

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

**Payers with Names beginning with I through Z**

**Version 5010**

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# Revision History

**Note:** This Commercial Companion Guide is Part 2 of 2, containing all available commercial payers offered through the Eligibility Gateway with names that start with I through Z. 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 payer Thrivent – 11158	04/21/2017
Added payer Heartland National Life Insurance Company - 11155	04/21/2017
Added 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

<b>Eligibility Gateway 270/271 Commercial Payer Availability Revision History</b>	
<b>Change</b>	<b>Date</b>
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, Behaviraol 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,	4/12/2019

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Providence Health Plan-2598, Driscoll Health Plan-11090, Nova Healthcare Administrators-10537, Health 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

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Added new payer American Insurance Administrators – 13279	4/19/2021
Updated search options for Universal American – 11216	4/19/2021
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



Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
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
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)	4/19/2021

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
10932, Deactivated payer: SelectCare of Texas (Memorial Clinical Assoc) 10933, Deactivated payer: SelectCare of Texas (Northwest Diagnostic) 10934	
Added new payers South Country Health Alliance Medicaid – 14322 and South Country Health Alliance Medicare – 14323	4/19/2021
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	
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>	05/29/2025

# 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 2 and contains all available commercial payers with names that begin with I through Z. Part 1 contains all commercial payers with names that begin with A through H.

## 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

# iCARE (Independent Care Health Plan) – 11233

## 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	
Subscriber S4	SSN	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	Up to the end of the year in the current year	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11233 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	Required		
Last Name	S1,S3,S4		
First Name	S1,S3,S4		
Member ID	S1,S2,S3 Min/Max=16		
Date of Birth	S1,S2,S4		
SSN	S4		

# Independence Administrators – 10417

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: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Sub: Member ID	Dep: Last Name	Dep: Date of Birth	
Dependent D4	Sub: Member ID	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 = 10417 Element = [NM108=PI]NM109	Service Type Code	1,2,4,5,6,7,8,12,13,18,20,30,33,40,42,48,50,51,52,53,61,62,65,68,69,73,76,78,80,81,82,84,86,93,98,99A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,BG,BH	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Member ID	S1,S2, S3, S4, D1, D2, D3, D4				
First Name					
Last Name					
Date of Birth	S1, S3, S4				
Dependents					
Date of Birth	D1, D3, D4				
First Name	D2, D4				
Last Name	D2, D3				

# Indiana University Health Plans (Commercial) – 13280

## Search Options

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

**Note:** This new payer covers the Commercial LOB while our other payer, 12246, covers the Medicare LOB

## 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 = 13280 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 3, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		

# Inland Empire Health – 10104

## 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	
Subscriber S5	Member ID	Date of Birth		
Dependent D1	Member ID	Dependent Last Name	Dependent First Name	Dependent Date of Birth

**Note:** All IEHP Member ID's will now end in 00 starting 04/01/2018. Existing Member ID's have been modified to reflect the 00 suffix and new member ID's will be generated with 00 as the suffix.

## Eligibility Date Options

Past	Future	Range
Current month 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 = 10104 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	Legacy ID or NPI required. Min = 9 Max = 10		
Last Name	S1, S2, S3, S4		
First Name	S1, S3, S4		
Member ID	S1, S2, S3, S5, D1		
Date of Birth	S1, S2, S4, S5		
<b>Dependents</b>			
Date of Birth	D4		
First Name	D3		
Last Name	D2		

# Insurers Administrative Corporation (IAC) – 11021

## 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 = 11021 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		
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		

# INTEGRA Administrative Group Inc – 11054

## 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	Sub:Last Name	Dep:Last Name	Dep:First Name

## 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 = 11054 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	No notes specified.	NPI	National Provider ID if NM108=XX
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		

# Iowa Total Care – 13297

## 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		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13297 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 Min/Max=9		
SSN	S2 Min/Max=9		
Date of Birth	S1,S2		



# Jai Medical Systems – 11147

## 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
3 Years	2 Months	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11147 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,S2		
First Name	S1,S2		
Member ID	S1 Min/Max=12		
Date of Birth	S1,S2		
Social Security Number	S2		

# John Hopkins Health Plan – 00000002613

## 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		

## Eligibility Date Options

Past	Future	Range
No	No	Yes

**Note:** Employee Health Plan. This connection does not support members whose ID start with “U”.

**Note:** This payer supports only employee health plans. For commercial lines of business, please use payer 11132.

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 = 00000002613 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset. Only one code is allowed	NPI	Situational. NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Provider ID	Provider ID if NM108 = SV
Member ID	S1 Min/Max=12				

# Johns Hopkins HealthCare LLC – 11132

## 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	

**Note:** This payer supports only the commercial line of business. For employee health plans, please use payer 00000002613.

## 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 = 11132 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	No notes specified.		
NPI	No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2 Min/Max=24		
Date of Birth	S1,S3		

# John Hopkins US Family Health Plan – 12258

## 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	<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
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 = 12258 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset	NPI	Situational. National Provider ID if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
NPI	Situational. National Provider ID if NM108 = XX				
Last Name	S1				
First Name	S1				
Member ID	S1,S2,S3				
Date of Birth	S2				
<b>Dependents</b>					
Last Name	S3				
First Name	S3				
Date of Birth	S3				

# Kaiser Foundation Health Plan of Colorado – 10110

## 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	Date of Birth		

## Eligibility Date Options

Past	Future	Range
No	No	No

**Notes:** This payer requires special enrollment.

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		
First Name	S1,S3		
Member ID	S1,S2, S3, S4		
Date of Birth	S1,S2, S3, S4		

# Kaiser Foundation Health Plan of Hawaii – 00278

## 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	

**Notes:** This payer requires special enrollment.

## 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 = 00278 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	National Provider ID if NM108=XX.		
Federal Tax ID	Federal Tax ID if NM108=FI.		
Last Name	S1,S3		
First Name	S1,S3		
Member ID	S1,S2,S3 Min/Max=30		
Date of Birth	S1,S2		

# Kaiser Foundation Health Plan of the Mid-Atlantic – 00276

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Subscriber S2	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 = 00276 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset	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, S2 Min/Max=30				
Date Of Birth	S1, S2				
Gender	S1				

# Kaiser Foundation Health Plan of the Northwest – 00279

## 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

## 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 = 00279 Element [NM108=PI] <b>NM109</b>	Service Type Code	Operating Code Set
Name Last or Organization Name	Required. No notes specified.	Provider ID	Situtational if NM108 = XX
NPI	Required. No notes specified.	Federal Tax ID	Situtation if NM108 = FI
Last Name	S1,S4,S5		
First Name	S2,S4,S5		
Member ID	S1,S2,S3,S4		
Date of Birth	S1,S2,S3,S5		



# Kaiser Foundation Health Plan of Washington – 10608

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	
Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10608 Element = [NM108=PI] <b>NM109</b>
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
Service Type Code	30
Dependents	
Last Name	D1
First Name	D1
Date of Birth	D1
Service Type Code	30

# Kaiser Permanente of Georgia – 00281

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	Date of Birth	
Subscriber S3	Member ID	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 = 00281 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Federal Tax ID	Required. No notes specified.		
Last Name	S2		
First Name	S3		
Member ID	S1,S2,S3 Min/Max=12		
Date of Birth	S1,S2, S3		
Service Type Code	The operating rule codeset		

# Kaiser Permanente of Northern CA – 00282

## 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	Date of Birth		
Subscriber S5	Member ID	Last Name	First Name	

**Notes:** This payer requires special enrollment.

**Note:** Member ID should contain a "1100" prefix in front of the member's record number.

## 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 = 00282 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset
Last Name	S1, S4, S5	NPI	National Provider ID if NM108=XX.
First Name	S2, S4, S5	Federal Tax ID	Federal Tax ID if NM108=FI.
Member ID	S1, S2, S3, S4 Min/Max=12  California Member IDs are a total of 12 digits. The ID numbers are left zero filled to 10 digits and then a prefix is added for the region (11 for Northern California and 00 for Southern California members). An ID that is 1234567 would be 110001234567 for Northern California and 000001234567 for Southern California		
Date of Birth	S1, S2, S3, S5		
Service Type Code	The operating rule codeset		

# Kaiser Permanente of Southern CA – 00283

## 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	Date of Birth		
Subscriber S5	Member ID	Last Name	First Name	

**Notes:** This payer requires special enrollment.

## 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 = 00283 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset
NPI	Required. No notes specified.		
Federal Tax ID	Required. No notes specified.		
Last Name	S1, S4, S5		
First Name	S2, S4, S5		
Member ID	S1, S2, S3, S4 Min/Max=12  California Member IDs are a total of 12 digits. The ID numbers are left zero filled to 10 digits and then a prefix is added for the region (11 for Northern California and 00 for Southern California members). An ID that is 1234567 would be 110001234567 for Northern California and 000001234567 for Southern California		
Date of Birth	S1, S2, S3, S5		

# Kentucky Passport – 2841

## 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	First Name	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 = 2841 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=12		
SSN	S2		
Date of Birth	S3		

# Key Benefit Administrators – 37217 – 11067

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	
Dependent D5	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

**Note:** This payer has member ID formats that start with specific characters. Submitters should confirm a Member ID, when present, **begins 84, 86, 87, 88, 89, H0 or H9**. Please make sure that the Member ID begins with one of these values to ensure successful processing of the eligibility requests. You may also contact the payer directly if you have a member insurance card that does not fit these guidelines.

Eligibility Date Options		
Past	Future	Range
Past Dates allowed within Patient coverage period	Future Dates allowed within Patient coverage period	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11067 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, D5 Min/Max=9		
Date of Birth	S1, S3, S4		
SSN	S3, D3		
<b>Dependent</b>			
Last Name	D2, D4,D5		
First Name	D2, D4,D5		
Date of Birth	D1, D3, D4,D5		

# KeySolution – 11055

## 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		
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		

## 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 = 11055 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	S2				
First Name	S2				
Member ID	S1, S2, D1, D2				
Date of Birth	S1				
SSN	S3, D3				
<b>Dependents</b>					
Date of Birth	D1, D3				
Last Name	D2				
First Name	D2				

# Keystone First Community Health Plan – 12271

## 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 = 12271 Element = [NM108=PI] <b>NM109</b>	Member ID	S1 Min/Max=12
NPI	Required. No notes specified.	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Federal Tax ID	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Date of Birth	S1		



# Keystone Mercy Health Plan– 2232

## Search Options

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

**Note: Keystone First members that are dual eligible Medicare and Medicaid should be submitted through this payer.** Note: Member ID: Do Not Send Prefix

## 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 = 2232 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Federal Tax ID	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=12		
Date of Birth	S1		

# Keystone VIP Care – 11182

## 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:** Keystone First members that are dual eligible Medicare and Medicaid should be submitted through this payer.

## 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 = 11182 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Federal Tax ID	Required. No notes specified.		
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=12		
SSN	S2		
Date of Birth	S3		

# Kitsap Physician Services – 2644

## 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	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	Date of Birth	
Subscriber S5	Member ID	Last Name	First Name	

## Eligibility Date Options

Past	Future	Range
1 year	End of current month	No

**Notes:** Data updated twice weekly.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2644 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,S4,S5		
First Name	S1,S3,S5		
Member ID	S1,S2, S3, S4, S5		
Date of Birth	S1,S2, S3, S4		

# KSKJ Life – 10748

## 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

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 = 10748 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				

# L.A. Care Health Plan – 11060

## 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	
Subscriber S4	Member ID	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 = 11060 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30		
Name Last or Organization	Required. No notes specified.				
NPI	NPI required.				
Last Name	S1,S2,S3				
First Name	S1,S2,S3				
Member ID	S1,S2,S4				
Date of Birth	S1,S3,S4				

# Leon Medical Centers Health Plan – 10677

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

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 = 10677 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		
Date of Birth	S1		
Gender	S1		

# Liberty National Life Insurance Company – 10989

## 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 = 10989 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				

# Lifewise Arizona – 10843

## 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	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 = 10843 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				



# Lifewise Health Plan of Oregon – 10651

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

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 = 10651 Element = [NM108=PI]NM109	Service Type Code	All valid service types are supported  Only (1) EQ01 segment per transaction	NPI	National Provider ID.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1, D1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				
Last Name	S1, D1				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Lifewise Health Plan of Washington – 10650

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
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 = 10650 Element = [NM108=PI] <b>NM109</b>	Service Type Code	All valid service types are supported  Only (1) EQ01 segment per transaction	NPI	National Provider ID.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1, D1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				
Last Name	S1, D1				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# LifeCare Assurance Company – 11170

## 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
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 = 11170 Element = [NM108=PI]NM109	Service Type Code	The Operating Rule Code Set	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	S3				
Dependents					
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				

# Lighthouse Healthcare – 14313

## 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	

## 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 = 14313 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	S2		
First Name	S2		
Member ID	S1		
Date of Birth	S1,S2		

# Lincoln Financial – 10678

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 = 10678 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	S2,S3				
<i>Subscriber</i> Member ID	S1, S2,D1,D2				
<i>Subscriber</i> Date of Birth	S3				
Dependents					
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				

# Lincoln Heritage – 10749

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

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 = 10749 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				

# Local 1199 – 10979

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
Dependent D1	Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Dependent D2	Member ID	Dep: Last 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 = 10979 Element = [NM108=PI]NM109	Service Type Code	The Standard Operating rule 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				
First Name	S2				
Sub: Member ID	S1,S2,D1,D2				
Date of Birth	S1, S2				
Dependents					
Dep. Last Name	D1,D2				
Dep. First Name	D1				
Dep. Date of Birth	D1,D2				

# LoneStar TPA – 11013

## 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 = 11013 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		
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		



# Loomis Company – 10755

## 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 = 10775 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=10				
Date Of Birth	S1				

# Louisiana Health Exchange – 10830

## 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
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 = 10830 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,D1				
Member ID	S1.D1 Min/Max=10				
Date Of Birth	S1				
<b>Dependents</b>					
Dep. Last Name	D1				
Dep. First Name	D1				
Dep. Date Of Birth	D1				

# Loyal American Life Insurance Co Medicare Supp – 10544

## 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 = 10544 Element = [NM108=PI]NM109	Service Type Code	Operating rule 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				

# Lucient Health formerly Capitol Administrators – 10903

## 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		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 = 10903 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	S2				
First Name	S2				
Member ID	S1				
Date of Birth	S2				

# Lumico Life Insurance -11236

## 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 = 11236 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	S1		
Date of Birth	S1		

# Magellan Behavioral Health – 10649

## Search Options

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

**Note:** This payer is strictly for behavioral health/mental benefits and is designed to return the response as a basic eligibility status of EB\*1 or EB\*6. This payer is not the same as Magellan Complete Care of VA which is a separate line of business.

## 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 = 10649 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,D1				
Member ID	S1.D1 Min/Max=10				
Date Of Birth	S1				
Dependents					
Dep. Last Name	D1				
Dep. First Name	D1				
Dep. Date Of Birth	D1				

# Magellan Complete Care of Virginia – 12260

## 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	
Subscriber S4	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 = 12260 Element = [NM108=PI]NM109	Service Type Code	30		
NPI	Required. No notes specified.				
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1,S3,S4				
First Name	S1,S3,S4				
Member ID	S1,S2,S4 Min/Max=9				
Date Of Birth	S1,S2,S4				

# Magnacare – 10867

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>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	

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 = 10867 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	S1.S2, D1, D2		
First Name	S1.S2, D1, D2		
Member ID	S1, S2, D1, D2 Min=10 Max=12		
Date of Birth	S1.S2, S3, D1		
Service Type Code	The operating rule codeset		



# Maine Community Health Options – 11122

## 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: First Name	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	Sub: 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 = 11122 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, S4		
First Name	S2,S3, S4		
Member ID	S1,S2,S4,D1,D2, D4 Min/Max=24		
Date of Birth	S1,S3, S4		
Dependents			
Last Name	D2,D3, D4		
First Name	D1,D2,D3, D4		
Date of Birth	D1,D3, D4		

# Managed Health Services Indiana– 10586

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

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 = 10586 Element = [NM108=PI] <b>NM109</b>	Service Type Code	All code types accepted	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				

# Managed Care of America – 10885

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	<i>Sub</i> : Member ID	<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 = 10885 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	S2				
First Name	S2				
Member ID	S1				
Date of Birth	S2				

# Managed Care of North America – 14317

## 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 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		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 = 14317 Element = [NM108=PI]NM109	Service Type Code	30, 35	NPI	No notes specified.
Name Last or Organization Name	Required. No notes specified.				
Tax ID	Federal Tax ID required.				
Last Name	S1				
First Name	S1				
Member ID	S1 Min/Max=9				
Date of Birth	S1				

# Managed Health Network (MHN) – 10863

## 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 = 10863 Element = [NM108=PI]NM109	Service Type Code	The operating rule codeset plus these three: 91, 92, and AC	NPI	National Provider ID if NM108=XX.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2, S3, D2, D3				
First Name	S2, S3, D2, D3				
Member ID	S1, S2, D1, D2 Min/Max = 10				
Date of Birth	S1, S3, D1, D3				
Dependents					
Last Name	D2, D3				
First Name	D2, D3				
Member ID	D1, D2 Min/Max = 10				
Date Of Birth	D1, D3				

# Managed Health Services Wisconsin– 10587

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

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 = 10587 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				
Date of Birth	S2,S3				

# MAPFRE Life Puerto Rico – 10679

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	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 = 10679 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Complete code set
NPI	Required. No notes specified.		
Federal Tax ID	Required. No notes specified.		
Member ID	S1 Min/Max=12		
Date of Birth	S1		
Service Type Code	Complete code set		

# Martins Point Health Care – 11045

## 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	
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	

## Eligibility Date Options

Past	Future	Range
<b>Subscriber</b>		
1 year	No	No
<b>Dependents</b>		
2 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 = 11045 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,S2,D1,D2 Min/Max=9		
Date of Birth	S1		
<b>Dependents</b>			
Last Name	D1,D2	Service Type Code	30
First Name	D1,D2		
Date of Birth	D1		



# Mass General Brigham Health Plan – 10377

## 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	<i>Sub</i> : Member ID	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	

## 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 = 10377 Element = [NM108=PI]NM109	Service Type Code	30, 12, 18
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S2		
Member ID	S1,D1		
Date of Birth	S2		
Dependents			
First Name	D1		
Date of Birth	D1		

# McLaren – 14308

## 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
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 = 14308 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		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		

# MDWise Medicaid Health Plans – 11172

## Search Options

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

Notes: Payer supports Medicaid HMO plans.

## Eligibility Date Options

Past	Future	Range
1 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 = 14308 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 42, 44, 45, 46, 47, 86, 88, 98, AL, MH, 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		

# Med-Pay, Inc. – 10682

## 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	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10682 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset
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		
Dependents			
<i>Dep</i> :Last Name	D1		
<i>Dep</i> :First Name	D1		
<i>Dep</i> :Date of Birth	D1		

# MedBen - Newark OH – 10681

## 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
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 = 10681 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				

# MedCost Benefit Services -10272

## 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 = 10272 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 Member ID</i>	S1, D1				
Last Name	S1				
First Name	S1				
Date of Birth	S1				
Dependents					
<i>Dependent Last Name</i>	D1				
<i>Dependent First Name</i>	D1				
<i>Dependent Date of Birth</i>	D1				
<i>Dependent Gender</i>	D1				

# Medica – 00404

## 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	Member ID	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: First Name	Dep: Last Name	Dep: Date of Birth
Dependent D2	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

**Note** – Commercial Line of Business

## 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 = 00404 Element = [NM108=PI] <b>NM109</b>	NPI/Federal Tax ID	National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.  Provider ID (legacy) if NM108=SV.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	All services type codes accepted.
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1,S3,D1 Min/Max=9		
SSN	S2		
Group Number	D1 Min=1 Max=17		
Date of Birth	S1,S2,S4 CCYYMMDD		
Dependents			
Last Name	D1,D2		
First Name	D1,D2		
Date of Birth	D1,D2		

# Medica – Medicare Supplement Eligibility – 14297

## Search Options

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

**Note:** This payer is for the Medica Medicare Supplement LOB Only. Member IDs are ten (10) digits long and start with '230xxxxxx'. Medicare Supplement members (only) in the state of MN.

## 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 = 14297 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization	Required. No notes specified.		
NPI	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		



# Medica2 – 11171

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Subscriber S2		Last Name	First Name	Date of Birth		
Dependent D1	<i>Sub</i> : Member ID	<i>Sub</i> : Last Name	<i>Sub</i> : First Name	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth

**Note:** Group/Policy is IFB (Individual Family Benefits)

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 = 11171 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	S1,S2,D1				
First Name	S1,S2,D1				
<i>Sub</i> : Member ID	S1,S2,D1				
Date of Birth	S1, S2				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Medica Health Plans – 11029

## 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	

**Note** – Medicare Advantage Line of Business.

## 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 = 11029 Element = [NM108=PI]NM109	Gender	M,F	Service Type Code	The operating rule codeset.
Name Last or Organization	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,S2				

# Medical Associates Health Plan/Health Choices – 10683

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	<i>Dep.</i> Date of Birth
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 = 10683 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		
Service Type Code	Full code set		
Dependents			
<i>Dep.</i> Last Name	D1,D3		
<i>Dep.</i> First Name	D2,D3		
Date of Birth	D1,D3		
Service Type Code	Full code set		

# Medical Card System – 10952

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Group Number		

## 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 = 10952 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		
Group Number	Min/Max=17 S1		

# Medical Mutual of Ohio – 00211

## 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	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

**Disclaimer:** This information is provided "as is" without warranty of any kind, either express or implied. Provider/Submitter understands that eligibility and benefit information does not guarantee payment of a related claim. Eligibility and benefit plan limitations are subject to change and will be determined at the time that the applicable claim is processed.

## 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 = 00211 Element = [NM108=PI]NM109	Service Type Code	1, 30, 35, AL, 98, 68, 52, 81, 49, A8	Provider ID	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.			NPI	Situational. No notes specified.
Last Name	S2				
First Name	S2				
Member ID	S1,S2,D1 Min=10 Max=12				
Date of Birth	S1				
<b>Dependents</b>					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Medicare (Part A & B) - MBI Lookup & Eligibility – 14316

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	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
4 years	4 months	No

**Note:** This payer is a direct connection to the real-time CMS database. This payer includes all possible Medicare patients at a national level. There is no separate payer ID for Railroad Medicare, or any other Regional Medicare eligibility.

**Note:** This is a specialty payer that carries a \$0.08 pass through fee for the MBI look up service.

**Note:** The NM109 for the Subscriber ID can either be the HICN or SSN.

**Note:** There is a special enrollment process for Medicare (Part A & B) – MBI Lookup & Eligibility. Please follow the steps as required in Appendix A: Special Enrollment Payers to ensure the provider can submit to this payer. If you have already submitted your NPI for enrollment for Medicare payer ID: 10001, no additional enrollment steps are needed for this payer.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = CMS Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 2, 3, 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, 29, 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, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 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, AI, AM, AN, AO, AQ, AR, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BP, BQ, BR, BS, BY, MH, PT, 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,S2 Min/Max =9		
Date of Birth	S2		

# Medicare – CMS

## 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
48 months	4 months	Yes

**Note:** Medicare Payer IF CMS is a direct connection to the real-time CMS database. This payer includes all possible Medicare patients. There is no separate PayerID for Railroad Medicare, or any other Regional Medicare eligibility; CMS is the sole PayerId for all Medicare eligibility at a national level.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = CMS Element = [NM108=PI] <b>NM109</b>	Service Type Code	30, 14, 15, 42, 45, 47, AG
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S2,S3		
First Name	S1,S3		
Member ID	S1,S2,S3 Min=10 Max=12		
Date of Birth	S1,S2		

# Medicare Advantage - Pennsylvania- 11000

## Search Options

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

**Note:** This payer requires special enrollment.

## Eligibility Date Options

Past	Future	Range
2 years	18 months	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11000 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.	NPI	National Provider ID if NM108=XX.
Last Name	S1		
First Name	S1		
Member ID	S1 Min\Max = 24		



# Medicare y Mucho Mas (INMEDIATA HEALTH GROUP) – 10960

## 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 = 10960 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		
Last Name	S1		
First Name	S1		
Date of Birth	S1		

# Medico Insurance Company – 10923

## 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
Up to 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 = 10923 Element = [NM108=PI NM109= <b>Payer ID</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				

# MedStar Family Choice – 10844

## 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		Last Name	First Name	Date of Birth

**Note:** Member ID or Medicaid ID accepted.

## 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 = 10844 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				
First Name	S1,S4				
Member ID	S1,S2,S3,				
Date of Birth	S1,S2,S3,S4				

# MedStar Health Plan – 10845

## 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	

Plans: Select, Medicare Choice

## 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 = 10845 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,S2				
Date of Birth	S1,S2				

# Mercy Care Plan (Arizona) – 00340

## 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	

## 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	00340	[NM108=PI] <b>NM109</b>	
<b>Provider</b>					<b>Information Receiver Level: 2100B</b>		
Provider ID/NPI	R	2	9/10	N		[NM108=SV/XX] <b>NM109</b>	
<b>Subscriber</b>					<b>Subscriber Level: 2100C</b>		
Last Name	S1,S2	1	35	AN		<b>NM103</b>	
First Name	S1,S2	1	25	AN		<b>NM104</b>	
Member ID	S1	2	80	AN		[NM108=MI] <b>NM109</b>	
Date of Birth	S1,S2	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>						

# Meridian Health Plan of Illinois – 10644

## 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	

**Note:** For dates of service on/after 7/1/2021, please use Meridian Complete of Illinois, payer ID 14340 if the payer returns an EB\*6.

## 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 = 10644 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,S3				
First Name	S2,S3				
Member ID	S1,S2				
Date of Birth	S2,S3				

# Meritain Health – 10635

## Search Options

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

Note: National General Accident & Health Members must include full member ID and MM prefix (MM0000000000). Searches for these members must also include the DOB in the 270.

## 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 = 10635 Element = [NM108=PI]NM109	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	S1,S2		
First Name	S2		
Date of Birth	S1,S3		
Service Type Code	30		
Dependents			
<i>Dep.</i> Last Name	D1,D2		
<i>Dep.</i> First Name	D2		
Date of Birth	D1		
Service Type Code	30		

# MetroPlus Health Plan – 10846

## 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	

## 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 = 10846 Element = [NM108=PI]NM109	Service Type Code	Operating rule codeset	NPI	National Provider ID if NM108 = XX
Name Last or Organization	Required. No notes specified.				
<i>Subscriber</i> Last Name	S2				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1				
<i>Subscriber</i> Date of Birth	S1,S2				



# MetLife Dental Family – 10134

## 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 = 10134 Element = [NM108=PI]NM109	Service Type Code	30,35	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				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

# Michigan MI Child – 10138

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
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	Up to the end of the current month	3 Months

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 = 10138 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	S3,S4				
First Name	S3,S4				
Member ID	S1 Min= 10 Max = 12				
Date of Birth	S2,S4				
SSN	S2,S3				

# Mid Atlantic Medical Services, LLC – MAMSI

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
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	State	
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	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: State

Eligibility Date Options		
Past	Future	Range
18 months	End of current month	End date of date range must be no greater than the end of the current month

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 = MAMSI Element = [NM108=PI] <b>NM109</b>	Group Number	Min/Max=7 Optional, but recommended.	NPI/ Federal Tax ID/Provider ID	National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.  Provider ID if NM108=SV.
Name Last or Org Name	No notes specified.			Service Type Code	1,2,3,4,5,6,7,8,10,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,A,D,AE,AF,AG,AI,,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC
Member ID	S1,S2,S6,D1,D2 Min/Max=9				
Last Name	S2,S4,S5,S6				
First Name	S2,S4,S5,S6				

Required		Optional		Situational	
SSN	S3,S4				
State	S5				
Date of Birth	S1,S3,S5,S6				
<b>Dependents</b>					
Last Name	D1,D2				
First Name	D1,D2				
Date Of Birth	D1,D2				
State	D2				

# Mississippi State Employees and Teachers – 10142

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

Eligibility Date Options		
Past	Future	Range
1 year	1 year	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 = 10142 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				
Dependents					
<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				

# Missouri Care – 10702

## Search Options

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

## Eligibility Date Options

Past	Future	Range
Yes	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 = 10702 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,S2				
<i>Subscriber Member ID</i>	S1,S3				
Date of Birth	S1,S2,S3				

# Moda Health – 11005

## 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	
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	End of current month	Yes

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11005 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Code Set
NPI	Required. No notes specified.		
Last Name	S1,S2,S3,S4		
First Name	S1,S3,S4		
Member ID	S1,S2,S3 Min=12 Max=80		
Date of Birth	S1,S2,S4		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Molina Healthcare

## 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
1 year	No	No

## Payers

Payer Name	Payer ID	Payer Name	Payer ID
Molina Healthcare of California	00222	Molina Healthcare of Texas	10391
Molina Healthcare of Florida	10445	Molina Healthcare of Utah	00227
Molina Healthcare of Michigan	00226	Molina HealthCare of Washington	00228
Molina Healthcare of New Mexico	10146	Molina Healthcare of Wisconsin	10628
Molina Healthcare of Ohio	00445		

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]NM109	Service Type Code	1, 30, 33, 35, 47, 50, 86, 88, 98, AL, MH, UC	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,S2				
First Name	S1,S2				
Date of Birth	S1,S2				
Member ID	S1				
Dependents					
Subscriber Member ID	D1				
Dep. Last Name	D1				
Dep. First Name	D1				
Dep. Date of Birth	D1				



# Molina Healthcare of Idaho – 12270

## 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		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12270 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC, 3, 9, 10, 11, 14, 15, 16, 17, 19, 21, 22, 23, 24, 25, 26, 27, 28, 34, 36, 37, 38, 39, 41, 43, 44, 46, 49, 54, 55, 56, 57, 58, 59, 61, 63, 64, 66, 67, 69, 70, 71, 72, 75, 77, 79, 83, 84, 85, 87, 94, 95, 96, 97, A1, A2, A4, A5, A9, AA, AB, AC, AH, AJ, AK, AM, AN, AO, AR, BB, BC, BD, BE, BF, BI, BJ, BK, BL, BM, BN, BP, BQ, BR, BY, DG
NPI	Required. No notes specified.		
Name Last or Organization	Required. No notes specified.		
Subscriber Last Name	S2,S3		
Subscriber First Name	S2,S3		
Subscriber Member ID	S1,S2 Min/Max = 9		
Subscriber Date of Birth	S1,S3		

# Molina Healthcare of Puerto Rico – 11031

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Date of Birth	Member ID		
Subscriber S2	Last Name	First Name	Member ID	
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 = 11031 Element = [NM108=PI]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				

# Montifiore CMO – 11035

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	Date of Birth	
Subscriber S2	Member ID	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 = 11035 Element = [NM108=PI]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	S1				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1, S2				
<i>Subscriber</i> Date of Birth	S1				

# Municipal Health Benefit Fund – 10687

## 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
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 = 10687 Element = [NM108=PI]NM109	Service Type Code	Full Code set	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				
Dependents					
<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				

# Mutual Health Services – 10686

## 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	

**Note:** Formerly Antares payer ID 10559

## Eligibility Date Options

Past	Future	Range
18 months	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 = 10686 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, D2				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S2				
Dependents					
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Last Name	S2, D2				
<i>Dep.</i> Last Name	D2				
<i>Dep.</i> First Name	D2				
<i>Dep.</i> Date of Birth	D2				

# Mutual of Omaha – 10382

## 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

**Disclaimer:** Mutual of Omaha will deliver a disclaimer message in the MSG segment. Trading Partners must display the disclaimers as returned.

## 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 = 10382 Element = [NM108=PI]NM109	Provider ID	Situational. No notes specified.
Last Name	S2	NPI	Situational. No notes specified.
First Name	S2		
Member ID	S1,D1 Min=10 Max=12		
Date of Birth	S1,S2		
Service Type Code	30		
Dependents			
Last Name	D1,D2		
First Name	D1,D2		
Date of Birth	D1,D2		

# MVP Health Care (New York) – 00432

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	First 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	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 = 10148 Element = [NM108=PI]NM109	Service Type Code	1,30,35	Federal Tax ID	Either Tax ID or NPI is required
Name Last or Organization Name	Required.  Must match the name associated with the NPI in the NPPES database.				
NPI	Required.				
Last Name	S3,S4				
First Name	S3,S4				
Member ID	S1,S2,S3  MVP Preferred Care is not included and any member ID's not beginning with '8' is not going to be matched or returned.				
Date of Birth	S2, S4				

# National Association of Letter Carriers (NALC) – 00214

## 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		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00214 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
Last Name	S1		
First Name	S1		
Member ID	S1,D1 Min=10 Max=12		
Date of Birth	S1		
Service Type Code	30		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		



# National Telecommunications Cooperative Association (NTCA) – 10812

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	SSN	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		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10812 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
Last Name	S1		
First Name	S1		
<i>Sub</i> : Member ID	S1,D1 Min=10 Max=12		
SSN	S2		
Date of Birth	S1.S2		
Service Type Code	30		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Nebraska Total Care –11180

## 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 = 11180 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 indicated.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1 Min=10 Max=12		
SSN	S2		
Date of Birth	S1,S2		

# Neighborhood Health Plan (RI) – 10630

## 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		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10630 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes indicated.		
Last Name	S2		
First Name	S2		
Member ID	S1 Min=10 Max=12		
Date of Birth	S2		

# Network Health Plan of WI – 10706

## 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
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 = 10706 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,2,4,5,6,7,8,12,13,18,20,30,33,35, 40, 42, 45, 47, 48, 50,51, 52,53,62,65,68,73,76,78,80,81,82,86,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG, AI, AL, BG, BH, MH,UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes indicated.		
Last Name	S2		
First Name	S2		
Member ID	S1,S2		
Date of Birth	S2		

# New Era Life Insurance Company – 10991

## 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	SSN	Date of Birth		
Subscriber S5	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		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 = 10991 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,S5				
First Name	S2,S5				
Member ID	S1,S2,S3.D1.D2				
SSN	S4,D3				
Date of Birth	S2,S4,S5				
<b>Dependents</b>					
Dep. Last Name	D2,D4				
Dep. First Name	D2,D4				
Dep. Date of Birth	D1, D3,D4				

# NGS American –10873

## Search Options

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

## 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 = 10873 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				
Subscriber Member ID	S1				
Date of Birth	S1				

# Northwest Administrators – 11038

## Search Options

Option	Element 1	Element 2	Element 3	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	
Subscriber S4	SSN	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	Dep: SSN	Dep: Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 month	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 = 11038 Element = [NM108=PI]NM109	Service Type Code	30
NPI	Required. No notes indicated.		
SSN	S4,D4		
Last Name	S2,S3,D2,D4		
First Name	S2,S3,D2,D3		
Member ID	S1,S2, D1,D2		
Date of Birth	S3,S4,D3,D4		

# Nova Healthcare Administrators –10537

## 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: 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
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 = 10537 Element = [NM108=PI] <b>NM109</b>	Service Type Code	See Nova Healthcare Administrators (10537) - Service Type Code List" below.
NPI	Required. No notes indicated.		
Last Name	S1	Dependent	
First Name	S1	Dep:Last Name	D1
Member ID	S1,D1 Min/Max=80	Dep:First Name	D1
Date of Birth	S1	Dep:Date of Birth	D1

## Nova Healthcare Administrators (10537) - Service Type Code List

1	Medical Care	73	Diagnostic Medical
2	Surgical	76	Dialysis
4	Diagnostic X-ray	78	Chemotherapy
5	Diagnostic Lab	80	Immunizations
6	Radiation Therapy	81	Routine Physical
7	Anesthesia	82	Family Planning
8	Surgical Assistance	83	Infertility
12	Durable Medical Equipment Purchase	84	Abortion
13	Ambulatory Service Center Facility	86	Emergency Services
18	Durable Medical Equipment Rental	88	Pharmacy
20	Second Surgical Opinion	91	Brand Name Prescription Drug
30	Health Benefit Plan Coverage	92	Generic Prescription Drug
33	Chiropractic	93	Podiatry
35	Dental Care	98	Professional (Physician) Visit - Office
40	Medical Oral Surgery	99	Professional (Physician) Visit – Inpatient
42	Home Health Care	A0	Professional (Physician) Visit – Outpatient
45	Hospice	A3	Professional (Physician) Visit – Home
47	Hospital	A6	Psychotherapy



## Nova Healthcare Administrators (10537) - Service Type Code List

48	Hospital – Inpatient	A7	Psychiatric-Inpatient
50	Hospital – Outpatient	A8	Psychiatric-Outpatient
51	Hospital – Emergency Accident	AD	Occupational Therapy
52	Hospital – Emergency Medical	AE	Physical Medicine
53	Hospital – Ambulatory Surgical	AF	Speech Therapy
60	General Benefits	AG	Skilled Nursing Care
61	In-vitro Fertilization	AI	Substance Abuse
62	MRI/CAT Scan	AL	Vision (Optometry)
65	Newborn Care	BG	Cardiac Rehabilitation
68	Well Baby Care	BH	Pediatric
69	Maternity		

# NovaSys Health – 10466

## 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	SSN	Date of Birth		
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> SSN	<i>Dep.</i> Date of Birth		
Dependent D4	<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 = 10466 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	S2,S4				
First Name	S2,S4				
<i>Sub:</i> Member ID	S1,S2,D1,D2				
Date of Birth	S1,S3,S4				
SSN	S3				
<b>Dependents</b>					
Last Name	D2,D4				
First Name	D2,D4				
Date of Birth	D1,D3,D4				
SSN	D3				

# Ohana –10515

## 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 = 10515 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes indicated.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2,S3		

# Oklahoma Employees Group Insurance

## Division- 10995

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: Date of Birth		
Dependent D2	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 = 10995 Element = [NM108=PI] <b>NM109</b>	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, 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	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1,,D1,D2				
Date of Birth	S1				
Dependents					
Dep. Last Name	D2				
Dep. First Name	D2				
Dep. Date of Birth	D1, D2				

# Operating Engineers Local.428 Health and Welfare – 10777

## 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 = 10777 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,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				

# Optima/Sentara – 10477

## 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	SSN		

**Note:** Members in the Optima Health system can uniquely be identified using their unique member number. Dependent loops and their respective Hierarchy Levels will not be used. Each member is consider a subscriber for our EDI transactions

## 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 = 10477 Element = [NM108=PI]NM109	Service Type Code	30
NPI	Required. No notes indicated.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=12		
SSN	S3		
Date of Birth	S2		

# Oscar – 10881

## Search Options

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

**Note:** REF\*TJ (Provider Tax ID) is required on all transactions.

**Note:** If transactions return a AAA\*35 Out of Network error, please resubmit the transaction with the N3/N4 Provider Location detail.

\* Service area includes CA, NY, TX

## 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 = 10881 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				

# Oxford Health Plans – 00016

## 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	Date of Birth		
Subscriber S5	Member ID	Last Name	First Name	
Subscriber S6	Last Name	First Name	Date of Birth	

**Note:** Oxford Health Plans has unique member ID's, therefore submit all patients as subscribers.

## Eligibility Date Options

Past	Future	Range
18 months	End of current month	End date of date range must be no greater than the end of the current month

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00016 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,2,3,4,5,6,7,8,12,13,18,20,23,24,25,26,27,28,30,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S1,S2,S5,S6		
First Name	S1,S3,S5,S6		
Member ID	S1,S2,S3,S4,S5 Min/Max=12 Note: OHP has unique member ID's		
Date of Birth	S1,S2,S3,S4,S6		



# PacificSource Administrators – 11177

## 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

Area – MT, OR, ID

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 = 11177 Element = [NM108=PI]NM109	Service Type Code	The Operating Rule Codeset	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	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				

# PacificSource Medicare – 11178

## 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		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11178 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2 Min/Max=12		
Date of Birth	S1,S3		CCYYMMDD

# Pacific Source Health Plan – 2597

## 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	
Subscriber S4	Member ID	Last Name	First Name	

**Note:** This payer requires the member ID to be submitted with a space before the 2 digit suffix in the NM109 (Ex: 123456789 00)

## 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 = 2597 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S1,S3, S4		
First Name	S1,S3 ,S4		
Member ID	S1,S2, S4 Min/Max=12		
Date of Birth	S1,S2,S3		

# Panamerican Life Puerto Rico – 10689

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member 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 = 10689 Element = [NM108=PI]NM109	Service Type Code	Full code set	Provider ID	Min/Max=7
Name Last or Organization Name	Required. No notes specified.				
NPI	Required. No notes specified.				
Member ID	S1				

# Pan-American Life Insurance Company – 11114

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	
Subscriber S4	SSN	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	
Dependent D4	Sub. SSN	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 = 11114 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	S2 S3				
First Name	S2 S3				
Member ID	S1,S2				
Date of Birth	S1,S3,S4				
SSN	S4				
<b>Dependent</b>					
Dep. Last Name	D2,D3				
Dep. First Name	D2,D3				
Dep. Date of Birth	D1,D3,D4				
Dep. SSN	D4				

# Paramount Health – 10854

## 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		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 = 10854 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
NPI	Required. No notes specified.	Middle Name	Optional. No notes specified.		
Last Name	S1				
First Name	S1				
Member ID	S1 Min/Max=13				
Date of Birth	S1				

# Partners National Health Plans of NC – PARTN

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
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 = 10383 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				
First Name	S2				
Sub: Member ID	S1,				
Date of Birth	S1, S2				

# Partnership Health Plan of California – 1035

## 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	
Subscriber S5	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 = 1035 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization	Required. No notes specified.		
NPI/Federal Tax ID	Tax ID or NPI required. Min=9 Max=10		
Last Name	S1, S2, S3, S4		
First Name	S1, S3, S4		
Member ID	S1, S2, S3, S5		
Date of Birth	S1, S2, S4, S5		



# Patriot Dental – 10782

## 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 = 10782 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				

# Penn Treaty Network America Ins Medicare Supp – 10924

## 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 = 10924 Element = [NM108=PI] <b>NM109</b>	Service Type Code	By default this is set to "30." Also supports 1, 2, 3, 30, 33, 35, 47, 48, 50, 51, 52, 53, 73, 76, 86, 88, 98, AL, BV, BY, DM, MH, and UC	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	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				

# People First – 11022

## 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 = 11022 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. 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		

# Peoples Health – 10636

## 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
Yes	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 = 10636 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				
Date of Birth	S1				

# Pekin Life Insurance – 11211

## 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	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 = 11211 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	S2,S3				
First Name	S2,S3				
Member ID	S1,S2,S3, D1, D2				
Date of Birth	S1, S3				
<b>Dependent</b>					
Dep. Last Name	D2, D3				
Dep. First Name	D2, D3				
Dep. Date of Birth	D1, D2				

# Pennsylvania Health and Wellness – 11223

## Search Options

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

**Note:** This is for Pennsylvania 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 = 11223 Element = [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	NPI is required
Name Last or Organization Name	Required. No notes specified.				
NPI	NPI is required				
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S2				
Date of Birth	S1, S2				

# Personal Insurance Administrators (PIA) – 10492

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 = 10492 Element = [NM108=PI]NM109	Service Type Code	1, 30,33,35, 47,86, 88,98,AL,MH,UC,A4	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	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				

# Physicians Health Plan Northern IN (PHPNI) – 10658

## Search Options

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

**Note:** If no response is received after the second attempt, the provider's system should submit no more than 5 duplicate transactions within the next 15 minutes.  
Since PHP has unique Member Identification Numbers then the patient is considered to be the subscriber and is to be identified in the Subscriber Level.

## Eligibility Date Options

Past	Future	Range
30 days	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 = 10658 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Member ID	S1 Min/Max=12		
Last Name	S1		
First Name	S1		
Date of Birth	S1		



# Physicians Health Plan of Michigan – 11015

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	
Subscriber S2	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 = 11015 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 12, 13, 18, 2, 20, 23, 25, 30, 33, 34, 35, 4, 40, 41, 42, 45, 47, 48, 5, 50, 51, 52, 53, 56, 59, 60, 62, 64, 65, 68, 7, 70, 71, 73, 75, 76, 78, 8, 80, 81, 86, 88, 89, 90, 93, 94, 96, 98, A4, A6, A7, A8, AD, AE, AF, AG, AH, AL, AN, B2, B3, BB, BG, BH, BW, BX, CP, DM, DS, GF, GN, MH, PT, UC
Name Last or Organization Name	No notes indicated.		
NPI	No notes indicated.		
Member ID	S1,S2 Min/Max=9		
Last Name	S1		
First Name	S1		
Date of Birth	S1,S2		

# Physicians Mutual Insurance Company – 00287

## 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		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00287 Element = [NM108=PI]NM109	NPI	Situational. No notes indicated.
Name Last or Organization Name	Required. No notes indicated.		
Last Name	S1		
First Name	S1		
Member ID	S1,D1 Min=10 Max=12		
Date of Birth	S1		
Service Type Code	30		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Pittman and Associates - 10408

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 = 10408 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	S1,S2				
Sub: Member ID	S1				
Date of Birth	S1, S2				

# Plan de Salud Hospital Menonita – 10958

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Group Number		

## 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 = 10958 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		
Group Number	S1		

# Planned Administrators Inc. – 10886

## 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 1	Member ID	Dep: Last Name	Dep: First Name	
Dependent 2	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Dependent 3	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 = 10886 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	S3,S4				
First Name	S3,S4				
Member ID	S1,S2,S3,D1,D3				
Date of Birth	S2,S4				
<b>Dependent</b>					
Dep. Last Name	D1, D2, D3				
Dep. First Name	D1, D2, D3				
Dep. Date of Birth	D2, D3				

# Prairie States – 11071

## 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		
Subscriber S4	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
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		
Name Last or Organization Name	Required. No notes specified.				
NPI	NPI Required.				
Subscriber Member ID	S1,S2,S3,D1 Min/Max=24				
Last Name	S1,S2,S4				
First Name	S1,S2,S4				
Date of Birth	S1,S3				
<b>Dependent</b>					
<i>Dep.</i> Last Name	D1				
<i>Dep.</i> First Name	D1				
<i>Dep.</i> Date of Birth	D1				

# Preferred Care Partners – 10691

## 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 = 10691 Element = [NM108=PI]NM109	Service Type Code	Full 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	S1,S2				
Member ID	S1,S2				
Date of Birth	S3				

# Preferred Medicare Choice (PMC) (INMEDIATA HEALTH GROUP) – 10959

## Search Options

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

## 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 = 10959 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		
Date of Birth	S2		



# Preferred One – 00371

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: Last Name	Dep: First Name	Dep: Date of Birth

**Note:** Preferred One will return a positive response using member ID only if a unique match on the member is found. This is for products where a unique member ID is assigned to each member of the family. For products that do not require unique ID's for each member, this search option will not work. We do NOT recommend searches using member ID only, as a submitted member ID could be entered wrong, but still be a valid ID for another member.

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 = 00371 Element = [NM108=PI] <b>NM109</b>	Provider ID	Min/Max=9
Name Last or Organization Name	Required. No notes indicated.	NPI	Situational. No notes indicated.
Last Name	S2		
First Name	S2		
Member ID	S1,D1 Min=10 Max=12		
Date of Birth	S2		
Service Type Code	30		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Presbyterian Health Plan – 10646

## 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 = 00371 Element = [NM108=PI]NM109	Provider ID	Min/Max=9
Name Last or Organization Name	Required. No notes indicated.	NPI	Situational. No notes indicated.
Last Name	S1		
First Name	S1		
Member ID	S1		
Date of Birth	S1		
Service Type Code	1, 2, 4, 5, 12, 13, 30, 42, 45, 47, 60, 62, 73, 96, 98, 99, A0, AE, AG, DM, PT		

# Amerihealth Caritas Florida fka Prestige Health Choice – 10965

## 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
4 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 = 10965 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				
Date of Birth	S1				

# PrimeWest Health – 10494

## 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		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 = 10494 Element = [NM108=PI]NM109	Service Type Code	Min=1 Max=2 30	Federal Tax ID	Min/Max=9
Name Last or Organization Name	Min=1 Max=60				
NPI	Min/Max=10				
Last Name	S2,S3 Min=1 Max=14				
First Name	S2,S3 Min=1 Max=14				
Member ID	S1, S2 Min=12 Max=12				
Date of Birth	S1, S3 Min/Max=8 CCYYMMDD				

# Principal Financial Group (Nippon Life) – 00144

## 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		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10170 Element = [NM108=PI] <b>NM109</b>	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes indicated.	Federal Tax ID	Situational if NM108 = FI
Last Name	S1		
First Name	S1		
Member ID	S1,D1 Min=2 Max=9		
Date of Birth	S1		
Service Type Code	30		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Principal Financial Group (Principal Life) – Dental & Vision - 10171

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

**Note:** Payer only supports Dental and Vision. Medical inquiries for STC 30 will receive a AAA\*15 error.

**Note:** REF\*TJ is required in 270 request or rejections will occur.

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 = 10171 Element = [NM108=SV] <b>NM109</b>	Service Type Code	Operating Rule Codeset: 35 or AL only	NPI	Situational. No notes indicated.
Date of Birth	S1		CCYYMMDD	Provider ID	Situational. No notes indicated.
Member ID	S1,D1 Max=9				
Dependents					
Date of Birth	D1		CCYYMMDD		

# Priority Health – 10490

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	
Dependent D1	Member ID	Dependent Last Name	Dependent First Name	Dependent Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	1 year	Allowed based on past and future date ranges

**Note:** Priority Health Purchased Care Choices, (plan) is also a part of Priority Health Payer ID 10490.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10490 Element = [NM108=PI]NM109	Service Type Code	1,33,35,47,62,86,88,98,AL,MH,UC,48,50,1,2,4,5,6,7,8,80,86,12,13,18,20,30,33,35,40,42,45,47,48,50,51,52,53,62,65,68,73,76,78,81,82,88,93,98,99,A0,A3,A6,A7,A8,AD,AE,AF,AG,AI,ALL,BG,BH,MH
Name Last or Organization Name	Min=1 Max=24		
NPI	Required. No notes indicated.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1, D1 Min/Max=11		
Date of Birth	S1,S2		
<b>Dependents</b>			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Professional Benefits Administrators – 10242

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	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 = 10242 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=24				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				



# Prominence Health Plan (PPO & HMO) – 11215

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
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
Dependent 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		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 = 11215 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,30,33,35,47,48,50,86,88,98,AL,MH,UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1, S2				
First Name	S1, S2				
<i>Sub:</i> Member ID	S1, S3, D1, D2				
Date of Birth	S2, S3				
Dependents					
Dep. Last Name	D1, D3				
<i>Dep.</i> First Name	D1, D3				
<i>Dep.</i> Date of Birth	D2,D3				

# Prominence Health Plan of Texas (Medicare Advantage) – 11199

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		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 = 11199 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI/Provider	National Provider ID if NM108=XX.  Provider ID if NM108=SV.
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1, S2				
First Name	S1, S2				
Member ID	S1				
Date of Birth	S1, S2				
SSN	S2				

# Providence Health Plan – 2598

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	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Sub: Member ID	Dep: Date of Birth		

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

**Note:** Plans are Choice Options, Health Connections, Joint Marketing, Open Options, Open Self-Funded, Oregon Opt Medicaid, Personal Option, Personal Self-Funded, Providence Group Option, Providence Medicare Extra, Providence Medicare Choice PPO, Providence Option, Self-Funded Option, Traditional Option and PEBB

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 = 2598 Element = [NM108=PI]NM109	Service Type Code	Min=1 Max=2 30	Federal Tax ID	Min/Max=9
Name Last or Organization Name	Min=1 Max=60				
NPI	Min/Max=10				
Last Name	S1,S3 Min=1 Max=14				
First Name	S1,S3 Min=1 Max=14				
Member ID	S1,S2,S3,D1,D2,D3 Min=12 Max=12				
Date of Birth	S1,S2 Min/Max=8 CCYYMMDD				
Dependents					
Dep. Last Name	D1,D2				
Dep. First Name	D1,D2				
Dep. Date of Birth	D1,D3				

# Provident American Life & Health Ins Co

## Medicare Supp – 10545

### 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 = 10545 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.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S2,S3				
<i>Sub:</i> Member ID	S1,S3				
Date of Birth	S2,S3				

# Provident Preferred Network - Dental – 10790

## 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 = 10790 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				

# Public Employee Benefit Authority – 11043

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
3 years	1 year	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11043 Element [NM108=PI]NM109	Service Type Code	All
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1, D1		
First Name	S1, D1		
Date of Birth	S1, S2, D1, D2		
Member ID	Min/Max=17 S1, S2, D1, D2		

# Public Employees Health Plan (PEHP) – 10574

## 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		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10574 Element [NM108=PI]NM109	Service Type Code	1,2,4,5,7,11,12,13,18,23,24,25,26,27,28, 30,33,34,35,36,37,38,39,40,41,42,44,47, 48,49,50,52,53,54,56,59,62,66,68,69, 73 75,77,80,81,82,86,88,94,97,98,A4,A6,A8 AD,AF,AI,AL,AM,AN,AO,B1,BT,BU,BV, CC,CD,CF,CH,CJ,CP,DG,DM,IC,MH,NI PT,RT,UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1, D1		
First Name	S1, D1		
Date of Birth	S1, D1		
Member ID	S1, D1		

# Puritan Life Insurance – 10743

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

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 = 10743 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				



# Qualcare – 10637

## 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			
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
Back to policy begin date	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 = 10637 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Federal Tax ID	Min/Max=9
Name Last or Organization Name	Min=1 Max=60				
NPI	Min/Max=10				
Last Name	S1,S2 Min=1 Max=35				
First Name	S1,S2 Min=1 Max=25				
Member ID	S1,S3, D1, D2 Min=2 Max=80				
Date of Birth	S1,S2 Min/Max=8 CCYYMMDD				
Dependents					
Last Name	D1,D3				
First Name	D1,D3				
Date of Birth	D2,D3				

# Quartz ASO – 13298

## Search Options

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

## Eligibility Date Options

Past	Future	Range
Up to 18 months	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 = 13298 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 2, 3, 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, 58, 59,60, 61, 62, 63, 64, 65,66, 67, 68, 69, 70, 71,73, 76, 78, 80, 81, 82,86, 88, 93, 98, 99, A0,AD, AE, AF, AG, AI, AL, AN, BG, BH, 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 Min/Max=9		
Date of Birth	S1		

# Regence Group Administration – 11056

## Search Options

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

## 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 = 11056 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	S1		
First Name	S1		
Member ID	S1		
Date of Birth	S1		
Gender	S1		

# Royal Neighbors of America – 10751

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

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 = 10751 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				

# S and S Healthcare Strategies – 10875

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	

**Note:** Our connection for this payer only supports S&S employees. This connection does not return benefits for Cigna members with plans administered by S&S Healthcare.

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 = 10875 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				

# Samaritan Health Plans – 14302

## 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	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	Date of Birth	
Dependent D1	<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		
Dependent D3	<i>Sub:</i> Member ID	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	
Dependent D4	<i>Sub:</i> Member ID	<i>Dep:</i> Last 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 = 14302 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	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S4		
First Name	S1,S3		
Member ID	S2,S3,S4, D2,D3,D4		
Date of Birth	S1,S2,S3,S4		
Dependents			
Last Name	D1,D4		
First Name	D1,D3		
Date of Birth	D1,D2,D3, <u>D</u> 4		

# San Joaquin Health Plan – 1046

## 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

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	1046	[NM108=PI] <b>NM109</b>	
<b>Provider</b>					<b>Information Receiver Level: 2100B</b>		
NPI	S	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>	Full name required
First Name	S1	1	25	AN		<b>NM104</b>	Full name required
Member ID	S1	2	80	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</b>	<b>N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code</b>						

# Sanford Health Plan – 10533

## 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	Last Name	
Subscriber S4	Last Name	First Name	Date of Birth	

Note: Please note Sending member ID with all zeros may temporarily disable your Sanford connection

## Eligibility Date Options

Past	Future	Range
Up to 1 year	Up to 1 year	Yes

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10533 Element = [NM108=PI]NM109	Service Type Code	30
NPI	Required. No notes specified.		
Name Last or Organization	Required. No notes specified.		
Last Name	S1, S2, S3, S4		
First Name	S1,S3,S4		
Member ID	Min/Max=2/80 S1, S2, S3		
Date of Birth	S1,S2, S4		



# Santa Clara Family Health Plan –10876

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
1 year	60 days	60 days

**Note:** Eligibility is available only for: Medi Cal Managed Care, Healthy Families, Healthy Kids, and Healthy Workers as delegated to Valley Health Plan Network.

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 = 10876 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational. National Provider ID if NM108=XX..
Name Last or Organization	Required. No notes specified.				
Member ID	Max=20 S1				
Date of Birth	S1				

# SBLI USA Life Insurance Company, Inc. – 11162

## 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

**\*\*NOTE\*\*** The policy number must start with M plus 8 characters to be one of our policyholders

## 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 = 11162 Element = [NM108=PI]NM109	Service Type Code	The operating rule codeset.	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID if NM108=FI.	National Provider ID if NM108=XX
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				

# Schaller Anderson Aetna Better Health of New York – 10816

## 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
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 = 10816 Element = [NM108=PI] <b>NM109</b>	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=20 S1,S2		
Date of Birth	S1,S2		

# Schaller Anderson Aetna Better Health of OH – 10887

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
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 = 10887 Element = [NM108=PI]NM109	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,S2,S3		
Date of Birth	S2, S4		

# Schaller Anderson Delaware Physicians Care, Inc. – 10817

## 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
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 = 10817 Element = [NM108=PI]NM109	Service Type Code	The operating rule codeset
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2		
First Name	S2		
Member ID	Min/Max=20 S1		
Date of Birth	S2		

# Schaller Anderson Maryland Physicians Care – 10693

## 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	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10693 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	Min/Max=9 S1		
Date of Birth	S1		

# Schaller Anderson Mercy Care – 10694

## 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 = 10694 Element = [NM108=PI]NM109	Service Type Code	The operating rule codeset
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2		
First Name	S2		
Member ID	Min/Max=9 S1		
Date of Birth	S2		

# Schaller Anderson Mercy Maricopa- 10996

## 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 = 10996 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,30,33,35, 47,86, 88, 98,AL,MH,UC,A4,A5
Name Last or Organization Name	Required. No notes specified.		
Identification Code	Tax ID or NPI required.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	Min=2 Max=80 S1,S2		
Date of Birth	S1,S3		



# Schaller Anderson Missouri Care – 10695

## 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 = 10695 Element = [NM108=PI]NM109	Service Type Code	1,30,33,35, 47,86, 88, 98,AL,MH,UC,A4,A5
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2		
First Name	S2		
Member ID	Min/Max=9 S1		
Date of Birth	S1		

# Scott and White Health Plan – 10360

## 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	60	60

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11116 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
Identification Code	Tax ID or NPI required.		
Last Name	S1		
First Name	S1		
Member ID	Min=2 Max=80 S1		
Date of Birth	S1		

# Securian - Dental – 10792

## 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 = 10792 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				

# Securian/Patriot - Dental – 10793

## 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 = 10793 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				

# Security Health Plan -10864

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
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 = 10864 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				
Date of Birth	S1				
<b>Dependents</b>					
Dep: Date of Birth	D1				
Dep: First Name	D1				
Dep: Last Name	D1				

# Select Health SC – 10520

## 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
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 = 10520 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=12		
SSN	S2		

# Select Health Utah – 10575

## 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	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 = 10575 Element = [NM108=PI]NM109	Service Type Code	1,2,4,5,7,11,12,13,18,23 24,25,26,27,28,30,33,34 35,36,37,38,39,40,41,42, 44,47,48,49,,50,52,53,54 56,59,62,66,68,69, 73 75,77,80,81,82,86,88,94 97,98,A4,A6,A8,AD,AF AI,AL,AM,AN,AO,B1,BT BU,BV,CC,CD,CF,CH, CJ,CP,DG,DM,IC,MH,NI PT,RT,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				
First Name	S1				
Member ID	S1,D1				
Date of Birth	S1				
<b>Dependents</b>					
Dep. Last Name	D1				
Dep. First Name	D1				
Dep. Date Of Birth	D1				

# Selman & Company – 11150

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	

**Note:** Supported Member ID formats below: Commercial/Medicare Adv: 9 digit member ID  
 Tricare: P000 + 6 trailing digits, CHAMPVA: P000 + 6 trailing digits

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 = 11150 Element = [NM108=PI]NM109	Service Type Code	1, 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.				
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2, D1, D2		Commercial/Medicare Adv: 9 digit member id Tricare: P000 + 6 trailing digits CHAMPVA: P000 + 6 trailing digits		
Date of Birth	S1,S3				
Dependents					
Dep. Last Name	D2, D3				
Dep. First Name	D2, D3				
Dep. Date of Birth	D1, D2				



# Selman Tricare – 12274

## 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</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	
Dependent D3	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth	

## Eligibility Date Options

Past	Future	Range
Past dates of service supported through 12/31/2018.	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 = 12274 Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating rule codeset
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, D1, D2		
Date of Birth	S1,S3		
Dependents			
<i>Dep</i> . Last Name	D2, D3		
<i>Dep</i> . First Name	D2, D3		
<i>Dep</i> . Date of Birth	D1, D2		

# SCAN Health Plan- formerly Senior Care Action Network (SCAN) HMO – 00350

## 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
2 years	End of current month	Yes

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00350 Element = [NM108=PI]NM109	Service Type Code	30, 47, 86, 88, 98, AL, MH, UC
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. Not notes indicated		
Last Name	S1, S2, S3		
First Name	S1, S3		
Member ID	S1,S2, S3		
Date of Birth	S1,S2		

# Senior Dimensions – 11023

## 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	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11023 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	No notes indicated.		
NPI	No notes indicated.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=16		
Date of Birth	S1		

# Senior Health Services Center - Universal American Family of Companies – 10697

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID				
Subscriber S2	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 = 10697 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, UC	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				
<i>Subscriber</i> First Name	S1				
<i>Subscriber</i> Member ID	S1,D3				
<i>Subscriber</i> Date of Birth	S2				
Gender	S1				
Dependent					
<i>Subscriber</i> Member ID	S1, D1				
<i>Subscriber</i> Last Name	S1, D1				
<i>Dep.</i> Last Name	D2				
<i>Dep.</i> First Name	D3				
<i>Dep.</i> Date of Birth	D1				

# Senior Whole Health – 10962

## 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
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 = 10962 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	S3,S4				
First Name	S3,S4				
Member ID	S1,S2,S3				
Date of Birth	S2, S4				

# Share Health Mississippi – 14435

## 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				

# Sharp Health Plan – 10967

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:** Majority for the Member IDs will be 11 characters in length and start with a “92” (92XXXXXXXX), these will end with a 0 followed by one of these numeric characters- 1,2,3,4,5,6,7,8,9. Do not include the hyphen on from the ID card on requests. There are a very small portion of ID’s that will be 9 characters long and start with an “S” (SXXXXXXXX).

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 = 10967 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				

# Shenandoah Life Insurance – 10752

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

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 = 10752 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				



# Sierra Health Services – 10282

## 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
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 = 10282 Element = [NM108=PI] <b>NM109</b>	Service Type Code	All codes accepted.	NPI	National Provider ID if NM108=XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Federal Tax ID if NM108=FI.
Last Name	S1			Provider ID	Provider ID if NM108=SV
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# Significa – 00191

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Dependent D1	Sub: Member ID	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 = 00191 Element = [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	Situational. No notes indicated.
Name Last or Organization Name	Required. No notes indicated.				
Member ID	S1,D1				
Dependent					
Date of Birth	D1				

# SilverSummit Health Plan – 11229

## Search Options

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

**Note:** Nevada only

## 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 = 11229 Element = [NM108=PI]NM109	Service Type Code	The operating rule codeset
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		

# Simply Healthcare - Long Term Care – 12277

## 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		

**Note:** Please use payer ID 10826 for service dates that fall within the following:

- FL Members residing in regions 9, 10, and 11 - use 10826 for dates of service prior to 12/1/2018
- FL Members residing in regions 5, 6, 7 and 8 - use 10826 for dates of service prior to 1/1/2019
- FL Members residing in regions 1, 2, 3, and 4 - use 10826 for dates of service prior to 2/1/2019

## Eligibility Date Options

Past	Future	Range
1 year	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 = 12277 Element = [NM108=PI]NM109	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,S2 Min/Max = 9		
Date of Birth	S2		

# Simply Healthcare Plans – 10826

## 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	
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: 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 = 10826 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		
First Name	S2		
Member ID	S1,S2, D1		
Date of Birth	S1		
Dependent			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# SisCo Benefits – 11129

## 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 = 11129 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=7 Max=10				
Date of Birth	S1				

# South Country Health Alliance Medicaid – 14322

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 = 14322 Element = [NM108=PI]NM109	Service Type Code	1, 12, 13, 18, 2, 20, 30, 33, 35, 4, 40, 42, 45, 47, 48, 5, 50, 51, 52, 53, 6, 62, 65, 68, 7, 73, 76, 78, 8, 80, 81, 82, 86, 88, 93, 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	No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=9		
Date of Birth	S2,S3		

# South Country Health Alliance Medicare – 14323

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 = 14323 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 12, 13, 18, 2, 20, 30, 33, 35, 4, 40, 42, 45, 47, 48, 5, 50, 51, 52, 53, 6, 62, 65, 68, 7, 73, 76, 78, 8, 80, 81, 82, 86, 88, 93, 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	No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=9		
Date of Birth	S2,S3		



# Southeastern Indiana Health Organization – 11197

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	Subscriber Member ID	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 = 11197 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		
First Name	S1		
Member ID	S1,D1 Min/Max=9		
Date of Birth	S1		
<b>Dependent</b>			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Special Agents Mutual Benefit Association – 10591(SAMBA)

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

**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.

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	10591	[NM108=PI] <b>NM109</b>	
<b>Provider</b>					<b>Information Receiver Level: 2100B</b>		
NPI	S	10	10	N		[NM108=XX] <b>NM109</b>	
Federal Tax ID	S	9	9	N		[NM108=FI] <b>NM109</b>	
<b>Subscriber</b>					<b>Subscriber Level: 2100C</b>		
Last Name	S2, S3, S4	1	35	AN		<b>NM103</b>	
First Name	S2, S3, S4	1	25	AN		<b>NM104</b>	
Member ID	S1,S2, S4, D1, D2,	2	20	AN		[NM108=MI] <b>NM109</b>	
Date of Birth	S1, S3, S4	8	8	DT	CCYYMMDD	<b>DMG02</b>	
Service Type Code	O	1	2	ID	30	<b>EQ01</b>	
<b>Dependent</b>					<b>Dependent Level: 2100D</b>		
Last Name	D1, D3,	1	35	AN		<b>NM103</b>	
First Name	D1, D2, D4	1	25	AN		<b>NM104</b>	
Date of Birth	D1, D3, D4	8	8	DT	CCYYMMDD	<b>DMG02</b>	
Service Type	O	1	2	ID	30	<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>						

# Spectrum Health – 10936

## 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	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10936 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	S1		
Last Name	S2		
First Name	S2		
Date of Birth	S3		

# SPJST Medicare Supplement – 10546

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

**Notes:** Data updated twice weekly.

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10546 Element = [NM108=PI]NM109	NPI	NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.	Service Type Code	The operating rule codset
Last Name	S1		
First Name	S1		
Member ID	S1		
Date of Birth	S1		

# State Mutual (Lincoln Novation) – 10982

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

**Note:** Members with State Mutual member IDs that begin with “000” should be submitted under TU Payer 10982. State Mutual Medicare Supplement member IDs that begin with “9” should be submitted under TU Payer 10750

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 = 10982 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI/Federal Tax ID	National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# State Mutual Med Supp. – 10750

## Search Options

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

**Note:** This is a Medicare Supplemental Plan. Members with State Mutual member IDs that begin with “000” should be submitted under TU Payer 10982. State Mutual Medicare Supplement member IDs that begin with “9” should be submitted under TU Payer 10750.

## 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 = 10750 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI/ Federal Tax ID	National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.
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				

# Staywell – 10512

## 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 = 10512 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2,S3		

# Staywell Kids – 10513

## 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 = 10513 Element = [NM108=PI]NM109	Service Type Code	30
NPI	Required. No notes indicated.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2,S3		



# StudentResources – 10938

## 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	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10938 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, S4		
First Name	S2, S3, S4		
Member ID	S1, S2, S4, D1, D2, D4		
Date of Birth	S1, S4		
SSN	S3, D3		
<b>Dependents</b>			
Last Name	D2, D3, D4		
First Name	D2, D3, D4		
Date of Birth	D1, D3, D4		

# SummaCare – 00000002514

## 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		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002514 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
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		

# Summit America Insurance Service – 11073

## 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	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 = 11073 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Last Name	S2, S3, D2, D3				
First Name	S2, S3, D2, D3				
Member ID	S1, S2, D1, D2 Min/Max = 24				
Date of Birth	S1, S2, S3, D1, D3				
Dependents					
Subscriber Member ID	D1, D2				
Dep. Last Name	D2, D3				
Dep. First Name	D2, D3				
Dep. Date of Birth	D1, D3				

# Summit Community Care – 12276

## 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 = 12276 Element = [NM108=PI]NM109	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 = 9		
Date of Birth	S1 Codes and Values= CCYYMMDD		

# Superior Health Plan Texas - 10592

## 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 = 10592 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30 Min=1 Max=2	NPI	Situational if NM108 = XX
Name Last or Organization Name	Min=1 Max=60			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3 Min=1 Max=35				
First Name	S2,S3 Min=1 Max=25				
Member ID	S1,S3 Min=2 Max=80				
Date of Birth	S2,S3 Min/Max=8 Codes and Values= CCYYMMDD				

# Sutter Health Plus – 13287

## Search Options

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

**Note:** Dependents should be submitted as subscribers

## 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 = 13287 Element = [NM108=PI]NM109	Service Type Code	Operating Rule Code Set
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 Codes and Values= CCYYMMDD		

# Sutter Select - 10941

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

- Coverage Area - California

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 = 10941 Element = [NM108=PI]NM109	Service Type Code	By default this is set to "30." Also supports 1, 11, 12, 18, 23, 30, 33, 35, 38, 41, 42, 47, 48, 50, 52, 86, 88, 98, 99, A0, A4, A7, A8, AG, AL, AM, AN, AO, BB, CI, CJ, MH, and UC		
Name Last or Organization Name		Group Number	Optional. No notes indicated.		
NPI	Required. No notes indicated.				
Last Name	S2, S3, S5				
First Name	S2, S3, S5				
Member ID	S1, S2, S5, D1, D2, D5				
SSN	S4, D4				
Date of Birth	S1,S3,S4,S5				
Dependents					
Last Name	D2, D3, D5				
First Name	D2, D3, D5				
Date of Birth	D1,D3,D4,D5				

# S. USA Life Insurance Company, Inc. – 11163

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
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	

**Note:** The policy number must start with M plus 8 characters to be one of our policyholders

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 = 11163 Type=AN Element = [NM108=PI] <b>NM109</b>	Service Type Code	The operating code set.	NPI	[NM108=XX] <b>NM109</b>
Name Last or Organization Name	<b>NM103</b>				
Last Name	S1 <b>NM103</b>				
First Name	S1 <b>NM104</b>				
Member ID	S1,D1 [NM108=MI] <b>NM109</b>				
Date of Birth	S1 <b>DMG02</b>				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1 <b>DMG02</b>				



# TennDent – 10794

## 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 = 10794 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				

# Texas First Health Plan (TOPA) – 10944

## 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
3 Years	No	90 Days

\*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 = 10944 Element = [NM108=PI]NM109	Service Type Code	The default value is set to "30." Payer also supports the full code list.	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				

# TexanPlus (Kelsey - Seybold) – 10943

## 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
3 Years	No	90 Days

\*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 = 10943 Element = [NM108=PI]NM109	Service Type Code	The default value is set to "30." Payer also supports the full code list.	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				

# The ULLICO Family Of Companies – 10945

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
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 Member ID</i>	<i>Dep. Date of Birth</i>			
Dependent D2	<i>Subscriber 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 = 10698 Element = [NM108=PI]NM109	Service Type Code	By default this is set to "30." Also supports 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 Last Name</i>	S2,S3				
<i>Subscriber First Name</i>	S1				
<i>Subscriber Member ID</i>	S1,S2,D3				
<i>Subscriber Date of Birth</i>	S1,S3				
<i>Subscriber Member ID</i>	S1, D1				
<i>Subscriber Last Name</i>	S1, D1				
Dependents					
<i>Dep. Last Name</i>	D2,D3				
<i>Dep. First Name</i>	D2,D3				
<i>Dep. Date of Birth</i>	D1,D3				

# Three Rivers Health Plans – 00198

## 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 = 00198 Element = [NM108=PI]NM109	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				

# Thrivent – 11158

## 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 = 11158 Element = [NM108=PI]NM109	Service Type Code	The Operating Rule Codeset	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				

# TMG Network Health Insurance – 10688

## 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		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 = 10688 Element = [NM108=PI]NM109	Service Type Code	Complete code set	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=10				
Date Of Birth	S2				

# TransactRX Infusion and Specialty – 11168

## 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 = 11168 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI/Federal Tax ID	National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.
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				



# TransactRX Part D - 11037

## 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 = 11037 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI/Federal Tax ID	National Provider ID if NM108=XX.  Federal Tax ID if NM108=FI.
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				

# TransAmerica Admin by KBA – 10946

## 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 = 10946 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>Dependents</b>			
Last Name	D2, D4		
First Name	D2, D4		
Date of Birth	D1, D3, D4		

# Transamerica Life Insurance Company – 11094

## 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
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 = 11094 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Rule Code Set	NPI	Situational if NM108 = XX
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				
<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				

# Tricare East – 11218

## Search Options

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

\* **Note:** Area: Alabama, Arkansas, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa (Rock Island area), Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri (St. Louis area), New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas (excluding El Paso area), Vermont, Virginia, West Virginia and Wisconsin.

## Eligibility Date Options

Past	Future	Range
12 months	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 = 11218 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	Required. Min=1 Max=24		
NPI	Required. No notes specified.		
Last Name	S1, S2, D1		
First Name	S1, S2, D2		
Member ID	S1, S2, D1 Min/Max=12 Member ID is the SSN or First 9 digits of DoD ID number and (DBN if applicable)		
Date of Birth	S1, S2, D1	CCYYMMDD	
Gender	S1	M,F	

# TRICARE for Life – 10879

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	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 = 10879 Element = [NM108=PI]NM109	Service Type Code	Refer to “TRICARE for Life (10879) - Service Type Code List” Below	NPI/Federal Tax ID	National Provider ID if NM108=XX
Last Name	S1				
First Name	S1				
Member ID	S1 Min\Max=20				
Date of Birth	S1				
Gender	S1				

## TRICARE for Life (10879) - Service Type Code List

Code	Description	Code	Description
1	Medical Care	97	Anesthesiologist
2	Surgical	98	Professional (Physician) Visit - Office
3	Consultation	99	Professional (Physician) Visit - Inpatient
4	Diagnostic X-Ray	A0	Professional (Physician) Visit - Outpatient
5	Diagnostic Lab	A1	Professional (Physician) Visit - Nursing Home
6	Radiation Therapy	A2	Professional (Physician) Visit - Skilled Nursing Facility
7	Anesthesia	A3	Professional (Physician) Visit - Home
8	Surgical Assistance	A4	Psychiatric
9	Other Medical	A5	Psychiatric - Room and Board
10	Blood Charges	A6	Psychotherapy
11	Used Durable Medical Equipment	A7	Psychiatric - Inpatient
12	Durable Medical Equipment Purchase	A8	Psychiatric - Outpatient
13	Ambulatory Service Center Facility	A9	Rehabilitation
14	Renal Supplies in the Home	AA	Rehabilitation - Room and Board
15	Alternate Method Dialysis	AB	Rehabilitation - Inpatient
16	Chronic Renal Disease (CRD) Equipment	AC	Rehabilitation - Outpatient
17	Pre-Admission Testing	AD	Occupational Therapy
18	Durable Medical Equipment Rental	AE	Physical Medicine
19	Pneumonia Vaccine	AF	Speech Therapy
20	Second Surgical Opinion	AG	Skilled Nursing Care
21	Third Surgical Opinion	AH	Skilled Nursing Care - Room and Board
22	Social Work	AI	Substance Abuse
23	Diagnostic Dental	AJ	Alcoholism
24	Periodontics	AK	Drug Addiction
25	Restorative	AL	Vision (Optometry)

# TRICARE for Life (10879) - Service Type Code List

26	Endodontics	AM	Frames
27	Maxillofacial Prosthetics	AN	Routine Exam
28	Adjunctive Dental Services	AO	Lenses
30	Health Benefit Plan Coverage	AQ	Nonmedically Necessary Physical
32	Plan Waiting Period	AR	Experimental Drug Therapy
33	Chiropractic	B1	Burn Care
34	Chiropractic Office Visits	B2	Brand Name Prescription Drug - Formulary
35	Dental Care	B3	Brand Name Prescription Drug - Non-Formulary
36	Dental Crowns	BA	Independent Medical Evaluation
37	Dental Accident	BB	Partial Hospitalization (Psychiatric)
38	Orthodontics	BC	Day Care (Psychiatric)
39	Prosthodontics	BD	Cognitive Therapy
40	Oral Surgery	BE	Massage Therapy
41	Routine (Preventive) Dental	BF	Pulmonary Rehabilitation
42	Home Health Care	BG	Cardiac Rehabilitation
43	Home Health Prescriptions	BH	Pediatric
44	Home Health Visits	BI	Nursery
45	Hospice	BJ	Skin
46	Respite Care	BK	Orthopedic
47	Hospital	BL	Cardiac
48	Hospital - Inpatient	BM	Lymphatic
49	Hospital - Room and Board	BN	Gastrointestinal
50	Hospital - Outpatient	BP	Endocrine
51	Hospital - Emergency Accident	BQ	Neurology
52	Hospital - Emergency Medical	BR	Eye
53	Hospital - Ambulatory Surgical	BS	Invasive Procedures
54	Long Term Care	BT	Gynecological
55	Major Medical	BU	Obstetrical
56	Medically Related Transportation	BV	Obstetrical/Gynecological
57	Air Transportation	BW	Mail Order Prescription Drug: Brand Name
58	Cabulance	BX	Mail Order Prescription Drug: Generic
59	Licensed Ambulance	BY	Physician Visit - Office: Sick
60	General Benefits	BZ	Physician Visit - Office: Well
61	In-vitro Fertilization	C1	Coronary Care
62	MRI/CAT Scan	CA	Private Duty Nursing - Inpatient
63	Donor Procedures	CB	Private Duty Nursing - Home
64	Acupuncture	CC	Surgical Benefits - Professional (Physician)
65	Newborn Care	CD	Surgical Benefits - Facility
66	Pathology	CE	Mental Health Provider - Inpatient
67	Smoking Cessation	CF	Mental Health Provider - Outpatient
68	Well Baby Care	CG	Mental Health Facility - Inpatient
69	Maternity	CH	Mental Health Facility - Outpatient
70	Transplants	CI	Substance Abuse Facility - Inpatient
71	Audiology Exam	CJ	Substance Abuse Facility - Outpatient
72	Inhalation Therapy	CK	Screening X-ray
73	Diagnostic Medical	CL	Screening laboratory
74	Private Duty Nursing	CM	Mammogram, High Risk Patient
75	Prosthetic Device	CN	Mammogram, Low Risk Patient
76	Dialysis	CO	Flu Vaccination
77	Otological Exam	CP	Eyewear and Eyewear Accessories
78	Chemotherapy	CQ	Case Management
79	Allergy Testing	DG	Dermatology
80	Immunizations	DM	Durable Medical Equipment
81	Routine Physical	DS	Diabetic Supplies
82	Family Planning	GF	Generic Prescription Drug - Formulary
83	Infertility	GN	Generic Prescription Drug - Non-Formulary
84	Abortion	GY	Allergy
85	AIDS	IC	Intensive Care
86	Emergency Services	MH	Mental Health
87	Cancer	NI	Neonatal Intensive Care
88	Pharmacy	ON	Oncology

TRICARE for Life (10879) - Service Type Code List

89	Free Standing Prescription Drug	PT	Physical Therapy
90	Mail Order Prescription Drug	PU	Pulmonary
91	Brand Name Prescription Drug	RN	Renal
92	Generic Prescription Drug	RT	Residential Psychiatric Treatment
93	Podiatry	TC	Transitional Care
94	Podiatry - Office Visits	TN	Transitional Nursery Care
95	Podiatry - Nursing Home Visits	UC	Urgent Care
96	Professional (Physician)		

# TRICARE Overseas – 10947

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	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 = 10947 Element = [NM108=PI]NM109	Service Type Code	30	NPI/Federal Tax ID	National Provider ID if NM108=XX
Last Name	S1				
First Name	S1				
Member ID	S1 Min\Max=20				
Date of Birth	S1				
Gender	S1				



# Tricare West – TRICR

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Opt. Gender
Dependent D1	Sub: Member ID	Dep: Last Name	Dep: First Name	Dep: Date of Birth	Opt. Dep. Gender

**\*Note:** Formerly TRICARE.

**\*Area:** Alaska, Arizona, California, Colorado, Hawaii, Iowa, Idaho, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas(El Paso Area only), Utah, Washington, Wyoming

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 = TRICR Type=AN Element = [NM108=PI] <b>NM109</b>	Service Type Code	30 <b>EQ01</b>	NPI	[NM108=XX] <b>NM109</b>
Name Last or Organization Name	<b>NM103</b>				
Last Name	S1 <b>NM103</b>				
First Name	S1 <b>NM104</b>				
Member ID	S1,D1 [NM108=MI] <b>NM109</b> Note: Member ID is the SSN or First 9 digits of DoD ID number and				
Date of Birth	S1 <b>DMG02</b>				
Gender	S4 <b>DMG03</b>				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1 <b>DMG02</b>				
Gender	S4 <b>DMG03</b>				

# Trillium Community Health Plan – 11120

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	First Name	Last 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 = 11120 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	No notes specified.		
NPI	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=24		
Date of Birth	S1		

# Triple S Advantage – 13289

## Search Options

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

**Note:** This is a Medicare Advantage Plan (vs. payer ID: 10953 which supports individual and family plans) and only supports alpha prefixes: ZUK, ZUH, ZUM and ZUS.

## 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 = 13289 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	NPI Required.		
Last Name	S2		
First Name	S2		
Member ID	S1,S2 Min = 2 Max = 80		
Date of Birth	S1		

# Triple-S Salud (BCBS Puerto Rico) – 10953

## 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
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 = 10953 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				
<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>Subscriber</i> Last Name	S2				
<i>Dep.</i> Last Name	D1				
<i>Dep.</i> First Name	D1				
<i>Dep.</i> Date of Birth	D1				

# Trustmark – 00233

## 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 = 00233 Element = [NM108=PI]NM109	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,D1 Min=10 Max=11		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D1		

# Tufts Health Plan – 10379

## 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		
Subscriber S4	Member ID			

## Eligibility Date Options

Past	Future	Range
Yes	90 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 = 10379 Element = [NM108=PI]NM109	Service Type Code	1,2,4,5,6,7,8,12,13, 18,20,30,33,35,40,42, 45,47,50,51,52,53,62, 65,68,73,76,78,80,81, 82,86,88,93,98,99,A0, A3,A6,A7,A8,AD,AE, AF,AG,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	S3,S4				
First Name	S1,S2				
Member ID	S1,S3,S4 Min= 10 Max = 12				
Date of Birth	S1,S2,S3				

# UCare of Minnesota – 2596

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		

**Note:** UCare Complete, prepaid medical assist program, Minnesota Care, Minnesota Senior Health Options, UCare for Seniors, South County Health Alliance, UCare Senior Select, SCHA Minnesota Care

Eligibility Date Options		
Past	Future	Range
12 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 = 2596 Element = [NM108=PI]NM109	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		

# UMR (Wausau) – 10501

## 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

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10501 Element = [NM108=PI]NM109
Name Last or Organization Name	Required. No notes specified.
NPI	Required. No notes specified.
Last Name	S2,S4,S5
First Name	S2,S4,S5
Member ID	S1,S2,S5 D1,D2,54 Min=10 Max=12
SSN	S3,D3
Date of Birth	S1,S3,S4,S5
Service Type Code	1, 11, 12, 18, 23, 30, 33, 34, 35, 38, 41, 42, 48, 50, 52, 86, 88, 98, 99, A0, A4, A7, A8, AG, AL, AM, AN, AO, BB
<b>Dependent</b>	
Last Name	D2,D4,D5
First Name	D2,D4,D5
Date of Birth	D1,D3,D4,D5



# UMWA Health and Retirement Funds – 11121

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
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 = 11121 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				
Last Name	D1				
Date of Birth	D1				

# UNICARE - Dental – 10791

## 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 = 10791 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				

# Unicare – UCARE

## Search Options

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

## Eligibility Date Options

Past	Future	Range
3 years	No	90 days

## Required

Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = UCARE Element = [NM108=PI]NM109
NPI	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	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
<b>Dependent</b>	
Last Name	D1
First Name	D1
Date of Birth	D1

# United American Insurance Company – 10990

## 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 = 10990 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	S2, S3				

# United Concordia (Dental)

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

Payers			
Payer Name	Payer ID	Payer Name	Payer ID
United Concordia Federal Employees Program	10809	United Concordia Companies, Inc.	10810

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	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				

# United Health Group - Community Plan – 11107

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

Eligibility Date Options		
Past	Future	Range
18 months	End of current month	End date of date range must be no greater than the end of the current month

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 = 11107 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,2,3,4,5,6,7,8,10,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ,DM,GF,GN,MH,UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1 S2,S4				
First Name	S1 S3,S4				
Member ID	S1,S2,S3,S4,S5				
Date of Birth	S1,S2,S3,S5				
Dependents					
Dep. Last Name	D1,D2,D4 D5				
Dep. First Name	D1,D3.D4,D5				
Dep. Date of Birth	D1,D2,D3,D5				

# United Healthcare – 00112

## 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	First Name	Date of Birth	
Subscriber S4	Member ID	Date of Birth		
Subscriber S5	Member ID	Last Name	First Name	
Subscriber S6	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
Dependent D2	<i>Sub:</i> Member ID	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	
Dependent D3	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	

## Eligibility Date Options

Past	Future	Range
18 months	End of current month	End date of date range must be no greater than the end of the current month

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00112 Element = [NM108=PI] <b>NM109</b>	NPI	National Provider ID if NM108=XX.
Name Last or Organization Name	Required. No notes specified.	Federal Tax ID	Federal Tax ID if NM108=FI.
Last Name	S1,S2,S5,S6	Provider ID	Provider ID if NM108=SV. Min/Max = 10
First Name	S1,S3,S5, S6	Service Type Code	All service type codes accepted
Member ID	S1,S2,S3,S4,S5,D1,D2 Min/Max = 15		
Date of Birth	S1,S2,S3,S5,S6		
Group Number	Min/Max = 30 Optional, but recommended		
Dependents			
Last Name	D1,D3		
First Name	D1,D2,D3		
Date of Birth	D1,D2,D3		

# United Healthcare Community Plan – Kansas – 10835

## 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	First Name	Member ID	Date of Birth	
Subscriber S4	Date of Birth	Member ID		
Subscriber S5	Last Name	First Name	Member ID	
Subscriber S6	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
18 months	End of current month	End date of date range must be no greater than the end of the current month

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 = 10835 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.
Last Name	S1,S2, S4,S5				
First Name	S1 S3,S5, S6				
Member ID	S1,S2,S3,S4,S5				
Date of Birth	S1,S2,S3,S4,S6				



# United Healthcare Community Plan / MO – Missouri (MO) Health Plan (Community & State) – 12242

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	
Subscriber S4	Member ID	Last Name	First Name	
Subscriber S5	Member ID	First Name	Date of Birth	
Subscriber S6	Last Name	First Name	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 / MO (Medicaid, Dual SNP)

Eligibility Date Options		
Past	Future	Range
Up to 1 year in the past.	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 = 12242 Element = [NM108=PI]NM109	Service Type Code	All except: 31, 44, 46, AV1, AV2, DG		
NPI	Situational. No notes specified.				
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S3,S4,S6				
First Name	S1,S4,S5,S6				
Member ID	S1,S2,S3,S4,S5				
Date of Birth	S1,S2,S3,S5,S6				

# United Healthcare Community Plan River Valley – 00335

## 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>Subscriber</i> Member ID	<i>Dep.</i> Last Name	<i>Dep.</i> First Name	<i>Dep. Date of Birth</i>

## Eligibility Date Options

Past	Future	Range
18 months	No	No

**Note 1:** If the subscriber has a dependent, the Subscriber ID search will result in duplicate records. Therefore you must use the Subscriber Name/DOB search to locate the subscriber's information and the Dependent search to locate dependent information.

**Note 2:** Neighborhood Health Partnership (00422) has migrated their membership to UH River Valley. All NHP transactions can be sent through this payer.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00335 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. Min=1 Max=24	Dependent	
NPI	Required. No notes specified.	Last Name	D1
Last Name	S2,S3	First Name	D1
First Name	S2,S3	Date of Birth	D1
Member ID	S1,S3,D1 Min/Max=9		
Date of Birth	S2,S3		

# United Healthcare Community Plan Tennessee– 11025

## 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	Date of Birth		
Subscriber S5	Member ID	Last Name	First Name	
Subscriber S6	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
6 months	End of current month	End date of date range must be no greater than the end of the current month

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11025 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,2,3,4,5,6,7,8,10, 12,13,18,20,23,24, 25,26,27,28,33,35,36,37,38,39,40,41,42,45,47, 48,49,50,51,52,53, 62,65,68,73,76,78,80,81,82,83,86,88,, 89,90,91,92,93,98,99,A0,A3,A4,A5,A6, A7,A8,AD,AE,AF,AG,AI,,AJ,AK,AL,BG, BH,BT, BU,BV,BW,BX,BY,BZ, DM,GF,GN,MH,UC
Name Last or Organization Name	No notes specified.		
NPI/Federal Tax ID/Provider ID	National Provider ID		
Last Name	S1,S2,S5,S6		
First Name	S1,S3,S5,S6		
Member ID	S1,S2,S3,S4,S5 Min=2 Max=80		
Date of Birth	S1,S2,S3,S4,S6		

# United Healthcare Facets Detroit

## Community and State – 10836

### 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	
Dependent D1	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D2	Sub. Member ID	Dep. First Name	Dep. Date of Birth	

### Eligibility Date Options

Past	Future	Range
6 months	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 = 10836 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.
Last Name	S1, S2				
First Name	S1				
Member ID	S1,S2,D1.D2				
Date of Birth	S1, S2				
<b>Dependent</b>					
Dep. Last Name	D1				
Dep. First Name	D1,D2				
Dep. Date of Birth	D2				

# United Healthcare Facets Pittsburgh

## Community and State – 10834

### 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	
Dependent D1	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D2	Sub. Member ID	Dep. First Name	Dep. Date of Birth	

### Eligibility Date Options

Past	Future	Range
6 months	31 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 = 10834 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.
Last Name	S1, S2				
First Name	S1				
Member ID	S1,S2,D1.D2				
Date of Birth	S1, S2				
<b>Dependent</b>					
Dep. Last Name	D1				
Dep. First Name	D1,D2				
Dep. Date of Birth	D2				

# United Healthcare Nevada Market – 10837

## 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
12 months	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 = 10837 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.
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

# United Healthcare - Optum Behavioral Solutions – 11076

## 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
6 months	End of current month	End date of date range must be no greater than the end of the current month

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11076 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,2,3,4,5,6,7,8,10, 12,13,18,20,23,24, 25,26,27,28,33,35, 36,37,38,39,40,41,42,45,47, 48,49,50,51,52,53, 62,65,68,73,76,78, 80,81,82,83,86,88, ,89,90,91,92,93,98,99, A0,A3,A4,A5,A6,A7, A8,AD,AE,AF,AG,AI, ,AJ,AK,AL,BG,BH,BT, BU,BV,BW,BX,BY,BZ, DM,GF,GN,MH,UC
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1, S2, S4		
First Name	S1, S3, S4		
Member ID	S1, S2, S3, S4, S5		
Date of Birth	S1, S2, S3, S5		

# United Healthcare SecureHorizons – 10655

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Date of Birth	
Subscriber S2	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
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 = 10655 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				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1, D1,D2				
<i>Subscriber</i> Date of Birth	S1,S2				
Dependents					
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				



# United Healthcare Student Resources – 00290

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	
Dependent D1	<i>Sub</i> : Member ID	<i>Dep</i> : Last Name	<i>Dep</i> : First Name	<i>Dep</i> : Date of Birth

**Note:** Formerly Student Insurance

Eligibility Date Options		
Past	Future	Range
No	No	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 = 00290 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Name Last or Organization Name	National Provider ID if NM108=XX.
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Federal Tax ID if NM108=FI.
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S1,D1				
Date of Birth	S1,S2				
Dependent					
<i>Dep</i> . Last Name	D1				
<i>Dep</i> . First Name	D1				
<i>Dep</i> . Date of Birth	D1				

# United Healthcare – West – 11077

## 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
6 months	End of current month	End date of date range must be no greater than the end of the current month

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11077 Element = [NM108=PI]NM109	Service Type Code	1,2,3,4,5,6,7,8,10,12,13,18,20,23,24,25,26,27,28,33,35,36,37,38,39,40,41,42,45,47,48,49,50,51,52,53,62,65,68,73,76,78,80,81,82,83,86,88, ,89,90,91,92,93,98,99,A0,A3,A4,A5,A6,A7,A8,AD,AE,AF,AG,AI,AJ,AK,AL,BG,BH,BT,BU,BV,BW,BX,BY,BZ, DM,GF,GN,MH,UC
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1, S2, S4		
First Name	S1, S3, S4		
Member ID	S1, S2, S3, S4, S5		
Date of Birth	S1, S2, S3, S5		

# United Insurance Company of America (Kemper) – 14298

## Search Options

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

**Notes:** This payer is for the United Insurance Company of America (Kemper) which is a Medicare Supplement LOB Only. Member IDs are ten (10) digits long and start with '220xxxxxx' Medicare Supplement members (only) in the states of GA, SC, WY, OK, NC, NJ, TN, WV

## 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 = 14298 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		

# United Teacher Assoc Insurance Co

## Medicare Supp – 10547

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 = 10547 Element = [NM108=PI]NM109	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				

# Unity Health Plan – 00000000780

## Search Options

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

## Eligibility Date Options

Past	Future	Range
12 months	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 = 00000000780 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. Min=1 Max=24		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=12		
Date of Birth	S1	CCYYMMDD	
Gender	S1	M,F	

# Universal American – 11216

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth	
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
Dependent 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		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 = 11216 Element = [NM108=PI]NM109	Service Type Code	30	NPI	National Provider ID if NM108=XX.
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational. No notes specified.
<i>Subscriber</i> Last Name	S1				
<i>Subscriber</i> First Name	S1				
<i>Subscriber</i> Member ID	S1,D1,D2 Min/Max = 16				
<i>Subscriber</i> Date of Birth	S1,S2				
Dependents					
<i>Dep.</i> Last Name	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				

# Universal BenefitCorp – 11033

## 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	<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 = 11033 Element = [NM108=PI]NM109	Service Type Code	Operating rule codeset	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = SI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,.D1.D2				
Date of Birth	S1, S3				
Dependents					
<i>Dep. Last Name</i>	D2,D3				
<i>Dep. First Name</i>	D2,D3				
<i>Dep. Date of Birth</i>	D1, D3				

# University Care Advantage Arizona – 10699

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
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 = 10699 Element = [NM108=PI]NM109	Service Type Code	1, 30, 35, 38, 47, 48, 50, 86, 88, 98, AL	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	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				



# University Family Care – 00353

## 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		
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>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth	
Dependent D4	<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 = 00353 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 35, 38, 47, 48, 50, 86, 88, 98, AL	NPI/ Provider ID	National Provider ID if NM108=XX.  Provider ID if NM108=SV.
Name Last or Organization	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Member ID	S1,S3,D1,D2,D4 Min/Max=9				
Date of Birth	S2,S3				
<b>Dependents</b>					
Last Name	D1,D2,D3				
First Name	D1,D2,D3				
Date of Birth	D1,D3,D4				

# University of Arizona Health Plan-UHM – 10889

## 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
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 = 10889 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	S3,S4				
First Name	S3,S4				
Member ID	S1,S2,S3				
Date of Birth	S2, S4				

# University of Utah Health Plans – 10977

## 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 = 10977 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
NPI	Required. No notes specified.	Middle Name	Optional. No notes specified.		
Last Name	S1				
First Name	S1				
Member ID	S1 Min/Max=13				
Date of Birth	S1				

# University Physicians Care Advantage (AZ) – 10433

## 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	Optional: Suffix
Subscriber S5	SSN	Date of Birth		
Subscriber S6	SSN	Last Name	First Name	Optional: Suffix

## 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 = 10433 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	No notes specified.
Provider ID	Min=2 Max=16				
Last Name	S3,S4, S6				
First Name	S3,S4, S6				
Member ID	S1, S2, S3 Min=1 Max=24				
SSN	S5,S6				
Date of Birth	S2,S4, S5				
Optional: Suffix	S4,S6				

# UPMC Health Plan – 10288

## 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:** For the Name/DOB only search, UPMC requires the member name to be submitted exactly as it is on file with the payer.

## 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 = 00000001054 Element = [NM108=PI]NM109	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 Min/Max=12		
Date of Birth	S1,S2		

# USAA Life Insurance Company – 10195

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

**Note:** Always assume current date regardless of DTP date. Additionally, the payer **USAA Life Insurance Company** has advised they have loaded all active members with a middle initial as part of the member's first name. If the member's first name is used in search option (1 and 3) without the middle initial AAA\*67 (Patient Not found) results are returned. (**\*Please note there is no separator between the first name and middle initial**)

**Example:**

NM1\*IL\*1\*DOE\*JANE M

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 = 10195 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	National Provider ID if NM108=XX.
Name Last or Organization Name	No notes specified.			Federal Tax ID	Federal Tax ID if NM108=FI.
Member ID	S1,S3,S4,D1,D3 Min/Max=9				
Last Name	S1,S2				
First Name	S1,S2				
Date of Birth	S1,S2,S3				
Dependent					
Last Name	D1,D2				
First Name	D1,D2				
Date of Birth	D3				

# VA Fee Basis Program – 00231

## 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

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

**Notes:** The Department of Veterans Affairs Fee Basis Program is not a health insurance plan. The Fee Basis Program is designed to assist veterans who cannot easily receive care at a VA Medical Center. Each individual veteran's eligibility status and medical care needs are legally and medically reviewed for each episode of care. Each local Fee site determines whether non-VA treatment can be approved. For these reasons, all Fee Basis Program eligibility responses will return an Inactive status along with contact information for the local Fee office.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00231 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization Name	No notes specified.		
NPI	No notes specified.		
Provider City	No notes specified.		
Provider State	No notes specified.		
Provider Zip Code	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=12		
Date of Birth	S1		

# VA Healthcare – 10850

## 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			
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 = 10850 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.
Last Name	S1, S3				
First Name	S1, S3				
Member ID	S1, S2				
Date of Birth	S1, S3				



# VA Health Administration Center – 10956

## 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		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 = 10956 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				
<i>Subscriber</i> First Name	S2				
<i>Subscriber</i> Member ID	S1				
<i>Subscriber</i> Date of Birth	S2				

# Vantage Health Plan, Inc. (Primewell Health Services) – 10858

## 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	<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 = 10858 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
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, 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				

# Valley Care Program – 10948

## 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 = 10948 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	S2				
First Name	S2				
Member ID	S1				
Date of Birth	S2				

# Valley Health Plan – 10949

## 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:** Commercial Line of Business for this payer, the government line is not supported.

## 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 = 10949 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	S2				
First Name	S2				
Member ID	S1				
Date of Birth	S2				

# VIVA Health – 10468

## 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 3	Member ID	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>	

**Note:** Drummond Plan Member ID format is Alpha prefix + 9 digits

## Eligibility Date Options

Past	Future	Range
No	No	No

## Required

Element Name	Specific Data Requirements and/or Notes	Optional Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10468 Element = [NM108=PI]NM109	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, D1, D2 Min/Max=10-11		
Date of Birth	S1,S2		

## Dependents

<i>Dep. Last Name</i>	D2, D3		
<i>Dep. First Name</i>	D2, D3		
<i>Dep. Date of Birth</i>	D1, D3		

# VNS Choice – 10600

## 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			

## Eligibility Date Options

Past	Future	Range
2 years	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 = 10600 Element = [NM108=PI] <b>NM109</b>	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, 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	Required. No notes specified.				
Last Name	S1,S2				
First Name	S1,S2				
Sub: Member ID	S1,S3				
Date of Birth	S1,S2				

# VYTRA – 10407

## 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	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10407 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		
First Name	S1		
Member ID	S1 Min/Max=12		
Date of Birth	S1		

# Washington National – 10853

## 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	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	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 = 10853 Element = [NM108=PI]NM109	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.			Federal ID	Situational. Federal Tax ID if NM108=FI.
Last Name	S1,S2, S3				
First Name	S2,S3				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S3				



# WEB-TPA – 10532

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	DOB		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	SSN	DOB		
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 = 10532 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	S2,S4,S5				
First Name	S2,S4,S5				
Sub: Member ID	S1,S2,S5,D1,D2,D5				
Date of Birth	S1,S3,S4,S5				
SSN	S3				
<b>Dependents</b>					
Last Name	D2,D4,D5				
First Name	D2,D4,D5				
Date of Birth	D1,D3,D4,D5				
SSN	D3				

# Well Sense – 10814

## Search Options

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

**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
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 = 10814 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.
Last Name	S1, S3				
First Name	S1, S3				
Member ID	S2				
Date of Birth	S1, S3				
Group Number	S1				

# Wellcare Health Plans – 10488

## 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 = 10488 Element = [NM108=PI]NM109	Service Type Code	30
NPI	No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1,S3 Min/Max=12		
Date of Birth	S1,S2,S3		

# Western Health Advantage – 1043

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
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
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 = 1043 Element = [NM108=XX,FI]NM109	Service Type Code	30,56,57,59,61,64,67,69,70,71,75,79,83,AB,AM,AN,AO,BB,CF,CG,CI,CJ,DM,DS,RT	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	S1				
<i>Subscriber</i> Member ID	S1,S2,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	D2,D3				
<i>Dep.</i> First Name	D2,D3				
<i>Dep.</i> Date of Birth	D1,D3				

# Western & Southern Financial Group – 11111

## 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: First Name	Dep: Last Name	
Dependent D2	Sub: Member ID	Dep: Date of Birth		
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 = 11111 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		
Dependent			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		

# Wilson McShane – 10797

## 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 = 10797 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				

# Windsor Medicare Extra – 10576

## 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	Yes

**Note:** Medicare Part A and Medicare Part B. Termination Date of Service is a valid day of member eligibility.

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 = 10576 Element = [NM108=PI]NM109	Service Type Code	30	Federal Tax ID	No notes specified.
Name Last or Organization Name	No notes specified.			NPI	No notes specified.
Last Name	S2,S3				
First Name	S2,S3				
Member ID	S1,S2 Min/Max=12				
Date of Birth	S1,S3				

# WPS Health Insurance – 10878

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	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 = 10878 Element = [NM108=PI]NM109	Service Type Code	All	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	S1				
First Name	S1				
Subscriber Member ID	S1				
Date of Birth	S1				



# Payer Maintenance Schedule

Payer	Stated Downtime
IBEW Local 508 Health Plan	No Stated Downtime
Independence Administrators	sat 11:45pm – sun 12pm (Eastern)
Indiana University Health Plans (Commercial)	No Stated Downtime
Individual Assurance Company	No Stated Downtime
Inland Empire Health	No Stated Downtime
Insurers Administrative Corporation (IAC)	No Stated Downtime
INTEGRA Administrative Group Inc	No Stated Downtime
International Medical Card Inc	No Stated Downtime
Iowa Total Care	No Stated Downtime
Jai Medical Systems	No Stated Downtime
John Hopkins Health Plan	No Stated Downtime
Johns Hopkins HealthCare LLC	No Stated Downtime
John Hopkins US Family Health Plan	No Stated Downtime
Kaiser Foundation Health Plan of Colorado	Mon-Fri 11:30pm – 2:00am (PST). Sat-Sun 12:00am – 4:00am (PST)
Kaiser Foundation Health Plan of Hawaii	Mon-Fri 11:30pm – 2:00am (PST). Sat-Sun 12:00am – 4:00am (PST)
Kaiser Foundation Health Plan of Hawaii (DHMO Choice)	No Stated Downtime
Kaiser Foundation Health Plan of the Mid-Atlantic	Mon-Fri 11:30pm – 2:00am (PST). Sat-Sun 12:00am – 4:00am (PST)
Kaiser Foundation Health Plan of the Northwest	Mon-Fri 11:30pm – 2:00am (PST). Sat-Sun 12:00am – 4:00am (PST)
Kaiser Permanente of Georgia	Mon-Fri 11:30pm – 2:00am (PST). Sat-Sun 12:00am – 4:00am (PST)
Kaiser Permanente of Northern CA	Mon-Fri 11:30pm – 2:00am (PST). Sat-Sun 12:00am – 4:00am (PST)
Kaiser Permanente of Southern CA	Mon-Fri 11:30pm – 2:00am (PST). Sat-Sun 12:00am – 4:00am (PST)
Katy Medical Group	No Stated Downtime
Kentucky Health Exchange	No Stated Downtime
Key Benefit Administrators - 37217	No Stated Downtime
KeySolution	No Stated Downtime
Keystone First Community Health Plan	No Stated Downtime
Keystone Mercy Health Plan	2 <sup>nd</sup> weekend of every month where unavailability will be between 1 hour and 2 days
Keystone VIP Care	No Stated Downtime
Kitsap Physician Services	No Stated Downtime
KSKJ Life	No Stated Downtime
L.A. Care Health Plan	No Stated Downtime
Leggett & Platt	No Stated Downtime
Leon Medical Centers Health Plan	No Stated Downtime
Liberty National Life Insurance Company	No Stated Downtime
Lifetime Benefit Solutions (RMSCO)	No Stated Downtime
Lifewise Arizona	No Stated Downtime
Lifewise Health Plan of Oregon	Sunday 12am –11:59pm (Eastern)
Lifewise Health Plan of Washington	Sunday 12am –11:59pm (Eastern)

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
LifeCare Assurance Company	No Stated Downtime
Lighthouse Healthcare	No Stated Downtime
Lincoln Financial	No Stated Downtime
Lincoln Heritage	No Stated Downtime
Local 1199	No Stated Downtime
LoneStar TPA	No Stated Downtime
Loomis Company	No Stated Downtime
Louisiana Health Exchange	No Stated Downtime
Lovelace Health Plan	No Stated Downtime
Loyal American Life Ins Co Medicare Supp	No Stated Downtime
Magellan Behavioral Health	No Stated Downtime
Magellan Complete Care of Virginia	No Stated Downtime
Magnacare	No Stated Downtime
Main Community Health Options	No Stated Downtime
Managed Care of America	No Stated Downtime
Managed Care of North America	No Stated Downtime
Managed Health Network (MHN)	No Stated Downtime
Managed Health Services Indiana	No Stated Downtime
Managed Health Services Wisconsin	No Stated Downtime
MAPFRE Life Puerto Rico	No Stated Downtime
MAPFRE Medicare Excel	No Stated Downtime
Martins Point Health Care	No Stated Downtime
McLaren	No Stated Downtime
MDWise Medicaid Health Plans	No Stated Downtime
Med-Pay, Inc	No Stated Downtime
MedBen - Newark OH	No Stated Downtime
MedCost Benefit Services	No Stated Downtime
Medica	Thurs 5:30am-8:00am (MT) ,Sun 9:00am-12:00pm (MT)
Medica – Medicare Supplement Eligibility	No Stated Downtime
Medica2	No Stated Downtime
Medica Health Plan	No Stated Downtime
Medical Associates Health Plan/Health Choices	No State Downtime
Medical Card System	No Stated Downtime
Medical Mutual of Ohio	No Stated Downtime
Medicare (Part A & B)	sun 10pm – mon 3am (Eastern)
Medicare Advantage - Pennsylvania	Sat 9AM-5:59PM, Sun Unavailable (Central)
Medicare y Mucho Mas (INMEDIATA HEALTH GROUP)	No Stated Downtime
MedStar Family Choice	No Stated Downtime
MedStar Health Plan	No Stated Downtime
Meridian Health Plan of Illinois	No Stated Downtime
Meritain Health	Sat 8pm - Sun 8pm (EST)
Meritus Health Partners	No Stated Downtime
MetLife Dental Family	mon 11pm – 12am, tues – fri 11am -3a, sat 4pm-5:30pm, sun 2am – 9am, holiday times vary

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
MetroPlus Health Plan	No Stated Downtime
Metropolitan Health Plan (MHP)	No Stated Downtime
Michigan MI Child	No Stated Downtime
Mississippi State Employees and Teachers	mon 2am – 4am (Central)
Missouri Care	No Stated Downtime
Missouri (MO) Health Plan (Community & State)	No Stated Downtime
MMSI (Mayo Health)	No Stated Downtime
Moda Health	No Stated Downtime
Molina Healthcare of California	No Stated Downtime
Molina Healthcare of Florida	No Stated Downtime
Molina Healthcare of Illinois	No Stated Downtime
Molina Healthcare of Illinois	No Stated Downtime
Molina Healthcare of Indiana	No Stated Downtime
Molina Healthcare of Michigan	No Stated Downtime
Molina Healthcare of Missouri	No Stated Downtime
Molina Healthcare of New Mexico	No Stated Downtime
Molina Healthcare of Ohio	No Stated Downtime
Molina Healthcare of Puerto Rico	No Stated Downtime
Molina Healthcare of South Carolina	No Stated Downtime
Molina Healthcare of Texas	No Stated Downtime
Molina Healthcare of Utah	No Stated Downtime
Molina Healthcare of Washington	No Stated Downtime
Montifiore CMO	No Stated Downtime
Municipal Health Benefit Fund	No Stated Downtime
Mutual Health Services	No Stated Downtime
Mutual of Omaha	sat 9pm – mon 2:15am. (Central)
MVP Health Care (New York)	Mon 11 pm - Tue 6 am; Tue 11 pm - Wed 6 am; Wed 11 pm - Thu 6 am and Thu 11 pm - Fri 6 am (Central)
National Association of Letter Carriers (NALC)	No Stated Downtime
National Telecommunications Cooperative Association (NTCA)	No Stated Downtime
Nebraska Total Care	No Stated Downtime
Harvard Pilgrim Health Care	No Stated Downtime
NEHEN – Neighborhood Health Plans	No Stated Downtime
Neighborhood Health Plan (RI)	No Stated Downtime
Network Health	No Stated Downtime
Network Health Plan of WI	No Stated Downtime
New Era Life Insurance Company	No Stated Downtime
New Mexico Health Connections	No Stated Downtime
NGS American	No Stated Downtime
North Carolina Medicaid	No Stated Downtime
Northwest Administrators	No Stated Downtime
Nova Healthcare Administrators	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
NovaSys Health	No Stated Downtime
Ohana Health Plan	No Stated Downtime
Oklahoma Employees Group Insurance Division	No Stated Downtime
Operating Engineers Local No.428	No Stated Downtime
Operating Engineers Local.428 Health and Welfare	No Stated Downtime
Optima/Sentara	Sun 4am – 6am (Eastern)
Oxford Health Plans	mon – fri 2am – 4am sat 11pm – 6am (Eastern) Thurs 5:30am-8:00am (MT),Sun 9:00am-12:00pm (MT)
Pacific Source Health Plan	No Stated Downtime
PacifiCare (PPO)	No Stated Downtime
PacifiCare of California (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
Pacificare of Oklahoma (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
Pacificare of Oregon (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
Pacificare of Texas (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
Pacificare of Washington (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
Pacificare of Arizona (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
Pacificare of Colorado (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
Pacificare of Nevada (HMO)	3 <sup>rd</sup> Friday of every month 12am – 5am (Pacific)
PacificSource Administrators	No Stated Downtime
PacificSource Community Solutions (Medicaid)	No Stated Downtime
PacificSource Medicare	No Stated Downtime
Panamerican Life Puerto Rico	No Stated Downtime
Pan-American Life Insurance Company	No Stated Downtime
Paramount Health	No Stated Downtime
Parkland Community Health Plan	No Stated Downtime
Partners National Health Plans of NC	No Stated Downtime
Partnership Health Plan of California	No Stated Downtime
Passport Advantage	2 <sup>nd</sup> weekend of every month where unavailability will be between 1 hour and 2 days
Kentucky Passport	2 <sup>nd</sup> weekend of every month where unavailability will be between 1 hour and 2 days
Patriot Dental	No Stated Downtime
Peach State Health Plan	No Stated Downtime
Penn Treaty Network America Ins Medicare Supp	No Stated Downtime
People First	No Stated Downtime
Peoples Health	No Stated Downtime
Personal Insurance Administators (PIA)	No Stated Downtime
Pinnacle Physician Management Org	No Stated Downtime
Physicians Health Plan Northern IN	No Stated Downtime
Physicians Health Plan of Mid-Michigan	No Stated Downtime
Physicians Mutual Insurance Company	No Stated Downtime
Physicians Plus Insurance Corp	No Stated Downtime
Pittman and Associates	No Stated Downtime
Plan de Salud Hospital Menonita	No Stated Downtime
Planned Administrators Inc.	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
Preferred Care Partners	No Stated Downtime
Preferred Health Systems	No Stated Downtime
Preferred Health System of Kansas	No Stated Downtime
Preferred Medicare Choice (PMC) (INMEDIATA HEALTH GROUP)	No Stated Downtime
PreferredOne	No Stated Downtime
Presbyterian Health Plan	No Stated Downtime
Amerihealth Caritas Florida fka Prestige Health Choice	No Stated Downtime
Principal Financial Group (Nippon Life)	11pm- 5:45 am mon-fri 7pm – 5:45 am weekends (Central)
Principal Financial Group (Principal Life) - Dental & Vision	No Stated Downtime
Priority Health	No Stated Downtime
PrimeWest Health	No Stated Downtime
Professional Benefits Administrators	No Stated Downtime
Prominence Health Plan (PPO & HMO)	No Stated Downtime
Prominence Health Plan of Nevada	No Stated Downtime
Prominence Health Plan of Texas	No Stated Downtime
Providence Health Plan	mon – sun 3am to 3:15am (Central)
Provident American Life & Health McareSupp	No Stated Downtime
Provident Preferred Network - Dental	No Stated Downtime
Public Employee Benefit Authority	Sun 3 am - 9am except 3rd Sat of month 10 pm - Sun 10 pm (Eastern)
Public Employees Health Plan	No Stated Downtime
Puritan Life Insurance	No Stated Downtime
Qualcare	No Stated Downtime
Quartz ASO	No Stated Downtime
Royal Neighbors of America	No Stated Downtime
S and S Healthcare Strategies	No Stated Downtime
Special Agents Mutual Benefit Association (SAMBA)	No Stated Downtime
Samaritan Health Plans	No Stated Downtime
Sanford Health Plan	No Stated Downtime
Santa Clara Family Health Plan	No Stated Downtime
SBLI USA Life Insurance Company, Inc.	No Stated Downtime
Schaller Anderson Aetna Better Health of New York	No Stated Downtime
Schaller Anderson Aetna Better Health of OH	No Stated Downtime
Schaller Anderson Delaware Physicians, Inc.	No Stated Downtime
Schaller Anderson MajestaCare VA	No Stated Downtime
Schaller Anderson Maryland Physicians Care	No Stated Downtime
Schaller Anderson Mercy Care	No Stated Downtime
Schaller Anderson Missouri Care	No Stated Downtime
Schaller Anderson Texas CHRISTUS	No Stated Downtime
Scott & White Health Plan	No Stated Downtime
Security Health Plan	No Stated Downtime
Secure Health Plans of Wisconsin	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
Securian Dental	No Stated Downtime
SelectCare of Texas	No Stated Downtime
Select Health SC	Every second weekend of the month from 1hour to 2 days.
Select Health Utah	No Stated Downtime
Select Senior Clinic	No Stated Downtime
Selman & Company	No Stated Downtime
Selman Tricare	No Stated Downtime
SCAN Health Plan formerly Senior Care Action Network (SCAN) HMO	No Stated Downtime
Senior Dimensions	No State Downtime
Senior Health Services Center – Universal American Family of Companies	No Stated Downtime
Senior Whole Health	No Stated Downtime
Sharp Health Plan	No Stated Downtime
Share Health Mississippi	No Stated Downtime
Shenandoah Life Insurance	No Stated Downtime
Sierra Health Services	No Stated Downtime
Significa Benefit Services	Sun 11:30pm – Mon 4am Mon 11:30pm – Tue 4am Tue 11:30pm – Wed 4am Wed 11:30pm – Thu 4am Thu 11:30pm – Fri 4am Fri 11:30pm – Sat 4am Sat 11:30pm – Sun 4am
Simply Healthcare - Long Term Care – 12277	No Stated Downtime
Simply Healthcare Plans	No Stated Downtime
SisCo Benefits	No Stated Downtime
Soundpath Health	No Stated Downtime
South Country Health Alliance Medicaid	No Stated Downtime
South Country Health Alliance Medicare	No Stated Downtime
Southeastern Indiana Health Organization	No Stated Downtime
Spectrum Health	No Stated Downtime
SPJST Medicare Supplement	No Stated Downtime
State Mutual (Lincoln Novation)	No Stated Downtime
State Mutual Med Supp.	No Stated Downtime
StayWell	No Stated Downtime
StayWell Kids	No Stated Downtime
Sterling Investors Life Insurance	No Stated Downtime
Stobridge Life Insurance Company	No Stated Downtime
Student Insurance	No Stated Downtime
StudentResources	No Stated Downtime
SummaCare Health Plan	No Stated Downtime
Summit America Insurance Service	No Stated Downtime
Superior HealthPlan Texas	No Stated Downtime
Sutter Health Plus	No Stated Downtime
Sutter Select	No Stated Downtime
S. USA Life Insurance Company, Inc.	No Stated Downtime
TennDent	No Stated Downtime

*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
Texas First Health Plan (TOPA)	No Stated Downtime
TexanPlus (Integranet)	No Stated Downtime
TexanPlus (Kelsey-Seybold)	No Stated Downtime
TexanPlus North Texas Area	No Stated Downtime
TexanPlus Southeast Texas Area	No Stated Downtime
The Kempton Company	No Stated Downtime
The ULLICO Family of Companies	No Stated Downtime
Three Rivers Health Plans (Unison Health Plan)	No Stated Downtime
Thrivent	No Stated Downtime
TMG Network Health Insurance	No Stated Downtime
Today's Health	No Stated Downtime
Today's Options	No Stated Downtime
TransactRX Infusion and Specialty	No Stated Downtime
TransactRX Part D	No State Downtime
TransAmerica Admin by KBA	No State Downtime
Transamerica Premier Life Insurance Company	No State Downtime
TRICARE East	Sat 11:45 pm – Sun 5:00 am (Central)
TRICARE West	sun 3pm – 10pm (Eastern)
TRICARE for Life	No Stated Downtime
TRICARE Overseas	No Stated Downtime
Trillium Community Health Plan	No Stated Downtime
Triple S Advantage	No Stated Downtime
Triple-S Salud (BCBS Puerto Rico)	No Stated Downtime
Trustmark Insurance	No Stated Downtime
Tufts Heath Plan	No Stated Downtime
Ucare of Minnesota	No Stated Downtime
UMR	No Stated Downtime
UMWA Health and Retirement Funds	No Stated Downtime
UNICARE - Dental	No Stated Downtime
Unicare(Wellpoint)	No Stated Downtime
United American Insurance Company	Thursdays between 8 PM and 10 PM Pacific Time Sundays between 12 AM and 4 AM Pacific Time
United Concordia Federal Employees Program - Dental	No Stated Downtime
United Concordia Companies, Inc. - Dental	No Stated Downtime
United Health Group – Community Plan	No Stated Downtime
United Healthcare	Thurs 5:30am-8:00am (MT) Sun 9:00am-12:00pm (MT)
United Healthcare Community Plan - Tennessee	Thurs 5:30am-8:00am (MT) Sun 9:00am-12:00pm (MT)
United Healthcare Plan of River Valley	Thurs 5:30am-8:00am (MT) Sun 9:00am-12:00pm (MT)
United Healthcare - Optum Behavioral Solutions	Thurs 5:30am-8:00am (MT) Sun 9:00am-12:00pm (MT)
United Healthcare SecureHorizons	Thu 9:00pm – 11:30pm (MST)



*Payer Maintenance Schedule cont.*

Payer	Stated Downtime
United Teachers Associates Ins Co McareSupp	No Stated Downtime
UnitedHealthcare Community Plan – Kansas	No Stated Downtime
UnitedHealthcare Facets Detroit Community and State	No Stated Downtime
UnitedHealthcare Facets Pittsburgh Community and State	No Stated Downtime
UnitedHealthcare Nevada Market	No Stated Downtime
United Healthcare SecureHorizons	No Stated Downtime
United Healthcare - West	Thurs 5:30am-8:00am (MT) Sun 9:00am-12:00pm (MT)
United Insurance Company of America (Kemper)	No Stated Downtime
Unity Health Plans	No Stated Downtime
University Care Advantage Arizona	No Stated Downtime
University Family Care	No Stated Downtime
University of Arizona Health Plan - UHM	No Stated Downtime
University of Utah Health Plans	No Stated Downtime
University Physicians Care Advantage (AZ)	No Stated Downtime
UPMC Health Plan (Tristate)	2nd Friday of the month – brief outage at 4am
USAA Life Insurance Company	No Stated Downtime
VA Fee Basis Program	No Stated Downtime
VA Health Administration Center	VA Health Administration Center
VA Healthcare	No Stated Downtime
Vantage Health Plan, Inc.	No Stated Downtime
Valley Care Program	No Stated Downtime
Valley Health Plan	No Stated Downtime
VIVA Health	No Stated Downtime
VNS CHOICE	No Stated Downtime
VYTRA	No Stated Downtime
Washington National	No Stated Downtime
WEB-TPA, Inc.	No Stated Downtime
Well Sense	No Stated Downtime
Wellcare Health Plan	No Stated Downtime
Wells Fargo Third Party Administrators, Inc. (CHIP and PEIA)	No Stated Downtime
Western Health Advantage	No Stated Downtime
Western & Southern Financial Group	No Stated Downtime
Wilson McShane - Dental	No Stated Downtime
Windsor Medicare Extra	No Stated Downtime
WINhealth Partners	No Stated Downtime
WPS Health Insurance	No Stated Downtime