

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	21st Century Health and Benefits	59069	Par	COMMERCIAL	Y	N	Claims	Y					
	21st Century Insurance and Financial Services	51028	Non	COMMERCIAL	Y	N	Claims	Y	Electronic Payer ID for claims printed and mailed to payer.				
	3P Admin	20413	Par	COMMERCIAL	Y	N	Claims	Y					
	A & I Benefit Plan Administrators	93044	Par	COMMERCIAL	Y	N	Claims	Y					
	A & I Benefit Plan Administrators	CX044	Par	COMMERCIAL	Y	N	Claims	Y					
	AAG Benefit Plan Administrators, Inc.	75240	Par	COMMERCIAL	Y	N	Claims	Y					
	AARP	AARP1	Par	COMMERCIAL	Y	N	Claims	Y	AARP Claims with a mailing address of PO Box 2059, Mechanicsburg, PA				
	Acceptus (Benefit Management Inc of MO (BMI))	43178	Par	COMMERCIAL	Y	N	Claims	Y					
	Access Dental	CX097	Par	COMMERCIAL	Y	N	Claims	Y	via Performance Health Technology				
	AcClaims	64071	Par	COMMERCIAL	Y	N	Claims	Y					
	ACS Benefit Services a.k.a. NCBCBS - DBS	61474	Par	COMMERCIAL	Y	N	Claims	Y					
	ACS Benefit Services Inc.	72468	Par	COMMERCIAL	Y	N	Claims	Y	F.k.a. ACS Consulting Services, Inc.				
	Activa Benefit Services, LLC/Dental	38255	Par	COMMERCIAL	Y	N	Claims	Y	(Formerly Amway Corporation/Dental)				
	Administrative Services Only, Inc.	CX076	Par	COMMERCIAL	Y	N	Claims	Y	Additional enrollment is not required by the payer, however, providers wishing to submit Claims electronically must be credentialed with the payer. Please ensure you have successfully process one paper Claims with the payer prior to submitting your first electronic Claims.				
	Advantage Dental Plan, Inc.	93524	Par	COMMERCIAL	N	N	Claims	Y					
	Advantek Benefit Administrators	83077	Par	COMMERCIAL	Y	N	Claims	Y					
	Adventist Health System West - Roseville, CA	95340	Par	COMMERCIAL	Y	N	Claims	Y					
	Aetna	60054	Par	COMMERCIAL	Y	N	Claims	Y					
	Aetna	60054		COMMERCIAL			ERA	Y	ERAs returned for claims and pre-treatment estimates.	Y	30 Days	15-20 BUSINESS DAYS	Provider would need to mark Cancel and complete section A of the Electronic Remittance Advice & Electronic Fund Transfer Request Form and fax to 859-455-8650.
	Aetna	60054		COMMERCIAL		N	Claim Status Inquiry						
	Aetna	60054		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	Aetna	68246	Par	COMMERCIAL	Y	N	Encounters	Y	Use this Payer ID for submitting DMO services only.				
	Aetna Affordable Health Choices (SM) - SRC	57604	Par	COMMERCIAL	Y	N	Claims	Y					
	Affordable Benefits Admin.	95428	Par	COMMERCIAL	Y	N	Claims	Y					
	AFLAC	58066	Par	COMMERCIAL	Y	N	Claims	Y					
	AFLAC - NY Plan	52080	Par	COMMERCIAL	Y	N	Claims	Y	This plan also shares the same mailing address as payer ID 58066 and the only difference between the plans is that the insured ID for the NY based plan begins with "PN" as "PNxxxxxx" (followed by 6+ digits)				
	Alaska Children's Services, Inc.	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	Alaska Electrical Health & Welfare Fund	92600	Par	COMMERCIAL	Y	N	Claims	Y					
	Alaska Laborers Construction Industry Trust	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	Alaska Pipe Trades Local 375	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	Alaska United Food & Commercial Workers Health & Welfare Trust	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	Allen Medical Claims Administrator	CX016	Non	COMMERCIAL	Y	N	Claims	Y					
	Allied Administrators (San Francisco, CA)	94177	Par	COMMERCIAL	Y	N	Claims	Y					
	Allied Benefit Systems	37308	Par	COMMERCIAL	Y	N	Claims	Y					
	Amalgamated Life - PA Alicare	13343	Par	COMMERCIAL	Y	N	Claims	Y					
	American Administrators (West Des Moines, IA)	42112	Par	COMMERCIAL	Y	N	Claims	Y	Please check the Insured ID card to verify the Payer ID before submitting claims. If you have questions, please contact Provider Relations at 800-456-4584.				
	American Administrators dba Select Benefit Administrators (West Des Moines, IA)	42137	Par	COMMERCIAL	Y	N	Claims	Y	Please check the Insured ID card to verify the Payer ID before submitting claims. If you have questions, please contact Provider Relations at 800-456-4584.				

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	American Benefit Corporation	CX084	Par	COMMERCIAL	Y	N	Claims	Y	Only limited plans may be sent electronically. Group name is required with one of the following plan names: Sheet Metal, Berekeley, Boone, Carpenter, Cabell, Clarksbur, Doodridge, Hancock, Harrison, Marion, Monongalia, Mingo, Mineral, Morgan, Nicholas, Putnam, Taylor, Tyler, Wetzel.				
	American Benefits Management (North Canton, OH)	34187	Par	COMMERCIAL	N	N	Claims	Y					
	American Medical Security	CX001	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	American Postal Workers Union Health Plan	44444	Par	COMMERCIAL	Y	N	Claims	Y					
	Americas TPA	41178	Par	COMMERCIAL	Y	N	Claims	R					
	Amerihealth Administrators	54763	Par	COMMERCIAL	Y	N	Claims	R					
	Ameritas Life Insurance Corp.	47009	Par	COMMERCIAL	Y	N	Claims	R					
	Ameritas Life Insurance Corp.	47009		COMMERCIAL		E	ERA			NO	NONE	1-3 BUSINESS DAYS	No un-enrollment is required by the payer. Paper EOPs can be obtained at <a href="http://www.ameritas.com/ind ex.htm">http://www.ameritas.com/ind ex.htm</a>
	Ameritas Life Insurance Corp.	47009		COMMERCIAL		N	Claim Status Inquiry						
	Ameritas Life Insurance Corp.	47009		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	Amway Corporation	38255	Par	COMMERCIAL	Y	N	Claims	Y	(Formerly Amway Corporation/Dental)				
	Anchor Benefit	53085	Par	COMMERCIAL	Y	N	Claims	Y					
	Antares Management Solutions	34192	Par	COMMERCIAL	N	N	Claims	Y					
	APA Partners, Inc.	16140	Par	COMMERCIAL	Y	N	Claims	Y					
	Arkansas Best Corporation - Choice Benefits	75278	Par	COMMERCIAL	Y	N	Claims	Y					
	Ascent Benefits	CX072	Par	COMMERCIAL	Y	N	Claims	Y					
	ASR Corporation	38265	Par	COMMERCIAL	Y	N	Claims	Y					
	Association Benefit Plan	25133	Par	COMMERCIAL	Y	N	Claims	Y	Formerly payer ID 62413. Now part of Coventry Consolidate payer ID. Including Combined Government Health Plan & Contract Health Insurance Plan.				
	Association Benefit Plan	62413		COMMERCIAL		E	ERA		Including Combined Government Health Plan & Contract Health Insurance Plan	N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Mail Handlers Benefit Plan he needs to fax a letter of request to 801-954-4836.
	Assurant Employee Benefits	70408	Par	COMMERCIAL	Y	N	Claims	Y					
	Assurant Health	39065	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Protective Life				
	Assurant Health	39065		COMMERCIAL		E	ERA		f.k.a. Protective Life	N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Assurant Health / Time Insurance Co. he needs to email his request to <a href="mailto:ediserve@assurant.com">ediserve@assurant.com</a> making sure to include his tax ID, name and mailing address.
	Assurant, Inc.	70408	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. First Fortis Life Insurance				
	Athens Area Health Plan Select	95691	Par	COMMERCIAL	Y	N	Claims	Y					
	Atlantic Dental Inc. (ADI) - Commercial	CX085	Par	COMMERCIAL	Y	N	Claims	Y					
	Automated Group Administration, Inc. (AGA)	37280	Par	COMMERCIAL	Y	N	Claims	Y					
	Avesis	86098	Par	COMMERCIAL	Y	N	Claims	Y					
	BCI Administrators, Inc.	49153	Par	COMMERCIAL	Y	N	Claims	Y					
	Bell Atlantic	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Bencomp National Corporation	33192	Par	COMMERCIAL	Y	N	Claims	Y					
	BeneCare Dental Plans	23210	Par	COMMERCIAL	Y	N	Claims	Y					
	Benefit Administrative Systems	36149	Par	COMMERCIAL	Y	N	Claims	Y					
	Benefit Coordinators Corporation (Pittsburgh, PA)	25145	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with a submission address of 111 Ryan Court, Suite 300, Pittsburgh, PA 15205.				
	Benefit Inc.	R7003	Non	COMMERCIAL		N	Claims	Y					
	Benefit Management Services of MS	37212	Par	COMMERCIAL	Y	N	Claims	R					
	Benefit Management Services, Inc.	56139	Par	COMMERCIAL	Y	N	Claims	Y					
	Benefit Management, Inc. of KS	48611	Par	COMMERCIAL	Y	N	Claims	Y					
	Benefit Plan Administrators Co. (Eau Claire, WI)	39081	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with a billing submission address of P.O. Box 1126, Eau Claire, WI 54702-1126.				
	Benefit Plan Administrators, VA	37118	Par	COMMERCIAL	Y	N	Claims	Y					
	Benefit Systems & Services, Inc. (BSSI)	36342	Par	COMMERCIAL	Y	N	Claims	Y					

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	Benesys, Inc.	58102	Par	COMMERCIAL	Y	N	Claims	Y					
	Best Life & Health Insurance Co.	95604	Par	COMMERCIAL	Y	N	Claims	Y					
	Better Health Plans of South Carolina	32006	Par	COMMERCIAL	Y	N	Claims	Y					
	Better Health Plans of South Carolina	32006		COMMERCIAL			E	ERA	No enrollment form is required but provider must notify their Service Representative. If provider does not know their Service Reps phone # they may call 800-600-9007.	N	NONE	3-4 WEEKS	Providers may call their Service Representative to notify they no longer wish to receive ERAs. If the provider does not know their Service Reps phone # they may call 800-600-9007.
	Blue Care Family Plan	GWD01	Par	COMMERCIAL	N	N	Claims	R	Administered by Golden West (Well point)				
	Boilermakers National Health & Welfare Fund	36609	Par	COMMERCIAL	Y	N	Claims	Y					
	Boon Chapman Benefit Administrators	74237	Par	COMMERCIAL	Y	N	Claims	Y					
	Boulder Administration Services	20381	Par	COMMERCIAL	Y	N	Claims	Y					
	Bridgeport LLC	CX028	Par	COMMERCIAL	Y	N	Claims	R	Provider ID numbers must be 9 digits and is generally the Providers SSN or TIN. The recipient's ID number is 8 digits in length. Maximum of 13 procedure lines per Claims. Pre-determination Claims cannot be sent electronically. Claims where Bridgeport LLC i				
	Brokers National	CX032	Par	COMMERCIAL	Y	N	Claims	Y					
	Broward Health	37314	Par	COMMERCIAL	Y	N	Claims	Y					
	Butler Benefits	42150	Par	COMMERCIAL	Y	N	Claims	Y					
	C. L. Frates	CX075	Par	COMMERCIAL	Y	N	Claims	Y					
	Cadent Administrators	33192	Par	COMMERCIAL	Y	N	Claims	Y					
	Cadent Underwriters	33192	Par	COMMERCIAL	Y	N	Claims	Y					
	Capital Dental	CX037	Par	COMMERCIAL	Y	N	Claims	Y					
	Capitol Administrators	68011	Par	COMMERCIAL	Y	N	Claims	Y					
	Capitol Dental	CX095	Par	COMMERCIAL	Y	N	Claims	R	via Performance Health Technology				
	Carolina Summit Healthcare	56195	Par	COMMERCIAL	Y	N	Claims	Y					
	Carpenter's Health and Welfare Trust Fund of St. Louis	25125	Par	COMMERCIAL	Y	N	Claims	Y					
	Caterpillar Inc.	37060	Non	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	CBCA Administrators	55438	Par	COMMERCIAL	Y	N	Claims	Y					
	CBCA Administrators (HRM)	41170	Par	COMMERCIAL	Y	N	Claims	Y	(Formerly Health Risk Management (HRM))				
	CDH (Cigna Dental Health)	10050	Par	COMMERCIAL	Y	N	Encounters	Y					
	CDH (Cigna Dental Health)	10050		COMMERCIAL			Claim Status Inquiry						
	CDO Technologies	87065	Par	COMMERCIAL	Y	N	Claims	Y					
	CDS Group Health	88022	Par	COMMERCIAL	Y	N	Claims	Y					
	Cement Masons & Plasterers Health & Welfare Trust	91136	Par	COMMERCIAL	Y	N	Claims	Y					
	Central Reserve Life	34097	Par	COMMERCIAL	Y	N	Claims	R					
	Central Reserve Life	34097		COMMERCIAL			E	ERA		N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Central Reserve Life he needs to notify Emdeon Business Services, Inc. via email to dentalsupport@emdeon.com
	Central States Health and Welfare Fund	36215	Par	COMMERCIAL	Y	N	Claims	Y					
	CHAMPVA - HAC	84147	Par	COMMERCIAL	Y	N	Claims	Y	CHAMPVA - HAC is not associated with and does not process Claims for TRICARE (formerly CHAMPUS)				
	CHAMPVA - HAC	84147		COMMERCIAL			E	ERA		N	NONE	5-7 BUSINESS DAYS	Providers who wish to discontinue receiving ERAs from CHAMPVA / Spina Bliida-VA HAC need to call 866-507-5595.
	Chesterfield Resources, Inc. (Uniontown, OH)	34154	Par	COMMERCIAL	Y	N	Claims	Y	a.k.a. Salvation Army				
	Children of Women Vietnam Veterans - VA HAC	84147	Par	COMMERCIAL	Y	N	Claims	Y					
	Children of Women Vietnam Veterans - VA HAC	84147		COMMERCIAL			E	ERA		N	NONE	5-7 BUSINESS DAYS	Providers who wish to discontinue receiving ERAs from CHAMPVA / Spina Bliida-VA HAC need to call 866-507-5595.
	Choice Plus (TRW)	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Christian Brothers Services	61271		COMMERCIAL			Claim Status Inquiry						
	Christian Brothers Services	61271		COMMERCIAL			Eligibility Inquiry		Detailed Benefits				
	Christian Brothers Services	61271	Par	COMMERCIAL	Y	N	Claims	Y					

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	Christian Brothers Services	61271		COMMERCIAL		E	ERA			N	IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Christian Brothers Services / Principal Financial Group / Principal Life Insurance Co, he needs to email his request to <a href="mailto:dentalsupport@emdeon.com">dentalsupport@emdeon.com</a> making sure to include his tax ID, name and mailing address.
	CIGNA	62308	Par	COMMERCIAL	Y	N	Claims	Y					
	CIGNA	62308		COMMERCIAL		E	ERA			N	NONE	21 BUSINESS DAYS	Provider would need to fax the Electronic Remittance Advice (ERA) Provider Registration Request and Cancel Form to 860-687-9270. The form may be obtained via the CIGNA provider portal at: <a href="https://cignaforhcp.cigna.com/corp/portal/app/provider/public/guest">https://cignaforhcp.cigna.com/corp/portal/app/provider/public/guest</a>
	CIGNA	62308		COMMERCIAL		N	Claim Status Inquiry						
	CIGNA	62308		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	CIGNA Voluntary	59225	Par	COMMERCIAL	Y	N	Claims	Y					
	Citizens Security Life	CX071	Par	COMMERCIAL	Y	N	Claims	Y					
	Civil Service Employees Association (CSEA)	CX054	Par	COMMERCIAL	Y	N	Claims	Y	Provider ID number required. Max of 50 procedure lines per Claims. ID number must be 5 characters in length, numbers 6 in length & ending with a '1' are accepted when '1' is removed. Numbers with leading zeros will have leading zeros omitted. ID numbers cannot contain an "-".				
	Clarendon's Healthy Kids	33192	Par	COMMERCIAL	Y	N	Claims	Y					
	Coastal Administrative Services	77052	Par	COMMERCIAL	Y	N	Claims	Y					
	Community Claims Administration	26231	Par	COMMERCIAL	Y	N	Claims	Y					
	Community Health Electronic Claims/CHEC/webTPA	75261	Par	COMMERCIAL	Y	N	Claims	Y					
	Comp - Ohio (Austintown, OH)	34177	Par	COMMERCIAL	Y	N	Claims	Y					
	Companion Life	77828	Non	COMMERCIAL	Y	Y	Claims	R					
	CompBenefits	CX021	Par	COMMERCIAL	Y	N	Claims	R					
	Comprehensive Benefits Administrator, Inc.	03036	Par	COMMERCIAL	Y	N	Claims	Y					
	Connecticut Carpenters Health Fund	37307	Par	COMMERCIAL	Y	N	Claims	Y					
	Connecticut General (CIGNA)	62308	Par	COMMERCIAL	Y	N	Claims	Y					
	Connecticut General (CIGNA)	62308		COMMERCIAL		E	ERA			N	NONE	21 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from CIGNA / Connecticut General / Equicor he needs to fax the Electronic Remittance Advice (ERA) Provider Registration Request and Cancel Form to 860-687-9270.
	Consociate Dansig, Inc	37135	Par	COMMERCIAL	Y	N	Claims	Y					
	Consolidated Group Dental	61305	Par	COMMERCIAL	Y	N	Claims	R					
	Cook Group Health Plan	35149	Par	COMMERCIAL	Y	N	Claims	Y					
	Cooperative Benefit Administrators (CBA)	52132	Par	COMMERCIAL	Y	N	Claims	Y					
	Cooperative Benefit Administrators (CBA)	52132		COMMERCIAL		E	ERA			N	NONE	N/A	No un-enrollment is necessary as the provider will always continue to receive paper remittance advise statements.
	Cooperative Benefit Administrators (CBA)	52132		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	Core Management Resources Group	58231	Par	COMMERCIAL	Y	N	Claims	Y					
	CoreSource AZ MN	41045	Par	COMMERCIAL	Y	N	Claims	Y	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.				
	CoreSource Little Rock	75136	Par	COMMERCIAL	Y	N	Claims	Y					

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	CoreSource Little Rock	75136		COMMERCIAL		E	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from CoreSource Little Rock he needs to email his request to payorid75136@coresource.com
	Coresource Little Rock	75136		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	CoreSource MD PA IL	35182	Par	COMMERCIAL	Y	N	Claims	Y	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Maryland, Pennsylvania or Illinois. For assistance call 800-689-0106.				
	CoreSource MD PA IL	35182		COMMERCIAL		E	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from CoreSource MD PA IL he needs to email his request to payorid35182@coresource.com
	Coresource MD PA IL	35182		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	CoreSource NC IN	35180	Par	COMMERCIAL	Y	N	Claims	Y	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of North Carolina or Indiana. For assistance call 800-689-0106.				
	CoreSource NC IN	35180		COMMERCIAL		E	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from CoreSource NC IN he needs to email his request to payorid35180@coresource.com
	Coresource NC IN	35180		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	CoreSource OH	35183	Par	COMMERCIAL	Y	N	Claims	R					
	CoreSource OH	35183		COMMERCIAL		E	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from CoreSource OH he needs to email his request to payorid35183@coresource.com
	Coresource OH	35183		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	CoreStar	41045	Par	COMMERCIAL	Y	N	Claims	Y	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.				
	Corporate Benefits Service, Inc. (NC)	56116	Par	COMMERCIAL	Y	N	Claims	Y					
	Covenant Administrators, Inc. (Atlanta, GA)	58102	Par	COMMERCIAL	Y	N	Claims	Y					
	Coventry Health Care	25133	Par	COMMERCIAL	Y	N	Claims	Y	Coventry's consolidated payer ID. Claims for all of these legacy payer IDs may now be submitted to this payer ID. 87043 and 62413				
	Coventry Health Care/National Network	25133	Par	COMMERCIAL	Y	N	Claims	Y	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.				
	Coventry Health Care/National Network (f.k.a. First Health)	87043		COMMERCIAL		E	ERA			N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Coventry Health Care National Network / First Health he needs to fax a letter of request to 801-954-4836.
	Coventry Health Care of Georgia	25148	Par	COMMERCIAL	Y	N	Claims	Y					
	Coventry HealthCare	62413		COMMERCIAL		E	ERA		f.k.a. Mail Handlers / CAC	N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Mail Handlers Benefit Plan he needs to fax a letter of request to 801-954-4836.
	Coventry Missouri	25133	Par	COMMERCIAL	Y	N	Claims	Y	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.				
	Creative Plan Administrators	37320	Par	COMMERCIAL	N	N	Claims	Y					
	Crescent Dental - Meritain Health	CX074	Par	COMMERCIAL	Y	N	Claims	Y					

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	Custom Benefit Administrators	39170	Par	COMMERCIAL	Y	N	Claims	Y					
	Custom Design Benefits Inc. of OH	82056	Par	COMMERCIAL	Y	N	Claims	Y					
	CustomCare	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Dart Management Corp.	06172	Par	COMMERCIAL	Y	N	Claims	R					
	DeCare Dental Health Insurance	7035	Non	COMMERCIAL	Y	N	Claims	Y					
	deneX/SG	CX049	Par	COMMERCIAL	Y	N	Claims	Y					
	Dental Benefit Providers	52133	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	Dental Care Plus	CX035	Par	COMMERCIAL	Y	N	Claims	Y					
	Dental Network	CX034	Non	COMMERCIAL	Y	N	Claims	Y					
	DentalComp	CX017	Non	COMMERCIAL	Y	N	Claims	Y					
	Deseret Mutual Benefit Administrators	CX089	Non	COMMERCIAL	Y	Y	Claims	R					
	DH Evans	CX065	Par	COMMERCIAL	Y	N	Claims	Y					
	Diversified Administration Corporation	CX040	Par	COMMERCIAL	Y	N	Claims	Y					
	EBC, Inc.	37257	Par	COMMERCIAL	N	N	Claims	Y	Payer Id valid only for Claims with a billing submission address of Employee Benefit Consultants, located in Broadview Hts, OH, Appleton, WI, Albuquerque, NM, Findlay, OH, Louisville, KY and Milwaukee, WI				
	EBMC	CX025	Par	COMMERCIAL	Y	N	Claims	Y					
	EBMS (Employee Benefit Management Services, Inc.)	81039	Par	COMMERCIAL	Y	N	Claims	R					
	EBS Benefit Solutions	CX043	Non	COMMERCIAL	N	N	Claims	Y					
	EHI	73288	Par	COMMERCIAL	Y	N	Claims	R					
	EMIA (Educators Mutual Insurance Assoc)	CX079	Non	COMMERCIAL	y	N	Claims	Y	Prior to accepting claims electronically EMIA requires the provider to call 801-262-7476 or 800-662-5850. Providers should advise EMIA that they will be submitting their claims through Emdeon Business Services, Inc. UHIN submitter ID HT000214-001.				
	EMPHEYSYS	73288	Par	COMMERCIAL	Y	N	Claims	R					
	Employee Benefit Administrators	CX012	Non	COMMERCIAL	Y	N	Claims	Y					
	Employee Benefit Concepts (Farmington Hills, MI)	38241	Par	COMMERCIAL	Y	N	Claims	Y					
	Employee Benefit Consultants	37257	Par	COMMERCIAL	N	N	Claims	Y	Payer Id valid only for Claims with a billing submission address of Employee Benefit Consultants, located in Broadview Hts, OH, Appleton, WI, Albuquerque, NM, Findlay, OH, Louisville, KY and Milwaukee, WI				
	Employee Benefit Management Corp (EBMC)	CX025	Par	COMMERCIAL	Y	N	Claims	Y					
	Employee Benefit Services of Louisiana, Inc (EBS)	41198	Par	COMMERCIAL	Y	N	Claims	Y					
	Employee Benefits Plan Administration, Inc. (E.B.P.A.)	03036	Par	COMMERCIAL	Y	N	Claims	Y					
	Employee Group Services	CX022	Non	COMMERCIAL	Y	N	Claims	Y					
	Employee Plans, LLC	35112	Par	COMMERCIAL	Y	N	Claims	Y					
	Employer Plan Services, Inc.	CX031	Par	COMMERCIAL	Y	N	Claims	Y					
	Employers Direct Health	75232	Par	COMMERCIAL	Y	N	Claims	Y					
	Employers Health	73288	Par	COMMERCIAL	Y	N	Claims	R					
	Employers Health Insurance	73288	Par	COMMERCIAL	Y	N	Claims	R					
	Employers Mutual, Inc.	59297	Par	COMMERCIAL	Y	N	Claims	Y					
	Enstar Natural Gas	91136	Par	COMMERCIAL	Y	N	Claims	Y					
	EQUICOR	62308	Par	COMMERCIAL	Y	N	Claims	Y					
	EQUICOR	62308		COMMERCIAL			E	ERA		N	NONE	21 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from CIGNA / Equicor he needs to fax the Electronic Remittance Advice (ERA) Provider Registration Request and Cancel Form to 860-687-9270.
	Equitable Plan Services (Oklahoma City, OK)	73126	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with a billing submission address of P.O. Box 720460, Oklahoma City, OK 73172.				
	ES Beveridge and Associates	34108	Par	COMMERCIAL	Y	N	Claims	Y					
	Essex Dental Benefits	43168	Par	COMMERCIAL	Y	N	Claims	Y					
	E-V Benefits Management, Inc (Columbus, OH)	34159	Par	COMMERCIAL	Y	N	Claims	Y					
	ExclusiCare	71412	Par	COMMERCIAL	Y	N	Claims	Y					
	Family Dental	CX096	Par	COMMERCIAL	Y	N	Claims	R	via Performance Health Technology				
	Federated Mutual Insurance	41041	Par	COMMERCIAL	Y	N	Claims	Y					
	First Ameritas Life Insurance Corporation of New York	72630	Par	COMMERCIAL	Y	N	Claims	R					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	First Ameritas Life Insurance Corporation of New York	72630		COMMERCIAL		E	ERA			NO	NONE	1-3 BUSINESS DAYS	No un-enrollment is required by the payer. Paper EOPs can be obtained at <a href="http://www.ameritas.com/ind ex.htm">http://www.ameritas.com/ind ex.htm</a>
	First Ameritas Life Insurance Corporation of New York	72630		COMMERCIAL		N	Claim Status Inquiry						
	First Ameritas Life Insurance Corporation of New York	72630		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	First Care/Southwest Life & Health	CX050	Par	COMMERCIAL	Y	N	Claims	R					
	First Continental Life & Accident Insurance	CX090	Par	COMMERCIAL	Y	N	Claims	R					
	First Dental Health of CA	CX086	Par	COMMERCIAL	Y	N	Claims	Y					
	First Health	87043		COMMERCIAL		E	ERA			N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Coventry Health Care National Network / First Health he needs to fax a letter of request to 801-954-4836.
	First Reliance Standard Life Ins. Co. (NY Business)	13317	Par	COMMERCIAL	Y	N	Claims	R					
	First Reliance Standard Life Ins. Co. (NY Business)	13317		COMMERCIAL		E	ERA			NO	NONE	1-3 BUSINESS DAYS	No un-enrollment is required by the payer. Paper EOPs can be obtained at <a href="http://www.ameritas.com/ind ex.htm">http://www.ameritas.com/ind ex.htm</a>
	First Reliance Standard Life Ins. Co. (NY Business)	13317		COMMERCIAL		N	Claim Status Inquiry						
	First Reliance Standard Life Ins. Co. (NY Business)	13317		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	Fitzharris & Company, Inc.	11244	Par	COMMERCIAL	Y	N	Claims	Y					
	Flex Compensation	R7004	Non	COMMERCIAL	Y	N	Claims	Y					
	FlexCare	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Florida Power & Light	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	FMH Benefit Services, Inc.	48117	Par	COMMERCIAL	Y	N	Claims	Y					
	Foreign Service Benefit Plan	25133	Par	COMMERCIAL	Y	N	Claims	Y	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.				
	Foreign Service Benefit Plan	62413		COMMERCIAL		E	ERA		Including AFSPA Staff Plan	N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Mail Handlers Benefit Plan he needs to fax a letter of request to 801-954-4836.
	Formula Card Dental	LX050	Non	COMMERCIAL	Y	N	Claims	Y					
	Foundation Benefit Admin (FBA) - Boon Group	BOONG	Par	COMMERCIAL	Y	N	Claims	Y					
	Fox Everett, Inc.	64069	Par	COMMERCIAL	Y	N	Claims	Y					
	Fraternal Order of Police - Dental Division (Philadelphia PA)	CX041	Par	COMMERCIAL	N	N	Claims	Y					
	Fringe Benefit Management	59069	Par	COMMERCIAL	Y	N	Claims	Y					
	Gerber Life Insurance Company - Student Insurance	74227	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.				
	Gettysburg	CX064	Par	COMMERCIAL	Y	N	Claims	Y					
	GHI - New York (Group Health Inc.)	13551	Par	COMMERCIAL	Y	N	Claims	R					
	GIC Indemnity Plan	80314	Par	COMMERCIAL	Y	N	Claims	R					
	Gilsbar, Inc.	07205	Par	COMMERCIAL	Y	N	Claims	Y					
	Golden West Dental	GWD01	Par	COMMERCIAL	N	N	Claims	R					
	Government Employees Hospital Association (GEHA)	44054	Par	COMMERCIAL	Y	N	Claims	Y					
	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL		E	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from GEHA he would need to email his request to <a href="mailto:daryl.evans@geha.com">daryl.evans@geha.com</a> .
	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL		N	Claim Status Inquiry						
	Great-West Healthcare	63665	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. General American				
	Great-West Healthcare	63665		COMMERCIAL		N	Claim Status Inquiry						
	Great-West Healthcare	80705	Par	COMMERCIAL	Y	N	Claims	Y					
	Great-West Healthcare	80705		COMMERCIAL		E	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Great-West Healthcare he needs contact Emdeon Business Services, Inc at 888-255-7293.

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	Great-West Healthcare	80705		COMMERCIAL		N	Claim Status Inquiry						
	Group Administrators Ltd.	36338	Par	COMMERCIAL	Y	N	Claims	Y					
	Group and Pension Administrators	48143	Par	COMMERCIAL	Y	N	Claims	Y					
	Group Benefit Services	CX011	Non	COMMERCIAL	Y	N	Claims	Y					
	Group Dental Services	CX036	Par	COMMERCIAL	Y	N	Claims	Y					
	Group Insurance Service Center, Inc	37276	Par	COMMERCIAL	Y	N	Claims	Y					
	Group Link of Indiana	CX015	Non	COMMERCIAL	Y	N	Claims	Y					
	Guaranty (DINA)	CX090	Par	COMMERCIAL	Y	N	Claims	R					
	Guardian Life Insurance Company of America	64246	Par	COMMERCIAL	Y	N	Claims	Y					
	H & A Administrators	LX059	Non	COMMERCIAL	Y	N	Claims	Y					
	Harvard Pilgrim Health Care (HPHC) - Student Insurance	74227	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.				
	HCS - Health Claims Service (Boise, ID)	82018	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Choice Arizona	62179	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Economics Group, Inc.	CX039	Non	COMMERCIAL	N	N	Claims	Y					
	Health Future LLC	30946	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Network America	20199	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Partners - Jackson, TN	62157	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Partners of Minnesota - Commercial	CX009	Non	COMMERCIAL	Y	N	Claims	Y					
	Health Partners of Minnesota - Commercial	CX009		COMMERCIAL		E	ERA			NO	IMMEDIATELY	1-3 BUSINESS DAYS	Paper remittance advice statements are being phased out and are expected to no longer be available mid 2010. Providers who no longer wish to receive their HealthPartner ERAs from Emdeon must enroll online at <a href="https://www.healthpartners.com/providerregistration/entry">https://www.healthpartners.com/providerregistration/entry</a> to receive their remittance advices online. The Remittance Advice that is online is exactly the same format that is received today via mail.
	Health Plan Services	59140	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Plans Inc.	CX055	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Resources Incorporated (HRI)	CX019	Par	COMMERCIAL	Y	N	Claims	Y					
	Health Risk Management	41170	Par	COMMERCIAL	Y	N	Claims	Y	(Formerly Health Risk Management (HRM))				
	Healthcare Management Administrators, Inc.	HMA01	Par	COMMERCIAL	Y	N	Claims	Y	The insured ID number is required. Maximum of 25 procedure lines per Claims. Secondary Claims cannot be sent electronically. Claims remarks exceeding 80 bytes in length cannot be sent electronically.				
	Healthcomp, Inc.	85729	Par	COMMERCIAL	Y	N	Claims	Y					
	Healthfirst of Austin	75289	Par	COMMERCIAL	Y	N	Claims	Y					
	Healthplex, Inc.	11271	Par	COMMERCIAL	Y	N	Claims	Y					
	Healthplex, Inc.	11271		COMMERCIAL		E	ERA	Y		N	None	1-3 BUSINESS DAYS	NO Un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.
	HealthSCOPE Benefits, Inc.(Formerly CNA Health Partners of Arkansas)	71063	Par	COMMERCIAL	Y	N	Claims	Y					
	HealthSmart Benefit Solutions	37283	Par	COMMERCIAL	Y	N	Claims	Y					
	Healthsource Provident	62308	Par	COMMERCIAL	Y	N	Claims	Y	Claims are edited under CIGNA's payer specific edits, Payer ID 62308.				
	Hometown Health Plans Nevada	89023	Par	COMMERCIAL	Y	N	Claims	Y					
	Hoosier Dental (in Indianapolis, Indiana)	CX015	Non	COMMERCIAL	Y	N	Claims	Y					
	Hotel Employees & Restaurant Employees Health Trust	91136	Par	COMMERCIAL	Y	N	Claims	Y					
	HRM Claims Management	41170	Par	COMMERCIAL	Y	N	Claims	Y	(Formerly Health Risk Management (HRM))				
	Humana	73288	Par	COMMERCIAL	Y	N	Claims	R					
	I. E. Shaffer (West Trenton, NJ)	22175	Par	COMMERCIAL	Y	N	Claims	Y					
	Indiana Teamsters Health Benefits Fund (Indianapolis, IN)	35107	Par	COMMERCIAL	Y	N	Claims	Y	Formerly known as Local 135 Health Benefits Fund (Indianapolis, IN)				
	Insurance Design Administrators	13315	Par	COMMERCIAL	Y	N	Claims	Y					
	Insurers Administrative Corp.	86304	Par	COMMERCIAL	Y	N	Claims	Y	Please visit website prior to submitting Claims: <a href="http://edhelp.iacus.com">edhelp.iacus.com</a>				

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	Integra Administrative Group (Seaford, DE)	51020	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with a billing submission address of 110 S. Shipley Street, Seaford, DE 19973.				
	International Brotherhood of Boilermakers	36609	Par	COMMERCIAL	Y	N	Claims	Y					
	John Alden Life Insurance Co.	41099	Par	COMMERCIAL	Y	N	Claims	Y					
	John Alden Life Insurance Co.	41099		COMMERCIAL			E	ERA		N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from John Alden Life Insurance Co. he needs to email his request to ediserve@assurant.com making sure to include his tax ID, name and mailing address.
	John Morrell Company - AHBP	38310	Par	COMMERCIAL	Y	N	Claims	Y					
	JP Farley Corporation	34136	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with a billing submission address of PO Box 458022, Westlake, OH 44145				
	Kaiser Permanente Dental Choice	CX073	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for claims with a billing submission address of PO Box 4360 Rockville, MD				
	Kanawha Insurance Co.	57038	Par	COMMERCIAL	Y	N	Claims	R					
	Kansas City Life	CX058	Par	COMMERCIAL	N	N	Claims	Y					
	Kempton Company	73100	Par	COMMERCIAL	Y	N	Claims	Y					
	Kempton Group Administrators	73100	Par	COMMERCIAL	Y	N	Claims	Y					
	Lake County Physicians Association	37116	Par	COMMERCIAL	Y	N	Claims	Y					
	LBA Healthplans	52193	Par	COMMERCIAL	Y	N	Claims	Y					
	Liberty Dental Plan	CX083	Par	COMMERCIAL	Y	N	Claims	Y					
	Life Insurance Company of Boston & New York	78140	Par	COMMERCIAL	Y	N	Claims	Y					
	Lifewise Health Plan of Oregon	93093	Par	COMMERCIAL	Y	N	Claims	E					
	Lincoln Financial Group	CX061	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Jefferson Pilot				
	Lincoln National (WI)	73288	Par	COMMERCIAL	Y	N	Claims	R					
	Line Construction Benefit Fund	LCB01	Par	COMMERCIAL	Y	N	Claims	Y					
	Local 135 Health Benefits Fund (Indianapolis, IN)	35107	Par	COMMERCIAL	Y	N	Claims	Y					
	Lovelace Sandia Health Plan	90328	Par	COMMERCIAL	Y	N	Claims	Y					
	Machigonne Benefit Administrators	10317	Par	COMMERCIAL	Y	N	Claims	Y	Please include the rendering provider information or the name of the dentist in RTE6. Payer will reject the Claims without this information.				
	Mail Handlers Benefit Plan	25133	Par	COMMERCIAL	Y	N	Claims	Y	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.				
	Mail Handlers Benefit Plan	62413		COMMERCIAL			E	ERA	a.k.a. Mailhandlers / CAC	N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Mail Handlers Benefit Plan he needs to fax a letter of request to 801-954-4836.
	MAMSI	CX033	Non	COMMERCIAL	N	N	Claims	Y					
	Manulife W. J. Sutton Company	98010	Par	COMMERCIAL	Y	N	Claims	Y					
	Marsh Advantage	CX023	Par	COMMERCIAL	Y	N	Claims	Y					
	Masonry Institute/Administrative D.C. No. 1 Welfare Fund	CX098	Par	COMMERCIAL	Y	N	Claims	Y					
	MBA Benefit Administrators, Inc. (Salt Lake City, UT)	87065	Par	COMMERCIAL	Y	N	Claims	Y					
	MBA of Wyoming (Worland, WY)	87065	Par	COMMERCIAL	Y	N	Claims	Y					
	MBS	56205	Par	COMMERCIAL	Y	N	Claims	Y	Formerly MedCost Benefit Services.				
	MCNA DENTAL	65030	Par	COMMERCIAL	Y	N	Claims	Y					
	MedBen (Newark, OH)	74323	Par	COMMERCIAL	Y	N	Claims	Y					
	MEDICA of Minnesota	CX026	Non	COMMERCIAL	Y	N	Claims	Y					
	Medical Benefit Administrators	CX024	Non	COMMERCIAL	Y	N	Claims	Y					
	Medical Benefits Mutual (Neward, OH)	74323	Par	COMMERCIAL	Y	N	Claims	Y					
	Medical Mutual of Ohio (MMO)	29076	Par	COMMERCIAL	Y	N	Claims	Y					
	Medical Mutual of Ohio (MMO)	CB833	Par	COMMERCIAL	Y	N	Claims	Y					
	Medical Mutual of Ohio (MMO)	29076		COMMERCIAL			E	ERA		N	NONE	N/A	If a provider wishes to discontinue receiving ERAs from Medical Mutual of Ohio he must call Provider Contracts at 800-625-2583.
	Medical Mutual of Ohio (MMO)	CB833		COMMERCIAL			E	ERA		N	NONE	N/A	If a provider wishes to discontinue receiving ERAs from Medical Mutual of Ohio he must call Provider Contracts at 800-625-2583.
	Medical Mutual of Ohio (MMO)	29076		COMMERCIAL			N	Claim Status Inquiry					
	Medical Mutual of Ohio (MMO)	CB833		COMMERCIAL			N	Claim Status Inquiry					
	Medical Mutual of Ohio (MMO)	29076		COMMERCIAL			N	Eligibility Inquiry	Detailed Benefits				

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	Medical Mutual of Ohio (MMO)	CB833		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	Medical Network of Colorado Springs	84600	Par	COMMERCIAL	Y	N	Claims	Y					
	Mercer Administrators	CX023	Par	COMMERCIAL	Y	N	Claims	Y					
	Meritain Health Minneapolis	41124	Par	COMMERCIAL	Y	N	Claims	Y					
	Methodist First Choice	23550	Par	COMMERCIAL	Y	N	Claims	Y					
	MetLife	65978	Par	COMMERCIAL	Y	N	Claims	E	(formerly Travelers)				
	MetLife	65978		COMMERCIAL		N	Claim Status Inquiry						
	MetLife	65978		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	Michigan Regional Council of Carpenters Employees Benefit Plan (Troy, MI)	38238	Par	COMMERCIAL	Y	N	Claims	Y					
	Mid-America Associates, Inc.	37281	Par	COMMERCIAL	Y	N	Claims	Y					
	Midwest Dental Benefits	41101	Par	COMMERCIAL	Y	N	Claims	Y					
	Mid-West National Life Insurance Co. of Tennessee - Student Instance	74227	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.				
	Mississippi Select Health Care	64088	Par	COMMERCIAL	Y	N	Claims	Y					
	Missoula County Medical Benefits Plan	37275	Par	COMMERCIAL	Y	N	Claims	Y					
	MN Power	R7005	Non	COMMERCIAL		N	Claims	Y					
	Morris Associates	35092	Par	COMMERCIAL	Y	N	Claims	Y					
	Motorola	36111	Par	COMMERCIAL	Y	N	Claims	Y					
	Mountain States Administrative Services (Tucson, AZ)	86040	Par	COMMERCIAL	Y	N	Claims	Y					
	MPEEBT/ MPE Services, Inc.	37233	Par	COMMERCIAL	Y	N	Claims	Y					
	Mutual of Omaha Commercial	CX087	Par	COMMERCIAL	Y	N	Claims	Y					
	Mutual of Omaha Insurance Company	71412	Par	COMMERCIAL	Y	N	Claims	Y					
	Mutually Preferred	71412	Par	COMMERCIAL	Y	N	Claims	Y					
	MVP Health Care	14165		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	N.W. Int Assoc of Machinists & Aerospace Eng Benefits Trust Dental Program	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	N.W. Ironworkers Health & Security Trust Fund	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	N.W. Roofers & Employers Health & Security Trust Fund	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	N.W. Textile Processors	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	NAA (North America Administrators, L.P.) (Nashville, TN)	65085	Par	COMMERCIAL	Y	N	Claims	Y					
	NABN (Cleveland, OH)	34159	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with billing submission address of P.O. Box 94928, Cleveland, OH 44101-4928 or P.O. Box 89476, Cleveland, OH 44101-5476.				
	National Benefit Administrators - New Jersey	56175	Par	COMMERCIAL	N	N	Claims	Y					
	National Benefit Administrators - North Carolina	56176	Par	COMMERCIAL	Y	N	Claims	Y					
	National Elevator Industry Benefit Plan (NEIB)	CX045	Par	COMMERCIAL	Y	N	Claims	Y					
	National Pacific of TX (NCFLEX)	CX057	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	National Rural Letter Carrier Association	71412	Par	COMMERCIAL	Y	N	Claims	Y					
	National Telecommunications Cooperative Association	52120	Par	COMMERCIAL	Y	N	Claims	Y					
	Nationwide Health Plans	31417	Par	COMMERCIAL	Y	N	Claims	Y					
	NCAS - Charlotte	75191	Par	COMMERCIAL	Y	N	Claims	Y					
	NCAS - Fairfax, VA	75190	Par	COMMERCIAL	Y	N	Claims	Y					
	NCBCBS - DBS a.k.a. ACS Benefit Services	61474	Par	COMMERCIAL	Y	N	Claims	Y					
	Netcare Life and Health Insurance (NLH)	66055	Par	COMMERCIAL	Y	N	Claims	Y					
	New England Dental Administrators	43351	Par	COMMERCIAL	Y	N	Claims	Y					
	NGS AMERICAN	38225	Par	COMMERCIAL	Y	N	Claims	Y					
	Nippon Life Insurance Company of America	81264	Par	COMMERCIAL	Y	N	Claims	Y					
	Nippon Life Insurance Company of America	81264		COMMERCIAL			ERA			N	IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Nippon Life Insurance Company of America he needs to email his request to dentalsupport@emdeon.com making sure to include his tax ID, name and mailing address.
	Nippon Life Insurance Company of America	81264		COMMERCIAL		N	Claim Status Inquiry						
	Nippon Life Insurance Company of America	81264		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	North American Benefits Network ((Cleveland, OH)	34159	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with billing submission address of P.O. Box 94928, Cleveland, OH 44101-4928 or P.O. Box 89476, Cleveland, OH 44101-5476.				
	North Broward Hospital District	37314	Par	COMMERCIAL	Y	N	Claims	Y					
	Northern Illinois Health Plan	36347	Par	COMMERCIAL	Y	N	Claims	Y					
	Northern Minnesota Dental	LX062	Non	COMMERCIAL	Y	N	Claims	Y					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	Northern Nevada Trust Fund	88027	Par	COMMERCIAL	Y	N	Claims	Y	Please call (775) 826-7200 to verify if you should be sending claims to Northern Nevada Trust Fund.				
	NorthShore University Health System Medical Group	36364	Par	COMMERCIAL	Y	N	Claims	Y					
	Northwest Dental Services	93525	Par	COMMERCIAL	N	N	Claims	Y					
	Northwest Suburban IPA	36346	Par	COMMERCIAL	Y	N	Claims	Y					
	Nova Healthcare Administrators, Inc. (Grand Island, NY)	16644	Par	COMMERCIAL	Y	N	Claims	Y					
	Nyhart	37299	Par	COMMERCIAL	Y	N	Claims	Y					
	OK State Employees & Educators (EDS)	22521	Par	COMMERCIAL	Y	N	Claims	Y					
	Operating Engineers Locals 302 & 612 Health & Security Fund	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	P5 Health Plan Solutions	87068	Par	COMMERCIAL	Y	N	Claims	Y					
	PA Faculty Health & Welfare	CX066	Par	COMMERCIAL	Y	N	Claims	Y					
	Pacific Union	CX056	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	Pacificare Dental and Vision HMO	CX060	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	Pacificare Dental and Vision PPO	CX053	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	PacificSource Administrators	93031	Par	COMMERCIAL	Y	N	Claims	Y	a.k.a. Select Benefit Administrators				
	PacificSource Health Plans	93029	Par	COMMERCIAL	Y	N	Claims	Y					
	PacificSource Health Plans	93029		COMMERCIAL			E	ERA		Y	IMMEDIATELY	14-21 BUSINESS DAYS	Providers who wish to discontinue receiving ERAs need to call PacificSource Health Plans and make the request. 800-624-6052
	Paragon Benefits	58174	Par	COMMERCIAL	Y	N	Claims	Y					
	Passport Health Plan	CX091	Par	COMMERCIAL	Y	N	Claims	Y					
	Patient Advocates, LLC	10525	Par	COMMERCIAL	Y	N	Claims	Y					
	PDO	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	PEHP (Public Employees Health Program)	CX080	Non	COMMERCIAL	Y		Y	Y	Prior to accepting claims electronically PEHP requires the provider to call EDI Support at 801-366-7544 or 800-753-7818. Providers should advise PEHP that they will be submitting their claims through Emdeon Business Services, Inc UHIN submitter ID HT000158-001.				
	Pequot Pharmaceutical	37121	Par	COMMERCIAL	Y	N	Claims	Y					
	Personal Insurance Administrators, Inc	95397	Par	COMMERCIAL	Y	N	Claims	Y					
	Physicians Care Network	36345	Par	COMMERCIAL	Y	N	Claims	Y					
	Physicians Health Associates of Illinois	37136	Par	COMMERCIAL	Y	N	Claims	Y					
	Physicians Health Plan of Northern Indiana, Inc.	12399	Par	COMMERCIAL	Y	N	Claims	Y					
	Physicians Mutual	CX068	Par	COMMERCIAL	Y	N	Claims	R					
	Physicians Mutual	CX068		COMMERCIAL			E	ERA		NO	NONE	1-3 BUSINESS DAYS	No un-enrollment is required by the payer. Paper EOPs can be obtained at <a href="http://www.ameritas.com/ind ex.htm">http://www.ameritas.com/ind ex.htm</a>
	Pinnacle Claims Management, Inc.	24735	Par	COMMERCIAL	Y	N	Claims	Y					
	Pittman & Associates	37224	Par	COMMERCIAL	Y	N	Claims	Y					
	Planned Administrators, Inc.	37287	Par	COMMERCIAL	Y	N	Claims	Y					
	Poly America Medical & Dental Benefits Plan	32680	Par	COMMERCIAL	Y	N	Claims	Y					
	POMCO	16111	Par	COMMERCIAL	Y	N	Claims	Y					
	POMCO	16111		COMMERCIAL			E	ERA		N	NONE	7-10- BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from POMCO he needs to call 315-432-9171.
	Prairie States Enterprises, Inc.	36373	Par	COMMERCIAL	Y	N	Claims	Y					
	Preferred Dental Organization	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Preferred Health Professionals	31478	Par	COMMERCIAL	Y	N	Claims	Y	a.k.a. Freedom Network Dental				
	Preferred One	41147	Par	COMMERCIAL	Y	N	Claims	Y					
	Premier Access Insurance Company	CX078	Par	COMMERCIAL	Y	N	Claims	Y					
	Premier Dental Plan of MN	CX029	Non	COMMERCIAL	Y	N	Claims	Y					
	Primary PhysicianCare, Inc.	56144	Par	COMMERCIAL	Y	N	Claims	Y					
	PrimeWest Health	LX049	Non	COMMERCIAL	Y	N	Claims	Y					
	Principal Financial Group	61271	Par	COMMERCIAL	Y	N	Claims	Y					
	Principal Financial Group	61271		COMMERCIAL			E	ERA		N	IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Christian Brothers Services / Principal Financial Group / Principal Life Insurance Co, he needs to email his request to <a href="mailto:dental.support@emdeon.com">dental.support@emdeon.com</a> making sure to include his tax ID, name and mailing address.
	Principal Financial Group	61271		COMMERCIAL			N	Claim Status Inquiry					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	Principal Financial Group	61271		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	Principal Life Insurance Co.	61271	Par	COMMERCIAL	Y	N	Claims	Y					
	Principal Life Insurance Co.	61271		COMMERCIAL		E	ERA			N	IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Christian Brothers Services / Principal Financial Group / Principal Life Insurance Co, he needs to email his request to dentalsupport@emdeon.com making sure to include his tax ID, name and mailing address.
	Principal Life Insurance Co.	61271		COMMERCIAL		N	Claim Status Inquiry						
	Principal Life Insurance Co.	61271		COMMERCIAL		N	Eligibility Inquiry		Detailed Benefits				
	Priority Health	38217	Par	COMMERCIAL	Y	N	Claims	Y					
	Professional Benefit Administrators, Inc. (Oak Brook, IL)	36331	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID is valid only for Claims with billing submission name, city, and state of Professional Benefit Administrators, Inc., Oak Brook, IL.				
	Provident Life	62308	Par	COMMERCIAL	Y	N	Claims	Y	Claims are edited under CIGNA's payer specific edits, Payer ID 62308.				
	Prudential for Health	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Prudential HealthCare & Life Ins. Co of America	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Prudential HealthCare Health Maintenance Organization	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Prudential HealthCare HMO for Small Business	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Prudential Healthcare of America Inc.	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Prudential HealthCare POS for Small Business	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Prudential HealthCare PPO for Small Business	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Puget Sound Benefits Trust	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	Puget Sound Electrical Workers Trust	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	Quad Med LLC (Pewaukee, WI)	39197	Par	COMMERCIAL	Y	N	Claims	Y					
	Quality Plan Administrators Inc	CX077	Par	COMMERCIAL	Y	N	Claims	Y					
	RBMS, LLC	91176	Par	COMMERCIAL	Y	N	Claims	Y					
	Regency Employee Benefits	38221	Par	COMMERCIAL	Y	N	Claims	Y					
	Regional Care, Inc.	47076	Par	COMMERCIAL	Y	N	Claims	Y					
	Reliance Standard Life Ins. Co.	36088	Par	COMMERCIAL	Y	N	Claims	R					
	Reliance Standard Life Ins. Co.	36088		COMMERCIAL		E	ERA			NO	NONE	1-3 BUSINESS DAYS	No un-enrollment is required by the payer. Paper EOPs can be obtained at <a href="http://www.ameritas.com/ind ex.htm">http://www.ameritas.com/ind ex.htm</a>
	Reliance Standard Life Ins. Co.	36088		COMMERCIAL		N	Claim Status Inquiry						
	Reliance Standard Life Ins. Co.	36088		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	Reliastar	80314	Par	COMMERCIAL	Y	N	Claims	R					
	ReliaStar (now known as CoreStar formerly NW National Life)	41045	Par	COMMERCIAL	Y	N	Claims	Y	Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.				
	Renaissance Life and Health	RLHA1	Non	COMMERCIAL	Y	N	Claims	Y					
	Riverside San Bernardino County Indian Health Inc.	50664	Par	COMMERCIAL	Y	N	Claims	Y					
	RMSCO, INC.	16117	Par	COMMERCIAL	Y	N	Claims	Y					
	Rochester Public Schools	41625	Par	COMMERCIAL	Y	N	Claims	Y					
	Rocky Mountain Life Dental	84102	Par	COMMERCIAL	Y	N	Claims	R					
	Rural Carrier Benefit Plan	25133	Par	COMMERCIAL	Y	N	Claims	Y	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including NRLCA Staff Plan.				
	Rural Carrier Benefit Plan	62413		COMMERCIAL		E	ERA		Including NRLCA Staff Plan	N	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Mail Handlers Benefit Plan he needs to fax a letter of request to 801-954-4836.
	S&S Health Strategies	31441	Par	COMMERCIAL	Y	N	Claims	Y					
	Safeguard HMO	CX048	Par	COMMERCIAL	N	N	Claims	R					
	SafeGuard PPO	CX030	Par	COMMERCIAL	Y	N	Claims	R					
	Sage Technologies	37105	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Cannon Cochran Management Services, Inc. Claims with a mailing address of PO Box 17009, Rockford, IL ONLY may be sent electronically with this payer ID.				

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	Sage Technologies - PBS	37137	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Progressive Benefit Services, Inc. Claims with a mailing address of PO Box 4419, Rockford, IL ONLY may be sent electronically with this payer ID.				
	Salvation Army	34154	Par	COMMERCIAL	Y	N	Claims	Y	a.k.a. Chesterfield Resource, Inc.				
	SAMBA	37259	Par	COMMERCIAL	Y	N	Claims	Y					
	Sanford Health Plan	91184	Par	COMMERCIAL	Y	N	Claims	R					
	Scan Health Plan Arizona	73172	Par	COMMERCIAL	N	N	Claims	Y					
	Scan Long Term Care	20460	Par	COMMERCIAL	Y	N	Claims	Y					
	Seabury & Smith	CX023	Par	COMMERCIAL	Y	N	Claims	Y					
	Secure Health Plan of GA	28530	Par	COMMERCIAL	Y	N	Claims	Y					
	SecureCare Dental	86057	Par	COMMERCIAL	Y	N	Claims	Y					
	Securion	93842	Non	COMMERCIAL		N	Claims	Y					
	Security Life Insurance Co of America	CX092	Par	COMMERCIAL	Y	N	Claims	Y					
	SeeChange Health	77024	Par	COMMERCIAL	Y	N	Claims	Y					
	Select Administrative Services (SAS)	64088	Par	COMMERCIAL	Y	N	Claims	Y					
	Select Benefit Administrators	93031	Par	COMMERCIAL	Y	N	Claims	Y	a.k.a. PacificSource Administrators				
	Select Health	CX107	Non	COMMERCIAL	Y	N	Claims	R					
	SelectCare (Coca Cola)	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Self Insured Benefit Administrators (Clearwater, FL)	59111	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid only for Claims with a submission address of 18167 US Highway 19 North, Suite 300, Clearwater, FL 33764.				
	Self Insured Services Company (SISCO)	CX020	Par	COMMERCIAL	Y	N	Claims	Y					
	Self-Funded Plans, Inc.	34131	Par	COMMERCIAL	Y	N	Claims	Y					
	Self-Insured Dental Services (SIDS)	CX076	Par	COMMERCIAL	Y	N	Claims	Y	Additional enrollment is not required by the payer, however, providers wishing to submit Claims electronically must be credentialed with the payer. Please ensure you have successfully processed one paper Claims with the payer prior to submitting your first electronic Claims.				
	Self-Insured Plans, LLC	36404	Par	COMMERCIAL	Y	N	Claims	Y					
	Sentry Life Insurance Company	39033	Par	COMMERCIAL	Y	N	Claims	Y					
	Serentas Dental Care Solutions	CX038	Par	COMMERCIAL	Y	N	Claims	R					
	Set Seg	38610	Par	COMMERCIAL	Y	N	Claims	Y					
	Sheffield, Olson and McQueen	41143	Non	COMMERCIAL	Y	N	Claims	Y					
	Shenandoah Life Insurance	CX067	Par	COMMERCIAL	Y	N	Claims	Y					
	Sierra Health Services	76342	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	Significa Benefits Services, Inc.	CX046	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Erin Group Admin.				
	Sinclair Health Plan	84076	Par	COMMERCIAL	Y	N	Claims	Y					
	Solstice Benefits, Inc.	76578	Par	COMMERCIAL	Y	N	Claims	Y					
	South Central Preferred - PPO York, PA (I H S Gateway Payer)	23266	Par	COMMERCIAL	Y	N	Claims	Y					
	South FL Community Care Network - NBHD	37314	Par	COMMERCIAL	Y	N	Claims	Y					
	South Point Hotel & Casino	35227	Par	COMMERCIAL	Y	N	Claims	Y					
	Southeast Dental Associates	39148	Par	COMMERCIAL	Y	N	Claims	Y					
	Southern Benefit Services	37318	Par	COMMERCIAL	Y	N	Claims	Y					
	SouthWest Benefits	CX051	Par	COMMERCIAL	N	N	Claims	Y					
	Southwest Service Administrators	CX100	Par	COMMERCIAL	Y	N	Claims	R					
	Southwestern Bell	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Southwestern Bell Exec	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Southwestern Bell Exec. - Custom Care	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Southwestern Bell Exec. - Southwestern Bell	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Spina Bifida - VA HAC	84147	Par	COMMERCIAL	Y	N	Claims	Y					
	Spina Bifida - VA HAC	84147		COMMERCIAL			E	ERA		N	NONE	5-7 BUSINESS DAYS	Providers who wish to discontinue receiving ERAs from CHAMPVA / Spina Bifida-VA HAC need to call 866-507-5595.
	Standard Ins. Co. (OR Business)	93024	Par	COMMERCIAL	Y	N	Claims	R					
	Standard Ins. Co. (OR Business)	93024		COMMERCIAL			E	ERA		NO	NONE	1-3 BUSINESS DAYS	No un-enrollment is required by the payer. Paper EOPs can be obtained at <a href="http://www.ameritas.com/ind ex.htm">http://www.ameritas.com/ind ex.htm</a>
	Standard Ins. Co. (OR Business)	93024		COMMERCIAL		N	Claim Status Inquiry						
	Standard Ins. Co. (OR Business)	93024		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	Standard Insurance Company (NY)	13411	Par	COMMERCIAL	Y	N	Claims	R					
	Standard Insurance Company (NY)	13411		COMMERCIAL			E	ERA		NO	NONE	1-3 BUSINESS DAYS	No un-enrollment is required by the payer. Paper EOPs can be obtained at <a href="http://www.ameritas.com/ind ex.htm">http://www.ameritas.com/ind ex.htm</a>
	Standard Insurance Company (NY)	13411		COMMERCIAL		N	Claim Status Inquiry						
	Standard Insurance Company (NY)	13411		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	Star Health	CX090	Par	COMMERCIAL	Y	N	Claims	R					
	StarDent	CX090	Par	COMMERCIAL	Y	N	Claims	R					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	State Auto	46450	Par	COMMERCIAL	Y	N	Claims	R					
	State of Texas Dental Plan	57254	Par	COMMERCIAL	Y	N	Claims	Y					
	Stoner and Associates (Cincinnati, OH)	31121	Par	COMMERCIAL	Y	N	Claims	Y					
	Sun Life and Health Insurance Company (U.S.) (formerly GEGLAC)	67814	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a Genworth Life and Health Insurance Company (GLHIC) (Formerly GEGLAC)				
	Sun Life and Health Insurance Company (U.S.) (formerly GEGLAC)	67814		COMMERCIAL		E	ERA			No	None	1-3 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advise statements.
	Superior Dental Care	31117	Par	COMMERCIAL	Y	N	Claims	Y					
	Tall Tree Administrators	88067	Par	COMMERCIAL	Y	N	Claims	Y					
	TDC	73288	Par	COMMERCIAL	Y	N	Claims	R					
	Texas CHIP Dental Services	CPPTX	Par	COMMERCIAL	Y	Y	Claims	R	Providers wishing to submit Claims electronically must be credentialed and register for EDI. Providers should call the Texas CHIP Provider Call Center at 866-561-5891.				
	The Chesapeake Life Insurance Company - Student Insurance	74227	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.				
	The Dental Companies	73288	Par	COMMERCIAL	Y	N	Claims	R					
	The Dental Concern	73288	Par	COMMERCIAL	Y	N	Claims	R					
	The Loomis Company - TPA Wyomissing, PA (IHS Gateway Payer)	23223	Par	COMMERCIAL	Y	N	Claims	Y					
	The MEGA Life & Health Insurance Company - Insurance Center	59226	Par	COMMERCIAL	Y	N	Claims	Y					
	The MEGA Life & Health Insurance Company - Insurance Center	59226		COMMERCIAL		E	ERA	Y		N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from The MEGA Life & Health Insurance Company he needs to call 800-527-5504.
	The MEGA Life & Health Insurance Company - Student Insurance	74227	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.				
	The Physicians Assurance Corp (TPAC) /Employee Benefit Management Corp (EBMC)	CX025	Par	COMMERCIAL	Y	N	Claims	Y					
	The Union Labor Life Insurance Company	13142	Par	COMMERCIAL	Y	N	Claims	Y	Payer ID valid for Claims with a submission address of P.O. Box 61593, King of Prussia, PA 19406.				
	Three Rivers Health Plans, Inc	25175	Par	COMMERCIAL	Y	Y	Claims	Y	Now known as Unison Health Plan				
	Three Rivers Health Plans, Inc	25175		COMMERCIAL		E	ERA		Now known as Unison Health Plan	N	4 WEEKS	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Unison Health Plan / Three Rivers Health Plans, Inc. he needs to call his assigned provider services representative. If a provider is unsure who their representative is he may call 800-600-9007.
	Time Insurance Company	39065	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Fortis Insurance Company				
	Time Insurance Company	39065		COMMERCIAL		E	ERA		f.k.a. Fortis Insurance Company	N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Assurant Health / Time Insurance Co. he needs to email his request to ediserve@assurant.com making sure to include his tax ID, name and mailing address.
	Tower Life Insurance Co.	69493	Par	COMMERCIAL	Y	N	Claims	Y					
	TPAC/Employee Benefit Management Corp	CX025	Par	COMMERCIAL	Y	N	Claims	Y					
	TR Paul, Inc.	37230	Par	COMMERCIAL	Y	N	Claims	Y					
	TransSmile	CX069	Par	COMMERCIAL	Y	N	Claims	Y	Administered by Arkansas Delta Dental				

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	Travelers (now MetLife)	65978	Par	COMMERCIAL	Y	N	Claims	R					
	Trusted Plans Service Corporation	91078	Par	COMMERCIAL	Y	N	Claims	Y					
	Trustmark Insurance Company	61425	Par	COMMERCIAL	Y	N	Claims	Y					
	Trustmark Insurance Company	61425		COMMERCIAL		N	Claim Status Inquiry						
	Trustmark Insurance Company	61425		COMMERCIAL		N	Eligibility Inquiry		Yes/No Response				
	UMR - Cincinnati	33108	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. United Medical Resources				
	UMR - Harrington	95266	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Harrington Benefit Services (Columbus)				
	UMR - Harrington	75196	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Harrington Benefit Services (Westerville)				
	UMR - Lexington	37237	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Commonwealth Administrative Group				
	UMR - Onalaska	79480	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Midwest Security of WI				
	UMR - San Antonio	74223	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Benefit Planners Inc., UICI Administrators State of Nevada				
	UMR - Wausau/UHIS	39026	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Fiserv Health - Wausau Benefits/Benesight, Employers Insurance of Wisconsin				
	UMR - Wausau/UHIS	39026		COMMERCIAL		E	ERA		f.k.a. Fiserv Health - Wausau Benefits/Benesight, Employers Insurance of Wisconsin	N	30 DAYS	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from UMR - Wausau/UHIS he would need to email his request to dental.support@emdeon.com
	UNICARE	80314	Par	COMMERCIAL	Y	N	Claims	R					
	Unified Group Services	35198	Par	COMMERCIAL	Y	N	Claims	Y					
	Uniform Medical Plan	75243	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Uniform Medical Plan / Harrington Benefit Services				
	Union Security Insurance Company	70408	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Fortis Benefits Insurance Company				
	Unison Health Plan/Three Rivers	25175	Par	COMMERCIAL	Y	Y	Claims	Y					
	Unison Health Plan/Three Rivers	25175		COMMERCIAL		E	ERA			N	4 WEEKS	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Unison Health Plan / Three Rivers Health Plans, Inc. he needs to call his assigned provider services representative. If a provider is unsure who their representative is he may call 800-600-9007.
	United Concordia - Fee for Service	CX007	Non	COMMERCIAL	Y	Y	Claims	R					
	United Concordia - Fee for Service	CX007		COMMERCIAL		E	ERA			Y	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from United Concordia he needs to notify Emdeon Business Services, Inc.
	United Concordia - Fee for Service	CX007		COMMERCIAL		N	Claim Status Inquiry						
	United Concordia - Fee for Service	CX007		COMMERCIAL		Y	Eligibility Inquiry		Detailed Benefits				
	United Concordia (Tricare Dental Plan)	CX002	Non	COMMERCIAL	Y	Y	Claims	R					
	United Concordia (Tricare Dental Plan)	CX002		COMMERCIAL		E	ERA			Y	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from United Concordia he needs to notify Emdeon Business Services, Inc.
	United Concordia (Tricare Dental Plan)	CX002		COMMERCIAL		N	Claim Status Inquiry						
	United Concordia (Tricare Dental Plan)	CX002		COMMERCIAL		Y	Eligibility Inquiry		Detailed Benefits				
	United Concordia Dental Plus	CX013	Non	COMMERCIAL	Y	Y	Claims	R					
	United Concordia Dental Plus	CX013		COMMERCIAL		E	ERA			Y	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from United Concordia he needs to notify Emdeon Business Services, Inc.
	United Concordia Dental Plus	CX013		COMMERCIAL		N	Claim Status Inquiry						
	United Concordia Dental Plus	CX013		COMMERCIAL		Y	Eligibility Inquiry		Detailed Benefits				
	United HealthCare Insurance Company - Student Insurance	74227	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.				

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	United HealthCare Insurance Company of New York - Student Insurance	74227	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer. Payer ID only valid if the P.O. Box on the Health ID Card matches one of the following P.O. Boxes: P.O. Box 890025, 809067, 809079, 809066, 809036, 809081, 809027 Dallas, Tx 75380-9025.				
	United Healthcare of River Valley	95378	Par	COMMERCIAL	Y	N	Claims	Y	A United Healthcare Payer				
	United Healthcare of River Valley	95378	Par	COMMERCIAL	Y	N	Eligibility Inquiry		Yes/No Response				
	United Medical Alliance	84132	Par	COMMERCIAL	Y	N	Claims	R					
	United of Omaha	71412	Par	COMMERCIAL	Y	N	Claims	Y					
	United Security Life & Health Ins Co	36362	Par	COMMERCIAL	Y	N	Claims	Y					
	United States Life Insurance Company	13545	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. American General				
	Unity Health Insurance Corp	66705	Par	COMMERCIAL	Y	N	Claims	R	Only claims for Oral Surgery, TMJ or Accidents can be sent electronically to this payer ID.				
	University of Missouri	25133	Par	COMMERCIAL	Y	N	Claims	Y	Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.				
	Upper Peninsula Health Group (TPA)	37324	Par	COMMERCIAL	Y	N	Claims	R					
	VA Fee Basis Programs	12116	Par	COMMERCIAL	Y	N	Claims	Y					
	VA Fee Basis Programs	12116		COMMERCIAL		E	ERA			N	NONE	2-4 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Va Fee Basis Programs he needs fax a letter of request to Emdeon at 860-289-0055.
	Varian Health Care Plan	68241	Par	COMMERCIAL	Y	N	Claims	Y					
	Verity National Group	75256	Par	COMMERCIAL	Y	N	Claims	Y					
	Volusia Health Network	59266	Par	COMMERCIAL	Y	N	Claims	Y					
	Washington Employers Trust	37294	Par	COMMERCIAL	Y	N	Claims	Y					
	Washington State Council of County & City Employees Dental Trust	91136	Par	COMMERCIAL	Y	N	Claims	Y	Please enter Group Number when submitting Claims.				
	Waterstone Benefit Administrators	73155	Par	COMMERCIAL	Y	N	Claims	Y					
	WEA Trust	39151	Par	COMMERCIAL	Y	N	Claims	R					
	Web TPA, Inc of TX	59332	Par	COMMERCIAL	Y	N	Claims	Y					
	webTPA/Community Health Electronic Claims/CHEC	75261	Par	COMMERCIAL	Y	N	Claims	Y					
	Wells Fargo Third Party Administrators (f.k.a. JSL Administrators)	37272	Par	COMMERCIAL	Y	N	Claims	Y					
	Wells Fargo Third Party Administrators, Inc (Charleston, WV)	87815	Par	COMMERCIAL	Y	N	Claims	Y	f.k.a. Acordia National				
	Wells Fargo Third Party Administrators, Inc (Charleston, WV)	87815		COMMERCIAL		E	ERA		f.k.a. Acordia National	N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Wells Fargo Third Party Administrators he needs to email his request to susie_black@wellsfargo.com
	Western Grower's Assurance Trust	24735	Par	COMMERCIAL	Y	N	Claims	Y					
	Western Grower's Insurance Company	24735	Par	COMMERCIAL	Y	N	Claims	Y					
	WestLake Financial Group, Inc. (Buffalo Grove, IL)	90560	Par	COMMERCIAL	Y	N	Claims	Y					
	WI Auto & Truck	R7006	Non	COMMERCIAL		N	Claims	Y					
	William C. Earhart	93050	Par	COMMERCIAL	N	N	Claims	Y					
	WilsonMcShane	R7002	Non	COMMERCIAL		N	Claims	Y					
	Worksite Benefit Services, LLC	20333	Par	COMMERCIAL	Y	N	Claims	Y					
	Zenith Administrators	R7001	Non	COMMERCIAL		N	Claims	Y					
	ACS Benefit Solutions	61473	Par	BCBS	Y	N	Claims	Y					
	Horizon Healthcare Dental Services	22099	Par	BCBS	Y	Y	Claims	Y					
	Horizon Healthcare Dental Services	22099		BCBS		E	ERA			N	NONE	3-5 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Horizon Healthcare Dental Services he needs to fax a letter of request the payer at 973-274-4154 attention Shirley Antoine. The letter must be typed on office letterhead and contain Tax ID and Provider name.
	Horizon Healthcare Dental Services	22099		BCBS		N	Claim Status Inquiry						
	Horizon Healthcare Dental Services	22099		BCBS		N	Eligibility Inquiry		Detailed Benefits				
	NorthStar Administrators	47570	Par	BCBS	Y	N	Claims	Y					
	Premera Blue Cross	47570	Par	BCBS	Y	N	Claims	Y					
	NorthStar Administrators	47570		BCBS		E	ERA			Y	NONE	5-7 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
	Premera Blue Cross	47570		BCBS		<u>E</u>	ERA			Y	NONE	5-7 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.
AK	Blue Cross of Alaska and Washington	47570	Par	BCBS	Y	N	Claims	Y					
AK	Blue Cross of Alaska and Washington	47570		BCBS		<u>E</u>	ERA			Y	NONE	5-7 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.
AL	Blue Cross of Alabama	CBAL1	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
AL	Blue Cross of Alabama	CBAL1		BCBS		<u>E</u>	ERA			Y	IF LEFT IS SELECTED THAN SUT OFF IMMEDIATELY	15-20 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Blue Cross of Alabama he would need to fax his request to 205-220-9266 on his office letterhead.
AR	Blue Cross of Arkansas	CBAR1	Non	BCBS	Y	N	Claims	<u>R</u>	Mailing address for claims: Dental Claims Administrator PO Box 1206 Elk Grove Village IL 60009-1206.				
CA	Anthem Blue Cross CA	47198	Par	BCBS	Y	N	Claims	<u>R</u>	f.k.a. Blue Cross of California; Wellpoint				
CA	Anthem Blue Cross CA	47198		BCBS		N	Eligibility Inquiry		Detailed Benefits. f.k.a. Blue Cross of California; Wellpoint				
CO	Blue Cross of Colorado	84099	Par	BCBS	Y	N	Claims	<u>R</u>	No FEP Claims. Please send FEP Claims on paper or use Payer ID 06126.				
CO	Trigon Blue Cross Blue Shield - Colorado Dental Office	84103	Par	BCBS	Y	N	Claims	<u>R</u>	Claims Mailing Address: Trigon Dental Admin, 555 Middle Creek Parkway, MS 400, Colorado Springs, CO 80921.				
CT	Anthem Blue Cross Blue Shield Connecticut	84105	Par	BCBS	Y	N	Claims	<u>R</u>	No FEP Claims. Please send FEP on paper or use Payer ID 06126.				
CT	Blue Care Family Plan (BCBS of CT)	00700	Par	BCBS	Y	N	Claims	<u>R</u>					
DE	Blue Cross of Delaware	53287	Par	BCBS	Y	N	Claims	Y					
GA	Blue Cross of Georgia	CBGA1	Par	BCBS	Y	N	Claims	<u>R</u>					
IA	Blue Cross of Iowa	CBIA2	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
IA	Blue Cross of Iowa (FEP Claims Only)	CBIA1	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>	FEP Claims only				
IA	Blue Cross of Iowa (FEP Claims Only)	CBIA1		BCBS		<u>E</u>	ERA		FEP Claims only	Y	NONE	14-21 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Blue Cross of Iowa he must complete the Electronic Transaction Registration Form leaving the 835 box blank. The form is available at <a href="http://wellmark.com/e_business/provider/forms/fmsprovider.htm">http://wellmark.com/e_business/provider/forms/fmsprovider.htm</a> .
ID	Blue Cross of Idaho	CBID1	Non	BCBS	Y	<u>Y</u>	Claims	Y					
ID	Blue Shield of Idaho	CBID2	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
ID	Blue Shield of Idaho	CBID2		BCBS		<u>E</u>	ERA			Y	NONE	10-14 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs he needs to fax a letter of request to 972.383.6450. The letter must be on the provider's letterhead.
IL	Blue Cross of Illinois	CB621	Non	BCBS	Y	N	Claims	<u>R</u>					
IN	Blue Cross of Indiana Anthem	84105	Par	BCBS	Y	N	Claims	<u>R</u>	No FEP Claims. Please send FEP on paper or use Payer ID 06126.				
KS	Blue Cross of Kansas	CBKS1	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
KS	Blue Cross of Kansas	CBKS1		BCBS		<u>E</u>	ERA			Y	NONE	21 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Blue Cross of Kansas he needs to fax his request to 785-290-0720. Provider letterhead is preferred but not mandated.
KY	Blue Cross of Kentucky Anthem	84105	Par	BCBS	Y	N	Claims	<u>R</u>	No FEP Claims. Please send FEP on paper or use Payer ID 06126.				
LA	Blue Cross Blue Shield of Louisiana	23739	Par	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
LA	Blue Cross Blue Shield of Louisiana	23739		BCBS		<u>E</u>	ERA			N	IF LEFT IS SELECTED THAN SUT OFF IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from BCBS of Louisiana he needs to call the EDI department at 225-291-4334.
MA	Blue Cross of Massachusetts	CBMA1	Par	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
MA	Blue Cross of Massachusetts	CBMA1		BCBS		<u>E</u>	ERA		ERAs returned for claims and pre-treatment estimates.	N	NONE	14 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Massachusetts BC he needs to fax a letter of request to 617-761-3991. The letter must be typed on office letterhead and contain a date of discontinuance, tax ID, Provider name and Provider ID.
MA	Blue Cross of Massachusetts	CBMA1		BCBS		N	Claim Status Inquiry						
MA	Blue Cross of Massachusetts	CBMA1		BCBS		N	Eligibility Inquiry		Detailed Benefits				
MI	Blue Cross Blue Shield of Michigan	CBM1	Non	BCBS	Y	N	Claims	<u>R</u>					
MS	Mississippi BCBS	CBMS1	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
MS	Mississippi BCBS	CBMS1		BCBS		<u>E</u>	ERA		ERAs returned for claims and pre-treatment estimates.	Y	NONE	5-10 Business Days	If a provider wishes to discontinue receiving ERAs from BCBS of Mississippi he needs to call 800-826-4068.
MT	Blue Cross Blue Shield of Montana	CBMT1	Par	BCBS	Y	N	Claims	<u>R</u>					
NC	Blue Cross Blue Shield of North Carolina	61473	Par	BCBS	Y	N	Claims	Y					
NC	Blue Cross of North Carolina Federal Employee Claims	61472	Par	BCBS	Y	N	Claims	Y					
NC	North Carolina Health Choice for Children	61472	Par	BCBS	Y	N	Claims	Y					
ND	Blue Cross of North Dakota (ND Dental Services)	CX004	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
ND	Blue Cross of North Dakota (ND Dental Services)	CX004		BCBS		<u>E</u>	ERA			Y	IMMEDIATELY	10-15 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from North Dakota BCBS he would need to complete the provider termination form available at: <a href="http://www.edisweb.com/docs/blue837term_change.pdf">http://www.edisweb.com/docs/blue837term_change.pdf</a>
ND	North Dakota Dental Service	CX004	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
NE	Blue Cross of Nebraska	CBNE1	Par	BCBS	N	N	Claims	<u>R</u>					
NE	Blue Cross of Nebraska	CBNE1		BCBS		<u>E</u>	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from BC of Nebraska he needs to call Sean Blair at 402-392-4205.
NM	Blue Cross of New Mexico	CBNM1	Non	BCBS	N	N	Claims	<u>R</u>					
NV	Blue Cross of Nevada	84101	Par	BCBS	Y	N	Claims	<u>R</u>	No FEP Claims. Please send FEP Claims on paper or use Payer ID 06126.				
NY	BCBS of Rochester New York	CBNYR	Non	BCBS	N	N	Claims	<u>R</u>					
NY	BCBS of Western NY	CBNYW	Par	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
NY	BS of Northeastern NY	CBNYE	Par	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
NY	Empire Blue Cross Blue Shield	CBNY1	Non	BCBS	N	N	Claims	Y					
NY	Empire Blue Cross Blue Shield	CBNY1		BCBS		N	Eligibility Inquiry		Detailed Benefits				
NY	Healthnow of Northeastern NY	CBNYE	Par	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
NY	Healthnow of Western NY	CBNYW	Par	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
OH	Blue Cross of Ohio Anthem	84105	Par	BCBS	Y	N	Claims	<u>R</u>	No FEP Claims. Please send FEP on paper or use Payer ID 06126.				
OR	Blue Cross of Oregon	CB850	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					
OR	Blue Cross of Oregon	CB850		BCBS		<u>E</u>	ERA			Y	NONE	10-14 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs he needs to fax a letter of request to 972.383.6450. The letter must be on the provider's letterhead.
PA	Blue Shield of Pennsylvania Dental Plus	CBPA2	Non	BCBS	Y	<u>Y</u>	Claims	<u>R</u>					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
PA	Blue Shield of Pennsylvania Dental Plus	CBPA2		BCBS		<a href="#">E</a>	ERA			Y	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from United Concordia he needs to notify Emdeon Business Services, Inc.
PA	Blue Shield of Pennsylvania Dental Plus	CBPA2		BCBS		N	Claim Status Inquiry						
PA	Blue Shield of Pennsylvania Dental Plus	CBPA2		BCBS		<a href="#">Y</a>	Eligibility Inquiry		Detailed Benefits				
PA	Pennsylvania Blue Shield (Camp Hill)	CB865	Non	BCBS	Y	<a href="#">Y</a>	Claims	<a href="#">R</a>					
PA	Pennsylvania Blue Shield (Camp Hill)	CB865		BCBS		<a href="#">E</a>	ERA			Y	NONE	1-3 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from United Concordia he needs to notify Emdeon Business Services, Inc.
PA	Pennsylvania Blue Shield (Camp Hill)	CB865		BCBS		N	Claim Status Inquiry						
RI	Blue Cross of Rhode Island	CB870	Non	BCBS	Y	<a href="#">Y</a>	Claims	<a href="#">R</a>					
RI	Blue Cross of Rhode Island	CB870		BCBS		<a href="#">E</a>	ERA			Y	NONE	10-15 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from BC of Rhode Island he must mail a letter of request on his letterhead which contains the provider's full name, tax ID and/or Provider ID, Submitter ID and reason for discontinuance to: Attn: Contracting Department Blue Cross of Rhode Island, 15 LaSalle Square, Providence RI 02903.
SC	South Carolina BCBS	38520	Non	BCBS	Y	<a href="#">Y</a>	Claims	<a href="#">R</a>					
SC	South Carolina BCBS	38520		BCBS		<a href="#">E</a>	ERA			N	NONE	3-5 BUSINESS DAYS	Effective 1-1-10: Paper RAs are no longer available from South Carolina BCBS. Should a provider wish to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through SC BCBS or re-enroll electing another entity to retrieve their ERAs from SC BCBS. Provider may contact BlueCross Provider Education at 803-264-4730 for additional information.
SC	South Carolina BCBS	38520		BCBS		N	Claim Status Inquiry						
SC	South Carolina BCBS	38520		BCBS		N	Eligibility Inquiry		Detailed Benefits				
TN	Blue Cross of Tennessee	CBTN1	Non	BCBS	Y	<a href="#">Y</a>	Claims	<a href="#">R</a>					
TX	Blue Cross of Texas	CB900	Non	BCBS	Y	N	Claims	Y					
UT	Regence UT BCBS	CBUT1	Non	BCBS	Y	<a href="#">Y</a>	Claims	<a href="#">R</a>					
UT	Regence UT BCBS FEP	CBUTF	Non	BCBS	Y	<a href="#">Y</a>	Claims	<a href="#">R</a>					
VA	Trigon Blue Cross of Virginia (Anth BCBS-VA/ BCBS Anth-VA formerly Trigon)	CB923	Par	BCBS	Y	N	Claims	<a href="#">R</a>					
WA	Blue Cross of Alaska and Washington	47570	Par	BCBS	Y	N	Claims	Y					
WA	Blue Cross of Alaska and Washington	47570		BCBS		<a href="#">E</a>	ERA			Y	NONE	5-7 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.
WA	Regence Blue Shield	93200	Par	BCBS	Y	N	Claims	<a href="#">R</a>	Unique provider ID required; please call NDEX at (800) 373-1477.				
WA	Regence Blue Shield	93200		BCBS		<a href="#">E</a>	ERA			Y	NONE	10-14 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs he needs to fax a letter of request to 972.383.6450. The letter must be on the provider's letterhead.

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
WA	Regence Blue Shield FEP	93200	Par	BCBS	Y	Y	Claims	R	Unique provider ID required; please call NDEX at (800) 373-1477. Participating Payer - see last page for definition.				
WA	Regence Blue Shield FEP	93200		BCBS		E	ERA			Y	NONE	10-14 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs he needs to fax a letter of request to 972.383.6450. The letter must be on the provider's letterhead.
WA	Regence Northwest Health	93200	Par	BCBS	Y	Y	Claims	R	Unique provider ID required; please call NDEX at (800) 373-1477. Participating Payer - see last page for definition.				
WA	Regence Northwest Health	93200		BCBS		E	ERA			Y	NONE	10-14 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs he needs to fax a letter of request to 972.383.6450. The letter must be on the provider's letterhead.
WI	Blue Cross of Wisconsin	CB950	Par	BCBS	Y	N	Claims	R					
	Delta Dental Insurance Co. (DDIC) - All Payers	94276	Par	DELTA DENTAL	N	N	Claims	Y					
	Delta Dental Insurance Co. (DDIC) - All Payers	94276	Par	DELTA DENTAL		N	Claim Status Inquiry						
	Delta Dental Insurance Co. (DDIC) - All Payers	94276		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
	Delta Health Systems	94235	Par	DELTA DENTAL	Y	N	Claims	Y					
	DeltaCare USA Claims	DDCA2	Par	DELTA DENTAL	Y	N	Claims	Y	f.k.a. PMI				
	DeltaCare USA Claims	DDCA2		DELTA DENTAL		N	Claim Status Inquiry						
	DeltaCare USA Claims	DDCA2		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
	DeltaCare USA Encounters	DDCA3	Par	DELTA DENTAL	Y	N	Encounters	Y	f.k.a. PMI				
	DeltaCare USA Encounters	DDCA3		DELTA DENTAL		N	Claim Status Inquiry						
	DeltaCare USA Encounters	DDCA3		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
	Northeast Delta Dental (ME, NH, VT)	02027	Par	DELTA DENTAL	Y	N	Claims	Y					
AK	Delta Dental of Alaska (DDIC)	DDAK1	Par	DELTA DENTAL	N	N	Claims	Y					
AK	Delta Dental of Alaska (DDIC)	DDAK1		DELTA DENTAL		N	Claim Status Inquiry						
AK	Delta Dental of Alaska (DDIC)	DDAK1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
AL	Delta Dental of Alabama (DDIC)	DDAL1	Par	DELTA DENTAL	N	N	Claims	Y					
AL	Delta Dental of Alabama (DDIC)	DDAL1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
AR	Delta Dental of Arkansas	CDAR1	Par	DELTA DENTAL	Y	N	Claims	Y					
AZ	Delta Dental of Arizona	86027	Par	DELTA DENTAL	Y	N	Claims	Y					
AZ	Delta Dental of Arizona	86027		DELTA DENTAL		E	ERA			N	IMMEDIATELY	PAYER'S DISCRETION	If a provider wishes to discontinue receiving ERAs from Delta Dental of Arizona he needs to send a written request to the below address. Please include the provider's name, Tax ID, and statement of request. Delta Dental of Arizona PO Box 43000 Phoenix, AZ 85080-3000
AZ	Delta Dental of Arizona	86027		DELTA DENTAL		N	Claim Status Inquiry						
AZ	Delta Dental of Arizona	86027		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
CA	Delta Dental of California - CA00 Claims Office	77777	Par	DELTA DENTAL	Y	N	Claims	Y					
CA	Delta Dental of California - CA00 Claims Office	77777		DELTA DENTAL		N	Claim Status Inquiry						
CA	Delta Dental of California - CA00 Claims Office	77777		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
CA	Delta Dental of California/Tricare Retiree Dental	CDCA1	Par	DELTA DENTAL	Y	N	Claims	Y					
CO	Delta Dental of Colorado	84056	Par	DELTA DENTAL	Y	N	Claims	Y					
DC	Delta Dental of Washington DC	52147	Par	DELTA DENTAL	Y	N	Claims	Y					
DC	Delta Dental of Washington DC	52147		DELTA DENTAL		N	Claim Status Inquiry						
DC	Delta Dental of Washington DC	52147		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
DE	Delta Dental of Delaware	51022	Par	DELTA DENTAL	Y	N	Claims	Y					
DE	Delta Dental of Delaware	51022		DELTA DENTAL		N	Claim Status Inquiry						
DE	Delta Dental of Delaware	51022		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
FL	Delta Dental of Florida (DDIC)	DDFL1	Par	DELTA DENTAL	N	N	Claims	Y					
FL	Delta Dental of Florida (DDIC)	DDFL1		DELTA DENTAL		N	Claim Status Inquiry						
FL	Delta Dental of Florida (DDIC)	DDFL1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
GA	Delta Dental of Georgia (DDIC)	DDGA1	Par	DELTA DENTAL	N	N	Claims	Y					
GA	Delta Dental of Georgia (DDIC)	DDGA1		DELTA DENTAL		N	Claim Status Inquiry		Detailed Benefits				
GA	Delta Dental of Georgia (DDIC)	DDGA1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
IA	Delta Dental of Iowa	CDIA1	Par	DELTA DENTAL	Y	N	Claims	Y					
IA	Delta Dental of Iowa	CDIA1		DELTA DENTAL		N	Claim Status Inquiry						

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IA	Delta Dental of Iowa	CDIA1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
ID	Delta Dental of Idaho	82029	Par	DELTA DENTAL	Y	N	Claims	Y					
IL	Delta Dental of Illinois	05030	Par	DELTA DENTAL	Y	N	Claims	Y					
IL	Delta Dental of Illinois	05030		DELTA DENTAL		<a href="#">E</a>	ERA	Y		Y	IMMEDIATELY	5-10 BUSINESS DAYS	Providers are required to give Delta Dental of Illinois written notification. Mail notifications to: Professional Relations Department Delta Dental of Illinois 801 Ogden Avenue Lisle, IL 60532
IL	Delta Dental of Illinois	05030		DELTA DENTAL		N	Claim Status Inquiry						
IL	Delta Dental of Illinois	05030		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
IN	Delta Dental of Indiana	CDIN1	Non	DELTA DENTAL	Y	N	Claims	Y					
IN	Delta Dental of Indiana	CDIN1		DELTA DENTAL		<a href="#">E</a>	ERA			N	NONE	AUTOMATIC ENROLLMENT AFTER 1 CLAIM SUBMITTED AND ERA PURCHASED	If a provider wishes to discontinue receiving ERAs from Delta Dental of Indiana he needs to email his request to dentalsupport@emdeon.com
IN	Delta Dental of Indiana	CDIN1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
KS	Delta Dental of Kansas	CDKS1	Par	DELTA DENTAL	Y	N	Claims	Y					
KS	Delta Dental of Kansas	CDKS1		DELTA DENTAL		<a href="#">E</a>	ERA			N	NONE	1-3 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.
KS	Delta Dental of Kansas	CDKS1		DELTA DENTAL		N	Claim Status Inquiry						
KS	Delta Dental of Kansas	CDKS1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
KY	Delta Dental of Kentucky	CDKY1	Par	DELTA DENTAL	Y	N	Claims	<a href="#">R</a>					
LA	Delta Dental of Louisiana (DDIC)	DDLA1	Par	DELTA DENTAL	N	N	Claims	Y					
LA	Delta Dental of Louisiana (DDIC)	DDLA1		DELTA DENTAL		N	Claim Status Inquiry						
LA	Delta Dental of Louisiana (DDIC)	DDLA1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
MA	Delta Dental of Massachusetts	04614	Par	DELTA DENTAL	Y	N	Claims	Y					
MA	Delta Dental of Massachusetts	04614		DELTA DENTAL		N	Claim Status Inquiry						
MA	Delta Dental of Massachusetts	04614		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
MA	DentaQuest	04356	Par	DELTA DENTAL	Y	N	Claims	Y					
M D	Delta Dental of Maryland (Pennsylvania)	23166	Par	DELTA DENTAL	Y	N	Claims	Y					
MI	Delta Dental of Michigan	CDMI0	Non	DELTA DENTAL	Y	N	Claims	Y					
MI	Delta Dental of Michigan	CDMI0		DELTA DENTAL		<a href="#">E</a>	ERA			N	NONE	AUTOMATIC ENROLLMENT AFTER 1 CLAIM SUBMITTED AND ERA PURCHASED	If a provider wishes to discontinue receiving ERAs from Delta Dental of Michigan he needs to email his request to dentalsupport@emdeon.com
MI	Delta Dental of Michigan	CDMI0		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
M N	Delta Dental of Minnesota	CDMN1	Non	DELTA DENTAL	Y	N	Claims	Y					
M O	Delta Dental of Missouri	43090	Par	DELTA DENTAL	Y	N	Claims	Y					
MO	Delta Dental of Missouri	43090		DELTA DENTAL		N	Claim Status Inquiry						
MO	Delta Dental of Missouri	43090		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
MS	Delta Dental of Mississippi (DDIC)	DDMS1	Par	DELTA DENTAL	N	N	Claims	Y					
MS	Delta Dental of Mississippi (DDIC)	DDMS1		DELTA DENTAL		N	Claim Status Inquiry						
MS	Delta Dental of Mississippi (DDIC)	DDMS1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
MT	Delta Dental of Montana (DDIC)	DDMT1	Par	DELTA DENTAL	N	N	Claims	Y					
MT	Delta Dental of Montana (DDIC)	DDMT1		DELTA DENTAL		N	Claim Status Inquiry						
MT	Delta Dental of Montana (DDIC)	DDMT1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
NC	Delta Dental of North Carolina	56101	Par	DELTA DENTAL	Y	N	Claims	Y					
ND	Delta Dental of North Dakota	CDND1	Non	DELTA DENTAL	Y	N	Claims	Y					
NE	Delta Dental of Nebraska	CDNE1	Non	DELTA DENTAL	Y	N	Claims	Y					
NJ	Delta Dental of New Jersey	22189	Par	DELTA DENTAL	Y	N	Claims	Y					
NJ	Delta Dental of New Jersey	22189		DELTA DENTAL		N	Claim Status Inquiry						
NJ	Delta Dental of New Jersey	22189		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
N M	Delta Dental of New Mexico	85022	Par	DELTA DENTAL	Y	N	Claims	Y					
N M	Delta Dental of New Mexico	85022		DELTA DENTAL		N	Claim Status Inquiry						
N M	Delta Dental of New Mexico	85022		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
NV	Delta Dental of Nevada (DDIC)	DDNV1	Par	DELTA DENTAL	N	N	Claims	Y					
NV	Delta Dental of Nevada (DDIC)	DDNV1		DELTA DENTAL		N	Claim Status Inquiry						
NV	Delta Dental of Nevada (DDIC)	DDNV1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
NY	Delta Dental of New York	11198	Par	DELTA DENTAL	Y	N	Claims	Y					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
NY	Delta Dental of New York	11198		DELTA DENTAL		N	Claim Status Inquiry						
NY	Delta Dental of New York	11198		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
OH	Delta Dental of Ohio	CDOH1	Non	DELTA DENTAL	Y	N	Claims	Y					
OH	Delta Dental of Ohio	CDOH1		DELTA DENTAL		E	ERA			N	NONE	AUTOMATIC ENROLLMENT AFTER 1 CLAIM SUBMITTED AND ERA PURCHASED	If a provider wishes to discontinue receiving ERAs from Delta Dental of Ohio he needs to email his request to dental.support@emdeon.com
OH	Delta Dental of Ohio	CDOH1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
OK	Delta Dental of Oklahoma	CDOK1	Non	DELTA DENTAL	Y	N	Claims	Y					
OK	Delta Dental of Oklahoma	CDOK1		DELTA DENTAL		N	Claim Status Inquiry						
OK	Delta Dental of Oklahoma	CDOK1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
OR	Delta Dental of Oregon (Oregon Dental Service)	CDOR1	Non	DELTA DENTAL	Y	N	Claims	R					
PA	Delta Dental of Maryland (Pennsylvania)	23166		DELTA DENTAL		N	Claim Status Inquiry						
PA	Delta Dental of Maryland (Pennsylvania)	23166		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
PA	Delta Dental of Pennsylvania	23166	Par	DELTA DENTAL	Y	N	Claims	Y	Incl. Maryland				
PA	Delta Dental of Pennsylvania	23166		DELTA DENTAL		N	Claim Status Inquiry						
PA	Delta Dental of Pennsylvania	23166		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
RI	Altus	50503	Par	DELTA DENTAL	Y	N	Claims	Y					
RI	Delta Dental of Rhode Island	05029	Par	DELTA DENTAL	Y	N	Claims	Y					
SC	Delta Dental of South Carolina	43091	Par	DELTA DENTAL	Y	N	Claims	Y					
SC	Delta Dental of South Carolina	43091		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
SD	Delta Dental of South Dakota	54097	Par	DELTA DENTAL	Y	N	Claims	Y					
TN	Delta Dental of Tennessee	CDTN1	Par	DELTA DENTAL	Y	N	Claims	Y					
TN	Delta Dental of Tennessee	CDTN1		DELTA DENTAL		N	Claim Status Inquiry						
TN	Delta Dental of Tennessee	CDTN1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
TX	Delta Dental of Texas (DDIC)	DDTX1	Par	DELTA DENTAL	N	N	Claims	Y					
TX	Delta Dental of Texas (DDIC)	DDTX1		DELTA DENTAL		N	Claim Status Inquiry						
TX	Delta Dental of Texas (DDIC)	DDTX1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
UT	Delta Dental of Utah (DDIC)	DDUT1	Par	DELTA DENTAL	N	N	Claims	Y					
UT	Delta Dental of Utah (DDIC)	DDUT1		DELTA DENTAL		N	Claim Status Inquiry						
UT	Delta Dental of Utah (DDIC)	DDUT1		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
VA	Delta Dental of Virginia	CDVA1	Non	DELTA DENTAL	N	N	Claims	Y	Effective 1-16-07: electronic payer ID for Claims printed and mailed to Delta Dental Virginia				
WA	Washington Dental Service	91062	Par	DELTA DENTAL	Y	N	Claims	Y					
WA	Washington Dental Service	91062		DELTA DENTAL		N	Claim Status Inquiry		Payer also supports RT status on Pre-Treatment Estimates				
WA	Washington Dental Service	91062		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
WI	Delta Dental of Wisconsin	39069	Par	DELTA DENTAL	Y	N	Claims	Y					
WI	Delta Dental of Wisconsin	39069		DELTA DENTAL		E	ERA			Y	IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Delta Dental Wisconsin he needs to email his request to pr@deltadentalwi.com or call Provider Relations at 800-836-0490.
WI	Delta Dental of Wisconsin	39069		DELTA DENTAL		N	Claim Status Inquiry						
WI	Delta Dental of Wisconsin	39069		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
WV	Delta Dental of West Virginia	31096	Par	DELTA DENTAL	Y	N	Claims	Y					
WV	Delta Dental of West Virginia	31096		DELTA DENTAL		N	Claim Status Inquiry						
WV	Delta Dental of West Virginia	31096		DELTA DENTAL		N	Eligibility Inquiry		Detailed Benefits				
WY	Delta Dental of Wyoming	CDWY1	Par	DELTA DENTAL	Y	N	Claims	Y					
AK	Alaska Medicaid	CKAK1	Non	MEDICAID	Y	N	Claims	R					
AK	Alaska Medicaid	CKAK1		MEDICAID		E	ERA			Y	NONE	10-15 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advise statements.
AL	Medicaid of Alabama	CKAL1	Non	MEDICAID	Y	Y	Claims	R					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Payer RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
AL	Medicaid of Alabama	CKAL1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY	2-4 WEEKS	If a provider wishes to discontinue receiving ERAs from Alabama Medicaid he needs to contact Provider Enrollment at 800-457-1242 or 334-215-0111.
AL	Medicaid of Alabama	CKAL1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
AR	Medicaid of Arkansas	CKAR1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
AR	Medicaid of Arkansas	CKAR1		MEDICAID		<u>E</u>	ERA			N	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Arkansas Medicaid he needs to call 800-457-4454 or 501-376-221.
AR	Medicaid of Arkansas	CKAR1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
AZ	Arizona Medicaid	CKAZ1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
CA	Denti-Cal	94146	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>	Denti-Cal requires provider enrollment and has special data requirements. Contact Denti-Cal EDI Support at (916) 853-7373.				
CA	Denti-Cal	94146		MEDICAID		<u>E</u>	ERA			N	NONE	PAYER'S DISCRETION	If a provider wishes to discontinue receiving ERAs from Denti-Cal / Medicaid of California he needs call 916-853-7373 and make his request.
CA	Denti-Cal	94146		MEDICAID		<u>Y</u>	Eligibility Inquiry		Yes/No Response. Please call (916) 636-1200 for PIN.				
CA	Medicaid of California	94146	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>	Denti-Cal requires provider enrollment and has special data requirements. Contact Denti-Cal EDI Support at (916) 853-7373.				
CA	Medicaid of California	94146		MEDICAID		<u>E</u>	ERA			N	NONE	PAYER'S DISCRETION	If a provider wishes to discontinue receiving ERAs from Denti-Cal / Medicaid of California he needs call 916-853-7373 and make his request.
CA	Medicaid of California	94146		MEDICAID		<u>Y</u>	Eligibility Inquiry		Yes/No Response. Please call (916) 636-1200 for PIN.				
CO	Medicaid of Colorado	CKCO1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
CO	Medicaid of Colorado	CKCO1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY	2-4 WEEKS	If a provider wishes to discontinue receiving ERAs from Colorado Medicaid he needs to complete a new Colorado Medicaid EDI Update Form leaving the 833 check box blank. The form then needs to be mailed to Colorado Medicaid at the address indicated on the form.
CO	Medicaid of Colorado	CKCO1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
CT	Medicaid of Connecticut	CKCT1	Non	MEDICAID	Y	N	Claims	<u>R</u>					
CT	Medicaid of Connecticut	CKCT1		MEDICAID		<u>E</u>	ERA			N	NONE	10-15 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to received paper remittance advise statements.
CT	Medicaid of Connecticut	CKCT1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
DC	District of Columbia Medicaid	CKDC1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
DC	District of Columbia Medicaid	CKDC1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY	10-15 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Washington, D.C. Medicaid he must mail a letter of request on his letterhead which contains the provider's full name, tax ID and Provider ID with the reason for discontinuance to: ACS Provider Enrollment Unit, PO Box 4761, Washington, DC 20043-4761.
DC	District of Columbia Medicaid	CKDC1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
DE	Delaware Medicaid	CKDE1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
DE	Delaware Medicaid	CKDE1		MEDICAID		<u>E</u>	ERA			Y	NONE	5-7 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to received paper remittance advise statements.
FL	Atlantic Dental Inc. (ADI) - Medicaid	CX052	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				
FL	DentaQuest - Government	CX052	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				
FL	Medicaid of Florida (FL)	CKFL1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
FL	Medicaid of Florida (FL)	CKFL1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY	15-20 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Florida Medicaid he needs to mail a letter or request on his letterhead with his signature to: ACS State Healthcare - Provider Enrollment, 2308 Killebrew Ctr. Blvd., Ste. 100, Tallahassee, FL 32309.
FL	Medicaid of Florida (FL)	CKFL1		MEDICAID		N	Claim Status Inquiry						
FL	Medicaid of Florida (FL)	CKFL1		MEDICAID		<u>Y</u>	Eligibility Inquiry		Yes/No Response				
GA	Medicaid of Georgia (GA)	CKGA1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
GA	Medicaid of Georgia (GA)	CKGA1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY	7-14 BUSINESS DAYS	If a provider wishet to discontinue receiving ERAs from Georgia Medicaid he needs to mail a Remit Optior Form to ACS, PO Box 4000, McRae, GA 31055. The form can be found at www.ghp.georgia.gov.
GA	Medicaid of Georgia (GA)	CKGA1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
IA	Medicaid of Iowa	CKIA1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
IA	Medicaid of Iowa	CKIA1		MEDICAID		<u>E</u>	ERA			Y	CURRENTLY: NONE UNLESS EFT IS ELECTED THAN IMMEDIATELY. EFFECTIVE 3-1-10 ALL PAPER REMITS WILL CEASE.	10-14 BUSINESS DAYS	If a provider wisht to discontinue receiving ERAs from Iowa Medicaid than a Termination form is required to be submitted to the payer. Please call 800-967-7902 for instructions and a copy of the form. EFFECTIVE 3-1-10 UN-ENROLLMENT WILL NO LONGER BE ALLOWED AS PAPER REMITS WILL CEASE. PROVIDERS MAY ONLY CHANGE WHERE THEY RETRIEVE ERAs FROM.
IA	Medicaid of Iowa	CKIA1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
ID	Medicaid of Idaho	CKID1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
ID	Medicaid of Idaho	CKID1		MEDICAID		<u>E</u>	ERA			Y	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Idaho Medicaid he needs to call Provider Enrollment at 800-685-3757.
ID	Medicaid of Idaho	CKID1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
IL	DentaQuest - Government	CKIL1	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				
IL	Illinois Medicaid	CKIL1	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
IL	Illinois Medicaid	CKIL1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
IN	Indiana Childrens Special Healthcare	CX070	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
IN	Indiana Childrens Special Healthcare	CX070		MEDICAID		<u>E</u>	ERA			Y	Effective 9-1-09 paper RA is no longer printed or mailed to providers.	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Indiana Medicaid web portal selecting another entity to retrieve their ERAs from Indiana Medicaid.
IN	Medicaid of Indiana	CKIN1	Non	MEDICAID	Y	N	Claims	<u>R</u>					
IN	Medicaid of Indiana	CKIN1		MEDICAID		<u>E</u>	ERA			Y	Effective 9-1-09 paper RA is no longer printed or mailed to providers.	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Indiana Medicaid web portal selecting another entity to retrieve their ERAs from Indiana Medicaid.
IN	Medicaid of Indiana	CKIN1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
KS	Kansas Medicaid	CKKS1	Non	MEDICAID	Y	N	Claims	<u>R</u>					
KS	Kansas Medicaid	CKKS1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY unless the provider calls the EDI Help desk and requests paper continue to be sent	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Emdeon they need to login to their KMAP account and remove WEBMDENTAL as the receiver of 835s. 835s will than begin being delivered to the provider's KMAP account. Should a provider wish to return to paper RAs he needs to call the KMAP Customer Service line at 800-933-6593 option 1, option 3#.
KS	Kansas Medicaid	CKKS1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
KY	DentaQuest - Government	CKKY3	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				
KY	Kentucky Medicaid	CKKY1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
KY	Kentucky Medicaid	CKKY1		MEDICAID		<u>E</u>	ERA			N	NONE	7-10 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Kentucky Medicaid he needs to call 800-205-4696.
KY	Kentucky Medicaid	CKKY1		MEDICAID		N	Claim Status Inquiry						
KY	Kentucky Medicaid	CKKY1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
KY	Medicaid of Kentucky Region #3 (Doral Dental Services)	CKKY3	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				
LA	Louisiana Medicaid (Adult Dental)	CKLA2	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
LA	Louisiana Medicaid (Adult Dental)	CKLA2		MEDICAID		<u>E</u>	ERA			Y	NONE	3 Weeks	No un-enrollment is necessary as the provider will always continue to received paper remittance advise statements.
LA	Louisiana Medicaid (Adult Dental)	CKLA2		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
LA	Louisiana Medicaid (EPSDT)	CKLA1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
LA	Louisiana Medicaid (EPSDT)	CKLA1		MEDICAID		<u>E</u>	ERA			Y	NONE	3 Weeks	No un-enrollment is necessary as the provider will always continue to received paper remittance advise statements.
LA	Louisiana Medicaid (EPSDT)	CKLA1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
MA	Medicaid of Massachusetts	CKMA1	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				
MA	Medicaid of Massachusetts	CKMA1		MEDICAID		<u>Y</u>	Eligibility Inquiry		Yes/No Response. Please call 800-325-5231 to obtain your Provider and User IDs.				

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
MD	Medicaid of Maryland, DePartment of Health and Mental Hygiene	CKMD1	Non	MEDICAID	N	N	Claims	R	MD Med. claims with DOS prior to 7-1-09 use CKMD1. MD Med. claims with DOS 7-1-09 and later use CX014. MD Med. no longer requires add'l enrollment for ECS. CX014 does require credentialing.				
MD	Medicaid of Maryland, DePartment of Health and Mental Hygiene	CKMD1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
ME	Medicaid of Maine	CKME1	Non	MEDICAID	Y	Y	Claims	Y					
ME	Medicaid of Maine	CKME1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
MI	Michigan Medicaid	CKM1	Non	MEDICAID	Y	N	Claims	R					
MI	Michigan Medicaid	CKM1		MEDICAID		E	ERA			Y	NONE	7-14 BUSINESS DAYS	Michigan Medicaid will continue to send paper RA statements indefinitely and has therefor not developed a process for the discontinuance of ERAs.
MI	Michigan Medicaid	CKM1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
MN	Health Partners of Minnesota - Medicaid	CX010	Non	MEDICAID	Y	N	Claims	Y					
MN	Health Partners of Minnesota - Medicaid	CX010		MEDICAID		E	ERA			NO	IMMEDIATELY	1-3 BUSINESS DAYS	Paper remittance advice statements are being phased out and are expected to no longer be available mid 2010. Providers who no longer wish to receive their HealthPartner ERAs from Emdeon must enroll online at <a href="https://www.healthpartners.com/providerregistration/entry">https://www.healthpartners.com/providerregistration/entry</a> to receive their remittance advices online. The Remittance Advice that is online is exactly the same.
MN	Medicaid of Minnesota	CKMN1	Non	MEDICAID	Y	Y	Claims	R					
MN	Medicaid of Minnesota	CKMN1		MEDICAID		E	ERA			Y	IMMEDIATELY	30 BUSINESS DAYS	Not allowed per Minnesota Statutes 62J.536 which requires electronic only RAs by 12/15/09. Providers may however opt to remove Emdeon as their ERA clearinghouse by completing another Electronic Remittance Advice (RA) Request Form designating another receiver.
MN	Medicaid of Minnesota	CKMN1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
MO	Medicaid of Missouri	CKMO1	Non	MEDICAID	Y	N	Claims	R					
MO	Medicaid of Missouri	CKMO1		MEDICAID		E	ERA			N	IMMEDIATELY	7-10 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Missouri Medicaid he needs to call the Inlocrossing Healthcare Services Help Desk at 573-635-3559.
MO	Medicaid of Missouri	CKMO1		MEDICAID		N	Claim Status Inquiry						
MO	Medicaid of Missouri	CKMO1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
MS	Mississippi Medicaid	CKMS1	Non	MEDICAID	Y	Y	Claims	R					
MS	Mississippi Medicaid	CKMS1		MEDICAID		E	ERA			Y	1-1-2007 all paper EOBs ceased.	3-5 BUSINESS DAYS	Paper RAs are no longer available from Mississippi Medicaid. Should a provider wish to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Mississippi Medicaid web portal or re-enroll electing another entity to retrieve the ERAs from Mississippi Medicaid.
MS	Mississippi Medicaid	CKMS1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
MT	Montana Medicaid	CKMT1	Non	MEDICAID	Y	N	Claims	R					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
MT	Montana Medicaid	CKMT1		MEDICAID		<u>E</u>	ERA			Y	2 WEEKS	10-15 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Montana Medicaid he needs to mail his request to: DPHHS PO Box 202951 Helena, MT 59620-2951
MT	Montana Medicaid	CKMT1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
NC	Medicaid of North Carolina	CKNC1	Non	MEDICAID	Y	N	Claims	<u>R</u>					
NC	Medicaid of North Carolina	CKNC1		MEDICAID		<u>E</u>	ERA			Y	NONE	10-15 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.
NC	Medicaid of North Carolina	CKNC1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
ND	North Dakota Medicaid	CKND1	Non	MEDICAID	Y	N	Claims	<u>R</u>	Additional enrollment is not required by the payer, however, providers wishing to submit Claims electronically must submit their ND Medicaid assigned provider ID(s) within the Claims. Provider IDs are always 5 digits long and begin with the number 4.				
ND	North Dakota Medicaid	CKND1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
NE	Nebraska Medicaid	CKNE1	Non	MEDICAID	Y	<u>Y</u>	Claims	Y					
NE	Nebraska Medicaid	CKNE1		MEDICAID		<u>E</u>	ERA		Enrollment in Electronic Fund Transfer (EFT) is required for enrollment in ERAs.	Y	IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Nebraska Medicaid he needs to submit a Nebraska Medicaid Trading Partner Authorization form listing an end date.
NH	Medicaid of New Hampshire	CKNH1	Non	MEDICAID	Y	N	Claims	<u>R</u>					
NH	Medicaid of New Hampshire	CKNH1		MEDICAID		<u>E</u>	ERA			Y	Effective with the Remittance Advice dated April 2, 2010, download in PDF format will become mandatory. Paper Remittance Advices will no longer be supplied and providers will need to download their Remittance Advices from the provider website <a href="http://www.nhmedicaid.com">www.nhmedicaid.com</a> under the transaction services page.	4-6 WEEKS	If a provider wishes to discontinue receiving ERAs from New Hampshire Medicaid he needs to send a letter of request to: EDS, PO Box 2040, Concord, NH 03302-2040.
NH	Medicaid of New Hampshire	CKNH1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
NJ	Medicaid of New Jersey	CKNJ1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
NJ	Medicaid of New Jersey	CKNJ1		MEDICAID		<u>E</u>	ERA			Y	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from New Jersey Medicaid he must send a letter of request on his letterhead with an authorized signature to: NJ Medicaid, PO Box 4804, Trenton, NJ 08650.
NJ	Medicaid of New Jersey	CKNJ1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
NM	New Mexico Medicaid	CKNM1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
NM	New Mexico Medicaid	CKNM1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
NV	Medicaid of Nevada	CKNV1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
NV	Medicaid of Nevada	CKNV1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
NV	Medicaid of Nevada	CKNV1		MEDICAID		E	ERA			Y	6 WEEKS	10-15 BUSINESS DAYS	If a provider wishes to discontinue ERAs with Nevada Medicaid he must complete a new FH-37 form completing the terminate a transaction section. Forms are available at: <a href="https://nevada.fhsc.com/Downloads/provider/FH-37_service_center_authorization_form.pdf">https://nevada.fhsc.com/Downloads/provider/FH-37_service_center_authorization_form.pdf</a>
NY	Medicaid of New York (Dental Clinics Only)	CKNY2	Non	MEDICAID	Y	Y	Claims	Y					
NY	Medicaid of New York (Dental Clinics Only)	CKNY2		MEDICAID		E	ERA			Y	4 PAYMENT CYCLES	7-10 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from NY Medicaid he would need to complete the Electronic Remittance 835/820 Request form denoting paper as his chosen method of remittance retrieval. The form should than be faxed to 518-257-4632.
NY	Medicaid of New York (Dental Clinics Only)	CKNY2		MEDICAID		Y	Eligibility Inquiry		Yes/No Response				
NY	New York Medicaid	CKNY1	Non	MEDICAID	Y	Y	Claims	Y					
NY	New York Medicaid	CKNY1		MEDICAID		E	ERA			Y	4 PAYMENT CYCLES	7-10 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from NY Medicaid he would need to complete the Electronic Remittance 835/820 Request form denoting paper as his chosen method of remittance retrieval. The form should than be faxed to 518-257-4632.
NY	New York Medicaid	CKNY1		MEDICAID		Y	Eligibility Inquiry		Yes/No Response				
OH	CareSource	CKOH2	Non	MEDICAID	Y	Y	Claims	R					
OH	CareSource	CKOH2		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
OH	Medicaid of Ohio	CKOH1	Non	MEDICAID	Y	Y	Claims	R					
OH	Medicaid of Ohio	CKOH1		MEDICAID		E	ERA			Y	Effective July 1, 2007 Paper Remittance Advices will no longer be mailed to providers. Instead Medicaid provider will access their remittance advices from the internet. ODJFS has established a secure internet website for Medicaid providers to log onto, view, download, save and print their remittance advices. <a href="https://medicaidremit.ohio.gov">https://medicaidremit.ohio.gov</a> .	2-4 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Ohio Medicaid web portal selecting another entity to retrieve their ERAs from Ohio Medicaid. <a href="https://medicaidremit.ohio.gov/">https://medicaidremit.ohio.gov/</a>
OH	Medicaid of Ohio	CKOH1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
OK	Medicaid of Oklahoma	CKOK1	Non	MEDICAID	Y	N	Claims	R					
OK	Medicaid of Oklahoma	CKOK1		MEDICAID		E	ERA		Provider logs into the secure web account for EACH ID and designates the Receiver of the transactions. This is a ONE TIME process and will remain in effect until designation is revoked. Secure web account can be accessed at: <a href="https://www.ohcaprovider.com/Oklahoma/Security/Logon.xhtml">https://www.ohcaprovider.com/Oklahoma/Security/Logon.xhtml</a> Emdeon Dental's receiver name is Emdeon Business Services - Dental Submitter ID is 500000003	Y	2 WEEKS	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Oklahoma Medicaid he needs to submit a new EDI 835 application marking the box titled, Disable the 835 and resume paper RA effective immediately.
OK	Medicaid of Oklahoma	CKOK1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
OR	Medicaid of Oregon	CKOR1	Non	MEDICAID	Y	Y	Claims	R					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional Info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
OR	Medicaid of Oregon	CKOR1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY	7-10- BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Oregon Medicaid he needs to submit a change form (Exhibit C). Providers should call 503-947-5347 for instructions and a copy of the form.
OR	Medicaid of Oregon	CKOR1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
PA	Medicaid of Pennsylvania	CKPA1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
PA	Medicaid of Pennsylvania	CKPA1		MEDICAID		<u>E</u>	ERA			N	NONE	5 WEEKS	If a provider wishes to discontinue ERAs he should send his request to the EDI Department, 225 Grandview Avenue, Mail Stop B100, Camp Hill, PA 17011 or papac@eds.com. The request must include the provider name, tax ID, Promise number, Group Promise number, contact person, phone number and date they wish to stop receiving ERAs and return to paper.
PA	Medicaid of Pennsylvania	CKPA1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
RI	Medicaid of Rhode Island	CKR11	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
RI	Medicaid of Rhode Island	CKR11		MEDICAID		<u>E</u>	ERA			Y	NONE	5-7 BUSINESS DAYS	No un-enrollment is necessary as the provider will always continue to receive paper remittance advise statements.
SC	South Carolina Medicaid	CKSC1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
SC	South Carolina Medicaid	CKSC1		MEDICAID		<u>E</u>	ERA			N	NONE	14 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from South Carolina Medicaid he should complete a Trading Partner Enrollment form available at <a href="http://www.scmccprovider.org">www.scmccprovider.org</a>
SC	South Carolina Medicaid	CKSC1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
SD	South Dakota Medicaid	CKSD1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
TN	Tennessee Medicaid	CKTN1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
TX	Medicaid of Texas	CKTX1	Non	MEDICAID	Y	N	Claims	<u>R</u>					
TX	Medicaid of Texas	CKTX1		MEDICAID		<u>E</u>	ERA			Y	IMMEDIATELY	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Texas Medicaid he needs to call the EDI Helpdesk at 888-863-3638 option 3.
TX	Medicaid of Texas	CKTX1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
UT	Medicaid of Utah	CKUT1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					
UT	Medicaid of Utah	CKUT1		MEDICAID		<u>E</u>	ERA			N	NONE	2-4 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Utah Medicaid he needs to visit the online enrollment tool for Utah Medicaid and remove Emdeon's Trading Partner number from the line titled 835 Remittance Advice. The web address for the tool is <a href="http://hcf.health.utah.gov/hcf/enroll/index.jsp">http://hcf.health.utah.gov/hcf/enroll/index.jsp</a>
VA	Virginia Medicaid	CKVA1	Par	MEDICAID	Y	N	Claims	<u>R</u>	ADMINISTERED BY DORAL DENTAL				
VA	Virginia Medicaid	CKVA1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
VT	Medicaid of Vermont	CKVT1	Non	MEDICAID	Y	<u>Y</u>	Claims	<u>R</u>					

St	Payer	ID	Type	Model	Group #	Enroll	Service	NPI	Additional info	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Payer Enrollment Turnaround Time	ERA Un-Enrollment Process
VT	Medicaid of Vermont	CKVT1		MEDICAID	Y	E	ERA			Y	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Vermont Medicaid he needs to call 802-879-4450.
VT	Medicaid of Vermont	CKVT1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
WA	Medicaid of Washington	CKWA1	Non	MEDICAID	Y	Y	Claims	Y					
WA	Medicaid of Washington	CKWA1		MEDICAID		E	ERA			Y	IMMEDIATELY	5-7 BUSINESS DAYS	Providers who wish to discontinue receiving ERAs need to call Washington DHS at 800-562-3022 and make the request.
WA	Medicaid of Washington	CKWA1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
WI	DentaQuest - Government	CX014	Par	MEDICAID	Y	N	Claims	R	ADMINISTERED BY DORAL DENTAL				
WI	Doral Dental Plan of Wisconsin	CX014	Par	MEDICAID	Y	N	Claims	R	ADMINISTERED BY DORAL DENTAL				
WI	Medicaid of Wisconsin	CKWI1	Non	MEDICAID	Y	N	Claims	Y					
WI	Medicaid of Wisconsin	CKWI1		MEDICAID		E	ERA			Y	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Wisconsin Medicaid he needs to fax a new Trading Partner Agreement to 608-221-0885.
WI	Medicaid of Wisconsin	CKWI1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
WV	Medicaid of West Virginia	CKWV1	Non	MEDICAID	Y	Y	Claims	R					
WV	Medicaid of West Virginia	CKWV1		MEDICAID		E	ERA			Y	NONE	2-4 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from West Virginia Medicaid he needs to fax a letter of request on his letterhead with his signature and billing provider ID to 304-348-3380.
WV	Medicaid of West Virginia	CKWV1		MEDICAID		N	Eligibility Inquiry		Yes/No Response				
WY	Medicaid of Wyoming	CKWY1	Non	MEDICAID	Y	Y	Claims	R					
WY	Medicaid of Wyoming	CKWY1		MEDICAID		E	ERA			Y	NONE	5-7 BUSINESS DAYS	If a provider wishes to discontinue receiving ERAs from Wyoming Medicaid he needs to mail his request to: Attn: EDI Enrollment Unit, PO Box 867, Cheyenne, WY 82003. The request should be on office letterhead and include his tax ID, NPI, name and mailing address.
WY	Medicaid of Wyoming	CKWY1		MEDICAID		Y	Eligibility Inquiry		Yes/No Response				