

Eligibility Gateway 270/271 Payer Guide Commercial

Version 5010

Technical Support:
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Revision History

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Thrivent – 11158	04/21/2017
Heartland National Life Insurance Company - 11155	04/21/2017
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
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

Revision History cont.

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
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, Behavioraol Health Systems, Inc.- 11227, Aetna Better Health (NV)- 11231, Amerihealth Pennsylvania- 11232, Amerihealth New Jersey- 11230, SilverSummit Health Plan- 11229, West Virginia Family Health Plan- 11226, Bright Health- 11234, Transamerica Life Insurance Company-11094	6/12/2018
Removed Plumbers and Pipefitters Local Union 525 Health & Welfare Trust-10778, Arbor Health Plan-10641, Unified Life Insurance- 11086	6/12/2018
Updated search options for Oklahoma Employees Group Insurance Division- 10995, Alternative Insurance Resources, Inc., Mercy Care Plan (Arizona)- 00340, Sanford Health Plan- 10533, Aetna- AETNA	6/12/2018
Updated payer name: Clover Health fka CarePoint Medicare Advantage-10822	
Updated search options and Note for payer Valley Health Plan- 10949	6/12/2018
Reactivated payer Reserve National Insurance Company – 11127	6/12/2018
Added note to Key Benefit Administrators-37217-11067	4/15/2019
Updated search options: HEALTHe Exchange (4010 to 5010)	4/15/2019
Add new payers Lumico Life Insurance-11236, Delta Dental of Arizona-11200, HealthTeam Advantage-11239, Bankers Fidelity Life Insurance Company- 11238, iCare (Independent Care Health Plan)- 11233, Pinnacle Claims Management- 11237, American General Life and Accident- 10009, Prominence Health Plan (PPO & HMO)- 11215	4/12/2019
Removed Schaller Anderson MajestaCare VA – 10818, Secure Health Plans of Georgia- 10883, Land of Lincoln- 11118, Aetna Better Health (MO)- 11064, Bluegrass Family Health- 10429, Ideal Life Insurance- 10747, Piedmont Wellstar Health Plans- 10825, Mercycare Health Plan (WI)- 11141, MDWise Medicaid Health Plans- 11172, MDWise Exchange-11173, Affinity Health Plan Medicare- 10661, IBEW Local 508 Health Plan- 10855	04/12/2019
Updated search options for United Healthcare- 00112, Health New England-10627, Healthspring-10552, Avmed Health Plans-AVMED, Aetna-AETNA,Amerihealth Caritas DC-11193, Arise Health Care-11181, Providence Health Plan-2598,Driscoll Health Plan-11090, Nova Healthcare Administrators-10537, Health 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	4/12/2019
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

Revision History cont.

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
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

Revision History cont.

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Temporarily deactivated payer CHP Direct 10907	4/19/2021
Keystone First Community Health Plan – 12271	4/19/2021
Added new payer CareFirst Administrators – 12273	4/19/2021
Deactivated payer West Virginia Family Health Plan – 11226	4/19/2021
Deactivated payer Best Choice Health Plans –00000000820	4/19/2021
Updated search options for Aetna Better Health (TX) – 10895	4/19/2021
Added new payer Summit Community Care – 12276	4/19/2021
Added new payer Capital Health Plan – 13278	4/19/2021
Added new payer American Insurance Administrators – 13279	4/19/2021
Updated search options for Universal American – 11216	4/19/2021
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

Revision History cont.

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
Added new payer Iowa Total Care – 13297	4/19/2021
Added new payer Community Care Alliance of IL – 13295	4/19/2021
Added new payer United Insurance Company of America (Kemper) – 14298	4/19/2021
Added new payer Medica – Medicare Supplement Eligibility – 14297	4/19/2021
Updated search options for Horizon NJ Health – 2840	4/19/2021
Added payer notations for John Hopkins Health Plan – 00000002613	4/19/2021
Added payer notation for Johns Hopkins HealthCare LLC – 11132	4/19/2021
Deactivated payer: Soundpath Health – 10935	4/19/2021
Updated service type codes for MetroPlus Health Plan – 10846	4/19/2021
Added new payer AmeriHealth Caritas New Hampshire – 13294	4/19/2021
Added new payer AmeriHealth Caritas Northwestern PA – 14301	4/19/2021
Added new payer Samaritan Health Plans – 14302	4/19/2021
Updated search options for Prominence Health Plan of Texas (Medicare Advantage) – 11199	4/19/2021
Updated search options for Prominence Health Plan of Nevada (Medicare Advantage) – 11198	4/19/2021
Added new payer American Family Insurance Group – 14303	4/19/2021
Added new payer Global Health Inc. – 14300	4/19/2021
Deactivated payer Preferred Health System of Kansas – 10847	4/19/2021
Deactivated payer: Harken Health – 11110	4/19/2021
Updated search options for Better Health Plans of Florida – 10999	4/19/2021
Updated search options for Simply Healthcare Plans – 10826	4/19/2021
Added new payer Hooray Health – 14304	4/19/2021
Temporarily deactivated payer Clover Health – 10822	4/19/2021
Temporarily deactivated payer Oscar – 10881	4/19/2021
Deactivated payer Federated Insurance Company – 00262	4/19/2021
Reactivated payer Martins Point Health Care – 11045	4/19/2021
Updated search options for Cook Children's Health Plan – 10610	4/19/2021
Added new payer MORECARE – 14306	4/19/2021
Updated search option for Partnership Health Plan of California – 1035	4/19/2021
Deactivated Frensenius Health – 11130	4/19/2021
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

Revision History cont.

Eligibility Gateway 270/271 Commercial Payer Availability Revision History	
Change	Date
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

Revision History cont.

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 1052Carpenter, 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

Introduction

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. We can provide a full list of those payers.

Payers

AARP – 10431

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Absolute Total Care – 10560

Search Options

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

Note – This payer is under Centene Health Plans.

Eligibility Date Options

Past	Future	Range
No	No	No

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

Acclaim, Inc – 13296

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

ACS Benefit Services – 11009

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Advantage by BridgewayHealthSolutions – 10561

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10561 Element = [NM108=PI] 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,S3 Min/Max = 11				
Date of Birth	S2,S3				

Advantage by Buckeye Community Health Plan – 10562

Search Options

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

Note – This payer is under Centene Health Plans.

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10562 Element = [NM108=PI] 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,S3 Min/Max = 11				
Date of Birth	S2,S3				

Advantage by Managed Health Services – 10563

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

Note – This payer is under Centene Health Plans.

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10563 Element = [NM108=PI] 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,S3 Min/Max = 11				
Date of Birth	S2,S3				

Advantage by Superior Health Plan – 10564

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Retiree Medical Plan - Administrator – 10891

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna – AETNA

Search Options

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

Eligibility Date Options

Past	Future	Range	
2 years	No	Yes	

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

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

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

Aetna Better Health (CA) – 11224

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Aetna Better Health (FL) – 11099

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Aetna Better Health (IL) – 10892

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	90 days

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

Aetna Better Health (KS) – 12267

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Aetna Better Health (LA) – 11008

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Better Health (MI) – 11026

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Better Health (MD) – 11207

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Aetna Better Health (NJ) – 10994

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Better Health (NV) – 11231

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Better Health (PA) – 10894

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	90 days

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

Aetna Better Health (KY) – 11119

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Better Health (TX) – 10895

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	90 days

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

Aetna Better Health (TX) CHIP – 10896

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	90 days

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

Aetna Better Health (VA) – 00190

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Better Health (WV) – 11154

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Aetna Long Term Care – 10397

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	90 days

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

Aetna Senior Supplemental – 10897

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Aetna Signature Administrators – 10983

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

AFLAC – 10955

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

AFLAC – Dental – 10398

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

AFLAC – Medicare Supplemental -10663

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

AGIA, Inc. – 11149

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Alan Sturm and Associates - Dental – 10798

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10798 Element [NM108=PI] 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				

All Savers Life Insurance– 11027

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	Yes

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

Allegiance Benefit Plan Management – 10654

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

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10654 Element = [NM108=PI] 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.				
Last Name	S1,S3				
First Name	S2,S3				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S3				

Alliant Health Plans – 11109

Search Options

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

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Allied Benefit Systems – 10898

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional			Situational
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10898 Element = [NM108=PI] 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,S5				
First Name	S2 S3,S5				
Member ID	S1,S2,S5.D1,D2, D5				
Date of Birth	S1,S3,S4,S5				
Dependents					
Dep. Last Name	D1,D2,D3,D5				
Dep. First Name	D1,D3,D5				
Dep. Date of Birth	D1, D3,D4,D5				

AlohaCare – 11017

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S2	Member ID	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	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11017 Element = [NM108=PI] NM109	Service Type Code	30
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1,S3		
First Name	S1,S3		
Member ID	S2,S3 Min/Max=24		
Date of Birth	S2,S3		

Alternative Insurance Resources, Inc– 11002

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Altus Dental – 10786

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Ambetter New Hampshire Healthy Families – 13288

Search Options

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

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

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Ambetter of Arkansas – 11057

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

AmeriBen – 10985

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

American Family Insurance Group – 14303

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

American General Life and Accident – 10009

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

American Income Life Insurance Company – 10986

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

American Insurance Administrators – 13279

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

American Medical Security (AMS) – 10829

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Last Name	Member ID	Date of Birth	
Subscriber S3	Frist Name	Member ID	Date of Birth	
Subscriber S4	Member ID	Date of Birth		
Subscriber S5	Last Name	First Name	Member ID	
Dependent D1	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First Name</i>	<i>Dep. Date of Birth</i>
Dependent D2	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. Date of Birth</i>	
Dependent D3	<i>Sub. Member ID</i>	<i>Dep. First name</i>	<i>Dep. Date of Birth</i>	
Dependent D4	<i>Sub. Member ID</i>	<i>Dep. Date of Birth</i>		
Dependent D5	<i>Sub. Member ID</i>	<i>Dep. Last name</i>	<i>Dep. First Name</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 = 10829 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, UC	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2 S3,S5,S6				
First Name	S2 S3,S5,S6				
Member ID	S1,S2,S3,S4,S5.D1.D2,D3,D4,D5				
Date of Birth	S1,S2,S3,S4,S5				
Dependent					
<i>Dep. Last Name</i>	D1,D2,D5				
<i>Dep. First Name</i>	D1,D3.D5				
<i>Dep. Date of Birth</i>	D1,D2,D3,D4				

American Network Ins. Medicare Supplement – 10899

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

American Postal Workers Union (APWU) – 00360

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

Eligibility Date Options		
Past	Future	Range
1 year	Yes	No

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00360 Element = [NM108=PI] 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, S4				
First Name	S2, S3, S4				
Member ID	S1, S2, S4, D1, D2, D4				
Date of Birth	S1, S3, S4				
Dependents					
Last Name	D2, D3, D4				
First Name	D2, D3, D4				
Date of Birth	D1, D3, D4				

American Republic Insurance Company (ARIC) – 10017

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

American Retirement Life Ins Co Medicare Supp – 10538

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

AmeriChoice of New Jersey (Commercial) – 00091

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

Eligibility Date Options		
Past	Future	Range
1 year	1 year	No

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

AmeriChoice of New Jersey (Medicaid) – 12243

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

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

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

Eligibility Date Options		
Past	Future	Range
1 year	1 year	No

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

Americo Financial Life & Annuity – 11085

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Amerigroup Corporation – AMGRP

Search Options

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

Eligibility Date Options

Past	Future	Range
2 Years	No	No

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

AmeriHealth (DE, NJ, PA) – 10974

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

AmeriHealth Administrators – 10416

Search Options

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

Note: This payer is a TPA

Note: This payer requires special enrollment.

Eligibility Date Options

Past	Future	Range
1 Year	30 days	No

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

AmeriHealth Caritas DC – 11193

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 Year	Yes	No

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

AmeriHealth Caritas Delaware – 12275

Search Options

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

Note: Area of coverage is Delaware

Eligibility Date Options

Past	Future	Range
4 Years	Yes	No

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

AmeriHealth Caritas Louisiana (LaCare) – 10640

Search Options

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

Area of coverage: Louisiana

Eligibility Date Options

Past	Future	Range
Yes	No	No

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

AmeriHealth Caritas New Hampshire – 13294

Search Options

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

Eligibility Date Options

Past	Future	Range
4 years	No	No

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

AmeriHealth Caritas Northwestern PA – 14301

Search Options

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

Eligibility Date Options

Past	Future	Range
4 years	No	No

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

AmeriHealth Caritas Pennsylvania – 10340

Search Options

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

Eligibility Date Options

Past	Future	Range
3 years	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10340 Element = [NM108=PI] 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	S3				
First Name	S3				
Member ID	S1				
SSN	S2				
Date of Birth	S3				

AmeriHealth Caritas VIP Care Plus – 11151

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 year	Yes	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11151 Element = [NM108=PI] 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	S3				
First Name	S3				
Member ID	S1				
SSN	S2				
Date of Birth	S3				

AmeriHealth New Jersey – 11230

Search Options

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

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

Eligibility Date Options

Past	Future	Range
2 Year	6 months	No

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

AmeriHealth Northeast Pennsylvania – 11189

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	Yes	No

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

AmeriHealth Pennsylvania – 11232

Search Options

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

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

Eligibility Date Options

Past	Future	Range
2 Year	6 months	No

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

AmeriHealth VIP Care – 11152

Search Options

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

Area of coverage: Nebraska

Eligibility Date Options

Past	Future	Range
1 Year	Yes	No

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

Ameritas Group

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Payers

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See table above Element = [NM108=PI] 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,D1				
Date of Birth	S1				
Dependent					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

Anthem Vivity – 10993

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Arise Health Plan Medicare Select Policy – 10868

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Arise Health Care – 11181

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Arizona Physicians IPA (APIPA) – 00322

Search Options

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

Eligibility Date Options

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

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

Asuris Northwest Health – 10529

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

Eligibility Date Options		
Past	Future	Range
24 months	6 weeks	Yes

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

Atrio Health Plans – 12269

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Aultcare – 10472

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

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

Eligibility Date Options		
Past	Future	Range
Yes	No	No

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

Automated Benefit Services – 10890

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

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

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10890 Element = [NM108=PI] 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
Member ID	S1,D1 Min/Max=10			Provider ID	Situational. Provider ID if NM108=SV
Date of Birth	S1				
Dependent					
<i>Dep.</i> Last Name	D1				
<i>Dep.</i> First Name	D1				
<i>Dep.</i> Date Of Birth	D1				

Auxiant – 10900

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10900 Element = [NM108=PI] 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				

Avera Health Plans – 10869

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

AvMed Health Plans – AVMED

Search Options

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

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

Eligibility Date Options

Past	Future	Range
3 months	No	Yes

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

Bankers Fidelity Life Insurance Company – 11238

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Bankers Life and Casualty – 10813

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

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

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10813 Element = [NM108=PI] 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.				
Last Name	S1,S3				
First Name	S2,S3				
Member ID	S1,S2 Min=7 Max=10				
Date of Birth	S1,S3				

Banner University Family Care – 11209

Search Options

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

***Note:** Contracted Arizona Medicaid Payer

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11209 Element = [NM108=PI] 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				

Baycare Select Health Plans, Inc. – 12265

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Behavioral Health Systems, Inc. – 11227

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Benefit Management Inc. - 10665

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Better Health Plans of Florida – 10999

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Better Health Plans (Unison Health Plan) – 00199

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00199 Element = [NM108=PI] 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 required.			Provider ID	Min=2 Max=13 Either Federal Tax ID or Provider ID is required.
Last Name	S1			Plan Network ID	Min/Max=12 Either Plan Network ID or Facility Network ID is required.
First Name	S1			Facility Network ID	Min/Max=12 Either Plan Network ID or Facility Network ID is required.
Member ID	S1 Min/Max=12				
Date of Birth	S1				

Blue Benefit Administrators of Mass – 10803

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Dependent D1	<i>Sub: 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		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10803 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1, D1				
<i>Subscriber Date of Birth</i>	S1				
Dependent					
Last Name	D1				
<i>Subscriber Date of Birth</i>	D1				
<i>Dependent Date of Birth</i>	D1				

BlueChoice Health Plan South Carolina

Medicaid – 10504

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

BMC HealthNet Plan– 10556

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

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Boon Chapman Benefit Admin – 10414

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

Eligibility Date Options		
Past	Future	Range
No	No	Yes

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

Boon Group – 10821

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Member ID	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<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 = 10821 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,.D1.D2				
Date of Birth	S1, S3				
Dependent					
<i>Dep. Last Name</i>	D2,D3				
<i>Dep. First Name</i>	D2,D3				
<i>Dep. Date of Birth</i>	D1, D3				

Braven Health – 14321

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Bravo Health – 10399

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Bridgespan – 10827

Search Options

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

Eligibility Date Options

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

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

Bridgeway Arizona – 10901

Search Options

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

Note: This payer is under Centene Health Plans.

Eligibility Date Options

Past	Future	Range
No	No	No

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

Bright Health (Commercial and Medicare Advantage) – 11234

Search Options

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

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

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Bright Health (Commercial Plans) – 14351

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 ID supports DOS of 01/01/2022 and forward only.

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 14351 Element = [NM108=PI] NM109	Service Type Code	Operating Rule Codeset	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

Bright Health Medicare Advantage – 12266

Search Options

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

Note: The member ID must begin with a “5” and is followed by 8 numeric digits.

Note: This Payer ID now only supports DOS prior to 01/01/2022 for the Medicare Advantage lob for this payer. For any DOS on or after 01/01/2022, the submitter would use payer 11234 for Medicare Advantage plans under Bright Health.

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 = 12266 Element = [NM108=PI] NM109	Service Type Code	Operating Rule Codeset
NPI	National Provider ID. No notes specified.		
Name Last or Organization Name	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max = 9		
Date of Birth	S1		

Brokers National - Dental - 10783

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10783 Element [NM108=PI] 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				

Buckeye Community Health – 10566

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

Note – This payer is under Centene Health Plans.

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10566 Element = [NM108=PI] 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,S3 Min=2 Max=20				
Date of Birth	S2,S3				

CalOptima – 10972

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Cal-Viva – 11070

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Capital District Physicians Health Plan – 10458

Search Options

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

Eligibility Date Options

Past	Future	Range
15 months	60 days	No

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

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

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

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

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

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

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

CAPROCK – 10660

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

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10660 Element = [NM108=PI] 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, D1				
First Name	S1				
Member ID	S1, D1				
<i>Subscriber</i> Date of Birth	S1, D1				
Dependent					
Last Name	D1				
<i>Subscriber</i> First Name	D1				
<i>Dependent</i> Date of Birth	D1				

Care Improvement Plus – 10806

Search Options

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

Eligibility Date Options

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

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

CareFirst Administrators – 12273

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Care1st Health Plan Arizona – 10981

Search Options

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

Eligibility Date Options

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

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

CareMore – 11080

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

CareMore (11080) - Service Type Code List

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

CareMore (11080) - Service Type Code List

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

CarePlus Health Plan – 00324

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

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

CareSource Health (OH) – 994

Search Options

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

Eligibility Date Options

Past	Future	Range
12 months	60 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 994 Element = [NM108=PI] 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, S4,S5, S6				
First Name	S1 S4,S5				
Member ID	S1,S2,S3,S4				
SSN	S6				
Date of Birth	S1,S2,S3,S5				

Carolina Care Plan, Inc. (CCP) – 10762

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Last Name	First Name	Date of Birth	
Dependent D1	<i>Sub</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 = 10762 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2				
First Name	S2				
<i>Sub</i> : Member ID	S1, D1				
Date of Birth	S1, S2				
Dependent					
Last Name	D1				
<i>Dep</i> . First Name	D1				
<i>Dep</i> . Date of Birth	D1				

Celticare – 10589

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

Note – This payer is under Centene Health Plans.

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10589 Element = [NM108=PI] 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, S4				
First Name	S2, S3, S4				
Member ID	S1,S2, S4, D1, D2, D4 Min=2 Max=20				
Date of Birth	S1, S3, S4				
Dependent					
Last Name	D1, D3, D4				
First Name	D1, D2, D4				
Date of Birth	D1, D3, D4				
Last Name	D1, D3, D4				

Celtic Insurance – 10668

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

CenCal Health – 11106

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Cenpatico

Search Options

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

Note – This payer is under Centene Health Plans.

Eligibility Date Options

Past	Future	Range
No	No	No

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

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

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

Centene Health Plans

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Payers

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

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

Centene – Ambetter Sunshine Health – 11126

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Centene – Arkansas Total Care – 13291

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

CenterLight Healthcare – 10666

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Central California Alliance for Health – 10884

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	End of current month	No

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

Central Reserve Life Ins Co Medicare Supplement -10539

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

Eligibility Date Options		
Past	Future	Range
2 years	30 days	No

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

Central States Fund – 10486

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Central States Health & Life Co. of Omaha – 13281

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

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13281 Element = [NM108=PI] 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 Min/Max = 9		
Date of Birth	S1		

Central States Indemnity – 10744

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

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

Cerner Health Plan – 11018

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

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11018 Element = [NM108=PI] NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	No notes specified.		
Member ID	S1, S2, D1,D2 Min/Max=24		
Last Name	S2,S3		
First Name	S2,S3		
Date of Birth	S1,S3		
Dependents			
Last Name	D1		
First Name	D1		
Date of Birth	D2,D3		

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

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

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Children's Mercy PCN – 10906

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Christie Student Health Plans – 11113

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Christian Brothers Services – 10908

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

CHRISTUS Health Plan NM Medicare Advantage – 11007

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	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 =11007 Element = [NM108=PI] NM109	Federal Tax ID, NPI	Federal Tax ID if NM108 = FI NPI if NM108 = XX
Name Last or Organization Name	Required. No notes specified.	Service Type Code	The operating rule codeset.
Member ID	Max=80 S1,S2		
Last Name	S2,S3		
First Name	S2,S3		
Date of Birth	S1,S3		

CHRISTUS Health Plan TX HIX – 10696

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Cigna-GWH – 00001

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

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

Note: Great West Healthcare has been merged with Cigna

Eligibility Date Options		
Past	Future	Range
2 years	No	Yes

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

Claims Management Service Inc. – 11001

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

Eligibility Date Options		
Past	Future	Range
3 years	No	90 days

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

Clear Health Alliance – 12261

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Clover Health fka CarePoint Medicare Advantage – 10822

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Last Name	First Name	Member ID	
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 = 10822 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	S3				
First Name	S3				
Member ID	S1				
SSN	S2				
Date of Birth	S3				

CMFG Life Insurance – 10909

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Colonial Penn Life – 10852

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

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

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

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

Colorado Access – 00000002356

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required

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

Common Ground – 12272

Search Options

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

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 = 12272 Element = [NM108=PI]NM109	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC, 3, 64, 69, BJ, PT
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		

Community Health First Medicare Advantage – 10421

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

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

Community Health Choice – 11165

Search Options

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

Note - Dependent data may be promoted to the subscriber loop

Eligibility Date Options

Past	Future	Range
No	No	No

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

Community Health Group – 11087

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

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

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

Community Health Plan of Washington (CHPW) – 2641

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

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

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

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

Concentrix Insurance Services Outsourcing Services – 10861

Search Options

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

Eligibility Date Options

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10861 Element = [NM108=PI] 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			Provider ID	Situational if NM108 = SV
First Name	S2, S3				
Member ID	S1, S2, 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				

ConnectiCare – 10303

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

Please Note:

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

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

ConnectiCare – Medicare – 10517

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Consolidated Associates Railroad – 10669

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

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10669 Element = [NM108=PI] NM109	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		
Dependent			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		
Service Type Code	30		

Constellation Health (INMEDIATA HEALTH GROUP) – 11042

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Consumers Life – 10911

Search Options

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

Eligibility Date Options

Past	Future	Range
3 years	No	No

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

Consumer Mutual of Michigan – 11051

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Continental General Ins Co Medicare Supp – 10540

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

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

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

Cooperative Benefits Administrators – 00223

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Cook Children's Health Plan- 10610

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

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

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

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

CoreSource

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Payers

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = See table above Element = [NM108=PI] 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
Member ID	S1,D1 Min=10 Max=11				
Last Name	S1				
First Name	S1				
Date of Birth	S1				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

Country Life Insurance Company – 10670

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

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10670 Element = [NM108=PI] 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	S3,S4		
First Name	S3,S4		
Date of Birth	S4		
Dependent			
Last Name	D2,D3		
First Name	D2,D3		
Date of Birth	D1,D3		
Service Type Code	Accept all STC		

CountyCare – 11143

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	N/A	N/A

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

Covenant Administrators (TPA) – 10880

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10880 Element = [NM108=PI] 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 S3,S4,S5				
First Name	S1,S3,S5				
Member ID	S1,S2,S3,S4				
Date of Birth	S1,S2,S4,S5				

Coventry Healthcare

Search Options

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

Eligibility Date Options

Past	Future	Range
18 months	3 months	Yes



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

Note: These are Medicaid Payers.

Payers

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

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

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

Cox Health Plan – 10838

Search Options

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

Eligibility Date Options

Past	Future	Range
12 months	60 days	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10838 Element = [NM108=PI] 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,S4				
First Name	S2 S4,S5				
Member ID	S1,S2,S3,S4,S5				
Date of Birth	S1,S2,S3,S5				

Crum & Forster – 14314

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

CSI Life Insurance Company – 11160

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Required

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

Culinary Health Fund UNITE HERE Health-10775

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

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

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

Dean Health Plan – 10653

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

Eligibility Date Options		
Past	Future	Range
Yes	7 days	Yes

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

DeCare Dental Health Insurance - 10780

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Definity Health – 10828

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

Eligibility Date Options		
Past	Future	Range
6 months	30 days	Yes

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

Delta Dental

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

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

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

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

Delta Dental of Illinois – 11192

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required

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

Delta Dental of Iowa – 11205

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required

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

Delta Dental of Missouri – 12254

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required

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

Delta Dental of Wisconsin – 11203

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Dental Benefit Providers – 10787

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

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10787 Element [NM108=PI] 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				

Denver Health Medical Plan- 0000001321

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

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

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

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

Deseret Mutual (DMBA) – 10578

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	Yes	No

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

Required

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

Devoted Health – 12268

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 12268 Element = [NM108=PI] NM109	Service Type Code	Operating rule codeset
NPI	National Provider ID. No notes specified.		
Name Last or Organization	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max = 9		
Date of Birth	S1		

Director's Guild – 10077

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

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10077 Element = [NM108=PI] 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	S1,S2				
<i>Sub: Member ID</i>	S1, D1,D2				
Date of Birth	S1, S2				
Dependents					
<i>Dep. Last Name</i>	D1				
<i>Dep. First Name</i>	D1				
<i>Dep. Date of Birth</i>	D1,D2				

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

Search Options

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

Eligibility Date Options

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

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

Diversified Administration Corp – 11166

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<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	N/A	N/A

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

Driscoll Health Plan – 11090

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

EBMS – 10862

Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	<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 = 10862 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2,D1,D2				
Date of Birth	S1, S3				
Dependents					
<i>Dep. Last Name</i>	D2,D3				
<i>Dep. First Name</i>	D2,D3				
<i>Dep. Date of Birth</i>	D1, D3				

Educators Mutual Insurance (EMI) – 11135

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Elderplan – 11010

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Emblem Health – 10616

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Employee Benefit Services - Dental – 10784

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10784 Element [NM108=PI]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				

Empower Arkansas – 13293

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

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

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

EPSI, Inc. – 11011

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

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

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

EssenceHealthcare- 10601

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Evercare – 10807

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

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10807 Element = [NM108=PI] 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,S5,S6				
First Name	S2 S3,S5,S6				
Member ID	S1,S2,S3,D1				
Date of Birth	S1,S3,S5,S6				
SSN	S3,S4				
Dependents					
Dep. Last Name	D1,D2				
Dep. First Name	D1,D2				
Dep. Date of Birth	D1,D2				

Everence Financial – 10772

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

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

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

Everest Reinsurance Company – 11164

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

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Evergreen Health – 11136

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

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11136 Element = [NM108=PI] 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,D3		
Last Name	S1,S3		
First Name	S1,S3		
Date of Birth	S1, S2		
Dependents			
Last Name	D1,D2		
First Name	D1,D2		
Date of Birth	D2,D3		
Service Type Code	Operating code set		

Evergreen Health Co-Op – 10860

Search Options

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

Eligibility Date Options

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10860 Element = [NM108=PI] 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			Provider ID	Situational if NM108 = SV
First Name	S1,D1				
Member ID	S1.D1 Min/Max=10				
Date Of Birth	S1				
Dependents					
<i>Dep. Last Name</i>	D1				
<i>Dep. First Name</i>	D1				
<i>Dep. Date Of Birth</i>	D1				

Fallon Community Health Plan – 00272

Search Options

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

Eligibility Date Options

Past	Future	Range
5 Months	30 Days	No

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

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

Farm Bureau Health Plans – 11167

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Fidelis Care New York – 10459

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

FirstCare – 10870

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10870 Element = [NM108=PI] 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	S1Min/Max = 20				
Date of Birth	S1				

First Carolina Care – 11221

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 for North Carolina 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 = 11221 Element = [NM108=PI] NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Member ID	S1				
Date of Birth	S1				

First Health Network (Coventry National) – 11190

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

Eligibility Date Options		
Past	Future	Range
18 Months	3 Months	No

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

First Medical Network – 10916

Search Options

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

Eligibility Date Options

Past	Future	Range
18 months	No	Yes

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

First United American Insurance Company – 10987

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Fiserv Waussau – 11068

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Flex Compensation - Dental – 10799

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10799 Element [NM108=PI] 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				

Florida Combined Life – Dental – 10811

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Florida Health Care Plans – 10615

Search Options

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

Eligibility Date Options

Past	Future	Range
24 months	12 months	No

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

Florida True Health – 10839

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

Eligibility Date Options		
Past	Future	Range
Yes	No	No

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

Food Employers & Bakery Confectionary Workers Benefit – 10776

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Freedom Health Medicare Advantage – 13286

Search Options

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

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

Eligibility Date Options

Past	Future	Range
2 years	No	No

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

FSL Admin by KBA – 11052

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Gateway Health Plan – 10629

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 year	30 days	No

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

Geisinger Health Plan – 10611

Search Options

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

Note: Lines of business: Pennsylvania/Commercial.

Eligibility Date Options

Past	Future	Range
1 year	No	Yes

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

Geisinger Health Plan Gold – 10612

Search Options

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

Note: Lines of business: Pennsylvania/Medicare.

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10612 Element = [NM108=PI] 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=12		
Date of Birth	S1		

GEMCare – 11065

Search Options

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

Eligibility Date Options

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

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

GHI – Group Health Incorporated – 10808

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Globe Life & Accident Insurance Company – 10988

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10988 Element = [NM108=PI] 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	S1, S3				

Government Employees Health Association (GEHA) – 10394

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

G.M.P. Employers Retiree Trust – 11144

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11144 Element = [NM108=PI] 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				

Great Southern Life Insurance Company – 13282

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

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

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 13282 Element [NM108=PI] 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	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max = 9		
Date of Birth	S1		

Greater American Life Insurance Co

Medicare Supp – 10543

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Group & Pension Administrators – 10174

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

Eligibility Date Options		
Past	Future	Range
No	No	Yes

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

Group Dental Service – 11188

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	No	No

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

Group Health Northwest – 11041

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Group Practice Affiliates – 10583

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Guardian Life Insurance Co. of America – Dental – 10788

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

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Harmony Health Plan – 10514

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

Eligibility Date Options		
Past	Future	Range
Yes	Yes	Yes

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

Harvard Pilgrim Health Care – 00000002393

Search Options

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

Eligibility Date Options

Past	Future	Range
18 months	18 months	No

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

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

Required

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

Hawaii Mainland Admin (HMA) – 11112

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Health Alliance Medical Plan (IL) – 10871

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

Eligibility Date Options		
Past	Future	Range
2 years	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10871 Element = [NM108=PI] 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,S4	Dep Last Name	D1		
First Name	S3	Dep. First Name	D1		
Member ID	S1,S2,D1				
Date of Birth	S1,S3,S4				

Health Alliance Medical Plans (HAP) – 00000002077

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

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

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

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002077 Element = [NM108=PI] 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,S4 Min/Max=12		
SSN	S2		
Date of Birth	S1,S2,S3,S4		

Health Choice Arizona – 00329

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00329 Element = [NM108=PI] 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			Provider ID	Situational if NM108 = SV
First Name	S2				
Member ID	S1 Min/Max=12				
Date of Birth	S2				

Health First Health Plan – 10673

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Health First Insurance – 10674

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Health First New Jersey – 10438

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Health First New York – 00240

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Health Choice Oklahoma – 11148

Search Options

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

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Health Net National – 10385

Search Options

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

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

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

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

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

Health New England – 10627

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	End of current month	No

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

Health Partners (Minnesota) – 10484

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

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

Health Partners of Philadelphia – 00288

Search Options

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

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

Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

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

Health Plan of San Mateo – 10362

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

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

Health Services for Children with Special Needs – 10584

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Health Share/Care Oregon – 10823

Search Options

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

Note: Healthshare is the only MCO plan currently under Care Oregon that is available for the Eligibility and Benefits (270/271) transaction. Other Care Oregon plans can be submitted to our Oregon Medicaid payer ID 10160 for eligibility and benefit details.

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10823 Element = [NM108=PI] NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2,S3				
First Name	S3,S4				
Member ID	S1,S2,S3,S4 Min/Max=12				
Date of Birth	S1,S2,S4				

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

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

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

Healthcare Highways – 14312

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 = 14312 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		

Healthcare Management Administrators – 11084

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

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

HealthComp Administrators – 11020

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11020 Element = [NM108=PI] 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,S2,D1,D2 Min/Max=24		
Date of Birth	S1,S3		
Dependents			
Last Name	D1,D3		
First Name	D1,D3		
Date of Birth	D2,D3		

HealthEase – 10510

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10510 Element = [NM108=PI] 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		

HealthEase Kids – 10511

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10511 Element = [NM108=PI] 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		

HealthEdge Administrators – 11036

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

HEALTHe Exchange – 10597

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

HealthFirst New York – 10099

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Healthgram – 10692

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

HealthMarkets (Chesapeake National Life) – 00207

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

Eligibility Date Options		
Past	Future	Range
1 year	Yes	No

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

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

HealthPlan of Nevada – 10804

Search Options

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

Eligibility Date Options

Past	Future	Range
18 months	End of current month	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10804 Element = [NM108=PI] 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,S5,S6				
First Name	S2 S3,S5,S6				
<i>Sub. Member ID</i>	S1,S2,S3,D1				
Date of Birth	S1,S3,S5,S6				
SSN	S3,S4				
Dependents					
<i>Dep. Last Name</i>	D1,D2				
<i>Dep. First Name</i>	D1,D2				
<i>Dep. Date of Birth</i>	D1,D2				

Health Plan Upper Ohio Valley – 10657

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

HealthPlans Inc. – 10802

Search Options

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

Eligibility Date Options

Past	Future	Range
3 years	No	No

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

HealthPlus of Michigan – 1311

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

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

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

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

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

HealthSmart Benefit Solutions – 11079

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

Healthsource Provident - Dental – 10789

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10789 Element [NM108=PI] 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				

HealthSpring– 10552

Search Options

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

Eligibility Date Options

Past	Future	Range
No - current date only	No	No

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

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

HealthTeam Advantage – 11239

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	No	No

Required

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

Situational

Hershey Healthsmile - Dental – 10795

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10795 Element [NM108=PI] 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				

Highmark Senior Solutions Company – 11024

Search Options

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

Eligibility Date Options

Past	Future	Range
2 Years	6 Months	No

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

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

HIPNY – 10406

Search Options

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

Eligibility Date Options

Past	Future	Range
No	No	No

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

HM Care Advantage Admin by KBA – 11053

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

Eligibility Date Options		
Past	Future	Range
No	No	No

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

Hometown Health – 3597

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	30 days	60 days

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

Hooray Health – 14304

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

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

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

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Horizon NJ Health – 2840

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	End of current month	Yes

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

HSBS Oklahoma City – 11169

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	N/A	N/A

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

Hudson Health Plan – 11046

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

Eligibility Date Options		
Past	Future	Range
1 year	No	No

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

Humana – 00041

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	1 year	No

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

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

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

Humana Caresource (KY) – 10920

Search Options

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

Eligibility Date Options

Past	Future	Range
1 Year	End of Current Month	Yes

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

Humana Dental – 11213

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

Eligibility Date Options		
Past	Future	Range
1 Year	No	No

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

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

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

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		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		

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] NM109	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		

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		
Date of Birth	S1, S2, S4, S5		

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] NM109	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] NM109	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] 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=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] NM109	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] NM109	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] 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	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] NM109	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				
Dependents					
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] NM109	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] NM109	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	First Name	Last Name	Date of Birth	Gender
Subscriber S2	Member ID	Date of Birth			
Subscriber S3	Member ID	First Name	Last 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 = 00276 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	Situational if NM108 = FI
Last Name	S1, S3				
First Name	S1, S3				
Member ID	S1, S2, S3 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] NM109	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] NM109
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	First Name	
Subscriber S3	Member ID	Last 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] NM109	Service Type Code	30
NPI	Required. No notes specified.		
Federal Tax ID	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2		
Member ID	S1, S2,S3 Min/Max=12		
Date of Birth	S1,S2		
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] NM109	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] NM109	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	

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] NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2, S4		
First Name	S2, S4		
Member ID	S1, S2, D1, D2 Min/Max=9		
Date of Birth	S1, S3, S4		
SSN	S3, D3		
Dependent			
Last Name	D2, D4		
First Name	D2, D4		
Date of Birth	D1, D3, D4		

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] NM109	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				
Dependents					
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] NM109	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 – 2232

Search Options

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

Note: Members in Keystone First live in the geographic area surrounding and within Philadelphia. Keystone First members that are dual eligible Medicare and Medicaid or that have Keystone First Community Health Choice should be submitted through payer ID 12271.

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] NM109	Service Type Code	30
NPI	Required. No notes specified.		
Federal Tax ID	Required. No notes specified.		
Last Name	S2		
First Name	S2		
Member ID	S1 Min/Max=12		
SSN	S3		
Date of Birth	S2		

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] NM109	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] NM109	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] NM109	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] 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		
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]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				

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] NM109	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	<i>Dep:</i> Last Name	<i>Dep:</i> First Name	<i>Dep:</i> Date of Birth
Dependent D2	Member ID	<i>Dep:</i> Last 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 = 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				
<i>Sub:</i> Member ID	S1,S2,D1,D2				
Date of Birth	S1, S2				
Dependents					
<i>Dep.</i> Last Name	D1,D2				
<i>Dep.</i> First Name	D1				
<i>Dep.</i> 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] 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		

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] NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1 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] 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				

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] NM109	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] NM109	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] NM109	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] NM109	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] NM109	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] 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,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] NM109	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
Subscriber		
1 year	No	No
Dependents		
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] NM109	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		
Dependents			
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] NM109	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] NM109	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] 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,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</i> Member ID	S1, D1				
Last Name	S1				
First Name	S1				
Date of Birth	S1				
Dependents					
<i>Dependent</i> Last Name	D1				
<i>Dependent</i> First Name	D1				
<i>Dependent</i> Date of Birth	D1				
<i>Dependent</i> Gender	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] NM109	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		
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,D1				
First Name	S1				
<i>Sub</i> : Member ID	S1,D1				
Date of Birth	S1				
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] NM109	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] NM109	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				
Dependents					
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] NM109	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] NM109	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] NM109	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] NM109	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= Payer ID	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	Last Name	First Name	Member ID	Date of Birth
Subscriber S2	Last Name	Member ID	Date of Birth	
Subscriber S3	Member ID	Date of Birth		
Subscriber S4	Last Name	First Name	Date of Birth	
Subscriber S5	SSN	Last Name		

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] 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,S4,S5,S6				
First Name	S1,S4				
Member ID	S1,S2,S3,				
SSN	S5				
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	
Subscriber S1	Member ID			
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
Payer					Information Source Level: 2100A		
Payer ID	R	5	5	AN	00340	[NM108=PI] NM109	
Provider					Information Receiver Level: 2100B		
Provider ID/NPI	R	2	9/10	N		[NM108=SV/XX] NM109	
Subscriber					Subscriber Level: 2100C		
Last Name	S2	1	35	AN		NM103	
First Name	S2	1	25	AN		NM104	
Member ID	S1	2	80	AN		[NM108=MI] NM109	
Date of Birth	S2	8	8	DT	CCYYMMDD	DMG02	
Service Type Code	O	1	2	ID	30	EQ01	
Usage:	R=Required, O=Optional, S=Situational						
Data Type:	N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code						

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	
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 (MM000000000). 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,D1,D2		
Last Name	S1,S2		
First Name	S2		
Date of Birth	S1		
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] 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	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] NM109	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				
Dependents					
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]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2				
First Name	S1,S2				
<i>Subscriber Member ID</i>	S1,S3				
Date of Birth	S1,S2,S3				

MMM of Florida – 12264

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
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 = 12264 Element = [NM108=PI] NM109	Service Type Code	Operating rule codeset
NPI	Required. No notes specified.		
Name Last or Organization Name	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=9		
Date of Birth	S1		
Gender	F, M		

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] NM109	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				

MORECARE – 14306

Search Options

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

Note: This payer is a Medicare Advantage payer that supports multiple plans.

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 = 14306 Element = [NM108=PI] NM109	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AI, MH, UC
Name Last or Organization	No notes specified.		
NPI	No notes specified.		
Last Name	S1,S2,S4		
First Name	S1,S4		
Member ID	S1,S2,S3 Min/Max=9		
Date of Birth	S2,S3,S4		

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] NM109	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] NM109	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] NM109	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] NM109	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] NM109	Service Type Code	1,2,4,5,6,7,8,12,13,18,20,30,33,35, 40, 42, 45, 47, 48, 50,51, 52,53,62,65,68,73,76,78,80,81,82,86,88,93,98,99,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] 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,S5				
First Name	S2,S5				
Member ID	S1,S2,S3.D1.D2				
SSN	S4,D3				
Date of Birth	S2,S4,S5				
Dependents					
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				
<i>Subscriber</i> 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] NM109	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] NM109	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				
Dependents					
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] 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		

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] NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 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] NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S2, S3				
First Name	S2, S3				
Member ID	S1,S2,D4,D5				
Date of Birth	S1, S3				
Dependents					
<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] NM109	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] NM109	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] NM109	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] NM109	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				
Dependent					
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] NM109	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]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	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				
Dependent					
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] NM109	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] NM109	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]NM109	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] NM109	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				
Dependent					
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] NM109	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				
Dependent					
<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]NM109	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] NM109	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		

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] NM109	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] NM109	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	

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 Min/Max=11		
Date of Birth	S1,S2		

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] NM109	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] 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	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] NM109	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=230	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] 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 = 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] 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				

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] NM109	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] NM109	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] NM109	Service Type Code	30
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1		
Date of Birth	S1		
Gender	S1		

RightCare from Scott and White Health Plan – 11116

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	90

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] NM109	Service Type Code	The default value is set to "30." Also supports: 1, 30, 33, 35, 47, 48, 50, 52, 86, 88, 98, A4, AL, MH, and UC.
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		

Rocky Mountain Health Plan – 00347

Search Options

Option	Element 1	Element 2	Element 3	
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 = 00347 Element = [NM108=PI] NM109	Service Type Code	The operating code rule set	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Last Name	S1				
First Name	S1				
Sub: Member ID	S1				
Date of Birth	S1				

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] 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 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] 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	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
Payer					Information Source Level: 2100A		
Payer ID	R	5	5	AN	1046	[NM108=PI] NM109	
Provider					Information Receiver Level: 2100B		
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber					Subscriber Level: 2100C		
Last Name	S1	1	35	AN		NM103	Full name required
First Name	S1	1	25	AN		NM104	Full name required
Member ID	S1	2	80	AN		[NM108=MI] NM109	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Service Type Code	O	1	2	ID	30	EQ01	
Usage:	R=Required, O=Optional, S=Situational						
Data	N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code						

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				
Dependent					
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]NM109	Service Type Code	The operating rule codeset
Name Last or Organization Name	Required. No notes indicated.		
NPI	Required. No notes indicated.		
Last Name	S2		
First Name	S2		
Member ID	Min/Max=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] 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	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

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] 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.		
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		

Situational

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 & White Health Plan – 00000002076

Search Options

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

Eligibility Date Options

Past	Future	Range
1 year	60 days	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002076 Element = [NM108=PI] NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Min=1 Max=60			Federal Tax ID	Situational if NM108 = FI
Last Name	S1,S2,S4,S5				
First Name	S1,S4,S5				
Member ID	S1,S2,S3,S4 Min/Max=12				
Date of Birth	S1,S2,S3,S5 Codes and Values =CCYYMMDD				

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] 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				

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] 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				

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] NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108 = FI
Last Name	S1				
First Name	S1				
Member ID	S1,D1				
Date of Birth	S1				
Dependents					
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				
Dependents					
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] NM109	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] NM109	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				

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] NM109	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] NM109	Service Type Code	30	NPI	Situational. if NM108=XX.
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Situational if NM108=FI.
Last Name	S1				
First Name	S1				
Member ID	S1 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] 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		

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
Payer					Information Source Level: 2100A		
Payer ID	R	5	5	AN	10591	[NM108=PI] NM109	
Provider					Information Receiver Level: 2100B		
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber					Subscriber Level: 2100C		
Last Name	S2, S3, S4	1	35	AN		NM103	
First Name	S2, S3, S4	1	25	AN		NM104	
Member ID	S1,S2, S4, D1, D2,	2	20	AN		[NM108=MI] NM109	
Date of Birth	S1, S3, S4	8	8	DT	CCYYMMDD	DMG02	
Service Type Code	O	1	2	ID	30	EQ01	
Dependent					Dependent Level: 2100D		
Last Name	D1, D3,	1	35	AN		NM103	
First Name	D1, D2, D4	1	25	AN		NM104	
Date of Birth	D1, D3, D4	8	8	DT	CCYYMMDD	DMG02	
Service Type	O	1	2	ID	30	EQ01	
Usage:	R=Required, O=Optional, S=Situational						
Data	N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code						

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] NM109	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] NM109	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] NM109	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] NM109	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		
Dependents			
Last Name	D2, D3, D4		
First Name	D2, D3, D4		
Date of Birth	D1, D3, D4		

Stewart C Miller and Co – 10937

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 = 10937 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		

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] NM109	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					
<i>Subscriber</i> Member ID	D1, D2				
<i>Dep.</i> Last Name	D2, D3				
<i>Dep.</i> First Name	D2, D3				
<i>Dep.</i> 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] NM109	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] NM109	Service Type Code	The operating code set.	NPI	[NM108=XX] NM109
Name Last or Organization Name	NM103				
Last Name	S1 NM103				
First Name	S1 NM104				
Member ID	S1,D1 [NM108=MI] NM109				
Date of Birth	S1 DMG02				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1 DMG02				

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] 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				

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] NM109	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] NM109	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] NM109	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2, S4		
First Name	S2, S4		
Member ID	S1, S2, D1, D2 Min/Max=9		
Date of Birth	S1, S4		
SSN	S3, D3		
Date of Birth	S1, S3, S4		
Dependents			
Last Name	D2, D4		
First Name	D2, D4		
Date of Birth	D1, D3, D4		

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

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] 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=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] NM109	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				
Dependents					
<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				

True Health New Mexico – 14310

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>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
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 = 14310 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,D2 Min/Max=9		
Date of Birth	S1,S2		
Dependents			
Last Name	D1,D2		
First Name	D1,D2		
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
Dependent	
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] NM109	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] 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				

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
Dependent	
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] 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				

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] 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	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]NM109	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] NM109	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] 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 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				
Dependent					
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				
Dependent					
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] 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 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] NM109	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] NM109	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] NM109	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				
Dependents					
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] NM109	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] NM109	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] NM109	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. – 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	Sub. Member ID	Dep. Date of Birth		
Dependent D2	Sub. Member ID	Dep. Last name	Dep. First name	
Dependent D3	Dep. Last name	Dep. First Name	Dep. Date of Birth	

Eligibility Date Options

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

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10858 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	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, 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	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: Drummond Plan Member ID format is Alpha prefix + 9 digits

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
P a y e r I D Codes and Values = 10468 Element = [NM108=PI] NM109		Service Type Code	30
N a m e L a s t o r C o r p o r a t i o n	No notes specified.		

a t t r i b u t i o n N a m e			
N P L	No notes specified.		
L a s t N a m e	S1,S2		
F i r s t N a m e	S1,S2		
M e m b e r I D	S1, D1, D2 Min/Max=10-11		
D a t e o f B i r t h	S1,S2		
Dependents			
D e p · L a s t N a	D2, D3		

n e			
D e p · F i r s t N a m e	D2, D3		
D e p · D a t e o f B i r t h	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] NM109	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 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] NM109	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				

WEA Trust – 10554

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	Sub: Last Name	Sub: First Name	Dep: Last Name
Dependent D1 (con't)	Dep: First Name	Dep: 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 = 10554 Element = [NM108=PI]NM109	Service Type Code	30	NPI	Situational if NM108 = XX
Name Last or Organization	Required. No notes specified.				
Sub: Last Name	S1,D1				
Sub: First Name	S1,D1				
Sub: Member ID	S1,D1				
Date of Birth	S1				
Dependents					
Last Name	D1				
First Name	D1				
Date of Birth	D1				

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] NM109	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				
Dependents					
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] NM109	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				
<i>Subscriber</i> Member ID	S1				
Date of Birth	S1				

Payer Maintenance Schedule

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

Payer Maintenance Schedule cont.

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

Payer Maintenance Schedule cont.

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

Payer Maintenance Schedule cont.

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

Payer Maintenance Schedule cont.

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

Payer Maintenance Schedule cont.

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

Payer Maintenance Schedule cont.

Payer	Stated Downtime
Elderplan	No Stated Downtime
Educators Mutual Insurance	No Stated Downtime
Emblem Health	No Stated Downtime
Employee Benefit Services - Dental	No Stated Downtime
EBMS	No Stated Downtime
EPIC Life Insurance	No Stated Downtime
EPSI, Inc.	No Stated Downtime
Equitable Life Casualty Insurance Company	No Stated Downtime
Essence Healthcare	No Stated Downtime
Evangelical Community Hospital	No Stated Downtime
Evercare	No Stated Downtime
Everence Financial	No Stated Downtime
Everest Reinsurance Company	No Stated Downtime
Evergreen Health	No Stated Downtime
Evergreen Health Co-Op	No Stated Downtime
Expert Benefit Solutions	No Stated Downtime
Fallon Community Health Plan	No Stated Downtime
FamilyCare	No Stated Downtime
Farm Bureau Health Plans	No Stated Downtime
Federated Insurance Company	No Stated Downtime
Fidelis Care New York	No Stated Downtime
FirstCare	No Stated Downtime
First Health	No Stated Downtime
First Health Network (Coventry National)	No Stated Downtime
First Medical Network	No Stated Downtime
First United American Insurance Company	No Stated Downtime
Flex Compensation - Dental	No Stated Downtime
Florida Combined Life - Dental	No Stated Downtime
Florida Hospital Healthcare System	No Stated Downtime
Florida True Health	No Stated Downtime
Food Employers & Bakery Workers Benefit	No Stated Downtime
Food Employers & Bakery Confectionary Workers Benefit	No Stated Downtime
Fox/Everett	No Stated Downtime
Freedom Blue	No Stated Downtime
Frensenius Health	No Stated Downtime
FSL Admin by KBA	No Stated Downtime
Gateway Health Plan	No Stated Downtime
Geisinger Health Plan	No Stated Downtime
Geisinger Health Plan Gold	No Stated Downtime
GEMCare	No Stated Downtime
GHI - Group Health Incorporated	No Stated Downtime
Globe Life & Accident Insurance Company	No Stated Downtime
Government Employees Hospital Association GEHA	mon - fri 5:20am-6am, 5:25pm-6:55pm, sat 5:20am-6:35am, sun 12:15pm-2:30pm, 6pm-10:00pm (Central) Thurs 5:30am-8:00am (MT),Sun 9:00am-12:00pm (MT)

Payer Maintenance Schedule cont.

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

Payer Maintenance Schedule cont.

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

Payer Maintenance Schedule cont.

Payer	Stated Downtime
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	2 nd 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 Downtim
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)
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)

Payer Maintenance Schedule cont.

Payer	Stated Downtime
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
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
MMM of Florida	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
MORECARE	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)

Payer Maintenance Schedule cont.

Payer	Stated Downtime
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
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 rd Friday of every month 12am – 5am (Pacific)
Pacificare of Oklahoma (HMO)	3 rd Friday of every month 12am – 5am (Pacific)
Pacificare of Oregon (HMO)	3 rd Friday of every month 12am – 5am (Pacific)
Pacificare of Texas (HMO)	3 rd Friday of every month 12am – 5am (Pacific)
Pacificare of Washington (HMO)	3 rd Friday of every month 12am – 5am (Pacific)
Pacificare of Arizona (HMO)	3 rd Friday of every month 12am – 5am (Pacific)
Pacificare of Colorado (HMO)	3 rd Friday of every month 12am – 5am (Pacific)
Pacificare of Nevada (HMO)	3 rd 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

Payer Maintenance Schedule cont.

Payer	Stated Downtime
Passport Advantage	2 nd weekend of every month where unavailability will be between 1 hour and 2 days
Kentucky Passport	2 nd 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 Administrators (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
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
Rocky Mountain Health Plan	Daily 5:00am – 8:00 am ET
Royal Neighbors of America	No Stated Downtime

Payer Maintenance Schedule cont.

Payer	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
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
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
South Country Health Alliance Medicaid	No Stated Downtime
South Country Health Alliance Medicare	No Stated Downtime
Soundpath Health	No Stated Downtime
Spectrum Health	No Stated Downtime
SPJST Medicare Supplement	No Stated Downtime
State Mutual (Lincoln Novation)	No Stated Downtime

Payer Maintenance Schedule cont.

Payer	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
Stewart C Miller and Co	No Stated Downtime
Stobebidge 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
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
True Health New Mexico	No Stated Downtime
Trustmark Insurance	No Stated Downtime
Tufts Heath Plan	No Stated Downtime
Ucare of Minnesota	No Stated Downtime
UMR	No Stated Downtime

Payer Maintenance Schedule cont.

Payer	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)
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
WEA Trust	Sun 4:00p-5:00p, occasionally 8:00p-8:30p (EST)

Payer Maintenance Schedule cont.

Payer	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