



Availity® Health Information Network

Availity Health Plan Partners

Updated 1/16/2010

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Table of Contents

<u>Navigating the EDI Clearinghouse Health Plan Partners Section.....</u>	<u>3 - 4</u>
<u>EDI Clearinghouse Health Plans Partners.....</u>	<u>5 – 39</u>
<u>Additional Payer Information</u>	<u>40 - 46</u>
<u>Availity's NPI Options.....</u>	<u>47 - 50</u>
<u>Availity's Electronic Remittance Advice (ERA) Health Plan Partners.....</u>	<u>51 - 54</u>
<u>Availity's Business to Business (B2B) Heath Plan Partners.....</u>	<u>55</u>
<u>Availity Web Products and Services.....</u>	<u>56</u>
<u>Web Solutions Health Plan Partners.....</u>	<u>57 – 58</u>

Navigating the EDI Clearinghouse Health Plan Partners Section

Last Update Column:

- 'A' means a payer has been added to the list
- 'D' means a payer has been removed from the list
- 'U' means a payer's information or/and capabilities have been updated

Claim Enrollment Required:

- Denotes payers that require enrollment for claims submission

Government Payer:

- Denotes Government payers
- May not be a direct connection to the government entity

Remit (835): Electronic remittance advice sent by payers to communicate adjudication results and payment information for submitted claims.

- Receiving remits generally requires additional enrollment.
- Please enroll with Availity first.
 - [Aetna](#) – Electronic Remittance Advice & Electronic Funds Transfer Enrollment
 - [BlueCross BlueShield of Florida](#) – 835 Health Care Electronic Remittance Advice (ERA) Request Form
 - [BlueCross BlueShield of Illinois](#) – Electronic Remittance Advice (ERA) Enrollment Form
 - [BlueCross BlueShield of New Mexico](#) – Electronic Remittance Advice (ERA) Enrollment Form
 - [BlueCross BlueShield of Oklahoma](#) – Electronic Remittance Advice (ERA) Enrollment Form
 - [BlueCross BlueShield of Texas](#) – Electronic Remittance Advice (ERA) Enrollment Form
 - [Humana](#) – 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form
 - [Multipayer Form](#) – Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form

NPI Option: The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) standard.

- The NPI is a unique identification number for covered health care providers.
- Availity is making every effort to confirm and communicate the status of our connected payers.
- For a detailed explanation of our NPI options please see the attached NPI Options Document.

(EDI) Electronic Data Interchange:

- Customers create batch transactions in their own practice management system (PMS) or hospital information system (HIS) and upload them to Availity.
- This functionality can be transparent to the end user if their system vendor offers a seamless solution.
- Availity also offers end users the ability to log onto the portal to upload batches directly.
- A list of vendor partners is available on the Availity web site.

(B2B) Business to Business:

- Customers submit transactions in real-time or near real-time using their own practice management system (PMS) or hospital information system (HIS), often using the vendor's user interface.
- A list of vendors that support this level of integration is available on the Availity web site.
- Please see Availity's B2B specification document for additional information.

EDI Clearinghouse Health Plan Partners

Last Update	Payer ID	Payer Name	Government Payer*	Claim Enrollment Required	Remit (835)	NPI Option	Professional Claim (837)		Institutional Claim (837)		Eligibility & Benefits (270)		Claim Status (276)		Auth & Referral (278)		Additional Information
							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	13162	1199 NATIONAL BENEFIT FUND				2	x		x								
	93044	A & I BENEFIT PLAN ADMINISTRATORS				2	x		x								
	48185	ABC HEALTH PLAN				2	x		x								
	03443	ABRAZO ADVANTAGE HEALTHPLAN				2	x										
	64071	ACCLAIM				2	x		x								
	81400	ACCOUNTABLE HEALTHPLAN - WISC				2	x										
	87815	ACORDIA NATIONAL				2	x		x								
	72467	ACS CONSULTING SERVICES, INC				2	x										
	38254	ACTIVA BENEFIT SERVICES, LLC				2	x		x								
	22384	ADMINISTRATIVE CONCEPTS, INC				2	x		x								
	38265	ADMINISTRATIVE SYSTEMS RESEARCH CORPORATION - ASR				2	x		x								
	37278	ADMINONE				2	x		x								
	58202	ADVANCED DATA SOLUTIONS, INC				2	x		x								
	68056	ADVANTAGE BY BRIDGEWAY HEALTH SOLUTIONS				2	x		x								
	35209	ADVANTAGE HEALTH SOLUTION				2	x		x								
	77070	ADVANTAGE PREFERRED PLUS				2	x		x								
	25133	ADVANTRA FREEDOM				2	x		x								
	25133	ADVANTRA/HLTH AMERICA INC				2	x		x								
	95340	ADVENTIST HEALTH SYSTEM WEST - ROSEVILLE, CA				2	x		x								
	36320	ADVOCATE HEALTH CENTERS				4	x		x								
	65093	ADVOCATE PHYSICIAN PARTNERS				4	x		x								
	60054	AETNA AFFORDABLE HEALTH CHOICES (SM) - SRC				4	x		x								
	23225	AETNA BETTER HEALTH CONNECTICUT MEDICAID				2	x		x								
	60054	AETNA INSURANCE COMPANY			x	4	x		x		x		x				To receive ERAs for this payer please complete the Electronic Remittance Advice and Electronic Funds Transfer Enrollment.
	38692	AETNA TX MEDICAID & CHIP	x			2	x		x								
	13334	AFFINITY HEALTH PLAN				2	x										
	34444	AFL-CIO FOOD & BEVERAGE DEALER'S				2	x		x								
	13346	AFTRA HEALTH FUND				2	x		x								
	64158	AGENCY SERVICES, INC.				2	x		x								
	95327	ALAMEDA ALLIANCE FOR HEALTH				4	x										
	91136	ALASKA CHILDREN'S SERVICES, INC.				2	x		x								
U 1/10	92600	ALASKA ELECTRICAL HEALTH & WELFARE FUND				2	x		x								
	91136	ALASKA LABORERS CONSTRUCTION INDUSTRY TRUST				2	x		x								
	91136	ALASKA PIPE TRADERS LOCAL 375				2	x		x								
	91136	ALASKA UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE TRUST				2	x		x								
	13550	ALICARE				2	x		x								
	PRINT	ALL HEALTH PLAN PRINT (PRINT TO PAPER)		x		2	x		x								Please contact Availity Client Services at 800-282-4548 for enrollment or see the All Health Plan Print Registration Enrollment Packet for more information. Please note that claims cannot be converted to paper for payers with the state code of SC(South Carolina) or MN(Minnesota).
	81040	ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.				2	x		x								
	ADSL1	ALLIANCE - ALPHA CARE GOLD				2	x		x								

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	88461	ALLIANCE HEALTHPLANS OF WISCONSIN				2	x		x								
	52149	ALLIANCE PPO, INC.				2	x										
	81400	ALLIANCE SELECT				2	x										
	58234	ALLIANT HEALTH PLANS (GEORGIA)				2	x		x								
	94177	ALLIED ADMINISTRATORS (S.F., CA)				2	x		x								
	37308	ALLIED BENEFITS SYSTEMS				2	x		x								
	75261	ALPHA DATA SYSTEMS				2	x		x								
	25133	ALTA HEALTH STRATEGIES				2	x		x								
	AMAIA	AMA INSURANCE AGENCY				4	x		x								
	13550	AMALGAMATED LIFE				2	x		x								
	75137	AMERIBEN SOLUTIONS, INC.				2	x		x								
	75185	AMERICAN ADMINISTRATIVE GROUP - AAG				2	x		x								
	37283	AMERICAN ADMINISTRATIVE GROUP - AAG (FORMERLY GALLAGHER BENEFITS)				2	x		x								
A 1/10	63103	AMERICAN BEHAVIORAL				2	x		x								
	95170	AMERICAN BENEFIT PLAN ADMINISTRATORS				2	x		x								
	34187	AMERICAN BENEFITS MANAGEMENT (NORTH CANTON, OH)				2	x		x								
A 12/09	ACN01	AMERICAN CHIROPRACTIC NETWORK				2	x										
	41161	AMERICAN CHIROPRACTIC NETWORK (PAN)				2	x										
	41160	AMERICAN CHIROPRACTIC NETWORK IPA OF N.Y.				2	x										
	87726	AMERICAN COMMERCIAL BARGE LINES			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	60305	AMERICAN COMMUNITY MUTUAL INSURANCE				2	x		x								
	AMF11	AMERICAN FAMILY INSURANCE COMPANY			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	98205	AMERICAN FOUNDERS LIFE INSURANCE CO.				4	x										
	62030	AMERICAN GENERAL				2	x		x								
	01066	AMERICAN HEALTHCARE ALLIANCE				2	x		x								
	36369	AMERICAN IMAGING MANAGEMENT				2	x		x								
	81949	AMERICAN INSURANCE COMPANY OF TEXAS				4	x										
	72099	AMERICAN LIFECARE				2	x		x								
	81400	AMERICAN MEDICAL SECURITY				2	x		x								NPI required in all loops, EIN or SSN required in 2310A and/or 2310B loop
U 12/09	60739	AMERICAN NATIONAL INSURANCE CO				2	x		x								
	44444	AMERICAN POSTAL WORKERS UNION				2	x		x								
	42011	AMERICAN REPUBLIC INSURANCE				2	x		x								
	37322	AMERICAN WORKER HEALTH PLUS				2	x		x								
	20029	AMERICA'S CHOICE HEALTHPLANS/NMA				2	x		x								
	95841	AMERICA'S PPO (THE ARAZ GROUP)				2	x		x								
	86047	AMERICHoice OF NEW JERSEY (MEDICAID NJ)				2	x		x								
	86001	AMERICHoice OF NEW JERSEY PERSONAL CARE PLUS (MEDICARE)				2	x		x								
	86048	AMERICHoice OF NEW YORK (MEDICAID NY)				2	x		x								
	86002	AMERICHoice OF NEW YORK PERSONAL CARE PLUS (MEDICARE)				2	x		x								
	86049	AMERICHoice OF PENNSYLVANIA MEDICAID/CHIP				2	x		x								
	86003	AMERICHoice OF PENNSYLVANIA PERSONAL CARE PLUS (MEDICARE)				2	x		x								

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	26375	AMERIGROUP COMMUNITY CARE NEVADA				2	x		x								
	26378	AMERIGROUP DISTRICT OF COLUMBIA				2	x		x								
	26378	AMERIGROUP FLORIDA				2	x		x								
	26378	AMERIGROUP GEORGIA				2	x		x								
	26378	AMERIGROUP ILLINOIS				2	x		x								
	26378	AMERIGROUP MARYLAND				2	x		x								
	26378	AMERIGROUP NEW JERSEY				2	x		x								
	26378	AMERIGROUP OHIO				2	x		x								
	26378	AMERIGROUP VIRGINIA				2	x		x								
	26375	AMERIGROUP/AMERICAID - (AUSTIN & D/FW)				2	x		x								
	26374	AMERIGROUP/AMERICAID - (HOUSTON)				2	x		x								
	26375	AMERIGROUP/AMERICAID - (NEW MEXICO)				2	x		x								
	54763	AMERIHEALTH ADMINISTRATORS				2	x		x								
	23037	AMERIHEALTH HMO NEW JERSEY AND DELAWARE				2	x										
	22248	AMERIHEALTH MERCY HEALTH PLAN				2	x										
	53085	ANCHOR BENEFIT CONSULTING, INC				2	x		x								
	86062	ANCILLARY BENEFIT SYSTEMS/ARIZONA FOUNDATION FOR MEDICAL CARE				2	x		x								
	34196	APEX BENEFIT SERVICES				2	x										
	54160	APS HEALTHCARE, INC.				2	x		x								
	16120	ARAZ				2	x										
	AMS11	ARCADIAN MANAGEMENT SYSTEMS				2	x										
	77045	ARCADIAN MGMT SERVICES	x			2	x		x								
	AZPMC	ARIZONA FOUNDATION FOR MEDICAL CARE				2	x										
	03432	ARIZONA PHYSICIANS IPA				2	x		x								
	75278	ARKANSAS BEST CORPORATION - CHOICE BENEFITS				2	x		x								
	62176	ARKANSAS MANAGED CARE ORG (AMCO)				2	x		x								
	95440	ARNETT HEALTH PLANS				2	x		x								
	ASRM1	ASRM CORP (NJ)				4	x		x								
	ATPA1	ASSOCIATED THIRD PARTY ADMINISTRATION				2	x										
	36326	ASSOCIATES FOR HEALTH CARE, INC				2	x		x								
	37294	ASSOCIATION SERVICES OF WASHINGTON				2	x		x								
	39065	ASSURANT HEALTH				2	x		x								
	74240	ASSURED BENEFITS ADMINISTRATORS				2	x										
	93221	ASURIS NORTHWEST HEALTH			x	4	x		x		x		x				To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	95691	ATHENS AREA HEALTH PLAN				2	x		x								
	13853	ATLANTIS HEALTH PLAN				2	x										
	90956	ATLAS LIFE INSURANCE COMPANY				4	x										
	CMSEB	AUSTIN REGIONAL CLINIC EMPLOYEE BENEFIT PLAN				4	x		x								
	38259	AUTOMATED BENEFIT SERVICES (ABS)				2	x		x								
	37280	AUTOMATED GROUP ADMINISTRATION, INC.				2	x		x								
	91136	AUTOMOTIVE MACHINISTS LOCAL 289 HEALTH & WELFARE FUND				2	x		x								
	46045	AVERA HEALTH				4	x		x								
	59274	AVMED, INC.				4	x		x								
	74227	BANKERS UNITED LIFE (STUDENT DIV)				2	x		x								

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	SX145	BANNER HEALTH PLAN				2	x										
	49153	BCI ADMINISTRATORS, INC.				2	x		x								
	43324	BEACON HEALTH STRATEGIES				2	x		x								
	95377	BEECH STREET CORPORATION				2	x		x								
	60054	BELL ATLANTIC				4	x		x								
	36149	BENEFIT ADMINISTRATIVE SYSTEMS				2	x		x								
	51037	BENEFIT CONCEPTS				2	x		x								
	25145	BENEFIT COORDINATORS CORPORATION (PITTSBURGH, PA)				2	x		x								
	BMATP	BENEFIT MANAGEMENT ADMIN (SAN ANTONIO)				2	x		x								
	37212	BENEFIT MANAGEMENT SYSTEMS, INC				2	x		x								
	62413	BENEFIT PLAN (CNA)				2	x		x								
	13310	BENEFIT PLAN ADMIN OF ST LOUIS				2	x		x								
	37118	BENEFIT PLAN ADMINISTRATORS (ROANOKE, VA)				2	x		x								
	39081	BENEFIT PLAN ADMINISTRATORS, CO (EAU CLAIRE, WI)				2	x		x								
	37286	BENEFIT PLAN ADMINISTRATORS, INC. (FARGO, NORTH DAKOTA)				2	x		x								
	74223	BENEFIT PLANNERS, INC.				2	x		x								
	36342	BENEFIT SYSTEMS & SERVICES, INC (BSSI)				2	x		x								
	61425	BENEFIT TRUST LIFE				2	x		x								
	87265	BENESIGHT (THE TPA)				2	x		x								
	37248	BENESYS, INC (LAFAYETTE, LA)				2	x		x								
	95604	BEST LIFE & HEALTH INSURANCE CO.				2	x		x								
	62183	BETTER HEALTH PLANS, INC.				2	x		x								
	BSHS1	BIENVIVIR SENIOR HEALTH PLAN				4	x										
	CX025	BIG LOTS ASSOCIATES BENEFIT PLANS				2	x		x								
	ECIBB	BLUE BELL BENEFITS TRUST				2	x		x								
	37244	BLUE BONNET ADMINISTRATORS				2			x								
	NMPPO	BLUE MEDICARE PPO (NM)	x	x		4	x		x								Prior to submitting claims, please contact Blue Medicare PPO Provider Customer Service 1-866-706-7745
	TXPPO	BLUE MEDICARE PPO (TX)	x	x		4	x		x								Prior to submitting claims, please contact Blue Medicare PPO Provider Customer Service 1-866-706-7745
	00934	BLUECROSS BLUESHIELD OF ALASKA (PREMERA)				2	x										
	53589	BLUECROSS BLUESHIELD OF ARIZONA				4*	x		x								
	00520	BLUECROSS BLUESHIELD OF ARKANSAS		x		4+	x		x								Enrollment required, please copy the following address into your web browser www.arkmedicare.com/provider/edi/ediStatusRequestINTR.pdf. Assigned Submitter ID must go in Loop 1000A, NM109
	00590	BLUECROSS BLUESHIELD OF FLORIDA			x	2	x	x	x		x	x	x	x	x	x	Prior to submitting claims, please contact client services at 800.282.4548 (three to five days after approved Availity registration) to obtain a BCBSFL sender id. Note: BCBSFL assigned sender id is required, enter in loop 1000A segment NM109. To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request Form.
	00621	BLUECROSS BLUESHIELD OF ILLINOIS (HCSC)			x	4	x		x								To receive ERAs for this payer please complete BCBS Illinois Enrollment Form.

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	53120	BLUECROSS BLUESHIELD OF LOUISIANA				2	x										
	SB700	BLUECROSS BLUESHIELD OF MASSACHUSETTS				2	x										
	12B14	BLUECROSS BLUESHIELD OF MASSACHUSETTS				2			x								
	00720	BLUECROSS BLUESHIELD OF MINNESOTA				2	x										The value in REF02 should be the assigned BCBSMN provider id.
	00220	BLUECROSS BLUESHIELD OF MINNESOTA				2			x								The value in REF02 should be the assigned BCBSMN provider id.
	00790	BLUECROSS BLUESHIELD OF NEW MEXICO (HCSC)			x	4	x		x								To receive ERAs for this payer please complete BCBS New Mexico Enrollment Form.
	00840	BLUECROSS BLUESHIELD OF OKLAHOMA (HCSC)			x	4	x		x								To receive ERAs for this payer please complete BCBS Oklahoma Enrollment Form.
	84980	BLUECROSS BLUESHIELD OF TEXAS (HCSC)			x	4	x		x								To receive ERAs for this payer please complete BCBS Texas Enrollment Form.
	00610	BLUECROSS OF IDAHO		x		2	x										Enrollment required; Please go to https://www.bcidaho.com/edi_clearinghouse/index.asp to enroll.
	00934	BLUECROSS OF WASHINGTON (PREMERA)				2	x										
	61124	BLUEGRASS FAMILY HEALTH				2	x		x								
	94036	BLUESHIELD OF CALIFORNIA			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form. Then complete the steps listed on BSCA's website - CLICK HERE .
	36609	BOILERMAKERS NAT'L HEALTH & WELFARE				2	x		x								
	BOLL1	BOLLINGER, INC.				4	x		x								Group number required for all claims; Policy holder claim form required for most groups on institutional/professional claims.
	74238	BOON-CHAPMAN BENEFIT ADMINISTRATORS				4	x										
	13337	BOSTON MEDICAL CENTER HEALTH PLAN				2	x		x								
	13310	BPS, INC.				2	x		x								
	38365	BRIDGE BENEFITS				2	x		x								
	68054	BRIDGEWAY ARIZONA				2	x		x								Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 866-475-3129.
	51037	BROKERAGE CONCEPTS				2	x		x								
	94316	BROWN & TOLAND MEDICAL SERVICES				2	x		x								
	84980	BRYAN INDEPENDENT SCHOOL DISTRICT				4	x		x								Please ensure that the group number is included in Loop 2000B SBR03 and the appropriate BISD subscriber id is used.
	32004	BUCKEYE COMMUNITY HEALTH PLAN				2	x		x								Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 866-296-8731 or by visiting www.bchpohio.com .
	42150	BUTLER BENEFITS				2	x		x								

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	23708	C&O EMPLOYEES HOSPITAL ASSOCIATION				2	x										
	CLFR2	C.L. FRATES AND COMPANY				2	x		x								
	62413	CAC (CLAIMS ADMINISTRATION CORP)				2	x		x								
	71057	CANNON COCHRAN MANAGEMENT SERVICES (CCMSI) - LA				2	x		x								
	37105	CANNON COCHRAN MANAGEMENT SERVICES, INC.				2	x		x								
	38245	CAPE HEALTH PLAN				2	x		x								
	23045	CAPITAL BLUE CROSS/CAIC				2	x										
	95112	CAPITAL HEALTH PLAN		x		2	x		x								
	65067	CAPITAL INTERNATIONAL MANAGEMENT SERVICES				2	x										
	68011	CAPITOL ADMINISTRATORS (GTESS)				2	x		x								
	GCVCP	CARDIOVASCULAR CARE PROVIDERS, INC. (CVCP)				2	x										
	57116	CARE 1ST HEALTH PLAN OF ARIZONA				2	x		x								
	77082	CARE IMPROVEMENT PLUS				2	x		x								
	38269	CARECHOICES MICHIGAN - MERCY HEALTHPLANS				2	x										
	SB580	CAREFIRST BCBS OF DC/NCA				2	x										
	SB690	CAREFIRST BCBS OF MARYLAND				2	x										
U 12/09	25133	CARELINK ADVANTRA				2	x		x								
U 12/09	25133	CARELINK HEALTH PLAN				3	x		x								
	93975	CAREOREGON				2	x		x								
	95092	CAREPLUS				4	x		x								
	95093	CAREPLUS (ENCOUNTERS)				4	x										
	MRCHP	CARESOURCE HEALTH PLAN OF OREGON				3	x		x								
	31114	CARESOURCE OF OHIO				2	x										
	62073	CARITEN HEALTHCARE				2	x		x								
	62072	CARITEN SENIOR HEALTH				2	x		x								
	56215	CAROLINA BEHAVIORAL HEALTH ALLIANCE				4	x		x								
	57105	CAROLINA CARE PLAN, INC.				2	x		x								
	56195	CAROLINA SUMMIT HEALTHCARE, INC.				2	x		x								
	25125	CARPENTER'S HEALTH AND WELFARE TRUST FUND OF ST. LOUIS				2	x		x								
	37060	CATERPILLAR				2	x		x								
	55438	CBCA ADMINISTRATORS				2	x		x								
	88019	CCEA				2	x										
	WK010	CCMSI WORKER COMP				2	x		x								
	73159	CCN				2	x		x								
	88022	CDS GROUP HEALTH				2	x		x								
	95166	CEDARS-SINAI MEDICAL NETWORK SERVICES				2	x										
	95167	CEDARS-SINAI MEDICAL NETWORK SERVICES				2	x										
	91136	CEMENT MASONS & PLASTERERS HEALTH AND WELFARE TRUST				2	x		x								
	68047	CENPATICO BEHAVIORAL HEALTH - KANSAS				2	x		x								Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 866-896-7293
	68058	CENPATICO BEHAVIORAL HEALTH FLORIDA			x	4	x		x								See Additional Notes

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	68048	CENPATICO BEHAVIORAL HEALTH OF ARIZONA				2	x		x								Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 866-495-6748.
	68050	CENPATICO GEORGIA			x	4	x		x								See Additional Notes
	68052	CENPATICO INDIANA				2	x		x								Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 877-647-4848.
	MER04	CENTER CARE (FOR MERITAIN CLAIMS)				2	x		x								
	USC02	CENTER CARE (FOR UNDERWRITER'S SAFETY & CLAIMS)				2	x		x								
	31118	CENTRAL BENEFITS LIFE				2	x		x								
	02041	CENTRAL MASSACHUSETTS HEALTH CARE		x		2	x		x								
	34097	CENTRAL RESERVE LIFE				2	x		x								
	CIPA1	CENTRAL SENIOR CARE				4	x		x								
	36215	CENTRAL STATES HEALTH & WELFARE FUND				2	x		x								
	23171	CHA – COMMONWEALTH HEALTH ALLIANCE				2	x		x								
	84146	CHAMP VA - HAC				2	x		x								
	38520	CHAMPUS - TRICARE (NORTH & SOUTH)	x	x		3	x		x								Contact (800)-325-5920 to enroll. Provider Enrollment Form may be obtained at www.mytricare.com . The 270 & 276 WEB transactions are for TRICARE South Region Only.
	57106	CHAMPUS - TRICARE (PALMETTO)	x	x		3	x		x								
	61125	CHAMPUS - TRICARE (PGBA)	x	x		3	x		x								
	WESTR	CHAMPUS - TRICARE (WEST)	x	x		4+	x		x								Call (800)-782-2680 for enrollment. Provider Enrollment Form may be obtained at www.wpsic.com .
	CHAT1	CHATWINS HEALTHCARE ADMINISTRATORS				2	x		x								
	16600	CHAUTAUQUA COUNTY HEALTHCARE PLAN				2	x		x								
	75261	CHEC – A SUBSIDIARY OF SPRINT				2	x		x								
	59223	CHESAPEAKE LIFE INSURANCE				2	x		x								
	34154	CHESTERFIELD RESOURCES				2	x		x								
	CLW99	CHIGAGO LABORER'S HEALTH AND WELFARE				3	x										
	86916	CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN)	x			4#	x		x								
	CASD1	CHIROPRACTIC ASSOCIATION OF SD - DAKOTACARE				4	x										
	CASD2	CHIROPRACTIC ASSOCIATION OF SD - SANFORD HEALTH PLAN				4	x										
	ACN01	CHIROPRACTIC CARE OF MINNESOTA, INC.				2	x										
	60054	CHOICE PLUS (TRW)				4	x		x								
	61271	CHRISTIAN BROTHERS SERVICES				2	x		x								
	SPOHN	CHRISTUS SPOHN NETWORK				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	62308	CIGNA				2	x		x			x		x			
	02331	CIGNA BEHAVIORAL HEALTH				2	x										
	95266	CIGNA FLEX CARE (NEW MEXICO ONLY)				2	x		x								
	86033	CIGNA SENIOR HEALTH PLAN				2	x		x								
	10207	CITRUS HEALTH PLAN				4*	x				x	x	x				
	COA01	CITY OF AMARILLO				4	x										
	TTCEC	CITY OF SAN ANTONIO				2	x		x								
	37251	CITY OF WICHITA FALLS				2	x		x								
	77201	CLEARCHOICE HEALTH PLAN/COIHS				2	x										
	62413	CNA MAILHANDLERS				2	x		x								
	37310	COAST HOTELS & CASINO, INC./DBA COAST BENEFITS				2	x										
	COACC	COLORADO ACCESS HMO				2	x										
	COKSR	COLORADO KAISER PERMANENTE				2	x										
	KSRCS	COLORADO KAISER PERMANENTE (COLORADO SPRINGS ONLY)				2	x										
	91162	COLUMBIA UNITED PROVIDERS				2	x										
	34181	COMMERCE BENEFITS GROUP				2	x		x								
	37237	COMMONWEALTH ADMINISTRATORS				2	x		x								
	23282	COMMUNITY CARE BHO				2	x		x								
	73143	COMMUNITY CARE MANAGED HEALTH CARE				2	x		x								
	39126	COMMUNITY CARE ORGANIZATION				2	x		x								
	71079	COMMUNITY CARE PLUS				2	x		x								
	38325	COMMUNITY CHOICE OF MICHIGAN				2	x										
	26231	COMMUNITY CLAIMS ADMINISTRATION				2	x		x								
	COMMF	COMMUNITY FIRST				4+	x		x								
	35193	COMMUNITY HEALTH ALLIANCE				2	x										
	48145	COMMUNITY HEALTH CHOICE				4+	x		x								
	75261	COMMUNITY HEALTH ELEC. CLEARINGHOUSE (CHEC)				2	x		x								
	62149	COMMUNITY HEALTH NETWORK OF CT				2	x		x								
	90010	COMMUNITY HEALTH PLAN				2	x		x								
	CHPWA	COMMUNITY HEALTH PLAN OF WASHINGTON			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	32481	COMMUNITY PREMIER PLUS				2	x		x								
	34177	COMP - OHIO (AUSTINTOWN, OH)				2	x		x								
	93101	COMPLEMENTARY HEALTHCARE PLANS				2	x		x								
	59314	COMPREHENSIVE BEHAVIORAL CARE				2	x		x								
	03036	COMPREHENSIVE BENEFITS ADMINISTRATOR, INC.				2	x		x								
	COMPU	COMPUSYS OF COLORADO					x										
	80667	CONFED ADMIN SERVICES, INC				2	x		x								
	06105	CONNECTICARE				2	x		x								
	78375	CONNECTICARE - MEDICARE				2	x		x								
	62308	CONNECTICUT GENERAL - MEDICAL CLAIMS				2	x		x								
	02331	CONNECTICUT GENERAL - MENTAL HEALTH CLAIMS				2	x										
	37135	CONSOCIATE GROUP (DECATUR, IL)				2	x		x								
	75284	CONSOLIDATED ASSOCIATES RAILROAD				2	x		x								
	04274	CONSOLIDATED GROUP/HPS				2	x										

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	71404	CONTINENTAL GENERAL				2	x		x								
	35315	CONTINENTAL KEY FAMILY				2	x		x								
	CCHP1	COOK CHILDREN'S HEALTH PLAN				4	x		x								
	CCHP9	COOK CHILDREN'S STAR PLAN				4	x		x								
	52132	COOPERATIVE BENEFIT ADMINISTRATOR				2	x		x								
	58231	CORE MANAGEMENT RESOURCES GP				2	x										
	41045	CORESOURCE OF AZ & MN				2	x		x								
	35182	CORESOURCE OF MD, PA, IL				2	x		x								
	35180	CORESOURCE OF NORTH CAROLINA				2	x		x								
	35183	CORESOURCE OF OHIO				2	x		x								
	75136	CORESOURCE, LITTLE ROCK				2	x		x								
	41045	CORESTAR				2	x		x								
	35202	CORNERSTONE BENEFIT ADMINISTRATORS				2	x		x								
	41124	CORPORATE BENEFIT SRVC OF AMERICA (MERITAIN HEALTH)				4	x		x								Payer ID valid only for claims with a billing submission address of P.O. Box 27267, Minneapolis, MN 55427-0267.
	56116	CORPORATE BENEFITS SERVICE, INC (NC)				2	x										
	37246	CORPORATE SYSTEMS ADMINISTRATION				2	x										
	43160	CORRECTIONAL MEDICAL SERVICES				2	x										
	48146	CORSOLUTIONS				2	x										
	62553	COUNTRY LIFE INSURANCE COMPANY				2	x		x								
	58102	COVENANT ADMINISTRATORS, INC. (ATLANTA, GA)				2	x		x								
	CMSEB	COVENANT MGMT SYSTEMS EMPLOYEE BENEFIT PLAN				4	x		x								
	25133	COVENTRY HEALTH & LIFE (OKLAHOMA)				2	x		x								
U 12/09	25133	COVENTRY HEALTH CARE IOWA				2	x		x								
	25133	COVENTRY HEALTH CARE KANSAS				2	x		x								
U 12/09	25133	COVENTRY HEALTH CARE NEBRASKA				2	x		x								
U 12/09	25133	COVENTRY HEALTH CARE OF CAROLINAS				2	x		x								
U 12/09	25133	COVENTRY HEALTH CARE OF DELAWARE				2	x		x								
U 12/09	25133	COVENTRY HEALTH CARE OF GEORGIA				2	x		x								
U 12/09	25133	COVENTRY HEALTH LOUISIANA				2	x		x								
	64068	CREATIVE MEDICAL SYSTEMS				2	x		x								
	37320	CREATIVE PLAN ADMINISTRATORS				2	x		x								
	39170	CUSTOM BENEFIT ADMINISTRATORS (LACROSSE, WI)				2	x		x								
	82056	CUSTOM DESIGN BENEFITS				2	x		x								
	60054	CUSTOMCARE (PRUDENTIAL)				4	x		x								
	DAK01	DAKOTACARE				4	x		x								
	06172	DART MANAGEMENT CORP/DART CONTAINER CORP		x		2	x		x								
	95748	DC CHARTERED HEALTH PLAN				4	x										
	87726	DEFINITY SERVICES			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	63081	DELAWARE HEALTH PLAN CONSORTIUM				2	x		x								
	27009	DELAWARE PHYSICIANS CARE, INC.				2	x		x								
	DHS01	DELTA HEALTH SYSTEMS				2	x										
	84135	DENVER HEALTH MEDICAL PLAN				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	LABOR	DEPARTMENT OF LABOR & INDUSTRY (WASHINGTON)				2	x										
	36436	DESTINY HEALTH PLAN				2	x		x								
	56240	DETROIT MEDICAL CENTER				2	x		x								
	23706	DIRECTORS GUILD OF AMERICA – PRODUCER HEALTH PLAN				2	x		x								
	06102	DIVERSIFIED ADMINISTRATION				2	x										
	25160	DIVERSIFIED GROUP ADMIN				4	x		x								
	74284	DRISCOLL CHILDREN'S HEALTH PLAN				2	x		x								
	35186	DUNN AND ASSOCIATES BENEFITS ADMINISTRATORS				2	x		x								
	61101	EAGLE CREEK MEDICAL PLAZA			x	3	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	36434	EARLY INTERVENTION CENTRAL BILLING				2	x										
	62308	EATON BENEFITS,OH				2	x		x								
	TTCEC	EBA - CITY OF SAN ANTONIO				2	x										
	22521	EDS ADMIN SERVICES				2	x		x								
	EPF03	EL PASO FIRST HEALTH NETWORK - CHIP		x		4	x		x								Please contact Provider Relations at (915)-532-3778 x1068 to enroll.
	52192	ELDER HEALTH/BRAVO HEALTH				4	x		x								Serving Members in Pennsylvania, Maryland, Delaware, Texas, and Washington DC.
	31625	ELDERPLAN				2	x		x								Elderplan Provider ID required for all claims. Please contact (718)-921-7979 for Provider ID
	ECISF	ELLIS CONSULTANTS, INC.				2	x		x								
	NAELM	ELMCARE LLC				4	x		x								
	37253	ELMCO				2	x		x								
	34167	EMERALD HEALTH NETWORK INC				2	x		x								
	59299	EMI - KP AMBULANCE CLAIMS				2	x										
	60054	EMORYCARE (PRUDENTIAL)				4	x		x								
	61101	EMPHESSYS			x	3	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	95288	EMPLOYEE BENEFIT ADMIN & MGMT				2	x										
	38241	EMPLOYEE BENEFIT CONCEPTS, INC.				2	x		x								
	31074	EMPLOYEE BENEFIT MANAGEMENT (EBMC)				2	x		x								
	CX025	EMPLOYEE BENEFIT MANAGEMENT CORP.				4	x		x								
	81039	EMPLOYEE BENEFIT MANAGEMENT SYSTEM (EBMS)				3	x		x								
	EBSSA	EMPLOYEE BENEFIT SERVICES (EBS) OF SAN ANTONIO				4	x										
	37216	EMPLOYEE BENEFIT SERVICES (SOUTH CAROLINA)				2	x		x								
	41198	EMPLOYEE BENEFIT SERVICES OF LOUISIANA (A DIVISION OF HARRINGTON BENEFIT SVCS)				2	x										
	03036	EMPLOYEE BENEFITS PLAN ADMIN (E.B.P.A.)				2	x		x								
	75184	EMPLOYEE CLAIM ADJUDICATION SVCS				2	x		x								
	35112	EMPLOYEE PLANS, LLC				2	x		x								
	54098	EMPLOYEE SECURITY, INC.				2	x		x								
	74212	EMPLOYER PLAN SERVICES				2	x		x								
	MSI01	EMPLOYERS COALITION ON HEALTH				2	x										
	27008	EMPLOYERS COALITION ON HEALTH (ECO)				2	x										
	75232	EMPLOYERS DIRECT HEALTH				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	75236	EMPLOYERS DIRECT HEALTH (EMPLOYEE PLAN)				2	x		x								
	75235	EMPLOYERS DIRECT HEALTH (FULLY INSURED)				2	x		x								
	75233	EMPLOYERS DIRECT HEALTH (SELF FUNDED PLAN)				2	x		x								
	MIDSC	EMPLOYERS HEALTH COOPERATIVE (EHC)				2	x										
	20508	EMPLOYERS HEALTH NETWORK				2	x		x								
	59298	EMPLOYERS MUTUAL, INC. (FL)				2	x		x								
	37110	ENCOMPASS				2	x		x								
	35206	ENCORE HEALTH NETWORK				2	x										
	36364	ENH MEDICAL GROUP IPA				2	x		x								
	91136	ENSTAR NATURAL GAS G#P61				2	x		x								
	36878	ENTRUST				2	x		x								
	62308	EQUICOR/EQUITABLE				2	x		x								
	62308	EQUICOR-PPO				2	x		x								
	75196	EQUIFAX / HEALTHCARE ADMIN (EHAS)				2	x		x								
	73126	EQUITABLE PLAN SERVICES				2	x		x								
	23250	ERIN GROUP ADMINISTRATORS				2	x		x								
	74234	ERISA				2	x										
	20818	ESSENCE HEALTHCARE				2	x		x								
	58233	EVERGREEN HEALTH PLAN				2	x		x								
	59313	EVOLUTIONS HEALTHCARE SYSTEMS				2	x		x								
	71412	EXCLUSIVECARE				2	x		x								
	75138	EYE SPECIALISTS OF ARIZONA				2	x		x								
	37300	FACS GROUP				2	x		x								
	FCD01	FAMILY CARE MEDICAID				2	x										
	FCM01	FAMILY CARE MEDICAID MENTAL HEALTH				2	x										
	FCR01	FAMILY CARE MEDICARE				2	x										
	31472	FAMILY HEALTH PARTNERS - KANSAS				2	x		x								
	43173	FAMILY HEALTH PARTNERS - MISSOURI				2	x		x								
	36396	FAMILY MEDICAL NETWORK				2	x		x								
	37289	FARA BENEFIT SERVICES				2	x		x								
	14140	FARM FAMILY				2	x		x								
	59069	FBMC				2	x		x								
	33033	FCE BENEFIT ADMINISTRATORS				2	x		x								
	84980	FEDERAL EMPLOYEE PROGRAM (TX FEP)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	41041	FEDERATED MUTUAL				2	x		x								
	11315	FIDELIS CARE NEW YORK				2	x										
	77054	FIDELIS SECURE CARE				2	x		x								
	FAMR1	FIRST ADMINISTRATORS				2	x		x								
	56196	FIRST CAROLINA CARE				2	x		x								
	14163	FIRST CHOICE (CT)				3	x		x								
	91131	FIRST CHOICE HEALTH NETWORK				2	x		x								
	75138	FIRST CHOICE OF MIDWEST (PPO)				2	x		x								
	80705	FIRST GREAT WEST LIFE & ANNUITY INS CO			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	87043	FIRST HEALTH				2	x		x								
	75232	FIRST INTEGRATED HEALTH				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	23241	FIRST PRIORITY HEALTH				2	x										
	94999	FIRSTCARE			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	94998	FIRSTCARE "STAR" MEDICAID			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	90060	FIRSTGUARD HEALTH PLAN - KANSAS				2	x		x								
	90061	FIRSTGUARD HEALTH PLAN - MISSOURI				2	x		x								
	62061	FISERV HEALTH - KANSAS/TENNESSEE				2	x		x								
	11244	FITZHARRIS & COMPANY, INC. (FARMINGDALE, NY)				2	x										
	60054	FLEXCARE				4	x		x								
	59276	FLORIDA 1ST WINTERHAVEN, FL				2	x		x								
	81400	FLORIDA HEALTH CHOICE - WISCONSIN ONLY				2	x										
	81400	FLORIDA HEALTH CHOICE / SELECT - WISCONSIN				2	x										
U 1/10	59321	FLORIDA HOSPITAL HEALTHCARE SYSTEMS (FHHS)				2	x		x								
	48116	FLORIDA HOSPITAL WATERMAN				2	x		x								
	65063	FLORIDA NETPASS				2	x										
	60054	FLORIDA POWER & LIGHT (PRUDENTIAL)				4	x		x								
	48117	FMH BENEFIT SERVICES, INC				2	x		x								
	70408	FORTIS BENEFITS INSURANCE COMPANY				2	x		x								
	39065	FORTIS INSURANCE COMPANY				2	x		x								
	FH001	FOUNDATION HEALTH				2	x										
	FH002	FOUNDATION HEALTH - HMO				2	x										
	55248	FOUNDATION HEALTH PLAN (SUNRISE FL)				2	x		x								
	FVMCH	FOX VALLEY MEDICINE SITE 199				2	x										
	FVMC1	FOX VALLEY MEDICINE SITE 451				2	x										
	64067	FOX-EVERETT – INGALLS SHIP BUILDING				2	x		x								
	64069	FOX-EVERETT, INC				2	x		x								
	62324	FREEDOM LIFE INSURANCE COMPANY OF AMERICA				4	x										
	FMCHP	FRESENIUS MEDICAL CARE HEALTH PLAN				2	x		x								
	59204	FRINGE BENEFIT COORDINATORS				2	x		x								
	34171	FRONTPATH				2	x		x								
D 1/10	67815	G.E. GROUP LIFE ASSURANCE COMPANY															
	30005	GALVESTON COUNTY INDIGENT HEALTH				2	x		x								
	25169	GATEWAY HEALTH PLAN				2	x		x								
A 1/10	60550	GATEWAY HEALTH/MEDICARE ASSURED				2	x		x								
A 1/10	91741	GATEWAY HEALTH/MEDICARE ASSURED OHIO				2	x		x								
	87726	GEHA MENTAL HEALTH CLAIMS			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	75273	GEISINGER HEALTH PLAN		x		2	x		x								
	63665	GENERAL AMERICAN LIFE INS CO			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	GHEDI	GENERATIONS HEALTHCARE				4	x		x								
	52098	GEORGE WASHINGTON HEALTH PLAN				2			x								
	23212	GETTYSBURG HEALTH				2	x		x								
	25531	GHI HMO SELECT				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
U 12/09	25133	GHP (GROUP HEALTH PLAN)				2	x		x								
	80314	GIC INDEMNITY PLAN				3	x		x								
	07205	GILSBAR				2	x		x								
	91136	GLASSWORKERS HLTH & WELFARE				2	x		x								
	07689	GLOBAL CARE, INC.				2	x		x								
	75246	GM SOUTHWEST				4	x		x								
	37602	GOLDEN RULE				2	x		x								
	GTPA1	GOLDEN TRIANGLE PHYSICAIN ALLIANCE				2	x		x								
	44054	GOVERNMENT EMPLOYEES HOSP ASSOC				2	x		x								
	58204	GRADY HEALTHCARE				2	x		x								
	37234	GRANT PHYSICIANS PRACTICE ASSOCIATION				2	x		x								
	95467	GREAT LAKES HEALTH PLAN				2	x		x								
	80705	GREAT-WEST LIFE & ANNUITY INS CO			x	2	x		x			x					To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	48143	GROUP & PENSION ADMINISTRATORS				2	x										
	36338	GROUP ADMINISTRATORS				2	x		x								
	39167	GROUP HEALTH COOP/SO. CENTRAL WISCONSIN				2	x		x								
	39168	GROUP HEALTH COOP/SO. CENTRAL WISCONSIN				2	x		x								
	95192	GROUP HEALTH COOPERATIVE				2	x		x								
	91121	GROUP HEALTH COOPERATIVE - EAST (GHC OF PUGET SOUND)				4	x										Please use 91051 for all GHC Institutional Claims
	91051	GROUP HEALTH COOPERATIVE - WEST (GHC OF PUGET SOUND)				4	x		x								
	38194	GROUP HEALTH MANAGERS				2	x		x								
	13551	GROUP HEALTH, INC (GHI) - NEW YORK				2	x		x								
	37276	GROUP INSURANCE SERVICE CENTER, INC.				2	x		x								
	68046	GROUP PRACTICE AFFILIATES				2	x		x								
	77010	GUARDIAN				2	x		x								
	64246	GUARDIAN, THE				2	x		x								
	39180	GUNDERSON LUTHERAN HEALTH PLAN, INC.				4	x		x								
	23172	H.E.R.E.I.U. WELFARE PENSION FUNDS				4	x		x								
	37114	H.E.R.E.I.U. WELFARE PENSION FUNDS				2	x		x								
	14163	HARMONY HEALTH PLAN OF ILLINOIS				3	x		x								
	14163	HARMONY HEALTH PLAN OF INDIANA				3	x		x								
	75196	HARRINGTON BENEFIT SERVICES				2	x		x								
	95266	HARRINGTON BENEFIT SERVICES				2	x		x								
	48330	HAWAII MANAGEMENT ALLIANCE ASSOCIATION (HMAA)				4	x		x								
	37111	HCH ADMINISTRATION –PEORIA				2	x		x								
	37329	HCHA ALBQ – SELF FUNDED				2	x		x								
	82018	HCS – HEALTH CLAIMS SERVICE				2	x		x								
D 12/09	HDMCO	HDM BENEFIT SOLUTIONS															
	23172	HEALTH ALLIANCE EXCLUSIVE				4	x		x								
	77950	HEALTH ALLIANCE MEDICAL PLANS				2	x		x								
	38224	HEALTH ALLIANCE PLAN OF MICHIGAN				2	x		x								
	25126	HEALTH AMERICA/HEALTH ASSURANCE/ADVANTRA				2	x		x								
	34564	HEALTH AND WELFARE FUND OHIO				2	x										
	60054	HEALTH CARE ALLIANCE (SEARS)				4	x		x								
	42102	HEALTH CARE NETWORK OF WISCONSIN				2			x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	34193	HEALTH CARE PAYER'S COALITION (TOLEDO, OH)				2	x		x								
	62180	HEALTH CHOICE GENERATIONS				2	x										
	34158	HEALTH DESIGNS PLUS (HUDSON, OH)				2	x		x								
	75196	HEALTH ECONOMICS - MICS CORP				2	x		x								
	95019	HEALTH FIRST HEALTH PLANS				4	x		x								
	75289	HEALTH FIRST TPA – AUSTIN				2	x		x								
	75234	HEALTH FIRST TPA – TYLER				2	x										
	30946	HEALTH FUTURE				2	x		x								
	55247	HEALTH INSURANCE PLAN OF NEW YORK (HIP)		x		2	x		x								
	62295	HEALTH MARKET CARE ASSURED				2	x		x								
	95570	HEALTH NET – CALIFORNIA (ENCOUNTERS)				2	x										
	38309	HEALTH NET OF ARIZONA				2	x		x								
	95567	HEALTH NET-CALIFORNIA & OREGON				2	x		x								
	95568	HEALTH NET-CALIFORNIA (ENCOUNTERS)				2			x								
	20199	HEALTH NETWORK AMERICA				2	x		x								
	65062	HEALTH NETWORK ONE				2	x										
	04286	HEALTH NEW ENGLAND				4	x										
	NAHOI	HEALTH OPTIONS OF ILLINOIS, INC				4	x		x								
	62157	HEALTH PARTNERS - JACKSON, TENN.				2	x		x								
	80142	HEALTH PARTNERS – PA				2	x		x								
	52563	HEALTH PLAN OF MICHIGAN				4	x		x								
	87068	HEALTH PLAN SOLUTIONS OF UTAH				2	x		x								
	44273	HEALTH PLANS INC.				2	x		x								
	95435	HEALTH PLEDGE HMO				2	x										
	11324	HEALTH PLUS PHSB (BROOKLYN, NY)				2	x		x								
	56731	HEALTH RESOURCES NW				2	x										
	41170	HEALTH RISK MANAGEMENT (HRM)				2	x		x								
	20896	HEALTH SERVICES CONSULTING GROUP (HSCG)				2	x		x								
	37290	HEALTH SERVICES FOR CHILDREN – SPECIAL NEEDS				2	x		x								
	HSM01	HEALTH SERVICES MANAGEMENT (HSM)				2	x										
	61101	HEALTH VALUE MANAGEMENT			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form.
	84980	HEALTHCARE BENEFITS			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	CALL	HEALTHCARE DISTRICT PALM BEACH COUNTY		x		4	x										Please contact HCDPBC to enroll and to obtain Payer ID (866-930-1002).
	HMA01	HEALTHCARE MANAGEMENT ADMIN (HMA)				3	x		x								
	EPF37	HEALTHCARE OPTIONS		x		2	x		x								Please contact Provider Relations at (915)-532-3778 x1068 to enroll.
A 12/09	73147	HEALTHCARE SOLUTIONS GROUP (HSG)				2	x		x								
	25143	HEALTHCARE USA				2	x		x								
	36335	HEALTHCARE'S FINEST NETWORK				3	x		x								
	62179	HEALTHCHOICE OF ARIZONA				2	x		x								
	HCOMP	HEALTHCOMP (COMMUNITY FIRST - STAR HEALTH PLAN)				2	x		x								
	85729	HEALTHCOMP, INC				2	x		x								
	14163	HEALTHLEASE				3	x										

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	80141	HEALTHFIRST, INC				2	x										
	59087	HEALTHHELP NETWORK, INC (HHNI)				2	x		x								
	96475	HEALTHLINK HMO		x		2	x		x								
	90001	HEALTHLINK PPO		x		2	x		x								
	06108	HEALTHNET OF THE NORTHEAST		x		2	x		x								
	07003	HEALTHPARTNERS				2	x		x								
	59140	HEALTHPLAN SERVICES				2	x										
	95266	HEALTHPLAN SERVICES- HARRINGTON				2	x		x								
	95009	HEALTHPLUS OF LOUISIANA				4	x		x								
	31106	HEALTHPOWER HMO				2	x		x								
	AHS01	HEALTHSCOPE BENEFITS, INC				3	x		x								
	71063	HEALTHSCOPE BENEFITS, INC				2	x		x								
	M3IL1	HEALTHSELECT BCBS OF FLORIDA		x		4	x		x								Enrollment Contact - (866) 703-1444
A 1/10	75237	HEALTHSMART ACCEL				2	x		x								
	HSPC1	HEALTHSMART PREFERRED CARE (HSPC)				1	x		x								
	75255	HEALTHSOURCE OF NORTH TEXAS		x		2	x		x								
	71074	HEALTHSOURCE, AR		x		2	x		x								
	71075	HEALTHSOURCE, AR (MEDICARE HMO)		x		2	x		x								
	58210	HEALTHSOURCE, GA		x		2	x		x								
	61127	HEALTHSOURCE, KY		x		2	x		x								
	02041	HEALTHSOURCE, MA		x		2	x		x								
	01041	HEALTHSOURCE, ME		x		2	x		x								
	56147	HEALTHSOURCE, NC		x		2	x		x								
	02038	HEALTHSOURCE, NH		x		2	x		x								
	06119	HEALTHSOURCE, SC				2			x								
	62129	HEALTHSOURCE, TN		x		2	x		x								
	63092	HEALTHSPRING HMO/HEALTHSPRING MEDICARE + CHOICE		x		2	x		x								
	36332	HEALTHSTAR, INC				2	x		x								
	58213	HEALTHWAYS WHOLEHEALTH NETWORKS				2	x										
	M3FL3	HEALTHY KIDS		x		4	x		x								Enrollment Contact - (866) 703-1444
	CALL	HEALTHY PALM BEACH		x		4	x										Please contact Healthy Palm Beach to enroll and to obtain Payer ID (866-930-1002).
	59230	HERITAGE CONSULTANTS				2	x										
	HER01	HERITAGE IPA				4	x										
	11328	HERITAGE NEW YORK MEDICAL GROUP				2	x		x								
	HPN11	HERITAGE PHYSICIAN NETWORK (HOUSTON)				4	x		x								
	M3FL5	HFN HEALTHEASE		x		4	x		x								Enrollment Contact - (866) 703-1444
	91164	HIGHLINE MEDICAL SERVICES ORGANIZATION (HMSO) MOLINA				2	x										
	91161	HIGHLINE MEDICAL SERVICES ORGANIZATION (HMSO) PSHP				2	x										
	37323	HIGHMARK				2	x		x								
	35145	HIGHMARK - KEY FAMILY				2	x		x								
	00046	HILL PHYSICIANS MEDICAL GROUP				2	x										
	59347	HILLCREST BENEFIT ADMINISTRATORS				2	x		x								
	NAHIN	HINSDALE PHYSICIANS HEALTHCARE				4	x		x								
	AXH01	HIP - HEALTH INSURANCE PLAN OF GREATER NEW YORK (ANESTHESIA)		x		2	x										

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	84980	HMO BLUE			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	84980	HMO BLUE TEXAS			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	COHMO	HMO OF COLORADO				2	x										
	NAHLX	HOLY CROSS HEALTH PARTNERS				4	x		x								
	34150	HOMETOWN HEALTH NETWORK				2	x		x								
	88023	HOMETOWN HEALTH PLAN NEVADA				2	x		x								
A 1/10	88537	HOMETOWN HEALTH PROVIDERS				2	x		x								
	20475	HOOSIER ALLIANCE HEALTH PLAN				2	x		x								
	91136	HOTEL EMPLOYEES & RESTAURANT EMPLOYEES HEALTH TRUST				2	x		x								
	58227	HPS PARADIGM, INC				2	x		x								
	CALL	HUDSON HEALTH PLAN		x			x										Provider enrollment is required by the Payer. Please contact Janet Villablanca at (914)-372-2003 to obtain Payer ID.
	95348	HUMANA HEALTH PLANS OF OHIO				3	x										
	61105	HUMANA HMO				3	x		x								
	61160	HUMANA VETERANS HEALTHCARE SERVICES				2	x		x								
	61101	HUMANA, INC. (CLAIMS)			x	3	x	x	x		x	x	x	x	x	x	EDI 270 NPI OPTION = 3; EDI 276 NPI OPTION = 2; EDI 278 NPI OPTION 1. To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form.
	61102	HUMANA, INC. (ENCOUNTERS)				3	x										
	22175	I.E. SHAFFER (WEST TRENTON, NJ)				2	x		x								
	60054	IBM MEDICAL PLANS				4	x		x								
	11695	ICARE (INDEPENDENT CARE HEALTH PLAN)				4	x		x								
	37296	ICM				2	x										
	41600	IMCARE				2	x		x								
	40585	INDECS CORPORATION				2	x		x								
	35204	INDIANA HEALTH NETWORK				2	x		x								
	35161	INDIANA PRO HEALTH NETWORK				2	x										
	52196	INFORMED, LLC				2	x		x								
	NAING	INGALLS PROVIDER GROUPS				4	x		x								
	04320	INNOVATIVE HEALTHWARE SOLUTIONS				2	x		x								
U 12/09	VAICE	INS HEALTH SERVICES (IMMIGRATION HEALTH SERVICES)				4	x		x								For institutional claims, please include the payer assigned "Treatment Authorization Code" in loop 2300 REF segment with a G1 qualifier.
	37279	INSURANCE ADMINISTRATOR OF AMERICA, INC.				2	x		x								
	13315	INSURANCE DESIGN ADMINISTRATORS				2	x		x								
	IMSMS	INSURANCE MANAGEMENT SERVICES (IMS) OF TEXAS				2	x		x								
	ISL11	INSURANCE SERVICE OF LUBBOCK				2	x										
	IAC01	INSURER'S ADMINISTRATIVE CORPORATION				4	x		x								
	51020	INTEGRA ADMINISTRATIVE GROUP				2	x		x								
	31127	INTEGRA GROUP				2	x		x								
	31129	INTEGRA GROUP - CHA				2	x										

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	34167	INTEGRATED CARE NETWORK BY EMERALD				2	x		x								
	68053	INTEGRATED MENTAL HEALTH SERVICES (IMHS)			x	4	x		x								See Additional Notes
	92649	INTER-AMERICAS INSURANCE CORPORATION, INC				3	x		x								
	37227	INTERCARE HEALTH PLANS, INC.				2	x		x								
	60280	INTERFACE EAP				2	x		x								
	23287	INTERGROUP SERVICES CORPORATION				2	x										
	39182	INTERNATIONAL FUNDING				2	x		x								
	IMGIN	INTERNATIONAL MEDICAL GROUP				2	x		x								
	37269	INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL 15				2	x		x								
	84137	INTERWEST HEALTH (MONTANA) - PPO				2	x										
A 1/10	41124	IOWA BENEFITS, INC				2	x		x								
	IPAK1	IPA OF KANE COUNTY				4	x		x								
	05014	JACKSON MEMORIAL HEALTH PLAN (FL)				2	x										
	61271	JF MOLLY & ASSOC				2	x		x								
	WK006	JI SPECIALTY SERVICES WORKER COMP				2	x		x								
	JISSP	JI SPECIALTY SERVICES, INC.				2	x		x								
	41099	JOHN ALDEN/ASSURANT HEALTH CARE SERVICE CORPORATION				2	x		x								
	95378	JOHN DEERE HEALTH CARE		x		2	x		x								
	80314	JOHN HANCOCK				3	x		x								
	52189	JOHN HOPKINS HEALTH CARE (EHP/PP)				2	x		x								
	52123	JOHN HOPKINS HEALTH CARE (USFHP)				2	x		x								
	38310	JOHN MORRELL				4	x		x								
	JMH01	JOHN MUIR HEALTH NETWORK				2	x										
	37215	JOHN P PEARL & ASSOCIATES				2	x		x								
	52123	JOHNS HOPKINS MEDICAL SERVICES CORP				2			x								
	43178	JOPLIN CLAIMS				2	x		x								
	34136	JP FARLEY CORPORATION				2	x		x								
	37272	JSL ADMINISTRATORS				2	x		x								
	94135	KAISER FOUNDATION HEALTH PLAN OF NORTHERN CA REGION				2	x		x								
	94134	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA REGION				2	x		x								
	52095	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES				2	x		x								
	93079	KAISER FOUNDATION OF THE NORTHWEST				2	x		x								
	21313	KAISER FOUNDATION PLAN OF GEORGIA				2	x		x								
	KS007	KAISER NW REGION				2	x										
	91617	KAISER OF COLORADO				2	x		x								
	KS005	KAISER OHIO REGION				2	x										
	COKSR	KAISER PERMANENTE (COLORADO PLANS ONLY EXCEPT COLORADO SPRINGS)				2	x										
	KSRC5	KAISER PERMANENTE (COLORADO SPRINGS ONLY)				2	x										
	KS001	KAISER PERMANENTE (SO CAL ONLY)				2	x										
	57038	KANAWHA INSURANCE CO.				2	x		x								
	KMG11	KATY MEDICAL GROUP				4	x		x								
	KELSE	KELSEY-SEYBOLD				3	x										
	KELSI	KELSEY-SEYBOLD (INSTITUTIONAL CLAIMS)				3			x								
	73100	KEMPTON COMPANY,KEMPTON GROUP ADM				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	63077	KENTUCKY HEALTH SELECT				2	x		x								
	37217	KEY BENEFIT ADMINISTRATORS, INC. (INDIANAPOLIS, IN)				2	x		x								
	37321	KEY SELECT				2	x		x								
	23045	KEYSTONE HEALTH PLAN CENTRAL				2	x										
	23284	KEYSTONE MERCY HEALTH PLAN				2	x		x								
	34145	KLAIS & COMPANY				2	x		x								
	KPS01	KPS HEALTH PLANS				4	x										
	WC001	LABOR & INDUSTRY				2	x										
	71037	LAFAYETTE CONSOLIDATED GOVERNMENT				4	x		x								
	95415	LAKESIDE HEALTH SERVICES				2	x		x								
	LNDMK	LANDMARK HEALTHCARE				2	x										
	36333	LAWNDALE CHRISTIAN HEALTH PLAN				2	x		x								
	52193	LBA HEALTH PLANS				2	x		x								
	65055	LEON MEDICAL CENTER HEALTH PLAN				2	x		x								
	98205	LIFE & HEALTH INSURANCE COMPANY OF AMERICA				4	x										
D 12/09	LIICA	LIFE INVESTORS INS CO OF AMERICA (LITTLE ROCK, AR)															
D 12/09	LIIC3	LIFE INVESTORS INS CO OF AMERICA (LOUISVILLE, KY)															
	41136	LIFE TRAC				2	x		x								
	93093	LIFEWISE OF OREGON, A PREMIER HEALTH PLAN				2	x										
	61101	LINCOLN NATIONAL (HUMANA)			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form.
	LOBH1	LINDEN OAKS BEHAVIORAL HEALTH				4	x		x								
	LIPA1	LIPA/AGATE RESOURCES		x		4	x										
	35107	LOCAL 135 HEALTH BENEFITS FUND (INDIANAPOLIS, IN)				2	x		x								
	37267	LOMA LINDA UNIVERSITY ADVENTIST				2	x		x								
	37226	LONDON HEALTH ADMINISTRATORS				2	x		x								
	60054	LOS ALAMOS TOTAL CARE (PRU)				4	x		x								
	90328	LOVELACE SANDIA HEALTH PLANS (COMMERCIAL)				2	x		x								
	52148	M.D. INDIVIDUAL PRACTICE ASSOC. (M.D. IPA)				2			x								
	36334	MACNEAL HEALTH PROVIDERS - CHS				2	x		x								
	01260	MAGELLAN HEALTH SERVICES			x	4	x		x								NPI required in all loops, EIN or SSN required in 2310A and/or 2310B. To receive ERAs for this payer, please log into the Availity Portal and complete the Multi-Payer form located under Availity Services Electronic Remittance Advice Delivery
	11303	MAGNACARE				2	x		x								
	62413	MAILHANDLERS				2	x		x								
	87726	MAILHANDLERS MENTAL HEALTH CLAIMS			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	22195	MAKSIN MANAGEMENT CORPORATION				2	x		x								
	61101	MANAGED CARE INDEMNITY			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	35162	MANAGED CARE SERVICES				2	x		x								
	39186	MANAGED HEALTH CARE SERVICES INDIANA				2	x										
	22771	MANAGED HEALTH NETWORKS (MHN)				2	x		x								
	39187	MANAGED HEALTH SERVICES WISCONSIN				2	x		x								
	93900	MANAGED PHYSICIAN NETWORK				2	x										
	61101	MANAGED PRESCRIPTION SERVICES			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form
	41555	MANATEE SERVICE CENTER (BRADENTON, FL)				2	x		x								
	75258	MAPCO, INC.				2	x		x								
	60054	MARRIOTT				4	x		x								
	13310	MARSH ADVANTAGE AMERICA				2	x		x								
	37121	MASHANTUCKET PEQUOT TRIBAL NATION				2	x		x								
	MMPHB	MASTERS, MATES AND PILOTS PLAN				2	x		x								
	41154	MAYO MANAGEMENT SERVICES, INC.				2	x		x								
	87065	MBA BENEFIT ADMINISTRATORS				2	x										
	87065	MBA OF WYOMING				2	x		x								
	59331	MC CREARY CORPORATION				2	x										
	02331	MCC BEHAVIORAL CARE				2	x										
	38338	MCLAREN HEALTH PLAN				4	x		x								
	WK007	MCMC, LLC WORKER COMP				2	x		x								
	06118	MD HEALTH PLAN				2			x								
	M3FL0009	MED3000 HEALTHSPRINGS				4	x										
	61101	MEDBENEFIXX INC			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form
	59231	MEDCOM				2	x		x								
	60054	MEDCONNECTION (MARRIOTT)				4	x		x								
	56205	MEDCOST BENEFIT SERVICES (MBS)				2	x		x								
	56162	MEDCOST, INC		x		2	x		x								
	95321	MEDFOCUS				2	x										
	94265	MEDICA CHOICE (ALLINA)		x		2	x		x								
	78857	MEDICA HEALTH CARE PLAN				2	x										
	77027	MEDICAID FLORIDA	x	x	x	3	x		x								See Additional Notes
	AIDID	MEDICAID IDAHO	x			2	x										
	IL621	MEDICAID ILLINOIS (HFS)	x	x		4	x		x								Contact 217-782-5565 to enroll in EDI.
	CNTNM	MEDICAID NEW MEXICO	x			4+	x		x								NPI required in all loops, EIN or SSN required in 2310A, 2420A and 2420F
	LS328	MEDICAID NEW MEXICO (LOVELACE SALUD)	x			3	x		x								
	PRESA	MEDICAID NEW MEXICO PRESBYTERIAN SALUD	x			4	x		x								See Additional Notes
	86916	MEDICAID TEXAS	x	x		4#	x		x								Please add provider number in 2010AA REF02 "or" 2310B REF02. Provider number is 11 digits or less. Contact (888) 923-5757, #6 then #2 to obtain ID.
	86916	MEDICAID TEXAS HEALTH STEPS	x	x		4#	x		x								NPI - No REF 0B. Contact (888) 863-3638 to enroll in EDI.
	EPF02	MEDICAID TEXAS PREMIER PLAN (STAR HMO)	x	x		3	x		x								Contact (888) 863-3638 to enroll in EDI.
	AIDWA	MEDICAID WASHINGTON	x	x		1	x										See Additional Notes
	37298	MEDICAL BENEFITS ADMINISTRATORS OF MARYLAND, INC.				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	74323	MEDICAL BENEFITS MUTUAL				2	x		x								
	04258	MEDICAL CLAIMS SERVICE, INC.				2	x		x								
	52181	MEDICAL DEVELOPMENT INTERNATIONAL				2	x		x								
	29076	MEDICAL MUTUAL OF OHIO				2	x		x								
	BC004	MEDICAL MUTUAL OF OHIO				2	x										
	CSMED	MEDICAL NETWORK OF COLORADO SPRINGS				2	x										
	80026	MEDICAL PARTNERS OF AMERICA				2	x		x								
	33029	MEDICAL PATHWAYS				2	x										
	61101	MEDICAL PLAN OF KANSAS CITY			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form
	58203	MEDICAL RESOURCE NETWORK				2	x		x								
	38224	MEDICAL VALUE PLAN - MVP - OHIO				2	x		x								
D 12/09	FLMC1	MEDICARE A FLORIDA															
A 1/10	09101	MEDICARE A FLORIDA	x	x		4*			x								See Additional Notes
	04001	MEDICARE A NEW MEXICO	x	x		4*			x								Please call (866)-749-4302 for Electronic Data Interchange (EDI) enrollment.
	04001	MEDICARE A TEXAS	x	x		4*			x								Please call (866)-749-4302 for Electronic Data Interchange (EDI) enrollment.
	00831	MEDICARE B ALASKA	x	x	x	4*	x										See Additional Notes
	03102	MEDICARE B ARIZONA	x	x	x	4*	x										See Additional Notes
	04102	MEDICARE B COLORADO	x	x		4*	x										Please call (866)-749-4302 for Electronic Data Interchange (EDI) enrollment.
	09102	MEDICARE B FLORIDA	x	x		4*	x										See Additional Notes
	05130	MEDICARE B IDAHO	x	x	x	4*	x										See Additional Notes
	00952	MEDICARE B ILLINOIS	x	x	x	4*	x										Contact 877-567-7261 to enroll in EDI. To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form. Failure to complete this form prior to enrolling with the payer will result in missing ERAs.
	00953	MEDICARE B MICHIGAN	x	x		4*	x										Contact 877-567-7261 to enroll in EDI.
	00954	MEDICARE B MINNESOTA	x	x		4*	x										Contact 877-567-7261 to enroll in EDI.
	04202	MEDICARE B NEW MEXICO	x	x	x	4*	x										Please call (866)-749-4302 for Electronic Data Interchange (EDI) enrollment. To receive ERAs for this payer, please log into the Availity Portal and complete the Multi-Payer form located under Availity Services Electronic Remittance Advice Delivery. Failure to complete this form prior to enrolling with the payer will result in missing ERAs.
	04302	MEDICARE B OKLAHOMA	x	x	x	4*	x										Please call (866)-749-4302 for Electronic Data Interchange (EDI) enrollment. To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form. Failure to complete this form prior to enrolling with the payer will result in missing ERAs.
	00835	MEDICARE B OREGON	x	x	x	4*	x										See Additional Notes

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	04402	MEDICARE B TEXAS	x	x	x	4*	x										Please call (866)-749-4302 for Electronic Data Interchange (EDI) enrollment. <i>To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form. Failure to complete this form prior to enrolling with the payer will result in missing ERAs.</i>
	00904	MEDICARE B VIRGINIA	x	x		4*	x										To enroll in EDI call (866) 749-4302 or visit www.trailblazerhealth.com for more EDI information.
	00836	MEDICARE B WASHINGTON	x	x	x	4*	x										See Additional Notes
	00951	MEDICARE B WISCONSIN	x	x		3	x										Contact 877-567-7261 to enroll in EDI
	17003	MEDICARE 'DMERC' REGION B (Covering: Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio and Wisconsin)	x	x	x	4*	x										See Additional Notes
	18003	MEDICARE 'DMERC' REGION C (Covering: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands, Virginia and West Virginia.)	x	x	x	4*	x										See Additional Notes
	19003	MEDICARE 'DMERC' REGION D (Covering: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, N. Mariana Island, Oregon, South Dakota, Utah, Washington, and Wyoming.)	x	x	x	4*	x										See Additional Notes
	00882	MEDICARE RAILROAD	x	x	x	4*	x										See Additional Notes
	13123	MEDIGOLD PPO				2	x		x								
	62160	MEDSOLUTIONS, INC.				2	x		x								
	00243	MEDSTAR FAMILY CHOICE				2	x										
	74227	MEGA LIFE & HEALTH INS. (STUDENT INSURANCE)				2	x		x								
	MCA11	MEMORIAL CLINICAL ASSOCIATES				4	x		x								
	MHHNP	MEMORIAL HERMANN HEALTH NETWORK				4*	x		x								
	59064	MEMORIAL INTEGRATED HEALTHCARE				2	x		x								
	74289	MENTAL HEALTH NETWORK (MHNET)				2	x		x								
	86052	MERCY CARE PLAN				2	x		x								
	22326	MERCY HEALTH PLAN OF NJ		x		2	x		x								
	MER11	MERCY HEALTH PLANS				2	x		x								
	13189	MERIDIAN HEALTH PLAN				2	x		x								
	64157	MERITAIN HEALTH				2	x		x								Formerly know as North American Administrators
	85035	MESA MENTAL HEALTH				2	x										
	87726	MET LIFE			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	65113	METCARE HEALTH PLANS				2	x		x								
	62168	METHODIST ASSOC HEALTH PLAN				2	x		x								
	80314	METHODIST CARE				3	x		x								
	13265	METRO PLUS HEALTH PLAN				2	x										
	10850	METROPOLITAN HEALTH PLAN				2	x		x								
	07033	METROPOLITAN HEALTH PLAN (MHP)				2			x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	52627	METROPOLITAN HEALTH PLAN (MHP)				2	x										
	87726	METROPOLITAN LIFE INS CO			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	MWP01	METROWEST HEALTH PLAN-PREFERRED CARE				2	x										
	87726	MICHAEL REESE HMO			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	37127	MICHAEL REESE PHYSICIANS GROUP				2	x		x								
	MRIPA	MID ROGUE OREGON HEALTH PLAN				3	x		x								
	37281	MID-AMERICA ASSOCIATES, INC.				2	x		x								
	90956	MIDLAND NATIONAL LIFE INSURANCE CO				4	x										
	47080	MIDLANDS CHOICE				2	x		x								
	31140	MID-VALLEY CARENET, INC				2	x		x								
	61146	MIDWEST GROUP BENEFITS				2	x		x								
	MHP77	MIDWEST HEALTH PLAN		x		2	x		x								
	59224	MIDWEST NATIONAL LIFE INS CO – TN				2	x		x								
	MIDSC	MIDWEST PREFERRED				2	x										
	MIDSC	MIDWEST SECURITIES				2	x										
	79480	MIDWEST SECURITY				2	x		x								
	MIDSC	MIDWEST SECURITY ADMINISTRATORS (MSA)				2	x										
	MIDSC	MIDWEST SECURITY INSURANCE CO. (MSIC)				2	x										
	MPMG1	MILLS PENINSULA MEDICAL GROUP				2	x										
	60054	MINNEAPOLIS PRUDENTIAL				4	x		x								
	64088	MISSISSIPPI SELECT HEALTH CARE				2	x		x								
	37275	MISSOULA COUNTY MEDICAL BENEFITS PLAN				2	x		x								
	38333	MOLINA HEALTHCARE OF CALIFORNIA				3	x		x								
	51062	MOLINA HEALTHCARE OF FLORIDA				3	x		x								
	38334	MOLINA HEALTHCARE OF MICHIGAN				3	x		x								
	NM505	MOLINA HEALTHCARE OF NEW MEXICO				3	x		x								
	20149	MOLINA HEALTHCARE OF OHIO				3	x		x								
	20554	MOLINA HEALTHCARE OF TEXAS				3	x		x								
	38336	MOLINA HEALTHCARE OF WASHINGTON				3	x		x								
	72135	MOMENTUM HEALTH SERVICES				2	x										
A 1/10	50749	MONDIAL ASSISTANCE				2	X		X								
	13174	MONTEFIORE CONTRACT MANAGEMENT ORG.				2	x		x								
	MMLI3	MONUMENTAL LIFE INS CO (HURST, TX)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	MMLIC	MONUMENTAL LIFE INS CO (LITTLE ROCK, AR)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	MMLI2	MONUMENTAL LIFE INS CO (LOUISVILLE, KY)			x	4	x		x								Cancer, LTC, LTC Rider, Major Med - PO Box 34310 Louisville, KY 40232-4310 phone - 866.242.2806. To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	36111	MOTOROLA, INC.				2	x										
	86040	MOUNTAIN STATES ADMINISTRATIVE SERVICES				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	80900	MPA - CUSTOM PROVIDER NETWORK				2	x		x								
	37233	MPE EMPLOYEE BENEFIT SERVICES, INC.				2	x		x								
	95444	MPLAN, INC/HEALTHCARE GROUP, LLC				2	x		x								
	95655	MT. CARMEL HEALTH PLAN				2	x		x								
	39634	MULTIPLAN FOR AMERICAN FAMILY				2	x		x								
	34080	MULTIPLAN WISCONSIN PREFERRED PROVIDER NETWORK (WPPN)				4	x		x								
	81883	MUNICIPAL HEALTH BENEFIT FUND				2	x		x								
	37256	MUTUAL ASSURANCE ADMINISTRATORS				2	x		x								
	70408	MUTUAL BENEFIT LIFE (MBL)				2	x		x								
	70491	MUTUAL GROUP (THE)				2	x		x								
	71412	MUTUAL OF OMAHA				2	x		x								
	71412	MUTUALLY PREFERRED				2	x		x								
	14165	MVP HEALTH PLAN OF NY		x		2	x		x								
	91136	N.W. IRONWORKERS HEALTH & SECURITY HEALTH FUND				2	x		x								
	91136	N.W. ROOFERS & EMPLOYERS HEALTH & SECURITY TRUST FUND				2	x		x								
	91136	N.W. TEXTILE PROCESSORS				2	x		x								
	65085	NAA - NORTH AMERICAN ADMINISTRATORS (NASHVILLE, TN)				2	x		x								
	NANPR	NAMM PARTNERS, INC				4	x		x								
	NHCA1	NAPERVILLE HEALTH CARE ASSOCIATES				4	x		x								
	56176	NATIONAL BENEFIT ADMIN. – N.C.				4	x		x								
	56175	NATIONAL BENEFIT ADMINISTRATORS – NEW JERSEY				4	x		x								
	37126	NATIONAL CLAIM ADMINISTRATION				2	x		x								
	90956	NATIONAL FINANCIAL INSURANCE COMPANY				2	x										
	98205	NATIONAL FOUNDATION LIFE INSURANCE COMPANY				2	x										
	NIA11	NATIONAL IMAGING ASSOCIATES			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	52132	NATIONAL RURAL ELECTRIC COOP (NRECA)				4	x		x								
	53011	NATIONAL RURAL LETTER CARRIER ASSOC (NALC)				2	x		x								
	NTA11	NATIONAL TEACHERS ASSOCIATION (NTA)				2	x		x								
	52103	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION (NTCA)				2	x		x								
	52104	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION (NTCA) - STAFF MEMBERS				2	x		x								
	31417	NATIONWIDE HEALTH PLANS				2	x		x								
	75191	NCAS - CHARLOTTE, NC				2	x		x								
	75190	NCAS - FAIRFAX, VA				2	x		x								
	95123	NEIGHBORHOOD HEALTH PARTNERSHIP				2	x		x								
	04293	NEIGHBORHOOD HEALTH PLAN				2	x		x								
	05047	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND (NHPRI)				2	x										
	11325	NEIGHBORHOOD HEALTH PROVIDERS				2	x		x								
	37255	NESIKA HEALTH GROUP				2	x		x								
	66055	NETCARE LIFE AND HEALTH INSURANCE				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	04332	NETWORK HEALTH				2	x		x								
	77076	NETWORK HEALTH INS CORP - MEDICARE				2	x		x								
	39144	NETWORK HEALTH SOLUTIONS				2	x										
	80705	NEW ENGLAND FINANCIAL			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	75281	NEW ERA LIFE INSURANCE COMPANY				2	x		x								
	76031	NEW ERA WELFARE BENEFIT PLAN TRUST				2	x		x								
	65056	NEW MARKET DIMENSIONS				2	x		x								
	NYL11	NEW YORK LIFE - LTC				2	x		x								
	14179	NEW YORK MEDICAL IMAGING - MVP				4	x										
	11334	NEW YORK NETWORK MANAGEMENT				2	x										
	48186	NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN				2	x		x								
	38225	NGS AMERICAN, INC.				2	x		x								
	81264	NIPPON LIFE INSURANCE CO				2	x		x								
	34159	NORTH AMERICA BENEFITS NETWORK				2	x		x								
	64157	NORTH AMERICAN ADMINISTRATORS				2	x		x								Name has changed to Meritain Health
	E3510	NORTH AMERICAN MEDICAL MGMT - CA		x		2	x										
	36392	NORTH SUBURBAN ASSOCIATED PHYS				2	x		x								
	38238	NORTHERN CALIFORNIA SHEET METAL WORKERS INSURANCE PLAN				2	x										
	36347	NORTHERN ILLINOIS HEALTH PLAN				2	x		x								
	88027	NORTHERN NEVADA TRUST FUND				2	x		x								
	07036	NORTHSTAR ADVANTAGE (MHP)				2			x								
	07037	NORTHSTAR ADVANTAGE (MHP)				2	x										
	NANWC	NORTHWEST COMMUNITY HEALTH PARTNERS				4	x		x								
	NWDC1	NORTHWEST DIAGNOSTIC CLINIC				2	x		x								
	PH018	NORTHWEST LIFE				2	x										
	NPN11	NORTHWEST PHYSICIANS NETWORK				2	x		x								
	36346	NORTHWEST SUBURBAN IPA (ILLINOIS)				3	x		x								
	41045	NORTHWESTERN NATIONAL LIFE (RELIASTAR)				2	x										
	16114	NOVA CASUALTY CO.				2	x		x								
	16644	NOVA HEALTH ADMIN. (GRAND ISLAND, NY)				2	x		x								
	06226	NOVANET				2	x										
	71080	NOVASYS				2	x										
	37299	NYHART				2	x		x								
	91135	NYLCARE ETHIX NORTHWEST				2			x								
	14180	NYMI OXFORD				2	x										
	NAOAK	OAK WEST PRIMARY PHYSICIANS ASSOCIATION				4	x		x								
	72127	OCHSNER HEALTH PLAN		x		4	x		x								
	OCH01	OCHSNER HEALTH PLANS				3	x		x								
	13350	ODS HEALTH PLAN				3	x		x		x						
	13350	OEA CHOICE TRUST				3	x		x		x						
	13310	OFFICE OF ADMINISTRATOR, WASHINGTON DC				3	x										
	14163	OHANA HEALTH PLAN				3	x		x								
	34189	OHIO HEALTH CHOICE, PPO				3	x		x								
	25150	OMNICARE, A COVENTRY HEALTH PLAN				3	x		x								
	22321	ONE CALL MEDICAL				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	80705	ONE HEALTH PLAN (ALL 50 STATES)			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	95379	ONE HEALTH PLAN OF CALIFORNIA, INC			x	2	x										To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	95569	ONE HEALTH PLAN OF GEORGIA, INC			x	2	x										To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	95388	ONE HEALTH PLAN OF ILLINOIS, INC			x	2	x										To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	91136	OPERATING ENGINEERS LOCALS 302 & 612 HEALTH & SECURITY FUND				2	x		x								
	56190	OPTICARE EYE HEALTH NETWORK				2	x										
	52152	OPTIMUM CHOICE OF THE CAROLINAS				2	x		x								
	AIDOR	OREGON DHS OMAP/DMA (MEDICAID)	x	x		2	x										See Additional Notes
	13383	ORTHANET - AETNA				2	x		x								
	13381	ORTHONET CORPORATION – CIGNA				2	x		x								Orthonet provider id is required in billing provider (2010AA) loop.
	OSFMC	OSF CARE ADVANTAGE				3	x										
	OSFIL	OSF HEALTH PLAN		x		2	x										
	CLFR2	OSMA HEALTH				2	x		x								
	06111	OXFORD HEALTH PLANS				2	x		x								
	60054	PACIFIC GAS AND ELECTRIC (PG &E)				4	x		x								
	95959	PACIFICARE				2	x		x								
	COFHP	PACIFICARE - COLORADO				2	x										
	95958	PACIFICARE (ENCOUNTERS ONLY)				2	x										
	95959	PACIFICARE / SECURE HORIZONS				2	x		x								
	33053	PACIFICARE BEHAVIORAL HEALTH				2	x										
	95964	PACIFICARE OF ARIZONA				2	x										
	95959	PACIFICARE OF CALIFORNIA - HMO				2	x		x								
	95962	PACIFICARE OF COLORADO				2	x		x								
	95959	PACIFICARE OF OKLAHOMA - HMO (CLAIMS)				2	x		x								
	95959	PACIFICARE OF OREGON - HMO (CLAIMS)				2	x		x								
	95959	PACIFICARE OF TEXAS - HMO (CLAIMS)				2	x		x								
	95959	PACIFICARE OF WASHINGTON				2	x		x								
	95999	PACIFICARE PPO - ALL STATES				2	x		x								
	93029	PACIFICSOURCE HEALTH PLANS				2	x		x								
	58174	PARAGON BENEFITS, INC.				2	x		x								
	66917	PARKLAND COMMUNITY HEALTH PLAN		x		2	x		x								
	M3FL7	PARTNER CARE		x		4	x		x								Enrollment Contact - (866) 703-1444
	56152	PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA, INC.				2	x		x								
	61129	PASSPORT HEALTH PLAN				2	x		x								
	37210	PAYNET, INC				2	x		x								
	65018	PCA HEALTH PLAN OF FLORIDA				3	x										
	95885	PCA HEALTH PLANS OF TEXAS (HUMANA)			x	3	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	61101	PCA STAR MEDICAID			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form
	68049	PEACH STATE HEALTH PLAN		x		2	x		x								Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 866-874-0633 or by visiting www.pshpgeorgia.com .
	M3FL8	PEDICARE TITLE 19		x		4	x		x								Enrollment Contact - (866) 703-1444
	M3FL6	PEDICARE TITLE 21		x		4	x		x								Enrollment Contact - (866) 703-1444
	37086	PEKIN INSURANCE				4	x		x								
D 12/09	PBLIC	PEOPLES BENEFIT LIFE INSURANCE (HURST, TX)															
	72126	PEOPLE'S HEALTH NETWORK				2	x										
U 12/09	25133	PERSONALCARE				2	x		x								
	PHIF4	PHIFER WIRE PRODUCTS, INC.				2	x		x								
	03440	PHOENIX HEALTH PLAN				2	x										
	67814	PHOENIX HOME LIFE				2	x										
	67814	PHOENIX MUTUAL				2	x										
	62155	PHP TENNCARE				2	x		x								
	37330	PHYSICIAN HEALTH PLAN (PHP)				2	x		x								
	36345	PHYSICIANS CARE NETWORK (ROCKFORD, IL)				2	x		x								
	37136	PHYSICIANS HEALTH ASSOCIATION OF ILLINOIS				2	x		x								
	PHCS1	PHYSICIANS HEALTH CHOICE - CLAIMS				4	x		x								
	37330	PHYSICIANS HEALTH PLAN OF MID MICHIGAN (MEDICAID AND COMMERCIAL CLAIMS)				2	x		x								
	12399	PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA				2			x								
	65031	PHYSICIANS HEALTHCARE PLANS				2	x										
	47027	PHYSICIANS MUTUAL INSURANCE COMPANY				2	x										
	39156	PHYSICIANS PLUS INS. CORP				2	x		x								
	10775	PHYSICIANS UNITED PLAN				2	x		x								
	PPMO1	PINNACLE PHYSICIAN MANAGEMENT ORG				4	x		x								
	CCIA1	PINNACOL ASSURANCE				2	x										
	84109	PINNACOL ASSURANCE				2			x								
	37224	PITTMAN & ASSOCIATES				2	x										
	37287	PLANNED ADMINISTRATORS, INC.				2	x		x								
	67466	PM GROUP					x		x								
	POD1S	PODIATRY FIRST					x		x								
	POD1ST	PODIATRY FIRST				2	x		x								
	32680	POLY AMERICA MEDICAL BENEFITS PLAN				2	x		x								
	16111	POMCO				2	x		x								
	73159	PPO OKLAHOMA				2	x		x								
	72148	PPO PLUS LLC				2	x		x								
U 12/09	PPOM1	PPOM				2	x										
D 12/09	PPOM1	PPOM															
	36373	PRAIRIE STATES ENTERPRISES, INC.				2	x		x								
	EPF10	PREFERRED ADMINISTRATORS		x		2	x		x								Please contact Provider Relations at (915)-532-3778 x1068 to enroll.

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	61665	PREFERRED BENEFIT ADMINISTRATOR (WICHITA, KS)				2	x		x								
	53476	PREFERRED BENEFIT ADMINISTRATORS (LONGWOOD, FL)				2	x		x								
	65088	PREFERRED CARE PARTNERS				2	x		x								This payer processes claims for the Miami, Florida area only. Please check the address on the member's ID card before submitting claims electronically.
	73145	PREFERRED COMMUNITY CHOICE				2	x		x								
	61106	PREFERRED HEALTH PLAN				2	x		x								
	31478	PREFERRED HEALTH PROFESSIONALS				2	x		x								
	60110	PREFERRED HEALTH SYSTEMS				2	x		x								
	36401	PREFERRED NETWORK ACCESS, INC. (DARIEN, IL)				2	x		x								
	60110	PREFERRED PLUS OF KANSAS (PPK)				2	x		x								
	41147	PREFERREDONE (MN)				2	x		x								
	90440	PREMIER HEALTH SYSTEMS, INC				2	x		x								
	PREHP	PRESBYTERIAN HEALTH PLAN (COMMERCIAL)				4	x		x								
	39185	PREVEA HEALTH INSURANCE PLAN				4	x		x								
	PRIME	PRIMARY HEALTH PLAN				3	x		x								
	56144	PRIMARY PHYSICIAN CARE, INC				2	x		x								
	61101	PRIME BENEFITS SYSTEM			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form
	UH015	PRIME CARE HEALTH PLAN				2	x										
	56190	PRIME VISION HEALTH PLAN				2	x										
	61604	PRIME WEST HEALTH PLAN				2	x		x								
	23266	PRIMESOURCE HEALTH NETWORKS				2	x		x								Payer Id has changed from 04320 to 23266
	PRI01	PRINCETON PREMIER IPA				4	x										
	61271	PRINCIPAL HEALTHCARE				2	x		x								
	61271	PRINCIPAL MUTUAL LIFE INSURANCE CO				2	x		x								
	38217	PRIORITY HEALTH				2	x										
	37303	PRISM - FIRST HEALTH				2	x										
	37315	PRISM - UNIVERA				2	x		x								
	37268	PRISM NETWORK, INC.				2	x										
	13306	PRIVATE HEALTH CARE (PHCS SAVILITY)				4	x		x								
	38329	PRO CARE HEALTH PLAN, INC.				2	x		x								
	36331	PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (OAK BROOK, IL)				2	x		x								
	37242	PROFESSIONAL CLAIMS MANAGEMENT				2	x		x								
	34134	PROFESSIONAL RISK MANAGEMENT				2	x		x								
	PHP01	PROVIDENCE CHOICE OPTION				2	x										
	PHP01	PROVIDENCE GOOD HEALTH PLAN				2	x										
	PHP00	PROVIDENCE HEALTH PLAN (PPO)				2	x										NPI required in all loops, EIN or SSN required in 2310A and/or 2310B loop
	71404	PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY				2	x										
	68195	PROVIDENT LIFE AND ACCIDENT INS				2	x		x								
	60054	PRUDENTIAL (ALL PLANS)				4	x		x								
	91136	PUGET SOUND BENEFITS TRUST				2	x		x								
	91136	PUGET SOUND ELECTRICAL WORKERS				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	42172	PUGET SOUND HEALTH PARTNERS				2	x		x								
	39197	QUADMED (WEST ALLIS, WI)				2	x		x								
	35174	QUAL CHOICE OF ARKANSAS		x		2	x		x								
	35172	QUAL CHOICE OF NORTH CAROLINA				2	x										
	35171	QUAL CHOICE OF VIRGINIA				2	x		x								
	23342	QUALCARE, INC				2	x		x								
	QHP01	QUALITY HEALTH PLANS INC				2	x		x								
	QUANM	QUAL-MED NEW MEXICO				2	x		x								
	QMDCE	QUAL-MED, COLORADO EPO				2	x										
	QMDPO	QUAL-MED, PORTLAND (PO)				2	x										
	37129	QUINCY HEALTH CARE MANAGEMENT, INC.				2	x		x								
	61101	RANDMARK, INC			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form
	91176	RBMS, LLC				2	x		x								
	00851	REGENCE BLUECROSS BLUESHIELD OF OREGON			x	4	x		x		x		x				To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	00611	REGENCE BLUESHIELD OF IDAHO			x	4	x		x		x		x				To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	00932	REGENCE BLUESHIELD OF WASHINGTON			x	4	x		x		x		x				To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	38221	REGENCY EMPLOYEE BENEFITS				2	x		x								
	47076	REGIONAL CARE, INC.				2	x		x								
	WK008	REPUBLIC INDEMNITY COMPANY OF AMERICA				2	x		x								
	20481	RESOLVE HEALTH PLAN ADMINISTRATORS				4	x		x								
	RPPG1	RESURRECTION PHYSICIAN PROVIDERS GROUP				4	x		x								
	CHAT1	REUNION INDUSTRIES				2	x		x								
	84980	RIO GRANDE HMO			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	37129	RIVER QUEST NETWORK, INC.				2	x		x								
	16117	RMSCO				2	x		x								
	84065	ROCKY MOUNTAIN HEALTH PLAN				2			x								
	36339	RUSH HEALTH ASSOCIATION				2	x		x								
	60054	RUSH PRUDENTIAL				4	x		x								
	36389	RUSH PRUDENTIAL HMO				2	x		x								
	63070	RWDSU BENEFIT FUND				2	x		x								
	WK009	RYDER SERVICES, INC WORKER COMP				2	x		x								
	31441	S & S HEALTHCARE STRATEGIES				2	x										
	35164	SAGAMORE HEALTH NETWORK				2	x		x								
	62308	SAMBA				2	x		x								
	60054	SANDIA TRIPLE OPTIONAL PLUS				4	x		x								
	91184	SANFORD HEALTH PLAN				2	x		x								
	35182	SANTA BARBARA COTTAGE HOSPITAL				2	x		x								
	63665	SANUS- HMO/PPO ST LOUIS			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	16146	SCHC TOTAL CARE				2	x										

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	88030	SCOTT & WHITE HEALTHCARE		x		2	x		x								Enrollment for contracted providers - Mayra Martinez - 254.298.3278. Enrollment for non-contracted providers - Tracy Tharp 254.298.3274.
	13310	SEABURY & SMITH				2	x		x								
	28530	SECURE HEALTH PLANS OF GEORGIA, LLC				2	x		x								
	39045	SECURITY HEALTH PLAN				2	x		x								
	64088	SELECT ADMINISTRATIVE SERVICES (SAS)				2	x		x								
	42137	SELECT BENEFIT ADMINISTRATORS (DES MOINES, IA)				2	x		x								
	93031	SELECT BENEFIT ADMINISTRATORS INC.				2	x		x								
	37282	SELECT BENEFIT ADMINISTRATORS OF AMERICA (ASHLAND, WI)				2	x		x								
	23285	SELECT HEALTH OF SOUTH CAROLINA				2	x		x								
	SSC11	SELECT SENIOR CLINIC				4	x		x								
	00014	SELECTCARE				2	x		x								
	SCOK1	SELECTCARE OF OKLAHOMA				3	x		x								
	GTPA1	SELECTCARE OF TX (BEAUMONT)				2	x		x								
	HPN11	SELECTCARE OF TX (HOUSTON)				4	x		x								
	INET1	SELECTCARE OF TX (INTEGRANET)				3	x		x								
	KLSY1	SELECTCARE OF TX (KELSEY-SEYBOLD)				3	x		x								
	59111	SELF INSURED BENEFIT ADMINISTRATORS				2	x		x								
	36404	SELF INSURED PLANS				2	x		x								
	34131	SELF-FUNDED PLANS (OHIO)				2	x		x								
	83035	SENIOR WHOLE HEALTH				2	x		x								
	54154	SENTARA HEALTH MANAGEMENT				2	x		x								
	23249	SENTINEL MANAGEMENT SERVICES				2	x										
	39033	SENTRY INSURANCE				2	x		x								
	EPNSH	SETON EMPLOYEE PLAN ACTIVE				4	x		x								EPN - All dates of service, expanded EPN - 2008 date of service and after.
	SHEBP	SETON EMPLOYEE PLAN ARCHIVE				4	x		x								SHP I and II plans, 2007 and earlier date of service.
	SHMAP	SETON HEALTH PLAN - MAP PROGRAM				4	x		x								
	SHPCH	SETON HEALTH PLAN (CHIP)				4	x		x								
	75280	SHASTA ADMINISTRATIVE SERVICES				2	x		x								
	41143	SHEFFIELD, OLSON, & MCQUEEN, INC.				2	x		x								
	76342	SIERRA HEALTH SERVICES (CLAIMS)				2	x		x								
	76343	SIERRA HEALTH SERVICES (ENCOUNTERS)				2	x		x								
	62159	SIGNATURE HEALTH ALLIANCE				2	x										
	NASCR	SILVER CROSS MANAGED CARE ORGANIZATION				4	x		x								
	84076	SINCLAIR HEALTH PLAN				2	x		x								
U 12/09	84906	SLOAN'S LAKE MANAGED CARE				2	x		x								
	02057	SMITH ADMINISTRATORS				2	x		x								
	81400	SOONER HEALTH NETWORK (WISCONSIN)				2	x										
	23266	SOUTH CENTRAL PREFERRED				2	x		x								
	25147	SOUTHCARE/HEALTHCARE PREFERRED				2	x		x								
	STGEB	SOUTHEAST TEXAS GOVERNMENT EMPLOYEE BENEFITS				2	x		x								
	37318	SOUTHERN BENEFIT SERVICES LLC				2	x		x								
	81400	SOUTHERN DESERT HEALTH (WISCONSIN)				2	x										
	56131	SOUTHERN GROUP ADMINISTRATORS				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
U 12/09	25133	SOUTHERN HEALTH SERVICES				2	x		x								
	M3IL2	SOUTHWEST BCBS OF FLORIDA		x		4	x		x								Enrollment Contact - (866) 703-1444
	37266	SOUTHWEST SERVICE LIFE				2	x		x								
	60054	SOUTHWESTERN BELL (MEDICAL)				4	x		x								
	52190	SPECIAL RISK INTERNATIONAL				2	x		x								
	23253	SPECTRUM ADMINISTRATORS, INC. - TPA ALLENTON, PA				2	x		x								
	22240	ST. BARNABAS SYSTEM HEALTH PLAN				2	x		x								
	37264	ST. JOHN'S CLAIMS ADMINISTRATION				2	x		x								
A 1/10	SLCH1	ST. LAWRANCE CO. HEALTHCARE PLAN				2	x		x								
	88029	ST. MARY'S HEALTH PLAN				2	x		x								
	37116	ST. THERESE PHYSICIAN ASSOC				2	x		x								
	STM01	ST. THOMAS MEDICAL NETWORK (GULFQUEST)				3	x										
	59225	STAR HRG				2	x		x								
	72087	STATE EMPLOYEES GROUP BENEFITS - LOUISIANA				2	x		x								
	31053	STATE FARM				2	x		x								
	14163	STAYWELL				3	x										
	91151	STERLING OPTION 1				2	x		x								
	06089	STIRLING BENEFITS (STIRLING & STIRLING)				2	x										
	31121	STONER AND ASSOCIATES (CINCINNATI, OH)				2	x		x								
	74227	STUDENT INSURANCE DIVISION				2	x		x								
	88331	SUFFOLK HEALTH PLAN OF NEW YORK				2	x		x								
	95202	SUMMACARE HEALTH PLAN				2	x		x								
	37301	SUMMIT AMERICA INSURANCE SERVICES				2	x		x								
	60054	SUN TRUST BANK				4	x		x								
	90956	SUNAMERICA LIFE INSURANCE COMPANY				4	x										
	68057	SUNSHINE STATE HEALTH PLAN			x	4	x		x								See Additional Notes
	23218	SUPERIOR BENEFITS				2	x		x								
	SHP11	SUPERIOR HEALTH PLAN			x	4	x		x								See Additional Notes
	SHP11	SUPERIOR HEALTH PLAN CHIPS EPO			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	39188	SUPERIOR HEALTH PLAN OF TEXAS				2	x		x								Prior to submitting claims, please contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. Provider Relations may be reached at 800-218-7453.
	35199	SURBURBAN HEALTH ORGANIZATION				2	x		x								
	CALL	SUTTER - ALTA BATES MEDICAL GROUP (CLAIMS/ENCOUNTERS)		x		2	x										Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	CALL	SUTTER - GOULD MEDICAL FOUNDATION (CLAIMS/ENCOUNTERS)		x		2	x										Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	CALL	SUTTER - MEDICAL GROUP OF THE REDWOODS (CLAIMS/ENCOUNTERS)		x		2	x										Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	CALL	SUTTER - SIP, SMG, SWMG (CLAIMS/ENCOUNTERS)		x		2	x										Please contact Sutter to enroll and to obtain Payer ID (800-611-5191).
	94269	SUTTER EAST BAY MEDICAL FOUNDATION				2	x										
	NASWD	SWEDISH COVENANT MANAGED CARE				4	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	91151	SYNERTECH HEALTH SYSTEMS SOLUTIONS (STERLING OPTION 1)				2	x		x								
	16146	SYRACUSE COMMUNITY HEALTH CENTER (SCHC)				2	x										
	88067	TALL TREES ADMINISTRATORS				2	x		x								
	37228	TARRANT HEALTH SERVICES				2	x										
	39157	TBG ADMINISTRATIVE SERVICES				2	x		x								
	ADSL1	TEAM CHOICE - ALPHA CARE GOLD				2	x		x								
	75261	TEAM CHOICE GOLD				2	x		x								
	75261	TEAM CHOICE PNS				2	x		x								
	75261	TEAM CHOICE UMC				2	x		x								
	36215	TEAMCARE				2	x		x								
	36612	TEAMSTERS LOCAL UNION #301				2	x		x								
	GTPA1	TEXAN PLUS (BEAUMONT)				2	x		x								
	HPN11	TEXAN PLUS (HOUSTON)				4	x		x								
	INET1	TEXAN PLUS (INTEGRANET)				3	x		x								
	KLSY1	TEXAN PLUS (KELSEY-SEYBOLD)				3	x		x								
	76048	TEXAS CHILDREN'S HEALTH PLAN				2	x		x								
	TXCSM	TEXAS CHILDREN'S STAR MEDICAID				2	x										
	TX1ST	TEXAS FIRST HEALTH PLANS				3	x		x								
	TOPA1	TEXAS FIRST HEALTH PLANS (TIOPA)				4	x		x								
	74214	TEXAS MUNICIPAL LEAGUE GROUP				2	x		x								
	WK002	TEXAS MUTUAL INSURANCE CO.				2	x		x								
	TTCEC	TEXAS TRUE CHOICE				2	x										
	BOONG	THE BOON GROUP				2	x		x								
	75600	THE CITY OF ODESSA				2	x		x								
D 1/10	28777	THE EPOCH GROUP															
	37305	THE FORD METER BOX COMPANY, INC.				2	x		x								
	20356	THE HEALTH EXCHANGE - CERNER CORPORATION				2	x		x								
	58200	THE INTEGRITY BENEFIT NETWORK, INC. (MARRIETA, GA)				2	x		x								
	23223	THE LOOMIS COMPANY				2	x		x								
	59221	THE MEGA LIFE & HEALTH INS. CO.				2	x		x								
	15749	THE PHYSICIANS ALLIANCE CORPORATION / SRRIPA				2	x										
	04320	THE PREFERRED HEALTHCARE SYSTEM-PPO				2	x		x								
	13142	THE UNION LABOR LIFE INSURANCE COMPANY (KING OF PRUSSIA, PA)				2	x		x								
	THERA	THERAPHYSICS				2	x										
	COTHE	THERAPHYSICS- COLORADO ONLY				2	x										
	95266	THIRD PARTY CLAIMS MANAGEMENT				2	x		x								
	39065	TIME INSURANCE COMPANY				2	x		x								
	WITH1	TODAY'S HEALTH				3	x		x								
	TOPTN	TODAY'S OPTION (AMERICAN PROGRESSIVE AND PYRAMID HEALTH)				2	x		x								
	92620	TONGASS TIMBER TRUST				2	x		x								
	TCARE	TOTAL CARE (NEW YORK)				4	x										
	68055	TOTAL CAROLINA CARE				2	x		x								
	38202	TOTAL HEALTH CHOICE OF FLORIDA				2	x		x								
	38201	TOTAL HEALTHCARE OF MICHIGAN				2	x		x								

EDI Clearinghouse Health Plan Partners

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							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	13402	TOUCHSTONE HEALTH/HEALTH NET SMART CHOICE				2	x		x								
	69493	TOWER LIFE INSURANCE				2	x		x								
	37230	TR PAUL, INC.				2	x		x								
	59222	TRANSAMERICA				2	x										
	TSAAC	TRANSAMERICA ASSURANCE COMPANY (LOUISVILLE, KY)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	TFLIC	TRANSAMERICA FINANCIAL LIFE INS CO (HURST, TX)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	TLIN2	TRANSAMERICA LIFE INS CO (HURST, TX)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	TLINS	TRANSAMERICA LIFE INS CO (LITTLE ROCK, AR)			x	4	x		x								Accident only, Cancer only, First occurrence invasive cancer, Heart disease attack or stroke only, Hospital confinement indemnity, Hospital intensive care PO Box 8043 Little Rock, AR 72203-8043 phone - 501.227.1284. To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	TLIN3	TRANSAMERICA LIFE INS CO (LOUISVILLE, KY)			x	4	x		x								Hospital Surgical, Major Medical, Special Accident PO Box 34310 Louisville, KY 40232-4310 phone - 866.242.2806. To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
D 12/09	TOLI2	TRANSAMERICA OCCIDENTAL LIFE INS CO (HURST, TX)															
	TOLIC	TRANSAMERICA OCCIDENTAL LIFE INS CO (KANSAS CITY, MO)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	37284	TRANSCHOICE - KEY BENEFIT ADMINISTRATORS				2	x		x								
	TRAN1	TRANSWESTERN INSURANCE ADMIN, INC.				4	x										
	TCHD1	TRAVIS COUNTY HOSPITAL DISTRICT MAP				4	x		x								
	34185	TRISURANT				2	x		x								
	TCUSA	TRUE CHOICE USA				2	x		x								
	TCUCH	TRUE CHOICE USA-CHRISTUS HEALTH PLAN				2	x		x								
	91078	TRUSTEED PLANS SERVICE CORPORATION				2	x		x								
	61425	TRUSTMARK				2	x		x								
	76055	TTPA CHIP				2	x		x								
	76054	TTPA COMM				2	x		x								
	87726	UBH-RIOS			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	60054	UC CARE (UNIV. OF CA)				4	x		x								

EDI Clearinghouse Health Plan Partners

Last Update	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)		Institutional Claim (837)		Eligibility & Benefits (270)		Claim Status (276)		Auth & Referral (278)		Additional Information
							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	75240	UICI-ADMINISTRATORS				2	x										
	74223	UICI-ADMINISTRATORS - ST OF NEVADA				2	x		x								
A 1/10	75130	UMC HEALTH PLAN (LUBBOCK)				2	x		x								
U 1/10	39026	UMR - WAUSAU/UHIS				2	x		x								Formerly Fiserv Health - Wausau Benefits/Benesight
	52180	UMWA HEALTH & RETIREMENT FUNDS				2	x		x								
	80314	UNICARE - MAJOR ACCOUNTS				4*	x		x								
	80314	UNICARE - SPECIAL ACCOUNTS				4*	x		x								
	80314	UNICARE INDIVIDUAL – SMALL GROUP				4*	x		x								
	62170	UNIFIED HEALTH SERVICES				2	x		x								
	75243	UNIFORM MEDICAL PLAN/HARRINGTON				2	x		x								
	87042	UNION PACIFIC RAILROAD EMPLOYEES				2	x										
	25175	UNISON HEALTH PLAN				2	x		x								
	87726	UNITED BEHAVIORAL HEALTH			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	UBHRI	UNITED BEHAVIORAL HEALTH – EMPLOYER DIVISION				2	x										
	36273	UNITED HEALTHCARE OVATIONS (AARP)				2	x		x								
	31107	UNITED MEDICAL RESOURCES				2	x		x								
	71412	UNITED OF OMAHA				2	x		x								
	84132	UNITED PHYSICIANS OF N. COLORADO				2	x										
	41194	UNITED RESOURCE GROUP				2	x		x								
	36362	UNITED SECURITY LIFE & HEALTH				2	x		x								
	87726	UNITEDHEALTHCARE			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	87726	UNITEDHEALTHCARE OF FLORIDA			x	2	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	81400	UNITY/PRECISION HEALTH PLANS				2	x										
	HC001	UNIVERA HEALTHCARE				2	x										
	33001	UNIVERSAL CARE- CALIFORNIA				2	x		x								
	50528	UNIVERSAL HEALTH CARE, INC. (ST. PETERSBURG, FL)				2	x		x								
	09908	UNIVERSITY FAMILY CARE - MARICOPA HEALTH PLAN				2	x										
	22329	UNIVERSITY HEALTH PLAN OF NJ				2	x		x								
	91136	UNIVERSITY OF WASHINGTON STUDENTS & GRADUATE APPTS.				2	x		x								
	23281	UPMC HEALTH PLAN				2	x		x								
	38337	UPPER PENINSULA HEALTH PLAN				2	x		x								
	93092	US BENEFITS				2	x		x								
	USFHP	US FAMILY HEALTH PLAN (USFHP) - TEXAS AND LOUISIANA		x	x	2	x		x								Please contact the USFHP Provider Relations Department at (281)-936-7059 to enroll as an EDI Submitter. To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	60054	US/HEALTHCARE (HMO)				4	x		x								
	74095	USAA (UNITED STATES AUTOMOBILE ASSOC)		x		2	x		x								
	13407	USFHP – ST. VINCENT CATHOLIC MEDICAL CENTER				2	x		x								
	UT3F	UTMB - 3 SHARE PROGRAM				4	x		x								

EDI Clearinghouse Health Plan Partners

Last Update	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)		Institutional Claim (837)		Eligibility & Benefits (270)		Claim Status (276)		Auth & Referral (278)		Additional Information
							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	UHSCH	UTMB - CHOICEONE CHIP				4	x		x								
	12115	VA FEE BASIS PROGRAMS				2	x		x								
	VAFSC	VA FINANCIAL SERVICES CENTER				2	x		x								
	94999	VALLEY BAPTIST HEALTH PLAN			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	72128	VANTAGE HEALTH PLAN, INC.				2	x										
	60054	VARIAN HEALTH CARE PLAN				4	x		x								
	GASA1	VERITY NATIONAL GROUP, INC.				2	x		x								
	23173	VHP COMMUNITY CARE				2	x		x								
	VFP11	VILLAGE FAMILY PRATICE				4	x		x								
	37297	VISION CARE INCORPORATED				2	x										
	M3FL2	VISTA		x		4	x		x								Enrollment Contact - (866) 703-1444
	55248	VISTA HEALTH PLAN				2	x		x								
	63114	VIVA HEALTH PLAN				2	x										VIVA Health requires a complete member ID number, including suffix, on all claim s ubmissions. Please use the following site to verify member information: http://s://estepp.cschcg.com/TRI_provider/login.jsp
	77073	VNS CHOICE MEDICARE				2	x		x								
	22264	VYTRA HEALTHCARE				2	x		x								
	62111	W.C. BEELER & COMPANY				2	x										
	85256	WABASH MEMORIAL HOSPITAL ASSOCIATION				2	x		x								
	84980	WAL-MART (BLUE CARD CARRIERS)			x	4	x		x								To receive ERAs for this payer please complete the Multi-Payer Electronic Remittance Advice (ERA) Enrollment Form.
	WK001	WAL-MART WORKER COMP				2	x		x								
	37294	WASHINGTON EMPLOYERS TRUST				2	x		x								
	73155	WATERSTONE BENEFIT ADMINISTRATORS				4	x		x								
	75261	WEBTPA				2	x		x								
	36337	WEISS HEALTH PROVIDERS				2	x										
U 12/09	25133	WELL PATH OF CAROLINA				2	x		x								
	M3FL4	WELLCARE CHOICE		x		4	x		x								Enrollment Contact - (866) 703-1444
	14163	WELLCARE CT				3	x		x								
	59354	WELLCARE HEALTH PLAN INC. (ENCOUNTERS)				2	x		x								
	14163	WELLCARE HMO				3	x		x								
	14163	WELLCARE OF GEORGIA				3	x		x								
	77072	WELLCARE PPFS				2	x		x								
	WELM2	WELLMED (CLAIMS)				4	x		x								
	WELMD	WELLMED (ENCOUNTERS)				4	x										
	WELM2	WELLMED/SECURE HORIZONS				4	x		x								
	22925	WELS BENEFIT PLAN OFFICE				2	x		x								
	91136	WEST COAST STATIONARY ENGINEERS HEALTH & SECURITY TRUST FUND				2	x		x								
	70408	WESTERN CARE				2	x		x								
	24735	WESTERN GROWER'S INS. CO.				2	x		x								
	37306	WESTERN HEALTH, INC.				2	x		x								
	37247	WESTERN MUTUAL INSURANCE				2	x		x								

EDI Clearinghouse Health Plan Partners

Last Update	Payer ID	Payer Name	Government Payer*	Claim Enroll Required	Remit (835)	NPI Option	Professional Claim (837)		Institutional Claim (837)		Eligibility & Benefits (270)		Claim Status (276)		Auth & Referral (278)		Additional Information
							EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	EDI	B2B	
	31048	WESTERN SOUTHERN FINANCIAL GROUP (CINCINNATI, OH)				2	x		x								
	38232	WEYCO				2	x		x								
	93050	WILLIAM C. EARHART, CO., INC.				2	x		x								
	98010	WILLIAM J. SUTTON & COMPANY				2	x		x								
	WCMAP	WILLIAMS & COUNTY MAP				4	x		x								
	62153	WINDSOR MEDICARE EXTRA				2	x		x								
	WNHLT	WINHEALTH PARTNERS				2	x										
	39200	WISCONSIN AUTO & TRUCK DEALERS INSURANCE PLAN				2	x		x								
	WPS01	WISCONSIN COMMERCIAL				2	x										
	61101	WISCONSIN EMPLOYERS GROUP			x	3	x		x								To receive ERAs for this payer please complete the 835 Health Care Electronic Remittance Advice (ERA) Request/Certification Form.
	SX022	WISCONSIN PHYSICIANS SERVICE GROUP HEALTH (WPS)				2	x										
	81949	WOODMAN ACCIDENT AND LIFE COMPANY				4	x										
	TWCCP	WORKERS' COMPENSATION				2	x										
	20333	WORKSITE BENEFIT SERVICES, LLC.				2	x		x								
	75276	WORLD INSURANCE COMPANY				2	x		x								
	77080	WPP - ELDERCARE WISCONSIN				2	x		x								
	10159	WPS PREVEA HEALTH PLAN				4	x		x								
U 12/09	25133	WRITERS GUILD				2	x		x								
	23710	WRITERS' GUILD INDUSTRY HEALTH PLAN				2	x		x								
	62153	XANTUS HEALTHPLAN OF TENNESSEE				2	x		x								
	06121	YALE NEW HAVEN HEALTH - MSO INC				2	x		x								
	75285	YOUNG LIFE				2	x										

Additional Information

CENPATICO BEHAVIORAL HEALTH FLORIDA (68058)

Prior to submitting claims, contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. You may reach Provider Relations at 800.796.0530 or by visiting www.cenpatico.com and click on the Provider tab.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity. To make sure there is no delay you also need to be enrolled with the payer to receive your ERA files electronically. Please contact Provider Relations at 800.796.0530.

CENPATICO GEORGIA (68050)

Prior to submitting claims, contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. You may reach Provider Relations at 800.947.0633 or by visiting www.cenpatico.com and click on the Provider tab.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity. To make sure there is no delay you also need to be enrolled with the payer to receive your ERA files electronically. Please contact Provider Relations at 800.947.0633.

INTEGRATED MENTAL HEALTH SERVICES (IMHS) (68053)

Prior to submitting claims, contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. You may reach Provider Relations at 800.218.8263 or by visiting www.cenpatico.com and click on the Provider tab.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity. To make sure there is no delay you also need to be enrolled with the payer to receive your ERA files electronically. Please contact Provider Relations at 800.218.8263.

MEDICAID – FLORIDA (77027)

To register for Florida Medicaid, click **Florida Medicaid Registration** in the **Availity Services** section of the Availity Home Page. If you do not have a Florida Medicaid provider number, apply for one before proceeding with Availity registration. You must enroll as a valid Medicaid sender to send Medicaid transactions. To become a Medicaid sender, first complete the [Availity FL Medicaid Registration Instructions](#) to add Availity as an agent on the Florida Medicaid portal.

Review all of the documentation on this page, and then click **Next**.

If the next page displays an **Organization** field, select the organization for which you are registering providers. Select the products for which you want to register.

Click the **Print Forms** button. Print the forms by clicking the **Print** icon in Adobe Reader.

Important Note: You must print all of the forms for the providers you are registering. These forms designate Availity as the sender for your Medicaid transactions.

On the confirmation page, click **Print** to print the confirmation for your records.

Verify the forms you printed, obtain the required dated signatures, and submit them to Availity as instructed in the cover sheet printed with each form. Please allow 30 to 45 days for the registration and forms to be processed before the services are activated. EDS will notify you with a confirmation letter.

You must complete these steps for Availity to receive any 271s, 277s, or 835s (ERAs) that may be generated by the payer.

In addition, if you want to receive ERA (835) files from Florida Medicaid via the Availity Health Information Network, you must first submit a completed [Availity Multi-Payer ERA Registration form](#). The form lists instructions for submission. You will receive an e-mail notification of your successful registration for the receipt of Florida Medicaid ERA files via Availity

MEDICAID – WASHINGTON (AIDWA)

Click this link and complete the **required** EDI Submitter Enrollment Form:

http://www.acs-gcro.com/downloads/WA/WA_EDI_Submitter_Enrollment_Form.pdf.

Complete Section 3 and 4 of the EDI Submitter Enrollment Form.
Availity Clearinghouse ID is 8095424.

If you have questions, call 800.833.2051.

MEDICAID – WASHINGTON (AIDWA) - PROVIDERONE

Click this link and complete the **required** EDI enrollment for ProviderOne:

http://hrsa.dshs.wa.gov/ProviderOne/documentation/Registration/Providers_Using_BACH.htm.

Availity's ProviderOne Clearinghouse ID is 1054194.

If you have questions, call 800.562.3022.

MEDICARE – RAILROAD (00882)

Click this link and complete the **required** enrollment:

<http://www.palmettogba.com/palmetto/Providers.nsf/docsCat/Providers~Railroad%20Medicare~EDI~Enrollment?open&expand=1>.

Information necessary to complete part 'C' – EDI Billing Service/Clearinghouse Data

Company Name - Availity LLC

Address - PO Box 550857, Jacksonville, FL 32255

Submitter ID - S00532

Email: support@availity.com

Contact - Client Services

Phone – 800.282.4548

ERN: ER0073

For questions concerning the forms contact the EDI help desk 866.749.4301.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity.

MEDICARE 'B' – ALASKA (00831), ARIZONA (03102), OREGON (00835), WASHINGTON (00836)

Click this link and complete the **required** enrollment: <https://www.noridianmedicare.com> For questions, call EDI Support Services at 800.967.7902. The Assigned Submitter ID must go in Loop 1000A, NM109.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity.

MEDICARE 'A' & 'B' – FLORIDA (09101 & 09102)

Availity is now offering free connectivity to First Coast Service Options (FCSO) for the submission of Medicare Part A (837I) and Part B (837P) Claims. In order to ensure this change does not interrupt your ability to send Florida Medicare Part A and Part B Claims electronically, please note the following instructions:

1. Complete the EMC change of Information Form. FCSO requires each Florida Medicare Part A and Part B provider to complete this form in advance of any changes affecting the provider's EDI connectivity to FCSO.
 - a. The form is available for download at http://medicare.fcso.com/EDI_Forms/. You may also access it when you log into the Availity portal. From the portal homepage locate the "Availity Training and Resources" section and click on the "List of Payers & Plans Partnered with Availity" link.
 - b. Section A of the form will ask for you to select the Type of Change being requested. Please check Add a Provider to an Existing Submitter Number. Complete the additional fields as specified on the form. Availity's submitter number is **P8467**.
2. **Submit the completed form to FCSO.** It is important that you complete this step. If you do not submit the completed form to FCSO, Availity will not be able to send Florida Medicare Part A and Part B Claims to FCSO on your behalf.
3. **Add Payer ID 09101 for Florida Medicare Part A (837I) and 09102 for Florida Medicare Part B (837P) claims.** You will receive an acknowledgement from FCSO when your request form has been received and processed. Once you receive this, you should begin sending your Florida Medicare Part A and Part B Claims using Payer ID 09101 and 09102. Please contact your practice management system vendor if you need assistance adding this Payer ID to your system.

Note: These steps apply **ONLY** to Florida Medicare Part A (837I) and Part B (837P) Claims. This does not affect Eligibility and Benefits Inquiries (270/271), or how you currently receive your Electronic Remittance Advice (835) files or paper Remittance Advices from FCSO today. For questions concerning the forms contact the Medicare EDI help desk 888.670.0940.

MEDICARE 'B' – IDAHO (05130)

Click this link and complete the **required** customer profile: <http://www.cignagovernmentservices.com/partb/forms/index.html#edi>.

Information necessary to complete the customer profile:
Clearinghouse Name - Availity, L.L.C

Address - PO Box 550857, Jacksonville, FL 32255

Phone - 800.282.4548

Fax - 904.472.2187

Contact - Availity Client Services

Stratus Mailbox Number - PB030N

The Assigned Submitter Number (4-byte alphanumeric value) must go in Loop 1000A, NM109.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity.

MEDICARE 'DMERC' REGION B (17003), REGION C (18003), & REGION D (19003)

Click this link and complete the **required** enrollment:

<http://www.ngsmedicare.com/OnlineForms/CEDISupplierAuthForm.aspx>

Complete the Submitter and/or Receiver Information with the following:

Entity Name - Availity LLC

Operating as a - Clearinghouse

Submitter ID:

Region B Submitter ID C08495979

Region C Submitter ID C08495979

Region D Submitter ID D08607230

Address - 12400 Coit Rd, Ste 700, Dallas TX 75251

Contact Name - Availity Client Services

Contact Phone Number - 800.282.4548

Contact Email – support@availity.com

Ordering provider name and number are required on every service line. The information must go in Loop 2420E, NM109.

Availity will now display assigned Internal Claim Control Number on accepted claims for DME in the **Payer Claim Number** field on the delayed payer response (DPR) reports.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity.

OREGON DHS OMAP/DMAP MEDICAID (AIDOR)

Click this link and complete the **required** enrollment forms: www.oregon.gov/dhs/admin/hipaa/testing_reg.shtml

Mail completed enrollment forms to:

Availity L.L.C
Attn: Contracts & Legal
7406 Fullerton St, Ste 300
Jacksonville, FL 32256

Secondary claims are not accepted electronically.

SUNSHINE STATE HEALTH PLAN (68057)

Prior to submitting claims, contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. You may reach Provider Relations at 800.218.0530 or by visiting www.sunshinestatehealth.com and click on the Provider tab.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity. To make sure there is no delay you also need to be enrolled with the payer to receive your ERA files electronically. Please contact Provider Relations at 800.218.0530.

SUPERIOR HEALTH PLAN (SHP11)

Prior to submitting claims, contact your Health Plan Provider Relations Department to verify your provider information is on file in the Health Plans claim system. This will prevent claim rejections and allow payments to be made in a timely manner. You may reach Provider Relations at 800.218.7453 or by visiting www.superiorhealthplan.com.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity. To make sure there is no delay you also need to be enrolled with the payer to receive your ERA files electronically. Please contact Provider Relations at 800.218.7453.

In addition, if you want to receive ERA (835) files via the Availity Health Information Network, you must first submit a completed Availity Multi-Payer ERA Registration form. The form lists instructions for submission. You will receive an e-mail notification of your successful registration for ERA files via Availity. To make sure there is no delay you also need to be enrolled with the payer to receive your ERA files electronically. Please contact Provider Relations at 800.218.7453.

Availity's NPI Options

Option 1	Legacy ID Required	<ul style="list-style-type: none"> ▪ NPI allowed ▪ Legacy identifier required
Option 2	Dual ID	<p><u>Allows all of the following scenarios:</u></p> <ul style="list-style-type: none"> ▪ NPI only ▪ Legacy identifier only ▪ NPI and Legacy identifiers
Option 3	NPI per Mandate	<ul style="list-style-type: none"> ▪ NPI required as Primary Identifier. ▪ Tax ID required as a secondary identifier on claims in 2010AA or 2010AB. ▪ Only specific non-Legacy qualifiers allowed as secondary identifiers in certain provider loops as identified in OPTION 3.
Option 4	NPI per Mandate. Legacy ID also allowed.	<p>4 = <u>Option 3 plus:</u></p> <ul style="list-style-type: none"> ▪ Any other secondary identifiers as allowed in the Implementation Guide will also be accepted. <p>4* = <u>Option 3 plus:</u></p> <ul style="list-style-type: none"> ▪ Tax IDs (EI, SY, TJ) as allowed in the Implementation Guide will also be accepted as secondary identifiers. <p>4# = <u>Option 3 plus:</u></p> <ul style="list-style-type: none"> ▪ Location Numbers (LU) as allowed in the Implementation Guide will also be accepted as secondary identifiers. ▪

*A legacy identifier is any identifier that payers used to identify a provider as a health care provider before the NPI mandate. Legacy identifiers include OSCAR, NSC, PINs, UPINs, Blue Cross provider numbers, and other payer-designated identifiers.

(+) Indicates the payer has requested a front-end taxonomy code edit.

Availity's NPI Validation Rules

In order to support each payer's readiness for NPI, Availity must validate transactions according to Option specific rules. Options 3 and 4 are new and currently active. Please select one of the new options for validation details.

- [Option 3](#) (pdf) – NPI per Mandate
- [Option 4](#) (pdf) – NPI per Mandate. Legacy ID also allowed.

All *web transactions* are formatted according to the payer's NPI readiness. If the payer requires an NPI, the NPI field will be required on the screen.

Availity *will not manipulate EDI/B2B transactions* in order to make them compliant for the payer's requirements. Availity will validate all incoming EDI transactions according to the payer's NPI readiness. Availity will reject transactions if identification numbers do not follow the payer's requirements.

- If a payer requires an NPI, Availity will not add a provider's NPI and submit to the payer.
- If a payer does not allow Legacy IDs, Availity will not strip the Legacy ID and submit to the payer.

Availity has built its reputation on transaction compliance and will not be removing legacy identifiers from transactions. By not removing legacy identifiers, this tradition continues, ensuring that our customers' data is secure, accurate, and in the format required by our payers.

How to Get Your NPI

Visit the National Plan and Provider Enumeration System ([NPPES](#)) or call 1-800-465-3203 for a paper application.

Register Your NPI with Health Plans

Providers must ensure they have correctly registered their NPI with any applicable health plans prior to including them on any health care transactions. Availity is not responsible for registering individual NPI numbers or verifying the accuracy of the NPI registered for

a given provider. Additionally, it is also imperative to include the XX qualifier in any transactions which require the NPI.

Atypical Providers

Availity will continue to accept the existing legacy identifier as the primary identifier for atypical providers. Atypical providers are non-health care providers who are not eligible to obtain an NPI, such as taxi and construction companies. Such providers will need to register their identifiers with Availity. Availity will maintain a database of registered identifiers and refer to it to determine if an NPI is required for the submitting provider.

- **Web** - Atypical providers submitting via the web must complete the ID tab within the Maintain Provider function by selecting the option indicating that they are *not required to have an NPI* and completing the ID field for their primary identifier. This functionality is currently available.
- **Non-Web (EDI/B2B)** - Transactions submitted by or on behalf of atypical providers without an NPI will be rejected unless they are registered as an atypical provider with Availity. You may contact Client Services for assistance in registering atypical providers. If you wish to contact Availity on behalf of your atypical providers, we request that you send a list of atypical providers and their primary identifiers to support@availability.com ahead of time. This will ensure a smooth transition for the atypical providers, and avoid rejections and possible claim delays.

This registration allows Availity to relax the NPI requirement in order to properly pass the transaction to the payer. Availity has no way of knowing every impacted payer, and therefore *cannot notify payers of a provider's atypical status*. Atypical providers should notify applicable payers of their status so that transactions are not rejected by the payer for a missing NPI.

NPI Specific EDI Error Messages

Error	When is this active?	Error Message	What does this mean?
Invalid NPI Format (NM1 Segment)	Now active and will continue to be active for ALL NPI Readiness Options – 1,2,3 and 4.	The National Provider ID (NPI) submitted is not in the valid NPI format. Please correct and resubmit. Providers can apply for an NPI online at https://nppes.cms.hhs.gov .	The NPI submitted was not in the proper format. It must be a 10-digit number (9 numeric digits followed by one numeric check digit). This will occur any time you send the 'XX' qualifier in NM108 and send an improperly formatted NPI in NM109.
NPI is Missing (NM1 Segment)	Effective May 18, 2008 for all payers in NPI Readiness Option 3 or 4.	The National Provider ID (NPI) is required for this payer. Expected value for NM108 is 'XX.' Please add the Provider's NPI to this claim and resubmit the claim(s) for processing. Providers can apply for an NPI online at https://nppes.cms.hhs.gov .	The valid qualifier sent for an NPI in NM108 is 'XX.' You will receive this message if you send any qualifier other than 'XX' when NPI is mandated for use.
Legacy ID Not Allowed (REF Segment)	Effective May 18, 2008 for all payers in NPI Readiness Option 3.	The legacy identifier, <Decode of the REF01>, may not be used for this payer after the National Provider ID (NPI) is mandated for use. Please correct and resubmit.	The payer's legacy identifier is not allowed for payers following NPI Mandate guidelines. Note – State license numbers (0B) will continue to be accepted.
Tax ID/SSN is Missing (REF Segment)	Now active and will continue to be active for ALL NPI Readiness Options – 1,2,3 and 4.	Segment REF (Billing/Pay-To Provider Secondary Identification) is missing. Either EIN or SSN of Provider must be carried in this REF segment when NM108 is 'XX'.	For Professional and Facility Claims only – If the NPI is sent in the NM1 loop for the Billing (2010AA)/Pay-to Provider (2010AB), then either the Employer's Identification Number (IEN) or the Social Security Number (SSN) must be sent in the REF segment of the same loop.

Availity's Electronic Remittance Advice (ERA) Health Plan Partners			
Payer ID	Payer Name	Availity Form	Additional Information
60054	AETNA INSURANCE COMPANY	AETNA	
87726	AMERICAN COMMERCIAL BARGE LINES	Multi-Payer**	
AMF11	AMERICAN FAMILY INSURANCE COMPANY	Multi-Payer**	
93221	ASURIS NORTHWEST HEALTH	Multi-Payer**	
00590	BLUECROSS BLUESHIELD OF FLORIDA	Blue Cross and Blue Shield of Florida	
00621	BLUECROSS BLUESHIELD OF ILLINOIS (HCSC)	Blue Cross and Blue Shield of Illinois	
00790	BLUECROSS BLUESHIELD OF NEW MEXICO (HCSC)	Blue Cross and Blue Shield of New Mexico	
00840	BLUECROSS BLUESHIELD OF OKLAHOMA (HCSC)	Blue Cross and Blue Shield of Oklahoma	
84980	BLUECROSS BLUESHIELD OF TEXAS (HCSC)	Blue Cross and Blue Shield of Texas	
94036	BLUESHIELD OF CALIFORNIA*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
68058	CENPATICO BEHAVIORAL HEALTH FLORIDA	Multi-Payer**	
68050	CENPATICO GEORGIA	Multi-Payer**	
CHPWA	COMMUNITY HEALTH PLAN OF WASHINGTON	Multi-Payer**	
87726	DEFINITY SERVICES	Multi-Payer**	
61101	EAGLE CREEK MEDICAL PLAZA	Humana	
61101	EMPHEYS	Humana	
84980	FEDERAL EMPLOYEE PROGRAM (TX FEP)	Multi-Payer**	
80705	FIRST GREAT WEST LIFE & ANNUITY INS CO	Multi-Payer**	
94999	FIRSTCARE	Multi-Payer**	
94998	FIRSTCARE "STAR" MEDICAID	Multi-Payer**	
87726	GEHA MENTAL HEALTH CLAIMS	Multi-Payer**	
63665	GENERAL AMERICAN LIFE INS CO	Multi-Payer**	
80705	GREAT-WEST LIFE & ANNUITY INS CO	Multi-Payer**	
61101	HEALTH VALUE MANAGEMENT	Humana	
84980	HEALTHCARE BENEFITS	Multi-Payer**	
84980	HMO BLUE	Multi-Payer**	
84980	HMO BLUE TEXAS	Multi-Payer**	
61101	HUMANA, INC. (CLAIMS)	Humana	
68053	INTEGRATED MENTAL HEALTH SERVICES (IMHS)	Multi-Payer**	
61101	LINCOLN NATIONAL (HUMANA)	Humana	
01260	MAGELLAN HEALTH SERVICES	Multi-Payer**	
87726	MAILHANDLERS MENTAL HEALTH CLAIMS	Multi-Payer**	
61101	MANAGED CARE INDEMNITY	Humana	
61101	MANAGED PRESCRIPTION SERVICES	Humana	
61101	MEDBENEFIXX INC	Humana	

Availity's Electronic Remittance Advice (ERA) Health Plan Partners			
Payer ID	Payer Name	Availity Form	Additional Information
77027	MEDICAID - FLORIDA	Multi-Payer**	
61101	MEDICAL PLAN OF KANSAS CITY	Humana	
00882	MEDICARE - RAILROAD*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
NONE	MEDICARE 'A' - ILLINOIS (ADMINISTAR)*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
00831	MEDICARE 'B' - ALASKA*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
03102	MEDICARE 'B' - ARIZONA*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
05130	MEDICARE 'B' - IDAHO*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
00952	MEDICARE 'B' - ILLINOIS*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
04202	MEDICARE 'B' - NEW MEXICO*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
04302	MEDICARE 'B' - OKLAHOMA*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
00835	MEDICARE 'B' - OREGON*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
04402	MEDICARE 'B' - TEXAS*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
00836	MEDICARE 'B' - WASHINGTON*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).

Availity's Electronic Remittance Advice (ERA) Health Plan Partners			
Payer ID	Payer Name	Availity Form	Additional Information
17003	MEDICARE 'DMERC' - REGION B*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
18003	MEDICARE 'DMERC' - REGION C*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
19003	MEDICARE 'DMERC' - REGION D*	Multi-Payer**	Enrollment required by the payer, please visit the payer's website to complete their registration form(s).
87726	MET LIFE	Multi-Payer**	
87726	METROPOLITAN LIFE INS CO	Multi-Payer**	
87726	MICHAEL REESE HMO	Multi-Payer**	
MMLI3	MONUMENTAL LIFE INS CO (HURST, TX)	Multi-Payer**	
MMLIC	MONUMENTAL LIFE INS CO (LITTLE ROCK, AR)	Multi-Payer**	
MMLI2	MONUMENTAL LIFE INS CO (LOUISVILLE, KY)	Multi-Payer**	
NIA11	NATIONAL IMAGING ASSOCIATES	Multi-Payer**	
80705	NEW ENGLAND FINANCIAL	Multi-Payer**	
80705	ONE HEALTH PLAN (ALL 50 STATES)	Multi-Payer**	
95379	ONE HEALTH PLAN OF CALIFORNIA, INC	Multi-Payer**	
95569	ONE HEALTH PLAN OF GEORGIA, INC	Multi-Payer**	
95388	ONE HEALTH PLAN OF ILLINOIS, INC	Multi-Payer**	
95885	PCA HEALTH PLANS OF TEXAS (HUMANA)	Multi-Payer**	
61101	PCA STAR MEDICAID	Humana	
61101	PRIME BENEFITS SYSTEM	Humana	
61101	RANDMARK, INC	Humana	
00851	REGENCE BLUECROSS BLUESHIELD OF OREGON	Multi-Payer**	
00611	REGENCE BLUESHIELD OF IDAHO	Multi-Payer**	
00932	REGENCE BLUESHIELD OF WASHINGTON	Multi-Payer**	
84980	RIO GRANDE HMO	Multi-Payer**	
63665	SANUS- HMO/PPO ST LOUIS	Multi-Payer**	
68057	SUNSHINE STATE HEALTH PLAN	Multi-Payer**	
SHP11	SUPERIOR HEALTH PLAN	Multi-Payer**	
SHP11	SUPERIOR HEALTH PLAN CHIPS EPO	Multi-Payer**	
TFLIC	TRANSAMERICA FINANCIAL LIFE INS CO (HURST, TX)	Multi-Payer**	
TLIN2	TRANSAMERICA LIFE INS CO (HURST, TX)	Multi-Payer**	
TLINS	TRANSAMERICA LIFE INS CO (LITTLE ROCK, AR)	Multi-Payer**	

Availity's Electronic Remittance Advice (ERA) Health Plan Partners			
Payer ID	Payer Name	Availity Form	Additional Information
TLIN3	TRANSAMERICA LIFE INS CO (LOUISVILLE, KY)	Multi-Payer**	
TOLIC	TRANSAMERICA OCCIDENTAL LIFE INS CO (KANSAS CITY, MO)	Multi-Payer**	
87726	UBH-RIOS	Multi-Payer**	
87726	UNITED BEHAVIORAL HEALTH	Multi-Payer**	
87726	UNITEDHEALTHCARE	Multi-Payer**	
87726	UNITEDHEALTHCARE OF FLORIDA	Multi-Payer**	
USFHP	US FAMILY HEALTH PLAN (USFHP) - TEXAS AND LOUISIANA*	Multi-Payer**	Please contact the USFHP Provider Relations Department at (281)-936-7059 to enroll
94999	VALLEY BAPTIST HEALTH PLAN	Multi-Payer**	
84980	WAL-MART (BLUE CARD CARRIERS)	Multi-Payer**	
61101	WISCONSIN EMPLOYERS GROUP	Humana	

[AETNA - Electronic Remittance Advice & Electronic Funds Transfer Enrollment](#)

[Blue Cross and Blue Shield of Florida - 835 Health Care Electronic Remittance Advice \(ERA\) Request Form](#)

[BlueCross BlueShield of Illinois – Electronic Remittance Advice \(ERA\) Enrollment Form](#)

[BlueCross BlueShield of New Mexico – Electronic Remittance Advice \(ERA\) Enrollment Form](#)

[BlueCross BlueShield of Oklahoma – Electronic Remittance Advice \(ERA\) Enrollment Form](#)

[BlueCross BlueShield of Texas – Electronic Remittance Advice \(ERA\) Enrollment Form](#)

[Humana - 835 Health Care Electronic Remittance Advice \(ERA\) Request/Certification Form](#)

[Multi-Payer - Electronic Remittance Advice \(ERA\) Enrollment Form**](#)

* Indicates the payer requires additional enrollment

** Failure to complete this form prior to enrolling with the payer will result in missing ERAs

Availity's Business to Business (B2B) Health Plan Partners					
Payer Name	XML Receiver (Payer)Values	Supported Transactions & Payer Required Payer ID			
		Eligibility & Benefits (270)	Claims Status (276)	Authorization & Referral (278)	Health Care Claim (837)
AETNA	AETNA	AETNA	60054		
BLUECROSS BLUESHIELD OF FLORIDA	BCBSF	BCBSF	00590	BCBSF	00590
CIGNA	CIGNA	62308	62308		
CITRUS HEALTH PLAN	CITRUSHEALTH	10207			
GREAT-WEST LIFE & ANNUITY INS CO	GREATWESTLIFE	80705	80705		
HARMONY HEALTH PLAN	WELLCARE_HEALTH_PLANS	14163			
HEALTHEASE	WELLCARE_HEALTH_PLANS	14163			
HEALTHEASE KIDS	WELLCARE_HEALTH_PLANS	14163			
HUMANA	HUMANA	HUMANA	61101	HUMANA	61101
OHANA HEALTH PLAN	WELLCARE_HEALTH_PLANS	14163			
STAYWELL	WELLCARE_HEALTH_PLANS	14163			
STAYWELL KIDS	WELLCARE_HEALTH_PLANS	14163			
WELLCARE HEALTH PLAN	WELLCARE_HEALTH_PLANS	14163			

Availity Web Products and Services

Availity's integrated suite of products and services makes it easier to handle everyday health care administrative, financial, and clinical tasks. Whether you work with one health plan—or hundreds—you can quickly and easily file claims, check eligibility and clinical history, process payment, and more in one fully HIPAA-compliant site. Availity's services also integrate seamlessly with Practice Management Systems, Electronic Medical Record Systems, and Hospital information Systems.

Administrative Services

CareRead®: Swipe patients' health plan member ID cards through a card reader device, which automatically fills Availity's online transaction pages with the necessary information to retrieve patient records.

Health Plan Transactions : Eligibility and Benefits Inquiry, Health Care Services Review (Authorization and Referral Submission), Health Care Services Inquiry (Authorization and Referral Inquiry), Claim Submission, Claim Status Inquiry, and Remittance transactions are supported for multiple health plans. Availity supports real-time claims adjudication when supported by the health plan.

Financial Services

CareCost EstimatorSM: Determine patient financial responsibility in real time based on current patient benefits and provider allowances.

CareCollectSM: Easily collect payment online by credit card, debit card, or check. Payment information can be integrated with your billing system.

Clinical Services

CareProfile®: Access an up-to-the-minute, consolidated view of a patient's care across providers, including office visits, hospitalizations, diagnoses and procedures, medications, lab results, radiology history, and immunizations.

CarePrescribeSM: Quickly and easily submit new prescriptions and renewals electronically to any pharmacy. Receive instant notifications for drug interactions, lower cost alternatives, and more.

Client Services

Availity Client Services is available at 800.AVAILITY (282.4548) Monday through Friday, 8:00 am to 7:00 pm Eastern, 7:00 am to 6:00 pm Central, 6:00 am to 5:00 pm Mountain, and 5:00am to 4:00 pm Pacific to answer your questions. If you haven't already done so, [register for](#) Availity today. [Log in](#) to the secure web portal for comprehensive help, show me demos, and more.

Web Solutions Health Plan Partners

(indicates in which state(s) the services are available)

Availity® Health Information Network
Electronic Data Interchange (EDI) & Web Solutions Companion Guides

Name of Payer	Government Payer	Claim Enrollment Required	Prof Claims (837)	Inst Claims (837)	Claim Status Inquiry (276/277)	Online Remittance Advice (835)	Claim Research Tool	Eligibility & Benefits Inquiry (270/271)	Health Care Services Review (278)	Health Care Services Inquiry (278)	Health Care Services Inquiry Update (278)	CareCost Estimator (Patient Financial Responsibility)	CareRead (ID Card Swipe)	CareProfile (Health Records)	Patient Communication (Online Visits)	CareCollect (Payment Collection)	CarePrescribe (E-Prescribing)	Additional Information
Not Payer Specific																All	FL, TX	
Aetna			All	All	All			All	All	All								
Anthem			IN, KY, MO, OH, WI	IN, KY, MO, OH, WI	IN, KY, MO, OH, WI			IN, KY, MO, OH, WI										Please complete the steps outlined in the Anthem Help topics to register users for Anthem Services which include: <i>Radiology Precertification and Secure Messaging</i> .
AvMed			FL	FL														
Blue Cross Blue Shield of Arizona (BCBSAZ)			AZ	AZ														
Blue Cross Blue Shield of Florida (BCBSFL)			FL	FL	FL	FL		FL	FL	FL	FL	FL	FL	FL	FL		FL	
Blue Cross Blue Shield of Illinois (BCBSIL)			IL	IL	IL		IL	IL	IL-Link				IL					
Blue Cross Blue Shield of Oklahoma (BCBSOK)			OK	OK	OK		OK	OK					OK					
Blue Cross Blue Shield of New Mexico (BCBSNM)			NM	NM	NM		NM	NM	NM-Link				NM					
Blue Cross Blue Shield of Texas (BCBSTX)			TX	TX	TX		TX	TX	TX-Link				TX				TX	
Other Blue Plans					FL, IL, OK, NM, TX			FL, IL, OK, NM, TX	FL									
Capital Health Plan (CHP)		X	FL															
CarePlus			FL	FL														
CIGNA			All	All	All			All										
Citrus Health Care			FL	FL	FL			FL										
Great-West Healthcare			All	All	All			All										
Health Care District of Palm Beach County (HCDPBC)			FL															
Humana			All	All	All	All		All	All	All			All	FL, KY, TX			FL, TX	
Generations			TX	TX														
Leon Medical Center Health Plan			FL	FL														
Medicaid	X	X			FL			FL						FL				Please be sure to complete the steps outlined in the enclosed Availity FL Medicaid Registration Instructions . Completing these steps will ensure we are able to receive any 271s, or 277s.

Web Solutions Health Plan Partners

(indicates in which state(s) the services are available)

Availity® Health Information Network
Electronic Data Interchange (EDI) & Web Solutions Companion Guides

Name of Payer	Government Payer	Claim Enrollment Required	Prof Claims (837)	Inst Claims (837)	Claim Status Inquiry (276/277)	Online Remittance Advice (835)	Claim Research Tool	Eligibility & Benefits Inquiry (270/271)	Health Care Services Review (278)	Health Care Services Inquiry (278)	Health Care Services Inquiry Update (278)	CareCost Estimator (Patient Financial Responsibility)	CareRead (ID Card Swipe)	CareProfile (Health Records)	Patient Communication (Online Visits)	CareCollect (Payment Collection)	CarePrescribe (E-Prescribing)	Additional Information
Medicare	X	X						FL										
PodiatryFirst			FL	FL														
Physicians United Plan			FL	FL														
Texas First Health Plans (North TX)			TX	TX														
Texas First Health Plans (TIOPA)			TX	TX														
Todays Health			WI	WI														
Tribute (Select Care OK)			OK	OK														
TRICARE South	X	X			FL, OK, TX			FL, OK, TX										Contact (800)-325-5920 to enroll. Provider Enrollment Form may be obtained at www.mytricare.com . The 270 & 276 WEB transactions are for TRICARE South Region Only.
United Healthcare			FL, IN, KY, OH					FL, IN, KY, OH					FL, IN, KY, OH					
WellCare - Harmony Health Plan			All	All				IL, IN, MO										
WellCare - HealthEase			All	All				FL										
WellCare - HealthEase Kids			All	All				FL										
WellCare Health Plans			All	All				CT, FL, GA, LA, NJ, NY, OH, & TX										
WellCare - 'Ohana Health Plan			All	All				HI										
WellCare - StayWell			All	All				FL										
WellCare - StayWell Kids			All	All				FL										