CONDUENT

Conduent EDI Solutions, Inc. Eligibility Gateway 276/277 Payer Guide

Version 4010

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American National Insurance Company – 10595

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

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						**Information Source Level: 2100A**	
Organization Name	R	1	35	AN	AMERICAN NATIONAL INSURANCE COMPANY	**NM103**	
Payer ID	R	5	5	AN	10595	[NM108=PI] **NM109**	
Information Receiver Name						**Information Receiver Level: 2100B**	
Federal Tax ID	R	9	9	N		[NM108=FI] **NM109**	
Service Provider Name						**Service Provider Level: 2100C**	
Federal Tax ID	R	9	9	N		[NM108=FI] **NM109**	
Subscriber						**Subscriber Level: 2000D**	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] **DMG02**	
Gender	S1	2	2	ID	F, M, U	**DMG03**	
Subscriber Name						**Level: 2100D**	
Last Name	S1,D1	1	35	AN		**NM103**	
First Name	S1	1	25	AN		**NM104**	
Member ID	S1,D1	2	20	AN		[NM108=MI] **NM109**	
Subscriber Claim Submitter Trace						**Level: 2200D**	
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	

Dependent							Dependent Level: 2000E	
Birth Date	D1	8	8	DT			[DMG01=D8] **DMG02**	
Gender	D1	1	1	ID	F,M,U		**DMG03**	
Dependent Name							Level: 2100E	
Last Name	D1	1	35	AN			[NM102=1] **NM103**	
First Name	D1	1	25	AN			[NM102=1] **NM104**	
Dependent Claim Submitter Trace							Level: 2200E	
Trace Number	R	1	30	AN			[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN			[REF01=1K] **REF02**	
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] **AMT02**	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT			[DTP01=232] [DTP02=RD8] **DTP03**	
Usage: **R=Required, O=Optional, S=Situational** **Data Type:** **N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal**								

American National Life Insurance Company of Texas – 10596

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

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						**Information Source Level: 2100A**	
Organization Name	R	1	35	AN	AMERICAN NATIONAL LIFE INSURANCE COMPANY TX	**NM103**	
Payer ID	R	5	5	AN	10596	[NM108=PI] **NM109**	
Information Receiver Name						**Information Receiver Level: 2100B**	
Federal Tax ID	R	9	9	N		[NM108=FI] **NM109**	
Service Provider Name						**Service Provider Level: 2100C**	
Federal Tax ID	R	9	9	N		[NM108=FI] **NM109**	
Subscriber						**Subscriber Level: 2000D**	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] **DMG02**	
Gender	S1	2	2	ID	F, M, U	**DMG03**	
Subscriber Name						**Level: 2100D**	
Last Name	S1,D1	1	35	AN		**NM103**	
First Name	S1	1	25	AN		**NM104**	
Member ID	S1,D1	2	20	AN		[NM108=MI] **NM109**	
Subscriber Claim Submitter Trace						**Level: 2200D**	
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	
Dependent							**Dependent Level: 2000E**
Birth Date	D1	8	8	DT		[DMG01=D8] **DMG02**	
Gender	D1	1	1	ID	F,M,U	**DMG03**	
Dependent Name							**Level: 2100E**
Last Name	D1	1	35	AN		[NM102=1] **NM103**	
First Name	D1	1	25	AN		[NM102=1] **NM104**	
Dependent Claim Submitter Trace							**Level: 2200E**
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	
Usage: **R=Required, O=Optional, S=Situational**							
Data Type: **N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal**							

Best Life and Health – 00257

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	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	**Element 6**				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						**Information Source Level: 2100A**	
Organization Name	R	1	35	AN	BEST LIFE AND HEALTH	**NM103**	
Payer ID	R	5	5	AN	00257	[NM108=PI] **NM109**	
Information Receiver Name						**Information Receiver Level: 2100B**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] **NM109**	
Service Provider Name						**Service Provider Level: 2100C**	
Provider ID	S	2	7	N		[NM108=SV] **NM109**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
Subscriber						**Subscriber Level: 2000D**	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] **DMG02**	
Gender	S1	2	2	ID	F, M, U	**DMG03**	
Subscriber Name						**Level: 2100D**	
Last Name	S1,D1	1	35	AN		**NM103**	
First Name	S1,D1	1	25	AN		**NM104**	
Member ID	S1,D1	1	24	AN		[NM108=mi] **NM109**	
Subscriber Claim Submitter Trace						**Level: 2200D**	
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] **REF02**	Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	
Dependent							**Dependent Level: 2000E**
Birth Date	D1	8	8	DT		[DMG01=D8] **DMG02**	
Gender	D1	1	1	ID	F,M,U	**DMG03**	
Dependent Name							**Level: 2100E**
Last Name	D1	1	35	AN		[NM102=1] **NM103**	
First Name	D1	1	25	AN		[NM102=1] **NM104**	
Dependent Claim Submitter Trace							**Level: 2200E**
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	
Usage: R=Required, O=Optional, S=Situational **Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal**							

Key Benefits Administrators (IN) – 10754

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

Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						**Information Source Level: 2100A**	
Organization Name	R	1	35	AN	MAMSI	**NM103**	
Payer ID	R	5	5	AN	MAMSI	[NM108=PI] **NM109**	
Information Receiver Name						**Information Receiver Level: 2100B**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
NPI	S	10	10	N		[NM108=XX] **NM109**	
Service Provider Name						**Service Provider Level: 2100C**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
NPI	S	10	10	N		[NM108=XX] **NM109**	
Subscriber						**Subscriber Level: 2000D**	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] **DMG02**	
Gender	S1	2	2	ID	F, M, U	**DMG03**	
Subscriber Name						**Level: 2100D**	
Last Name	S1,D1	1	35	AN		**NM103**	
First Name	S1	1	25	AN		**NM104**	
Member ID	S1,D1	9	9	AN		[NM108=MI] **NM109**	
Subscriber Claim Submitter Trace						**Level: 2200D**	
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	
Bill Type Identifier	O	1	30	AN		REF01=BLT] **REF02**	

Medical Record Number	O	1	30	An		REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							**Dependent Level: 2000E**
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							**Level: 2100E**
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	D1	1	1	AN		NM105	
Dependent Claim Submitter Trace							**Level: 2200E**
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		REF01=BLT] REF02	
Medical Record Number	O	1	30	An		REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational **Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal**							

Pittman and Associates- 10408

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	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	**Element 6**	**Element 7**			
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						**Information Source Level: 2100A**	
Organization Name	R	1	35	AN	Pittman And Associates	**NM103**	
Payer ID	R	5	5	AN	10408	[NM108=PI] **NM109**	
Information Receiver Name						**Information Receiver Level: 2100B**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
NPI	S	10	10	N		[NM108=XX] **NM109**	
Service Provider Name						**Service Provider Level: 2100C**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
NPI	S	10	10	N		[NM108=XX] **NM109**	
Subscriber						**Subscriber Level: 2000D**	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] **DMG02**	
Gender	S1	2	2	ID	F, M, U	**DMG03**	
Subscriber Name						**Level: 2100D**	
Last Name	S1,D1	1	35	AN		**NM103**	
First Name	S1	1	25	AN		**NM104**	
Member ID	S1,D1	2	20	AN		[NM108=MI] **NM109**	
Subscriber Claim Submitter Trace						**Level: 2200D**	
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] **REF02**	If known

Total Claim Charge Amount	R	1	10	R			[AMT01=T3] **AMT02**	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT			[DTP01=232] [DTP02=RD8] **DTP03**	

Dependent								**Dependent Level: 2000E**
Birth Date	D1	8	8	DT			[DMG01=D8] **DMG02**	
Gender	D1	1	1	ID	F,M,U		**DMG03**	

Dependent Name								**Level: 2100E**
Last Name	D1	1	35	AN			[NM102=1] **NM103**	
First Name	D1	1	25	AN			[NM102=1] **NM104**	

Dependent Claim Submitter Trace								**Level: 2200E**
Trace Number	R	1	30	AN			[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN			[REF01=1K] **REF02**	If known and individual claim is sought.
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] **AMT02**	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT			[DTP01=232] [DTP02=RD8] **DTP03**	

Disclaimer: None

Usage:　　　**R=Required, O=Optional, S=Situational**
Data Type:　N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

QuikTrip Corporation – 10508

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	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	**Element 6**				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						**Information Source Level: 2100A**	
Organization Name	R	1	35	AN	QUIKTRIP	**NM103**	
Payer ID	R	5	5	AN	10508	[NM108=PI] **NM109**	
Information Receiver Name						**Information Receiver Level: 2100B**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
NPI	S	10	10	N		[NM108=XX] **NM109**	
Service Provider Name						**Service Provider Level: 2100C**	
Federal Tax ID	S	9	9	N		[NM108=FI] **NM109**	
NPI	S	10	10	N		[NM108=XX] **NM109**	
Subscriber						**Subscriber Level: 2000D**	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] **DMG02**	
Gender	S1	2	2	ID	F, M, U	**DMG03**	
Subscriber Name						**Level: 2100D**	
Last Name	S1,D1	1	35	AN		**NM103**	
First Name	S1	1	25	AN		**NM104**	
Member ID	S1,D1	2	20	AN		[NM108=MI] **NM109**	
Subscriber Claim Submitter Trace						**Level: 2200D**	
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	
Dependent							**Dependent Level: 2000E**
Birth Date	D1	8	8	DT		[DMG01=D8] **DMG02**	
Gender	D1	1	1	ID	F,M,U	**DMG03**	
Dependent Name							**Level: 2100E**
Last Name	D1	1	35	AN		[NM102=1] **NM103**	
First Name	D1	1	25	AN		[NM102=1] **NM104**	
Dependent Claim Submitter Trace							**Level: 2200E**
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	

Usage: **R=Required, O=Optional, S=Situational**
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Union Pacific Railroad Employee Health Systems – 10599

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

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						**Information Source Level: 2100A**	
Organization Name	R	1	35	AN	UNION PACIFIC EMPLOYEE HEALTH SYSTEMS	**NM103**	
Payer ID	R	5	5	AN	10599	[NM108=PI] **NM109**	
Information Receiver Name						**Information Receiver Level: 2100B**	
Federal Tax ID	R	9	9	N		[NM108=FI] **NM109**	Either the Tax ID, or ETIN is required
Electronic Transmitter Identification Number (ETIN)	R	1	20	AN		[NM108=46] **NM109**	Either the Tax ID, or ETIN is required
Service Provider Name						**Service Provider Level: 2100C**	
Federal Tax ID	R	9	9	N		[NM108=FI] **NM109**	Either the Tax ID, or Provider is required
Provider ID	R	1	20	AN		[NM108=46] **NM109**	Either the Tax ID, or Provider is required
Subscriber						**Subscriber Level: 2000D**	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] **DMG02**	
Gender	S1	2	2	ID	F, M, U	**DMG03**	
Subscriber Name						**Level: 2100D**	
Last Name	S1,D1	1	35	AN		**NM103**	
First Name	S1	1	25	AN		**NM104**	
Member ID	S1,D1	2	20	AN		[NM108=MI] **NM109**	
Subscriber Claim Submitter Trace						**Level: 2200D**	
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	

Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							**Dependent Level: 2000E**
Birth Date	D1	8	8	DT		[DMG01=D8] **DMG02**	
Gender	D1	1	1	ID	F,M,U	**DMG03**	
Dependent Name							**Level: 2100E**
Last Name	D1	1	35	AN		[NM102=1] **NM103**	
First Name	D1	1	25	AN		[NM102=1] **NM104**	
Dependent Claim Submitter Trace							**Level: 2200E**
Trace Number	R	1	30	AN		[TRN01=1] **TRN02**	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] **REF02**	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] **AMT02**	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] **DTP03**	
Usage: **R=Required, O=Optional, S=Situational** **Data Type:** **N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal**							

Revisions

Date	Changes
10/28/08	Completed
12/17/08	Modified payer MO Caid added note regarding atypical NPI for NPI-Exempt providers
12/17/08	Modified FL Caid set period date restrictions up to 1 year in the past
12/17/08	Added Payer BCBS NJ Horizons
12/17/08	Modified United Healthcare set min/max on member ID to 9-9
2/5/09	Added American Community Mutual
2/5/09	Added Ameritas Group-Ameritas Life Insurance, First Ameritas of New York, First Reliance Standard Life, Reliance Standard Life, Standard Insurance, Standard Insurance of New York
2/5/09	Added BCBS SC
2/5/09	Added AARP
2/5/09	Added Aetna LTC
2/5/09	Added Aftra Health Fund
2/5/09	Added AMC- American General Life and Accident
2/5/09	Added AMC- Future Health
2/5/09	Added AMC- PolyAmerica
2/5/09	Updated Cigna, set member ID min/max to 1-24
2/5/09	Added AMC- Touchstone
2/5/09	Added AMC- Touchstone PSO
2/5/09	Added Unicare
2/5/09	Added Wellpoint payers- BCBS CO, CT, GA, IN, KY, ME, MO, NV, NH, NY Empire, OH, VA, WI, Blue Cross of CA
2/5/09	Added American Republic Insurance Company
3/12/09	Added Assurant Health- John Alden Insurance Company (JALIC)
3/12/09	Added Assurant Health – Time Insurance Company (FIC)
3/12/09	Added Assurant Health- Union Security Insurance Company (FBIC)
3/12/09	Added Pacificare of CA HMO
3/12/09	Added Pacificare of OK HMO
3/12/09	Added Pacificare of OR HMO
3/12/09	Added Pacificare of TX HMO
3/12/09	Added Pacificare of WA HMO
3/12/09	Added Molina Healthcare of CA
3/12/09	Added Molina Healthcare of WA
3/12/09	Added Molina Healthcare of UT
3/12/09	Added Molina Healthcare of TX
3/12/09	Added Molina Healthcare of OH
3/12/09	Added Molina Healthcare of NM
3/12/09	Added Molina Healthcare of MI
3/12/09	Added Molina Healthcare of IN
3/12/09	Added Molina Healthcare of FL
5/26/09	Added Best Life and Health
5/26/09	Added Better Health Plans (Unison Health Plan)
5/26/09	Added Bravo Health
5/26/09	Added Blue Cross PA (Capital)
5/26/09	Removed AMC- Touchstone PSO

5/26/09	Removed AMC-Touchstone
5/26/09	Added PHCS Savility Payers
7/21/09	Modified Principal Financial Group, Member ID is now only 9 numeric
7/21/09	Added Cariten Healthcare
7/21/09	Added Cariten Senior Health
7/21/09	Added Central Reserve Insurance Company
7/21/09	Added CHAMPVA/Spina Bifida/Children of Women Vietnam vets
7/21/09	Added Community Healthplan of Washington
7/21/09	Added Consolidated Associations of Railroad Employees
7/21/09	Added Continental General Insurance Company
7/21/09	Added Cooperative Benefit Administrators
7/21/09	Added CHC Advantra (Texas, New Mexico, Arizona only)
7/21/09	Added CHC- Coventry Health and Life (Nevada)
7/21/09	Added CHC- Coventry Missouri
7/21/09	Added CHC- Mail Handlers Benefit Plan
7/21/09	Added CHC- Coventryone
7/21/09	Added Coventry Healthcare National Network
7/21/09	Added Director's Guild
7/21/09	Added Erin Group
7/21/09	Added Federated Insurance Company
7/21/09	Added Government Hospital Employees Association (GEHA)
7/21/09	Added Health Partners of Philadelphia
7/21/09	Added Healthfirst NJ
7/21/09	Added Healthfirst NY
7/21/09	Added Kentucky Medicaid
7/21/09	Added MAMSI
8/25/09	Added MMSI (Mayo Health)
8/25/09	Added Mississippi Medicaid
8/25/09	Added Medica
8/25/09	Added Mega Life and Health Insurance
8/25/09	Added Mega Life (TranAmerica Life)
8/25/09	Added Mega Life (Oklahoma City)
8/25/09	Added Mega Life (Mid-West National Life)
8/25/09	Added Mega Life (Chesapeake National Life)
8/25/09	Added payer World Insurance
8/25/09	Added payer Central States Fund
8/25/09	Added payer American Family Insurance Group- Medicare Supplemental
11/25/09	Modified Erin Group- payer changed name to Significa Benefit Services
11/25/09	Added payer Personal Insurance Administrators
1/18/2010	Added payer Nationwide Health Plans
1/18/2010	Added payer National Association of Letter Carriers (NALC)
1/18/2010	Added payer Preferred Health Systems
1/18/2010	Added payer PHP TennCare (Covenant)
1/18/2010	Added payer Pittman and Associates
1/18/2010	Added payer Physicians Mutual Insurance Company
1/18/2010	Added payer Passport Health Plan
1/18/2010	Modified payer Cooperative Benefit Administrators – added support for NPI
1/18/2010	Modified payer AMC PolyAmerica – added support for NPI

1/18/2010	Modified Mega Life Payers – Chesapeake National, Mid-West National , TransAmerica Life, Mega Life and Health – added NPI support, removed ETIN and provider ID requirement, changed parent name from Mega Life to Health Markets
4/19/2010	Modified Mega Life Oklahoma City- removed dependent search
4/19/2010	Added payer Washington Medicaid
4/19/2010	Added payer Vermont Medicaid
4/19/2010	Added payer VA Fee Basis Program
4/19/2010	Added payer USAA Life Insurance Company
4/19/2010	Added payer Trustmark
4/19/2010	Added payer Gilsbar
6/1/2010	Modified Medical Mutual of Ohio- NPI is allowed
6/1/2010	Added payer Alabama Medicaid
6/1/2010	Added payer BCBS of Pennsylvania (Highmark)
6/1/2010	Modified BCBS KY- changed Dep search to include Sub First Name
7/7/10	Added payer Molina Healthcare of Missouri 10523
7/7/10	Added payer Wellcare Health Plans 10488
7/7/10	Added payer HealthEase 10510
7/7/10	Added payer HealthEase Kids 10511
7/7/10	Added payer StayWell 10512
7/7/10	Added payer StayWell Kids10513
7/7/10	Added payer Ohana Health Plan 10515
7/7/10	Added payer Harmony Health Plan 10514
7/27/10	Added payer WEB-TPA 10532
7/27/10	Removed payer Washington Medicaid 10424
7/27/10	Removed payer PHP Covenant (Tenncare) 10075
7/27/10	Removed payer Consolidated Associations of Railroad Employees (ECOM PPO) 00261
7/27/10	Removed payer BCBS of Pennsylvania (Highmark) 10046
7/27/10	Removed payer Cariten Senior Health 10059
7/27/10	Removed payer CoreSource (NC & IN) 00238
7/27/10	Added payer Coventry Healthcare- Vista (MCD, FHK, LTC) 10483
7/27/10	Added payer Writer's Guild
7/27/10	Added payer QuikTrip Corporation
7/27/10	Modified payer American Family Insurance Group- changed name to American Family Insurance Group Medicare Supplemental and PPO Policies
7/27/10	Modified payer Cigna- removed NPI from loop 2100B and 2100 C, only Fed Tax ID accepted
8/24/10	Removed payer Molina of IN 00076
8/24/10	Added payer Coventry Healthcare Federal 10481
8/24/10	Modified payer Coresource (MD/PA/IL) 00236- changed name to CoreSource (MD/PA/IL/NC/AZ/MN/IN)
8/24/10	Added payer BCBS of Florida AV294
8/24/10	Added payer BCBS of Arkansas BCARK
8/24/10	Added payer BCBS of Nebraska 10384

9/23/10	Removed payer Community Healthplan of Washington 2641
9/23/10	Added payer Coventry Nebraska Medicaid 10548
9/23/10	Added payer United Teacher Assoc Insurance Co Medicare Supplement 10547
9/23/10	Added payer SPJST Medicare Supplement 10546
9/23/10	Added payer Provident American Life & Health Ins Co Medicare Supplement 10545
9/23/10	Added payer Loyal American Life Insurance Co Medicare Supplement 10544
9/23/10	Added payer Great American Life Insurance Co Medicare Supplement 10543
9/23/10	Added payer Great American Life Assurance Co Medicare Supplement 10542
9/23/10	Added payer CSA Fraternal Live Medicare Supplement 10541
9/23/10	Added payer Continental General Ins Co Medicare Supplement 10540
9/23/10	Added payer Central Reserve Life Ins Co Medicare Supplement 10539
9/23/10	Added payer American Retirement Life Ins Co Medicare Supplement 10538
12/6/10	Added payer BCBS of Tennessee 10430
12/6/10	Modified payer name CHC Personal Care 00179 is now CHC-PersonalCare/Coventry Health of Illinois
1/17/11	Added payer CHC- Florida/Vista/Summit- 10551
1/17/11	Modified payer GEHA 10394- updated dependent search type
5/25/11	Added Payer Essence Healthcare – 10601
5/25/11	Added Payer HealthSpring – 10464
5/25/11	Added Payer VNS Choice – 10600
5/25/11	Added Payer Union Pacific Railroad Employee Health System – 10599
5/25/11	Added Payer MDWise Hoosier Alliance – 10598
5/25/11	Added Payer American National Life Insurance Company of Texas – 10596
5/25/11	Added Payer American National Insurance Company – 10595
5/25/11	Added Payer BCBS of Kansas – 4923
5/25/11	Added Payer BCBS of Kansas City – 10473
5/25/11	Added Payer UMR (Wausau) Payer ID 10501
5/25/11	Modified Payer MMSI 10144- Added NPI support for the Information Receiver and Service Provider. Removed ETIN from the Information Receiver loop and Provider ID from the Service Provider loop. Removed disclaimer.
5/25/11	Added new payer Carpenter's Health and Welfare Trust Fund of St. Louis, payer ID 10555
9/6/2011	Modified Payer Alabama Medicaid 00000000817- Added Clm# requirement and Svc line information
10/18/11	Added Payer Indiana Medicaid- 10103
10/18/11	Added Payer CoventryCares- 10614
10/18/11	Added Payer Florida Health Care Plans-10615
10/18/11	Added Payer MVP Healthcare (New York)- 00432
10/18/11	Changed payer name from Nationwide Health Plan to Nationwide Specialty Health- 00086
2/3/2012	Modified payer Alabama Medicaid- updated min/max for Payer ID
7/3/2012	Updated to Xerox
7/5/2012	Removed the following payers as they are now 5010 and listed in the 5010 guide Aetna-AETNA, Aetna LTC- 10397, American Family Insurance Group- 10487, American Republic Insurance- 00224, Ameritas Group- all, BCBS AR- BCARK, BCBS CO- 10029, BCBS CT- 4816, BCBS FL- AV294, BCBS GA- BCBSG, BCBS IN- 4820, BCBS KS- 4923, BCBS KY- 4821, BCBS ME- 4818,

	BCBS MA- 00139, BCBS NE- 10384, BCBS NV- 10260, BCBS NH- 4817, BCBS NJ- 00087, BCBS NY Empire- 00000002560, BCBS OH- 4823, BCBS SC- BCBSS, BCBS TN- 10430, BCBS VA- BCBSV, BCBS WI- BCBSW, Better Health- 00199, BC CA- BCCAL, BC PA Capital- 582, Central Reserve Insurance- 10450, Cooperative Benefits Admin- 00223, Continental General Insurance- 10454, CoreSource- all, Coventry- all, Florida Medicaid- 77027, Gilsbar- 10509, Healthfirst NJ- 10438, Healthfirst NY- 00240, HealthMarkets- all, Kentucky Medicaid- 00000000945, Medical Mutual of Ohio- 00211, Molina- all, National Assoc of Letter Carriers- 00214, Mississippi Medicaid- 00000000786, Physicians Mutual- 00287, Principal Financial- all, MVP Healthcare- 00432, Three Rivers Health Plans- 00198, Trustmark- 00233, Unicare- UCARE, VA Fee Basis- 00231, World Insurance- 10386
7/5/2012	Removed payer American Community Mutual 00433
8/27/2012	Removed VT Medicaid due to payer issues with 5010
9/28/2012	Removed payers as they are now 5010 and listed in the 5010 guide Maricopa Health Plan (AZ) 10434, University Care Advantage (AZ) 10433, University Family Care (AZ) 10194, University Physicians Healthcare Group (AZ) 10439
2/16/2013	Deactivated PHCS Savility 10471
2/16/2013	Deactivated Preferred Health Systems
1/30/2014	Removed the following payer search option they are now listed in the 5010 guide SPJST Medicare Supplement 10546
2/28/2014	Added new payer Key Benefits Administrators (IN) – 10754
6/30/2014	Removed payer Passport Health Plan- 2841 search option they are now listed in the 5010 guide
6/30/2014	Removed payer BCBS of Mississippi – 00000000581 search option they are now listed in the 5010 guide
6/30/2014	Removed payer UMR (Wausau) Payer ID - 10501 search option they are now listed in the 5010 guide
6/30/2014	Removed payer Health Partners of Philadelphia – 00288 search option they are now listed in the 5010 guide.
6/30/2014	Removed payer Bravo Health- 10399 search option they are now listed in the 5010 guide
6/30/2014	Removed payer Alabama Medicaid- 00000000817 search option they are now listed in the 5010 guide
7/31/2014	Deactivated the following payer: Cariten Healthcare – 10058 Writer's Guild – 10203
12/30/2016	Updated name of CSA Fraternal Life Medicare Supplement
12/30/2016	Rebranding to Conduent applied
05/10/2017	Removed payer CSA Fraternal Life Medicare Supp – 10541
06/13/2017	Removed payer Nationwide Specialty Health-00086
11/24/2017	Removed payer Assurant Health- Union Security Insurance Company (FBIC) - 00253, Assurant Health- John Alden Insurance Company (JALIC) - 00254 ,Assurant Health- Time Insurance Company (FIC) – 00252
11/24/2017	Removed payer Government Health Employees Association (GEHA) – 10394 and moved to 5010 guide.