TEXAS MEDICA | | FALSE | G | BOTH |
| BCBS Western NY Medicaid | WNYMD | N | BCBS W NY MEDICAI | | FALSE | N | BOTH |
| | | | | Formerly Value Options. | | | |
| Beacon Health Options ## | VALOP | N | BEACON HLTH OPTIO | (Providers need to call Provider Relations Dept at 781-994-7576 to register before sending claims.) | TRUE | G | BOTH |
| | | | | | | | |
| Beacon Health Strategies ## | 43324 | Y | BEACON HLTH STRAT | | FALSE | G | BOTH |
| Behavioral Health Systems ## | 63100 | N | BEHAVIORAL HS | | FALSE | G | BOTH |
| BeneFirst ## | 37125 | Y | BENEFIRST | | FALSE | G | BOTH |
| Benefit & Risk Management Services ## | 99320 | A | BENE RISK MGMT SV | | FALSE | G | BOTH |
| BENEFIT ADMIN. SYSTEM ## | 36149 | Y | BENE ADMIN SYSTEM | | FALSE | G | BOTH |
| Benefit Administration Services ** | 41205 | Y | BENEFIT ADMIN SVC | | FALSE | G | BOTH |
| | | | | Valid for billing address of 111 Ryan Court, Suite 300, Pittsburgh, PA | | | |
| Benefit Coordinators ** | 25145 | Y | BENEFIT COOR CORP | | FALSE | N | BOTH |
| Benefit Management Admin (BMA) | BMATP | Y | BENEFIT MANG | | FALSE | T | BOTH |
| Benefit Management LLC/VBA ** | 88092 | Y | BENE MGMT LLC VBA | | FALSE | G | BOTH |

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| Benefit Management Services for Charlotte, NC | 56139 | Y | BENE MGMT SVCS | | FALSE | G | BOTH |
| Benefit Management Systems, Inc. ## | 37212 | Y | BENEFIT MANG | | FALSE | G | BOTH |
| | | | | Payer ID valid only for claims with a billing submission address of P.O. Box 1128, Eau Claire, WI 54702-1128 | | | |
| Benefit Plan Administrators ## | 39081 | N | BENEFIT PLAN WI | | FALSE | G | BOTH |
| Benefit Planners, Inc. ** | 74223 | Y | BENEFIT PLANNER | | FALSE | C | BOTH # |
| Benefit Systems & Services, Inc. (BSSI) ## | 36342 | Y | BENEFIT SYSTEMS | | FALSE | G | BOTH |
| | | | | ONLY accept claims for these groups: BMI187, BMI219, BMI234, BMI236, BMI214.BM1241, BMI617, BMI245. BMI246 | | | |
| Benefit Management, Inc. of KS | 48611 | N | BENEFIT MGMT KS | | FALSE | N | BOTH |
| Benesight (Formerly TPA) ** | 87265 | Y | BENESIGHT | | FALSE | G | BOTH |
| | | | | Prior to submitting, call (610) 372-8044 ext. 3019 | | | |
| BERKSHIRE HEALTH PLAN | 23243 | Y | BERKSHIRE HLTH PA | | FALSE | T | BOTH |
| BEST LIFE & HEALTH CO ## | 95604 | Y | BEST LIFE | | FALSE | G | BOTH |
| | | | | For claims rejections, please contact Better Health of Florida at 1-800-514-4561 and select the provider services option. | | | |
| Better Health Plan of Florida ** | 20488 | N | BETER HP OF FL | | FALSE | G | BOTH |
| BCBSMN Blue Plus Medicaid ** | 00562 | N | BCBSMN BLUE | | FALSE | G | BOTH |
| BHP Unity ** | 44219 | Y | BHP UNITY | | FALSE | G | BOTH |
| BHSF International ## | 67668 | Y | BHSF INTERNATIONAL | | FALSE | G | BOTH |
| BIENVIVIR SENIOR HEALTH SERVICES ## | 12X40 | Y | BIENVIVIR SR | | FALSE | G | BOTH |
| BIND (UHC Choice Plus Multiplan) ## | 25463 | Y | BIND | | FALSE | G | BOTH |
| | | | | South Carolina Payer | | | |
| Blue Choice Medicaid ## | 00403 | N | BLUE CHOICE MCAID | | FALSE | N | BOTH |
| Blue Cross Blue Shield Of Western New York ** | N1BLS | Y | BC WESTERN NY | | FALSE | G | BOTH |
| Blue Cross Blue Shield of Wisconsin ** | WIBLS | Y | WI BLUE SHIELD | | FALSE | N | BOTH |

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| Blue Cross Community Options ## | MCDIL | Y | ILLINOIS BCBS ICP | Formerly knows as Illinois BCBS ICP, with a payerID of 00621 | FALSE | G | BOTH |
| Blue Cross Complete of Michigan, LLC ** | 32002 | Y | BLUE CROSS COMPLE | | FALSE | G | BOTH |
| Blue Cross Medicare Advantage of Montana, Illinois, Texas and Oklahoma | 66006 | N | BC MCARE ADV MIT | For DOS 01-01-2017 and later and for Alpha prefixes YDL, YDJ, XOD, XOJ, ZGD, ZGJ, YID, YIJ, YUX, YUB | FALSE | N | BOTH |
| Blue Cross of Alabama ** | ALBLS | Y | AL BLUE SHIELD | | FALSE | N | BOTH |
| Blue Cross of Alaska ** | 12B47 | Y | BC OF AK | | FALSE | N | BOTH |
| Blue Cross of Arizona | 53589 | Y | AZ BLUE SHIELD | | FALSE | N | BOTH |
| Blue Cross of Arkansas ** | 00520 | Y | BC OF AR | | TRUE | N | BOTH |
| Blue Cross of Colorado | 15491 | Y | BC OF CO | | FALSE | N | BOTH |
| Blue Cross of Connecticut | 35341 | Y | BC OF CT | | FALSE | N | BOTH |
| Blue Cross of Florida | 00590 | Y | BC OF FL | | FALSE | N | BOTH |
| Blue Cross of Georgia | 35371 | Y | BC OF GA | | FALSE | N | BOTH |
| Blue Cross of Idaho ** | 12B07 | Y | BC OF ID | | TRUE | N | BOTH |
| Blue Cross of Illinois ** | 00621 | Y | BC OF IL | | FALSE | N | BOTH |
| Blue Cross of Indiana ** | 00160 | Y | BC OF IN | | FALSE | N | BOTH |
| Blue Cross of Kansas ** | KSBLS | Y | KS BLUE SHIELD | | FALSE | N | BOTH |
| Blue Cross of Kansas City ** | KCBLS | Y | KC BLUE SHIELD | | FALSE | N | BOTH |
| Blue Cross of Kentucky | 00160 | Y | BC OF KY | | FALSE | N | BOTH |
| Blue Cross of Louisiana ## | 12B12 | Y | BC OF LA | | TRUE | N | BOTH |
| Blue Cross of Maine ** | 12B13 | Y | BC OF ME | | FALSE | N | BOTH |
| Blue Cross of Maryland | 12011 | Y | BC OF MD | | FALSE | G | BOTH |
| Blue Cross of Massachusetts ** | 00200 | Y | BC OF MA | | FALSE | N | BOTH |
| Blue Cross of Minnesota | 00220 | Y | BC OF MI | | FALSE | N | BOTH |
| Blue Cross of Mississippi ** | 12B17 | Y | BC OF MS | | FALSE | N | BOTH |
| Blue Cross of Missouri ** | 12B65 | Y | BC OF MO | | FALSE | N | BOTH |
| Blue Cross of Missouri - Kansas City, Missouri | 55691 | Y | BC OF MO | | TRUE | N | BOTH |
| Blue Cross of Nebraska | 00260 | Y | BC OF NE | | FALSE | G | BOTH |
| Blue Cross of Nevada | 00265 | Y | BC OF NV | | FALSE | G | BOTH |
| Blue Cross of New Hampshire | 00770 | Y | BC OF NH | | FALSE | N | BOTH |
| Blue Cross of New Jersey Horizon | 55261 | Y | BC OF NJ | | TRUE | N | BOTH |
| Blue Cross of New Mexico ** | 00790 | Y | BC OF NM | | FALSE | N | BOTH |
| Blue Cross of New York City (Empire) ** | 12B36 | Y | NY BC EMPIRE | | FALSE | N | BOTH |
| Blue Cross of New York of Central | 12B37 | Y | NY BC CENTRAL | | FALSE | N | BOTH |
| Blue Cross of New York of Utica, Watertown ** | 12B38 | Y | BC OF UTICA | | FALSE | N | BOTH |
| Blue Cross of New York State ** | 12B35 | Y | BC OF NY | | FALSE | N | BOTH |
| Blue Cross of North Carolina ** | 12B23 | Y | BC OF NC | | FALSE | N | BOTH |
| Blue Cross of North Dakota ** | 12B78 | Y | BC OF ND | | TRUE | N | BOTH |
| Blue Cross of Ohio ** | 00332 | Y | ANTHEM OH | | FALSE | N | BOTH |
| Blue Cross of Oklahoma ** | 00840 | Y | BC OF OK | | FALSE | N | BOTH |
| Blue Cross of Oregon Regence ** | 00851 | N | BC OF OR | | FALSE | G | BOTH |
| Blue Cross of Pennsylvania Capital ** | 12B60 | Y | BC OF PA | | TRUE | N | BOTH |
| Blue Cross of Pennsylvania Western/Central Highmark ** | 12B81 | Y | BC OF HIGHMARK | | TRUE | N | BOTH |
| Blue Cross of Rhode Island ** | 12B74 | Y | BC OF RI | | FALSE | N | BOTH |
| Blue Cross of South Carolina ** | 12B55 | Y | BC OF SC | | FALSE | N | BOTH |
| Blue Cross of Tennessee | 55131 | Y | BC OF TN | | TRUE | N | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Blue Cross of Texas | 84980 | Y | HCSC INSURANCE SE | | FALSE | G | BOTH |
| Blue Cross of Utah ** | 12B42 | Y | BC OF UT | | TRUE | G | BOTH |
| Blue Cross of Utah - FEP ** | 12B1E | Y | BC OF UT | | TRUE | G | BOTH |
| Blue Cross of Vermont ** | 12B32 | Y | BC OF VT | | FALSE | N | BOTH |
| Blue Cross of Washington (Premera) ** | 00934 | Y | BC OF WA | | FALSE | N | BOTH |
| Blue Cross of West Virginia ** | 12B28 | Y | BC OF WV | | FALSE | N | BOTH |
| Blue Shield of California | 94036 | Y | CA BLUE SHIELD | | FALSE | G | BOTH |
| BLUECROSS BLUESHIELD (BCBS) IL HCSC ** | 00621 | Y | BC OF IL | | FALSE | N | BOTH |
| BLUECROSS BLUESHIELD (BCBS) NM HCSC ** | 00790 | T | BC OF NM | | FALSE | N | BOTH |
| BLUECROSS BLUESHIELD (BCBS) OK HCSC ** | 00840 | Y | BC OF OK | | FALSE | N | BOTH |
| BMC Health Net Plan | 13337 | Y | BOSTON MED CENTER | | FALSE | G | BOTH |
| Boilermakers National Health & Welfare Fund ## | 36609 | Y | BOILERMAKERS NATL | | FALSE | G | BOTH |
| Boncura Health Solutions (Dupage Medical Group) | DMG01 | N | BONCURA HEALTH | | FALSE | G | BOTH |
| Boon-Chapman Benefit Administrators, Inc. ## | 74238 | Y | BOON CHAPMAN | | FALSE | G | BOTH |
| Brand New Day (Encounters) ## | UC001 | N | BRAND NEW ENC | | FALSE | G | BOTH |
| Brand New Day (FFS) ## | UC002 | N | BRAND NEW FFS | | FALSE | G | BOTH |
| | | | | Formerly known as Elder Health Inc, serving members in PA, MA, DE, TX and WA DC. Not to be cofused with Elder Plan in NY. | | | |
| Bravo Health | 52192 | Y | BRAVO HEALTH | | FALSE | T | BOTH |
| BridgeSpan ## | BRIDG | N | BRIDGESPAN | | FALSE | G | BOTH |
| BRIDGEWAY NETWORK ** | 68069 | Y | BUCKEYE COMM HLTH | | FALSE | G | BOTH |
| Bright Health Advantage Plan ## | BRT01 | N | BRIGHT HEALTH | | FALSE | G | BOTH |
| Brighton Health Plan Solutions (formerly MAGNACARE) ## | 11303 | Y | MAGNACARE | | FALSE | G | BOTH |
| BritCay ## | 22286 | N | BRITCAY | | FALSE | G | BOTH |
| Brokerage Concepts, Inc. ** | 51037 | Y | BROCKERAGE CONCEP | | FALSE | G | BOTH |
| Brown & Toland Medical Group ## | 94316 | Y | BROWN TOLAND | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| | | | | Prior to submitting claims, please call Provider Relations Dept at 1-866-296-8731 to verify your provider info is on the file in the claim system. This will prevent rejections and allow payments to be made in a timely manner. | | | |
| Buckeye Community Health ** | 68069 | Y | CA HEALTH WELLNES | | FALSE | G | BOTH |
| Butler Benefits ## | 42150 | N | BUTLER BENEFITS | | FALSE | T | BOTH |
| C3 Health (fka Access Health Inc.) | A1680 | N | ACCESS HEALTH PLA | | FALSE | G | BOTH |
| California Anthem Blue Cross ** | 47198 | Y | BC OF CA | | FALSE | N | BOTH |
| California Blue Cross ** | 47198 | Y | BC OF CA | | TRUE | N | BOTH |
| California Health & Wellness ** | 68069 | Y | CA HLTH W | | FALSE | G | BOTH |
| California Home Health and Hospice ** | 12M98 | N | CALIFORNIA HOME | | TRUE | N | BOTH |
| California IPA ## | AMM14 | N | CALIFORNIA IPA | | FALSE | G | BOTH |
| Cal-Optima Direct ## | CALOP | Y | CALOPTIMA DIRECT | | FALSE | G | BOTH |
| | | | | Claims for Payer address of Metairie, LA ONLY | | | |
| CANNON COCHRAN MANAGEMENT SERVICES INC ## | 71057 | Y | CANNON COCHRAN | | FALSE | G | BOTH |
| CANNON COCHRAN MGMT ## | 37105 | Y | CANNON COCHRAN | | FALSE | G | BOTH |
| CAP Management Systems ** | 95399 | N | CAP MANAGEMENT | | FALSE | G | BOTH |
| Capital Community Health Plan | 87726 | Y | CAPITAL COMM | | FALSE | C | BOTH # |
| Capital District Physicians Health Plan | 12X03 | Y | CAPITAL DIST | | FALSE | G | BOTH |
| Capital Health Plan | 95112 | Y | CAPITAL HEALTH PL | | FALSE | C | BOTH |
| Capitol Administrators ## | 68011 | Y | CAPITOL ADMINISTR | | FALSE | G | BOTH |
| Caprock Health Plan ** | CAPHP | N | CAPROCK HEALTH PL | | FALSE | G | BOTH |
| Cardinal Innovations (Formerly Piedmont Behavioral Health) ## | 06607 | Y | CARDINAL INNOVATI | | FALSE | G | BOTH |
| Cardiovascular Care Providers ## | GCVCP | Y | CARDIOVASCULAR CA | | FALSE | G | BOTH |
| Care4Kids (WI Medicaid plans) ** | 39113 | N | CARE4KIDS | | FALSE | G | BOTH |
| Care Access PSN ## | 12K89 | N | CARE ACCESS PSN | | FALSE | N | BOTH |
| Care Around the Clock ## | 57721 | Y | CARE AROUND CLOCK | | FALSE | G | BOTH |
| Care First Health Plan of AZ ## | 57116 | Y | AZ CARE FIRST HP | | FALSE | G | BOTH |
| Care First Health Plan of CA ## | 57115 | N | CARE 1ST HP OF CA | | FALSE | G | BOTH |
| Care N Care ## | 66010 | Y | CARE N CARE | | FALSE | G | BOTH |
| Care Oregon ## | 93975 | N | CAREOREGON INC | | FALSE | G | BOTH |
| Care to Care ## | 41222 | N | CARE TO CARE | | FALSE | G | BOTH |
| Care Wisconsin Health Plan (Trizetto) ## | 27004 | N | CARE WI HEALTH PL | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|--------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| CareCentrix ## | 11345 | Y | CARECENTRIX | Enrollment required prior to claim submission, please contact EDIInfor@carecentrix.com | FALSE | G | BOTH |
| CareCore Aetna Radiology | 14179 | Y | CARECORE NATIONAL | | FALSE | G | BOTH |
| CareCore National | 14182 | Y | CARE CORE NATIONAL | | FALSE | G | BOTH |
| CareCore Oxford Radiology | 14180 | Y | CARECORE OXFORD | | FALSE | G | BOTH |
| Carefirst BCBS NCA ## | 12000 | Y | CAREFIRST BCBS | Includes coverage for DC and Northern Virginia | FALSE | G | BOTH |
| CarePlus Health Plan ## | 95092 | Y | CAREPLUS HEALTH | | FALSE | G | BOTH |
| Clover Health (FKA Carepoint Health Plan payer ID 77023) ## | 13285 | Y | CAREPOINT HEALTH | | FALSE | G | BOTH |
| CareSource IN ** | INCS1 | Y | CARESOURCE IN | | FALSE | G | BOTH |
| CareSource KY ** | KYCS1 | Y | CARESOURCE KY | | FALSE | G | BOTH |
| CareSource OH ** | 31114 | R | CARESOURCE OH | | FALSE | G | BOTH |
| CareSource WV ## | WVCS1 | Y | CARESOURCE WV | | FALSE | G | BOTH |
| Cariten Commercial | 62073 | Y | CARITEN COMM | | FALSE | G | BOTH |
| Cariten Senior Health | 62072 | Y | CARITEN SENIOR | | FALSE | G | BOTH |
| Carolina Behavioral Health Alliance ## | 56215 | N | CAROLINA BEHAV HL | | FALSE | G | BOTH |
| Carolina Care Plan ** | 29076 | Y | CAROLINA CARE | Carolina Care Plan is part of Medical Mutual Family of Companies | FALSE | G | BOTH |
| Carolina Summit Healthcare, Inc. ## | 56195 | Y | CAROLINA SUMMIT | | FALSE | G | BOTH |
| CBHNP - Health Choices ## | 65391 | Y | CBHNP HEALTH CHOI | | FALSE | G | BOTH |
| CBSA ## | 41124 | Y | CBSA | | FALSE | G | BOTH |
| CDO Technologies ## | 83028 | N | MBA BENEFIT ADMIN | | FALSE | G | BOTH |
| CDS GROUP HEALTH ## | 88022 | Y | CDS GROUP HEALTH | | FALSE | G | BOTH |
| Cedar Valley Community Health Plan ## | SISCO | N | SISCO | | FALSE | G | BOTH |
| Cedars-Sinai Medical Network Services ## | 95166 | Y | CEDARS SINAI CLAI | | FALSE | G | BOTH |
| Celtic Health Insurance ** | 68063 | N | CELTIC HEALTH | | FALSE | G | BOTH |
| CeltiCare ** | 68069 | Y | CAROLINA CRESCENT | | FALSE | G | BOTH |
| Cement Masons & Plasterers Health & Welfare Trust -Group #F16 ## | 91136 | Y | CEMENT GRP F16 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Cenpatico ** | 68068 | Y | CENPATICO | | FALSE | G | BOTH |
| CENPATICO ARIZONA ** | 68068 | Y | CENPATICO KANSAS | | FALSE | G | BOTH |
| Cenpatico Behavior Health ** | 68068 | Y | CENPATICO | | FALSE | G | BOTH |
| Cenpatico Florida Behavioral Health ** | 68068 | Y | CENPATICO BHAV WI | | FALSE | G | BOTH |
| CENPATICO GEORGIA ** | 68068 | Y | CENPATICO BH AZ | | FALSE | G | BOTH |
| CENPATICO INDIANA ** | 68068 | Y | CENPATICO FL BHV | | FALSE | G | BOTH |
| Cenpatico Kansas ** | 68068 | Y | CENPATICO INDIANA | | FALSE | G | BOTH |
| Cenpatico Massachusetts ** | 68068 | Y | CENPATICO MASSACH | | FALSE | G | BOTH |
| Cenpatico Ohio ** | 68068 | Y | CENPATICO OHIO | | FALSE | G | BOTH |
| CENPATICO TEXAS ** | 68068 | Y | ILLINICARE BH | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Centene Advantage Plans ** | 68069 | Y | CELTICARE | Claims for former payer ID 95567 with DOS on or after 1/1/18 | FALSE | G | BOTH |
| Center for Elders Independence ** | 94312 | Y | CNTR FOR ELDER | | FALSE | G | BOTH |
| Center for Healthy Living ** | CPHL1 | Y | CTR HLTH LIVING | | FALSE | G | BOTH |
| CenterCare | 13357 | Y | CENTERCARE | | FALSE | G | BOTH |
| CenterLight Healthcare ** | 13360 | N | CENTERLIGHT HC | | FALSE | G | BOTH |
| CenterPoint Human Services ** | 56122 | Y | CENTIVO | | FALSE | G | BOTH |
| Centivo## | 45564 | N | CENTERPOINT HUMAN | | FALSE | G | BOTH |
| Centra Healthplan ## | 75196 | Y | CENTRA HEALTH | (Formerly Health Economics Corp.) | FALSE | C | BOTH # |
| Centra Healthplan ** | 75243 | Y | CENTRA HEALT | [Formerly Centra Benefits of Texas (MS, TX, WA)] | FALSE | C | BOTH # |
| Central Benefits Life aka HealthScope Benefits ** | 31118 | Y | CENTRAL BENEFITS | | FALSE | G | BOTH |
| Tribute Health Plan (FKA Central Benefits Mutual) ** | 61184 | Y | TRIBUTE HEALTH PL | | FALSE | G | BOTH |
| Central Benefits National ** | 31118 | Y | CENTRAL BENEFIT | | FALSE | T | BOTH |
| Central California Alliance ** Call CCA EDI support at 831-430-5510 prior to submitting claims for first time | 12K82 | N | CENTRAL CA | | FALSE | G | BOTH |
| Central Mass Heath Care ** | 02041 | Y | HEALTHSOURCE MASS | | FALSE | G | BOTH |
| Central Reserve Life Insurance Company ** | 13193 | Y | CENTRAL RESERVE L | Formerly Loyal American Life | FALSE | G | BOTH |
| Central States Health & Welfare Funds ## | 36215 | Y | CENTRAL STATES SO | | FALSE | G | BOTH |
| Central Valley Medical Group ** | 77035 | Y | SUTTER CNTRL CLAI | | FALSE | G | BOTH |
| Century PHO ## | 36393 | N | CENTURY PHO | | FALSE | G | BOTH |
| CHAMPVA - HAC ** | 84146 | Y | CHAMPVA HAC | | FALSE | G | BOTH |
| Chesterfield Resources, Inc. ## | 34154 | Y | THE CHESTERFIELD | | FALSE | G | BOTH |
| Children's Community Health Plan (WI Medicaid plans) ** | 39113 | N | CHILDRENS COMM HP | | FALSE | N | BOTH |
| Children's Community Health Plan Wisconsin ## | 251CC | Y | CHILD COMM HP WI | | FALSE | G | BOTH |
| Childrens Medical Center Health Plan ## | CMCHP | N | CHILD MED CENT HP | | FALSE | G | BOTH |
| Chino Valley Medical Group ## | CVMC1 | Y | CHINO VALLEY | | FALSE | G | BOTH |
| CHOC Childrens Hosp of Orange Cty Health Alliance ## | 33065 | Y | CHOC HEALTH ALLIA | | FALSE | G | BOTH |
| CHP/RPU (FABOH) ** | 39112 | Y | CHP RPU FABOH | (Facility physical address required on claim.) | FALSE | C | BOTH |
| Christian Brothers Services | 38308 | N | CHRISTIAN BROTHER | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| | | | | Providers should check the member ID card and use the Household ID value as the member ID when submitting claims electronically | | | |
| Christian Care Ministries ## | 59355 | N | CHRISTIAN CARE MI | | FALSE | G | BOTH |
| Christie Student Health Plans ## | 75544 | Y | CHRISTIE STUDENT | | FALSE | G | BOTH |
| Christus Health Medicare Advantage ## | 10629 | Y | CHRISTUS HLTH MC | | FALSE | G | BOTH |
| Christus Health New Mexico, HIX ## | 21062 | N | CHRISTUS HLTH NM | | FALSE | G | BOTH |
| Christus Health Plan HIX ## | 52106 | Y | CHRISTUS HLTH HIX | | FALSE | G | Both |
| Christus Health Plan Medicaid ## | 45210 | Y | CHRISTUS HLTH MED | | FALSE | G | BOTH |
| CIGNA | 62308 | Y | CIGNA-PPO | | FALSE | C | BOTH # |
| CIGNA - PPA | 62308 | Y | CIGNA HEALTH HMO | | FALSE | C | BOTH # |
| CIGNA - PPO | 62308 | Y | CIGNA PREMIER PLU | | FALSE | C | BOTH # |
| CIGNA Behavioral Health | MCCBV | Y | CIGNA BEHAVIORAL | | FALSE | C | BOTH # |
| CIGNA Health Plan - HMO | 62308 | Y | EQUICOR | | FALSE | C | BOTH # |
| CIGNA Medicare Advantage | 86033 | Y | CIGNA AZ SR HLTH | | FALSE | G | BOTH |
| CIGNA Senior | 86033 | Y | CIGNA SENIOR | | FALSE | G | BOTH |
| Cincinnati Financial Corporation ** | 37283 | Y | CINNCINNATI FINAN | | FALSE | G | BOTH |
| Circle Care of NY ** | 33884 | Y | ICIRCLE NEW YORK | | FALSE | G | BOTH |
| Citrus Health Plan | 10207 | Y | CITRUS HEALTH CAR | | FALSE | C | BOTH |
| ClaimsBridge HPN ** | 11752 | N | CLAIMSBRIDGE HPN | | FALSE | T | BOTH |
| Claimshop- Employers Coalition on Health ## | 27008 | N | EHC EMPLOYERS HEA | | FALSE | G | BOTH |
| Claimsware Inc. DBA ManageMed ## | 57080 | Y | CLAIMSWARE INC | | FALSE | G | BOTH |
| Clarian Health Plans ## | 95444 | N | CLARIAN HEALTH PL | | FALSE | G | BOTH |
| Clear Health Alliance ## | CLEAR | N | CLEAR HEALTH | | FALSE | G | BOTH |
| CMHC ** | 02041 | Y | HEALTHSOURCE MASS | | FALSE | G | BOTH |
| CNA Health Partners ## | 71063 | Y | CNA HEALTH | | FALSE | T | BOTH |
| Coastal Administrative Services ** | 77052 | N | COASTAL ADMIN SVC | | FALSE | G | BOTH |
| Colonial Medical ## | 22284 | N | COLONIAL MEDICAL | | FALSE | G | BOTH |
| Colorado Access ## | 84129 | Y | COLORADO ACCESS | | FALSE | G | BOTH |
| Colorado Community Health Alliance ** | COCHA | Y | CO COMM HLTH ALLI | | FALSE | N | BOTH |
| Colorado Health Insurance Cooperative ## | 49718 | Y | CO HLTH INS COOP | | FALSE | G | BOTH |
| COMMERCE BENEFITS GRP ## | 34181 | Y | COMMERCE BENEFITS | | FALSE | G | BOTH |
| Common Ground Healthcare Cooperative ## | 77170 | Y | COMMON GROUND HC | | FALSE | N | BOTH |
| Commonwealth Care Alliance ## | 14315 | Y | COMMONWEALTH | | FALSE | G | BOTH |
| Community Care Behavioral Health Organization ## | 25179 | Y | COMM CARE BEHAVIO | | FALSE | G | BOTH |
| Community Care BHO | 23282 | Y | COMMUNITY CARE BH | | FALSE | G | BOTH |
| Community Care Managed Health Care Plans of Oklahoma ** | 73143 | Y | COMMUNITY CARE OK | | FALSE | G | BOTH |
| Community Care Organization ## | 39126 | Y | COMMUNITY CARE WI | Pilot (in testing) | FALSE | G | BOTH |
| Community First I Par Plus | COMMF | Y | COMMUNITY FIRST H | | FALSE | G | BOTH |
| Community Care Plan(Palm Beach Health District) ## | PBHD1 | Y | CCP PALM BEACH | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
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| Community Health ## | 60495 | N | COMMUNITY HEALTH | | FALSE | G | BOTH |
| Community Health Alliance ## | 35193 | Y | COM HLTH ALLIANCE | | FALSE | G | BOTH |
| Community Health Alliance TN ## | 27905 | N | COMMUNITY HLTH TN | | FALSE | G | BOTH |
| Community Health Choice | 48145 | Y | COMM HEALTH CHOIC | | FALSE | G | BOTH |
| Community Health Electronic Claims/CHEC/webTPA ## | 75261 | N | CHEC TPA CLAIMS | | FALSE | G | BOTH |
| Community Health Plan of Washington ** | CHPWA | Y | COMM HLTH OF WA | | FALSE | G | BOTH |
| CompManagement Health ** | 15243 | Y | COMPMANAGEMENT HE | | FALSE | G | BOTH |
| COMP-Ohio (Austintown, Ohio) ## | 34177 | A | COMPENSATION PROG | | FALSE | G | BOTH |
| Comprehensive Benefits Administrators, Inc ## | 03036 | Y | CBA BLUE | | FALSE | G | BOTH |
| ComPsych ## | U7363 | N | COMPSYCH | | FALSE | G | BOTH |
| Concordia Care Inc ## | 33632 | Y | CONCORDIA CARE IN | | FALSE | G | BOTH |
| CONNECTICARE ## | 78375 | Y | CONNECTICARE MCAR | | FALSE | G | BOTH |
| ConnectiCare, Inc ** | 06105 | Y | CONNECTICARE | | FALSE | G | BOTH |
| Connecticut Carpenters Health Fund ## | 37307 | N | CT CARPENTERS HLT | | FALSE | G | BOTH |
| Connecticut General (CIGNA) | 62308 | Y | EQUICOR-PPO | | FALSE | C | # |
| Consociate Group ** | 37135 | Y | CONSOCIATE GROUP | | FALSE | G | BOTH |
| Consolidated Health Plans ## | 87843 | N | CONSOLIDATED HPS | | FALSE | G | BOTH |
| Constitution State / Travelers ## | 19046 | N | CONSTITUTION STAT | | FALSE | G | BOTH |
| Consumers Choice Health SC ** | 45321 | A | CONSUMERS CHCE SC | | FALSE | G | BOTH |
| Contessa Health ## | CH201 | N | CONTESSA HEALTH | | FALSE | G | BOTH |
| Contessa Health Security Health Plan ## | CH101 | N | CONTESSA SEC HLT | | FALSE | G | BOTH |
| Conversion Plan - APWU | 55544 | y | CONVERSION PLAN | Claims are printed and mailed to the payer.; For conversion plan members only. If filing a claim for a federal plan member, please use payer ID 44444 | FALSE | G | BOTH |
| Cook Childrens Health Plan CHIP ** | CCHP1 | N | COOK CHILDRENS HP | | FALSE | G | BOTH |
| Cook Childrens Health Plan Star ** | CCHP9 | N | COOK CHILDRENS ST | | FALSE | G | BOTH |
| Cook Group Health Plan ## | 35149 | Y | COOK GRP HLTH PLA | | FALSE | G | BOTH |
| COOPERATIVE MANAGE CARE SERVICES, INC ## | 35199 | Y | MDWISE SELECT HN | | FALSE | G | BOTH |
| Coordinated Benefit Plan ** | 14829 | N | COORDINATED BENE | | FALSE | G | BOTH |
| CORE MGMT RESORCE GRP ## | 58231 | Y | CORE MGMT RESOR | | FALSE | G | BOTH |
| CoreSource Internal #3 | 35187 | Y | CORESOURCE | | FALSE | G | BOTH |
| CoreSource Little Rock ## | 75136 | Y | CORESOURCE LR | | FALSE | G | BOTH |
| CoreSource of PA, MD, IL ** | 35182 | Y | CORESOURCE | | FALSE | G | BOTH |
| CORESOURCE OH ** | 35183 | Y | CORESOURCE OF OH | Submit claims where address is in Ohio. For assistance 800-689-0106 | FALSE | G | BOTH |
| CoreStar ** | 35182 | Y | IL CORESOURCE | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
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| Corizon Health, Inc ## | CORIZ | R | CORIZON HEALTH IN | Corizon, Inc claims with address of Brentwood, TN should be submitted to this Payer ID | FALSE | G | BOTH |
| Cornerstone Benefit Administrators ** | 35202 | Y | CORNERSTONE BENEF | | FALSE | G | BOTH |
| Corporate Benefit Services of America ## | 41124 | Y | CBSA | | FALSE | G | BOTH |
| Corporate Plan Management Inc. ** | 64270 | Y | CORP PLAN MANAGEM | | FALSE | G | BOTH |
| CorrectCare Integrated Health | LADOC | Y | CORRECTCARE LA | | FALSE | G | BOTH |
| Correctional Medical Services ## | 43160 | Y | CORRECTIONAL MEDI | | FALSE | G | BOTH |
| CORSOLUTIONS ## | 75235 | Y | EMPLOYERS DIR FI | | FALSE | G | BOTH |
| County Care ## | 06541 | Y | COUNTY CARE | Valid for Behavioral Health and Medical claims with a DOS after 4/1/16 | FALSE | G | BOTH |
| County Care ## | 42138 | Y | COUNTY CARE | Valid for Behavioral Health claims with a DOS prior to 4/1/16 | FALSE | G | BOTH |
| County Care ## | 42139 | Y | CENTENE IPA | Valid for Medical Claims with a DOS prior to 4/1/16 | FALSE | G | BOTH |
| Covenant Administrators ## | 58102 | Y | COVENANT ADMINIST | | FALSE | G | BOTH |
| Covenant Management System Employee Benefit I Par Plus | CMSEB | Y | COVENANT MANG | | FALSE | T | BOTH |
| Coventry Health Care (Coventry old Legacy Payer ID's are still accepted) | 25133 | Y | COVENTRY HEALTH | | FALSE | G | BOTH |
| Coventry Health Care of Florida ** | 128FL | Y | COVENTRY HC FL | | FALSE | G | BOTH |
| CoverColorado | CHCNT | N | COVERCOLORADO | | FALSE | P | BOTH |
| Cox Health Plan ## | 00119 | N | COX HEALTH PLAN | | FALSE | G | BOTH |
| Creative Medical Systems ## | 64068 | Y | CREATIVE MEDICA | | FALSE | G | BOTH |
| Creative Plan Administrators ## | 37320 | Y | CREATIVE PLAN ADM | | FALSE | G | BOTH |
| Crescent Health Solutions ** | 56213 | N | CRESCENT HEALTH | | FALSE | G | BOTH |
| Crystal Run Health Plans ** | 46430 | Y | CRYSTAL HEALTH | | FALSE | G | BOTH |
| CSI Network Services ## | 34186 | N | CSI NETWORK SVCS | | FALSE | G | BOTH |
| CTI Administrators Inc. ** | 42141 | N | CTI ADMINISTRATOR | | FALSE | G | BOTH |
| Custom Design Benefits Inc. ## | 82056 | Y | CUSTOM DESIGN BE | | FALSE | G | BOTH |
| D.H. EVANS & ASSOC. | CALL | N | DH EVANS | Call Jessica Picarde @ 410-349-3222 for Payer ID | FALSE | G | BOTH |
| DakotaCare | DAK01 | Y | DAKOTACARE | | FALSE | G | BOTH |
| Dart Member Care ## | CB987 | N | DART MEMBER CARE | | FALSE | G | BOTH |
| Dean Health Plan ** | 39113 | N | DEAN HEALTH | | FALSE | N | BOTH |
| Definity Health Plan (UnitedHealthcare) ** | 87726 | Y | DEFINITY HEALTH | | FALSE | C | BOTH # |
| DELTA HEALTH SYSTEMS ** | 94235 | N | DELTA HEALTH | | FALSE | G | BOTH |
| DENVER HEALTH MED PLN ## | 84135 | N | DENVER HEALTH MED | | FALSE | G | BOTH |
| DENVER HEALTH MEDICAID CHOICE | 84133 | Y | DENVER HEALTH HOS | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|---|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Department of Labor ## | J1438 | Y | DEPT OF LABOR | | FALSE | N | BOTH |
| Deseret Mutual/DMBA ** | 12X35 | N | DESERET MUTUAL | | TRUE | N | BOTH |
| Devoted Health ** | DEVOT | A | DEVOTE | | FALSE | G | BOTH |
| Dignity Global ** | MPM27 | N | DIGNITY GLOBAL | | FALSE | G | BOTH |
| Dignity HCLA** | MPM28 | N | DIGNITY HCLA | | FALSE | G | BOTH |
| Dignity Health - Sacramento Hospital claim shop for Mercy Medical Group, Woodland Clinic Medical Group and Hill Physicians Medical group (hospital risk) ## | HOSH1 | N | DIGNTY HLTH HOSH1 | | FALSE | P | BOTH |
| Dignity Health Medical Foundation for Mercy Medical Group or Woodland Clinic Medical Group (professional risk) ## | PROH1 | N | DIGNTY HLTH PROH1 | | FALSE | P | BOTH |
| Dignity Health Medical Foundation for Sequoia Physicians Network (professional risk) ## | PROH2 | N | DIGNTY HLTH PROF2 | | FALSE | P | BOTH |
| | | | | Verify the Payer ID, Member ID, Payer City, and State before submitting claims | | | |
| DIVERSIFIED GROUP BKG ## | 06102 | Y | DIVERSIFIED GROUP | | FALSE | G | BOTH |
| Doctors Healthcare Plan ** | DRHCP | A | DOCTORS HEALTH | | FALSE | G | BOTH |
| Driscoll Childrens Health Plan ## | 74284 | Y | DRISCOLL CHILDREN | | FALSE | G | BOTH |
| E. S. Beveridge and Associates ## | 34108 | N | ES BEVERIDGE AND | | FALSE | G | BOTH |
| East Boston Neighborhood Pace ## | 25849 | N | E BOSTON PACE | | FALSE | G | BOTH |
| East Carolina Behavioral Health ## | 56089 | Y | E CAROLINA BH | | FALSE | G | BOTH |
| Eastern Main Healthcare Systems (EMHS) | | | | | | | |
| Employee Health Plan** | 16565 | N | EMHS | | FALSE | G | BOTH |
| Easy Choice HP of NY ** | 14163 | Y | EASY CHOICE | | FALSE | G | BOTH |
| | | | | Please call (440) 262-1160 to obtain the payerID. | | | |
| EBC INC | CALL | Y | EBC INC | | FALSE | G | BOTH |
| Eberle Vivian ## | EVO01 | Y | EBERLE VIVIAN | | FALSE | G | BOTH |
| EBMS (Employee Benefit Management Services, Inc) ## | 12X44 | Y | EBMS | | FALSE | G | BOTH |
| Educators Mutual (EMIA) ** | SX110 | N | EDUCATORS MUTUAL | | FALSE | N | BOTH |
| El Paso First - CHIP I Par Plus | EPF03 | Y | ELPASO FIRST CHIP | | FALSE | G | BOTH |
| El Paso First Health Plan HCO Healthcare Options ** | EPF37 | N | EL PASO HLTH | | FALSE | G | BOTH |
| | | | | Now known as Bravo Health | | | |
| Elder Health HMO of Pennsylvania | 52192 | Y | BRAVO HEALTH | | FALSE | T | BOTH |
| Elder Service Health Plan of the North Shore ## | 04326 | Y | ELDER SVC N SHORE | | FALSE | G | BOTH |
| | | | | Provider ID required on all claims | | | |
| ELDERPLAN ## | 31625 | Y | ELDERPLAN INC | | FALSE | G | BOTH |
| Elmcare L.L.C. | NAELM | Y | ELMCARE | | FALSE | G | BOTH |
| ELMCO ## | 37253 | Y | ELMCO | | FALSE | G | BOTH |
| Emerald Health Network, Inc. (All PPO Business) ## | 34167 | Y | EMERALD HEALTH | | FALSE | G | BOTH |
| Empire Plan (UnitedHealthcare) ** | 87726 | Y | EMPIRE PLAN | | FALSE | C | # |
| Employee Benefit Concepts MI ## | 38241 | Y | EMP BENE CONCEPTS | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Employee Benefit Consultants ## | CALL | A | EMPLOYEE BENE | (To obtain the payer ID, please call (440) 262-1160.) | FALSE | G | BOTH |
| Employee Benefit Corporation ## | 37215 | Y | EMPLOYEE BENE | | FALSE | G | BOTH |
| Employee Benefit Management Corp. (EBMC) ** | 31074 | Y | EMP BENEFIT MGMT | | FALSE | G | BOTH |
| Employee Benefit Services ** | 37216 | Y | EMPLOYEE BENE | | FALSE | G | BOTH |
| Employee Benefit System ## | 42149 | Y | EMPLOYEE BENE SYS | | FALSE | G | BOTH |
| Employee Benefits Plan Administration, Inc | 03036 | Y | COMPREHENSIVE BEN | | FALSE | G | BOTH |
| Employee Logistics ## | 92135 | N | EMPLOYEE LOGIST | | FALSE | G | BOTH |
| Employee Plans, LLC ## | 35112 | Y | EMPLOYEE PLAN | | FALSE | G | BOTH |
| Employees Mutual (EMC) ## | 21415 | N | EMPLOYEES MUTUAL | | FALSE | G | BOTH |
| Employers Direct Health ## | 75236 | Y | EMPLOYERS DIRECT | | FALSE | G | BOTH |
| EMPLOYER'S DIRECT SF ## | 75233 | Y | EMPLOYERS DIR SF | | FALSE | G | BOTH |
| Employers Insurance of Wausau - aka Wausau (Now known as UMR Wausau/UHIS) ** | 39026 | Y | UMR WAUSAU | | FALSE | C | BOTH # |
| Employers Mutual, Inc (FL) ## | 59298 | Y | EMPLOYERS MUTUAL | | FALSE | G | BOTH |
| Empower Arkansas ## | 12956 | Y | EMPOWER | | FALSE | G | BOTH |
| Encore Health Network | 35206 | N | ENCORE HEALTH NET | | FALSE | G | BOTH |
| Enstar Natural Gas - Group # P61 ## | 91136 | Y | ENSTAR GAS GRPP61 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Entrust ## | 36878 | Y | ENTRUST | | FALSE | G | BOTH |
| Epic Life Ins. (Wisconsin Physician Services) ** | 12X29 | Y | EPIC LIFE INS | Subscriber id = 9 digits, WPS Provider id qualifier - G2 | FALSE | G | BOTH |
| EPN (Seton Health Plan Exclusive PR I Par Plus) | EPNSH | Y | EPN SETON | | FALSE | G | BOTH |
| EQUICOR | 62308 | Y | EQUICOR | | FALSE | C | BOTH # |
| EQUICOR - PPO | 62308 | Y | EQUICOR PPO | | FALSE | C | BOTH # |
| Equitable (CIGNA) | 62308 | Y | EQUITABLE | | FALSE | C | BOTH # |
| Erin Group Administrators ## | 23250 | Y | ERIN GROUP ADMIN | | FALSE | G | BOTH |
| ESSENCE HEALTHCARE ## | 20818 | Y | ESSENCE HLTH | | FALSE | G | BOTH |
| Essential Health Partner ** | EHPSC | N | ESSENTIAL HLTH | | FALSE | G | BOTH |
| Everence ** | 35605 | N | EVERENCE | | FALSE | G | BOTH |
| EVOLUTIONS HEALTHCARE SYSTEMS, INC. ## | 59313 | Y | EVOLUTIONS HEALTH | Valid for PO Box 5001, New Port Richey, FL 34656. | FALSE | G | BOTH |
| Exceedent LLC ** | 22344 | Y | EXCEEDENT LLC | | FALSE | G | BOTH |
| Excellus BCBS New York Rochester Area ** | SB804 | Y | EXCELLUS BCBS | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Exclusive Care ## | EC999 | Y | EXCLUSIVE CARE | Effective 7/11/16, ALL providers must contact Exclusive Care prior to submitting claims electronically. Please contact Martha Cuevas (Credentialing Coordinator) at 951-955-8853 to ensure the required | FALSE | G | BOTH |
| Falling Colors ## | FCC20 | N | FALLING COLORS | | FALSE | G | BOTH |
| Fallon Community Health Plan | 22254 | Y | FALLON COMM HLTH | | FALSE | G | BOTH |
| Fallon Transplant ## | FT254 | Y | FALLON TRANSPLANT | | FALSE | G | BOTH |
| Family Care ## | 60995 | Y | FAMILY CARE WI | | FALSE | G | BOTH |
| Family Care CCO ** | PHD01 | Y | FAMILY CARE CCO | Admin by PH Tech Use for claims with DOS of 08/01/2012 and after | FALSE | P | BOTH |
| Family Care Medicaid (Use for claims with DOS of 12/31/2012 and prior.) | FCD01 | Y | FAMILY CARE MED | | FALSE | P | BOTH |
| Family Care Medicaid Mental Health | FCM01 | Y | FAM CARE MCAID ME | | FALSE | P | BOTH |
| Family Care Medicare ## (Admin by PH Tech. Use for claims with DOS of 01/01/2013 and later.) | PHR01 | Y | FAMCAR MC PHT | | FALSE | P | BOTH |
| Family Health Network ## | 85468 | Y | FAMILY HEALTH NET | | FALSE | G | BOTH |
| Family Health Systems - WI/Group Health Cooperative ## | 39167 | Y | FAMILY HEALTH | Now known as Group Health Cooperative of South Central Wisconsin. (Formerly Family Health Systems - WI/Group Health Cooperative) | FALSE | G | BOTH |
| FCE BENEFIT ADMINISTRATORS ## | 33033 | Y | FCE BENEFIT ADM | | FALSE | G | BOTH |
| Federally Qualified Healthcare Clinic | FQHC1 | Y | FED QUAL | | TRUE | N | BOTH |
| Federated Mutual Insurance ## | 41041 | Y | FEDERATED MUTUAL | | FALSE | G | BOTH |
| Fidelis Care New York | 11315 | Y | FIDELIS CARE NY | | FALSE | G | BOTH |
| First Agency ## | 88055 | N | FIRST AGENCY | | FALSE | G | BOTH |
| First Carolina Care ## | 56196 | Y | FIRST CAROLINA | | FALSE | G | BOTH |
| First Choice Health Network | 91131 | Y | FIRST CHOICE HEAL | | FALSE | G | BOTH |
| First Choice of Midwest PPO ## | 75138 | Y | FIRST CHOICE MIDW | | FALSE | G | BOTH |
| First Choice VIP Care Plus SC #3 | 77009 | Y | 1ST CHOICE VIP SC | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|---------------------------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| First Health ## | 96708 | A | FIRSTHEALTH | | FALSE | G | BOTH |
| First Health Network ** | 73159 | Y | FIRST HEALTH NETW | | FALSE | G | BOTH |
| First Integrated Health ## | 75232 | Y | E3 HEALTH | | FALSE | G | BOTH |
| FirstCare | 94999 | N | FIRSTCARE | | FALSE | G | BOTH |
| FirstCare Star Medicaid | 94998 | N | FIRSTCARE MEDICAI | | FALSE | G | BOTH |
| FirstGuard Health Plan - Kansas | 90060 | Y | FIRSTGUARD KS | Enrollment required. Call 800-225-2573 ext 25525 | TRUE | N | BOTH |
| FirstGuard Missouri | 90061 | Y | FIRSTGUARD MS | Enrollment required. Call 800-225-2573 ext 25525 | TRUE | N | BOTH |
| FL MCO PHC/PHP ** | 95411 | Y | FL MCO PHC PHP | | FALSE | G | BOTH |
| Florida Blue | 00590 | Y | BC OF FL | | FALSE | N | BOTH |
| Florida Community Care ## | FLCCR | N | FL COMM CARE <input type="checkbox"/> | | FALSE | G | BOTH |
| Florida Healthcare ## | 59322 | N | FLORIDA HEALTH PL | | FALSE | G | BOTH |
| Florida Hospital VBR ## | VB001 | Y | FL HOSPITAL VBR | | FALSE | G | BOTH |
| Florida Hospital Waterman ## | 48116 | Y | FL HOSP WATERMAN | | FALSE | G | BOTH |
| Florida Pace Centers ## | FLPAC | N | FLORIDA PACE | | FALSE | G | BOTH |
| FMH Benefit Services, Inc. | 48117 | Y | FMH BENEFIT | | FALSE | G | BOTH |
| Fox-Everett, Inc. ## | 64069 | Y | FOX EVERETT | | FALSE | G | BOTH |
| Freedom Health Plan ## | 41212 | Y | FREEDOM HEALTH PL | | FALSE | G | BOTH |
| Freedom Life ## | 62324 | N | FREEDOM LIFE INSU | | FALSE | G | BOTH |
| Fresenius+A1210 Total Health ** | 43197 | Y | FRESENIUS TOTAL H | | FALSE | G | BOTH |
| Fresno PACE ## | 99660 | N | FRESNO PACE | | FALSE | G | BOTH |
| FrontPath Health Coalition | 34171 | Y | FRONTPATH HEALTH | | FALSE | G | BOTH |
| Gallagher ** | 37283 | Y | GALLAGHER | | FALSE | G | BOTH |
| GALVESTON COUNTY INDIGENT HEALTHCARE ## | 30005 | Y | GALVESTON CNTY | | FALSE | G | BOTH |
| Gateway Health Plan - Medicaid PA | 25169 | N | GATEWAY HEALTH PL | | FALSE | G | BOTH |
| Gateway Health Plan - Medicare Assured | 60550 | Y | GATEWAY HLTH PLAN | Please verify claims for Gateway Health Plan - Medicare Assured; 60550 (Yellow Card). | FALSE | G | BOTH |
| Gateway Health Plan - Medicare Assured OH ## | 91741 | Y | GATEWAYHP | | FALSE | G | BOTH |
| Gateway Health Plan of Ohio, Inc. ## | 76028 | Y | GATEWAY HP OF OHI | Please verify claims for Gateway Health Plan of Ohio Inc.; 76028 (White Card). | FALSE | G | BOTH |
| GBS Group Benefit Services## | 80241 | N | GBS | | FALSE | G | BOTH |
| GEHA (Government Employees Health Association) ## | 44054 | Y | GOVERNMENT EMPLOY | | FALSE | C | BOTH # |
| Geisinger Health Plan ## | 75273 | Y | GEISINGER HEALTH | | FALSE | T | BOTH |
| Gemcare Health Plan ## | MCS03 | Y | GEMCARE HLTH PLAN | | FALSE | G | BOTH |
| Generations Health ## | 46050 | N | GENERATIONS HEALT | | FALSE | G | BOTH |
| GettingUsCovered | CHCNT | N | GETTINGUSCOVERED | | FALSE | P | BOTH |
| GHI - Medicare PPFS (Private Fee for Service) | 22937 | Y | GHI MEDICARE | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| GHI - New York (Group Health Inc.) ## | 13551 | Y | GHI NYC | | FALSE | G | BOTH |
| GHI HMO Select ** | 25531 | Y | GHI HMO SELECT | | FALSE | G | BOTH |
| Gilsbar ## | 07205 | Y | GILSBAR INC | | FALSE | G | BOTH |
| Global One Ventures ## | GL0BA | N | GLOBAL ONE | | FALSE | G | BOTH |
| Glassworkers Health & Welfare Fund - Group # F29 ## | 91136 | Y | GLASSWORKERS F29 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Global Care ** | 07689 | Y | GLOBAL CARE INC | | FALSE | G | BOTH |
| Global Care Med Grp IPA ** | MPM05 | R | GLOBAL CARE MED G | | FALSE | G | BOTH |
| Global Excel Management ** | GEM01 | N | GLOBAL EXCEL MGMT | | FALSE | G | BOTH |
| Global Health ** | GHOKC | Y | GLOBAL HEALTH | | FALSE | G | BOTH |
| GMS INC ** | 47083 | Y | GMS INC | | FALSE | G | BOTH |
| Golden Rule (UnitedHealthOne) ** | 37602 | Y | GOLDEN RULE | | FALSE | C | BOTH # |
| Golden Shore Medical Group (GSMG)** | NMM03 | N | GSMG | | FALSE | G | BOTH |
| Golden Triangle Physician Alliance | GTPA1 | Y | GOLDEN TRIANGLE | | FALSE | T | BOTH |
| Good Shepherd Hospice ** | 76923 | Y | GOOD SHEPHERD HOS | | FALSE | G | BOTH |
| Great Lakes Health Plan (UnitedHealthcare Community Plan) ** | 95467 | Y | GREAT LAKES HEALT | | FALSE | C | BOTH # |
| Greater Newport Physicians Medical Group ## | 33010 | Y | GREATER NEWPORT | | FALSE | G | BOTH |
| Greater Orange IPA ** | NMM01 | Y | GREATER ORANGE MG | | FALSE | G | BOTH |
| Greater San Gabriel Valley Physicians IPA ** | NMM01 | Y | GR SAN GABRIEL VA | | FALSE | G | BOTH |
| Group Administrators Ltd. ## | 36338 | Y | GROUP ADMINISTRAT | | FALSE | G | BOTH |
| Group and Pension Administrators ## | 48143 | Y | GROUP PENSION ADM | | FALSE | G | BOTH |
| GROUP HEALTH COOPERATIVE ## | 39167 | Y | GROUP HEALTH CO | | FALSE | G | BOTH |
| Group Health Cooperative of EauClaire ** | 95192 | N | COMM CONNECT MCAI | | FALSE | G | BOTH |
| Group Insurance Service Center, Inc. ## | 37276 | Y | GROUP INS SVC CEN | | FALSE | G | BOTH |
| GROUP PRACTICE AFFILIATES ** | 68068 | Y | INTEGRATED MENTAL | | FALSE | G | BOTH |
| Group Resources PHCS ## | 28680 | Y | GROUP RESOURCES P | | FALSE | G | BOTH |
| Guardian Life Insurance Company of America ## | 64246 | Y | GUARDIAN LIFE | | FALSE | G | BOTH |
| Gulf South Risk Services ** | 60652 | N | GULF SO RISK SVCS | | FALSE | G | BOTH |
| Gundersen Lutheran Health Care | 39180 | Y | GUNDERSEN | | FALSE | G | BOTH |
| H.E.R.E.I.U Welfare Pension Funds ## | 37114 | Y | HEREIU WELFARE | | FALSE | G | BOTH |
| HAA Preferred Partners ## | 65101 | N | HAA PREFERRED PAR | | FALSE | G | BOTH |
| Halcyon Behavioral Health ** | HALCY | Y | HALCYON BEHAVIORA | | FALSE | G | BOTH |
| Hamaspik Choice, Inc. ## | 47738 | Y | HAMASPIK CHOICE | | FALSE | G | BOTH |
| Harmony Health Plan of Illinois ## | 36406 | N | HARMONY HP OF IL | | FALSE | G | BOTH |
| Harmony Health Plan of Indiana ## | 36405 | N | INDIANA HARMONY H | | FALSE | G | BOTH |
| Harrington ** | 75243 | Y | HARRINGTON | | FALSE | C | BOTH # |
| Harrington Health - Kansas | 62061 | N | HARRINGTON KS | (Formerly known as Fiserv Health-Kansas) | FALSE | G | BOTH |
| Harrington Health BPO ## | 59143 | Y | HARRINGTON HLTH B | | FALSE | G | BOTH |
| Harvard Community Health Plan ** | 04245 | Y | HARVARD COMM HP | | FALSE | G | BOTH |
| Harvard Pilgrim Healthcare ## | 04271 | Y | HARVARD PILGRIM | | FALSE | N | BOTH |
| Harvard Pilgrim Passport Connect ** | 87726 | Y | HARVARD PILGRIM P | | FALSE | C | BOTH # |
| Hawaii Medical Assurance Association (HMAA) ## | 99208 | Y | HI WESTERN MGMT | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| HCH Administration | 37215 | Y | HCH ADMINISTRAT | Formerly John P Pearl Associates | FALSE | G | BOTH |
| HCP Nevada ** | 20501 | Y | HCP NEVADA | | FALSE | C | BOTH |
| HDPC Premier Healthcare ## | STJOE | N | HIGH DESERT PRIM | Customer Service (714) 937-6143 Note the new PayerID | FALSE | G | BOTH |
| Heallth Choice Insurance ** | 46221 | Y | HEALTH CHOICE | | FALSE | G | BOTH |
| Health Alliance Medical Plans ## | 77950 | Y | HLTH ALLIANCE PLA | | FALSE | G | BOTH |
| Health Alliance Plan of Michigan ** (Use payer ID 38224 for claims with a date of service 01-01-20 and greater. For dates of service 12-31-19 and prior please use payer ID 70259) | 38224 | Y | HEALTH ALLIANCE P | | FALSE | G | BOTH |
| Health Care District ## | Call | Y | HLTH CARE DIST | Call Provider Services at 866-930-1002 for EDI Enrollment and PayerID | FALSE | G | BOTH |
| Health Care District of Palm Beach ## | HCDPB | N | HCD PALM BEACH | | TRUE | G | BOTH |
| Health Care LA IPA (HCLA) ** | MPMO6 | R | HEALTHCARE LA IPA | | FALSE | G | BOTH |
| Health Care Network of Wisconsin (HCN) ** | 42102 | Y | WI HEALTHCARE NET | | FALSE | C | BOTH |
| Health Care Partners AZ ## | HCPO2 | N | HLTHCARE PART AZ | | FALSE | G | BOTH |
| HEALTH CHOICE ARIZONA ## | 62179 | Y | HEALTH CHOICE AZ | Contact 480.333.4538 JPerlmutter@iasishealthcare.com prior to submission | FALSE | G | BOTH |
| Health Choice Generations ## | 62180 | Y | HEALTH CHOICE GEN | | FALSE | G | BOTH |
| Health Choice Insurance ** | 46221 | A | HEALTH CHOICE INS | | FALSE | G | BOTH |
| Health Choice Integrated Care ** | 22100 | Y | HEALTH CHOICE | | FALSE | G | BOTH |
| Health Choice Utah ## | 45399 | Y | HEALTH CHOICE UTA | | FALSE | G | BOTH |
| HEALTH COST SOLUTIONS ## | 62111 | Y | HEALTH COST SOLUT | | FALSE | G | BOTH |
| Health Design ## | 34158 | Y | HEALTH DESIGN PLU | | FALSE | G | BOTH |
| Health First | 95019 | Y | HEALTH FIRST HLTH | | FALSE | G | BOTH |
| Health First - Tyler, TX ## | 75234 | Y | HEALTH FIRST TX | | FALSE | G | BOTH |
| Health Information Plan (HIP) * | 43313 | R | HARKEN HEALTH | | FALSE | C | BOTH # |
| Health Management Admin ** | 12T11 | N | HEALTH MANG | | FALSE | G | BOTH |
| Health Net - California ** | 95567 | Y | HEALTH NET | For claims with DOS prior to 12/31/17. For claims with DOS on or after 1/1/18, please use payer ID 68069 | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Health Net - California (Encounters only.) ## | 95568 | Y | HEALTH NET CA | | FALSE | G | BOTH |
| Health New England | 04286 | Y | HEALTH NEW ENGLAN | | FALSE | G | BOTH |
| Health Partners ## | 07003 | N | HLTH PART | | TRUE | N | BOTH |
| Health Options of Illinois I Par Plus | NAHOI | Y | HEALTH OPTIONS IL | | FALSE | G | BOTH |
| Health Partners - Jackson, TN ## | 62157 | Y | HLTH PARTNERS TN | | FALSE | G | BOTH |
| Health Partners, PA ## | 80142 | Y | HLTH PARTNERS PA | | FALSE | G | BOTH |
| Health Payments Systems, Inc. ## | 20270 | N | HEALTH PAYMENT SY | | FALSE | G | BOTH |
| Health Plan of Michigan (Now known as Meridian Health Plan) ** | 83253 | Y | HEALTH PLAN OF MI | | FALSE | G | BOTH |
| Health Plan of Nevada (Encounter claims) ** | 76343 | R | HP OF NV ENCOUNTE | | FALSE | C | BOTH # |
| Health Plan of Nevada (FFS claims) ** | 76342 | R | HP OF NV FFS | | FALSE | C | BOTH # |
| Health Plan of San Joaquin ## | 68035 | Y | HLTH PLAN SAN JOA | | FALSE | G | BOTH |
| | | | | CONTACT PAYER FOR REGISTRATI ON AND PAYER ID. Entry Lo 650-616-2017 or Ken Cottrell 650-616-2021 | | | |
| Health Plan of San Mateo ** | CALL | Y | SAN MATEO | | FALSE | G | BOTH |
| HEALTH PLAN SERVICES | 59140 | Y | AM BENEFITS PLAN | | FALSE | G | BOTH |
| Health Plans, Inc. ## | 44273 | Y | HEALTH PLANS INC | | FALSE | G | BOTH |
| | | | | Old PayerID of 95009 is no longer valid | | | |
| Health Plus of LA ## | 07205 | Y | HEALTHPLUS OF LA | | FALSE | G | BOTH |
| Health Plus of Michigan ## | U8216 | N | HLTH PLUS OF MI | | FALSE | N | BOTH |
| Health Plus Physicians Organization ## | 63363 | Y | HEALTH PLUS PHY O | | FALSE | G | BOTH |
| Health Safety Network Massachusetts Health Medicaid ** | 12K48 | N | HEALTH SAFETY | | TRUE | N | BOTH |
| Health Services for Children with Special Needs ## | 37290 | N | HSCSN | | FALSE | G | BOTH |
| Health Services Preferred (HSP) by Emerald Health ## | 34167 | Y | EMERALD HLTH HMO | | FALSE | G | BOTH |
| Health Tradition Health Plan ** | HLTHT | Y | HEALTH TRADITION | | FALSE | G | BOTH |
| Health Systems Inc ** | 11889 | Y | HEALTH SYSTEMS | | FALSE | G | BOTH |
| Healthcare Highways ** | HCH01 | Y | HEALTHCARE HWY | | FALSE | G | BOTH |
| Healthcare Options I Par Plus | EPF37 | Y | HLTHCARE OPT | | FALSE | T | BOTH |
| Healthcare Partners ** | HCP01 | Y | HEALTHCARE PARTNE | | FALSE | N | BOTH |
| Healthcare Partners, IPA ** | 11328 | N | HCARE PARTNERS IP | | FALSE | G | BOTH |
| Healthcare Resources NW ## | 56731 | Y | HLTHCARE RES NW | | FALSE | G | BOTH |
| HEALTHCARE SOLUTIONS ** | 73147 | Y | HEALTHCARE SOL GR | | FALSE | G | BOTH |
| | | | | Formerly payer ID 22521 | | | |
| HealthChoice ** | 71064 | Y | EDS HEALTHCHOICE | | FALSE | G | BOTH |
| HealthChoice Dept of Corrections & Rehab ** | 71065 | Y | HEALTH CHOICE UTA | | FALSE | G | BOTH |
| HEALTHCOMP INC | 85729 | Y | HEALTHCOMP | | FALSE | G | BOTH |
| HEALTHEOS ** | 34080 | Y | WI MULTIPLAN PPN | | FALSE | C | BOTH |
| HealthEZ ## | 41178 | Y | HEALTHEZ | | FALSE | G | BOTH |
| Healthfirst of NY ** | 80141 | Y | HEALTHFIRST NY | | FALSE | G | BOTH |
| Healthfirst TPA - Austin ## | 75289 | Y | HEALTHFIRST AUSTI | | FALSE | G | BOTH |
| HealthHelp Network, Inc. (HHNI) ## | 59087 | Y | HEALTHHELP | | FALSE | G | BOTH |
| Healthlink HMO ## | 96475 | Y | HEALTHLINK HMO | | FALSE | G | BOTH |
| HealthLink PPO ** | 90001 | Y | HEALTHLINK PPO | | FALSE | G | BOTH |
| Healthnet of Arizona, Inc. ## | 38309 | Y | HEALTHNET OF AZ | | FALSE | G | BOTH |
| Healthnet Community Solutions ** | 68069 | Y | HEALTHNET COMM | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Healthnow BCBS New York Western** | 12B39 | Y | HEALTHNOW BCBS WE | | FALSE | G | BOTH |
| Healthnow BCBS New York Northeastern** | 12B68 | N | HEALTHNOW BCBS | | TRUE | N | BOTH |
| Healthpartners of MN ** | 55764 | Y | MN HEALTH PARTNER | | FALSE | T | BOTH |
| HealthScope Benefits ## | 71063 | Y | HEALTHSCOPE BENEF | | FALSE | G | BOTH |
| Healthsmart Accel ** | 75237 | Y | HEALTHSMART ACCEL | | FALSE | G | BOTH |
| Healthsmart Benefit Solutions. ## | 37272 | Y | JSL ADMINISTRATOR | | FALSE | G | BOTH |
| Healthsmart Management Services Organization Inc | A0067 | N | HEALTHSMART | | FALSE | G | BOTH |
| HealthSmart Preferred Care ** | 75250 | Y | HEALTHSMART PREF | | FALSE | G | BOTH |
| Healthsource CMHC ** | 02041 | Y | HEALTHSOURCE MASS | | FALSE | G | BOTH |
| HEALTHSOURCE GA | 62308 | Y | HEALTHSOURCE GA | | FALSE | C | BOTH # |
| HEALTHSOURCE IN | 62308 | Y | HEALTHSOURCE IN | | FALSE | C | BOTH # |
| HEALTHSOURCE KY | 62308 | Y | HEALTHSOURCE KY | | FALSE | C | BOTH # |
| Healthsource Massachusetts, Inc **. | 02041 | Y | HEALTHSOURCE MASS | | FALSE | G | BOTH |
| HEALTHSOURCE ME | 62308 | Y | HEALTHSOURCE ME | | FALSE | C | BOTH # |
| HEALTHSOURCE NH | 62308 | Y | HEALTHSOURCE NH | | FALSE | C | BOTH # |
| HEALTHSOURCE OH | 62308 | Y | HEALTHSOURCE OH | | FALSE | C | BOTH # |
| HEALTHSOURCE PROVI | 62308 | Y | HEALTHSOURCE PR | | FALSE | C | BOTH # |
| | | | | Claims are edited under CIGNA's payer specific edits, Payer ID 62308 | | | BOTH # |
| Healthsource Provident (CIGNA) ** | 68195 | Y | HEALTHPOINT CORP | | FALSE | G | BOTH # |
| HEALTHSOURCE SOUTH | 62308 | Y | HEALTHSOURCE SO | | FALSE | C | BOTH # |
| | | | | Claims are edited under CIGNA's payer specific edits, Payer ID 62308 | | | |
| Healthsource, AR (Med) (CIGNA) ** | 71075 | Y | HEALTHSOURCE AR | | FALSE | G | BOTH |
| | | | | Claims are edited under CIGNA's payer specific edits, Payer ID 62308 | | | |
| Healthsource, GA (CIGNA) ** | 58210 | Y | HEALTHSOURCE GA | | FALSE | G | BOTH |
| Healthsource, KY ** | 61127 | Y | HEALTHSOURCE KY | | FALSE | G | BOTH |
| | | | | Claims are edited under Cigna's Payer Specific Edits - Payer ID 62318 | | | |
| Healthsource, ME (CIGNA) ## | 01041 | Y | HEALTHSOURCE ME | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Healthsource, N. TX (CIGNA) ** | 75255 | Y | HEALTHSOURCE NTEX | Claims are edited under CIGNA's payer specific edits, Payer ID 62308 | FALSE | G | BOTH |
| Healthsource, NC (CIGNA) ** | 56147 | Y | HEALTHSOURCE NC | Claims are edited under CIGNA's payer specific edits, Payer ID 62308 | FALSE | G | BOTH |
| Healthsource, OH ** | 31141 | Y | HEALTHSOURCE OH | | FALSE | G | BOTH |
| Healthsource, SC (claims) ** | 06119 | Y | HLTHSOURCE SC | Healthsource Network Providers Only. Claims are edited under Cigna's Payer Specific Edits - Payer ID 62318 | FALSE | G | BOTH |
| Healthsource, SC (Encounters) | 06119 | Y | HLTHSOURCE SC | | FALSE | G | BOTH |
| Healthsource, TN (CIGNA) ** | 62129 | Y | HEALTHSOURCE TN | Claims are edited under CIGNA's payer specific edits, Payer ID 62308 | FALSE | G | BOTH |
| HealthSpan Integrated Care ## | RH007 | Y | HEALTHSPAN | Only accepting claims with DOS on or before 2-01-17 | FALSE | G | BOTH |
| Healthspring HMO/Medicare + Choice ## | 63092 | Y | HEALTHSPRING HMO | | FALSE | G | BOTH |
| Healthy Kids I Par Plus | M3FL3 | Y | HEALTHY KIDS | | FALSE | T | BOTH |
| Healthy Palm Beaches ## | CALL | A | HLTHY PALM BE | Call Provider Services at 866-930-1002 for EDI Enrollment and PayerID | FALSE | G | BOTH |
| Healthy San Francisco ## | HSF01 | Y | HEALTHY SF | | FALSE | G | BOTH |
| Healthteam Advantage## | 88250 | Y | HEALTHTEAM | | FALSE | G | BOTH |
| Healthy Texas ** | 68064 | Y | HEALTHY TEXAS | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Hemet Community Medical Group** | HCMG1 | N | HEMET COMM MED GR | Providers need to contact 951-791-1111 prior to submitting claims | FALSE | N | BOTH |
| Hennepin Health / Northstar Advantage ## | 60058 | Y | HENNEPIN HEALTH | | FALSE | G | BOTH |
| Heritag+A601e Physician Network I Par Plus | HPN11 | Y | SELECTCARE HOUSTO | | FALSE | T | BOTH |
| HFN Healthease I Par Plus | M3FL5 | Y | HFN HEALTHEASE | | FALSE | G | BOTH |
| HFN, Inc ** | 36335 | N | HFN INC | | FALSE | G | BOTH |
| High Desert Medical Group ## | 95393 | Y | HIGH DESERT MED | | FALSE | G | BOTH |
| High Desert Primary Care ** | STJOE | Y | MISSION HOSPITAL | As of 10-23-2014, Payer ID of 33069 is no longer valid | FALSE | G | BOTH |
| Highline Medical Services MOLINA ## | 91164 | Y | HIGHLINE MOLINA | | FALSE | G | BOTH |
| Highmark BCBSD ## | 47181 | Y | HIGHMARK BCBSDHOP | | FALSE | G | BOTH |
| Hill Physicians Blue Shield PPO ** | HLPBS | Y | HILL PHYS BLS PPO | | FALSE | G | BOTH |
| Hill Physicians Medical Group ** | 00046 | N | HILL PHYSICIANS | | FALSE | G | BOTH |
| Hill Physicians Health Net PPO ## | HLPHN | N | HILL PHYS | | FALSE | G | BOTH |
| Hill Physicians United Healthcare PPO** | HLPUH | Y | HILL PHYS PPO | | FALSE | G | BOTH |
| HIP - Health Insurance Plan of Greater New York ** | 55247 | Y | HIP HEALTH INS NY | | FALSE | G | BOTH |
| HMA Hawaii ## | 86066 | Y | HEALTH MGMT ASSOC | | FALSE | N | BOTH |
| HMC Healthworks aka Health Management Co ## | 75318 | N | HMC HEALTHWORKS | | FALSE | G | BOTH |
| HMO Louisiana Blue Advantage ## | 84555 | N | HMO LA BLUE ADVAN | | FALSE | G | BOTH |
| Holy Cross Health Partners | NAHLX | Y | HOLY CROSS HLTH P | | FALSE | G | BOTH |
| Home State Health Plan ** | 68069 | Y | CENPATICO GA | | FALSE | G | BOTH |
| Homelink ** | 30750 | N | HOMELINK | | FALSE | G | BOTH |
| HOMETOWN HEALTH ## | 88023 | Y | HOMETOWN HP OF NV | | FALSE | G | BOTH |
| Hopkins Health Advantage ## | 66003 | Y | HOPKINS HLTH ADVA | | FALSE | G | BOTH |
| Horizon Healthcare of New York | 55261 | Y | HORIZON HEALTH | | TRUE | N | BOTH |
| Horizon NJ Health ** | 22326 | Y | MERCY HLTH PL NJ | | FALSE | G | BOTH |
| Hotel Employees & Restaurant Employees Health Trust -Group #F19 ## | 91136 | Y | HOTEL EMP GRPF19 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| HPMS (Send claims to payerID listed on patient's Insurance card.) ## | CARD | Y | HPMS | | FALSE | G | BOTH |
| HSA Health Plan ** | U7632 | N | HSA HEALTH PLAN | | FALSE | G | BOTH |
| HSBS Memphis ## | 37224 | Y | HSBS MEMPHIS | | FALSE | G | BOTH |
| HSBS Oklahoma City ## | 37256 | Y | MUTUAL ASSURANCE | | FALSE | G | BOTH |
| Humana Care Plan | 61101 | Y | GROUP HEALTH DE | | FALSE | G | BOTH |
| Humana Group Health Plan | 61101 | Y | HUMANA CLAIMS | | FALSE | G | BOTH |
| Humana Health Chicago | 61101 | Y | OSF HEALTH PLANS | | FALSE | G | BOTH |
| Humana Health Chicago Insurance Company | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |
| Humana Health Plan | 61101 | Y | HUMANA HEALTH | [HCDS only call L. Stansbury at (502) 580-7375) | FALSE | G | BOTH |
| Humana Insurance Agency | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |
| Humana Insurance Company | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Humana Medical Plan - CA | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |
| Humana Medical Plan - KY | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |
| Humana Veterans Healthcare Services ** | 61101 | Y | HUMANA HEALTH | | TRUE | G | BOTH |
| Humana Wisconsin Health Organization | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |
| Hylton Payroll (Benefit Plan Administrators) ## | 19753 | Y | HYLTON PAYROLL BP | | FALSE | T | BOTH |
| I E SHAFFER ## | 22175 | Y | IE SHAFFER | | FALSE | G | BOTH |
| IBA Health & Life Assurance Co. ## | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |
| IBC Personal Choice ** | 12X26 | Y | IBC PERSONAL | | FALSE | N | BOTH |
| IBI ## | 41124 | Y | FORTIS SELF FUND | | FALSE | G | BOTH |
| iCare (Independent Care Health Plan) ## | 11695 | Y | ICARE | | FALSE | G | BOTH |
| Illinicare Behavioral Health ** | 68068 | Y | ILLINICARE | | FALSE | G | BOTH |
| Illinicare Group Health ** | 68069 | Y | CENTENE ADVANTAGE | | FALSE | G | BOTH |
| Imagine Health ## | 43123 | Y | IMAGINE HEALTH | | FALSE | G | BOTH |
| IMCARE ## | 41600 | Y | IMCARE | | FALSE | T | BOTH |
| Imperial Health Holdings Medical Group ** | IHHMG | N | IMPERIAL HLTH | | FALSE | G | BOTH |
| INDECS CORPORATION ## | 40585 | Y | INDECS CORPORATIO | | FALSE | G | BOTH |
| Independent Living Systems ** | 45048 | Y | INDEP LIVING SYS | | FALSE | G | BOTH |
| Indian Health Services ## | 00290 | N | INDIAN HEALTH SER | | FALSE | G | BOTH |
| Indiana Department of Health Children's Health ** | 35600 | N | IN DEPT HLTH | | TRUE | N | BOTH |
| INDIANA PROHEALTH ** | 35161 | Y | INDIANA PROHEALTH | | FALSE | G | BOTH |
| Indiana Teamsters Health Benefits Fund ## | 35107 | Y | INDIANA TEAMSTERS | | FALSE | G | BOTH |
| Indiana University ## | IUHPL | N | IN UNIVERSITY SE | IU Healthplans | FALSE | G | BOTH |
| INETICO, INC. ** | 43471 | N | INETICO INC | | FALSE | G | BOTH |
| Informed, LLC ## | 52196 | Y | INFORMED LLC | | FALSE | G | BOTH |
| Ingalls Provider Group | 85578 | Y | INGALLS PROV GROU | | FALSE | G | BOTH |
| Ingalls Provider Group | 66727 | Y | INGALLS | New PID for DOS 1-1-19 and after only | FALSE | G | BOTH |
| Ingham Health Plan Corp ## | 38343 | Y | INGHAM HP CORP | | FALSE | G | BOTH |
| Inland Empire Health Plan. ## | IEHP1 | N | INLAND EMPIRE HP | | FALSE | G | BOTH |
| Inland Faculty Medical Group ## | MVMM1 | N | INLAND FACULTY | | FALSE | G | BOTH |
| Innovante Benefit Administrators (HSBS WTC)+A174 ** | 31172 | N | INNOVANTE BENEFIT | | FALSE | G | BOTH |
| Innovista Health ** | INDPM | Y | INNOVISTA HLTH | | FALSE | G | BOTH |
| Insurance Design Administrators ## | 13315 | Y | INS DESIGN ADMINI | | FALSE | G | BOTH |
| Immigration Services## | VAICE | N | HOMELAND SECURITY | | FALSE | G | BOTH |
| Insurance Management Services (Amarillo TX) ## | 15688 | N | INSURMGMTSVCS TX | This Payer ID is only valid for claims submission address of P.O. Box 15688 Amarillo, TX 79105 | FALSE | G | BOTH |
| Insurance Administrators of America ## | 37279 | N | INS ADMIN OF AMER | | FALSE | G | BOTH |
| Insurers Administrative Corporation I Par Plus ## | 86304 | Y | INSURERS ADMIN | Prior to submitting claims: edihelp.iacus a.com | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Integra Group ## | 31127 | Y | INTEGRA GROUP RPN | Please contact Payer prior to submitting claims | FALSE | G | BOTH |
| Integra Managed Long Term Care ** | 45302 | N | INTEGRA MGD LONG | | FALSE | G | BOTH |
| Integra Administrative Group (Seaford, DE) | 51020 | N | INTEGRA ADMIN GRO | Valid for Claim address 110 S. Shipley Street, Seaford, DE 19973 only | FALSE | G | BOTH |
| Integranet I Par Plus | INET1 | Y | INTEGRANET | | FALSE | T | BOTH |
| Integrated Care Network (ICN) by Emerald Health ## | 34167 | Y | INTEGRATED CARE | | FALSE | G | BOTH |
| Integrated Medical Solutions ## | 20050 | N | INTEGRATED MED SO | | FALSE | G | BOTH |
| Integrity Administrators (Champion Chevrolet) ## | 99795 | N | INTEGRITY ADMIN | | FALSE | G | BOTH |
| Integrity Benefit Network GA ## | 58200 | | INTEGRITY BEN NET | | FALSE | G | BOTH |
| INTER UNION OF OPER15 ## | 37269 | Y | INT UNION OP ENGI | Located in New York, NY | FALSE | G | BOTH |
| Interactive Medical Systems ## | 56132 | Y | INTERACTIVE MED S | | FALSE | G | BOTH |
| INTERGROUP SERVICES CORPORATION ## | 23287 | Y | INTERGROUP SVCS | | FALSE | G | BOTH |
| International Benefit Administration ** | 11329 | Y | INTL BENE ADMINIS | | FALSE | G | BOTH |
| International Brotherhood of Boilermakers Employee Health Care Plan (IBBEHC) ## | 48603 | Y | IBBEHC | | FALSE | G | BOTH |
| International Funding Inc. ## | 39182 | Y | INTL FUNDING INC | | FALSE | G | BOTH |
| International Medical Group, Inc. I Par Plus | IMGIN | Y | INT MEDICAL GROUP | | FALSE | G | BOTH |
| INTotal Health ## | 35115 | Y | INTOTAL HEALTH | | FALSE | G | BOTH |
| Iowa Benefits Inc. ## | 41124 | Y | IBI | | FALSE | G | BOTH |
| Iowa Total Care ** | 68069 | Y | IA TOTAL CARE | | FALSE | G | BOTH |
| IU Health Transplant Evaluation Program ** | 47262 | Y | IU HLTH TRANS | | FALSE | G | BOTH |
| J1 MAC Medicare Part A California | 12M64 | Y | J1 MAC MEDICARE | | TRUE | N | BOTH |
| JAI Medical ## | JAI01 | Y | JAI MEDICAL SYSTE | | FALSE | G | BOTH |
| JI Sepcialty Services, Inc. I Par Plus | JISSP | Y | JI SEPCIALTY | | FALSE | T | BOTH |
| Johns Hopkins (USFHP) | 52189 | Y | JOHNS HOPKINS | New Submitters should send in their Billing NPI & Rendering servicing NPI | FALSE | G | BOTH |
| Johns Hopkins Medical Service ** | 52123 | Y | JOHNS HOPKINS | | FALSE | G | BOTH |
| Joplin Claims ## | 43178 | Y | JOPLIN CLAIMS | (Formerly BMI) | FALSE | G | BOTH |
| JP Farley Corporation ## | 34136 | Y | JP FARLEY CORP | | FALSE | G | BOTH |
| JSL Administrators AKA Wells Fargo Third Party Aministrators ## | 37272 | Y | JSL ADMIN | | FALSE | G | BOTH |
| Kaiser Foundation Health Plan of Northern CA ## | 94135 | Y | KAISER NORTH CA | | FALSE | G | BOTH |
| Kaiser Foundation Health Plan of Southern CA | 94134 | Y | KAISER FOUND S CA | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Kaiser Foundation Health Plan of Colorado | COKSR | Y | CO KAISER PERMANE | | FALSE | C | BOTH |
| Kaiser Foundation Health Plan of Georgia | NG010 | Y | KAISER FOUND GA | | FALSE | C | BOTH |
| Kaiser Foundation Health Plan of the Mid Atlantic | NG008 | Y | KAISER MID ATLANT | | FALSE | G | BOTH |
| Kaiser Foundation Health Plan of Washington | 91051 | Y | GROUP HEALTH NW | Formerly Group Health Cooperative (WA) | FALSE | G | BOTH |
| Kaiser Foundation Health Plan PPO ## | 94320 | Y | KAISER PPO | | FALSE | G | BOTH |
| Kaiser Foundation of the Northwest ## | 93079 | Y | KAISER FOUND NW | | FALSE | G | BOTH |
| Kalos Gold Health Plan ** | 61185 | Y | KALOS GOLD | | FALSE | G | BOTH |
| Kalos Health ## | 40137 | Y | KALOS HEALTH | | FALSE | G | BOTH |
| Kelsey Seybold - Institutional Claims I Par Plus | KELSI | Y | KELSEY SEYBOLD | | FALSE | T | BOTH |
| Kemper Benefits ** | 61453 | N | KEMPER BENEFITS | | FALSE | G | BOTH |
| Kempton Company ## | 73100 | Y | KEMPTON GROUP | | FALSE | G | BOTH |
| Kempton Group Administrators ## | 73100 | Y | KEMPTON GROUP | | FALSE | G | BOTH |
| Kent County Health Plan ** | KENT1 | N | KENT COUNTY HP | | FALSE | C | BOTH |
| Kentucky Spirit Health Plan ** | 68069 | Y | HOME STATE HP | | FALSE | G | BOTH |
| Kern Health Systems | 77039 | N | KERN HEALTH SYSTE | | FALSE | G | BOTH |
| Kern Legacy Health Plan ** | 89890 | Y | KERN LEGACY HP | | FALSE | G | BOTH |
| Key Benefit Administrators ** | 37217 | Y | KEY BENEFIT ADM | | FALSE | G | BOTH |
| Key Insurance Group ## | KEYIP | N | KEY INSURANCE | | FALSE | T | BOTH |
| KEY SELECT ** | 37321 | Y | KEY SELECT | | FALSE | G | BOTH |
| Key Solution ** | 37323 | Y | KEY SOLUTION | | FALSE | G | BOTH |
| Keystone First Community Health Choices ** | 42344 | Y | KEYSTONE FIRST | | FALSE | G | BOTH |
| Keystone Mercy Health Plan ** | 23284 | Y | KEYSTONE MERCY | | FALSE | G | BOTH |
| Keystone VIP Choice (formerly payer ID 84223) ** | 77741 | N | KEYSTONE VIP | | FALSE | G | BOTH |
| Keystone Health Plan East ** | 12X25 | Y | KEYSTONE HEALTH | | FALSE | G | BOTH |
| Klais and Company ** | 34145 | Y | KLAIS AND COMPANY | | FALSE | G | BOTH |
| Kova Healthcare Incorporated ** | KOVA1 | Y | KOVA HEALTH | | FALSE | G | BOTH |
| LA Care Health Plan ## | LACAR | Y | LA CARE HEALTH PL | | FALSE | G | BOTH |
| La Salle Medical Associates IPA ** | NMM01 | Y | LA SALLE MED ASSO | | FALSE | G | BOTH |
| LACH HealthNet by Medpoint ** | MPM19 | Y | LACH HEALTHNET | | FALSE | G | BOTH |
| Lake Forest Managed Care Associates ## | 37112 | Y | LAKE FOREST | | FALSE | G | BOTH |
| Lake Region Community Health Plan ## | SISCO | N | SISCO | | FALSE | G | BOTH |
| Lakeside Medical Group ## | 66125 | S | LAKESIDE MEDICAL | | FALSE | G | BOTH |
| LBA Health Plans ## | 52193 | N | LBA HEALTHPLANS | | FALSE | G | BOTH |
| LEON MEDICAL CTR Health Plan I Par plus | 65055 | Y | LEON MEDICAL | | FALSE | G | BOTH |
| LIBERTY HEALTH ADVANTAGE ** | 11328 | Y | LIBERTY HLTH ADVA | | FALSE | G | BOTH |
| Liberty Union ## | 37281 | N | MIDAMERICA ASSOC | | FALSE | G | BOTH |
| Life Assurance Company ## | 37281 | N | LIFE ASSURANCE | | FALSE | G | BOTH |
| Life St Mary (Trinity Health Pace) ## | 76184 | N | LIFE ST MARY | | FALSE | G | BOTH |
| LIFE TRAC ## | 41136 | Y | LIFE TRAC | | FALSE | G | BOTH |
| LifeCircles PACE ## | 71498 | Y | LIFECIRCLES PACE | | FALSE | G | BOTH |
| LifePath Hospice Inc ** | 76870 | N | LIFEPATH HOSPICE | | FALSE | G | BOTH |
| Lifetime Benefit Solutions ## | EBSRM | Y | LIFETIME BENEFITS | | FALSE | G | BOTH |
| LifeWise HealthPlan of Oregon ## | 93093 | Y | LIFEWISE | | FALSE | N | BOTH |
| Live Beaver County ## | 25924 | Y | LIFE BEAVER COUNT | | FALSE | G | BOTH |
| Local 137 Operating Engineers Welfare Fund ** | 84041 | Y | LOC 137 OPER ENGI | | FALSE | G | BOOT H |
| Lockard & Williams ## | CB752 | Y | LOCKARD AND WILLI | | FALSE | G | BOTH |
| Loma Linda University Health Plan ## | 33036 | Y | LOMA LINDA UNIV | | FALSE | G | BOTH |
| Lone Star TPA ** | 45289 | Y | LONE STAR TPA | | FALSE | G | BOTH |
| Louisiana Healthcare Connections ** | 68069 | Y | ILLINICARE GRP | | FALSE | G | BOTH |
| Lovelace Salud ** (Older PID of SX159 is no longer valid.) | 09824 | Y | MOLINA HC NM SALU | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
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| Lovelace Sandia ** | 00790 | Y | LOVELACE SANDIA | | FALSE | G | BOTH |
| Lovelace Senior Options (LSO) ** | 62310 | Y | LOVELACE SENIOR | | FALSE | G | BOTH |
| Loyal American Life | 13193 | N | LOYAL AMERICAN L | | FALSE | G | BOTH |
| Loyal American Life ** | 13193 | Y | LOYAL AMERICAN | | FALSE | G | BOTH |
| Magellan Complete Care Of VA ## | MCCVA | N | VA MAGELLAN | | FALSE | G | BOTH |
| Magellan Health Services** | 01260 | Y | MAGELLAN BEHAVIOR | | FALSE | G | BOTH |
| Magnolia ** | U8062 | N | MAGNOLIA | | FALSE | G | BOTH |
| MAHP (MD IPA, Optimum Choice and MLH) UnitedHealthcare ** | 87726 | Y | MAMP | | FALSE | C | BOTH |
| Maine Community Health Options ** | 45341 | Y | ME COMMUNITY H OP | | FALSE | G | BOTH |
| Maksin Management Corporation ** | 22195 | Y | AIG EDUC MARKETS | | FALSE | G | BOTH |
| MAMSI Life and Health Insurance Co. (MLH) (Previously Payer ID 52148) | 87726 | Y | MAMSI | | FALSE | C | BOTH # |
| Managed Care Network ## | 22771 | Y | MANAGED HEALTH NE | | FALSE | G | BOTH |
| Managed Care Services, LLC ## | 35162 | Y | MANAGED CARE SERV | | FALSE | G | BOTH |
| | | | | Prior to submitting claims, please call Provider Relations Dept at 1-866-296-8731 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in a timely manner. | | | |
| Managed Health Services Indiana ** | 68069 | Y | KENTUCKY SPIRIT H | | FALSE | G | BOTH |
| Managed Health Services Wisconsin ** | 39187 | Y | MANAGED HEALTH | | FALSE | G | BOTH |
| Manulife W. J. Sutton Company ## | 98010 | Y | WILLIAM J SUTTON | | FALSE | G | BOTH |
| March Vision Health Plan ## | 52461 | N | MARCH VISION HP | | FALSE | C | BOTH |
| Maricopa Health Plan / Maricopa Care Advantage | 09908 | Y | MARICOPA HP UFC | | FALSE | G | BOTH |
| Marrick Mement Finance ## | 20805 | N | MARRICK MEMENT | | FALSE | G | BOTH |
| Marrick WRx ## | 46478 | N | MARRICK WRX | | FALSE | G | BOTH |
| Martins Point Health Care ## | 53275 | Y | MARTINS POINT | | FALSE | G | BOTH |
| Martin's Point Health Care USFHP/Generations Advantage | MPHC2 | Y | MARTINS PT HC | | FALSE | G | BOTH |
| Maryland Physicians Care ## | 22348 | Y | MD PHYSICIANS CAR | | FALSE | G | BOTH |
| MASHANTUCKET PEQUOT TRIBAL NATION ## | 37121 | Y | BLUEBONNET ADMINI | | FALSE | G | BOTH |
| Masters, Mates and Pilots Program ## | MMPHB | Y | MASTERS MATES PIL | | FALSE | G | BOTH |
| Mayo Clinic FL/GA | 88090 | Y | MAYO CLINIC FL GA | | FALSE | G | BOTH |
| MBA Benefit Administrators ## | 87065 | Y | MBA BENEFIT ADM | | FALSE | G | BOTH |
| MCA Administrators aka DGA Diversified ## | 25160 | N | DGA | | FALSE | G | BOTH |
| McGregor Pace ## | 31149 | Y | MCGREGOR PACE | | FALSE | G | BOTH |
| McLaren ** | 38338 | Y | MCLAREN | | FALSE | C | BOTH |
| McLaren Health Advantage ** | 3833A | Y | MCLAREN HLTH ADVA | | FALSE | C | BOTH |
| McLaren Medicaid ** | 3833C | Y | MCLAREN MEDICAID | | FALSE | C | BOTH |
| McLaren Medicare Supplement ** | 3833S | Y | MCLAREN MEDICARE | | FALSE | C | BOTH |
| McLaren State of Michigan** | 3833M | Y | MCLAREN MI | | FALSE | C | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| McLarenAdvantage SNP ** | 3833R | Y | MCLAREN ADV SNP | | FALSE | C | BOTH |
| MD - Individual Practice Association, Inc. (M.D. IPA) (Previously Payer ID 52148) | 87726 | Y | MD INDIVIDUAL PRA | | FALSE | C | BOTH # |
| MDwise Healthy Indiana Plan ** | 3135M | Y | MDWISE HEALTHY IN | For 2019 claim submissions | FALSE | C | BOTH |
| MDwise Hoosier Care Connect ** | 91313 | Y | MDWISE HOOSIER CA | For DOS on or after 01/01/2017 | FALSE | G | BOTH |
| MDwise Hoosier Healthwise ** | 3519M | Y | MDWISE HOOSIER HE | For 2019 claim submissions | FALSE | C | BOTH |
| MDwise Select Health Network ** | MWSHN | N | MDWISE SELECT H | | FALSE | G | BOTH |
| MDwise, Inc. (formerly IU Health) ** | 12K81 | y | MDWISE INC | For Dates of Service before 01/01/2017 | FALSE | G | BOTH |
| MDX Hawaii ** | MDXH1 | Y | MDX HAWAII | | FALSE | G | BOTH |
| Med Pay ** | 88058 | A | MED PAY | | FALSE | G | BOTH |
| Med3000 CMS Title 19 Reform (for DOS prior to 1/31/19) ## | EM843 | N | MED3000 PEDCARE19 | | FALSE | G | BOTH |
| Med3000 CMS Title 19 Reform (New PID Effective For DOS After 1/31/19)## | 14163 | N | MED3000 CMS | | FALSE | G | BOTH |
| Med3000 CMS Title 21 ## | EM205 | N | MED3000 CMS TTL21 | | FALSE | G | BOTH |
| Med3000 Pedicare Title 19 ## | EM843 | Y | MED3000 PED | Now use payerID EM843 | FALSE | G | BOTH |
| Med3000 Pedicare Title 21 ## | EM205 | N | MED3000 PEDCARE21 | Now use payerID EM205 | FALSE | G | BOTH |
| MedAdmin Solutions ## | 58202 | Y | ADVANCED DATA SOL | (Formerly Advanced Data Solutions, Inc.) | FALSE | G | BOTH |
| MedAdmin Solutions ## | 58204 | Y | MEDADMIN SOL INC | (Formerly Parity Healthcare.) | FALSE | G | BOTH |
| MedBen (Newark, OH) ## | 74323 | Y | MEDICAL BENEFITS | | FALSE | G | BOTH |
| MedCom ** | 59231 | Y | MEDCOM | | FALSE | G | BOTH |
| MedCost ** | 56162 | N | MEDCOST | | FALSE | G | BOTH |
| MEDCOST BENEFIT SVCS ** | 56205 | Y | MEDCOST BENEFIT | | FALSE | G | BOTH |
| MedCost /Liberty Healthshare## | 90753 | Y | MEDCOST LIBERTY | | FALSE | G | BOTH |
| Medica | 94265 | Y | MEDICA | Medica requires a unique Medica assigned provider ID. | FALSE | C | BOTH # |
| Medica Health Plan of Florida ## | 78857 | Y | MEDICA HCARE PLAN | | FALSE | C | BOTH |
| Medica Health Plan Solutions ## | 71890 | Y | MEDICA HLTH | | FALSE | G | BOTH |
| Medica2 ** | 12422 | Y | MEDICA2 | | FALSE | G | BOTH |
| Medicaid - TX Premier Plan I Par Plus | EPF02 | Y | TX PREMIER MEDICA | | FALSE | G | BOTH |
| Medicaid of Alabama ** | 75254 | Y | AL MEDICAID | | FALSE | N | BOTH |
| Medicaid of Arizona (AHCCCS) ** | AZMCD | Y | AZ MEDICAID | | FALSE | N | BOTH |
| Medicaid of Arkansas ** | 12023 | Y | MD OF AR | | FALSE | N | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Medicaid of California (MediCal) ** | MDCAL | Y | CA MEDICAL | Approved for Out-Patient & Inpatient only. Payer name for outpatient claims = MEDICAL OP Payer name for inpatient claims = MEDICAL IP Long-term claims will | TRUE | N | BOTH |
| Medicaid of Colorado | 15481 | Y | MEDICAID OF CO | | TRUE | N | BOTH |
| Medicaid of CT ** | 06127 | Y | CT MEDICAID | | TRUE | N | BOTH |
| Medicaid of Florida | 77027 | Y | FL MEDICAID | | TRUE | N | BOTH |
| Medicaid of Georgia ** | 12K05 | Y | GA MEDICAID | | TRUE | N | BOTH |
| Medicaid of Idaho ** | 12K07 | Y | ID MEDICAID | | FALSE | N | BOTH |
| Medicaid of Illinois ** | IL621 | Y | MEDICAID OF IL | | FALSE | N | BOTH |
| Medicaid of Indiana | 35011 | Y | MEDICAID OF IN | | FALSE | G | BOTH |
| Medicaid of Iowa ** | 18049 | Y | IA MEDICAID | | TRUE | N | BOTH |
| Medicaid of Kansas ** | 47163 | Y | KS MEDICAID | | FALSE | N | BOTH |
| Medicaid of Kentucky ** | 12K11 | Y | KY MEDICAID | | TRUE | N | BOTH |
| Medicaid of Louisiana ** | 12K12 | Y | LA MEDICAID | | TRUE | N | BOTH |
| Medicaid of Maryland ** | 12007 | Y | MD MEDICAID | | TRUE | N | BOTH |
| Medicaid of Massachusetts | 55291 | Y | MEDICAID OF MA | | TRUE | N | BOTH |
| Medicaid of Michigan ** | 12K37 | Y | MI MEDICAID | | TRUE | N | BOTH |
| Medicaid of Minnesota ** | 12K16 | Y | MN MEDICAID | | TRUE | N | BOTH |
| Medicaid of Mississippi ## | 77032 | Y | MS MEDICAID | | TRUE | N | BOTH |
| Medicaid of Missouri ** | 12K15 | Y | MO MEDICAID | | FALSE | N | BOTH |
| Medicaid of Montana ** | 12K77 | Y | MT MEDICAID | | FALSE | N | BOTH |
| Medicaid of Nebraska | 15201 | Y | MEDICAID OF NE | | TRUE | N | BOTH |
| Medicaid of Nevada | NVMMI | Y | MEDICAID OF NV | | TRUE | N | BOTH |
| Medicaid of New Jersey ** | 12006 | Y | NJ MEDICAID | | TRUE | N | BOTH |
| Medicaid of New Mexico ** | 12K22 | Y | NM MEDICAID | | FALSE | N | BOTH |
| Medicaid of New York ** | 12K35 | Y | NY MEDICAID | | TRUE | N | BOTH |
| Medicaid of North Dakota ** | NDMCD | Y | ND MEDICAID | | FALSE | N | BOTH |
| Medicaid of Ohio ** | 35091 | Y | MEDICAID OF OH | | FALSE | N | BOTH |
| Medicaid of Oklahoma ** | 12K25 | Y | MEDICAID OF OK | | FALSE | N | BOTH |
| Medicaid of Pennsylvania ** | 12008 | Y | PA MEDICAID | | FALSE | N | BOTH |
| Medicaid of Medicaid South Carolina ** | SCMED | Y | SC MEDICAID | | TRUE | N | BOTH |
| Medicaid of Tennessee ## | 12K46 | Y | TN MEDICAID | | TRUE | N | BOTH |
| Medicaid of Texas | 86916 | Y | TX MEDICAID | For "Acute Care" claims only | TRUE | N | BOTH |
| Medicaid of US Virgin Islands ## | 12K39 | Y | VIRGIN ISL MCD | | FALSE | N | BOTH |
| Medicaid of Utah ## | 12K42 | N | UT MEDICAID | | TRUE | N | BOTH |
| Medicaid of Virginia | 55381 | Y | MEDICAID OF VA | | FALSE | N | BOTH |
| Medicaid of West Virginia ** | 12K28 | Y | WV MEDICAID | | FALSE | N | BOTH |
| Medicaid of Wisconsin | WIMCD | Y | WI MEDICAID | | FALSE | N | BOTH |
| Medicaid of Wyoming ** | 12K30 | Y | WY MEDICAID | | FALSE | N | BOTH |
| Medical Associates Health Plan ## | MAHP1 | Y | MED ASSOC HLTH PL | | FALSE | G | BOTH |
| Nivano Physicians IPD ## | MBA01 | Y | MEDICAL BENEFIT | | FALSE | G | BOTH |
| Medical Benefits Administrators, Inc. (Newark, OH) ## | 74323 | Y | MEDICAL BENEFIT | | FALSE | G | BOTH |
| Medical Benefits Companies (Newark, OH) ## | 74323 | Y | MEDICAL BENEFIT | | FALSE | G | BOTH |
| Medical Benefits Mutual ## | 74323 | Y | MEDICAL BENEFIT | | FALSE | G | BOTH |
| Medical Benefits Mutual (Newark, OH) ## | 74323 | Y | MEDICAL BENEFIT | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
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| Medical Mutual of Ohio ** | 29076 | Y | CAROLINA CARE PLA | Provider's Medical Mutual assigned 12 digit ID number required. | FALSE | G | BOTH |
| MEDICAL MUTUAL OF OHIO CAREWORKS ## | 10010 | Y | CAREWORKS OF OHIO | | FALSE | G | BOTH |
| Medical Reimbursement Associates ## | 62177 | Y | MED REIMBURSE AME | | FALSE | G | BOTH |
| Medical Services Initiative ** | 12057 | Y | MEDICAL SVCS INIT | | FALSE | G | BOTH |
| Medical Value Plan - Ohio (MVP) | 38224 | Y | MEDICAL VALUE PLA | | FALSE | G | BOTH |
| Medicare & Much More Florida Incorporated## (Effective 1/1/19) | MMMFL | Y | MEDICARE MORE | | FALSE | G | BOTH |
| Medicare of Alabama ** | 12M01 | Y | AL MEDICARE | | TRUE | N | BOTH |
| Medicare of Alaska ** | AKMCR | Y | AK MEDICARE | Per Provider Testing is Required | TRUE | N | BOTH |
| Medicare of Arizona ** | 12M02 | Y | MEDICARE OF AZ | | TRUE | N | BOTH |
| Medicare of California ** | 01111 | Y | CA MEDICARE | Does not include J1 MAC, see 12M64. | TRUE | N | BOTH |
| Medicare of Colorado ** | 04111 | Y | CO MEDICARE | | TRUE | N | BOTH |
| Medicare of Connecticut | 35331 | Y | MEDICARE OF CT | | TRUE | N | BOTH |
| Medicare of Florida | 35181 | Y | MEDICARE OF FL | | TRUE | N | BOTH |
| Medicare of Georgia | 35361 | Y | MEDICARE OF GA | | TRUE | N | BOTH |
| Medicare Hawaii ** | 01211 | Y | MEDICARE OF HI | | TRUE | N | BOTH |
| Medicare of Illinois ** | 06101 | Y | MEDICARE OF IL | | TRUE | N | BOTH |
| Medicare of Indiana ** | 12M09 | Y | MEDICARE OF IN | | TRUE | N | BOTH |
| Medicare of Iowa ** | 05101 | Y | IA MEDICARE | | TRUE | N | BOTH |
| Medicare of Kansas | 05201 | Y | KS MEDICARE | | TRUE | N | BOTH |
| Medicare of Kentucky ** | 15101 | Y | KY MEDICARE | | TRUE | N | BOTH |
| Medicare Louisiana | 07201 | Y | MEDICARE OF LA | | TRUE | N | BOTH |
| Medicare Nevada | 01311 | Y | MEDICARE OF NV | | TRUE | N | BOTH |
| Medicare of Maine | 35471 | Y | MEDICARE OF ME | | TRUE | N | BOTH |
| Medicare of Maryland | 55541 | Y | MEDICARE OF MD | | TRUE | N | BOTH |
| Medicare of Massachusetts | 55271 | Y | MEDICARE OF MA | | TRUE | N | BOTH |
| Medicare of Michigan ** | 08201 | Y | MI MEDICARE | | TRUE | N | BOTH |
| Medicare of Minnesota ** | 06201 | Y | MN MEDICARE | | TRUE | N | BOTH |
| Medicare of Missouri J5 ** | 05301 | Y | MO MEDICARE | | TRUE | N | BOTH |
| Medicare of Mutual of Omaha | 05901 | Y | MUTUAL OMAHA MCR | | TRUE | N | BOTH |
| Medicare of Nebraska ** | 05401 | Y | NE MEDICARE | | TRUE | N | BOTH |
| Medicare of New Jersey ## | 12401 | Y | MEDICARE OF NJ | | TRUE | N | BOTH |
| Medicare of New York ** | 13201 | Y | NY MEDICARE | | TRUE | N | BOTH |
| Medicare of North Dakota ** | 12M82 | Y | MEDICARE OF ND | | TRUE | N | BOTH |
| Medicare of Ohio ** | 15201 | Y | OH MEDICARE | | TRUE | N | BOTH |
| Medicare of Oklahoma ** | 04311 | Y | OK MEDICARE | | TRUE | N | BOTH |
| Medicare of South Carolina ** | 12M55 | Y | MEDICARE OF SC | | TRUE | N | BOTH |
| Medicare of Tennessee ** | 12M53 | Y | MEDICARE OF TN | | TRUE | N | BOTH |
| Medicare of Texas ** | 04411 | Y | TX MEDICARE | | TRUE | N | BOTH |
| Medicare of Virginia ** | 11003 | Y | VA MEDICARE | | TRUE | N | BOTH |
| Medicare of Washington (Noridian) ** | 12M45 | Y | MEDICARE OF WA | | TRUE | N | BOTH |
| Medicare of Wisconsin ** | 00450 | Y | WI MEDICARE | | TRUE | N | BOTH |
| Medico Insurance ## | 23160 | N | MEDICO INS COMPAN | | FALSE | N | BOTH |
| Medigold ## | 95655 | Y | MOUNT CARMEL | | FALSE | G | BOTH |
| Mediture ## | 20039 | Y | MEDITURE | | FALSE | G | BOTH |
| Mediture IPA ## | AMM11 | Y | MEDITURE IPA | | FALSE | G | BOTH |
| Medova ** | 2700U | Y | MEDOVA | | FALSE | G | BOTH |
| Medpartners ## | 412MP | N | MEDPARTNERS ADMIN | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



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|--|-------|---------|-------------------|---|------------|------------|----------|
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| MedPartners (PHCS Repricing) ## | 441MP | Y | MEDPARTNERS PHCS | PO Box 10240 Fort Wayne, In 46857 | FALSE | G | BOTH |
| MedSolutions, Inc ## | 62160 | Y | MEDSOLUTIONS | | FALSE | G | BOTH |
| Medstar Physicians Partners ## | 39190 | Y | MEDSTAR FAM CHOIC | | FALSE | G | BOTH |
| Medstar Select | 251MS | N | MEDSTAR SEL | | FALSE | G | BOTH |
| Memorial Clinical Associates/ SelectCare of Texas ## | 62181 | Y | MEMORIAL CLINIC | | FALSE | G | BOTH |
| Memorial Hermann Health Network I Par Plus | MHHNP | Y | MEM HERMANN HLTH | | FALSE | G | BOTH |
| Memorial Integrated Healthcare/South Florida Community Care Network ** | 59065 | Y | SO FL COMMON SVCS | | FALSE | G | BOTH |
| Mennonite Mutual Aid Association and Affiliates (Now known as Everence) ** | 35605 | N | EVERENCE | | FALSE | G | BOTH |
| Mental Health Consultants Inc ## | 37050 | Y | MENTAL HLTH CONS | | FALSE | G | BOTH |
| Mental Health Network ## | 74289 | Y | MENTAL HEALTH | | FALSE | G | BOTH |
| Mercy Care Plan of Arizona | 86052 | Y | MERCY HP AHCCCS | | FALSE | G | BOTH |
| Mercy LIFE of Alabama ## | 63002 | Y | MERCY LIFE OF AL | | FALSE | G | BOTH |
| Mercy Maricopa Integrated Care ## | 33628 | Y | MERCY MARICOPA IC | | FALSE | G | BOTH |
| Mercy Provider Network ## | 43185 | Y | MERCY PROV NETWOR | | FALSE | G | BOTH |
| MERCYCARE WI (Call 608-758-7739 for PayerID.) | CALL | N | MERCYCARE WI | | FALSE | C | BOTH |
| Meridian Health Plan Michigan ## | 52563 | A | MERIDIAN MI | | FALSE | G | BOTH |
| Meridian Health Plan ** | 13189 | Y | MERIDIAN HEALTH P | | FALSE | G | BOTH |
| Meritain Health (Formerly know as North American Administrators) ## | 64157 | Y | MERITAIN HLTH NAH | | FALSE | G | BOTH |
| Meritain Health Minneapolis ## | 41124 | Y | IOWA BENEFITS | | FALSE | G | BOTH |
| Metcare Health Plan ## | 65113 | N | METCARE HEALTH | | FALSE | T | BOTH |
| Metro Plus Health Plan ## | 13265 | Y | METRO PLUS HEALTH | | FALSE | G | BOTH |
| Metropolitan Health Plan | 10850 | Y | METRO HEALTH PLAN | | FALSE | G | BOTH |
| MHNET ## | 74289 | Y | MENTAL HEALTH NET | | FALSE | G | BOTH |
| MI Blue Care Network ** | 12B58 | N | MI BLUE CARE | | TRUE | N | BOTH |
| MI Blue Cross PPO ** | 12B18 | N | BC OF MI PPO | | TRUE | N | BOTH |
| Miami Behavioral Health ## | 92579 | Y | MIAMI BEHAVIORAL | | FALSE | G | BOTH |
| Miami Children's Health Plan ** | 82832 | Y | MIAMI CHILDREN | | FALSE | G | BOTH |
| Michigan Complete Health## | 68069 | Y | MI COMP HLTH | | FALSE | G | BOTH |
| MID Rogue Oregon Health Plan ## | MRIPA | Y | MID ROGUE OREGO | | FALSE | G | BOTH |
| Mid-America Associates Inc. ## | 37281 | N | MID AMERICA | | FALSE | G | BOTH |
| Mid-American Benefits ** | 22823 | N | MID AMER BENEFITS | | FALSE | T | BOTH |
| Midlands Health Partners | 47080 | Y | MIDLANDS CHOICE | | FALSE | T | BOTH |
| Midwest Health Partners ## | 76079 | Y | MIDWEST HLTH PART | | FALSE | G | BOTH |
| Midwest Health Plan ** (Run off claims will be supported until 12-31-19) | MHP77 | N | MIDWEST HLTH PLAN | | FALSE | G | BOTH |
| Mid-West Nat'l Life & Health Ins. Co. | 97055 | Y | MID WEST NAT | | FALSE | G | BOTH |
| Midwest Physician Administrative Services ## | TH088 | Y | MW PHYS ADMIN SVC | | FALSE | G | BOTH |
| MISS SELECT HLTH CARE/SELECT ADMN SERVICE ## | 64088 | Y | MS SELECT HEALTHC | Also Select Administrativ e Services (SAS) | FALSE | G | BOTH |
| Mississippi Health Partners ## | 64068 | Y | CREATIVE MED SYS | | FALSE | G | BOTH |
| Mississippi Physician Care Network ## | 64084 | N | MS PHYS CARE NETW | | FALSE | G | BOTH |
| ML Healthcare ## | 26097 | N | ML HEALTHCARE | | FALSE | G | BOTH |
| Moda Health (ODS Health Plan)## | 13350 | N | MODA HEALTH | | FALSE | N | BOTH |
| Molina Healthcare of California ** | 38333 | Y | MOLINA HC OF CALI | | FALSE | G | BOTH |
| Molina Healthcare of Florida | 51062 | N | MOLINA HC OF FLOR | | FALSE | G | BOTH |
| Molina Healthcare of Michigan ** | 38334 | Y | MOLINA HC OF MICH | | FALSE | G | BOTH |
| Molina Healthcare Mississippi ## | 77010 | Y | MOLINA MS | | FALSE | G | BOTH |
| Molina Healthcare of New Mexico - Salud | 09824 | Y | MOLINA HC NM SALU | | FALSE | G | BOTH |
| Molina Healthcare of New Mexico - SCI | 04423 | Y | MOLINA HC NM SCI | | FALSE | G | BOTH |
| Molina Healthcare of Ohio ** | 20149 | Y | MOLINA HC OF OHIO | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



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| Molina Healthcare of South Carolina ** | 46299 | Y | MOLINA HC SC | | FALSE | G | BOTH |
| Molina Healthcare of Texas ** | 20554 | Y | MOLINA HC OF TEX | | FALSE | G | BOTH |
| Molina Healthcare of Utah ** | 12X09 | Y | MOLINA HEALTH | | FALSE | N | BOTH |
| Molina Healthcare of Washington I Par Plus ** | 38336 | Y | MOLINA HC OF WASH | | FALSE | G | BOTH |
| Molina Illinois ** | 20934 | Y | MOLINA HC OF IL | | FALSE | G | BOTH |
| Monarch IPA ## | IP095 | N | MONARCH HEALTH IP | | FALSE | N | BOTH |
| | | | | Payer accepts secondary claims only, and Medicare cannot be the primary payer | | | |
| Monitor Life ** | 01759 | y | MONITOR LIFE | | FALSE | G | BOTH |
| Montefiore Contract Management Organization ** | 13174 | Y | MONTEFIORE CONTRA | | FALSE | G | BOTH |
| Montefiore HMO ** | 46161 | N | MONTEFIORE HMO | | FALSE | G | BOTH |
| Monumental Life ## | MMLIC | Y | MONUMENTAL LIFE | | FALSE | N | BOTH |
| MORRIS ASSOCIATES ## | 35092 | Y | MORRIS ASSOCIATES | | FALSE | G | BOTH |
| Mountain States ## | 86040 | Y | MOUNTAIN STATES | | FALSE | G | BOTH |
| MPEEBT(MISSISSIPPI PUBLIC ENTITY) ## | 37233 | Y | EMP EMPLOYEE BENE | | FALSE | G | BOTH |
| MPLAN, Inc./HealthCare Group, LLC ## | 95444 | Y | MPLAN INC HEALTH | | FALSE | G | BOTH |
| MRIPA Allcare CCO ## | 26161 | Y | MRIPA ALLCARE CCO | | FALSE | G | BOTH |
| Multiplan Wisconsin Preferred Provider Network ** | 34080 | Y | MULTIPLAN WI | | FALSE | C | BOTH |
| Municipal Health Benefit Fund ## | 81883 | N | MUNI HEALTH BENEF | | FALSE | G | BOTH |
| Mutual Assurance (Now known as HSBS Oklahoma City) ## | 37256 | Y | MUTUAL ASSUR | | FALSE | G | BOTH |
| Mutual of Omaha Insurance Company | 71412 | Y | MUTUAL OF OMAHA | | FALSE | G | BOTH # |
| Mutually Preferred | 71412 | Y | MUTUAL OF OMAHA I | | FALSE | G | BOTH # |
| MVP - Ohio (Previous payer ID MHP77; Use payer ID 38224 for claims with a date of service 07-01-19 and greater) | 38224 | Y | MVP OHIO | | FALSE | G | BOTH |
| | | | | MVP Health Plan (Mohawk Valley) (providers should contact MVP at 877-461-4911 before submitting claims) | | | |
| MVP Health Plan of NY | 14165 | Y | MVP HEALTH NY | | FALSE | G | BOTH |
| MyNexus, Inc. | 32043 | Y | MYNEXUS INC | | FALSE | G | BOTH |
| N.W. Ironworkers Health & Security Trust Fund - Group # F15 ## | 91136 | Y | NW IRONWRKRS F15 | | FALSE | G | BOTH |
| | | | | Please include Group Number when submitting claims. | | | |
| N.W. Roofers & Employers Health & Security Trust Fund -Group #F26 ## | 91136 | Y | NW ROOFERS F26 | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



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|--|-------|---------|-------------------|---|------------|------------|----------|
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| N.W. Textile Processors - Group # F14 ## | 91136 | Y | NW TEXTILE F14 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| NAA (North Americal Administrators, LP - Nashville, TN.) ## | 65085 | Y | NAA | | FALSE | G | BOTH |
| NALC/Affordable | 53011 | Y | NATIONAL ASSOCIAT | | FALSE | G | BOTH |
| NaphCare, Inc ** | 58182 | A | NAPHCARE INC | | FALSE | G | BOTH |
| National Accident & Health General Agency Inc. ** | 67788 | Y | NAT ACC HEALTH GE | | FALSE | G | BOTH |
| National Association of Letter Carriers/NALC ** | 53011 | Y | NATIONAL ASSOC | | FALSE | G | BOTH |
| National Health Benefit ** | 88057 | Y | NATL HEALTH BENEF | | FALSE | G | BOTH |
| National Health Benefits Corportation-NHBCO2 ## | 88050 | Y | NATIONAL HEALTH | | FALSE | G | BOTH |
| National Rural Letter Carrier Association (Policy Number GMG1846) | 71412 | Y | MUTUALLY PREFERRE | | FALSE | G | BOTH # |
| National Telecommunications Cooperative Associations ## | 52103 | Y | NAT TELECOMM COOP | | FALSE | G | BOTH |
| National Telecommunications Cooperative Associations (NTCS Staff) ## | 52104 | Y | NTCS STAFF | | FALSE | G | BOTH |
| Native Care Health ** | 19191 | N | NATIVE CARE HEALT | | FALSE | G | BOTH |
| NCAS - Fairfax, VA ## | 75190 | Y | NCAS FAIRFAX | | FALSE | G | BOTH |
| NCAS-CHARLOTTE ## | 75191 | Y | NCAS CHARLOTTE | | FALSE | G | BOTH |
| Nebraska Total Care ## | 68069 | Y | LA HLTHCARE CONNE | | FALSE | G | BOTH |
| Neighborhood Health Partnership ## | 96107 | Y | NEIGHBORHOOD | | FALSE | C | BOTH # |
| AllWays Health Plan (prev. Neighborhood Plan, Boston, MA) | 04293 | Y | NGHBRHOOD PLAN MA | | FALSE | G | BOTH |
| Neighborhood Health Plan RI - Exchange, Unity, Integrity ## | 96240 | Y | NEIGHBORHOOD HP R | Patient ID cards will have 11 digit Ids that start with 135 | FALSE | G | BOTH |
| NESIKA HEALTH GROUP ## | 75280 | Y | NESIKA HEALTH GRP | Old Payer ID of 37255 is no longer valid | FALSE | G | BOTH |
| NETCARE LIFE HLTH INS ## | 66055 | Y | NETCARE LIFE HLTH | | FALSE | G | BOTH |
| Network Health ## | 04332 | N | NETWORK HLTH | | TRUE | N | BOTH |
| Network Health Insurance Corp-Medicare ## | 77076 | N | NETWORK HLTH INSU | | FALSE | G | BOTH |
| Network Health Insurance Medicare ** | 77076 | Y | NETWORK HEALTH | | FALSE | G | BOTH |
| Network Health of WI ** | 39144 | Y | WI NETWORK HEALTH | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



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| | | | | Payer id 39144 now valid for hospital and medical claims that have a submission address of PO Box 568 Menasha, WI 54952. Payer id 39111 has been merged to this payer id. | | | |
| Network Healthplan of Wisconsin ## | 39144 | Y | NETWORK HLTH | | FALSE | G | BOTH |
| Network Solutions IPA ** | NSIPA | Y | NETWORK SOLN IPA | | FALSE | G | BOTH |
| New Avenues Inc. ** | 95998 | N | NEW AVENUES INC | | FALSE | G | BOTH |
| New ERA ## | 75281 | Y | NEW ERA | | FALSE | G | BOTH |
| New Era Life Insurance Company ## | 98798 | N | NEW ERA LIFE | | FALSE | G | BOTH |
| | | | | (MemberIDs start with "YIF") | | | |
| New Mexico Blue Cross Community Centennial ** | MC721 | Y | NM BC COMMUNITY C | | FALSE | G | BOTH |
| New Mexico Health Connections ** | 45129 | N | NM HEALTH CONNECT | | FALSE | G | BOTH |
| New Mexico Public Schools Insurance Authority ## | 85036 | Y | NM PUB SCHOOLS IN | | FALSE | G | BOTH |
| New York Hotel Trade Council ** | 7707C | Y | NY HOTEL TRADE | | TRUE | N | BOTH |
| New York Life - Long Term Care I Par Plus | NYL11 | Y | NYL LONG TERM CAR | | FALSE | N | BOTH |
| Next Level Health Partners (FKA 69821) ## | 81085 | Y | NEXT LEVEL HEALTH | | FALSE | G | BOTH |
| NGS Coresource ** | 38225 | Y | NGS AMERICAN | | FALSE | G | BOTH |
| NHI Billing ** | 14043 | N | NHI BILLING | | FALSE | G | BOTH |
| Nippon Life Insurance Company of America ## | 81264 | Y | NIPPON LIFE INS | | FALSE | G | BOTH |
| NJ CARPENTERS HEALTH ** | 22603 | Y | NJ CARPENTERS HF | | FALSE | G | BOTH |
| | | | | Valid for billing address of P O Box 94928, Cleveland, OH 44101-4928 or P. O. Box 89476, Cleveland, OH 44101-5476 | | | |
| North American Benefits ## | 34159 | Y | NORTH AMERICAN BE | | FALSE | G | BOTH |
| | | | | Contact 1-800-956-8000 prior to initial submission of claims. | | | |
| NORTH AMERICAN MED ## | E3510 | Y | NORTH AMERICAN | | FALSE | G | BOTH |
| North Shore - LIJ (Healthfirst) ** | 17516 | N | NORTH SHORE LIJ | | FALSE | G | BOTH |
| | | | | Effective 01-01-2019 | | | |
| North Texas Healthcare Network ** | 75250 | Y | NORTH TEXAS HEALT | | FALSE | G | BOTH |
| Northeast Georgia Health Services ## | 58169 | Y | NE GA HLTH SVCS | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|--------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Northeast Iowa Community Health Plan ## | SISCO | N | SISCO | | FALSE | G | BOTH |
| Northern Ill HealthPlan ## | 36347 | Y | NORTHERN ILL | | FALSE | G | BOTH |
| Northern Nevada Trust Fund ## | 88027 | Y | NO NV TRUST FUNDS | | FALSE | G | BOTH |
| Northwest Community Health Partners | NANWC | Y | NORTHWEST COMM | After June 30, 2013 claims should be billed to payerID 35199. | FALSE | G | BOTH |
| Northwest Diagnostic Clinic I Par Plus (Old PayerID of NWDC1 is no longer valid.) | 62119 | Y | NWDC SELECTCARE T | | FALSE | N | BOTH |
| Northwest Physicians Network ## | NPN11 | Y | NW PHYSICIANS NET | | FALSE | G | BOTH |
| Northwood Healthcare## | NWOOD | Y | NORTHWOOD | | FALSE | G | BOTH |
| NOVA Healthcare Administrators NY ## | 16644 | Y | NOVA HLTHCARE ADM | | FALSE | G | BOTH |
| Novasys Health Network ## | 68069 | Y | MAGNOLIA MS | | FALSE | G | BOTH |
| NX Health Network ## | 44412 | N | NX HEALTH | | FALSE | G | BOTH |
| Nyhart ## | 37299 | Y | NYHART | | FALSE | G | BOTH |
| NYS DOH UCP ** | 14142 | N | NYS DOH UCP | | FALSE | N | BOTH |
| Oak West Primary Physician Association ## | 36400 | Y | OAK WEST PHYSICIA | | FALSE | G | BOTH |
| ODS Health Plan ## | 13350 | Y | ODS HEALTH PLAN | | FALSE | G | BOTH |
| Ohio Health Choice, PPO ## | 34189 | Y | OHIO HLTH CHOICE | | FALSE | G | BOTH |
| Ohio PPO Connect ** | 74431 | N | OHIO PPO CONNECT | | FALSE | G | BOTH |
| Olympus Managed Health Care ## | 65074 | Y | OLYMPUS MGD HC | | FALSE | T | BOTH |
| OMNICARE- Coventry Health Plan of MI ## | 25150 | N | OMNICARE | | FALSE | G | BOTH |
| One Call Medical ## | 22321 | Y | ONE CALL MEDICAL | | FALSE | G | BOTH |
| Operating Engineers Locals 302 & 612 Health & Security Fund #F12 ## | 91136 | Y | OPERATING ENGINEE | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Optima Health Plan ## | 54154 | N | OPTIMA INS COMPAN | | FALSE | N | BOTH |
| Optimum Healthcare Inc ## | 20133 | N | OPTIMUM HEALTHCAR | | FALSE | G | BOTH # |
| Optum – Complex Medical Conditions (CMC) (formerly OptumHealth Care Solutions and United Resource Networks) former payer id 52190 ** | 41194 | Y | UNITED RESOURCES | | FALSE | C | BOTH # |
| Optum Care Network of Connecticut ## | E3287 | Y | OPTUM CARE NETWORK | | FALSE | C | BOTH |
| Optum Health - Physical Health (Includes Oxford), formerly ACN, former payer IDs 41159, 41160, ACN01 ** | 41161 | N | OPTUMHEALTH | | FALSE | C | BOTH # |
| Optum Maryland Behavioral Health | OMDBH | N | OMD BEHAV HLTH | | FALSE | C | BOTH |
| Optum Medical Network / AZ, UT (formerly Lifeprint Network) ## | LIFE1 | R | LIFEPRINT | | FALSE | C | BOTH # |
| OptumHealth (OptumHealth Behavior Solutions) formerly United Behavioral Health and PacifiCare Behavioral Health), former payer ID 33053 | 87726 | Y | OPTUMHEALTH BEHAV | | FALSE | C | BOTH # |
| OptumHealth (OptumHealth Behavioral Solutions of NM) ** | 87726 | Y | OPTUMHEALTH BEHAV | | FALSE | C | BOTH # |
| OptumHealth (OptumHealth Care Solutions), formerly United Resources Networks, former payer ID 52190 ** | 41194 | Y | OPTUMHEALTH | | FALSE | C | BOTH # |
| OptumHealth Behavior Solutions | 87726 | Y | OXFORD MEDICARE N | | FALSE | C | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| OptumHealth Behavioral Solutions of NM (OptumHealth) ** | 87726 | Y | OXFORD MOSAID NET | | FALSE | C | BOTH |
| Orthonet-Aetna | 13383 | Y | ORTHONET AETNA | | FALSE | G | BOTH |
| Oscar Health ** | OSCAR | Y | OSCAR HEALTH | | FALSE | G | BOTH |
| OSF HealthPlans ## | 61101 | Y | HUMANA HEALTH | | FALSE | G | BOTH |
| Oxford Health Plans ## | 06111 | Y | OXFORD | | FALSE | C | BOTH |
| P3 Health Partners -Arizona ** | 58375 | N | HLTH AZ PARTNERS | | FALSE | G | BOTH |
| P5 Health ** | 87068 | N | P5 HEALTH | | FALSE | T | BOTH |
| | | | | Call Manager of PPHN Claims Operations (410) 349-3222 | | | |
| PA PREFERRED HEALTH | CALL | Y | CONTACT SUPPORT | | FALSE | G | BOTH |
| Pace Central Iowa ## | 72436 | Y | PACE CENTRAL IOWA | | FALSE | G | BOTH |
| Pace Nebraska ## | 35416 | N | PACE NEBRASKA | | FALSE | G | BOTH |
| Pace of Southeast Michigan ## | 86711 | Y | PACE SE MICHIGAN | | FALSE | G | BOTH |
| Pace of Southwest Iowa ## | 53534 | Y | PACE SOUTHWEST IA | | FALSE | G | BOTH |
| | | | | | | | BOTH |
| Pace of Southwest Michigan Inc. ## | 45114 | Y | PACE SW MICHIGAN | | FALSE | G | # |
| | | | | | | | BOTH |
| Pacific Southwest Administrators ## | 75309 | Y | PSWA | | FALSE | G | # |
| PacificCare Life and Health Insurance Company (UnitedHealthOne) ## | 81400 | Y | PACIFICARE LIFE | | FALSE | C | BOTH # |
| PacificCare of Colorado | COPHS | Y | PACIFICARE | | FALSE | C | BOTH |
| | | | | | | | |
| PacificSource Commercial ## | 93029 | N | PACIFICSOURCE COM | | FALSE | G | BOTH |
| PacificSource Medicare ## | 20377 | N | PACIFICSOURCE MCA | | FALSE | G | BOTH |
| Palo Alto Medical Foundation ** | 94115 | Y | PALO ALTO MEDIC | | FALSE | G | BOTH |
| Pan American Life Insurance ## | 04218 | Y | PAN AMERICAN LIFE | | FALSE | G | BOTH |
| Paramount Health ## | SX158 | N | PARAMOUNT HEALTH | | FALSE | N | BOTH |
| Parkland Community Health Plan ## | 66917 | Y | PARKLAND COMM HP | | FALSE | G | BOTH |
| Partners Behavioral Health ## | 52613 | Y | PARTNERS BEHAV | | FALSE | G | BOTH |
| Partners Health Plan ## | 14966 | Y | PARTNERS HLTH PLA | | FALSE | G | BOTH |
| Passport Advantage ** (Effective 7-1-18 new PID 66008, former payer ID 97652) | 66008 | Y | PASSPORT ADV | | FALSE | G | BOTH |
| | | | | New Payer ID for DOS 10/1/2017 and after | | | |
| Passport Health Plan ** | 61325 | N | PASSPORT HEALTH | | FALSE | G | BOTH |
| PATIENT ADVOCATE,LLC ## | 10525 | Y | PATIENT ADVOCATES | | FALSE | G | BOTH |
| Payer Fusion ## | 27048 | A | PAYER FUSION | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| | | | | Prior to submitting claims, please call Provider Relations Dept at 1-866-874-0633 to verify your provider info is on file in the claim system. This will prevent rejections and allow payments to be made in timely manner. | | | |
| Peach State Health Plan ** | 68069 | Y | IN MGD HEALTH SVC | | FALSE | G | BOTH |
| Peak Pace Solutions ## | 27034 | N | PEAK PACE SOLUTIO | | FALSE | G | BOTH |
| Pedicare Title 21 I Par Plus | M3FL8 | Y | PEDICARE TITLE | | FALSE | T | BOTH |
| Penn Behavioral Health ** | 53226 | A | PENN BEHAV HEALTH | | FALSE | G | BOTH |
| Pennsylvania Pace ## | 20172 | N | PENNSYLVANIA PACE | | FALSE | G | BOTH |
| PEOPLES HEALTH NETWORK ## | 72126 | Y | PEOPLES HLTH NETW | Network ID required on claim | FALSE | G | BOTH |
| Personal Insurance Administrators, Inc. ## | 95397 | N | PERSONAL INS ADMI | | FALSE | G | BOTH |
| PHCS Savility | 13306 | N | PHCS SAVILITY | ONLY for Savility card members | FALSE | G | BOTH |
| Phoenix Choice ## | 55649 | Y | PHOENIX CHOICE | | FALSE | G | BOTH |
| Phoenix Health Plan ** | 03440 | Y | PHOENIX HEALTH PL | | FALSE | G | BOTH |
| PHP of Northern Indiana ## | 12399 | N | PHYS HLTHPLN N IN | | FALSE | G | BOTH |
| PHX Teamsters UT/MT/ID ** | CX100 | N | PHX TEAMSTERS UT | | FALSE | G | BOTH |
| Physician Health Partners | PHPMC | N | CORR HLTH PARTNER | | FALSE | G | BOTH |
| Physicians Care Network (Rockford IL only) | 36345 | Y | PCN ROCKFORD IL | | FALSE | G | BOTH |
| Physicians Choice Medical Group of Santa Maria ## | MCI01 | Y | PHYS CHOICE | | FALSE | G | BOTH |
| Physician's Health Choice - Claims I Par Plus | PHCS1 | Y | PHY HLTH CHCE CLA | | FALSE | C | BOTH |
| PHYSICIANS HEALTH COLLABORATIVE ## | 20398 | Y | PHYSICIANS HLTH C | | FALSE | G | BOTH |
| Physicians Health Plan ** | 37330 | N | PHYSICIAN HLTH PL | | FALSE | P | BOTH |
| Physicians Medical Group of San Jose ** | EXC01 | N | PHYS MED | | FALSE | G | BOTH |
| Physicians Mutual ## | 47027 | Y | PHYSICIANS MUTUAL | | FALSE | G | BOTH |
| Physicians of Southwest Washington ## | 91171 | R | PHYSICIANS SW WA | | FALSE | G | BOTH |
| Physicians Plus Insurance Corporation ** | 39156 | Y | PHYSICIANS PLUS | | FALSE | C | BOTH |
| Pinnacle Claims Management, Inc. ## | 24735 | N | WEST GROWERS TRUS | | FALSE | G | BOTH |
| PINNACOL ASSURANCE ## | 84109 | Y | PINNACOL | | FALSE | G | BOTH |
| Pittman & Associates (Now known as HSBS Memphis) ## | 37224 | Y | PITTMAN AND ASSOC | | FALSE | G | BOTH |
| PLANNED ADMINISTRATOR ** | 37287 | Y | PAI | | FALSE | G | BOTH |
| Podiatry Network FL ## | 59324 | N | PODIATRY NETWK FL | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|--------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Point Comfort Underwriters ## | PCU01 | Y | PTCOMFORT UNDERWR | | FALSE | G | BOTH |
| Point Comfort Underwriters ## | PCU02 | Y | PT COMFORT UNDERW | | FALSE | G | BOTH |
| PPO Plus, LLC ** | 72148 | Y | PPO PLUS LLC | | FALSE | G | BOTH |
| Prairie States Enterprises, Inc. ## | 36373 | Y | PRAIRE STATES ENT | | FALSE | G | BOTH |
| Preferred Administrator I Par Plus | EPF10 | Y | TX PREFERRED ADMI | | FALSE | G | BOTH |
| PREFERRED BEN ADMIN | 61665 | Y | PREF HLTH SYS PPO | | FALSE | G | BOTH |
| Preferred Care - NY ** | 12X04 | Y | PREFERRED CARE | | FALSE | G | BOTH |
| Preferred Care Partners / FL ** | 65088 | Y | PREF CARE PARTNER | Claims for the Miami Florida area only | FALSE | C | BOTH |
| Preferred Community Choice/PCCSelect/CompMed ** | 73145 | Y | PREF COMM CHOICE | | FALSE | G | BOTH |
| Preferred Health Plan (Louisville, KY) ## | 87815 | Y | PREFERRED HLTH KY | | FALSE | G | BOTH |
| Preferred Health Professionals (PHP Kansas City previous ID 61106) ## | 87815 | Y | PREF HEALTH PROF | New Payer ID 87815 Effective immediately | FALSE | G | BOTH |
| Preferred Health System | 60110 | Y | PREF HLTH SYSTEMS | | FALSE | G | BOTH |
| Preferred IPA ## | PFIPA | Y | PREFERRED IPA | | FALSE | G | BOTH |
| Preferred Med Grp, AKA Vantage, AmeriWest, Cal Care, LAMC** | PPM01 | S | DESERT FAM PRACTI | | FALSE | G | BOTH |
| Preferred Network Access ## | 36401 | Y | PREFERRED NET ACC | | FALSE | G | BOTH |
| Preferred One ** | 41147 | Y | PREFERRED ONE | | FALSE | G | BOTH |
| Premier Health Plan ** | 251PR | Y | PREMIER HEALTH PL | | FALSE | G | BOTH |
| Premier Healthcare Exchange ## | 88051 | N | PREMIER HCX | | FALSE | G | BOTH |
| Premier Healthcare Exchange (Cypress) ## | 88056 | N | PREMIER HCARE EXC | | FALSE | G | BOTH |
| Presbyterian (NM) ** | 05003 | Y | PRESBYTERIAN NM | | FALSE | G | BOTH |
| Presbyterian Salud ** | PRESA | Y | PRESBYTERIAN SALU | | FALSE | G | BOTH |
| Presence ERC ** | 46311 | N | PRESENCE ERC | | FALSE | G | BOTH |
| Prestige Health Choice ** | 77003 | Y | PRESTIGE HLTH CHO | Managed Medicaid Plan. For EDI Support, please email edi.phc@amerihealthcaritas.com or call 800-617-5727 | FALSE | G | BOTH |
| Prevea360 Health Plan ** | 39113 | Y | PREVEA360 | | FALSE | G | BOTH |
| Prevea Health Plan ## | 39185 | Y | PREVEA HEALTH INS | Now known as Arise Health Plan | FALSE | G | BOTH |
| Primary Care of Joliet## | PCJOL | N | PRIMARY CARE OF J | | FALSE | G | BOTH |
| Primary Health Network ## | 82048 | Y | PRIMARY HLTH NETW | | FALSE | G | BOTH |
| Primary PhysicianCare, Inc. ## | 56144 | Y | PRIMARY PHYSICIAN | | FALSE | G | BOTH |
| Prime Community Care Central Valley ## | MVCV1 | Y | PRIME COMM CARE CV | | FALSE | G | BOTH |
| Prime West Health Plan ## | 61604 | Y | PRIME WEST HEALT | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Print claims that will be mailed to payer | PRINT | N | PAPER CLAIMS | These claims will be printed and mailed to payer at current charges. | FALSE | N | BOTH |
| Priority Health | 38217 | Y | PRIORITY HEALTH | | FALSE | T | BOTH |
| ProCare Health Plan Medicaid ## (Use payer ID 70259 for dates of service 12-31-19 and prior. Use payer ID 38224 for claims with a date of service 01-01-20 and greater.) | 70259 | Y | PROCARE HP MEDICA | | FALSE | G | BOTH |
| Professional Benefit Administrators, Inc (Oak Brook, IL) ## | 36331 | Y | PROF BENE ADM IL | Payor ID is only valid for claims with billings submission name, city and state of Professional Benefit Administrators, Inc (Oak Brook, IL) | FALSE | G | BOTH |
| Professional Claims Management (Canton OH) ## | 37242 | Y | PROF CLAIMS MGMT | Payer ID only valid for claims with a billing submission address of P.O. Box 35276 Canton OH 44735-5278 | FALSE | G | BOTH |
| PROGYNY ## | PROGY | N | PROGYNY | | FALSE | G | BOTH |
| Prominence Health Plan Encounters ## | 88082 | Y | PROMINENCE HP | | FALSE | G | BOTH |
| Prominence Health Plan of Nevada ## | 93082 | N | PROMINENCE HP NV | | FALSE | G | BOTH |
| Prominence Health Plan of Texas ## | 80095 | N | PROMINENCE HP TX | | FALSE | G | BOTH |
| Providence Health Plan ## | SX133 | Y | PROVIDENCE HEALTH | | FALSE | G | # |
| Providence Health PPO ## | SX187 | Y | PROVIDENCE H PPO | | FALSE | G | BOTH |
| Providence Insurance & Administrative Services** | PAS01 | Y | PROVIDENCE ADMIN | | FALSE | G | BOTH |
| PROVIDENT | 62308 | N | PROVIDENT | | FALSE | C | BOTH |
| Provider Partners Health Plan Illinois ## | 31401 | N | IL PROVIDER HLTH | | FALSE | G | BOTH |
| ProviDRs Care Network ## | 48100 | N | PROVIDERS CARE NE | | FALSE | G | BOTH |
| Pruitt Health Premier ## | PH001 | Y | PRUITT HLTH PREMI | | FALSE | G | BOTH |
| Puget Sound Benefits Trust - Group # F25 ## | 91136 | Y | PUGET GRP F25 | Please include Group Number when submitting claims. | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Puget Sound Electrical Workers Trust - Group # F33 ## | 91136 | Y | PUGET GRP 33 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| Pyramid Life Insurance Company | 14163 | Y | TODAYS OPTION APP | | FALSE | G | BOTH |
| Quad Cities Community Health Plan ## | SISCO | N | SISCO | | FALSE | G | BOTH |
| Qual Choice of Arkansas (former payer ID 35174) ## | 58379 | Y | QUAL CHOICE AR | | FALSE | G | BOTH |
| QualCare Alliance Networks Inc (Qani) ** | 22312 | A | QUALCARE ALLIANCE | | FALSE | G | BOTH |
| QualCare, Inc. ## | 23342 | Y | QUALCARE | | FALSE | G | BOTH |
| Quality Care Partners ** | 89461 | R | QUALITY CARE PART | | FALSE | G | BOTH |
| Quartz Administrative Services Organization (ASO)** | 46571 | R | QUARTZ ADMIN | | FALSE | G | BOTH |
| QuikTrip ## | 73067 | N | QUICKTRIP CORPORA | Payer does not return a Claim Status or u277 report. Providers will need to reach out to the payer at the number below if they have claim status questions: The QuikTrip provider line number: 918-615-7972. | FALSE | G | BOTH |
| RBMS, LLC ## | 91176 | Y | RBMS LLC | | FALSE | G | BOTH |
| Regence Group Administrators ## | RGA01 | Y | REGENCE GRP ADMIN | No enrollment, but providers are encouraged to ensure their identifiers are on file with the payer | FALSE | G | BOTH |
| REGIONAL CARE INC ## | 47076 | Y | REGIONAL CARE INC | | FALSE | G | BOTH |
| Renaissance Physicians Organization ## | 76066 | Y | RENAISSANCE PHYS | | FALSE | G | BOTH |
| Reserve National Insurance ** | 73066 | N | RESERVE NAT INSUR | | FALSE | G | BOTH |
| RESOURCEONE ADMINISTRATORS FKA ADMINONE ## | 58200 | Y | ADMINONE | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| RESURRECTION HEALTH CARE PREFERRED ## | 36396 | Y | FAMILY MEDICAL NE | Call (773) 572-8311 or (773) 572-8309 prior to your first submission | FALSE | G | BOTH |
| Resurrection Physicians Group I Par Plus | RPPG1 | Y | RESURRECTION PHY | | FALSE | G | BOTH |
| RevClaims ## | RVC01 | No | REVCLAIMS | RevClaims provides TPL benefits services for Providers. Providers must be contracted with RevClaims to submit claims. For more information, call 601-345-8500 | FALSE | C | BOTH |
| Right Care from Scott & White ## | 74205 | N | RIGHT CARE SCOTT | | FALSE | G | BOTH |
| RightChoice Benefits Administrators ## | 37331 | N | RIGHTCHOICE BENEF | | FALSE | G | BOTH |
| River City Medical Group ** | RCMG1 | Y | RIVER CITY MED | | FALSE | G | BOTH |
| Riverside Health Inc ## | 45281 | N | RIVERSIDE HEALTH | | FALSE | G | BOTH |
| RMSCO, INC. ** | 16117 | Y | RMSCO INC | | FALSE | G | BOTH # |
| Rocky Mountain Health Plan Grand Junction ## | 84065 | Y | ROCKY MOUNTAIN | | FALSE | G | BOTH |
| Rooney Life Inc. ** | 37602 | Y | GOLDEN RULE INS | | FALSE | C | BOTH |
| Rosemont of Des Plaines, IL | 36215 | Y | TEAMCARE | | FALSE | G | BOTH |
| Royal Health Care ** | 46166 | N | ROYAL HEALTH CARE | | FALSE | G | BOTH |
| Rush Prudential Health Plans (HMO Only) ## | 36389 | Y | RUSH PRDENTL HMO | | FALSE | G | BOTH |
| S & S Healthcare Strategies | 31441 | Y | S AND S HEALTHCAR | | FALSE | G | BOTH |
| Sagamore Health Network | 35164 | Y | SAGAMORE HEALTH N | | FALSE | T | BOTH |
| San Diego County Medical Services ## | MSO11 | R | SD COUNTY MED SVC | | FALSE | G | BOTH |
| San Diego County Physician Emergency Services | MSO22 | R | SD COUNTY PHY EME | | FALSE | G | BOTH |
| San Diego County Ryan White Primary Care Program ## | MSO33 | R | SD COUNTY RYAN WH | | FALSE | G | BOTH |
| San Diego County Sheriffs Department ** | MSO55 | N | SD COUNTY SHERIFF | | FALSE | G | BOTH |
| San Francisco Health Plan ## | SFHP1 | Y | SF HEALTH PLAN | | FALSE | G | BOTH |
| Sanford Health Plan ## | MNSHP | N | SANFORD HEALTH PL | | FALSE | G | BOTH |
| Santa Clara Family Health Plans ## | 24077 | N | SANTA CLARA FAM H | | FALSE | G | BOTH |
| Sante Community Physicians Medical Group Corp. ## | SNTMC | Y | SANTE COMMUNITY | | FALSE | G | BOTH |
| Sante Health System ## | 77038 | Y | SANTE HEALTH SYST | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Satellite Health Plan Inc ## | 45552 | N | SATELLITE HLTH PL | Satellite Health Plan is a MA ESRD C-SNP effective 1/1/14. First Time submitters, please fax a W9 to 650-625-6083 | FALSE | G | BOTH |
| Saudi Health Mission ** | SHM01 | N | SAUDI HLTH | | FALSE | G | BOTH |
| SCAN Encounters ** | 99157 | N | SCAN ENCOUNTERS | "Diversified Data Design (DDD)" | FALSE | N | BOTH |
| SCAN HEALTH PLAN ## | 72261 | Y | SCAN HEALTH PLAN | | FALSE | G | BOTH |
| Scan Health Plan Arizona ## | 73172 | Y | SCAN HLTH PLAN AZ | | FALSE | G | BOTH |
| SCAN Long Term Care ## | 20460 | N | SCAN LONG TERM CA | | FALSE | G | BOTH |
| Scott & White I Par Plus | 88030 | Y | SCOTT WHITE HEALT | | FALSE | N | BOTH |
| Scripps Health Plan MSO ** | SHPM1 | Y | SCRIPPS HEALTH | | FALSE | G | BOTH |
| Scripps Health Plan Services ** | SHPS1 | N | SCRIPPS HEALTH | | FALSE | G | BOTH # |
| SECURE HEALTH PLANS GA ## | 28530 | Y | SECURE HEALTH GA | | FALSE | G | BOTH # |
| SecureHorizons MedicareComplete (SecureHorizons by UnitedHealthcare) ** | 87726 | Y | SECUREHORIZONS | | FALSE | C | BOTH |
| SecureHorizons MedicareDirect (SecureHorizons by UnitedHealthcare) ** | 87726 | Y | SECUREHORIZONS | | FALSE | C | BOTH |
| Security Administrative Systems ## | 35202 | Y | SECURITY ADMIN SY | | FALSE | G | BOTH |
| Security Health Plan ## | 39045 | Y | SECURITY HEALTH | | FALSE | C | BOTH |
| Sedgwick CMS ## | TP097 | N | SEDGWICK | | FALSE | G | BOTH |
| SELECT BENEFIT ADMIN ## | 37282 | Y | SELECT BEN ADM AM | Valid for P.O. Box 440, Ashland, WI 54806. | FALSE | G | BOTH |
| Select Benefit Administrators (Des Moines Iowa) ## | 42137 | Y | SELECT BENEFIT AD | Payer ID only valid for claims with a billing submission address of P.O. Box 8339 Des Moines Iowa 50301 | FALSE | G | BOTH |
| Select Benefit Administrators, Inc. ## | 93031 | N | SELECT BENE ADMIN | | FALSE | G | BOTH |
| SELECT HEALTH IHC INTERMOUNTAIN HEALTH ** | 12X37 | Y | SELECT HEALTH | (Contact payer at 801-442-5442 before sending claims to verify provider numbers.) | TRUE | N | BOTH |
| Select Health of South Carolina ** | 23285 | Y | SELECT HEALTH SC | | FALSE | G | BOTH |
| SelectCare of Texas (HPN) Heritage Physicians Network ## | 76045 | Y | SELECTCARE TX HPN | | FALSE | G | BOTH |
| Self Insured Plans ## | 36404 | Y | SELF INSURED PLAN | | FALSE | G | BOTH |
| Self-Funded Plans, Inc (IL, PA, OH) ## | 34131 | Y | SELF FUNDED | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|---|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Selman Tricare Supplement Plans ** | TRSEL | Y | SELMAN TRICARE SU | | FALSE | G | BOTH |
| Sendero Health ## | SCS17 | N | SENDERO HLTH | | FALSE | G | BOTH |
| Sendero IdealCare ## | 11440 | Y | SENDERO IDEALCARE | | FALSE | G | BOTH |
| Sendero IdealCare ## | UV440 | Y | SENDERO IDEALCARE | For DOS 01-01-2019 and later | FALSE | G | BOTH |
| Senior Whole Health Care ## | 83035 | Y | SENIOR WHOLE HEAL | | FALSE | G | BOTH |
| SENTINEL MANAGEMENT ## | 23249 | Y | SENTINEL MGMT SVC | | FALSE | G | BOTH |
| Seton Employee Plan Care Program I Par Plus | SHCAR | Y | SETON EMPLOYEE | | FALSE | T | BOTH |
| Seton Employee Plan I par Plus | SHEBP | Y | SETON EMPLOYEE PL | | FALSE | G | BOTH |
| Seton Health Plan - CHIP I Par Plus | SHPCH | Y | SETON HEALTH | | FALSE | G | BOTH |
| Seton Star ## | STAR1 | N | SETON STAR | | FALSE | G | BOTH |
| Seven Corners ## | 25404 | N | SEVEN CORNERS | | FALSE | G | BOTH # |
| SGIC ## | 11789 | N | SGIC | | FALSE | G | BOTH # |
| Sheet Metal Workers Local 104 ## | 38238 | Y | BENESYS INC MI | | FALSE | G | BOTH # |
| Sierra Health and Life (Encounter claims) (SecureHorizons by UnitedHealthcare)** | 76343 | R | SIERRA HEALTH ENC | | FALSE | C | BOTH # |
| Sierra Health and Life (Encounters) ** | 76343 | R | SIERRA HEALTH | | FALSE | C | BOTH # |
| Sierra Health and Life (FFS claims) (SecureHorizons by UnitedHealthcare) ** | 76342 | R | SIERRA HEALTH SVC | | FALSE | C | BOTH # |
| Sierra Health and Life ** | 76342 | R | SIERRA HEALTH SVC | | FALSE | C | BOTH # |
| Sierra Health Systems ** | 76342 | R | SECUREHORIZONSFFS | | FALSE | C | BOTH |
| Sierra Health Systems Encounters | 76343 | R | SIERRA HEALTH | | FALSE | C | BOTH |
| SIHO ## | 77153 | N | SIHO | | FALSE | G | BOTH |
| Silver Cross Managed Care Organization | NASCR | Y | SILVER CROSS MCO | | FALSE | G | BOTH |
| Silver Star Pace ## | 97691 | Y | SILVER STAR PAC | | FALSE | G | BOTH |
| SilverSummit Health Plans## | 68069 | N | MANAGEDHLTHSVCSWI | | FALSE | G | BOTH |
| Simply HealthCare Plans ** (New PID SMPLY effective 12/1/18) | SMPLY | N | SIMPLY HEALTHCARE | | FALSE | G | BOTH |
| Simply HealthCare Plans ** | 27094 | N | SIMPLY HEALTHCARE | | FALSE | G | BOTH |
| Sinclair Health Plan ## | 84076 | Y | SINCLAIR HLTH PLN | | FALSE | G | BOTH |
| SISCO ## | SISCO | N | SISCO | | FALSE | G | BOTH |
| SISCO ## | 44827 | N | SISCO1 | | FALSE | G | BOTH |
| Smith Administrators ** | 02057 | Y | SMITH ADMIN | | FALSE | G | BOTH |
| Smoky Mountain Center ** | 13010 | Y | SMOKY MTN CENTER | | TRUE | G | BOTH |
| Solidarity Healthshare## | 77721 | N | SOLIDARITY | | FALSE | G | BOTH |
| Solis Health Plans ** | SOLIS | A | SOLIS | | FALSE | G | BOTH |
| Sound Health (now known as First Choice Health Network) | 91131 | Y | SOUND HEALTH | | FALSE | G | BOTH |
| Soundpath Health ## | 42172 | R | PUGET SOUND HP | Formerly known as Puget Sound Health Partners, Inc. | FALSE | G | BOTH |
| SOUTH CENTRAL PREFERRED | CALL | Y | CALL SUPPORT | Call Provider Relations (717) 851-6715 | FALSE | G | BOTH |
| South County Health Alliance (previously under payer ID 41154)** | 81600 | N | SOUTH CNTY HLTH | Effective 12-1-2018 for ALL Dates of Service | FALSE | G | BOTH |
| South Florida Musculoskeletal Care ## | 06294 | Y | SO FL MUSCULO CAR | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|-----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| SouthCare/Healthcare Preferred ** | 25147 | Y | SOUTHCARE HEALTHC | | FALSE | G | BOTH |
| Southern California Health Care System aka(CHS Alta Pod by Medpoint and SCHS Alto Pod by MedPoint ** | MPM20 | Y | SOCAL HLTH CARE S | | FALSE | G | BOTH |
| Southern Illinois Healthcare ** | UIHCA | Y | SOUTHERN IL | | FALSE | G | BOTH |
| Southwest Physicians Group ** | SWPG1 | Y | SW PHYSICIAN GRP | | FALSE | G | BOTH |
| Southwest Service Administrators ## | CX100 | N | SW SERVICE ADMINI | | FALSE | G | BOTH |
| | | | | Requires unique policy number or ID card. Valid for billing address of PO Box 982005 Ft. Worth, TX 76182 | | | |
| Southwest Service Life/Galaxy Health ## | 37266 | Y | SW SERVICE LIFE | | FALSE | G | BOTH |
| SPECTRUM ADMINISTRATION (Populytics) ** | 23253 | Y | SPECTRUM ADMIISTR | | FALSE | G | BOTH |
| Spohn Health | SPOHN | Y | CHRISTUS SPOHN HE | | FALSE | G | BOTH |
| St Mary IPA ** | SMIPA | N | ST MARYS IPA | | FALSE | G | BOTH |
| ST MARYS HEATLH PLAN ## | 88029 | Y | ST MARYS HEALTH P | | FALSE | G | BOTH |
| St. Barnabas System Health Plan ## | 22240 | Y | ST BARNABAS HEALT | | FALSE | G | BOTH |
| St. James PHO ** | 11158 | N | ST. JAMES PHO | | FALSE | G | BOTH |
| St. Johns/First Health ## | 37264 | Y | ST JOHNS CLMS ADM | | FALSE | G | BOTH |
| St. Marys Health Plan Encounters ## | 88082 | Y | PROMINENCE HP | | FALSE | G | BOTH |
| St. Therese Physician Association ## | 37116 | Y | ST THERESE PHYSIC | | FALSE | G | BOTH |
| | | | | Payer only accepts Secondary claims and then only if Primary payer is not Medicare. | | | |
| Standard Life & Accident Insurance Company ** | 73099 | Y | STANDARD LIFE ACC | | FALSE | G | BOTH |
| | | | | Payer accepts secondary claims only, and Medicare cannot be the primary payer | | | |
| Standard Life and Accident ** | 01758 | N | STANDARD LIFE AND | | FALSE | N | BOTH |
| Starmark ## | 61425 | Y | BENEFIT TRUST LIF | | FALSE | G | BOTH |
| State Employees Group Benefits | 12B12 | Y | STATE EMPLOYEES | Located in Lousiana | FALSE | N | BOTH |
| State Farm Casualty & Property Claims ** | 31059 | N | STATE FARM C AND | | FALSE | G | BOTH |
| State Farm Medical ** | 31053 | N | STATE FARM GROUP | | FALSE | G | BOTH |
| STATE OF TX DENTAL ## | 57254 | Y | GEHA | | FALSE | G | BOTH # |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| | | | | Claims containing Dates of service after 4-30-2014, claims should be sent to Wellcare, PayerID 14163." | | | |
| Sterling Medicare Advantage ## | 67829 | Y | STERLING MCARE AD | | FALSE | G | BOTH |
| Student Resources (UnitedHealthcare) ## | 74227 | N | STUDENT RESOURCES | | FALSE | C | BOTH |
| SummaCare Health Plan ** | 95202 | Y | SUMMACARE HEALTH | | FALSE | G | BOTH |
| Summit Community Care ** | PASSE | Y | SUMMIT HEALTH | | FALSE | G | BOTH |
| Summit Healthplan I Par Plus | 20197 | Y | SUMMIT HEALTH | | FALSE | T | BOTH |
| Sunrise Advantage Plan Pennsylvania ## | SPA01 | N | SUNRISE ADV PA | | FALSE | G | BOTH |
| | | | | Valid for claims with the following mailing address: P.O. Box 2388, Stow, OH 44224 | | | |
| Superier Health ## | 75274 | Y | SUPERIER HEALTH | | FALSE | G | BOTH |
| | | | | Prior to submitting claims, please call provider relations dept @ 1-800-218-7453 to verify provider info is on file in the claim system. This will prevent rejections and allow payments to be made timely manner. | | | |
| Superior Health Plan ** | 68069 | Y | NEBRASKA TOTAL CA | | FALSE | G | BOTH |
| Superior Health/Centene Corp I Par Plus | SHP11 | Y | SUPERIOR HEALTH | | FALSE | T | BOTH |
| Superior Insurance Services | 97802 | Y | SUPERIOR SERV | | FALSE | G | BOTH |
| Sutter Connect Gould ## | IP091 | Y | SUTTER SGMF | | FALSE | G | BOTH |
| Swedish Covenant ## | U6411 | Y | SWEDISH COVENAN | | FALSE | G | BOTH |
| Swedish Covenant Hospital ## | 36411 | A | SWEDISH COVENANT | | FALSE | G | BOTH |
| Swift Glass Corporation ## | 07040 | Y | SWIFT GLASS CORP | | FALSE | G | BOTH |
| Tall Trees Administrators ## | 88067 | Y | TALL TREES ADMINI | | FALSE | G | BOTH |
| Tarrant Health Services ## | 37228 | N | SILVERBACK TPA | | FALSE | G | BOTH |
| Team Choice - Alpha Care Gold I Par Plus | ADSL1 | Y | NEXCALIBER | | FALSE | G | BOTH |
| Teamcare | 36215 | Y | TEAMCARE | | FALSE | G | BOTH |
| Telamon ## | 22483 | Y | TELAMON | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
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| Texan Plus/Selectcare of TX (Kelsey) I Par Plus | KLSY1 | Y | TEXAN PLUS | | FALSE | T | BOTH |
| Texas Children ## | 75228 | Y | TEXAS CHILDREN | | FALSE | G | BOTH |
| Texas Children's Health Plan ## | 76048 | Y | TX CHILDREN HLTH | | FALSE | G | BOTH |
| Texas Healthspring I Par Plus | THS01 | Y | TEXAS HEALTHSPRIN | | FALSE | T | BOTH |
| Texas Plus ## | HPN11 | Y | TEXAS PLUS | | FALSE | G | BOTH |
| TexasFirst Health Plan ## | 13185 | Y | TEXASFIRST HP | | FALSE | G | BOTH |
| The Benefit Group ## | TBGNE | Y | THE BENEFIT GROUP | | FALSE | G | BOTH |
| THE BOON GROUP | BOONG | Y | THE BOON GROUP | | FALSE | T | BOTH |
| The Care Network ** | 68423 | Y | THE CARE NETWORK | | FALSE | G | BOTH |
| The City of Odessa ## | 75600 | Y | THE CITY OF ODESS | | FALSE | G | BOTH |
| THE HEALTH EXCHANGE ## | 20356 | Y | THE HEALTH EXCHAN | | FALSE | G | BOTH |
| The Health Plan (Upper Ohio Valley) ## | 34150 | Y | THE HEALTH PLAN | | FALSE | G | BOTH |
| The Loomis ** | 23223 | Y | LOOMIS COMPANY | Call Provider Relations at 610-374-4040 ext. 2438 for procedures prior to submitting electronically | FALSE | G | BOTH # |
| The Preferred Healthcare System - PPO Altoona, PA ** | 04320 | Y | PRIMESOURCE HLTNT | | FALSE | G | BOTH |
| TLD Advantage in Sioux Falls | TLC01 | A | TLC ADV IN SIOUX | | FALSE | G | BOTH |
| Today's Health I Par Plus | WITH1 | Y | TODAYS HEALTH | | FALSE | T | BOTH |
| Today's Option I Par Plus | 48055 | Y | TODAYS OPTION | | FALSE | G | BOTH |
| Tooling & Manufacturing Association ## | 61425 | Y | STARMARK | | FALSE | G | BOTH |
| Total Carolina Care ** | 68069 | Y | NH HEALTHY FAMILY | Prior to submitting claims, please call Provider Relations Dept at 1-866-433-6041 to verify your provider info is on file in the claim system. | FALSE | G | BOTH |
| Total Community Care ## | 31182 | Y | TOTAL COMMUNITY C | | FALSE | G | BOTH |
| Total Health Care | 38201 | Y | TOTAL HEALTHCARE | | FALSE | C | BOTH |
| Touchstone Health PSO ## | 23856 | Y | TOUCHSTONE HLTH P | | FALSE | G | BOTH |
| TPSC - IPN ## | 91078 | Y | TRUSTEED PLANS SV | | FALSE | G | BOTH |
| TR PAUL INC ## | 37230 | Y | TR PAUL INC | | FALSE | G | BOTH |
| Transamerica Life Ins/Monumental Life/Stonebridge Life** | TRP1E | N | TRANSAMERICA LIFE | | FALSE | G | BOTH |
| TransChoice Key Benefit Administrators ** | 37284 | N | TRNSCHOICE KEY BE | | FALSE | G | BOTH |
| Travis County Hospital District MAP I Par Plus | TCHD1 | Y | TRAVIS COUNTY | | FALSE | T | BOTH |
| Travis County MAP - Mediview ## | UCMAP | Y | TRAVIS COUNTY | | FALSE | G | BOTH |
| Tricare East ## | TREST | N | TREST | Effective 01-01-2018 | TRUE | N | BOTH |
| Tricare for Life ** | TDDIR | Y | TRICARE FOR LIFE | | TRUE | G | BOTH |
| Tricare Overseas ** | FOREN | Y | TRICARE OVERSEAS | | FALSE | G | BOTH |
| TRICARE West (UnitedHealthcare Military & Veterans) ** | 99726 | Y | TRICARE | | TRUE | N | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| TriHealth Physician Solutions ** | 31144 | N | TRHEALTH PHY SOL | | FALSE | G | BOTH |
| Trilogy Health Network ** | 62777 | Y | TRLHN EB | | FALSE | G | BOTH |
| Trinity Health Pace ** | TRNPC | Y | TRIN HLTH PACE | | FALSE | G | BOTH |
| Triplefin, LLC ** | 64300 | Y | TRIPLEFIN LLC | | FALSE | G | BOTH |
| Tri-Valley Medical Group ## | 20538 | N | TRI VALLEY MED | | FALSE | G | BOTH |
| True Choice USA - Christus Healthplan I Par Plus | TCUCH | Y | TRUE CHOICE USA | | FALSE | T | BOTH |
| Trusted Health Plan ** | L0230 | N | TRUSTED HLTH PLAN | | FALSE | G | BOTH |
| Trustmark ## | 61425 | Y | TOOLING AND MAN | | FALSE | G | # |
| Tufts Health Plan | 04298 | Y | TUFTS ASSOC HLTH | | FALSE | G | BOTH |
| TYSON FOODS | 62308 | Y | TYSON FOODS | | FALSE | C | BOTH |
| UC Davis Health Systems ** | UCDMG | N | UC DAVIS HLTH SYS | | FALSE | G | BOTH |
| UCare Individual & Family Plans | 55413 | Y | UCARE FAMILY | | FALSE | G | # |
| Ucare of Minnesota (Use payer ID 52629 for DOS in 2018. Use new payer ID 55413 for UCare Individual & Family Plans with DOS in 2019) | 52629 | Y | UCARE OF MN | | FALSE | G | BOTH # |
| UCS (Electrical Workers Insurance Fund Local 5800) ## | 93235 | y | UCS ELEC WORK 580 | | FALSE | T | BOTH |
| UHS-UnitedHealth Integrated Services (UnitedHealthcare) ** | 39026 | Y | UHS UHC SERVICES | | FALSE | C | # |
| UICI - Administrators ** | 75240 | Y | AAG | | FALSE | G | BOTH |
| UHA Health Insurance## | UHA01 | N | UHA HEALTH | | FALSE | G | BOTH |
| UICI - Administrators - State of Nevada ** | 74223 | Y | UICI ADMIN | Accepting claims only for the State of Nevada. | FALSE | C | BOTH |
| Ultimate Health Plan ## | 77022 | N | ULTIMATE HP | | FALSE | G | BOTH |
| Ultra Benefits, Inc. ** | 41206 | N | ULTRA BENEFITS IN | | FALSE | G | # |
| UMC Health Plan ** | 75130 | Y | UMC HEALTH PLAN | | FALSE | G | # |
| UMR (formerly UMR Wausau) former payer ids 31107, 33108, 74223, 75196, 75243 ** | 39026 | Y | UMR | | FALSE | C | BOTH |
| UMR Wausau/UHIS ** | 39026 | Y | UMR | | FALSE | C | BOTH |
| UMWA - UNITED MINE WORKERS ASSOC ** | 52180 | Y | UMWA HEALTH | | FALSE | G | BOTH |
| UNICARE Major Accounts | 80314 | Y | MASSACHUSETTS MUT | | FALSE | G | BOTH |
| Unified Group Services ## | 35198 | Y | UNIFIED GRP SERVI | | FALSE | G | BOTH |
| Unified Health Services ## | 62170 | Y | UNIFIED HLTH SERV | | FALSE | G | BOTH |
| Unified Physicians Network ** | 34638 | N | UNIFIED PHY NETWO | For Claim rejections, please contact Unified Physicians clm depart at 847-763-1700 | FALSE | G | # |
| Union Pacific ** | 87042 | Y | UNION PACIFIC | | FALSE | G | BOTH # |
| Unison OH (UnitedHealthcare Community Plan) ** | 87726 | Y | UNISON OH | | FALSE | C | BOTH |
| United Claim Solutions ## | A0047 | N | UNITED CLAIM SOLU | | FALSE | G | # |
| United Medical Alliance ## | 84132 | N | UNITED MED ALLIAN | | FALSE | G | # |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|---|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| United Medical Resources | 31107 | Y | UNITED MEDICAL | This payer id is valid for all claims addresses on UMR member ID cards with a listed payer id of 31107 | FALSE | C | BOTH # |
| United of Omaha | 71412 | Y | UNITED OF OMAHA | | FALSE | G | BOTH # |
| UnitedHealthcare | 87726 | Y | UNITED HEALTHCARE | | FALSE | C | BOTH # |
| UnitedHealthcare (Empire Plan) ** | 87726 | Y | UHC EMPIRE PLAN | | FALSE | C | BOTH # |
| UnitedHealthcare (MAHP - MD IPA, Optimum Choice, MLH) formerly MAMSI former payer ID 52148 ** | 87726 | Y | UHC MAHP | | FALSE | C | BOTH # |
| UnitedHealthcare (Student Resources) ## | 74227 | Y | STUDENT INSURANCE | | FALSE | C | BOTH # |
| UnitedHealthcare (UHIS-UnitedHealthcare Integrated Services) ** | 39026 | Y | UMR | | FALSE | C | BOTH # |
| UnitedHealthcare / All Savers Alternate Funding ## | 81400 | Y | UNITEDHEALTHONE | | FALSE | C | BOTH # |
| UnitedHealthcare / All Savers Insurance ## | 81400 | Y | UNITEDHEALTHONE | | FALSE | C | BOTH # |
| UnitedHealthcare / UnitedHealthcare Plan of the River Valley, former PayerID 95378 | 87726 | Y | UHC RIVER VALLEY | | FALSE | C | BOTH # |
| UnitedHealthcare Arizona Physicians IPA (Arizona Physicians IPA) formerly know as APIPA ## | 03432 | Y | UHC AZIPA | | FALSE | C | BOTH # |
| UnitedHealthcare Community Plan / CA, DE, FL, HI, IA, LA, MA, MD, MS, NC, NE, NM, NY, OH, OK, PA, RI, TX, VA, WA, WI (formerly AmeriChoice or Unison) NC and OK effective 1/1/2018; former payer id 25175, 86002, 86003, 86048, 86049, 95378 ** | 87726 | Y | UNITED HEALTHCARE | | FALSE | C | BOTH # |
| UnitedHealthcare Community Plan / Children's Rehabilitative Services (CRS) former payer id 87726 | 03432 | Y | AZ PHYSICIANS IPA | | FALSE | C | BOTH # |
| UnitedHealthcare Community Plan / KS - KanCare ** | 96385 | Y | KANCARE | | FALSE | C | BOTH # |
| UnitedHealthcare Community Plan / Missouri ** | 86050 | Y | UHC COMM PLAN MO | | FALSE | C | BOTH # |
| UnitedHealthcare Community Plan / NE (formerly AmeriChoice NE, ShareAdvantage, and UnitedHealthcare of the Midlands) ** | 87726 | Y | UHC AZ LONG TERM | | FALSE | C | BOTH # |
| UnitedHealthcare Community Plan / TN (formerly AmeriChoice TN: TennCare, Secure Plus Complete) | 95378 | Y | UHC COMMUNITY PLA | | FALSE | C | BOTH # |
| UnitedHealthcare Group Medicare Advantage (UnitedHealthcare Medicare Solutions) ** | 87726 | Y | UHC DUAL COMPLETE | | FALSE | C | BOTH # |
| UnitedHealthcare Medicare Solutions / Care Improvement Plus (CIP), XLHealth ** | 87726 | N | CARE IMPROVEMENT | (Effective 1/1/16, former payerID 77082) | FALSE | C | BOTH # |

Institutional Claim Payers List (01/16/2020)



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|--|-------|---------|-------------------|---|------------|------------|----------|
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| UnitedHealthcare Medicare Solutions / UnitedHealthcare MedicareComplete (formerly SecureHorizons) ** | 87726 | Y | UHC MEDICARECOMPL | | FALSE | C | BOTH # |
| UnitedHealthcare Medicare Solutions / UnitedHealthcare MedicareDirect (formerly SecureHorizons) ** | 87726 | Y | UHC MEDICARE COMP | | FALSE | C | BOTH |
| UnitedHealthcare West (formerly PacifiCare) (UnitedHealthcare) ** | 95958 | Y | UHC WEST ENCOUNTE | | FALSE | C | BOTH # |
| UnitedHealthcare West / UnitedHealthcare of CA, OK, OR, TX, WA and PacifiCare of AZ, CO, NV ** | 87726 | Y | UHC MEDICARE SOLU | | FALSE | C | BOTH # |
| UnitedHealthcare West Encounters (formerly known as PacifiCare) (UnitedHealthcare) ** | 95958 | Y | UNITED HLTH | | FALSE | C | BOTH # |
| UnitedHealthcare** | 87726 | Y | UNITED HLTH | | FALSE | C | BOTH # |
| UnitedHealthOne / UnitedHealthcare Life Insurance Company (formerly American Medical Security) ## | 81400 | Y | UHC ALL SAVERS | | FALSE | C | BOTH |
| Unity Health Insurance ** | 66705 | Y | UNITY HLTH INSUR | | FALSE | C | BOTH |
| Univera Community Health ## | 15003 | Y | UNIVERA COMM HLTH | | FALSE | G | BOTH |
| Univera Healthcare SSA WNY, PPO, Traditional ## | 12X19 | Y | UNIVERA HEALTH | | FALSE | G | BOTH |
| Univera Healthcare WNY ## | 12X18 | N | UNIVERA WNY | | FALSE | G | BOTH |
| Universal Care - California ## | 33001 | Y | UNIVERSAL CARE CA | | FALSE | G | BOTH |
| University Family Care ## | 09830 | Y | UNIVERSITY FAM CA | | FALSE | G | BOTH |
| University Health Care Advantage ## | 46407 | N | UNIV HC ADVANTAGE | | FALSE | G | BOTH |
| University Healthcare Marketplace ** | 45437 | Y | UNIVERSITY HC MAR | | FALSE | G | BOTH |
| University of Illinois ** | UIC67 | Y | UNIVERSITY ILLINO | | FALSE | G | BOTH |
| University of Maryland Health Advantage ** | 45282 | Y | UNIV MD HLTH ADVA | | FALSE | G | BOTH |
| University of Utah ** | SX155 | N | UT UNIV HLTH PLAN | | TRUE | N | BOTH |
| University of Washington Students & Graduate Appts. -Group #P67 ## | 91136 | Y | UNIVERSITY GRP67 | Please include Group Number when submitting claims. | FALSE | G | BOTH |
| University Physicians Healthcare Group | 07503 | Y | UNIV FAMILY CARE | | FALSE | G | BOTH |
| UPMC Health Plan | 23281 | N | UPMC HEALTH PLAN | | FALSE | T | BOTH |
| Upper Peninsula Health Plan ## | 38337 | Y | UP HEALTH PLAN | | FALSE | G | BOTH |
| Upper Peninsula Health Group TPA ## | 37324 | Y | UP PENINSULA TPA | | FALSE | G | BOTH |
| US Benefits ## | 93092 | Y | US BENEFITS | | FALSE | G | BOTH |
| US Department of Labor ## | 12X31 | Y | US DEPT LABOR | | TRUE | G | BOTH |
| US Family Health Plan ## | 90551 | Y | US FAMILY HEALT | PayerID has changed from 12T48 | FALSE | G | BOTH |
| USAA (United States Automobile Association) ## | 74095 | Y | USAA | | FALSE | G | BOTH |
| USFHP St Vincent Catholic Med Center NY | 13407 | Y | UNIFORMED SVC FHP | | FALSE | G | BOTH |
| VA Affairs Financial Services Center ## | VAFSC | Y | VA AFFAIRS FINA | | FALSE | G | BOTH |
| VA Community Care Network ** | VACCN | Y | VA COMM CARE | | FALSE | G | BOTH |
| VA Patient Centered Community Care Program Region 5A ** | VAPC3 | Y | VAPCCC5A | | TRUE | N | BOTH |
| VA Patient Centered Community Care Program Regions 1, 2 and 4 ** | 68021 | Y | VAPCCC REG124 | | FALSE | G | BOTH |
| VA Patient Centered Community Care Reg 3 ## | 55912 | N | VA PATIENT CENT | | FALSE | N | BOTH |
| VA Patient Centered Community Care Region 5B ## | 55916 | Y | VA REGION 3 | | TRUE | N | BOTH |
| VA Premier Complete Care ## | VPCCI | N | VA PREMIER COMP | | TRUE | N | BOTH |
| Valir Pace ## | 48123 | N | VIA CHRISTI HOPE | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



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|--|-------|---------|-------------------|---|------------|------------|----------|
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| Valley Health Plan** | VHP01 | N | VALLEY HEALTH | | FALSE | G | BOTH |
| Value Options ** | 12X56 | Y | VALUE OPTIONS | | FALSE | N | BOTH |
| | | | | For Claims rejections, please contact e-supportServices@valueoptions.com or 888-247-9311 (8am-6pm, M-F) | | | |
| Value Options / MBHP ** | 43307 | N | VALUEOPTIONS MBHP | | FALSE | N | BOTH |
| VANTAGE HLTH PLAN INC ## | 72128 | N | VANTAGE HEALT PLA | | FALSE | G | BOTH |
| Varipro ## | 72187 | Y | VARI PRO | | FALSE | G | BOTH |
| Ventura County Healthcare Plan ## | VCHCP | Y | VENTURA CO HCP | | FALSE | G | BOTH |
| Verity National Group ** | 75256 | Y | VERITY NATL GROUP | | FALSE | G | BOTH |
| VESTACARE ** | VESTA | N | VESTA | | FALSE | G | BOTH |
| Veterans Administration Fee Basis Programs ** | 12115 | Y | VA FEE BASIS PROG | | FALSE | G | BOTH |
| VIDA CARE (Now known as Amida Care) ## | 24818 | Y | AMIDA CARE | | FALSE | G | BOTH |
| VillageCareMAX ## | 26545 | N | VILLAGECAREMAX | | FALSE | G | BOTH |
| Virginia Medicare Part A ## | 11003 | Y | VIRGINIA MEDICA | | TRUE | N | BOTH |
| Virginia Premier Elite Plus ## | VPEP1 | Y | VA PREMIER COMP | | TRUE | N | BOTH |
| Virginia Premier Preferred Gold ** | 251VA | N | VA GOLD | | FALSE | G | BOTH |
| | | | | Effective 02-01-2019, former payer IDs VPEP1, 54176, VPELT, VPCCP, VPHP1, VPCCI, MAPDI, 12K83, MAPDP | | | |
| Virginia Premier Health Plans ** | VAPRM | Y | VIRGINIA HEALTH | | FALSE | G | BOTH |
| | | | | VIVA Health requires a complete member ID number, including suffix on all claim submissions. Pls use the following site to verify member information: https://estep.p.cschcg.com/TRI_provider/doEntry.jsp | | | |
| VIVA Health ## | 63114 | N | VIVA HEALTH PLAN | | FALSE | G | BOTH |
| VNA Homecare Options ** | 31626 | N | VNA HOMECARE OPTI | | FALSE | G | BOTH |
| VNS CHOICE Medicare (Formerly Visiting Nurses Service) ## | 77073 | Y | VNS CHOICE MEDICA | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|-------|---------|-------------------|--|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| VOLUSIA HEALTH NETWORK ## | 59266 | Y | VOLUSIA HLTH NETW | | FALSE | G | BOTH |
| Vytra Healthcare ** | 22264 | Y | VYTRA HEALTHCARE | | FALSE | G | BOTH |
| WA Blue Cross Regence (UMP) ** | 00932 | N | REGENCE BCBS | | FALSE | N | BOTH |
| WA Blue Shield Regence ** | 00932 | N | REGENCE BCBS UMP | | FALSE | N | # |
| Waterstone Benefit Administrators ## | 73155 | N | WATERSTONE BEN AD | | FALSE | T | BOTH |
| Wausau Insurance Companies - aka Employers Insurance of Wausau (Now known as UMR Wausau/UHIS) ** | 39026 | Y | UMR | | FALSE | C | BOTH |
| WEA Insurance Group | 39151 | Y | WEA INSURANCE | | FALSE | G | BOTH |
| Wellcare Choice I Par Plus | M3FL4 | Y | WELLCARE CHOICE | | FALSE | T | BOTH |
| Wellcare Health Plans, Inc. (Encounters) | 59354 | Y | WELLCARE HP ENCOU | | FALSE | G | BOTH |
| Wellcare HMO, Inc. ** | 14163 | Y | WELLCARE HMO | | FALSE | G | BOTH |
| Wellcare of CT ** | 14164 | Y | WELLCARE CT | | FALSE | G | BOTH |
| Wellcare of FL ## | 59608 | N | WELLCARE OF FL | | FALSE | G | BOTH |
| WellFirst Health ** | 39113 | N | WELFIRST | | FALSE | G | BOTH |
| Wellmed Medical (Claims) I Par Plus | WELM2 | N | WELLMED | | FALSE | C | BOTH |
| Wellmed Medical (Encounters) I Par Plus | WELMD | N | WELLMED ENC | | FALSE | C | BOTH |
| Wells Fargo Third Party Administrators AKA Healthsmart Benefit Solutions.## | 37272 | Y | WELLS FARGO | | FALSE | G | BOTH |
| WellSpan Plus ## | 23266 | N | WELLSPAN PLUS | | FALSE | G | BOTH |
| Wenatchee Valley Medical Center ## | 91064 | N | WENATCHEE VLY MED | | FALSE | G | BOTH |
| WEST & SOUTHERN FINANCIAL GROUP ## | 31048 | Y | W S FINANCIAL GRO | | FALSE | G | BOTH |
| West Coast Stationary Engineers Health & Security Trust Fund - Group #F13 ## | 91136 | Y | WEST COAST GRPF13 | | FALSE | G | BOTH |
| West Virginia Senior Choice## | WVS01 | N | WV SENIOR | | FALSE | N | BOTH |
| West Suburban Health Providers ** | 80942 | N | W SUBURBAN HLTH P | | FALSE | G | BOTH |
| Western Grower's Assurance Trust | 24735 | Y | WEST GROWERS INS | | FALSE | G | BOTH |
| Western Grower's Insurance Company | 24735 | Y | WESTERN GROWER | | FALSE | G | BOTH |
| WESTERN MUTUAL INS ## | 37247 | Y | WESTERN MUTUAL IN | | FALSE | G | BOTH |
| Western Sky Community Care ** | 68069 | Y | WESTERN SKY | | FALSE | G | BOTH |
| WestLake Financial Group, Inc. ## | 90560 | Y | WESTLAKE FIN GROU | | FALSE | G | BOTH |
| Weyco Inc. ## | 38232 | Y | WEYCO | | FALSE | G | BOTH |
| WHO PHO## | WASH1 | N | WHO PHO | | FALSE | G | BOTH |
| WILLIAM C EARHART ** | 93050 | Y | WILLIAM C EARHART | | FALSE | G | BOTH |
| Willis Administrative Services Corporation (Now known as UMR Kansas.) ## | 62061 | Y | WILLIS ADMIN | | FALSE | G | BOTH |
| Willow Health ** | WHLTH | Y | WILLOW HEALTH | | FALSE | G | BOTH |
| Wisconsin Physicians Service Insurance Corporation ** | 12X29 | Y | WISCONSIN PHYSI | Subscriber ID - 9 digits, WPS Provider ID qualifier - G2 | FALSE | G | BOTH |
| Wilson McShane ## | 41095 | Y | W MCSHANE | | FALSE | G | BOTH |
| Worksite Benefit Systems ## | 20333 | Y | WORKSITE BENE SVC | | FALSE | G | BOTH |
| WPP Eldercare Wisconsin ## | 77080 | Y | WPP ELDERCARE WIS | | FALSE | G | BOTH |
| WPPN ** | 34080 | Y | WPPN | | FALSE | C | BOTH |
| Yam Hill CCO-PHTech ** | YAMHL | T | YAM HILL CCO PHT | | FALSE | G | BOTH |
| Yerington Paiute Tribe ## | 51350 | Y | YERINGTON PAIUTE | | FALSE | G | BOTH |
| Zebra Health HC ** | 88858 | Y | ZEBRA HEALTH | | FALSE | G | BOTH |
| Zurich Insurance ## | 16535 | N | ZURICH INSURANCE | | FALSE | G | BOTH |

Institutional Claim Payers List (01/16/2020)



| Payer | ID | Reports | Enter As Name | Additional Info | Enrollment | Payer Type | Code Set |
|--|---|----------------|---------------|-----------------|------------|------------|----------|
| Highlighted payers are new or have been altered in the last 90 days. Please verify that your system is setup correctly for these payers. | | | | | | | |
| Report Codes | | Meaning | | | | | |
| L | LATER DATE - ENS WILL PROVIDE REPORTS FROM THE INSURANCE COMPANY WHEN | | | | | | |
| Y | YES - REPORTS ARE PROVIDED | | | | | | |
| N | NO- REPORTS ARE NOT PROVIDED | | | | | | |
| S | SUMMARY - REPORTS ONLY | | | | | | |
| R | REJECTION - REPORTS | | | | | | |
| TBD | TO BE DETERMINED | | | | | | |
| General Payer Information | | | | | | | |
| P | PAR Payers, Direct Connections | | | | | | |
| C | Contracted Restricted, Direct Connections | | | | | | |
| T | Transitional, Direct and NonDirect Connections | | | | | | |
| G | Gateway, NonDirect Connections | | | | | | |
| N | NonPar Payers, Direct and NonDirect Connections | | | | | | |
| ** | Secondary claim submission is supported by X12 submitters only. If neither ## or ** | | | | | | |
| ## | Payer Doesn't accept secondary claims. If neither ## or ** is listed for secondary | | | | | | |
| Code Set Information | | | | | | | |
| BOTH | Payer will be accepting ICD-10 codes for Dates of Service > 10-01-15 and ICD-9 | | | | | | |
| BOTH # | Payer has asked that we reject claims with ICSD-9 codes for Dates of Service > 10- | | | | | | |