

# Eligibility Gateway 270/271 Payer Guide Commercial Part 1 of 2

**Payers with Names beginning with A through H**

**Version 5010**

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# Revision History

**Note:** This Commercial Companion Guide is Part 1 of 2, containing all available commercial payers offered through the Eligibility Gateway with names that start with A through H. However, for historical purposes, the revision history contains the full revision history for both Part 1 and Part 2 companion guides, originally a single A through Z companion guide, up to the split to two parts in May 2025.

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Added new payer Thrivent – 11158	04/21/2017
Added new payer Heartland National Life Insurance Company - 11155	04/21/2017
Added new payer Equitable Life Casualty Insurance Company – 11153	04/21/2017
Updated Payer id for Payer – IBEW 508 Local Health Plan - 10855	04/21/2017
Removed payer Access Medicare – 11030	04/21/2017
Updated search option for Carpenters Health and Welfare Trust Fund of St Louis – 11161	04/21/2017
New payer added Delta Dental of Oklahoma – 11175	04/21/2017
New payer added Medica2 – 11171	04/21/2017
New payer added MDWise Medicaid Health Plans - 11172	04/21/2017
New payer added MDWise Exchange – 11173	04/21/2017
New payer added PrimeWest Health – 10494	04/21/2017
Updated payer id for Principal Financial Group (Nippon Life) - 00144	04/21/2017
Updated search option for Payer Kaiser Permanente of Northern CA - 00282	04/21/2017
New payer added Arise Health Care – 11181	04/21/2017
Updated payer name Group Health Cooperative to Kaiser Foundation Health Plan of Washington – 10608	04/21/2017
Removed payer Country Cupboard – 10912, Evangelical Community Hospital – 10915, Sun Orthopedic Group, Inc.-10939, Susquehanna Transit Company-10940, Oscar(NY) - 10881	04/21/2017
Added new payer Keystone VIP Care – 11182	04/21/2017
Updated search option for Payer Kaiser Foundation Health Plan of Colorado - 10110	04/21/2017
Added new payer ConnectiCare Medicare – 10517	04/21/2017
Removed payer Hawaii Medical Assurance Association – Dental - 10785	04/21/2017
Removed payer Pro-Claim Plus – 11014	04/21/2017
Updated search option for Rocky Mountain Health Plan -	04/21/2017
Added new payer PacificSource Administrators - 11177	04/21/2017
Added new payer PacificSource Medicare – 11178	04/21/2017
Added new payer Transamerica Premier Life Insurance Company - 11100	04/21/2017
Added new payer Nebraska Total Care – 11180	04/21/2017
Removed Tufts Public Health Plans – 10626. Tufts Public Health Plans (10626) is now Tufts Health Plan (10379)	04/21/2017
Removed NEHEN – Tufts Associated Health Plan – 00000002394 as this payer is now Tufts Health Plan (10379)	04/21/2017
Updated search option for BMC HealthNet Plan - 10556	05/10/2017
Deactivated Payer MDWise Hoosier Alliance -10598	05/10/2017
Added new payer PacificSource Community Solutions(Medicaid)	05/10/2017
Added new payer Care Improvement Plus – 10806	05/10/2017
Removed payers Assurant Health – John Alden Insurance Company (JALIC) - 00254 Assurant Health – Time Insurance Company (FIC) - 00252 Assurant Health – Union Security Insurance Company (FBIC) - 00253	05/10/2017
Updated search option for Rocky Mountain Health Plan – 00347	05/10/2017
Updated search option for GECare – 11065	05/10/2017
Removed payer Healthy Texas – 10824	05/10/2017
Removed payer Kentucky Health Exchange - 10857	05/10/2017
Updated search option Horizon NJ Health – 2840	05/10/2017
Updated search option CenCal – 11106	05/10/2017
Updated search option DakotaCare – 10577	05/10/2017
Consolidate payers: Freedom Blue (10502) and Highmark Senior Health Company (11096) to Highmark Senior Solutions (11024)	05/10/2017
Added new payer First Health – 11186	06/13/2017
Added new payer Group dental Service – 11188	06/13/2017
Added new payer AmeriHealth Northeast Pennsylvania - 11189	06/13/2017
Removed payer Start HRG – 10833, American Family Insurance Group-Medicare Supp & PPO-10487, Medico Insurance Company-10923, Continental General Insurance Company-10454	06/13/2017

Revision History cont.

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Updated notes for the payer – Unified Life Insurance Company – 11086, AvMed Health Plans – AVMED	08/18/2017
Added new payer Principal Financial Group(Principal Life) – Dental & Vision – 10171	08/18/2017
Removed payer - Central Reserve Life Ins Co. Medicare Supp - 10539	08/18/2017
Updated search option for Unity Health Plans - 00000000780	08/18/2017
Added new payer First Health Network (Coventry National) – 11190	08/18/2017
Removed payer Healthcare Solutions Group – 10463	08/18/2017
Updated search option for Trillium Community Health Plan - 11120	08/18/2017
Updated search option for Schaller Anderson Maryland Physicians Care - 10693	08/18/2017
Updated search option for Humana CareSource (KY) - 10920	08/18/2017
Added new payer Prominence Health Plan of Texas - 11199	08/18/2017
Added new payer Prominence Health Plan of Nevada - 11198	08/18/2017
Added new payer HMA (Hawaii Mainland Admin) – 11112	08/18/2017
Added new payer AmeriHealth Caritas DC – 11193	08/18/2017
Removed payer Central Reserve Insurance Company – 10450	08/18/2017
Reactivated payer - Health Plan of Upper Ohio Valley-10657	08/18/2017
Updated distinctions for Medica , Medica2, and Medica Health Plan	08/18/2017
Added new payer Oscar – 10881, AmeriHealth Caritas VIP Care Plus – 11151	11/24/2017
Updated search option & note for AvMed Health Plans – AVMED, Medcost Benefit Services -10272	11/24/2017
Added new payer YourCare Health Plan - 11089	11/24/2017
Removed payer Removed payer Group Health Cooperative of South Central Wisconsin – Dental – 10781	11/24/2017
Removed payer Vista (MCD, FHK, LTC) – 10483, First Health 11186, MAPFRE Medicare Excel – 10680, Individual Assurance Company - 11157	11/24/2017
Migrated old payer Vista(MCD, FHK, LTC) 10483 with payer Aetna Better Health of FL - 11099	11/24/2017
Renamed payer Passport Health plan to Kentucky Passport - 2841	11/24/2017
Updated search option for payer - Affinity Health Plan Medicare – 10661, Hawaii Medical Assurance Association Payer ID-11125	11/24/2017
Added new Payer Central Reserve Life Ins Co Medicare Supplement - 10539	11/24/2017
Updated search option for Guardian Life Insurance Co. of America - Dental 10788	11/24/2017
Added new Payer Banner University Family Care – 11209, Aetna Better Health (MD) – 11207, Delta Dental of Illinois – 11192, Delta Dental of Wisconsin – 11203, Humana Dental – 11213, Universal American – 11216, TRICARE East – 11218, Sharp Health Plan – 10967, Pekin Life Insurance – 11211, San Joaquin Health Plan - 1046	02/16/2018
Renamed payer Tricare to Tricare West(TRICR)	02/16/2018
Updated search option for payer Educators Mutual Insurance – 11135	02/16/2018
Removed payer Reserve National Insurance Company – 11127, Aetna Better Health (NE) – 10976, Sendero Health Plans – 11117, Family Care - 10427	02/16/2018
Added payer First Carolina Care-11221	6/12/2018
Added payer First Community Health Plan- 11222, Pennsylvania Health and Wellness-11223, CalOptima- 10972, Aetna Better Health (CA)- 11224, Southeastern Indiana Health Organization- 11228, Behaviorol Health Systems, Inc.- 11227, Aetna Better Health (NV)- 11231, Amerihealth Pennsylvania- 11232, Amerihealth New Jersey- 11230, SilverSummit Health Plan- 11229, West Virginia Family Health Plan- 11226, Bright Health- 11234, Transamerica Life Insurance Company-11094	6/12/2018
Removed Plumbers and Pipefitters Local Union 525 Health & Welfare Trust-10778, Arbor Health Plan- 10641, Unified Life Insurance- 11086	6/12/2018
Updated search options for Oklahoma Employees Group Insurance Division- 10995, Alternative Insurance Resources, Inc., Mercy Care Plan (Arizona)- 00340, Sanford Health Plan- 10533, Aetna- AETNA	6/12/2018
Updated payer name: Clover Health fka CarePoint Medicare Advantage-10822	
Updated search options and Note for payer Valley Health Plan- 10949	6/12/2018
Reactivated payer Reserve National Insurance Company – 11127	6/12/2018
Added note to Key Benefit Administrators-37217-11067	4/15/2019
Updated search options: HEALThe Exchange (4010 to 5010)	4/15/2019
Add new payers Lumico Life Insurance-11236, Delta Dental of Arizona-11200, HealthTeam Advantage- 11239, Bankers Fidelity Life Insurance Company- 11238, iCare (Independent Care Health Plan)- 11233, Pinnacle Claims Management- 11237, American General Life and Accident- 10009, Prominence Health Plan (PPO & HMO)- 11215	4/12/2019
Removed Schaller Anderson MajestaCare VA – 10818, Secure Health Plans of Georgia- 10883, Land of Lincoln- 11118, Aetna Better Health (MO)- 11064, Bluegrass Family Health- 10429, Ideal Life Insurance- 10747, Piedmont Wellstar Health Plans- 10825, MercyCare Health Plan (WI)- 11141, MDWise Medicaid Health Plans- 11172, MDWise Exchange-11173, Affinity Health Plan Medicare- 10661, IBEW Local 508 Health Plan- 10855	04/12/2019
Updated search options for United Healthcare- 00112, Health New England-10627, Healthspring-10552, Avmed Health Plans-AVMED, Aetna-AETNA,Amerihealth Caritas DC-11193, Arise Health Care-11181, Providence Health Plan-2598,Driscoll Health Plan-11090, Nova Healthcare Administrators-10537, Health	4/12/2019

*Revision History cont.*

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Alliance Medical Plan (IL)- 10871, Alliant Health Plans-11109, Updated payer name notation: Prominence Health Plan of Texas (Medicare Advantage) 11199, Updated payer name notation: Prominence Health Plan of Nevada (Medicare Advantage) 11198	
Updated search options for Avmed Health Plans-AVMED	4/19/2021
Corrected search options for Health New England-10627	4/19/2021
Added new payer Missouri (MO) Health Plan (Community & State) – 12242	4/19/2021
Updated search options for Aetna – AETNA	4/19/2021
Updated search options for AmeriHealth Caritas DC – 11193	4/19/2021
Updated search options for HealthSpring– 10552	4/19/2021
Added new payer Delta Dental of Missouri – 12254	4/19/2021
Corrected Payer name Secure Health Plans of Wisconsin - 11056 to Regence Group Administration- 11056	4/19/2021
Corrected search options for Arise Health Care – 11181	4/19/2021
Updated search options and parameters for Sanford Health Plan – 10533	4/19/2021
Updated accepted service code types for CHAMPVA/Spina Bifida/Children of Women Vietnam Vets - 00232	4/19/2021
Updated payer maintenance schedule for Health Plan Upper Ohio Valley – 10657	4/19/2021
Added new payer John Hopkins US Family Health Plan – 12258	4/19/2021
Updated payer name: Schaller Anderson Texas Christus to Christus Health Plan TX HIX 10696	4/19/2021
Updated search options for Providence Health Plan - 2598	4/19/2021
Added payer notation for Keystone VIP Care – 11182	4/19/2021
Added new payer Magellan Complete Care of Virginia – 12260	4/19/2021
Added new payer Clear Health Alliance – 12261	4/19/2021
Updated search options for Driscoll Health Plan – 11090	4/19/2021
Updated payer name Health Share of Oregon – 10823 to Health Share/Care Oregon – 10823	4/19/2021
Updated search options for Health Alliance Medical Plan (IL) – 10871	4/19/2021
Added payer notation for Sharp Health Plan – 10967	4/19/2021
Added payer notation for Keystone Mercy Health – 2232	4/19/2021
Updated search options for Nova Healthcare Administrators – 10537	4/19/2021
Updated search options for Alliant Health Plans – 11109	4/19/2021
Added new payer MMM of Florida – 12264	4/19/2021
Updated payer notation for NEHEN - Harvard Pilgrim Health Care – 00000002393	4/19/2021
Updated dependent search option for Medica2 – 11171	4/19/2021
Added payer notation for Meritain Health 10635	4/19/2021
Added new payer Baycare Select Health Plans, Inc. – 12265	4/19/2021
Added new payer Bright Health Medicare Advantage – 12266	4/19/2021
Added new payer Devoted Health – 12268	4/19/2021
Added new payer Molina Healthcare of Idaho – 12270	4/19/2021
Added new payer Aetna Better Health (KS) – 12267	4/19/2021
Added payer notation for State Mutual (Lincoln Novation) -- 10982	4/19/2021
Added payer notation for State Mutual Med Supp – 10750	4/19/2021
Added payer notation for S and S Healthcare Strategies – 10875	4/19/2021
Updated payer name by dropping “NEHEN” from Harvard Pilgrim Health Care – 00000002393	4/19/2021
Added new payer Allways Health Partners – 10377	4/19/2021
Added new payer AmeriHealth Caritas Delaware – 12275	4/19/2021
Deactivated payer: AmeriHealth Caritas Iowa – 11142	4/19/2021
Added payer notation for Health Choice Oklahoma – 11148	4/19/2021
Deactivated payer QualChoice – 10553	4/19/2021
Added new payer Common Ground – 12272	4/19/2021
Added new payer Selman Tricare – 12274	4/19/2021
Updated search options for Universal American 11216	4/19/2021
Added payer notation for Pacific Source Health Plan – 2597	4/19/2021
Temporarily deactivated payer CHP Direct 10907	4/19/2021
Keystone First Community Health Plan – 12271	4/19/2021
Added new payer CareFirst Administrators – 12273	4/19/2021
Deactivated payer West Virginia Family Health Plan – 11226	4/19/2021
Deactivated payer Best Choice Health Plans –00000000820	4/19/2021
Updated search options for Aetna Better Health (TX) – 10895	4/19/2021
Added new payer Summit Community Care – 12276	4/19/2021
Added new payer Capital Health Plan – 13278	4/19/2021
Added new payer American Insurance Administrators – 13279	4/19/2021
Updated search options for Universal American – 11216	4/19/2021

*Revision History cont.*

<b>Eligibility Gateway 270/271 Commercial Payer Availability Revision History</b>	
<b>Change</b>	<b>Date</b>
Updated search options for FirstCare – 10870	4/19/2021
Temporarily deactivated Hawaii Medical Assurance Associate – 11125	4/19/2021
Updated search options for Health Choice Oklahoma – 11148	4/19/2021
Added new payer Everest Reinsurance Company – 11164	4/19/2021
Added new payer Central States Health & Life Co. of Omaha – 13281	4/19/2021
Added new payer Indiana University Health Plans (Commercial) – 13280	4/19/2021
Added new payer Great Southern Life Insurance Company – 13282	4/19/2021
Added new payer American Republic Insurance Company (ARIC) – 10017	4/19/2021
Added new payer Simply Healthcare - Long Term Care – 12277	4/19/2021
Added new payer Mutual of Omaha Medicare Advantage – 13283	4/19/2021
Deactivated payer MMSI (Mayo Health) - 10144	4/19/2021
Deactivated payers: Delta Dental of Indiana – 10722, Delta Dental of Ohio – 10732, Delta Dental of North Carolina – 10730, Delta Dental of New Mexico - 10728	4/19/2021
Updated search options and added payer notation for Medicare Advantage - Pennsylvania - 11000	4/19/2021
Added new payer Ambetter New Hampshire Healthy Families – 13288	4/19/2021
Added new payer Sutter Health Plus – 13287	4/19/2021
Added payer notation for Magellan Behavioral Health - 10649	4/19/2021
Updated search parameters for Bridgespan 10827	4/19/2021
Deactivated payer: Meritus Health Partners 10980	4/19/2021
Deactivated payer: Banner Health 10707	4/19/2021
Added payer Triple S Advantage – 13289	4/19/2021
Deactivated payer EPIC Life Insurance – 10914	4/19/2021
Added new payer Freedom Health Medicare Advantage – 13286	4/19/2021
Added payer notation for Kaiser Foundation Health Plan of Hawaii – 00278	4/19/2021
Added new payer CarePartners of Connecticut – 13292	4/19/2021
Deactivated payer International Medical Card Inc – 11028	4/19/2021
Temporarily deactivated payer: Reserve National Insurance Company 11127	4/19/2021
Deactivated payer: Expert Benefit Solutions 11019	4/19/2021
Updated search options: Prairie States 11071	4/19/2021
Added new payer Centene – Arkansas Total Care – 13291	4/19/2021
Added new payer Empower Arkansas – 13293	4/19/2021
Updated character lengths and search options for United Healthcare – 00112	4/19/2021
Added new payer Acclaim, Inc – 13296	4/19/2021
Added new payer Iowa Total Care – 13297	4/19/2021
Added new payer Community Care Alliance of IL – 13295	4/19/2021
Added new payer United Insurance Company of America (Kemper) – 14298	4/19/2021
Added new payer Medica – Medicare Supplement Eligibility – 14297	4/19/2021
Updated search options for Horizon NJ Health – 2840	4/19/2021
Added payer notations for John Hopkins Health Plan – 00000002613	4/19/2021
Added payer notation for Johns Hopkins HealthCare LLC – 11132	4/19/2021
Deactivated payer: Soundpath Health – 10935	4/19/2021
Updated service type codes for MetroPlus Health Plan – 10846	4/19/2021
Added new payer AmeriHealth Caritas New Hampshire – 13294	4/19/2021
Added new payer AmeriHealth Caritas Northwestern PA – 14301	4/19/2021
Added new payer Samaritan Health Plans – 14302	4/19/2021
Updated search options for Prominence Health Plan of Texas (Medicare Advantage) – 11199	4/19/2021
Updated search options for Prominence Health Plan of Nevada (Medicare Advantage) – 11198	4/19/2021
Added new payer American Family Insurance Group – 14303	4/19/2021
Added new payer Global Health Inc. – 14300	4/19/2021
Deactivated payer Preferred Health System of Kansas – 10847	4/19/2021
Deactivated payer: Harken Health – 11110	4/19/2021
Updated search options for Better Health Plans of Florida – 10999	4/19/2021
Updated search options for Simply Healthcare Plans – 10826	4/19/2021
Added new payer Hooray Health – 14304	4/19/2021
Temporarily deactivated payer Clover Health – 10822	4/19/2021
Temporarily deactivated payer Oscar – 10881	4/19/2021
Deactivated payer Federated Insurance Company – 00262	4/19/2021
Reactivated payer Martins Point Health Care – 11045	4/19/2021
Updated search options for Cook Children's Health Plan – 10610	4/19/2021
Added new payer MORECARE – 14306	4/19/2021
Updated search option for Partnership Health Plan of California – 1035	4/19/2021
Deactivated Frensenius Health – 11130	4/19/2021



*Revision History cont.*

<b>Eligibility Gateway 270/271 Commercial Payer Availability Revision History</b>	
<b>Change</b>	<b>Date</b>
Reactivated payer, updated search options, and added payer notation for Oscar – 10881	4/19/2021
Temporarily deactivated payer Asociacion De Maestros Puerto Rico – 10957	4/19/2021
Updated search parameters for Community Health Plan of Washington (CHPW) – 2641	4/19/2021
Updated search options for Health Partners of Philadelphia – 00288	4/19/2021
Deactivated payer CHC - Mail Handlers Benefit Plan – 00251	4/19/2021
Temporarily deactivated payer Physicians Plus Insurance – 11004	4/19/2021
Added new payer True Health New Mexico – 14310	4/19/2021
Updated search options for Health Net National – 10385	4/19/2021
Temporarily deactivated payer Southeastern Indiana Health Organization – 11228	4/19/2021
Temporarily deactivated payer: Heartland National Life Insurance Company 11155	4/19/2021
Added payer notation: Kaiser Permanente of Northern CA – 00282	4/19/2021
Reactivated Clover Health fka CarePoint Medicare Advantage – 10822	4/19/2021
Added new payer Healthcare Highways – 14312	4/19/2021
Updated search options, updated supported STCs, and updated payer name from Physicians Health Plan of Mid-Michigan to Physicians Health Plan of Michigan – 11015	4/19/2021
Temporarily deactivated payer New Mexico Health Connections – 11123	4/19/2021
Updated search options for Avera Health Plans – 10869	4/19/2021
Updated search options: AlohaCare – 11017	4/19/2021
Added new payer Crum & Forster – 14314	4/19/2021
Added new payer Inland Empire Health – 10104	4/19/2021
Temporarily deactivated payer Equitable Life Casualty Insurance Company – 11153	4/19/2021
Added new payer McLaren – 14308	4/19/2021
Updated search options for Affinity Health Plan -- 10594	4/19/2021
Updated search options for USAA Life Insurance Company – 10195	4/19/2021
Updated search options for HealthFirst New York – 10099	4/19/2021
Updated search options for University Family Care – 00353	4/19/2021
Added new payer Managed Care of North America – 14317	4/19/2021
Added new payer Delta Dental of Iowa – 11205	4/19/2021
Updated search options for Local 1199 – 10979	4/19/2021
Updated search options for Community Health First Medicare Advantage – 10421	4/19/2021
Updated search options for Managed Care of America – 10885	4/19/2021
Updated payer notation for Coventry Healthcare	4/19/2021
Temporarily deactivated payer The Kempton Company – 10698	4/19/2021
Temporarily deactivated payer Today's Option – 10505	4/19/2021
Temporarily deactivated payer TexanPlus Southeast Texas Area – 10605	4/19/2021
Updated search options for Professional Benefits Administrators – 10242	4/19/2021
Deactivated payer Greek Catholic Union of the USA – 11156	4/19/2021
Temporarily deactivated Affinity Essentials – 11115	4/19/2021
Updated search options for AARP – 10431	4/19/2021
Updated search options for Maricopa Health Plan Arizona – 10434	4/19/2021
Temporarily deactivated payer: TexanPlus North Texas Area – 10604	4/19/2021
Temporarily deactivated payer: TexanPlus (Integranet) – 10942	4/19/2021
Added payer L.A. Care Health Plan – 11060, special enrollment removed.	4/19/2021
Temporarily deactivated payer SelectCare of Texas (Kelsey-Seybold) – 10932	4/19/2021
Temporarily deactivated payer Transamerica Premier Life Insurance Company – 11100	4/19/2021
Updated name and search options for United Healthcare Student Resources– 00290, formerly Student Insurance	4/19/2021
Updated search options for Priority Health – 10490	4/19/2021
Temporarily deactivated payer: CDS Group Health – 10667	4/19/2021
Deactivated Central Senior Care – 10904	4/19/2021
Deactivated payer: Katy Medical Group – 10921	4/19/2021
Added new payer Braven Health – 14321	4/19/2021
Added new payer Manhattan Insurance Group – 14320	4/19/2021
Deactivated payer Pinnacle Physician Management Org – 10926	4/19/2021
Deactivated payer Select Senior Clinic – 10927	4/19/2021
Deactivated payer: SelectCare of Texas (Beaumont) 10928, Deactivated payer: SelectCare of Texas (Golden Triangle) 10929, Deactivated payer: SelectCare of Texas (Houston) 10930, Deactivated payer: SelectCare of Texas (Integranet) 10931, Deactivated payer: SelectCare of Texas (Kelsey-Seybold) 10932, Deactivated payer: SelectCare of Texas (Memorial Clinical Assoc) 10933, Deactivated payer: SelectCare of Texas (Northwest Diagnostic) 10934	4/19/2021
Added new payers South Country Health Alliance Medicaid – 14322 and South Country Health Alliance Medicare – 14323	4/19/2021

*Revision History cont.*

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Removed special enrollment notation for payer Ambetter of Arkansas – 11057	4/19/2021
Deactivated payer Gilsbar- 10509	7/23/2021
Deactivated payer Underwriters Safety & Claims – 10246	7/23/2021
Added Medicare (Part A & B) – MBI Lookup & Eligibility – 14316	7/23/2021
Deactivated Manhattan Insurance Group 14320, Heritage Physician Network (Houston) 10918, Kaiser Foundation Health Plan of Hawaii (DHMO Choice) 10676, Schaller Anderson Parkland Community Health Plan 10643, CHRISTUS Health Plan New Mexico 11006, Prominence Health Plan of Nevada (Medicare Advantage) 11198, Island Home Insurance 10675, FCE Benefit Administrators 11003, Affinity Health Plan aka Affinity by Molina Healthcare 10594, Piedmont 10882, Community Care Alliance of IL 13295, Global Health Inc 14300, Leggett & Platt 10975, Lifetime Benefit Services (RMSCO) 10978, MHNET Behavioral Health 10659, RightCare from Scott and White Health Plan 11116, Stonebridge Life Insurance Company 11032, Universal Benefit Corp 11033, Village Family Practice 10950	2/27/2024
Updated search options: Hometown Health 3597, Simply Healthcare Plans 10826, Capital District Physicians' Health Plan (CDPHP) 10458, MedStar Family Choice 10844, Planned Administrator Inc 10886, Molina Healthcare, AlohaCare 11017, Colonial Penn Life 10852, Educators Mutual Insurance (EMI) 11135, Medico Insurance Company- 10923, VIVA Health 10468	2/27/2024
Reactivated MDWise Medicaid Health Plans 11172, Ultimate Health Plans 10888, CDS Group Health 10667	2/27/2024
Removed remainder of Coventry Healthcare Payers except for two.	2/27/2024
Reactivated payers: CDS Group Health 10667, Atrio Health Plan 12269	2/27/2024
Added payer Notation for Health Share/Care of Oregon 10823, Bright Health Medicare Advantage 12266, Oscar 10881, Meridian Health Plan of Illinois 10644	2/27/2024
Added Payer Bright Health (Commercial Plans) – 14351	2/27/2024
Deactivated Health Cost Solutions 11012, Premier Health 10848, Health Choice Utah 14348, Fringe Benefits 11069, Oregon Health CO-OP 11124, First Community Health Plan 11222, Mutual of Omaha Medicare Advantage 13283, Corporate Benefit Service 10411, Orange County Fire Authority 10951, Pinnacle Claims Management 11237, Ultimate Health Plans 10888, Maricopa Health Plan (Arizona) 10434, Beacon Health Strategies 11058, Inter Valley Health Plan 1052, Carpenter, Carpenters Health and Welfare Trust Fund of St Louis 11161, DakotaCare 10577, Loyal Christian Benefit Association 11159, Southeastern Indiana Health Organization – 11228, Hawaii Medical Assurance Associate – 11125	04/10/2024
Deactivated payer: Rocky Mountain Health Plan 10175, WEA Trust 10554, Cerner Health Plan 11018	05/23/2025
Updated Search option, Added dependent search: Inland Empire Health Plan 10104, Common Ground 12272, Priority Health 10490, First Carolina Care 11221	05/23/2025
Updated Payer name for FirstCare to FirstCare (Baylor Scott & White) 10870, Vantage Health Plan Inc. (Primewell Health Services) 10858	05/23/2025
Updated search options: Meritain Health 10635, Health Share/Care of Oregon 10823, Medica2 11171, Kaiser Permanente of Georgia 00281, Kaiser Foundation Health Plan of the Mid-Atlantic 00276, Key Benefit Administrators 11067, Mercy Care Plan (Arizona) 10133, Health Net National 10385, Clover Health 10822, Scott and White Health Plan 10360, iCare (Independent Health Care Plan) 11233, CHRISTUS Health Plan NM Medicare Advantage 11007	05/23/2025
Updated notes for Keystone Mercy Health (2232)	05/23/2025
Updated STC codes for payer Devoted Health 12268	05/23/2025
Added new payers: Gold Coast Health Plan 11063, Share Health Mississippi 14435, Presbyterian Health Plan – 10646, Southeastern Indiana Health Organization 11197	05/23/2025
Deactivated payers: True Health New Mexico 14310, Healthcare Highways 14312, MMM of Florida 12264, MORECARE 14306, Bright Health Medicare Advantage Payer ID 12266, Bright Health (Commercial Plans) Payer ID 14351, Stewart C Miller and Co Payer ID 10937	05/23/2025
<b>Formatting Change: Split the Eligibility Gateway 270/271 Payer Guide (Commercial) into two volumes, Part 1 and Part 2, to create more navigable documents due the large number of payers supported.</b>	05/27/2025

# Introduction

The Conduent EDI Eligibility Companion Guide for Commercial Payers is divided into two parts due to the volume of payers supported. This guide is Part 1 and contains all available commercial payers with names that begin with A through H. Part 2 contains all commercial payers with names that begin with I through Z.

## 4010 and 5010 Compatibility

This Companion Guide documents only those connections which are currently available in end-to-end 5010 format.

Submitters can send 5010 transactions to any of our payers from our existing 4010 Companion Guide, and our system will automatically convert to the necessary version. We will then return a 271 response matching the version you sent.

Some payers have still not migrated to end-to-end 5010. Even if your software moves to a 5010 only platform, you can continue sending to those 4010 payers using the existing search types and 270 requirements until they complete their conversions.

## Enrollment and Data Collection

While Conduent EDI Direct does not require enrollment of your providers with us, some payers do require special enrollment. For those payers you can work with our customer support team and they will step you through the process of getting your providers enrolled. You can contact them at [egateway@conduent.com](mailto:egateway@conduent.com). We can provide a full list of those payers.



# Payers

# AARP – 10431

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Last Name	Date of Birth	
Subscriber S4	Member ID	First Name	Date of Birth	
Subscriber S5	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10431 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 33, 47, 86, 88, 98, AL, MH, UC	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.	Gender Code	F, M	Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2,S3				
First Name	S1,S2,S4				
Member ID	S1,S2,S3,S4,S5  Note: Only 11-digit member IDs are accepted at this time. 9 and 10 digit member IDs, though valid, are not accessible via EDI eligibility until the payer completes an internal enhancement.				
Date of Birth	S1,S3,S4,S5				

# Absolute Total Care – 10560

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note** – This payer is under Centene Health Plans.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10560 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Acclaim, Inc – 13296

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber D1	<i>Sub</i> : Member ID	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	
Subscriber D2	<i>Sub</i> : Member ID	<i>Dep</i> : Date of Birth		
Subscriber D3	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13296 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization Name	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3,D1,D2 Min/Max=9		
Date of Birth	S2,S3		
Dependent			
Last Name	D1,D3		
First Name	D1,D3		
Date of Birth	D2,D3		

# ACS Benefit Services – 11009

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last name	Dep: First name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11009 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1,D1 Min/Max = 16				
Date of Birth	S1				
<b>Dependent</b>					
Dep. Last Name	D1				
Dep. First Name	D1				
Dep. Date of Birth	D1				

# Advantage by BridgewayHealthSolutions – 10561

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10561 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S3 Min/Max = 11				
Date of Birth	S2,S3				

# Advantage by Buckeye Community Health Plan – 10562

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

**Note** – This payer is under Centene Health Plans.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10562 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S3 Min/Max = 11				
Date of Birth	S2,S3				

# Advantage by Managed Health Services – 10563

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

**Note** – This payer is under Centene Health Plans.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10563 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S3 Min/Max = 11				
Date of Birth	S2,S3				



# Advantage by Superior Health Plan – 10564

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10564 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1 Min/Max = 11				
Date of Birth	S1				

# Aetna Retiree Medical Plan - Administrator – 10891

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Date of Birth</i>		
Dependent D2	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First name</i>	
Dependent D3	<i>Dep. Last name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10891 Element = [NM108=PI]NM109	Service Type Code	1, 2, 3, 30, 33, 35, 47, 48, 50, 51, 52, 53, 73, 76, 86, 88, 98, AL, BV, BY, DM, MH, and UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2,D1,D2				
Date of Birth	S1, S3				
<b>Dependent</b>					
<i>Dep. Last Name</i>	D2,D3				
<i>Dep. First Name</i>	D2,D3				
<i>Dep. Date of Birth</i>	D1, D3				

# Aetna – AETNA

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Dependent D1	<i>Sub: Member ID</i>	<i>Dep: Last Name</i>	<i>Dep: First Name</i>	<i>Dep: Date of Birth</i>
Dependent D2	<i>Sub: Member ID</i>	<i>Dep: Date of Birth</i>		

## Eligibility Date Options

Past	Future	Range	
2 years	No	Yes	

**Note:** CUMB ID is for Non-HMO line of business. It will be identified on the ID card by a leading W; i.e. W123456789-01. Omit any dashes. Note: HMO Subscriber ID is captured via swipe, or if the ID is 8 digits with at least one alpha character, or if the Member ID card specifies HMO or POS.

**Disclaimer:** Receipt of this information does not guaranty payment under state law. Should Provider wish to obtain verification that payment will be made, or if member information returned differs from Provider's patient records, call Aetna Member Services.

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AETNA Element = [NM108=PI]NM109	Service Type Code	2,3,4,5,6,8,9,10,12,13,17,18,20,23,24,25,26,30,33,34,35,36,37,38,39,40,41,42,44,45,47,48,50,51,52,53,57,59,60,61,62,65,66,68,69,73,74,75,76,78,79,80,81,82,83,84,86,88,89,90,91,92,94,97,98,99,A0,A1,A2,A4,A6,A7,A8,AB,AC,AD,AE,AF,G,AH,AI,AL,AM,AN,AO,BG,BH		
Name Last or Organization Name	Min/Max = 9	Group Number	Optional. No notes indicated.		
NPI	Required. No notes indicated.				
<b>Subscriber</b>					
Last Name	S1, S2				
First Name	S1, S2				
Member ID	S1,S3,D1,D2 Min=10 Max=12				
Date of Birth	S1, S2,S3				
<b>Dependent</b>					
Last Name	D1	Group Number	Optional. No notes indicated.		
First Name	D1	Relationship	01,19,34		
Date of Birth	D1,D2				

# Aetna Better Health (CA) – 11224

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11224 Element = [NM108=PI]NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 41, 42, 45, 47, 48, 50, 51, 52, 53, 55, 62, 65, , 68, 73, 76, 78, 80, 81, 82, 86, 88, 91, 92, 93, 98, 88, A0, A3, A4, A5, A6, A7, A8, AD, AE, AF, AG, AH, AI, AL, BB, BF, BG, BH, CE, CF, CG, CH, CO, CQ, DM, DS, MH, PT, TC, UC	NPI	NM108 = XX (NPI Required)
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2				
Date of Birth	S1,S3				

# Aetna Better Health (FL) – 11099

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	

**Note** - Supports the former CHC VISTA (FL Medicaid) Plans

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11099 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codes plus these 19: 41, 54, 91, 92, A4, A5, AJ, BB, BF, CD, CF, CG, CJ, CP, CQ, DM, DS, PT,TC	NPI	NM108 = XX (NPI Required)
Name Last or Organization Name	Required. No notes specified.				
Last Name	S3				
First Name	S3				
Member ID	S1,S2, S3 Min/Max = 11				
Date of Birth	S2,S3				

# Aetna Better Health (IL) – 10892

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	No	90 days

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10892 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The default value is set to "30." Also supports: 1, 30, 33, 35, 47, 48, 50, 52, 86, 88, 98, A4, AL, MH, and UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1, S2		
First Name	S1, S2		
Member ID	S1, S3		
Date of Birth	S1, S2, S3		

# Aetna Better Health (KS) – 12267

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12267 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30,33,35,47,48,50, 86, 88, 98, AL, MH, UC, 41, 55, 91, 92, A4, A5, AH, BB, BF, PT
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max = 9		
Date of Birth	S2,S3		

# Aetna Better Health (LA) – 11008

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11008 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2 Min\Max=24		
Date of Birth	S1,S3		



# Aetna Better Health (MI) – 11026

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11026 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Code set
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2 Min\Max=24		
Date of Birth	S1,S3		

# Aetna Better Health (MD) – 11207

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11207 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2 Min\Max=24		
Date of Birth	S1,S3		

# Aetna Better Health (NJ) – 10994

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10994 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30,33,35, 47,86, 88, 98,AL,MH,UC,A4	NPI	Situational. National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2				
Date of Birth	S1,S3				

# Aetna Better Health (NV) – 11231

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11231 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30,33,35, 47,86, 88, 98,AL,MH,UC,A4	NPI	Situational. National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2				
Date of Birth	S1,S3				

# Aetna Better Health (PA) – 10894

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	90 days

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10894 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 52, 86, 88, 98, A4, AL, MH, and UC.
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1.S2		
Member ID	S1		
Date of Birth	S1		

# Aetna Better Health (KY) – 11119

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11119 Element = [NM108=PI]NM109	Service Type Code	The default value is set to "30." Also supports: 1, 30, 33, 35, 47, 48, 50, 52, 86, 88, 98, A4, AL, MH, and UC.	NPI	Situational. National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2				
Date of Birth	S1,S3				

# Aetna Better Health (TX) – 10895

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	90 days

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10895 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 52, 86, 88, 98, A4, AL, MH, and UC.
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1		
Date of Birth	S1		

# Aetna Better Health (TX) CHIP – 10896

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	90 days

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10896 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 52, 86, 88, 98, A4, AL, MH, and UC.
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1.S2		
Member ID	S1		
Date of Birth	S1		



# Aetna Better Health (VA) – 00190

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00190 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30,33,35, 47,86, 88, 98,AL,MH,UC,A4	NPI	NM108 = XX (NPI Required)
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2 Min/Max = 11				
Date of Birth	S1,S3				

# Aetna Better Health (WV) – 11154

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11154 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30,33,35, 47,86, 88, 98,AL,MH,UC,A4	NPI	NM108 = XX (NPI Required)
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2 Min/Max = 11				
Date of Birth	S1,S3				

# Aetna Long Term Care – 10397

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	90 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10397 Element = [NM108=FI] <b>NM109 = XX</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Aetna Senior Supplemental – 10897

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10897 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 2, 3, 30, 33, 35, 47, 48, 50, 51, 52, 53, 73, 76, 86, 88, 98, AL, BV, BY, DM, MH, and UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1.S2		
Member ID	S1		
SSN	S2		
Date of Birth	S1,S2,S3		

# Aetna Signature Administrators – 10983

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10983 Element = [NM108=FI]NM109 = XX	Service Type Code	1,2,4,5,6,7,8,12,13,18,20,30,33,35,40,42,47,49,50,51,52,53,62,65,68,73,76,78,80,81,82,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1, D1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				
Last Name	S1, D1				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# AFLAC – 10955

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10955 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S4				
<i>Subscriber</i> First Name	S2,S4				
<i>Subscriber</i> Member ID	S1, S2,S3,D1				
<i>Subscriber</i> Date of Birth	S2,S4				
Dependent					
<i>Subscriber</i> Member ID	S1, D1				
<i>Dep.</i> Last Name	D1				
<i>Dep.</i> First Name	D1				
<i>Dep.</i> Date of Birth	D1				

# AFLAC – Dental – 10398

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10398 Element = [NM108=PI]NM109	Service Type Code	2,4,23,24,25,26,28,30,35,36,38,39,40,41	NPI	
Name Last or Organization	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1,D1				
Date of Birth	S1				
<b>Dependent</b>					
Dep. Last Name	D1				
Dep. First Name	D1				
Dep. Date of Birth	D1				

# AFLAC – Medicare Supplemental -10663

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	<i>Subscriber</i> Last Name	First Name	Date of Birth	Gender	
Dependent D1	<i>Subscriber</i> Member ID	<i>Subscriber</i> Last Name	Dep. Last Name	Dep. First Name	Dep. Date of Birth	Dep. Gender

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10663 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S1, D1				
<i>Subscriber</i> First Name	S1				
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S1				
Gender	S1				
<b>Dependent</b>					
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Last Name	S1, D1				
<i>Dependent</i> Last Name	D1				
<i>Dependent</i> First Name	D1				
<i>Dependent</i> Date of Birth	D1				
<i>Dependent</i> Gender	D1				



# AGIA, Inc. – 11149

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Date of Birth	
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	
Dependent D1	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D2	Dep. Last name	Dep. First Name	Dep. Date of Birth	
Dependent D3	Sub. Member ID	Dep. Date of Birth		

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11149 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization	Required. No notes specified.				
Last Name	S1, S3				
First Name	S1, S3				
Member ID	S2,S3,D1,D3				
Date of Birth	S1, S2				
<b>Dependent</b>					
Dep. Last Name	D1,D2				
Dep. First Name	D1,D2				
Dep. Date of Birth	D2, D3				

# Alan Sturm and Associates - Dental – 10798

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10798 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# All Savers Life Insurance– 11027

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Last Name	Date of Birth
Subscriber S2	Member ID	First Name	Date of Birth
Subscriber S3	Member ID	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name
Subscriber S5	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: Date of Birth
Dependent D2	Sub: Member ID	Dep: First Name	Dep: Date of Birth
Dependent D3	Sub: Member ID	Dep: Date of Birth	
Dependent D4	Sub: Member ID	Dep: Last Name	Dep: First Name
Dependent D5	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	Yes

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11027 Element [NM108=PI] <b>NM109</b>	Service Type Code	Operating Code Set
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S4,S5		
First Name	S2,S4,S5		
Member ID	S1,S2,S3,S4,D1,D2,D3,D4		
Date of Birth	S1,S2,S3,S5		
Dependent			
Last Name	D1,D4,D5		
First Name	D2,D4,D5		
Date of Birth	D1,D2,D3,D5		

# Allegiance Benefit Plan Management – 10654

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	

Eligibility Date Options		
Past	Future	Range
No	End of current month	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10654 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S3				
First Name	S2,S3				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S3				

# Alliant Health Plans – 11109

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	

**Note** - The 3 digit suffix used as a unique member identifier should not be submitted in the Subscriber ID.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11109 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2,S3				
First Name	S1,S3				
Member ID	S1,S2,S3				
Date of Birth	S1,S2				

# Allied Benefit Systems – 10898

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	SSN	Date of Birth		
Subscriber S5	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub. Member ID	Dep. Date of Birth		
Dependent D2	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D3	Dep. Last name	Dep. First Name	Dep. Date of Birth	
Dependent D4	Sub. SSN	Dep. Date of Birth		
Dependent D5	Sub. Member ID	Dep. Last name	Dep. First Name	Dep. Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional			Situational
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10898 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2 S3,S5				
First Name	S2 S3,S5				
Member ID	S1,S2,S5.D1,D2, D5				
Date of Birth	S1,S3,S4,S5				
<b>Dependents</b>					
Dep. Last Name	D1,D2,D3,D5				
Dep. First Name	D1,D3,D5				
Dep. Date of Birth	D1, D3,D4,D5				

# AlohaCare – 11017

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11017 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2		
First Name	,S2		
Member ID	S1,S2 Min/Max=24		
Date of Birth	S2		

# Alternative Insurance Resources, Inc– 11002

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11002 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2 S3		
First Name	S2 S3		
Member ID	S1,S2,S4,D1,D2		
Date of Birth	S1,S3,S4		
Dependent			
Dep. Last Name	D2,D3		
Dep. First Name	D2,D3		
Dep. Date of Birth	D1		



# Altus Dental – 10786

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10786 Element [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# Ambetter New Hampshire Healthy Families – 13288

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	SSN

**Note:** Ambetter New Hampshire Healthy Families is for the health-exchange plan offering in the state of NH

Versus Payer ID: 10865 Centene New Hampshire Healthy Families which is for Medicaid and state government programs. Ambetter will be offered to consumers through the Health Insurance Marketplace also known as the Exchange in New Hampshire. Ambetter will be offered to Premium Assistance Program (PAP) members through the Department of Health and Human Services (DHHS).

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13288 Element [NM108=PI] <b>NM109</b>	Service Type Code	Operating Rule Code Set
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	S1 Min/Max = 9		
Last Name	S1,S2		
First Name	S1,S2		
Date of Birth	S1,S2		
SSN	S2 Min/Max = 9		

# Ambetter of Arkansas – 11057

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11057 Element [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required.		
Member ID	S1		
Last Name	S1		
First Name	S1		
Date of Birth	S1		

# AmeriBen – 10985

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Date of Birth</i>		
Dependent D2	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First name</i>	
Dependent D3	<i>Dep. Last name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10985 Element = [NM108=PI]NM109	Service Type Code	1, 2, 3,30, 33, 35, 47, 48, 50, 51, 52, 53, 73, 76, 86, 88, 98, AL, BV,BY, DM, MH, and UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2,D1,D2				
Date of Birth	S1, S3				
Dependent					
<i>Dep. Last Name</i>	D2,D3				
<i>Dep. First Name</i>	D2,D3				
<i>Dep. Date of Birth</i>	D1, D3				

# American Family Insurance Group – 14303

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14303 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 48, 50, 52, 86, 88, 98, A4, AL, MH
Name Last or Organization Name	Required. No notes specified.		
Identification Code	NPI required.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		

# American General Life and Accident – 10009

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10009 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
Identification Code	NPI required.		
Last Name	S1		
First Name	S1		
Member ID	Min=2 Max=12 S1		
Date of Birth	S1		

# American Income Life Insurance Company – 10986

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10986 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, and UC	NPI	Situational. No notes specified.
Name Last or Organization	Required. No notes specified.				
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2				
Date of Birth	S3				

# American Insurance Administrators – 13279

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

**Note:** This is a TPA and includes coverage for the Thrivent Independence line of business

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13279 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, and UC
Name Last or Organization	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1, S2		
First Name	S1, S2		
Member ID	S1, S3 Min/Max = 9		
Date of Birth	S2, S3		



# American Medical Security (AMS) – 10829

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Last Name	Member ID	Date of Birth	
Subscriber S3	Frist Name	Member ID	Date of Birth	
Subscriber S4	Member ID	Date of Birth		
Subscriber S5	Last Name	First Name	Member ID	
Dependent D1	Sub. Member ID	Dep. Last name	Dep. First Name	Dep. Date of Birth
Dependent D2	Sub. Member ID	Dep. Last name	Dep. Date of Birth	
Dependent D3	Sub. Member ID	Dep. First name	Dep. Date of Birth	
Dependent D4	Sub. Member ID	Dep. Date of Birth		
Dependent D5	Sub. Member ID	Dep. Last name	Dep. First Name	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10829 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2 S3,S5,S6				
First Name	S2 S3,S5,S6				
Member ID	S1,S2,S3,S4,S5.D1. D2,D3,D4,D5				
Date of Birth	S1,S2,S3,S4,S5				
Dependent					
Dep. Last Name	D1,D2,D5				
Dep. First Name	D1,D3.D5				
Dep. Date of Birth	D1,D2,D3,D4				

# American Network Ins. Medicare Supplement – 10899

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Date of Birth</i>		
Dependent D2	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First name</i>	
Dependent D3	<i>Dep. Last name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10899 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 2, 3, 30, 33, 35, 47, 48, 50, 51, 52, 53, 73, 76, 86, 88, 98, AL, BV, BY, DM, MH, and UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1, S2, D1, D2				
Date of Birth	S1, S3				
<b>Dependent</b>					
<i>Dep. Last Name</i>	D2, D3				
<i>Dep. First Name</i>	D2, D3				
<i>Dep. Date of Birth</i>	D1, D3				

# American Postal Workers Union (APWU) – 00360

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Dependent D4	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	Yes	No

**Disclaimer:** Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00360 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3, S4				
First Name	S2, S3, S4				
Member ID	S1, S2, S4, D1, D2, D4				
Date of Birth	S1, S3, S4				
Dependents					
Last Name	D2, D3, D4				
First Name	D2, D3, D4				
Date of Birth	D1, D3, D4				

# American Republic Insurance Company (ARIC) – 10017

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10017 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1		
Date of Birth	S1		

# American Retirement Life Ins Co Medicare Supp – 10538

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10538 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2,D1,D2				
Date of Birth	S1, S3				

# AmeriChoice of New Jersey (Commercial) – 00091

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
1 year	1 year	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00091 Element = [NM108=PI]NM109	Service Type Code	Operating rule codeset plus these additional service types: 10,44,46,56,59,64,67,69,77,79,AZ,A4,AC,BB,BL,BT,BY,BZ,CI, CJ,CM,CN,DS	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S3,S4				
First Name	S3,S4				
Member ID	S1				
Date of Birth	S2,S4				
SSN	S2,S3				

# AmeriChoice of New Jersey (Medicaid) – 12243

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	Date of Birth	
Subscriber S5	Member ID	First Name	Date of Birth	
Subscriber S6	Member ID	Date of Birth		

**Note** - This payer is part of the UHC family of companies and falls under the Community Plan group - United Healthcare Community Plan / NJ (Medicaid, Dual SNP)

**Note** - Formerly AmeriChoice NJ Medicaid, NJ Family Care, NJ Personal Care Plus

Eligibility Date Options		
Past	Future	Range
1 year	1 year	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12243 Element = [NM108=PI]NM109	Service Type Code	All except: 31, 44, 46, AV1, AV2, DG		
Name Last or Organization	Required. No notes specified.				
NPI	No notes specified.				
Last Name	S1,S2,S3,S4				
First Name	S1,S2,S3,S5				
Member ID	S1,S2,S4,S5,S6				
Date of Birth	S1,S3,S4,S5,S6				

# Americo Financial Life & Annuity – 11085

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11085 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				



# Amerigroup Corporation – AMGRP

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
2 Years	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AMGRP Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization	Required. No notes specified.				
Last Name	S1, S2				
First Name	S1, S2				
Member ID	S1,S2, S3				
Date of Birth	S1, S3				

# AmeriHealth (DE, NJ, PA) – 10974

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10974 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S1,S2,S3				
<i>Subscriber</i> First Name	S1,S3				
<i>Subscriber</i> Member ID	S1,S2,S3,D1,D2				
<i>Subscriber</i> Date of Birth	S1,S3				
Dependent					
<i>Subscriber</i> Member ID	S1,S2,D1,D2				
<i>Subscriber</i> Last Name	S1, D1				
<i>Dep.</i> Last Name	D1,D2,D3				
<i>Dep.</i> First Name	D1,D3				
<i>Dep.</i> Date of Birth	D1,D2				

# AmeriHealth Administrators – 10416

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Last Name	Date of Birth	
Subscriber S4	Member ID	First Name	Date of Birth	
Dependent D1	Sub. Member ID	Dep. Last name	Dep. First name	Dep. Date of Birth
Dependent D2	Sub. Member ID	Dep. Date of Birth		
Dependent D3	Sub. Member ID	Dep. Last Name	Dep. First Name	
Dependent D4	Sub. Member ID	Dep. Last Name	Dep. Date of Birth	
Dependent D5	Sub. Member ID	Dep. First Name	Dep. Date of Birth	

**Note:** This payer is a TPA

Eligibility Date Options		
Past	Future	Range
1 Year	30 days	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10416 Element = [NM108=PI] <b>NM109</b>	Service Type Code	2,4,5,6,8,12,13,20,33,40,42,45,48,50,51,52,53,61,62,65,68,69,73,76,78,80,81,82,83,84,86,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,BG,BH	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2 S3				
First Name	S2 S4				
Member ID	S1,S2,S3,S4, D1,D2, D3, D4, D5				
Date of Birth	S1,S3,S4				
Dependent					
Dep. Last Name	D1,D3,D4				
Dep. First Name	D1,D3,D5				
Dep. Date of Birth	D1, D3,D4,D5				

# AmeriHealth Caritas DC – 11193

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	SSN	Last Name	First Name	Date of Birth

**Note:** Member ID length cannot be greater than 8 characters.

## Eligibility Date Options

Past	Future	Range
1 Year	Yes	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11193 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S2,S3		
First Name	S1,S2,S3		
Member ID	S1 Min/Max=8		
Date of Birth	S1,S2,S3		
SSN	S3		

# AmeriHealth Caritas Delaware – 12275

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Date of Birth	
Subscriber S2	Member ID			
Subscriber S3	SSN			

**Note:** Area of coverage is Delaware

## Eligibility Date Options

Past	Future	Range
4 Years	Yes	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12275 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S2 Min/Max=8		
Date of Birth	S1		
SSN	S3		

# AmeriHealth Caritas Louisiana (LaCare) – 10640

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN			
Subscriber S3	Last Name	First Name	Date of Birth	

Area of coverage: Louisiana

## Eligibility Date Options

Past	Future	Range
Yes	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10640 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=8		
SSN	S2		
Date of Birth	S3		

# AmeriHealth Caritas New Hampshire – 13294

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
4 years	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13294 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Date of Birth	S1		
Member ID	Min/Max=9		

# AmeriHealth Caritas Northwestern PA – 14301

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Date of Birth	
Subscriber S2	Member ID			
Subscriber S3	SSN			

## Eligibility Date Options

Past	Future	Range
4 years	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14301 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Date of Birth	S1		
Member ID	S2 Min/Max=9		
SSN	S3 Min/Max=9		



# AmeriHealth Caritas Pennsylvania – 10340

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN			
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
3 years	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10340 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S3				
First Name	S3				
Member ID	S1				
SSN	S2				
Date of Birth	S3				

# AmeriHealth Caritas VIP Care Plus – 11151

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN			
Subscriber S3	Last Name	First Name	Date of Birth	

**Note:** This is an MI Health Link (Dual Medicare/Medicaid) Plan

## Eligibility Date Options

Past	Future	Range
1 year	Yes	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11151 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S3				
First Name	S3				
Member ID	S1				
SSN	S2				
Date of Birth	S3				

# AmeriHealth New Jersey – 11230

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Depndent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

**\*Note:** Do not use special characters such as dashes or spaces that may appear on the patient's health care ID card. AmeriHealth only provides coverage for medical services. Dental inquiries must be forwarded to the subscriber's dental plan accordingly.

## Eligibility Date Options

Past	Future	Range
2 Year	6 months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11230 Element = [NM108=PI] <b>NM109</b>	Service Type Code	All Medical Service Types except: 85, AA, BA, BK, BN, BQ, 87, BM, B1, B3, BX, DG, GF, FY, PU, RT, TN, BL, BP, BR, BJ, BQ, B2, BW, C1, DS, GN, ON. RN, TC	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1,D1				
Date of Birth	S1				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# AmeriHealth Northeast Pennsylvania – 11189

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Date of Birth	
Subscriber S2	SSN			
Subscriber S3	Member ID			

## Eligibility Date Options

Past	Future	Range
1 Year	Yes	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11189 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Rule Codeset: 1, 30, 33, 35, 47, 48, 50, 86, 88, 93, 98, AL, MH, UC	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S3				
SSN	S2				
Date of Birth	S1				

# AmeriHealth Pennsylvania – 11232

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Depndent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

\*Note: Do not use special characters such as dashes or spaces that may appear on the patient's health care ID card. AmeriHealth only provides coverage for medical services. Dental inquiries must be forwarded to the subscriber's dental plan accordingly.

## Eligibility Date Options

Past	Future	Range
2 Year	6 months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11232 Element = [NM108=PI] <b>NM109</b>	Service Type Code	All Medical Service Types except: 85, AA, BA, BK, BN, BQ, 87, BM, B1, B3, BX, DG, GF, FY, PU, RT, TN, BL, BP, BR, BJ, BQ, B2, BW, C1, DS, GN, ON. RN, TC	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1,D1				
Date of Birth	S1				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# AmeriHealth VIP Care – 11152

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN			
Subscriber S3	Last Name	First Name	Date of Birth	

Area of coverage: Nebraska

## Eligibility Date Options

Past	Future	Range
1 Year	Yes	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11152 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 47, 86, 88, 98, A9, AL, MH, UC	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S3				
First Name	S3				
Member ID	S1				
SSN	S2				
Date of Birth	S3				

# Ameritas Group

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

## Payers

Payer Name	Payer ID	Payer Name	Payer ID
Ameritas Life Insurance Co.	00425	First Ameritas of New York	00426
First Reliance Standard Life	00428	Reliance Standard Life	00427
Standard Insurance	00429	Standard Insurance of New York	00430

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See table above Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1,D1				
Date of Birth	S1				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Anthem Vivity – 10993

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	<i>Sub</i> : Member ID	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10993 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,2,4,5,6,7,8,9,10 11,12,13,14,15,16 17,18,19,20,21,22 23,24,25,26,27,28 30,32,33,34,35,36 37,38,39,40,41,42 43,44,45,46,47,48 49,50,51,52,53,54 55,56,57,60,61,62 65,68,69,73,76,78 80,81,82,83,84,86 88,93,98,99,A0,A3 A6,A7,A8,AD,AE AF,AG,AI,AL,BG BH,MH,UC	NPI/ Federal Tax ID	Situational. National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1, D1				
First Name	S1, D1				
Member ID	S1, D1				
Date of Birth	S1, D1				



# Arise Health Plan Medicare Select Policy – 10868

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10868 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. National Provider ID if NM108=XX.
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational. No notes specified.
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2				
Date of Birth	S3				

# Arise Health Care – 11181

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Date of Birth		
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth
Dependent D2	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	
Dependent D3	<i>Sub:</i> Member ID	<i>Dep:</i> Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11181 Element = [NM108=PI]NM109	Service Type Code	Operating rule codeset	NPI	Situational. No notes specified.
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S1,S2,S3,D1,D2,D3				
Date of Birth	S1, S2,S3				
Dependent					
<i>Dep.</i> Last Name	D1,D3				
<i>Dep.</i> First Name	D1,D3				
<i>Dep.</i> Date of Birth	D1, D3				

# Arizona Physicians IPA (APIPA) – 00322

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00322 Element = [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Asuris Northwest Health – 10529

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
24 months	6 weeks	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10529 Element = [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1, D1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				
Last Name	S1, D1				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Atrio Health Plans – 12269

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10869 Element = [NM108=PI]NM109	Service Type Code 2	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, revision MH, UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S1,S2				
Date of Birth	S1				

# Aultcare – 10472

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name		
Subscriber S3	Last Name	Date of Birth		
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	

**Note:** The new Aultcare system requires that all data supplied be exact.

Eligibility Date Options		
Past	Future	Range
Yes	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10472 Element = [NM108=PI]NM109				
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S2,S3				
Member ID	S1,S2,D1				
Date of Birth	S1,S3				
Service Type Code	30				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Automated Benefit Services – 10890

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth

**Note:** Please remove alpha prefix from member ID before submission for eligible response.

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10890 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Member ID	S1,D1 Min/Max=10			Provider ID	Situational. Provider ID if NM108=SV
Date of Birth	S1				
Dependent					
<i>Dep.</i> Last Name	D1				
<i>Dep.</i> First Name	D1				
<i>Dep.</i> Date Of Birth	D1				

# Auxiant – 10900

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10900 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				



# Avera Health Plans – 10869

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	Group Number
Subscriber S3	Member ID			

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10869 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2				
First Name	S2,S2				
Member ID	S1,S3				
Group Number	S2				
Date of Birth	S1,S2				

# AvMed Health Plans – AVMED

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2		Last Name	First Name	Date of Birth

**Note:** AvMed validates NPIs to determine the level of benefits returned based on whether or not a provider is Par or Non Par. Participating providers will return complete benefit responses while Non Par providers will return EB\*1

## Eligibility Date Options

Past	Future	Range
3 months	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AVMED Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Member ID	S1,S2,S3			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2				
First Name	S1				
Date of Birth	S3				

# Bankers Fidelity Life Insurance Company – 11238

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** Area: AL, AZ, AR, CO, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MS, MO, MT, NE, NV, NJ, NM, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WV, WY

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11238 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30,1
Name Last or Organization Name	Required. No notes specified.		
Identification Code	Tax ID or NPI required.		
Last Name	S1		
First Name	S1		
Member ID	Length 11 S1		
Date of Birth	S1		

# Bankers Life and Casualty – 10813

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
1 year	End of current month	Yes

**\*\*Note:** This a Medicare Supplemental Plan

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10813 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S3				
First Name	S2,S3				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S3				

# Banner University Family Care – 11209

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**\*Note:** Contracted Arizona Medicaid Payer

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11209 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Federal Tax ID or Provider ID is required.
Name Last or Organization Name	Required. No notes specified.			Provider ID	Min=2 Max=13 Either Federal Tax ID or Provider ID is required.
Last Name	S1			Plan Network ID	Min/Max=12 Either Plan Network ID or Facility Network ID is required.
First Name	S1			Facility Network ID	Min/Max=12 Either Plan Network ID or Facility Network ID is required.
Member ID	S1 Min/Max=12				
Date of Birth	S1				

# Baycare Select Health Plans, Inc. – 12265

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12265 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,30,33,35,47,48,50, 86, 88, 98, AL, MH, UC, 34, 41, 56, 59, 60, 64, 70, 75, 89, 90, 94, 91, 92, AH, BB, BY, PT
NPI	National Provider ID. No notes specified.		
Name Last or Organization Name	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		

# Behavioral Health Systems, Inc. – 11227

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name		
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	Dep: Date of Birth		
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name		

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11227 Element = [NM108=PI]NM109	Service Type Code	44,58,59,67,A4,A5,A9,AA,AB,AC,AJ,AK,BB	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S1,S2				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1,S2				
<i>Subscriber</i> Date of Birth	S1				
Dependent					
<i>Subscriber</i> Member ID	D1, D2				
<i>Dep.</i> Last Name	D1,D2				
<i>Dep.</i> First Name	D2				
<i>Dep.</i> Date of Birth	D1				

# Benefit Management Inc. - 10665

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	<i>Subscriber</i> Last Name	First Name	Date of Birth	Gender	
Dependent D1	<i>Subscriber</i> Member ID	<i>Subscriber</i> Last Name	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	<i>Dep.</i> Gender

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10665 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S1, D1				
<i>Subscriber</i> First Name	S1				
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S1				
Gender	S1				
Dependent					
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Last Name	S1, D1				
<i>Dep.</i> Last Name	D1				
<i>Dep.</i> First Name	D1				
<i>Dep.</i> Date of Birth	D1				
<i>Dep.</i> Gender	D1				



# Better Health Plans of Florida – 10999

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Date of Birth	Member ID	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10999 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes required.		
NPI	Required. No notes required.		
Last Name	S1, S2		
First Name	S1, S2		
Member ID	S1, S2, S3 Min/Max=20		
Date of Birth	S1, S3		

# Better Health Plans (Unison Health Plan) – 00199

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00199 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Federal Tax ID or Provider ID is required.
Name Last or Organization Name	Required. No notes required.			Provider ID	Min=2 Max=13 Either Federal Tax ID or Provider ID is required.
Last Name	S1			Plan Network ID	Min/Max=12 Either Plan Network ID or Facility Network ID is required.
First Name	S1			Facility Network ID	Min/Max=12 Either Plan Network ID or Facility Network ID is required.
Member ID	S1 Min/Max=12				
Date of Birth	S1				

# Blue Benefit Administrators of Mass – 10803

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	<i>Sub:</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth

Eligibility Date Options		
Past	Future	Range
Yes	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10803 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S1				
Dependent					
Last Name	D1				
<i>Subscriber</i> Date of Birth	D1				
<i>Dependent</i> Date of Birth	D1				

# BlueChoice Health Plan South Carolina

## Medicaid – 10504

### Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	

### Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10504 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Member ID	S1			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# BMC HealthNet Plan– 10556

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Member ID	Last Name	First Name	Date of Birth
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Last Name	First Name	Date of Birth	Group Number
Dependant D1	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth
Dependant D2	<i>Dep:</i> Group Number	<i>Dep:</i> Name Suffix		

**Note:** Members with hyphenated last name must submit using the member ID only search or send only the first initial of the hyphenated last name when using the “Last name/First name & DOB” search otherwise a “not found” rejection will be returned.

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10556 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30		
NPI	Required. No notes specified.				
Last Name	S2, S3, S4				
First Name	S2, S3, S4				
Member ID	S1, S2, D1				
Group Number	S4				
Date of Birth	S2, S3, S4		CCYYMMDD		
Dependents					
<i>Dep:</i> First Name	D1				
<i>Dep:</i> Last Name	D1				
<i>Dep:</i> Date of Birth	D1		CCYYMMDD		
<i>Dep:</i> Name Suffix	D2				
<i>Dep:</i> Group Number	D2				

# Boon Chapman Benefit Admin – 10414

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10414 Element = [NM108=SV] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes indicated.
Last Name	S1			Provider ID	Situational. No notes indicated.
First Name	S1				
Member ID	S1,D1 Max=9				
Dependents					
First Name	D1				
Date of Birth	D1				

# Boon Group – 10821

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Member ID	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub. Member ID	Dep. Date of Birth		
Dependent D2	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D3	Dep. Last name	Dep. First Name	Dep. Date of Birth	

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10821 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,.D1.D2				
Date of Birth	S1, S3				
Dependent					
Dep. Last Name	D2,D3				
Dep. First Name	D2,D3				
Dep. Date of Birth	D1, D3				

# Braven Health – 14321

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	

**Note:** Offers Medicare Advantage plans in NJ and is a joint venture between BCBS of NJ & Hackensack Meridian Health and RWJ Barnabas Health systems.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14321 Element = [NM108=PI] <b>NM109</b>	Service Type Code	All except: CF, CK, CL, CN, CO, CP, DG, DM, DS, GY
Name Last or Organization Name	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1,S2		
First Name	S2,S2		
Member ID	S1,S2 Min/Max=9		
Date of Birth	S1		



# Bravo Health – 10399

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Member ID	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10399 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S3				

# Bridgespan – 10827

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	
Subscriber S5	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
Up to 13 months in the past.	Yes	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10827 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2,S3,S4				
First Name	S1,S3,S4				
Member ID	S1,S2,S3,S5				
Date of Birth	S1,S2,S4,S5				

# Bridgeway Arizona – 10901

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

**Note:** This payer is under Centene Health Plans.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Min/Max = 5 Codes and Values = 10901 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 47, 48, 50, 86, 98, MH, and UC	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.			NPI	Situational. No notes specified.
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S3 Min=2 Max=20				
Date of Birth	S2,S3				

# Bright Health (Commercial and Medicare Advantage) – 11234

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** Coverage areas are Alabama, Arizona, and Colorado.

**Note:** This Payer ID supports DOS of 01/01/2022 and forward only.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11234 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Rule Codeset	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Brokers National - Dental - 10783

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10783 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# Buckeye Community Health – 10566

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

Note – This payer is under Centene Health Plans.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10566 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S3 Min=2 Max=20				
Date of Birth	S2,S3				

# CalOptima – 10972

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10972 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Cal-Viva – 11070

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	SSN	Date of Birth	
Subscriber S3	Member ID			
Subscriber S4	SSN	Last Name	First Name	Date of Birth
Subscriber S5	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11070 Element = [NM108=PI]NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH  STC 30 will return benefit information for STC 1, 30, 33, 35, 48, 50, 86, 88, 98, AL	NPI	NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1, S4, S5				
First Name	S1, S4, S5				
Member ID	S1, S2, S3 Min/Max= 11				
SSN	S2, S4				
Date of Birth	S1, S2, S4, S5				



# Capital District Physicians Health Plan – 10458

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
15 months	60 days	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10458 Element = [NM108=PI]NM109	Service Type Code	See "Capital District's Physicians' Health Plan (10458) - Service Type
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1, S2		
First Name	S1, S2		
Member ID	S1, S2, S3		
Date of Birth	S1, S3		

## Capital District Physicians Health Plan (10458) - Service Type Code List

Code	Description	Code	Description
1	Medical Care	99	Professional (Physician) Visit – Inpatient
2	Surgical	A0	Professional (Physician) Visit – Outpatient
4	Diagnostic X-ray	A3	Professional (Physician) Visit – Home
5	Diagnostic Lab	A6	Psychotherapy
6	Radiation Therapy	A7	Psychiatric-Inpatient
7	Anesthesia	A8	Psychiatric-Outpatient
8	Surgical Assistance	AD	Occupational Therapy
12	Durable Medical Equipment Purchase	AE	Physical Medicine

## Capital District Physicians Health Plan (10458) - Service Type Code List

13	Ambulatory Service Center Facility	AF	Speech Therapy
18	Durable Medical Equipment Rental	AI	Substance Abuse
19	Pneumonia Vaccine	AL	Vision (Optometry)
20	Second Surgical Opinion	AL	Vision (Optometry)
21	Third Surgical Opinion	BG	Cardiac Rehabilitation
22	Social Work	BH	Pediatric
18	Durable Medical Equipment Rental	UC	Urgent Care
19	Pneumonia Vaccine		
20	Second Surgical Opinion		
21	Third Surgical Opinion		
22	Social Work		
33	Chiropractic		
40	Medical Oral Surgery		
42	Home Health Care		
45	Hospice		
47	Hospital		
48	Hospital – Inpatient		
50	Hospital – Outpatient		
51	Hospital – Emergency Accident		
52	Hospital – Emergency Medical		
53	Hospital – Ambulatory Surgical		
65	Newborn Care		
68	Well Baby Care		
76	Dialysis		
78	Chemotherapy		
80	Immunizations		
81	Routine Physical		

## Capital District Physicians Health Plan (10458) - Service Type Code List

82	Family Planning		
86	Emergency Services		
88	Pharmacy		
93	Podiatry		
98	Professional (Physician) Visit - Office		

# CAPROCK – 10660

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	<i>Sub</i> : Member ID	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth

Eligibility Date Options		
Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10660 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1, D1				
First Name	S1				
Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S1, D1				
<b>Dependent</b>					
Last Name	D1				
<i>Subscriber</i> First Name	D1				
<i>Dependent</i> Date of Birth	D1				

# Care Improvement Plus – 10806

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
2 Years	Up to the end of the current month	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10806 Element = [NM108=PI]NM109	Service Type Code	All Codes accepted.	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S3				

# CareFirst Administrators – 12273

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Member ID	Date of Birth		
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	
Dependent D2	<i>Sub:</i> Member ID	<i>Dep:</i> Date of Birth		

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12273 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 3, 30, 33, 35, 47, 48, 50, 64, 69, 86, 88, 98, AL, BJ, MH, PT UC
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1,S2,D1,D2		
<i>Subscriber</i> Date of Birth	S2		
Dependent			
Last Name	D1		
<i>Dependent</i> First Name	D1		
<i>Dependent</i> Date of Birth	D1,D2		

# Care1st Health Plan Arizona – 10981

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10981 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2 Min/Max=12				
Date of Birth	S1,S3				

# CareMore – 11080

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Dependent D2	Sub: Member ID	Dep: Date of Birth		

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11080 Element = [NM108=PI]NM109	Service Type Code	See "CareMore (11080) - Service Type Code List" below Only (1) EQ01 segment per transaction	NPI	NPI if NM108 = XX.
Name Last or Organization	Required. No notes specified.			Provider ID	Provider ID if NM108 = SV.
Last Name	S1				
First Name	S1				
Member ID	S2 Min/Max=12				
Subscriber Date of Birth	S1, S2				
<b>Dependent</b>					
Last Name	D1				
Subscriber First Name	S1, D1				
Dependent Date of Birth	D1				

CareMore (11080) - Service Type Code List			
Code	Description	Code	Description
1	Medical Care	48	Hospital – Inpatient
2	Surgical	49	Hospital – Room and Board
4	Diagnostic X-ray	50	Hospital – Outpatient
5	Diagnostic Lab	51	Hospital – Emergency Accident
6	Radiation Therapy	52	Hospital – Emergency Medical
7	Anesthesia	53	Hospital – Ambulatory Surgical
8	Surgical Assistance	54	Long Term Care
9	Other Medical	55	Major Medical
10	Blood Charges	56	Medically Related Transportation
11	Used Durable Medical Equipment	57	Air Transportation



## CareMore (11080) - Service Type Code List

12	Durable Medical Equipment Purchase	60	General Benefits
13	Ambulatory Service Center Facility	61	In-vitro Fertilization
14	Renal Supplies in the Home	62	MRI/CAT Scan
15	Alternate Method Dialysis	65	Newborn Care
16	Chronic Renal Disease (CRD) Equipment	68	Well Baby Care
17	Pre-Admission Testing	69	Maternity
18	Durable Medical Equipment Rental	73	Diagnostic Medical
19	Pneumonia Vaccine	76	Dialysis
20	Second Surgical Opinion	78	Chemotherapy
21	Third Surgical Opinion	80	Immunizations
22	Social Work	81	Routine Physical
23	Diagnostic Dental	82	Family Planning
24	Periodontics	83	Infertility
25	Restorative	84	Abortion
26	Endodontics	86	Emergency Services
27	Maxillofacial Prosthetics	88	Pharmacy
28	Adjunctive Dental Services	93	Podiatry
30	Health Benefit Plan Coverage	98	Professional (Physician) Visit - Office
32	Plan Waiting Period	99	Professional (Physician) Visit – Inpatient
33	Chiropractic	A0	Professional (Physician) Visit – Outpatient
34	Chiropractic Office Visits	A3	Professional (Physician) Visit – Home
35	Dental Care	A6	Psychotherapy
36	Dental Crowns	A7	Psychiatric-Inpatient
37	Dental Accident	A8	Psychiatric-Outpatient
38	Orthodontic	AD	Occupational Therapy
39	Prosthodontics	AE	Physical Medicine
40	Medical Oral Surgery	AF	Speech Therapy
41	Routine (Preventive) Dental	AG	Skilled Nursing Care
42	Home Health Care	AI	Substance Abuse
43	Home Health Prescriptions	AL	Vision (Optometry)
44	Home Health Visits	BG	Cardiac Rehabilitation
45	Hospice	BH	Pediatric
46	Respite Care	MH	Mental Health
47	Hospital	UC	Urgent Care

# CarePlus Health Plan – 00324

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
1 year	No	No

**Notes:** CPHP is limited to only the Providers who are in the following counties in Florida: Palm Beach, Broward and Miami Dade.

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00324 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2				
First Name	S2				
Member ID	S1				
Date of Birth	S2				

# CareSource Health (OH) – 994

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber S4	Member ID	Last Name	First Name	
Subscriber S5	Last Name	First Name	Date of Birth	
Subscriber S6	SSN	Last Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
12 months	60 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 994 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2, S4,S5, S6				
First Name	S1 S4,S5				
Member ID	S1,S2,S3,S4				
SSN	S6				
Date of Birth	S1,S2,S3,S5				

# Carolina Care Plan, Inc. (CCP) – 10762

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub: Member ID</i>	<i>Dep. Last Name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10762 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2				
First Name	S2				
<i>Sub: Member ID</i>	S1, D1				
Date of Birth	S1, S2				
Dependent					
Last Name	D1				
<i>Dep. First Name</i>	D1				
<i>Dep. Date of Birth</i>	D1				

# Celticare – 10589

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Dependent D4	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note – This payer is under Centene Health Plans.

Eligibility Date Options		
Past	Future	Range
No	No	No

**Disclaimer:** This verification is not a guarantee of benefits. All claims are subject to review. We cannot determine if a claim is considered eligible until a claim is received and our investigation is complete. All claims are subject to the contract provisions, exclusions, and limitations.

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10589 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3, S4				
First Name	S2, S3, S4				
Member ID	S1,S2, S4, D1, D2, D4 Min=2 Max=20				
Date of Birth	S1, S3, S4				
Dependent					
Last Name	D1, D3, D4				
First Name	D1, D2, D4				
Date of Birth	D1, D3, D4				
Last Name	D1, D3, D4				

# Celtic Insurance – 10668

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth		
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10668 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S2,S3				
<i>Subscriber</i> First Name	S1				
<i>Subscriber</i> Member ID	S1,S2,D3,D4				
<i>Subscriber</i> Date of Birth	S1,S3				
Dependents					
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Last Name	S1, D1				
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				

# CenCal Health – 11106

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11106 Element = [NM108=PI] <b>NM109</b>	Service Type Code	All Codes accepted	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Sub: Member ID	S1,S2				
Date of Birth	S1				

# Cenpatico

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

**Note** – This payer is under Centene Health Plans.

## Eligibility Date Options

Past	Future	Range
No	No	No

Payers			
Payer Name	Payer ID	Payer Name	Payer ID
Cenpatico- Arizona	10567	Cenpatico- Massachusetts	10588
Cenpatico Behavioral Health	10766	Cenpatico - Mississippi	10769
Cenpatico Behavioral Health Texas	10767	Cenpatico - Missouri	10768
Cenpatico- Florida	10568	Cenpatico - New Hampshire	10770
Cenpatico - Georgia	10569	Cenpatico- Ohio	10572
Cenpatico- Illinois	10631	Cenpatico- South Carolina	10573
Cenpatico- Indiana	10570	Cenpatico- Texas	10633
Cenpatico- Kansas	10571	Cenpatico- Wisconsin	10634
Cenpatico- Kentucky	10632		

**Disclaimer:** Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity and other limitations and or exclusions.

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See above table Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Last Name	S2,S3			Federal Tax ID	Situational if NM108 = FI
First Name	S2,S3				
Member ID	S1,S3				
Date of Birth	S2,S3				



# Centene Health Plans

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

## Payers

Payer Name	Payer ID	Payer Name	Payer ID
Centene - Advantage by Peach State	10763	Centene-Kentucky Spirit Health Plan	10620
Centene - Advantage by Sunshine State	10764	Centene-Louisiana Healthcare Connections	10756
Centene Advantage Plans	10771	Centene-Magnolia Health Plan	10704
Ambetter Superior Health Plan (TX)	11082	New Hampshire Healthy Families	10865
Centene-Coordinated Care	10761	Centene - Michigan Fidelis Secure Care	11034
Centene-California Health & Wellness	10759	Centene-Peach State Health Plan	10590
Centene - Granite State Health Plan	10765	Centene-Sunflower State Health (Kansas)	10758
Centene-Home State Health Plan	10760	Centene-Sunshine State Health Plan	10451
Centene- IlliniCare Health Plan	10757	Centene-Total Care Carolina	10866

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See above table Element = [NM108=PI]NM109	Service Type Code	All code types accepted	NPI	Situational if NM108 = XX
Last Name	S1			Federal Tax ID	Situational if NM108 = FI
First Name	S1				
Date of Birth	S1				
Member ID	S1 Min/Max=20				

# Centene – Ambetter Sunshine Health – 11126

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11126 Element = [NM108=PI]NM109	Service Type Code	All code types accepted	NPI	Situational if NM108=XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108=FI
Last Name	S1				
First Name	S1				
Member ID	S1 Min=7 Max=10				
Date of Birth	S1				

# Centene – Arkansas Total Care – 13291

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13291 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1 Min/Max = 9		
Date of Birth	S1,S2		
SSN	S2		

# CenterLight Healthcare – 10666

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10666 Element = [NM108=PI] <b>NM109</b>	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.	NPI	Situational. No notes specified.
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1, S2,S3		
Date of Birth	S4		
Service Type Code	30		

# Central California Alliance for Health – 10884

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	
Subscriber S1	Last Name	First Name	Member ID	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10884 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Last Name	S1			Federal Tax ID	Situational if NM108 = FI
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Central Reserve Life Ins Co Medicare Supplement -10539

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
2 years	30 days	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10539 Element = [NM108=PI]NM109	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.	NPI	Situational. No notes specified.
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1		
Date of Birth	S2,S3		
Service Type Code	The operating rule codeset		

# Central States Fund – 10486

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	SSN	Date of Birth		
Subscriber S4	Last Name	First Name	Date of Birth	
Subscriber S5	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: SSN	Dep: Date of Birth		
Dependent D4	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Dependent D5	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10486 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset plus these 12: 23,25,36,38,39,41,49,60,68, AM,AN, AO	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S4,S5			Provider ID	Situational if NM108 = SV
First Name	S2,S4,S5				
Sub: Member ID	S1,S2,S5				
SSN	S3				
Date of Birth	S1, S3. S5				
Dependent					
Last Name	D2,D4,D5				
First Name	D2,D4,D5				
Date of Birth	D3				
SSN	D3				

# Central States Health & Life Co. of Omaha – 13281

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** This is a Medicare Supplement plan. Member IDs must start with '527'. All members should be sent as the subscriber.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13281 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 3, 30, 33, 35, 47, 48, 50, 86, 88, 98, MH, PT UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max = 9		
Date of Birth	S1		



# Central States Indemnity – 10744

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

\*Note: This is a Medicare Supplemental Plan, Member ID/Policy Numbers start with **525**

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10744 Element = [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# CHAMPVA/Spina Bifida/Children of Women Vietnam Vets – 00232

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	

**Disclaimer:** Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00232 Element = [NM108=PI] <b>NM109</b>	Federal Tax ID	Required.
Name Last or Organization Name	Required. No notes specified.	NPI	Situational. No notes specified.
Last Name	S1, S2	Group Number	Optional.
First Name	S1, S2	Date of Birth	S1, S2
Member ID	S1	Service Type Code	Full operating codeset

# Children's Mercy PCN – 10906

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10906 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S3		
First Name	S3		
Member ID	S1		
SSN	S2		
Date of Birth	S2,S3		

# Christie Student Health Plans – 11113

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	First Name	Last Name	
Subscriber S3	First Name	Last Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: First Name	Dep: Last Name	
Dependent D3	Dep: First Name	Dep: Last Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11113 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2,D1,D2 Min/Max=24		
Date of Birth	S1,S3		
Dependents			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		

# Christian Brothers Services – 10908

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth		
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10908 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational. No notes specified.
<i>Subscriber</i> Last Name	S2,S3				
<i>Subscriber</i> First Name	S2,S3				
<i>Subscriber</i> Member ID	S1, S2,D1, D2				
<i>Subscriber</i> Date of Birth	S2				
Dependents					
<i>Subscriber</i> Member ID	S1, S2,D1, D2				
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				

# CHRISTUS Health Plan NM Medicare Advantage – 11007

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID			Date of Birth
Subscriber S3	Member ID	Last Name	First Name	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values =11007 Element = [NM108=PI] <b>NM109</b>	Federal Tax ID, NPI	Federal Tax ID if NM108 = FI  NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.	Service Type Code	The operating rule codeset.
Member ID	Max=80 S1,S2,S3		
Last Name	S1,S3		
First Name	S1,S3		
Date of Birth	S1,S2		

# CHRISTUS Health Plan TX HIX – 10696

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10696 Element = [NM108=PI]NM109	Service Type Code	The operating rule codeset
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S2		
First Name	S2		
Member ID	Min\Max=9 S1		
Date of Birth	S2		

# Cigna-GWH – 00001

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Member ID	Date of Birth		
Subscriber S5	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: Date of Birth	
Dependent D3	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D4	Sub: Member ID	Dep: Date of Birth		
Dependent D5	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

**Disclaimer:** This is not a guarantee of benefits. Benefits are contingent upon the plan being in force and that the patient is covered at the time the services are rendered.

**Note:** Great West Healthcare has been merged with Cigna

Eligibility Date Options		
Past	Future	Range
2 years	No	Yes

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00001 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required	Federal Tax ID	Situational if NM108 = FI
Member ID	S1,S2,S3,S4,D1,D2,D3,D4		
Last Name	S1,S2,S3,S5,D1,D2,D3,D4		
First Name	S1,S3,S5		
Date of Birth	S1 S2,S4,S5		
<b>Dependent</b>			
Last Name	D1,D2,D3,D5		
First Name	D1,D3,D5		
Date of Birth	D1,D2,D4,D5		
Service Type Code	1,2,4,5,6,7,8,9,10,12,13,17,19,20,22,30,33,35,42,45,46,47,48,49,50,51,52,53,56,59,61,62,64,67,68,69,70,71,72,73,74,75,76,78,79,80,81,82,83,84,86,88,90,91,92,93,96,97,98,99,A3,A6,A7,A8,AA,AC,A D,AF,AG,AI,AJ,AK,AL,AM,AN,AO,AR,B B,BC,BD,BF,BG,BH,BK		



# Claims Management Service Inc. – 11001

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Dependent D1	Sub: Member ID	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
3 years	No	90 days

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11001 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	Min/Max=24 S1, D1		
Last Name	S1		
First Name	S1		
Date of Birth	S1		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Clear Health Alliance – 12261

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12261 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	S1 Min/Max=9		
Last Name	S1		
First Name	S1		
Date of Birth	S1		

# Clover Health fka CarePoint Medicare Advantage – 10822

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10822 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S1,S2				
Date of Birth	S1				

# CMFG Life Insurance – 10909

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth		
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10909 Element = [NM108=PI]NM109	Service Type Code	1, 2, 3, 30, 33, 35, 47, 48, 50, 51, 52, 53, 73, 76, 86, 88, 98, AL, BV, BY, DM, MH, and UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S2,S3				
<i>Subscriber</i> First Name	S2,S3				
<i>Subscriber</i> Member ID	S1, S2,D1, D2				
<i>Subscriber</i> Date of Birth	S2				
Dependents					
<i>Subscriber</i> Member ID	S1, S2,D1, D2				
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				

# Colonial Penn Life – 10852

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Last Name	Member ID	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	End of current month	Yes

**\*\*Note:** This is a Medicare Supplemental Plan

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10852 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2				
First Name	S1				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S2				

# Colorado Access – 00000002356

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber S4	Member ID	Last Name	First Name	
Subscriber S5	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

## Required

Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002356 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S2,S4,S5		
First Name	S1,S4,S5		
Member ID	S1,S2,S3,S4 Min=2 Max=80		
Date of Birth	S3,S3,S5		

## Optional

# Common Ground – 12272

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Member ID	Dependent Last Name	Dependent First Name	Dependent Date of Birth
Past		Future	Range	
1 year		No	No	

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12272 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC, 3, 64, 69, BJ, PT
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1, D1 Min/Max=9		
Date of Birth	S1		
<b>Dependents</b>			
Dep. Last Name	D2		
Dep. First Name	D3		
Dep. Date of Birth	D4		

# Community First Health Plan – 14375

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Past		Future	Range	
1 year		No	No	

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14375 Element = [NM108=PI]NM109	Member ID	S1 Min/Max=12
NPI	Required. No notes specified.	Service Type Code	1,30 33, 35, 47,48, 50,88, AL, MH, UC
Member ID ID	Required. No notes specified.		
Last Name	S1, S2		
First Name	S1, S2		
Date of Birth	S1, S2		



# Community Health First Medicare Advantage – 10421

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10421 Element = [NM108=PI]NM109	Service Type Code	30	NPI/ Provider ID	Situational if NM108 = XX  Provider ID if NM108=SV.
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S3				
Sub: Member ID	S1,S3				
Date of Birth	S1,S2,S				

# Community Health Choice – 11165

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note** - Dependent data may be promoted to the subscriber loop

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11165 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Sub: Member ID	S1				
Date of Birth	S1				

# Community Health Group – 11087

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No past dates allowed, current date only.	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11087 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Situational if NM108 = XX	Provider ID	Required. No notes specified.
Last Name	S1,D1		
First Name	S1,D1		
Member ID	S1,D1		
Date of Birth	S1,D1		

# Community Health Plan of Washington (CHPW) – 2641

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	
Subscriber S5	Member ID	Date of Birth		

Eligibility Date Options		
Past	Future	Range
1 year	30 days	60 days

**Notes:** Data updated Monday morning, last day of the month.

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2641 Element = [NM108=PI] <b>NM109</b>	NPI	Situational. No notes specified.
Member ID	S1,S2,S4,S5	Service Type Code	The operating rule codeset
Date of Birth	S1,S2,S3,S5		
Last Name	S1,S2,S4,S5		
First Name	S1,S3,S4		

# Concentrix Insurance Services Outsourcing Services – 10861

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Date of Birth</i>		
Dependent D2	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First name</i>	
Dependent D3	<i>Dep. Last name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>	

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10861 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3			Provider ID	Situational if NM108 = SV
First Name	S2, S3				
Member ID	S1, S2, D1, D2				
Date of Birth	S1, S3				
<b>Dependents</b>					
<i>Dep. Last Name</i>	D2, D3				
<i>Dep. First Name</i>	D2, D3				
<i>Dep. Date of Birth</i>	D1, D3				

# ConnectiCare – 10303

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

**Please Note:**

\*\*If the patient is subscriber, then the Member ID must be 11 digits long and end with “01”. If the patient is dependent Member ID must be 11 digits and **NOT** end with “01” otherwise a AAA\*64 response will be returned.

\*\*Any 7-digit member ID that begins with the number ‘1’ is for the Medicare division of Connecticare. Our connection does not support eligibility for these Medicare patients.

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10303 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30, 52
Name Last or Organization Name	Required. No notes specified.		
NPI	Situational. No notes specified.	Provider ID	Required. No notes specified.
Last Name	S2		
First Name	S2		
Member ID	S1,S2		
Date of Birth	S1		

# ConnectiCare – Medicare – 10517

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** All member IDs for this line of business are ten digits and begin with a '1'

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10517 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset
Name Last or Organization Name	Required.		
NPI	Required. No notes required.		
Member ID	Min/Max=20 S1		
Last Name	S1		
First Name	S1		
Date of Birth	S1		

# Consolidated Associates Railroad – 10669

Search Options					
Option	Element 1	Element 2	Element 3		
Subscriber S1	Member ID	Date of Birth			
Subscriber S2	Member ID	Last Name	First Name		
Subscriber S3	Last Name	First Name	Date of Birth		
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth			
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name		
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth		

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10669 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required	Federal Tax ID	Situational if NM108 = FI
Member ID	S1,S2, ,D1,D2		
Last Name	S2,S3		
First Name	S2,S3		
Date of Birth	S3		
<b>Dependent</b>			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		
Service Type Code	30		



# Constellation Health (INMEDIATA HEALTH GROUP) – 11042

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11042 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset
Name Last or Organization Name	Required.		
NPI	Required. No notes required.		
Member ID	Min/Max=20 S1		
Last Name	S1		
First Name	S1		
Date of Birth	S1		

# Consumers Life – 10911

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub</i> : Member ID	<i>Dep</i> : Date of Birth		
Dependent D2	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth	

## Eligibility Date Options

Past	Future	Range
3 years	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10911 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S2				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S2				
<b>Dependents</b>					
<i>Subscriber</i> Member ID	S1, D1				
<i>Dep.</i> Last Name	D2				
<i>Dep.</i> First Name	D2				
<i>Dep.</i> Date of Birth	D2				

# Consumer Mutual of Michigan – 11051

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	SSN	Date of Birth		
Subscriber S4	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Sub: SSN	Dep: Date of Birth		
Dependent D4	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11051 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2, S4		
First Name	S2, S4		
Member ID	S1, S2, D1, D2 Min/Max=9		
Date of Birth	S1, S4		
SSN	S3, D3		
Date of Birth	S1, S3, S4		
<b>Dependent</b>			
Last Name	D2, D4		
First Name	D2, D4		
Date of Birth	D1, D3, D4		

# Continental General Ins Co Medicare Supp – 10540

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10540 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Sub: Member ID	S1,S3				
Date of Birth	S2,S3				

# Cooperative Benefits Administrators – 00223

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Dependent D4	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00223 Element = [NM108=PI]NM109	Service Type Code	30		
Name Last or Organization Name	No notes specified.				
Federal Tax ID	No notes specified.				
NPI	No notes specified.				
Last Name	S2,S3,S4				
First Name	S2,S3,S4				
Member ID	S1,S2,S4,D1,D2,D4				
Date of Birth	S1,S3,S4				
<b>Dependent</b>					
Last Name	D2,D3,D4				
First Name	D2,D3,D4				
Date of Birth	D1,D3,D4				

# Cook Children's Health Plan- 10610

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Last Name	Date of Birth	
Subscriber S4	Member ID	Date of Birth		
Subscriber S5	Last Name	First Name	Date of Birth	
Subscriber S6	SSN	Date of Birth		

**Disclaimer:** This is not a guarantee of benefits. Benefits are contingent upon the plan being in force and that the patient is covered at the time the services are rendered.

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10610 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	S1, S2, S3, S4		
Date of Birth	S1, S3, S4, S5, S6		
Last Name	S1, S2, S3, S5		
First Name	S1, S2, S5		
SSN	S6		

# CoreSource

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

## Payers

Payer Name	Payer ID	Payer Name	Payer ID
FMH	00204	Little Rock	00205
MD/PA/IL/NC/IN/AZ/MN	00236	NGS Coresource	00239

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See table above Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified			Federal Tax ID	Situational if NM108 = FI
Member ID	S1,D1 Min=10 Max=11				
Last Name	S1				
First Name	S1				
Date of Birth	S1				
<b>Dependents</b>					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Country Life Insurance Company – 10670

Search Options					
Option	Element 1	Element 2	Element 3		
Subscriber S1	Member ID				
Subscriber S2	Member ID	Date of Birth			
Subscriber S3	Member ID	Last Name	First Name		
Subscriber S4	Last Name	First Name	Date of Birth		
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth			
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name		
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth		

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10670 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required	Federal Tax ID	Situational if NM108 = FI
Member ID	S1,S2,S3,D1,D2		
Last Name	S3,S4		
First Name	S3,S4		
Date of Birth	S4		
<b>Dependent</b>			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		
Service Type Code	Accept all STC		



# CountyCare – 11143

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 Year	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11143 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Cose Code	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Sub: Member ID	S1,S2				
Date of Birth	S1,S3				

# Covenant Administrators (TPA) – 10880

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Last Name	First Name	Member ID	
Subscriber S4	Last Name	Member ID	Date of Birth	
Subscriber S5	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10880 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1 S3,S4,S5				
First Name	S1,S3,S5				
Member ID	S1,S2,S3,S4				
Date of Birth	S1,S2,S4,S5				

# Coventry Healthcare

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Medicaid ID			
Subscriber S3	SSN	Date of Birth		
Subscriber S4	Group Number	Last Name	First Name	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	

## Eligibility Date Options

Past	Future	Range
18 months	3 months	Yes



Precertification decisions certify medical necessity only and do not guarantee payment of the related claim. Precertification does not certify that the member's benefit plan covers the requested service or that the member is eligible for coverage on the date of the service. Benefit plan limits and eligibility are subject to change and will be determined at the time that the applicable claim is processed for payment.

**Note:** These are Medicaid Payers.

## Payers

Payer Name	Also known as:	Payer ID	Payer Name	Also known as:	Payer ID
Coventry Health Care Carelink Medicaid	<i>CoventryCares West Virginia</i>	00182	OmniCare (Michigan)*	<i>CoventryCares of Michigan</i>	00284

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See table above Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset plus A9	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S4				
First Name	S4				
Member ID	S1,D1,D2 Min=10 Max=11				
Medicaid ID	S2 Min=8 Max=12				
SSN	S3				
Group Number	S4				

Required		Optional		Situational	
Date of Birth	S3				
<b>Dependent</b>					
Last Name	D2				
First Name	D2				
Date of Birth	D1				
Relationship	01,19,34				

# Cox Health Plan – 10838

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Last Name	Member ID	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber S4	Last Name	First Name	Member ID	
Subscriber S5	Frist Name	Member ID	Date of Birth	

## Eligibility Date Options

Past	Future	Range
12 months	60 days	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10838 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2 S3,S4				
First Name	S2 S4,S5				
Member ID	S1,S2,S3,S4,S5				
Date of Birth	S1,S2,S3,S5				

# Crum & Forster – 14314

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Last Name	Date of Birth	
Subscriber S4	Member ID	First Name	Date of Birth	
Subscriber S5	Member ID	Date of Birth	Gender	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14314 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 25, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1, S2, S3		
First Name	S1, S2, S4		
Member ID	S1, S2, S3, S4, S5		
Date of Birth	S1, S3, S4, S5		
Gender	S5 Min/Max=1 [M, F]		

# CSI Life Insurance Company – 11160

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

**Note** – Member id/policy numbers start with **526**

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11160 Element = [NM108=PI] <b>NM109</b>
Name Last or Organization Name	Required. No notes specified.
Federal Tax ID	Required. No notes specified.
Last Name	S1
First Name	S1
Member ID	S1,D1 Min=10 Max=12
Date of Birth	S1
Service Type Code	Operating Code set
Last Name	D1
First Name	D1
Date of Birth	D1

# Culinary Health Fund UNITE HERE Health-10775

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
Up to 12 months	within the month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10775 Element = [NM108=PI]NM109	Service Type Code	1, 30,33,35, 47,86, 88,98,AL,MH,UC,A4	NPI	Either Tax ID or NPI is required
Name Last or Organization	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2, D1, D2				
Date of Birth	S1,S3				
Dependents					
Dep. Last Name	D2, D3				
Dep. First Name	D2, D3				
Dep. Date of Birth	D1, D2				



# Dean Health Plan – 10653

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Last Name	Member ID	Date of Birth	

## Eligibility Date Options

Past	Future	Range
Yes	7 days	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10653 Element = [NM108=PI]NM109	Service Type Code	1,2,4,5,6,7,8,12,18,20,33,35,40,42,45,47,48,50,51,52,53,62,65,68,73,76,78,80,81,82,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC	NPI	Situational. No notes specified.
Name Last or Organization	Required. No notes specified.				
Last Name	S1 S2,S3				
First Name	S1 S2				
Member ID	S1,S3				
Date of Birth	S1 S2,S3				

# DeCare Dental Health Insurance - 10780

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10780 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Federal Tax ID	Provider Tax ID Required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# Definity Health – 10828

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	
Dependent D2	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	

Eligibility Date Options		
Past	Future	Range
6 months	30 days	Yes

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10828 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required	Federal Tax ID	Situational if NM108 = FI
Member ID	S1,D1,D2		
Last Name	S2		
First Name	S2		
Date of Birth	S3		
Dependents			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		
Service Type Code	All Codes accepted.		

# Delta Dental

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** Delta Dental of Minnesota includes Delta MN Capitation, Delta MN DeltaCare Claims, Delta MN National Claims, Delta MN/Wells Fargo Claims, Delta USA Dental Claims Plan 005 MN

**Note:** Delta Dental requires the REF\*TJ segment sent with the provider's Tax ID.

Eligibility Date Options		
Past	Future	Range
No	No	No

Payers			
Payer Name	Payer ID	Payer Name	Payer ID
Delta Dental Ins. Co. - Alabama	10709	Delta Dental of Michigan	10724
Delta Dental Ins. Co. - Florida	10710	Delta Dental of Minnesota	10725
Delta Dental Ins. Co. - Georgia	10711	Delta Dental of Nebraska	10726
Delta Dental Ins. Co. - Louisiana	10712	Delta Dental of New Jersey	10727
Delta Dental Ins. Co. - Mississippi	10713	Delta Dental of New York	10729
Delta Dental Ins. Co. - Montana	10714	Delta Dental of North Dakota	10731
Delta Dental Ins. Co. - Nevada	10715	Delta Dental of Oklahoma	11175
Delta Dental Ins. Co. - Texas	10716	Delta Dental of Pennsylvania	10733
Delta Dental Ins. Co. - Utah	10717	Delta Dental of Rhode Island	10734
Delta Dental of Arizona	11200	Delta Dental of Tennessee	10735
Delta Dental of California	10705	Delta Dental of Virginia	10736
Delta Dental of Colorado	10718	Delta Dental of Washington DC	10737
Delta Dental of Colorado	10718	Delta Dental of Washington State	10738
Delta Dental of Delaware	10720	Delta Dental of West Virginia	10739
Delta Dental of Hawaii	10721	DeltaCare USA - Claims	10740
Delta Dental of Maryland	10723	DeltaCare USA - Encounters	10741

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See table above Element [NM108=PI] <b>NM109</b>	Service Type Code	30, 35
Name Last or Organization Name	Required. No notes specified.		
NPI	NPI if NM108 = XX		
Tax ID	Required. No notes specified.	REF01	TJ
Member ID	S1		
Last Name	S1		
First Name	S1		
Date of Birth	S1		

# Delta Dental of Illinois – 11192

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	Element 7
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Sub: Date of Birth	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11192 Element = [NM108=PI] <b>NM109</b>
Name Last or Organization Name	Required. No notes specified.
Federal Tax ID	Required. No notes specified.
Last Name	S1, D1
First Name	S1, D1
Member ID	S1,D1 Min=10 Max=12
Date of Birth	S1, D1
Service Type Code	30, 35
Dep:Last Name	D1
Dep:First Name	D1
Dep:Date of Birth	D1

# Delta Dental of Iowa – 11205

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	Element 7
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			

**Note:** This payer is dental only and requires the provider's Tax ID to be submitted in a REF\*TJ.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11205 Element = [NM108=PI] <b>NM109</b>
Name Last or Organization Name	Required. No notes specified.
Federal Tax ID	Required.
Last Name	S1
First Name	S1
Member ID	S1 Min/Max=9
Date of Birth	S1
Service Type Code	30, 35

# Delta Dental of Missouri – 12254

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	Element 7
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Dependent D1	<i>Sub: Member ID</i>	<i>Sub: Last Name</i>	<i>Sub: First Name</i>	<i>Dep: Last Name</i>	<i>Dep: First Name</i>	<i>Dep: Date of Birth</i>	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12254 Element = [NM108=PI]NM109
Name Last or Organization Name	Required. No notes specified.
Federal Tax ID	Required. No notes specified.
Last Name	S1, D1
First Name	S1, D1
Member ID	S1,D1 Min=10 Max=12
Date of Birth	S1, D1
Service Type Code	35
Dep:Last Name	D1
Dep:First Name	D1
Dep:Date of Birth	D1

# Delta Dental of Wisconsin – 11203

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	Element 7
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Sub: Date of Birth	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11203 Element = [NM108=PI]NM109
Name Last or Organization Name	Required. No notes specified.
Federal Tax ID	Required. No notes specified.
Last Name	S1, D1
First Name	S1, D1
Member ID	S1,D1 Min=10 Max=12
Date of Birth	S1, D1
Service Type Code	30, 35
Dep:Last Name	D1
Dep:First Name	D1
Dep:Date of Birth	D1



# Dental Benefit Providers – 10787

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10787 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# Denver Health Medical Plan- 0000001321

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber S4	Member ID	Last Name	First Name	
Subscriber S5	Last Name	First Name	Date of Birth	

**Note:** Denver Health Medical Plan offers two low-cost health care plans for employees of Denver Health, the City and County of Denver Career Service Authority, and the Denver Employee Retirement Plan. Effective 12/17/2014, HIX members are also included. All data contains members that are currently active.

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000001321 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.	Federal Tax ID	Situational if NM108 = FI
Member ID	S1,S2,S3,S4 Note: Member ID must include the dash“-“ in the inquiry or a “Not Found” will be returned.		
Date of Birth	S1,S2,S3,S5		
Last Name	S1,S2,S4,S5		
First Name	S1,S4,S5		
Service Type Code	30		

# Deseret Mutual (DMBA) – 10578

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	Yes	No

**Disclaimer:** Verification of benefits or eligibility is not a guarantee of payment. Payment can only be after the claim has been received in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10578 Element = [NM108=PI]NM109
Name Last or Organization Name	Required. No notes specified.
Federal Tax ID	Required. No notes specified.
Last Name	S1
First Name	S1
Member ID	S1,D1 Min=10 Max=12
Date of Birth	S1
Service Type Code	2, 4, 5, 7, 12, 18, 33, 35, 42, 48, 50, 52, 54, 56, 59, 69, 80, 82, 86, 88, 98, A4, AD, AE, AI, AL
Last Name	D1
First Name	D1
Date of Birth	D1

# Devoted Health – 12268

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12268 Element = [NM108=PI] <b>NM109</b>	Service Type Code = 2	1, 2, 4, 5, 9, 13, 30, 33, 35, 42, 47, 48, 62, 78, 81, 86, 88, 96, 98, AD, AF, AG, AL, DM, MH, PT & UC.
NPI	National Provider ID. No notes specified.		
Name Last or Organization	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max = 9		
Date of Birth	S1		

# Director's Guild – 10077

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub: Member ID</i>	<i>Dep. Last Name</i>	<i>Dep. Date of Birth</i>	
Dependent D2	<i>Sub: Member ID</i>	<i>Dep. Date of Birth</i>		

Eligibility Date Options		
Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10077 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2				
First Name	S1,S2				
<i>Sub: Member ID</i>	S1, D1,D2				
Date of Birth	S1, S2				
Dependents					
<i>Dep. Last Name</i>	D1				
<i>Dep. First Name</i>	D1				
<i>Dep. Date of Birth</i>	D1,D2				

# District No. 9, I. A. of M. & A. W. Welfare Trust – 11098

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Date of Birth</i>		
Dependent D2	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First name</i>	
Dependent D3	<i>Dep. Last name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>	

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11098 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating rule codeset	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
<i>Sub: Member ID</i>	S1,S2,D1,D2				
Date of Birth	S1,S3				
<b>Dependents</b>					
Last Name	S2,S3				
First Name	S2,S3				
Date of Birth	S1,S3				

# Diversified Administration Corp – 11166

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub. Member ID	Dep. Date of Birth		
Dependent D2	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D3	Dep. Last name	Dep. First Name	Dep. Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 Year	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11166 Element = [NM108=PI]NM109	Service Type Code	The operating rule codeset	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Sub: Member ID	S1,S2,D1,D2				
Date of Birth	S1,S3				
<b>Dependents</b>					
Last Name	S2,S3				
First Name	S2,S3				
Date of Birth	S1,S3				

# Driscoll Health Plan – 11090

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	11090 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situation if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2,S3				
First Name	S1,S2,S3				
Member ID	S1,S2				
Date of Birth	S1,S3				



# EBMS – 10862

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub. Member ID	Dep. Date of Birth		
Dependent D2	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D3	Dep. Last name	Dep. First Name	Dep. Date of Birth	

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10862 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2,D1,D2				
Date of Birth	S1, S3				
<b>Dependents</b>					
Dep. Last Name	D2,D3				
Dep. First Name	D2,D3				
Dep. Date of Birth	D1, D3				

# Educators Mutual Insurance (EMI) – 11135

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Dep:Last Name	Dep:First Name	Dep:Date of Birth	Sub: Member ID

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11135 Element = [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Member ID	S1, D1				
Date of Birth	S1				
Dependents					
Dep. Last Name	D1				
Dep. First Name	D1				
Dep. Date of Birth	D1				

# Elderplan – 11010

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11010 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	S1, S2, S3 Min =2 Max=80		
Last Name	S3,S4		
First Name	S3,S4		
Date of Birth	S2,S4		

# Emblem Health – 10616

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
<b>Payer</b>					<b>Information Source Level: 2100A</b>		
Payer ID	R	5	5	AN	10616	[NM108=PI] <b>NM109</b>	
<b>Provider</b>					<b>Information Receiver Level: 2100B</b>		
NPI	R	10	10	N		[NM108=XX] <b>NM109</b>	
<b>Subscriber</b>					<b>Subscriber Level: 2100C</b>		
Last Name	S1	1	35	AN		<b>NM103</b>	
First Name	S1	1	25	AN		<b>NM104</b>	
Member ID	S1	2	20	AN		[NM108=MI] <b>NM109</b>	
Date of Birth	S1	8	8	DT	CCYYMMDD	<b>DMG02</b>	
Service Type Code	O	1	2	ID	30	<b>EQ01</b>	
<b>Usage:</b>	<b>R=Required, O=Optional, S=Situational</b>						
<b>Data Type:</b>	<b>N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code</b>						

# Employee Benefit Services - Dental – 10784

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10784 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# Empower Arkansas – 13293

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
Up to 1 year in the past.	Up to last day of current month.	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13293 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC 2	Provider ID, NPI	Federal Tax ID if NM108 = FI  NPI if NM108 = XX
Name Last or Organization Name	No notes specified.				
NPI	No notes specified.				
Member ID	S1 Min/Max=16				
Date of Birth	S2				
Last Name	S1,S2				
First Name	S1,S2				

# EPSI, Inc. – 11011

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Member ID	Dep:Last Name	Dep:First Name	Dep:Date of Birth

Eligibility Date Options		
Past	Future	Range
N/A	N/A	N/A

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11011 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Member ID	Min/Max=16 S1,D2		
Date of Birth	S1		
Last Name	S1		
First Name	S1		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# EssenceHealthcare- 10601

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID			
Subscriber S3	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10601 Element = [NM108=PI]NM109	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.		
Provider ID	Required. No notes specified.		
Member ID	S1,S2		
Date of Birth	S1,S2,S3		
Last Name	S1,S3		
First Name	S1,S3		
Service Type Code	4, 5, 7, 11, 12, 13, 14, 15, 16, 18, 19, 30, 34, 41, 42, 45, 48, 50, 53, 56, 58, 60, 62, 70, 71, 73, 75, 76, 77, 78, 79, 80, 81, 86, 88, 90, 94, 98, A7, A8, AD, AE, AF, AI, AJ, AK, AM, AN, AO		



# Evercare – 10807

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	SSN	Date of Birth		
Subscriber S4	SSN	Last Name	First Name	
Subscriber S5	Last Name	First Name	Date of Birth	
Subscriber S6	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub. Member ID	Dep. Last name	Dep. First Name	Dep. Date of Birth
Dependent D2	Dep. Last name	Dep. First Name	Dep. Date of Birth	

Eligibility Date Options		
Past	Future	Range
18 months	End of current month	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10807 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2 S3,S5,S6				
First Name	S2 S3,S5,S6				
Member ID	S1,S2,S3,D1				
Date of Birth	S1,S3,S5,S6				
SSN	S3,S4				
Dependents					
Dep. Last Name	D1,D2				
Dep. First Name	D1,D2				
Dep. Date of Birth	D1,D2				

# Everence Financial – 10772

Search Options					
Option	Element 1	Element 2	Element 3		
Subscriber S1	Member ID	Date of Birth			
Subscriber S2	Member ID	Last Name	First Name		
Subscriber S3	Last Name	First Name	Date of Birth		
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth			
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name		
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth		

Eligibility Date Options		
Past	Future	Range
N/A	N/A	N/A

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10772 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required	Federal Tax ID	Situational if NM108 = FI
Member ID	S1,S2,D1,D2		
Last Name	S2,S3		
First Name	S2,S3		
Date of Birth	S3		
Dependents			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		
Service Type Code	30		

# Everest Reinsurance Company – 11164

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** This is a Medicare Supplement plan. Member IDs must start with '595'. All members should be sent as the subscriber.

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11164 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 3, 30, 33, 35, 47, 48, 50, 86, 88, 98, MH, PT UC
Name Last or Organization Name	Required		
NPI	No notes specified.		
Member ID	S1 Min/Max = 9		
Last Name	S1		
First Name	S1		
Date of Birth	S1		

# Evergreen Health – 11136

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	
Dependent D2	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	
Dependent D3	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth		

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11136 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required	Federal Tax ID	Situational if NM108 = FI
Member ID	S1,S2,S3,D1,D3		
Last Name	S1,S3		
First Name	S1,S3		
Date of Birth	S1, S2		
Dependents			
Last Name	D1,D2		
First Name	D1,D2		
Date of Birth	D2,D3		
Service Type Code	Operating code set		

# Evergreen Health Co-Op – 10860

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Dependent D1	<i>Subscriber</i> Member ID	<i>Subscriber</i> Last Name	<i>Subscriber</i> First Name	<i>Dep. Date of Birth</i>

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10860 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1			Provider ID	Situational if NM108 = SV
First Name	S1,D1				
Member ID	S1.D1 Min/Max=10				
Date Of Birth	S1				
Dependents					
<i>Dep. Last Name</i>	D1				
<i>Dep. First Name</i>	D1				
<i>Dep. Date Of Birth</i>	D1				

# Fallon Community Health Plan – 00272

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Last Name	First Name	Date of Birth
Subscriber S3	Last Name	First Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
5 Months	30 Days	No

**Note:** Fallon returns eligibility information for contracted (in-network) providers only. Non-contracted providers should contact the payer directly at 866-275-3247 (Provider Relations) or go to the payer's website at [www.fchp.org](http://www.fchp.org).

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00272 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule code set.	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S2, S3				
First Name	S1,S2, S3				
Member ID	S1, D1 Min=10 Max=11				
SSN	S2				
Date of Birth	S1,S2, S3				

# Farm Bureau Health Plans – 11167

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	Member ID	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name
Subscriber S4	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11167 Element = [NM108=PI]NM109	Service Type Code	26: 9, 10, 11, 14, 15, 16, 17, 19, 21, 22, 23, 24, 25, 26, 27, 34, 36, 38, 39, 41, 44, 60, 61, 83, 84	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S3,S4				
First Name	S3,S4				
Member ID	S1,S2,S3				
Date of Birth	S2,S4				

# Fidelis Care New York – 10459

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Member ID	Date of Birth		
Subscriber S5	SSN	Date of Birth		

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10459 Element = [NM108=PI]NM109	Service Type Code	1, 2, 3, 4, 5, 6, 7, 8, 12, 13, 18, 20, 33, 35, 40, 42, 45, 47, 48, 48, 49, 50, 51, 52, 53, 59, 62, 65, 68, 73, 75, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AC, AD, AE, AF, AG, AH, AI, AL, BG, BH, MH, UC	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S2,S3				
First Name	S1,S2,S3				
Member ID	S1,S4 Min/Max=11				
SSN	S3,S5				
Date of Birth	S2,S4,S5				



# FirstCare (Baylor Scott & White) – 10870

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10870 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1Min/Max = 20				
Date of Birth	S1				

# First Carolina Care – 11221

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	Element 7
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Dependent D1	Sub: Member ID	Sub: Last Name	Sub: First Name	Sub: Date of Birth	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option	Element 1	Element 2	Element 3	Element 4			
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11221 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1,D1				
First Name	S1,D1				
Member ID	S1,D1				
Date of Birth	S1				
Dep:Last Name	D1				
Dep:First Name	D1				
Dep:Date of Birth	D1				

# First Health Network (Coventry National) – 11190

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	Medicaid ID			
Subscriber S4	Group Number	Last Name	First Name	
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> Date of Birth		
Dependent D2	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	

Eligibility Date Options		
Past	Future	Range
18 Months	3 Months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11190 Element = [NM108=PI]NM109	Service Type Code	1,30,35,47,86,88,98,AL,MH,UC	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S3				
First Name	S3				
Member ID	S1,D1,D2 Min/Max=10				
Date Of Birth	S2				
SSN	S2				
Group Number	S4				
Dependents					
Last Name	D2				
First Name	D2				
Date of Birth	D1				

# First Medical Network – 10916

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> Date of Birth		
Dependent D2	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	

## Eligibility Date Options

Past	Future	Range
18 months	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10916 Element = [NM108=XX]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S2				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S2				
<b>Dependents</b>					
<i>Subscriber</i> Member ID	S1, D1				
<i>Dep.</i> Last Name	D2				
<i>Dep.</i> First Name	D2				
<i>Dep.</i> Date of Birth	D2				

# First United American Insurance Company – 10987

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10987 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2				
Date of Birth	S2, S3				

# Fiserv Waussau – 11068

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11068 Element = [NM108=XX]NM109	Service Type Code	The operating rule codeset	NPI	National Provider ID if NM108 = XX
Name Last or Organization	Required. No notes specified.				
<i>Subscriber</i> Last Name	S2, S3				
<i>Subscriber</i> First Name	S2, S3				
<i>Subscriber</i> Member ID	S1, S2				
<i>Subscriber</i> Date of Birth	S1, S3				
<b>Dependents</b>					
<i>Subscriber</i> Member ID	S1, S2, D1, D2				
<i>Dep.</i> Last Name	D2, D3				
<i>Dep.</i> First Name	D2, D3				
<i>Dep.</i> Date of Birth	D1, D3				

# Flex Compensation - Dental – 10799

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10799 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# Florida Combined Life – Dental – 10811

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10811 Element [NM108=PI] <b>NM109</b>	Service Type Code	30, 35	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Member ID	S!				
Last Name	S1				
First Name	S1				
Date of Birth	S1				



# Florida Health Care Plans – 10615

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
24 months	12 months	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10615 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1,D1 Min=10 Max=11				
Date of Birth	S1				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Florida True Health – 10839

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	SSN			

Eligibility Date Options		
Past	Future	Range
Yes	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10839 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2				
First Name	S2				
Member ID	S1 Min=10 Max=11				
SSN	S3				
Date of Birth	S2				

# Food Employers & Bakery Confectionary Workers Benefit – 10776

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Date of Birth</i>		
Dependent D2	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First name</i>	
Dependent D3	<i>Dep. Last name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10776 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2,D4,D5				
Date of Birth	S1, S3				
<b>Dependents</b>					
<i>Dep. Last Name</i>	D2,D3				
<i>Dep. First Name</i>	D2,D3				
<i>Dep. Date of Birth</i>	D1, D3				

# Freedom Health Medicare Advantage – 13286

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** Subscriber IDs are eleven characters in length and consist of a letter followed by ten numeric digits. 1st position is alpha followed by 10 numeric digits.

## Eligibility Date Options

Past	Future	Range
2 years	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13286 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	NPI required.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min = 2 Max = 80		
Date of Birth	S1		

# FSL Admin by KBA – 11052

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	SSN	Date of Birth		
Subscriber S4	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Sub: SSN	Dep: Date of Birth		
Dependent D4	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11052 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2, S4		
First Name	S2, S4		
Member ID	S1, S2, D1, D2 Min/Max=9		
Date of Birth	S1, S3, S4		
SSN	S3, D3		
Dependents			
Last Name	D2, D4		
First Name	D2, D4		
Date of Birth	D1, D3, D4		

# Gateway Health Plan – 10629

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	SSN	Date of Birth		
Subscriber S4	SSN	Last Name	First Name	
Subscriber S5	Last Name	First Name	Date of Birth	

**Note:** Data updated daily. Area of coverage Pennsylvania and Ohio.

## Eligibility Date Options

Past	Future	Range
1 year	30 days	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10629 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.	Provider ID	Optional
Member ID	S1, S2 Min/Max=12		

# Geisinger Health Plan – 10611

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	

**Note:** Lines of business: Pennsylvania/Commercial.

## Eligibility Date Options

Past	Future	Range
1 year	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10611 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S3		
First Name	S1,S3		
Member ID	S1,S2 Min/Max=12		
Date of Birth	S1,S2,S3		

# Geisinger Health Plan Gold – 10612

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** Lines of business: Pennsylvania/Medicare.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10612 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=12		
Date of Birth	S1		



# GEMCare – 11065

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
N/A	N/A	N/A

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11065 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset	NPI	National Provider ID if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Date of Birth	S1				
Member ID	S1, D1				
Dependents					
First Name	D1				
Date of Birth	D1				
Last Name	D1				

# GHI – Group Health Incorporated – 10808

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10808 Element = [NM108=PI]NM109	Service Type Code	30	First Name	Required is entity is a person
Name Last or Organization Name	R				
NPI	R				
Last Name	S1				
First Name	S1				
Member ID	S1 Min/Max=12				
Date of Birth	S1				

# Globe Life & Accident Insurance Company – 10988

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10988 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2				
Date of Birth	S1, S3				

# Gold Coast Health Plan – 11063

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11063 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Government Employees Health Association (GEHA) – 10394

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10394 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Sub: Member ID	S1,D1				
Date of Birth	S1				
<b>Dependents</b>					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# G.M.P. Employers Retiree Trust – 11144

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11144 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Code Set	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S2,S3				
Sub: Member ID	S1,S3				
Date of Birth	S2,S3				

# Great Southern Life Insurance Company – 13282

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**Note:** This is a Medicare Supplement plan. Member IDs must start with '576'. All members should be sent as the subscriber.

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13282 Element [NM108=PI] <b>NM109</b>	Service Type Code	1, 3, 30, 33, 35, 47, 48, 50, 86, 88, 98, MH, PT UC
Name Last or Organization Name	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max = 9		
Date of Birth	S1		

# Greater American Life Insurance Co

## Medicare Supp – 10543

### Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

### Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10543 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2				
Date of Birth	S3				



# Group & Pension Administrators – 10174

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Dependent D1	Sub: Member ID	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10174 Element = [NM108=SV] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Last Name	S1			Provider ID	Situational if NM108 = SV
First Name	S1				
Member ID	S1,D1 Max=9				
Dependents					
First Name	D1				
Date of Birth	D1				

# Group Dental Service – 11188

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 Year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11188 Element = [NM108=PI] <b>NM109</b>	Service Type Code	23, 24, 25, 26, 27, 28, 35, 36, 37, 38, 39, 40, and 41.
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2,D1,D2 Min/Max=24		
Date of Birth	S1, S3		
Dependents			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		

# Group Health Northwest – 11041

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11041 Element [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	Min/Max=20 S1, D1		
Last Name	S1, D1		
First Name	S1, D1		
Date of Birth	S1, D1		

# Group Practice Affiliates – 10583

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10583 Element [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Either Tax ID or NPI is required		
Last Name	S1		
First Name	S1		
Date of Birth	S1		
Member ID	S1		

# Guardian Life Insurance Co. of America – Dental – 10788

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Member ID	Dep:Last Name	Dep:First Name	Dep:Date of Birth

**Note** - If EB\*U (Other Eligible) response received, try sending the group number as well

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10788 Element [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Member ID	S1, D1				
Last Name	S1				
First Name	S1				
Date of Birth	S1				
Dep: Last Name	D1				
Dep: First Name	D1				
Dep: Date of Birth	D1				

# Harmony Health Plan – 10514

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

Eligibility Date Options		
Past	Future	Range
Yes	Yes	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10514 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S1, S2		
First Name	S1, S2		
Member ID	S1, S3 Min=4 Max=12		
Date of Birth	S1, S2, S3		

# Harvard Pilgrim Health Care – 00000002393

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Member ID	Last Name	First Name	Date of Birth
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
18 months	18 months	No

**Note:** New England Health EDI Network. Harvard Pilgrim issues a unique member ID to each member (whether they are subscriber or dependent). As such, all members shall be sent and returned as the subscriber. ID-only searches may fail if more than one patient belongs to that ID in the Harvard system. Please send as much information as possible for best results.

**Note:** Harvard Pilgrim supports “Health Plan” and “Well Sense” membership. Harvard Pilgrim Medicare Stride members are not supported by this connection. Stride members can be identified by the “H” prefix on their member ID.

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002393 Element = [NM108=PI]NM109
Name Last or Organization Name	Required. No notes specified.
NPI	Required. No notes specified.
Last Name	S2
First Name	S2
Member ID	S1 Min=10 Max=12
Date of Birth	S2
Service Type Code	1,2,4,5,6,7,8,11,12,13,18,20,22,30,33,40,42,45,48,50,51,52,53,62,65,68,73,76,78,80,81,82,86,93,98,99,A0,A3,AB,AD,AE,AF,AG,AL,BG,BH

# Hawaii Mainland Admin (HMA) – 11112

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep:Date of Birth		
Dependent D2	Sub: Member ID	Dep:Last Name	Dep:First Name	
Dependent D3	Dep:Last Name	Dep:First Name	Dep:Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11112 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,30,33,35,47,48,50, 86,88,98,AL,MH,UC	NPI	Situational. National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2,D1,D2 Min=7 Max=10				
Date of Birth	S1,S3				
Dep:Last Name	D2,D3				
Dep:First Name	D2,D3				
Dep:Date of Birth	D1,D3				



# Health Alliance Medical Plan (IL) – 10871

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Date of Birth	
Subscriber S2	Member ID	Last Name	
Subscriber S3	Last Name	First Name	Date of Birth
Subscriber S4	Last Name	Date of Birth	
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name

Eligibility Date Options		
Past	Future	Range
2 years	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10871 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3,S4	Dep Last Name	D1		
First Name	S3	Dep. First Name	D1		
Member ID	S1,S2,D1				
Date of Birth	S1,S3,S4				

# Health Alliance Medical Plans (HAP) – 00000002077

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	SSN	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	Date of Birth

**Note:** This connection does not support eligibility requests for Illinois plan members.

Eligibility Date Options		
Past	Future	Range
Past dates up to 1/1/1996.	Yes	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002077 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1,S4 Min/Max=12		
SSN	S2		
Date of Birth	S1,S2,S3,S4		

# Health Choice Arizona – 00329

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00329 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2			Provider ID	Situational if NM108 = SV
First Name	S2				
Member ID	S1 Min/Max=12				
Date of Birth	S2				

# Health First Health Plan – 10673

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Date of Birth			
Subscriber S2	Last Name	First Name	Date of Birth		
Subscriber S3	Member ID	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth			
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name		
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth		

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10673 Element = [NM108=PI]NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 69, 73, 76, 78, 80, 81, 82, 86, 88, 93, 96, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC
Name Last or Organization	Required. No notes specified.		
Identification Code	NPI or Tax ID required		
Subscriber Member ID	Min/Max=9 S1, S3, D1, D2		
Subscriber Last Name	S2, S3		
Subscriber First Name	S2, S3		
Subscriber Date of Birth	S1, S2, S3		
Dependents			
Dep. Last Name	D2,D3		
Dep. First Name	D2,D3		
Dep. Date of Birth	D1,D3		

# Health First Insurance – 10674

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10674 Element = [NM108=PI]NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 69, 73, 76, 78, 80, 81, 82, 86, 88, 93, 96, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Either NPI or Tax ID required.		
Last Name	S2, D2, D3		
First Name	S2, D2, D3		
Member ID	S1, D1, D2 Min/Max=9		
Date of Birth	S2, D1, D3		

# Health First New Jersey – 10438

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10438 Element = [NM108=PI]NM109	Service Type Code	30	Provider ID	Min/Max=7
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1 Min/Max=12				
Date of Birth	S1				

# Health First New York – 00240

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00240 Element = [NM108=PI]NM109	Service Type Code	30	Provider ID	Min/Max=7
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1 Min/Max=12				
Date of Birth	S1				

# Health Choice Oklahoma – 11148

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth
Dependent D2	<i>Sub:</i> Member ID	<i>Dep:</i> Date of Birth		

**Note:** Past and future date not supported for this payer. Regardless of the service date submitted in the request, the Payer will respond as if the current DOS was submitted in the request.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11148 Element = [NM108=PI]NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 19, 20, 24, 25, 26, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 44, 45, 47, 48, 49, 50, 51, 52, 53, 54, 57, 59, 62, 65, 68, 69, 73, 74, 76, 78, 79, 80, 81, 82, 83, 86, 88, 93, 94, 96, 97, 98, 99, A0, A1, A2, A3, A4, A5, A6, A7, A8, A9, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, BB, BC, BG, BH, BI, BJ, BK, BL, BN, BT, BU, BV, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, DG, DM, GY, IC, MH, PT, RT, UC
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Last Name	S1,D1		
First Name	S1,D2		
Member ID	S1,S2,D1,D2 Min/Max=24		
Date of Birth	S1,S2		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1,D2		



# Health Net National – 10385

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	SSN
Subscriber S3	Member ID			

**Note:** \*(Member ID only searches) ID's without the suffix are 9 digits and if you send a member ID only search you must submit the 9 digit plus the person number/suffix for commercial members. When the proper ID and person number/suffix is sent it should return a valid response example: RXXXXXXXXMM1 or RXXXXXXXX00.

**Note:** For CA Medicaid members, the 9 digit Medicaid CIN (8 numbers and 1 suffix) is sufficient.

**Note:** For ID-only search (S3), must be 11-12 characters for commercial patient or can be 9 digits for CA Medicaid patients

**Note:** HealthNet Medi-Cal members should be submitted through Health Net National effective 7/1/2013

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10385 Element = [NM108=FI, XX]NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH  STC 30 will return benefit information for STC 1, 30, 33, 35, 48, 50, 86, 88, 98, AL
Name Last or Organization Name	Required. No notes specified.	Federal Tax ID/NPI	Federal Tax ID if NM108 = FI NPI if NM108 = XX
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2		
SSN	S2		

# Health New England – 10627

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Member ID	
Subscriber S3	Member ID	Last Name	Date of Birth	
Subscriber S4	Last Name	First Name	Date of Birth	
Subscriber S5	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	End of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10627 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S2,S3,S4				
First Name	S1,S2,S4				
Member ID	S1,S2,S3,S5 Min/Max=12				
Date of Birth	S1,S3,S4,S5				

# Health Partners (Minnesota) – 10484

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2		Last Name	First Name	Date of Birth
Dependent D1	Member ID	Dep: Last Name	Dep: First Name	
Dependent: D2	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10484 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S1,S2,D1,D2 Min/Max=12				
Date of Birth	S1,S2				
Dependent DOB	D2				
Dependent Last Name	D1, D2				
Dependent First Name	D1, D2				

# Health Partners of Philadelphia – 00288

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Member ID	Member ID	Member ID
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	Date of Birth	
Subscriber S5	Member ID	Date of Birth		

**Note:** The following plans are supported under Health Partners of Philadelphia: PA Children's Health Insurance Program (Kidz Partners), Health Partners Plans of PA (Medicaid HMO), and Business Health Partners Medicare

## Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00288 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1, S2, S3, S4				
First Name	S1, S2, S3				
Member ID	S1, S2, S4, S5 Min/Max=12				
Date of Birth	S1, S3, S4, S5				

# Health Plan of San Mateo – 10362

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10362 Element = [NM108=SV or XX]NM109  Provider ID if NM108 = SV NPI if NM108 = XX	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2,S3		

# Health Services for Children with Special Needs – 10584

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	SSN	Date of Birth		

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10584 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S2				
Member ID	S1				
Date of Birth	S2,S3				

# Health Share/Care Oregon – 10823

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	

**Note:** Healthshare is the only MCO plan currently under Care Oregon that is available for the Eligibility and Benefits (270/271) transaction. Other Care Oregon plans can be submitted to our Oregon Medicaid payer ID 2434 for eligibility and benefit details.

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10823 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2				
First Name	S1				
Member ID	S1,S2 Min/Max=12				
Date of Birth	S1				

# Health Smart Benefit Solutions (Wells Fargo TPA) WV – 10003

## Search Options

Option	Element 1	Element 2		
Subscriber S1	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	No	No

**Notes:** (CHIPS/PEIA) Formerly - (Acordia National - CHIPS/PEIA)

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10003 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Provider ID	Situational if NM108 = SV
<i>Sub:</i> Member ID	S1				
Date of Birth	S1				



# Healthcare Management Administrators – 11084

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	
Subscriber S5	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11084 Element = [NM108=PI] <b>NM109</b>	NPI	NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.	Service Type Code	All codes accepted.
Last Name	S1,S2,S4		
First Name	S1,S3,S4		
Member ID	S1,S2,S3,S4,S5 Min/Max=16		
Date of Birth	S1,S2,S3,S5		

# HealthComp Administrators – 11020

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D2	Sub: Member ID	Dep: Date of Birth		
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11020 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S2,D1,D2 Min/Max=24		
Date of Birth	S1,S3		
Dependents			
Last Name	D1,D3		
First Name	D1,D3		
Date of Birth	D2,D3		

# HealthEase – 10510

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10510 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2,S3		

# HealthEase Kids – 10511

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10511 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2,S3		

# HealthEdge Administrators – 11036

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Date of Birth				
Subscriber S2	Member ID	Last Name	First Name			
Subscriber S3	Last Name	First Name	Date of Birth			
Dependent D1	Sub: Member ID	Dep: Date of Birth				
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name			
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth			

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11036 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 4, 30, 33, 35, 47, 48, 50, 86, 88, 98, A4, AL, MH, UC
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Member ID	Min/Max=9 S1,S2, D1, D2		
Date of Birth	S1, S3		
Last Name	S2, S3		
First Name	S2, S3		
<b>Dependents</b>			
Last Name	D2, D3		
First Name	D2, D3		
Date of Birth	D1, D3		

# HEALTHe Exchange – 10597

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Member ID			Date of Birth
Subscriber S3		Last Name	First Name	Date of Birth
Dependent D1	Sub. Member ID			Dep. Date of Birth
Dependent D2	Sub. Member ID	Dep. Last Name	Dep. First Name	
Dependent D3		Dep. Last Name	Dep. First Name	Dep. Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
<b>Payer</b>					<b>Information Source Level: 2100A</b>		
Payer ID	R	5	5	AN	10597	[NM108=PI] <b>NM109</b>	
<b>Provider</b>					<b>Information Receiver Level: 2100B</b>		
Federal Tax ID	S	9	9	N		[NM108=FI]	
NPI	S	10	10	N		[NM108=XX]	
<b>Subscriber</b>					<b>Subscriber Level: 2100C</b>		
Last Name	S1, S3	1	35	AN		<b>NM103</b>	
First Name	S1, S3	1	25	AN		<b>NM104</b>	
Date of Birth	S2, S3	8	8	DT	CCYYMMDD	<b>DMG02</b>	
Member ID	S1, S2	2	80	AN		[NM108=MI] <b>NM109</b>	
Service Type Code	O	1	2	ID	1,30,35,48,50,52,86,88,98,	<b>EQ01</b>	
<b>Usage:</b>	<b>R=Required, O=Optional, S=Situational</b>						
<b>Data</b>	<b>N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code</b>						
<b>Dependent</b>					<b>Subscriber Level: 2100D</b>		
Last Name	D2,D3	1	35	AN		<b>NM103</b>	
First Name	D2,D3	1	25	AN		<b>NM104</b>	
Date of Birth	D1,D3,	8	8	DT	CCYYMMDD	<b>DMG02</b>	
Member ID	D1,D2	2	80	AN		[NM108=MI] <b>NM109</b>	
Service Type Code	O	1	2	ID	1,30,35,48,50,52,86,88,98,	<b>EQ01</b>	

# HealthFirst New York – 10099

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10692 Element = [NM108=PI]NM109	Service Type Code	30	NPI/ Provider ID	Provider ID if NM108 = SV  NPI if NM108 = XX
Name Last or Organization	Required. No notes specified.				
<i>Subscriber</i> Last Name	S1,S2				
<i>Subscriber</i> First Name	S1,S2				
<i>Subscriber</i> Member ID	S1,S2,S3 Min/Max=12				
<i>Subscriber</i> Date of Birth	S1,S3				

# Healthgram – 10692

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Subscriber</i> Member ID	<i>Dep.</i> Date of Birth		
Dependent D2	<i>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	
Dependent D3	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep.</i> Date of Birth	

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10692 Element = [NM108=PI]NM109	Service Type Code	1,4,30,33,35,47,48,50,86, 88,98,AL,MH,UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
<i>Subscriber</i> Last Name	S2,S3				
<i>Subscriber</i> First Name	S1				
<i>Subscriber</i> Member ID	S1,S2,D3,D4				
<i>Subscriber</i> Date of Birth	S1,S3				
Dependents					
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Last Name	S1, D1				
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				



# HealthMarkets (Chesapeake National Life) – 00207

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Dependent D4	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	Yes	No

**Disclaimer:** Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00207 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30, 1, 35, 47	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3,S4				
First Name	S2,S3,S4				
Member ID	S1,S2, S4, D1,D2, D4 Min=10 Max=11				
Date of Birth	S1,S2,S3,S4				
Dependents					
Last Name	D2,D3,D4				
First Name	D2,D3,D4				
Date of Birth	D1,D3,D4				

# HealthPlan of Nevada – 10804

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Member ID	
Subscriber S3	SSN	Date of Birth		
Subscriber S4	SSN	Last Name	First Name	
Subscriber S5	Last Name	First Name	Date of Birth	
Subscriber S6	Last Name	First Name	Member ID	Date of Birth
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. Date of Birth</i>	
Dependent D2	<i>Dep. State</i>	<i>Dep. First Name</i>	<i>Dep. Last name</i>	<i>Dep. Date of Birth</i>

## Eligibility Date Options

Past	Future	Range
18 months	End of current month	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10804 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2 S3,S5,S6				
First Name	S2 S3,S5,S6				
<i>Sub. Member ID</i>	S1,S2,S3,D1				
Date of Birth	S1,S3,S5,S6				
SSN	S3,S4				
<b>Dependents</b>					
<i>Dep. Last Name</i>	D1,D2				
<i>Dep. First Name</i>	D1,D2				
<i>Dep. Date of Birth</i>	D1,D2				

# Health Plan Upper Ohio Valley – 10657

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10657 Element = [NM108=PI]NM109	NPI	NPI if NM108 = XX
Name Last or Organization Name	No notes specified.	Service Type Codes	30
Last Name	S2		
First Name	S2		
Member ID	S1, S2 Min/Max=24		
Date of Birth	S2		

# HealthPlans Inc. – 10802

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Member ID	Last Name	First Name	Date of Birth
Subscriber S3	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
3 years	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10802 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S2 Min/Max=12		
Date of Birth	S2,S3		

# HealthPlus of Michigan – 1311

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber S4	Member ID	Last Name	First Name	
Subscriber S5	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 1311 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2,S4,S5				
First Name	S1,S4,S5				
Member ID	S1,S2,S3,S4 Min/Max=12				
Date of Birth	S1,S2,S3,S5				

# HealthScope (Morris Assoc, Central Benefits, Employer's Health, Plan Handlers) – 10621

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Last Name	First Name	Date of Birth
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Eligibility Date Options		
Past	Future	Range
No	No	No

**Note:** HealthScope includes the following entities: Morris Associates, Central Benefits, Employer's Health Coalition, Plan Handlers

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10621 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S1, D1 Min=10 Max=11				
SSN	S2				
Date of Birth	S1,S2				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# HealthSmart Benefit Solutions – 11079

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Date of Birth	
Subscriber S2	SSN	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11079 Element [NM108=PI] <b>NM109</b>	Service Type Code	30  STC 30 will return benefit information for STC 1, 30, 33, 35, 48, 50, 86, 88, 98, AL	NPI	NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Member ID	S1				
SSN	S2				
Last Name	S3				
First Name	S3				
Date of Birth	S1, S2, S3				

# Healthsource Provident - Dental – 10789

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10789 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				



# HealthSpring– 10552

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
No - current date only	No	No

**Note:** All Healthspring States are supported: AL, AR, DE, FL, GA, IL, IN, MD, MS, NC, OK, PA, SC, TN, TX, & DC

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10552 Element = [NM108=XX] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S2,S3, S4		Note: Is suffix is applicable, it must be included with the last name ie "Smith Jr"		
First Name	S1,S3, S4				
Member ID	S1,S2,S3 Min=2 Max=20				
Date of Birth	S1,S2, S4				

# HealthTeam Advantage – 11239

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			Date of Birth
Subscriber S2	Member ID	Last Name	First Name	Date of Birth
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4		Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	No	No

## Required

Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11239 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
Identification Code	NPI required.		
Last Name	S2,S3,S4		
First Name	S2,S3,S4		
Member ID	Min=2 Max=20 S1,S2,S3		
Date of Birth	S1,S2,S4		

## Situational

# Hershey Healthsmile - Dental – 10795

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10795 Element [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	Either Tax ID or NPI is required				
Last Name	S1				
First Name	S1				
Date of Birth	S1				

# Highmark Senior Solutions Company – 11024

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	Last Name	Date of Birth	
Subscriber S4	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
2 Years	6 Months	No

**Notes:** Subscriber ID's must be sent with alpha prefixes: HRF, HRT, TDM and USK. This payer requires special enrollment. Freedom Blue consolidated by this payer. Only providers located in West Virginia can be enrolled.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10110 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. National Provider ID if NM108=XX Provider ID if NM108=SV		
Last Name	S1,S2, S3		
First Name	S1,S2		
Member ID	S1,S2, S3, S4		
Date of Birth	S1, S3, S4		

# HIPNY – 10406

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth

## Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10406 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational if NM108 = XX
Last Name	S1			Federal Tax ID	Situational if NM108 = FI
First Name	S1				
Date of Birth	S1				
Member ID	S1				

# HM Care Advantage Admin by KBA – 11053

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	SSN	Date of Birth		
Subscriber S4	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Sub: SSN	Dep: Date of Birth		
Dependent D4	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11053 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2, S4		
First Name	S2, S4		
Member ID	S1, S2, D1, D2 Min/Max=9		
Date of Birth	S1, S4		
SSN	S3, D3		
Date of Birth	S1, S3, S4		
Dependents			
Last Name	D2, D4		
First Name	D2, D4		
Date of Birth	D1, D3, D4		

# Hometown Health – 3597

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Member ID	Last Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	30 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 3597 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S3				
First Name	S1				
Sub: Member ID	S1,S2, S3, D1				
Date of Birth	S1,S2,S3				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Hooray Health – 14304

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	
Dependent D2	<i>Sub:</i> Member ID	<i>Dep:</i> Last Name	<i>Dep:</i> Date of Birth	
Dependent D3	<i>Sub:</i> Member ID	<i>Dep:</i> Date of Birth		
Dependent D4	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	

**Note:** This payer supports three plans: Basic, Plus, and Premium.

The Basic plan supports the following STCs: 1, 3, 4, 5, 11, 12, 19, 30, 37, 60, 62, 65, 66, 68, 69, 71, 72, 73, 77, 80, 81, 86, 96, 98, A0, AN, B1, BA, BT, BY, BZ, CK, CL, CM, CN, CO, DM, GY, PT, UC.

The Plus and Premium plans support the following STCs: 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 17, 18, 19, 20, 21, 23, 24, 25, 28, 30, 37, 47, 48, 49, 50, 51, 52, 53, 60, 62, 65, 66, 68, 69, 71, 72, 73, 74, 77, 80, 81, 86, 96, 97, 98, 99, A0, AN, B1, BA, BF, BG, BT, BY, BZ, CC, CD, CK, CL, CM, CN, CO, DG, DM, GY, IC, NI, PT, PU, RN, TC, TN, UC.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14304 Element = [NM108=PI]NM109	Service Type Code	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 17, 18, 19, 20, 21, 23, 24, 25, 28, 30, 37, 47, 48, 49, 50, 51, 52, 53, 60, 62, 65, 66, 68, 69, 71, 72, 73, 74, 77, 80, 81, 86, 96, 97, 98, 99, A0, AN, B1, BA, BF, BG, BT, BY, BZ, CC, CD, CK, CL, CM, CN, CO, DG, DM, GY, IC, NI, PT, PU, RN, TC, TN, UC
Name Last or Organization	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1,S2,D1		
First Name	S1,D4		
<i>Sub:</i> Member ID	S1,S2,S3,D5,D6,D7 Min/Max=9		
Date of Birth	S2,S3,D4		
Dependents			
Last Name	D1,D2,D4		
First Name	D1,D4		
Date of Birth	D2,D3,D4		



# Horizon NJ Health – 2840

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	End of current month	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2840 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Facility ID	Min/Max=9 Federal Tax ID (Optional)		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=12		
Date of Birth	S1		

# HSBS Oklahoma City – 11169

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Sub:Member ID	Dep:Last Name	Dep:First Name	Dep:Date of Birth

## Eligibility Date Options

Past	Future	Range
1 Year	N/A	N/A

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11169 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The Operating Rule Codeset
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1,D1 Min/Max=16		
Date of Birth	S1		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Hudson Health Plan – 11046

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11046 Element = [NM108=PI] <b>NM109</b>	NPI	NPI if NM108 = XX
Name Last or Organization Name	No notes specified.	Service Type Codes	1, 16, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Last Name	S1, S2		
First Name	S1, S2		
Member ID	S1, S2 Min/Max=24		
Date of Birth	S1		

# Humana – 00041

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Medicare ID	Date of Birth		
Subscriber S3	Medicaid ID	Date of Birth	State	

## Eligibility Date Options

Past	Future	Range
1 year	1 year	No

**Disclaimer:** This is an estimate of the benefits provided under this contract. Any payment is subject to coordination of benefits with any other insurance that may cover the services rendered and the coverage being in effect on the date of service. If your plan requires a Primary Care Physician (PCP), your PCP would be responsible for providing or authorizing all care. The above information is usually updated within 24 hours of being processed by Humana. The information may contain inaccuracies or errors.

**\*Note:** If Humana is able to determine the provider's contract status in relation to the member, participating providers will see only information for participating providers. Non-participating providers will see only information for non-participating providers. If you submit a transaction to Humana and receive out-of-network benefits with the Group NPI, resubmit the transaction with the Providers Individual NPI.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00041 Element = [NM108=PI]NM109	Service Type Code	All service type codes accepted.  Note: Only one service code type allowed per member transaction.
NPI	Required. No notes specified.		
Member ID	S1 Min/ Max=12  If is a ChoiceCare Subscriber, please provide the Member ID number including the two-digit suffix.		
Medicare ID	S2 Min/ Max=12		
Medicaid ID	S3 Min/ Max=12		
Date of Birth	S1,S2,S3		
State	S3		

# Humana Caresource (KY) – 10920

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	Date of Birth	
Subscriber S4	Member ID	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 Year	End of Current Month	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10920 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. National Provider ID if NM108=XX Provider ID if NM108=SV		
Last Name	S1,S3		
First Name	S1,S2		
Member ID	S1,S2, S3, S4		
Date of Birth	S1,S2, S3, S4		

# Humana Dental – 11213

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

**\*Note:** This is a Dental Only Payer

**\*Note:** Tax ID must be sent on all transactions

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11213 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30		
Name Last or Organization Name	Required.				
NPI/Federal Tax ID	Required. National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.		10		
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Payer Maintenance Schedule

Payer	Stated Downtime
AARP	Thurs 5:30am-8:00am (MT),Sun 9:00am-12:00pm (MT)
Absolute Total Care	No Stated Downtime
Acclaim, Inc	No Stated Downtime
ACS Benefit Services	No Stated Downtime
Advantage by Bridgeway Health Solutions	No Stated Downtime
Advantage by Buckeye Community Health Plan	No Stated Downtime
Advantage by Managed Health Services	No Stated Downtime
Advantage by Superior Care Improvement	No Stated Downtime
Aetna	Sunday 4:00 am – 12:00 pm (Eastern)
Aetna Retiree Medical Plan - Administrator	No Stated Downtime
Aetna Better Health (FL)	No Stated Downtime
Aetna Better Health (IL)	No Stated Downtime
Aetna Better Health (KS)	No Stated Downtime
Aetna Better Health (KY)	No Stated Downtime
Aetna Better Health (LA)	No Stated Downtime
Aetna Better Health (MI)	No Stated Downtime
Aetna Better Health of MO	No Stated Downtime
Aetna Better Health (PA)	No Stated Downtime
Aetna Better Health (TX)	No Stated Downtime
Aetna Better Health (TX) CHIP	No Stated Downtime
Aetna Better Health (VA)	No Stated Downtime
Aetna Better Health (WV)	No Stated Downtime
Aetna Senior Supplemental	No Stated Downtime
Aetna Signature Administrators	Mon- Fri 12am – 5:00 am (Central)
Aetna Long Term Care	Sunday 4:00 am – 12:00 pm (Eastern)
Affinity Essentials	No Stated Downtime
AFLAC	No Stated Downtime
AFLAC – Dental	No Stated Downtime
AFLAC - Medicare Supplemental	No Stated Downtime
AGIA,Inc.	No Stated Downtime
Alan Sturm and Associates - Dental	No Stated Downtime
Allegiance Benefit Plan Management	No Stated Downtime
Alliant Health Plans	No Stated Downtime
Allied Benefit Systems	No Stated Downtime
Allways Health Partners	No Stated Downtime
AlohaCare	No Stated Downtime
Alternative Insurance Resources, Inc– 11002	No Stated Downtime
Altus Dental	No Stated Downtime
Ambetter New Hampshire Healthy Families	No Stated Downtime
Amerigroup	No Stated Downtime
American Community Mutual	No Stated Downtime
American Family Insurance Group	No Stated Downtime
American Income Life Insurance Company	No Stated Downtime
American Insurance Administrators	No Stated Downtime
American Medical Security (AMS)	No Stated Downtime
American Network Ins. Medicare Supplement	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
American Postal Workers Union (APWU)	No Stated Downtime
American Republic Insurance Company (ARIC)	No Stated Downtime
American Retirement Life Ins Co McareSupp	No Stated Downtime
AmeriBen	No Stated Downtime
AmericChoice of New Jersey (Commercial)	No Stated Downtime
Americo Financial Life & Annuity	No State Downtime
AmeriHealth Administrators	Sat 11:45pm – Sun 12pm (Eastern)
AmeriHealth Caritas DC	No State Downtime
AmeriHealth Caritas Delaware	No State Downtime
AmeriHealth Caritas Iowa	No Stated Downtime
AmeriHealth Caritas Louisiana (LaCare)	No Stated Downtime
AmeriHealth Caritas New Hampshire	No Stated Downtime
AmeriHealth Caritas Northwestern PA	No Stated Downtime
AmeriHealth Caritas Pennsylvania	No Stated Downtime
AmeriHealth (DE, NJ, PA)	No Stated Downtime
AmeriHealth Northeast Pennsylvania	No Stated Downtime
AmeriHealth VIP Care	No Stated Downtime
Ameritas Group – Ameritas Life Insurance Co.	1:30 am – 6:30am, daily
Ameritas Group – First Ameritas of New York	1:30 am – 6:30am, daily
Ameritas Group – First Reliance Standard Life	1:30 am – 6:30am, daily
Ameritas Group – Reliance Standard Life	1:30 am – 6:30am, daily
Ameritas Group – Standard Insurance	1:30 am – 6:30am, daily
Ameritas Group – Standard Insurance of New York	1:30 am – 6:30am, daily
Anthem Vivity	No Stated Downtime
Arise Health Plan Medicare Select Policy	No Stated Downtime
Arizona Physicians IPA (APIPA)	Mon – Sun 3am – 3:15am (Central)
Asociacion De Maestros Puerto Rico	No Stated Downtime
Asuris Northwest Health	No Stated Downtime
AultCare	12:00 AM Friday to 12:00 AM Saturday of the third weekend every month
Automated Benefit Services	No Stated Downtime
Auxiant	No Stated Downtime
Avera Health Plans	No Stated Downtime
AvMed Health Plans	Mon 7pm – Tue 6am, Tue 7pm – Wed 6am (Central)
Bankers Life and Casualty	No Stated Downtime
Banner Health Plans	No Stated Downtime
Baycare Select Health Plans, Inc.	No Stated Downtime
Benefit Management Inc.	No Stated Downtime
Best Choice Health Plan	No Stated Downtime
Better Health Plans of Florida	No Stated Downtime
Better Health Plans (Unison Health Plans)	No Stated Downtime
Blue Benefit Administrators of Mass	No Stated Downtimes
BlueChoice Health Plan South Carolina Medicaid	No Stated Downtime
BMC HealthNet Plan	No Stated Downtime



*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
Boon Group	No Stated Downtime
Boon-Chapman Benefit Admin	No Stated Downtime
Bridgespan	No Stated Downtime
Braven Health	No Stated Downtime
Bravo Health	No Stated Downtime
Bridgeway Arizona	No Stated Downtime
Bright Health	No Stated Downtime
Brokers National - Dental	No Stated Downtime
Buckeye Community Health	No Stated Downtime
Cal-Viva	4th Thursday of every month 5pm – 9pm (Pacific)
Capital District Physicians' Health Plan (CDPHP)	No Stated Downtime
Capital Health Plan	No Stated Downtime
Lucient Health formerly Capitol Administrators	No Stated Downtime
CAPROCK	No Stated Downtime
CareMore	Daily 8pm - 7:30am Next Day
CarePartners of Connecticut	No Stated Downtime
Care1st Health Plan Arizona	No Stated Downtime
Care1st of California	No Stated Downtime
Care Improvement Plus	No Stated Downtime
CarePoint Medicare Advantage	No Stated Downtime
CareSource Health (OH)	mon – sun 3am – 3:15am (Central)
Carolina Care Plan, Inc. (CCP)	No Stated Downtime
CDS Group Health	No Stated Downtime
Celticare	No Stated Downtime
Celtic Insurance	No Stated Downtime
CenCal Health	No Stated Downtime
Cenpatico - Arizona	No Stated Downtime
Cenpatico Behavioral Health	No Stated Downtime
Cenpatico Behavioral Health Texas	No Stated Downtime
Cenpatico – Florida	No Stated Downtime
Cenpatico – Georgia	No Stated Downtime
Cenpatico – Indiana	No Stated Downtime
Cenpatico – Kansas	No Stated Downtime
Cenpatico - Massachusetts	No Stated Downtime
Cenpatico - Mississippi	No Stated Downtime
Cenpatico - New Hampshire	No Stated Downtime
Cenpatico – Ohio	No Stated Downtime
Cenpatico – South Carolina	No Stated Downtime
Centene - Advantage by Peach State	No Stated Downtime
Centene - Advantage by Sunshine State	No Stated Downtime
Centene Advantage Plans	No Stated Downtime
Centene – Ambetter Sunshine Health	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
Centene-Coordinated Care	No Stated Downtime
Centene-California Health & Wellness	No Stated Downtime
Centene - Granite State Health Plan	No Stated Downtime
Centene-Home State Health Plan	No Stated Downtime
Centene- IlliniCare Health Plan	No Stated Downtime
Centene-Kentucky Spirit Health Plan	No Stated Downtime
Centene-Louisiana Healthcare Connections	No Stated Downtime
Centene-Magnolia Health Plan	No Stated Downtime
Centene-Peach State Health Plan	No Stated Downtime
Centene-Sunflower State Health (Kansas)	No Stated Downtime
Centene-Sunshine State Health Plan	No Stated Downtime
Centene-Total Care Carolina	No Stated Downtime
CenterLight Healthcare	No Stated Downtime
Central California Alliance for Health	No Stated Downtime
Central Senior Care	No Stated Downtime
Central States Funds	No Stated Downtime
Central States Health & Life Co. of Omaha	No Stated Downtime
Central States Indemnity	No Stated Downtime
Central Reserve Life Ins Co Medicare Supp	No Stated Downtime
CHAMPVA/Spina Bifida/Children of Women Vietnam Vets	No Stated Downtime
CHC – Coventry Health Care Carelink Medicaid	No Stated Downtime
CHC – OmniCare (Michigan)	No Stated Downtime
Children's Mercy PCN	No Stated Downtime
CHP Direct	No Stated Downtime
Christian Brothers Services	No Stated Downtime
Christie Student Health Plans	No Stated Downtime
CHRISTUS Health Plan NM	No Stated Downtime
CHRISTUS Health Plan NM Medicare Advantage	No Stated Downtime
CIGNA	mon – fri: 10pm – 7am, sat 8pm – sun 2pm, sun 8pm – mon 7am (Eastern), Thurs 5:30am-8:00am (MT),Sun 9:00am-12:00pm (MT)
Claims Management Service Inc	Mon- Sat 12:00am to 6:00am, All Day Sunday
Clear Health Alliance	No State Downtime
CMFG Life Insurance	No Stated Downtime
Colonial Penn Life	No Stated Downtime
Colorado Access	No Stated Downtime
Columbia United Providers	No Stated Downtime
Common Ground	No Stated Downtime
Community First Health Plan	No Stated Downtime
Community Health Choice	No Stated Downtime
Commerce Benefits Group	No Stated Downtime
Community Care of Oklahoma	No Stated Downtime
Community Health First Medicare Advantage	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
Community Health Group	No Stated Downtime
Community Health Plan of Washington (CHPW)	No Stated Downtime
Concentrix Insurance Services	No Stated Downtime
Connecticare	No Stated Downtime
Connecticare - Medicare	No Stated Downtime
Consolidated Associates Railroad	No Stated Downtime
Constellation Health (INMEDIATA HEALTH GROUP)	No Stated Downtime
Consumers Life	No Stated Downtime
Consumers Mutual Insurance of Michigan	No Stated Downtime
Cooperative Benefit Administrators (CBA)	No Stated Downtime
CoreSource (FMH)	No Stated Downtime
CoreSource (Little Rock)	No Stated Downtime
CoreSource (MD,PA,IL,NC,IN,AZ,MN)	No Stated Downtime
CoreSource (OH)	No Stated Downtime
Country Life Insurance Company	No Stated Downtime
CountyCare	No Stated Downtime
Covenant Administrators (TPA)	No Stated Downtime
Coventry Healthcare National Network	No Stated Downtime
Coventry Nebraska Medicaid	No Stated Downtime
Cox Health Plan	No Stated Downtime
Crum & Forster	No Stated Downtime
CSI Life Insurance Company	No Stated Downtime
Culinary Health Fund	No Stated Downtime
Dean Health Plan	No Stated Downtime
DeCare Dental Health Insurance	No Stated Downtime
Definity Health	No Stated Downtime
Delta Dental Ins. Co. - Alabama	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Florida	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Georgia	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Louisiana	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Mississippi	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Montana	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Nevada	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Texas	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental Ins. Co. - Utah	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of California	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Colorado	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Delaware	Thursdays between 8 PM and 10 PM Pacific Time

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
	Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Hawaii	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Indiana	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Iowa	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Maryland	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Michigan	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Minnesota	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Missouri	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Nebraska	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of New Jersey	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of New Mexico	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of New York	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of North Carolina	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of North Dakota	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Ohio	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Oklahoma	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Pennsylvania	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Rhode Island	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Tennessee	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Virginia	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of Washington DC	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Dental of Washington State	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
Delta Dental of West Virginia	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
DeltaCare USA - Encounters	No Stated Downtime
DeltaCare USA - Claims	No Stated Downtime
Denver Health Medical Plan	No Stated Downtime
Deseret Mutual (DMBA)	No Stated Downtime
Devoted Health	No Stated Downtime
Director's Guild	No Stated Downtime
District No. 9, I. A. of M. & A. Welfare Trust	No Stated Downtime
Diversified Administration Corp	No Stated Downtime
Driscoll Health Plan	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
Elderplan	No Stated Downtime
Educators Mutual Insurance	No Stated Downtime
Emblem Health	No Stated Downtime
Employee Benefit Services - Dental	No Stated Downtime
EBMS	No Stated Downtime
EPIC Life Insurance	No Stated Downtime
EPSI, Inc.	No Stated Downtime
Equitable Life Casualty Insurance Company	No Stated Downtime
Essence Healthcare	No Stated Downtime
Evangelical Community Hospital	No Stated Downtime
Evercare	No Stated Downtime
Everence Financial	No Stated Downtime
Everest Reinsurance Company	No Stated Downtime
Evergreen Health	No Stated Downtime
Evergreen Health Co-Op	No Stated Downtime
Expert Benefit Solutions	No Stated Downtime
Fallon Community Health Plan	No Stated Downtime
FamilyCare	No Stated Downtime
Farm Bureau Health Plans	No Stated Downtime
Federated Insurance Company	No Stated Downtime
Fidelis Care New York	No Stated Downtime
FirstCare (Baylor Scott & White)	No Stated Downtime
First Health	No Stated Downtime
First Health Network (Coventry National)	No Stated Downtime
First Medical Network	No Stated Downtime
First United American Insurance Company	No Stated Downtime
Flex Compensation - Dental	No Stated Downtime
Florida Combined Life - Dental	No Stated Downtime
Florida Hospital Healthcare System	No Stated Downtime
Florida True Health	No Stated Downtime
Food Employers & Bakery Workers Benefit	No Stated Downtime
Food Employers & Bakery Confectionary Workers Benefit	No Stated Downtime
Fox/Everett	No Stated Downtime
Freedom Blue	No Stated Downtime
Frensenius Health	No Stated Downtime
FSL Admin by KBA	No Stated Downtime
Gateway Health Plan	No Stated Downtime
Geisinger Health Plan	No Stated Downtime
Geisinger Health Plan Gold	No Stated Downtime
GEMCare	No Stated Downtime
GHI - Group Health Incorporated	No Stated Downtime
Globe Life & Accident Insurance Company	No Stated Downtime
Gold Coast Health Plan	No Stated Downtime
Government Employees Hospital Association GEHA	mon - fri 5:20am-6am, 5:25pm-6:55pm, sat 5:20am-6:35am, sun 12:15pm-2:30pm, 6pm-10:00pm (Central)

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
	Thurs 5:30am-8:00am (MT),Sun 9:00am-12:00pm (MT)
Great Southern Life Insurance Company	No Stated Downtime
Great-West Healthcare	sat 8pm – sun 4am (Mountain) Thurs 5:30am-8:00am (MT),Sun 9:00am-12:00pm (MT)
Greek Catholic Union of the USA	No Stated Downtime
Group Dental Service	No Stated Downtime
Group Health Cooperative	No Stated Downtime
Group Health Cooperative of South Central Wisconsin - Dental	No Stated Downtime
Group Health Northwest	Every morning from 5-5:30 AM (PT) Every third Sunday Midnight to Noon (PT)
Group Practice Affiliates	No Stated Downtime
Group & Pension Administrators	No Stated Downtime
Guardian Life Insurance Co. of America - Dental	No Stated Downtime
HMA (Hawaii Mainland Admin)	No Stated Downtime
Harken Health	No Stated Downtime
Harmony Health Plan	No Stated Downtime
Heartland National Life Insurance Company	No Stated Downtime
Health Alliance Medical Plan (IL)	No Stated Downtime
Health Alliance Medical Plans (HAP)	No Stated Downtime
Health Choice Arizona	Mon 3am – sun 3:15am (Central)
Health First Health Plan	No Stated Downtime
Health First Insurance	No Stated Downtime
Health Choice Oklahoma	No Stated Downtime
Health Net National	No Stated Downtime
Health New England	No Stated Downtime
Health Partners (Minnesota)	No Stated Downtime
Health Partners of Philadelphia	No Stated Downtime
Health Plan of Upper Ohio Valley	2nd and 4th Friday of every month 6 PM – 12 AM (Eastern) Maintenance may not last the full duration of the scheduled downtime.
Health Plan of San Mateo	No Stated Downtime
Health Services for Children with Special Needs	No Stated Downtime
Health Share of Oregon	No Stated Downtime
Healthcare Management Administrators	No Stated Downtime
HealthComp Administrators	No Stated Downtime
HealthEase	No Stated Downtime
HealthEase Kids	No Stated Downtime
HealthEdge Administrators	No Stated Downtime
Healthfirst New Jersey	No Stated Downtime
Healthfirst New York	No Stated Downtime
Healthgram	No Stated Downtime
HealthMarkets (Mid-West National Life)	No Stated Downtime
HealthPlan of Nevada	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
HealthPlans Inc	No Stated Downtime
HealthPlus of Michigan	Sat evening 6pm until Sunday evening 6pm
HealthScope (Morris Associ, Central Benfits, Employer's Health, Plan Handlers)	One Sunday per month
HealthSmart Benefit Solutions	No Stated Downtime
Healthsource Provident - Dental	No Stated Downtime
HealthSpring	No Stated Downtime
Healthy Texas	No Stated Downtime
Heritage Physician Network (Houston)	No Stated Downtime
Hershey Healthsmile - Dental	No Stated Downtime
HIPNY	No Stated Downtime
HM Care Advantage Admin by KBA	No Stated Downtime
Hometown Health	No Stated Downtime
Hooray Health	No Stated Downtime
Horizon New Jersey Health	2 <sup>nd</sup> weekend of every month where unavailability will be between 1 hour and 2 days
HSBS Oklahoma City	No Stated Downtime
Hudson Health Plan	No Stated Downtime
Humana	sun 2am – sun 3am (Central)
Humana CareSource (KY)	No Stated Downtime
Humana of Florida	No Stated Downtime