

								ICD1	ICD10						
State Payer		Туре	Model	grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 5010	Read y	ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
3P Admin A & I Benefit Plan Administrators	20413 93044	Par (COMMERCIAL	Yes No Yes No		Claims	Y Y								
A & I Benefit Plan Administrators	93044		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's	EFT				Enrollment requires your Tax ID Number plus a 4-digit Suffix that can be found on the same line as your provider TIN on your most	Tax ID & Provider ID required				
A.D.N. Administrators, Inc.	CXADN	Par (COMMERCIAL	Yes No	responsiveness.	Claims	R Y			recent explanation of benefits.					
AARP			COMMERCIAL	Yes No		Claims	YY		s	AARP Claims with a mailing address of PO Box 2059, Mechanicsburg, PA					
AARP	AARP1		COMMERCIAL	Yes	30 Business Days	ERA	Y			Wedianisawi G. FA	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
Acceptius (Benefit Management Inc of MQ (BMI) Access Dental			COMMERCIAL	Yes No		Claims	R			via Performance Health					
Access Delital	CA077	rai v	COMMERCIAL	res NO		Cidillis	-			Technology Legacy ID - For Providers, use					
Access Dental Accisims	CX097		COMMERCIAL	Yes Yes No	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT Claims	V			their Facility/Office NPI. For Brokers, use their Agency ID which is either a 4 or 5 digit code. The 4 digit code starts with a 5 and the 5 digit code start with a 2	Tax ID & NPI required				
ACS Benefit Services Inc.	72468	Par (COMMERCIAL	Yes No		Claims	YY			f.k.a. ACS Consulting Services, Inc.					
ACS Benefit Services, Inc.	61474	Par (COMMERCIAL	Yes No		Claims	Y Y			ACS Branded Dental Product (Formerly Amway					
Activa Benefit Services, LLC/Dental	38255	Par (COMMERCIAL	Yes No		Claims	YY			Corporation/Dental)					
Administrative Concepts, Inc.	22384	(COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Administrative Services Only, Inc.	CX076	Par (COMMERCIAL	Yes No		Claims	Y			Additional enroilment 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					
Advantage by Superior	CPPSA	Par (COMMERCIAL	Yes Yes	Payer's discretion	Claims	R			Effective only for Dates of Service prior to 2-01-13. Call DentaQuest at 800-896-2374 and MCNA Dental at 855-776-6262 for Dates of Service 2-1-13 and					
Advantage Dental Plan. Inc. Advantek Benefit Administrators	93524	Par (COMMERCIAL	No No		Claims	Y Y Y Y			THE AUC					
Advantica Benefits	43168	Par (COMMERCIAL	Yes No		Claims	ΥΥ								
Advantica Benefits	43168	•	COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Advantica Benefits	43168	(COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & NPI required				
Advantica Benefits	43168		COMMERCIAL			Eliaibility Inquiry Claim Status Inquir				Detailed Benefits					
Advantica Benefits Adventist Health System West - Roseville. CA	95340	Par (COMMERCIAL COMMERCIAL	Yes No		Claims	Y Y								
Adventist Health System West - Roseville, CA	95340	(COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Adventist Health System West - Roseville, CA	95340	(COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Aetna	60054	Par (COMMERCIAL	Yes No	.,	Claims	Y Y								
Aetna	60054	(COMMERCIAL	Yes	35-40 Business Days	ERA	Y			ERAs returned for claims and pre- treatment estimates.	Tax ID / NPI combination	Payer requires paper enrollment form.	No	Yes	30 Days
Aetna	60054		COMMERCIAL	No No		Eliaibility Inquiry				Detailed Benefits					
Aetna Aetna	60054		COMMERCIAL	Yes No		Claim Status Inquir Encounters	YY			Use this Payer ID for submitting					
Aetna Affordable Health Choices (SM) - SRC	57604	Par (COMMERCIAL	Yes No			Y Y R Y			DMO services only					
Aetna Medicare EPO/PPO Dental Affordable Benefits Admin.	18014 95426	Par (COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	R Y Y Y								
AFLAC GA	58066	-	COMMERCIAL	No		Eligibility Inquiry	++-		 	Detailed Benefits Group Plan coverage please refer					
AFLAC GA - GRP	58066	Par (COMMERCIAL	Yes No		Claims	YY			to your ID card for group coverage/number verification. This plan also shares the same					
AFIAC NY	52080		COMMERCIAL	Yes No		Claims	YY			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+					
AFLAC NY	52080		COMMERCIAL	No		Eligibility Inquiry				Detailed Benefits					
AFLAC NY - GRP	52080	Par (COMMERCIAL	Yes No		Claims	YY			Group Plan Coverage please refer to your ID card for group					
	-+									coverage/number verification. Please enter group # F07 when submitting claims. A Welfare and					

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State	Payer ID [©]	Туре	e Model	Grou Enro	l Payer Enrollment Turnaround Time	Service	NPI 50	ICE 0 Rea	ICD10 ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	91136	5	COMMERCIAL	Yes	1-3 Business Days	ERA		У	Date		Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	AGC International Union of Operating Engineers Local 701 AGC International Union of Operating Engineers Local 701 91136	5	COMMERCIAL	Yes	dependant upon the provider's	EFT					Tax ID only				
	MK United Food and Commercial Workers (AK UFCW)	5 Par	COMMERCIAL	Yes No	responsiveness.	Claims	Υ			Please enter group # F45 when submitting claims. A Welfare and Pension Administration Services payer.					
	91136 MK United Food and Commercial Workers (AK UFCW)	5	COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Alameda Allance CX083 dameda Allance 91136 Mask Carpenters		COMMERCIAL	Yes No		Claims	Y			Admin by LIBERTY Dental Plan Please enter group # F40 when submitting claims. A Welfare and Pension Administration Services naver					
	91136 Mask Carpenters	5	COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	91136	5	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
	Nask Carpenters Naska Electrical Health & Welfare Fund 92600) Par	COMMERCIAL	Yes No	,	Claims	Υ			Please enter group # F41 when					
	91136 Waska Hotel Employees, Restaurant & Camp Employees (AK HERE)	5 Par	COMMERCIAL	Yes No		Claims	Y			submitting claims. A Welfare and Pension Administration Services					
	91136 Naska Hotel Employees, Restaurant & Camp Employees (AK HERE)	5	COMMERCIAL	Yes		ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	91136 Waska Hotel Employees, Restaurant & Camp Employees (AK HERE)	5	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
	91136	5 Par	COMMERCIAL	Yes No		Claims	Υ			Please enter group # F23 when submitting claims. A Welfare and Pension Administration Services					
	Alaska Laborers Construction Industry Health & Security Trust	5	COMMERCIAL	Yes	1-3 Business Days	ERA				naver	Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Alaska Laborers Construction Industry Health & Security Trust	5	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
	Alaska Laborers Construction Industry Health & Security Trust	5 Par	COMMERCIAL	Yes No	responsivereds.	Claims	Υ			Please enter group # F21 when submitting claims. A Welfare and Pension Administration Services					
	Alaska Machinists Health and Welfare Trust	5	COMMERCIAL	Yes	1-3 Business Days	ERA				naver	Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Naska Machinists Health and Welfare Trust 91136 Naska Pipe Trades U A Local 375	5 Par	COMMERCIAL	Yes No		Claims	Υ			Please enter group # F24 when submitting claims. A Welfare and Pension Administration Services					
	91136	5	COMMERCIAL	Yes	1-3 Business Days	ERA				naver	Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Alaska Pipe Trades U. A. Local 375 91136 Maska Public Employees Association (APEA/JESS Health & WelfareTrust)	5 Par	COMMERCIAL	Yes No		Claims	Υ			Please enter group # F60 when submitting claims. A Welfare and Pension Administration Services payer					
	91136 Naska Public Employees Association (APEA/JESS Health & WelfareTrust)	5	COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	91136 Naska Public Employees Association (APEA/JESS Health & WelfareTrust)	5	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
	Mexian Brothers Community Services of TN 44423		COMMERCIAL		·	Claims	R			via Performance Health					
Ы	AliCare CCO Dental CXALC Alicare Hallengeant 52193		COMMERCIAL			Claims	R			Technology f.k.a. LBA Health Plans					
	Mlegeant 52193	3	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				f.k.a. LBA Health Plans	Tax ID only				
ш	Alleolance Benefit Plan 81040	Par	COMMERCIAL	Yes No		Claims	R	_						İ	



State Payer	ID□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 50	10 Res	ad Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Alliant Services	70106	Par	COMMERCIAL	Yes No		Claims	R	У	Date	Claims mailing address of PO Box 12009. Cheshire. CT					
Allied Benefit Systems	37308	Par	COMMERCIAL	Yes No	EFT Enrollment is processed	Claims	Y			12007. GREATHE. OT					
Allied Benefit Systems	37308		COMMERCIAL	Yes	between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & Provider ID Required				
	91136	Par	COMMERCIAL	Yes No		Claims	Υ 1			Please enter group # F18 when submitting claims. A Welfare and Pension Administration Services					
Allied Metal Crafts Security Plan Trust Fund										naver					
Allied Metal Crafts Security Plan Trust Fund	91136		COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Auted Metal Crafts Security Main Trust Fund					EFT Enrollment is processed between the provider and Change Healthcare. Approval time is										
Allied Metal Crafts Security Plan Trust Fund	91136		COMMERCIAL	Yes	Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
AlwaysCare Benefit Amalgamated Life - PA Alicare	STR01 13343	Non Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	R								
Ameriben Solutions	75137	Par	COMMERCIAL	Yes No		Claims	R			Please check the Insured ID card					
American Administrators dba Select Benefit Administrators (West Des Moines, IA)	42137	Par	COMMERCIAL	Yes No		Claims	Υ '			to verify the Payer ID before submitting claims. If you have questions, please contact Provider Relations at 800-456-4584.					
										Only limited plans may be sent electronically. Group name is required with one of the following					
American Benefit Corporation	CX084	Par	COMMERCIAL	Yes No		Claims	Υ			plan names: Sheet Metal, Berekely, Boone, Carpenter, Cabell, Clarksbur, Doodridge,					
										Hancock, Harrison, Marion, Monongalia, Mingo, Mineral, Morgan, Nicholas, Putnam.					
American Medical Security	CX001	Par	COMMERCIAL	Yes No		Claims	γ,			A United Healthcare Payer					
American Postal Workers Union Health Plan Americas TPA	44444	Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	R								
Americas TPA	41178		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's	EFT					Tax ID required NPI optional				
Amerihealth Administrators	54763	Par	COMMERCIAL	Yes No	responsiveness.	Claims	R								
Ameritas Life Insurance Corp.			COMMERCIAL	Yes No		Claims	R					Change Healthcare Creates an			
Ameritas Life Insurance Corp.	47009		COMMERCIAL	Yes	1-3 Business Days	ERA	2	:			Tax ID / NPI combination	auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
Ameritas Life Insurance Corp. Ameritas Life Insurance Corp.	47009 47009		COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquir	,			Yes/No Response					
Ameritas Life Insurance Corp. Ameritas Life insurance Corp. of New York	72630	Par	COMMERCIAL	Yes No		Claims	R					Change Healthcare Creates an			
Ameritas Life insurance Corp. of New York	72630		COMMERCIAL	Yes	1-3 Business Days	ERA	1	:			Tax ID / NPI combination	auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
Ameritas Life insurance Corp. of New York Ameritas Life insurance Corp. of New York	72630 72630		COMMERCIAL COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquir	v			Yes/No Response					
Amway Corporation		Par	COMMERCIAL	Yes No		Claims	γ '			(Formerly Amway Corporation/Dental)					
Anchor Benefit Antares Management Solutions			COMMERCIAL	Yes No No No		Claims Claims	Y								
Antares Management Solutions Anthern Health Plans - HMOD & HMOD Anthern Health Plans of Kentucky - OSB High & Low	CX083	Par	COMMERCIAL	Yes No		Claims				Admin by LIBERTY Dental Plan Admin by LIBERTY Dental Plan					
Anthem Health Plans of Kentucky - PPOB & PPOD Anthem Health Plans of Virginia - OSB High & Low	CX083 CX083	Par Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y			Admin by LIBERTY Dental Plan Admin by LIBERTY Dental Plan					
Anthem Health Plans of Virginia - PPOB & PPOD Anthem HMO Colorado HMO P	CX083	Par	COMMERCIAL	Yes No		Claims Claims	Y			Admin by LIBERTY Dental Plan Admin by LIBERTY Dental Plan					
Anthem Insurance - OSB High & Low Anthem Insurance - PPOB & PPOD	CX083	Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y	£		Admin by LIBERTY Dental Plan Admin by LIBERTY Dental Plan					
Argus Dental Plans, Inc.	ARGUS	Par Par	COMMERCIAL	Yes No Yes No		Claims Claims	R								
Arkansas Best Corporation - Choice Benefits Asnen	75278	Par	COMMERCIAL	Yes No		Claims	R								
ASR Corporation Association Benefit Plan	38265 25133		COMMERCIAL	Yes No		Claims	Y			Formerly payer ID 62413. Now part of Coventry Consolidate					
	25133		- INVIENDIAL			Oldina				payer ID. Including Combined Government Health Plan & Contract Health Insurance Plan Payer RA will be turned off within					
Association Benefit Plan	25133		COMMERCIAL	Yes	1-3 Business Days	ERA	,			30 days of enrollment; PDFs are available through Coventry's provider portal	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Assurant Employee Benefits Assurant Health (IM & GROUP FULLY - INSURED)	70408 39065	Par Par	COMMERCIAL	Yes No Yes No		Claims Claims	Y	Œ		PO Box 2877, Clinton, IA 52733 PO Box 2806, Clinton, IA 52733					
								T		1				1	
Assurant Health (IM & GROUP FULLY - INSURED)	39065		COMMERCIAL	Yes	1-3 Business Days	ERA	,			PO Box 2806, Clinton, IA 52733	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Assurant Health (IM & GROUP FULLY - INSURED)	39065		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Supplemental Coverage	ASHC1	Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y ,	F		PO Box 2829 Clinton IA 52733 PO Box 2877, Clinton, IA 52733					
Assurant, Inc. Assurad Benefits Administrators Atlantic Dental Inc. (ADI) - Commercial	74240 CX085	Par	COMMERCIAL	Yes No		Claims	R			1.0 DOX 2017. CHIROH: 1A 52733					
Automated Group Administration, Inc. (AGA) Avesis	37280 8600P	Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y		- c						
Banner Health Systems	SX145	Par	COMMERCIAL	Yes No		Claims	R		3	İ	İ				



Marke Mark				_	-					-	ICD10						
Marie Mari	State	Parrier 1				Grou Enro	Payer Enrollment Turnaround	S	NDI FO	ICD		Addistract Lag	FDA (FFT Familiar and Lavel	EDA Franklinsont Torre	Requires EFT for ERA	ERA Payer Enrollment Form	FDA D DA Shirt Off
Part	State	Payer	JL I I	pe n	nodei	p# I	Time	Service	INPI 50	Rea	d g Compliance	Additional Trito	ERAZEFT Enrollment Level	ERA Enrollment Type	Enrollment	Required	ERA Paper RA Shut Oil
Marie Paris Pari	В	Sanner Plan Administration 77	078 Pa	ar COM	MERCIAL	Yes No		Claims	R		Date						
Martine Mart							EFT Enrollment is processed										
March Marc	В	Banner Plan Administration 77	078	COM	MERCIAL	Yes		EFT					Tax ID & NPI required				
Marie Control							dependant upon the provider's										
March Marc							responsiveness.		+			Administered by Health Services					
Control Cont	В	Bay Area Automotive Group CH	SBA Pa	ar COM	MERCIAL	Yes No		Claims	Y			Repetit Administrators Inc					
Mary Mary												Administered by Health Services					
## Property of the control of the co			SBD Pa	ar COM	MERCIAL	Yes No		Claims	Y			Benefit Administrators, Inc. (HSRA)					
Marie Mari	В	3CI Administrators. Inc. 49	153 Pa	ar COM	MERCIAL	Yes No		Claims	Y								
March Marc	В	Sell Atlantic 68	241 Pa	ar COM	MERCIAL	Yes No		Claims	γ '			Administered by Dentaquest					
Process of the control of the cont	В	BeneCare Dental Plans 23	210 Pa	ar COM	MERCIAL	Yes No		Claims	Y								
Property Property																	
Mart 1.5 Mar	В	Benefit Coordinators Corporation (Pittsburgh, PA) 25	145 Pa	ar COM	MERCIAL	Yes No		Claims	Y			Ryan Court, Suite 300,					
March 1.5 1.5		tonefit Inc.	002 No	on COM	MEDCIAL	No. No.		Claims	v ,			Pittshurah PA 15205					
## A PROPERTY OF THE PROPERTY		enerit inc.	003 140	JII COW	WERCIAL	NO NO		Cidillis									
## A PROPERTY OF THE PROPERTY																	
## A PROPERTY OF THE PROPERTY		D7	002	con	MEDGIAL		Devente disperation	FD4					Tour ID / NDI combination	Payer handles enrollment directly	N-	N-	teres estately.
Control Cont	_ B	senent inc.	003	COM	IVIERCIAL	res	Payer's discretion	EKA					Tax 1D / NPI combination	with provider.	NO	NO	Immediately
Control Cont																	
Control Cont	Ш																
Control Cont	B	Senefit Management Group NV 36 Senefit Management Services of MS 37	459 Pa	ar COM	MERCIAL MERCIAL	Yes No		Claims Claims	R	+					<u> </u>		
Proceedings Process	В	Benefit Management Services, Inc. 56	139 Pa	ar COM	MERCIAL	Yes No		Claims	Y								
Marie Continue Cont	В	senerit Management, Inc. of KS 48	611 Pa	ar COM	MERCIAL	Yes No		Claims	Υ ,	+	+ +						
March Sagering Language March Sagering L	В	Benefit Plan Administrators Co. (Eau Claire, WI) 39	081 Pa	ar COM	MERCIAL	Yes No		Claims	γ,	. [Administrators (Eau Claire, WI					
Morth Systems & Same Manual Configuration (Manual Manual M												Custom Renefit Administrators					
Application Control	В	Senefit Systems & Services, Inc. (BSSI) 36	342 Pa	er COM	MERCIAL	Yes No		Claims	Y	-	$+$ $\overline{-}$						
Application Control																	
Rooffs Systems & Savers, Inc. (1999) 2007 Controller, Systems & Savers, Inc. (1999) 2007 C	В	Benefit Systems & Services, Inc. (BSSI) 36	342	COM	MERCIAL	Yes	Payer's discretion	ERA					Tax ID / Legacy ID optional	Payer accepts enrollment request from Change Healthcare	No	No	Minimum of 31 Business days or 3 navment cycles
Part Continue & Continue Co														non change neather c.			5 payment cycles
Part Continue & Continue Co							EET Enrollmont is processed										
Part Part													Tour ID assessment & Description ID				
March Marc	В	Benefit Systems & Services, Inc. (BSSI) 36	342	COM	MERCIAL	Yes	Healthcare. Approval time is	EFT					optional				
Section Companies Compan							responsiveness.										
Section Companies Compan																	
Section Companies Compan														Paver accepts enrollment request			Minimum of 31 Business days or
Professional Composition 14-33 Professional C	В	Benefits Administration Corporation, Inc. 44	357 Pa	ar COM	MERCIAL	Yes	5-7 Business Days	ERA					Tax ID	from Change Healthcare.	Yes	No	3 payment cycles
Professional Composition 14-33 Professional C																	
Berlin Automotion Corporation, inc.							EFT Enrollment is processed										
Bits Care Family Plan		Annative Administrative Commenter to	25.7	0014	MEDGIAL		between the provider and Change	FFT									
Application Control	_ B	senerits Administration Corporation, Inc. 44	357 PE	ar COM	IVIERCIAL	res	dependant upon the provider's	EFI									
Section 19 Prince							responsiveness.										
Set Conf. Part Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Conf. Conf. Part Part Part Conf. Conf. Part Part	В			ar COM	MERCIAL	Yes No		Claims				An Innovative Healthware					
But Core Family Plan	В	BHP-Unity 44	219 Pa	ar COM	MERCIAL	Yes No		Claims	Y			Services Payer. a.k.a. Reading					
But Cone Family Plan	В	Blue BeneFit Administrators of MA 03	036 Pa	ar COM	MERCIAL	Yes No		Claims	γ ,			A.k.a. CBA Blue					
But Case Family Plan												Administered by Golden West					
Bite Care Family Plan												1007411111111					
Bite Care Family Plan																	
Bite Care Family Plan																	
Bite Care Family Plan																	
Bite Care Family Plan																	
Tax D / NP1 Combination Shell of North Carolina Shell of She	В	Blue Care Family Plan GW	D01		BCBS	Yes	Payer's discretion	ERA						Payer requires online enrollment form he utilized	Yes	Yes	30 days
Blac Cross Black Method Corolina													, ,				
Blac Cross Black Method Corolina																	
Blac Cross Black Method Corolina																	
Blac Cross Black Method Corolina									1							İ	
Blac Cross Black Method Corolina	\sqcup							-									
Base Cross Blue Shield of Micro Fraction Control Fraction	B	Rue Cross Blue Shield of North Carolina 61	472 Pa 473 Pa	ar COM	MERCIAL	Yes No		Claims	Y	-		EHB Pediatric Dental Claims Dental Blue Product				1	
Blue Cross of Califfornia - OSB High & Low CX083 Par CoMMERCIAL Ves No Claims Y Y Admin by LIBERTY Dental Plan	В	Rise Cross Blue Shield of North Carolina 61	474 Do	or COM	MEDCIAL	Voc No		Claims	V 1			Dental Blue Select Product					
Blue Cross of Califfornia - OSB High & Low CX083 Par CoMMERCIAL Ves No Claims Y Y Admin by LIBERTY Dental Plan	B	Blue Cross Dental CX	uda Pa VINU Pa	ar COM	MERCIAL	res No Yes No		Claims	Y	±		Non FEP claims					
Boon Administrative Services, Inc. BONG V COMMERCIAL Ves No Commercial Ves No Comme	В	Blue Cross of California - OSB High & Low CX	083 Pa	ar COM	MERCIAL	Yes No		Claims	Y			Admin by LIBERTY Dental Plan					
Boon Administrative Services, Inc. BONG COMMERCIAL Yes 5-7 Business Days ERA Y Tax ID / NPI Combination Payer accepts enrollment request from Change Healthcare. No No Minimum of 31 Business days of a payment cycles Boon Administrative Services, Inc. BONG COMMERCIAL For Enrollment is processed between the provider and Change Healthcare. For Enrollment is processed between the provider and Change Healthcare. Not all employer groups are live for EFT Tax ID / NPI Combination For EFT Tax			ONG P	ar com						1		ASSUMED V CLOCK I T DENIAL PLAN					
Boon Administrative Services, Inc. BOONG COMMERCIAL BOONG COMMER	H	BUILDING SALENDAY, 1184	PE	COM	ENGIAL	, c.s IND		Ciulliis	++								
Boon Administrative Services, Inc. BOONG COMMERCIAL BOONG COMMER																	
Bon Administrative Services, Inc. BONG COMMERCIAL For Enrollment is processed between the provider's responsiveness. CIAIRIN Solients Solient Solients S	В	Boon Administrative Services, Inc. BOO	ONG	COM	MERCIAL	Yes	5-7 Business Days	ERA	'				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare	No	No	Minimum of 31 Business days or 3 payment cycles
Boon Administrative Services, Inc. BONG COMMERCIAL Ver Bollermakers, National Health (Register) Boon Consumers (Register) Boon Consumers (Register) Boon Changes Health (Register) Boon Changes Beeff I Administrators FIRST (Register) Boon Changes Beeff I Administrators FIRST (Register) BONG COMMERCIAL Ver Boon Changes Register) BONG Commercial BONG Consumers (Register) BONG Commercial BONG Commer																	
Boon Administrative Services, Inc. BONG COMMERCIAL Ver Bollermakers, National Health (Register) Boon Consumers (Register) Boon Consumers (Register) Boon Changes Health (Register) Boon Changes Beeff I Administrators FIRST (Register) Boon Changes Beeff I Administrators FIRST (Register) BONG COMMERCIAL Ver Boon Changes Register) BONG Commercial BONG Consumers (Register) BONG Commercial BONG Commer	\vdash		-	+			FFT Enrollment is processed		+	+							
Bise Cross of California - FPOA							between the provider and Change		1			Not all amployer groups are the				İ	
Bise Cross of California - FPOA	В	Boon Administrative Services, Inc. BO	ONG	COM	MERCIAL	Yes	Healthcare. Approval time is	EFT	1			for EFT	Tax ID / NPI Combination			İ	
Bue Cross of California - PFOA CX033 Par COMMERCIAL Vis. No Claims Y Y Admin by LIBERTY Dental Plan							responsiveness.										
BODG Chapterna Repetific Administrators 74271 Part COMMERCIAL Ves. No. Claims Y Y	В	Blue Cross of California - PPOA CX	083 Pa	ar COM	MERCIAL	Yes No		Claims	y Y			Admin by LIBERTY Dental Plan					
Brokers National CX032 Par COMMERCIAL Ves No Claims Y Y	B	Sollermakers National Health & Welfare Fund 36 Soon Chapman Benefit Administrators 7.4	609 Pa	ar COM	MERCIAL	Yes No		Claims	Y Y		+ +						
Brokers National CX032 Par COMMERCIAL Ves No Claims Y Y	В	BridgeSpan Health (Regence Group) BR	IDG No	on COM	MERCIAL	Yes No		Claims	R								
C. L. Frates CXU/S Par CUMMERCIAL Yes No Claims Y Y	B							Claims	Y	\pm							
Cal Optimal - OneCare CX083 Par CX0MMERCIAL Ves No Claims Y Y Admin by LIBERTY Dental Plan Calfornia State Government Programs CSPC Par CX0MMERCIAL Ves No Claims R S S	В	Sutler Benefits 42	150 Pa	ar COM	MERCIAL	Yes No		Claims	Y								
California State Government Programs CSPCA Par L COMMERCIAL Ves No Claims R S	C	Cal Optimal -OneCare CX	083 Pa	ar COM	MERCIAL	Yes No		Claims	Y			Admin by LIBERTY Dental Plan					
	C	California State Government Programs CP	PCA Pa	ar COM	MERCIAL	Yes No.		Claims	R		S					I .	



State	Payer II	р□ Ту	pe	Model	Grou Enro	Payer Enrollment Turnaround Time	Service	NPI 501	O Read		Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	California State Government Programs CP	PCA	DE	LTA DENTAL	Yes	30 Business Days	ERA	Υ	,	Date		Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
	Cannon Cochran Management Services, Inc. Metairie, LA 71	057 Pa	ar CC	OMMERCIAL	Yes No		Claims	Y			Payer ID for claims with a mailing address of PO Box 6794, Metairle . LA 70009					
	Cannon Cochran Management Services, Inc. Metairie, LA 71	057	CC	OMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID required & NPI optional				
		D95 Pa		OMMERCIAL OMMERCIAL	Yes No		Claims	R			via Performance Health Technology Admin by LIBERTY Dental Plan					
	Care 1st PHP LA & San Bernadino County	083 Pa	ar CC	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	Y Y Y Y R Y			Admin by LIBERTY Dental Plan Admin by LIBERTY Dental Plan					
•		580		OMMERCIAL	Yes		Claims	R Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	If EFT is selected than shut off immediately.
4	CareFirst, Inc. Maryland BCBS	580	co	OMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & NPI required				
	CareFirst, Inc. Maryland BCBS 00 CareFirst, Inc. Maryland BCBS 00	580 580	CC	OMMERCIAL OMMERCIAL OMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquiry		Ŀ							
- 9	CareIngton Benefit Solutions 60 CareOregon 93	501 Pa	ar CC	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	R Y		ς.						
	Caresource IN IN	CS1 Pa	ar CC	OMMERCIAL OMMERCIAL OMMERCIAL	Yes No		Claims	R Y								
	Caresource WV WV	CS1 Pa	ar CC	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	R Y								
	Carpenters Health and Welfare Fund of Philadelphia CX	101 Pa	ar I Co	OMMERCIAL	Yes No		Claims	Y Y Y Y								
	Cateroillar Inc. 37 CBA Blue 03	360 No	on CC	OMMERCIAL OMMERCIAL	Yes No		Claims	Y Y			A United Healthcare Paver f.k.a. Comprehensive Benefits					
				OMMERCIAL			Claims	R Y			Administrators, Inc.					
	CDO Technologies 83	028 Pa	ar I Co	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	YYY								
	Cement Masons and Plasterers Health & Welfare Trust	136 Pa		OMMERCIAL OMMERCIAL	Yes No	1-3 Business Days	Claims	Y Y			Please enter group # F16 when submitting claims. A Welfare and Pension Administration Services pawer	Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Cement Masons and Plasterers Health & Welfare Trust Cement Masons and Plasterers Health & Welfare Trust 91	136	co	OMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
	Central Reserve Life 34	097 Pa	ar CO	OMMERCIAL	Yes No		Claims	R Y			Only Non Medicare Supplement and Dental lines of business administered under this payer ID.					
		097		OMMERCIAL	Yes		ERA	Υ			Only Non Medicare Supplement and Dental lines of business administered under this payer ID.	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
				OMMERCIAL OMMERCIAL	Yes No		Claims	Y Y	+	5	An Innovative Healthware					
				OMMERCIAL	Yes No		Claims	Y			Services Paver. CHAMPVA - HAC is not associated with and does not process Claims for TRICARE (formerly CHAMPUS)					
		147		OMMERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	Choice Plus (TRW) 68	241 Pa	ar Co	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	Y Y			a.k.a. Salvation Army					
	Christian Brothers Services 38	308 Pa	ar Co	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	R Y Y Y		+ +						
	CIGNA 62	308	CC	OMMERCIAL	Yes	5-7 Business Days	ERA	Y				Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
	CIGNA 62 CIGNA 62		CC	OMMERCIAL OMMERCIAL OMMERCIAL	No No Yes No		Eligibility Inquiry Claim Status Inquiry				Detailed Benefits					
(Citizens Security Life CX Civil Service Employees Association (CSEA) CX	071 Pa	ar CC	OMMERCIAL	Yes No		Claims 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 sumbers cannot contain an ""."					
	ClaimsBridge HPN 11 CNIC Health Solutions Inc. 37	752 Pa 227 Pa	ar CC	OMMERCIAL OMMERCIAL	Yes No	<u> </u>	Claims Claims	R Y		S	<u> </u>	<u> </u>		<u> </u>	<u> </u>	
		227		OMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare	No	No	Minimum of 31 Business days or 3 payment cycles

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State Payer	ID 1	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 501	ICD 0 Rea	d g Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
CNIC Health Solutions Inc.	37227		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's	EFT		y	Date		Tax ID only				
Commerce Benefits Group	34181	Par	COMMERCIAL	Yes No	responsiveness.	Claims	Y Y								
Commerce Benefits Group	34181		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID required & NPI optional				
Community Health Alliance of TN Community Health Electronic Claims/CHEC/webTPA	27905 75261	Par Par	COMMERCIAL	Yes No Yes No		Claims Claims	R Y Y Y								
Community Health Electronic Claims/CHEC/webTPA	75261		COMMERCIAL	Yes	1-3 Business Days	ERA	YY				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Community Health Electronic Claims/CHEC/webTPA	75261		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Community Insurance - HMOA & PPOB Community Insurance - PPOD & PPOF	CX083	Par	COMMERCIAL	Yes No Yes No		Claims Claims	Y Y Y Y			Admin by LIBERTY Dental Plan Admin by LIBERTY Dental Plan					
Comp - Ohio (Austintown, OH) Companion Life	34177 77828	Par Non	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	R Y R Y								
CompBenefits Comprehensive Healthcare Options.com Inc.	CX021 CHCP1	Par	COMMERCIAL	Yes No Yes No		Claims									
CompuSvs / Erisa Group. Inc. Comsumers Choice Health Plan - State of SC	74234 45321	Par Par	COMMERCIAL	Yes No		Claims	R Y	E							
Connecticut Caroenters Health Fund Connecticut General (CIGNA)	37307	Par	COMMERCIAL COMMERCIAL	Yes No		Claims	Y Y Y								
Connecticut General (CIGNA)	62308		COMMERCIAL	Yes	5-7 Business Days	ERA	Y R Y				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Consolidated Group Dental Cook Group Health Plan Congressive Appoint Administrators (CRA)	35149	Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	R Y Y Y Y Y			Administered by UMR Wausau					
Cooperative Benefit Administrators (CBA) Cooperative Benefit Administrators (CBA)	52132		COMMERCIAL	Yes No	1-3 Business Days	Claims ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Cooperative Benefit Administrators (CBA) Core V	52132 60601		COMMERCIAL	Yes No		Eliaibility Inquiry Claims	R Y			Detailed Benefits					
Core Management Resources Group	58231	Par	COMMERCIAL	Yes No		Claims	Ÿ								
Core Management Resources Group	58231		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT	Y				Tax ID only				
CoreSource AZ MN	41045		COMMERCIAL	Yes No		Claims	YY			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 KC CoreSource Little Rock	48117 75136	Par Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y Y			f.k.a. FMH Benefit Services. Inc.					
CoreSource Little Rock	75136		COMMERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
CoreSource MD PA IL	35182	Par	COMMERCIAL	Yes No		Claims	YY			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	Yes	1-3 Business Days	ERA	Υ				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
CoreSource NC IN	35180	Par	COMMERCIAL	Yes No		Claims	YY			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	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
CoreSource OH	35183	Par	COMMERCIAL	Yes No		Claims	R Y								
CoreStar	41045		COMMERCIAL	Yes No		Claims	YY			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.					
Covenant Administrators, Inc. (Atlanta, GA) Coventry Dental	CX049	Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y Y Y Y	E		f.k.a. Benesys. Inc.					
Coventry Dental Coventry Dental	CX049 CX049		COMMERCIAL COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquir				Detailed Benefits					
Coventry Health Care Carelink Coventry Health Care Carelink	25133 25133	Par	COMMERCIAL	Yes No	1-3 Business Days	Claims	YY			West Virginia Only Payer RA will be turned off within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directoroxider.com	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Coventry Health Care Carelink Medicaid	25133	Par	COMMERCIAL	Yes No		Claims	Y Y			www.directnrovider.com West Virginia Only					
Coventry Health Care Carelink Medicald	25133		COMMERCIAL	Yes	1-3 Business Days	ERA	Y			West Viroinia Only Payer RA will be turned off within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directoroxider.com	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Coventry Health Care National Network	25133	Par	COMMERCIAL	Yes No		Claims	Y Y			Formerly payer ID 87043. Now part of Coventry Consolidated payer ID					



State Payer II	о□ Тур	e Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 5010	O Read y	ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Coventry Health Care National Network 25	133	COMMERCIAL	Yes	1-3 Business Days	ERA	Y			Payer RA will be turned off within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directorovider.com	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	BFL	COMMERCIAL	Yes	1-3 Business Days	ERA				Enroll with Payer	Tax ID / NPI combination	Contact Coventry Helthcare of Florida	No	Yes	Minimum of 31 Business days or 3 payment cycles
	148 Par 133 Par	COMMERCIAL	Yes No		Claims	Y Y			Formerly payer ID 87043. Now part of Coventry Consolidated					
Coventry Missouri 25	133	COMMERCIAL	Yes	1-3 Business Days	ERA	Y			Dayer ID. Payer RA will be turned off within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directoroxider.com	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	98 Pai		Yes No		Claims	Y		S	Kentucky Medicaid CoventryCares administered by Avesis					
Crescent Dental - Meritain Health CX	774 Pai	COMMERCIAL	No No Yes No		Claims Claims	Y Y Y								
Crescent Health Solution 56 CTI Administrators 42	213 Par	COMMERCIAL	Yes No Yes No		Claims Claims	R Y								
	141 Pal	COMMERCIAL	Yes	1-3 Business Days	ERA	R				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	141	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & NPI required				
CustomCare 68 Dart Management Corp. 06	241 Par 172 Par	COMMERCIAL	Yes No Yes No		Claims	Y Y								
	172	COMMERCIAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA				ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID	Auto approved after 1st claim	No	No	None
DeCare Dental Health Insurance 07	35 No	COMMERCIAL	Yes No		Claims	Y Y								
	035	COMMERCIAL	Yes	Payer's discretion	ERA					Tax ID / NPI Combination	Payer handles enrollment directly with provider.	No	No	Immediately
DeCare Dental Health Insurance 07 DeCare Dental Health Insurance 07)35)35	COMMERCIAL COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquir	R			Detailed Benefits					
Denex Dental CX	049 Pai	COMMERCIAL	Yes No		Claire	Y Y								
			No		Claims Eliability Inquiry	1 1	1		Detailed Reposits					· · · · · · · · · · · · · · · · · · ·
	049	COMMERCIAL COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquir	, , ,			Detailed Benefits					
Denex Dental CX		COMMERCIAL	No		Eligibility Inquiry	RY			Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DRP of California					
Denex Dental CX UnitedHealthcare Dental 52	049	COMMERCIAL COMMERCIAL	No No	4-6 weeks	Eligibility Inquiry Claim Status Inquir	,			Formerly OptumHealth Dental, Dental Benefit Providers/DBP and	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	Yes	No No	Minimum of 31 Business days or 3 payment cycles
Denex Dental CX UnitedHealthcare Dental 52 UnitedHealthcare Dental 52	049 133 Nor	COMMERCIAL COMMERCIAL COMMERCIAL	No No No	4-6 weeks	Eligibility Inquiry Claim Status Inquir Claims	,			Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DRP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	Yes	No	Minimum of 31 Business days or 3 payment cycles
Denex Dental CX UnitedHealthcare Dental 52 UnitedHealthcare Dental 52 UnitedHealthcare Dental 52 Dental Care Plus CX Dental Care Plus CX	049 133 Noi 133 Noi 133 Noi 133 Pai	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No No No Yes Yes	4-6 weeks EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	Eligibility Inquiry Claim Status Inquiry Claims ERA Claims ERA	RY			Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DRP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and	Tax ID / NPI Combination Tax ID only	Payer accepts enrollment request from Change Healthcare.	Yes	No	Minimum of 31 Business days or 3 payment cycles
Derex Dental	049 133 Noi 133 Noi 133 Noi 133 Pai	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No No No Yes	4-6 weeks EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	Eligibility Inquiry. Claim Status Inquir Claims ERA Claims	,			Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DBP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DBP of California		Payer accepts enrollment request from Change Healthcare.	Yes	No	Minimum of 31 Business days or 3 payment cycles
Denex Dental	049 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 134 Noi 148 Pai	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No No No Yes Yes No Yes No	4-6 weeks EFT Enrollment is processed between the provider and Change Healthcare. Approval time is depending upon the growder's responsiveness.	Eligibility Inquiry Claim Status Inquiry Claims ERA Claims ERA	R Y			Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DRP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and		Payer accepts enrollment request from Change Healthcare.	Yes	No	Minimum of 31 Business days or 3 payment cycles
Denist Denist CX	049 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 134 Noi 148 Pai	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No No No Yes No Yes No Yes No Yes No Yes No Yes No Yes No No No No No No No N	4-6 weeks EFT Enrollment is processed between the provider and Change Healthcare. Approval time is depending upon the growder's responsiveness.	Claims Status Inouir Claims Claims Status Inouir Claims ERA Claims EFT Claims Claims Claims Claims	R Y Y Y Y Y Y			Formerly OptumHealth Dental, Dental Benefit Provider/DBP and DRIP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DBP of California DBP of California DBP of California ASSOSIANCE DENTAL DENTAL ASSOSIANCE DETECTION 2-1-1 payer name must be listed as DEDW-CCHP OB DEPOWARTHEM OR		Payer accepts enrollment request from Change Healthcare. Payer accepts enrollment request from Change Healthcare.	Yes	No No	Minimum of 31 Business days or 3 payment cycles Minimum of 31 Business days or 3 payment cycles
Dental Care Plus Dental Care Plus Dental Care Plus Dental Care Plus CX Dental Health & Wellness Dental Melwork of MD Dental Porfessionals of Wisconsin Dental Select Dental Select CX Dental Select CX	133 Noi 134 Noi 135 Noi 135 No	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No No No No No No No No	4-6 weeks EFT Enrollment is processed between the provider and Change dependant upon the provider's responsiveness. 1-3 Business Days EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	Claims Status Inouir Claims Claims Claims Claims Claims Claims Claims Claims Claims EFT Claims Claims Claims Claims Claims Claims Claims Claims ERA	R Y Y Y Y Y Y Y			Formerly OptumHealth Dental, Dental Benefit Provider/DBP and DRIP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DBP of California DBP of California DBP of California ASSOSIANCE DENTAL DENTAL ASSOSIANCE DETECTION 2-1-1 payer name must be listed as DEDW-CCHP OB DEPOWARTHEM OR	Tax ID only	from Change Healthcare.			3 payment cycles 3 payment cycles Minimum of 31 Business days or
Denex Dental	049 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 134 Noi	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No No No No No No No No	4-6 weeks EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness. 1-3 Business Days EFT Enrollment is processed between the provider and Change dependant upon the provider and Change dependant upon the provider's responsiveness.	Claims Claims ERA Claims ERA Claims EFT Claims Claims EFT Claims Claims Claims EFT Claims Claims Claims	R Y Y Y Y Y Y		S	Formerly OptumHealth Dental, Dental Benefit Provider/DBP and DRIP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DBP of California DBP of California DBP of California ASSOSIANCE DENTAL DENTAL ASSOSIANCE DETECTION 2-1-1 payer name must be listed as DEDW-CCHP OB DEPOWARTHEM OR	Tax ID only Tax ID / NPI Combination	from Change Healthcare.			3 payment cycles 3 payment cycles Minimum of 31 Business days or
Dense Dental UnitedHealthcare Dental UnitedHealthcare Dental UnitedHealthcare Dental Dental Care Plus CX Dental Care Plus CX Dental Health & Welliness 44 Dental Health & Welliness Dental Helesth & Welliness Obertal Foressionals of Wisconsin 33 Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX Dental Select CX CX Dental Select CX CX Dental Select CX CX Dental Select CX Dental Select CX CX Dental Select CX CX Dental Select CX CX CX CX CX CX Dental Select CX CX CX Dental Select CX CX CX Dental Select CX CX CX CX CX CX CX CX CX C	049 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 133 Noi 134 Noi	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No No No No No No No No No No No No No	4-6 weeks EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness. 1-3 Business Days EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependent of the provider and Change Healthcare. Approval time is dependent of the provider and change responsiveness.	Claims Status Inouir Claims Status Inouir Claims Status Inouir Claims Claims Claims Claims Claims Claims Claims Claims Claims Claims Claims ERA EFT Claims	R Y Y Y Y Y Y Y Y Y Y		S	Formerly OptumHealth Dental, Dental Benefit Provider/DBP and DRIP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DBP of California DBP of California DBP of California ASSOSIANCE DENTAL DENTAL ASSOSIANCE DETECTION 2-1-1 payer name must be listed as DEDW-CCHP OB DEPOWARTHEM OR	Tax ID only Tax ID / NPI Combination	from Change Healthcare.			3 payment cycles 3 payment cycles Minimum of 31 Business days or
Denes Dental Co	133 Noi 134 Noi 135 No	COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL COMMERCIAL	No	4-6 weeks ET Errollment is processed between the provider and Change dependant upon the provider's responsiveness. 1-3 Business Days ET Errollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness. 10-15 Business Days	Claims Claims Status Inouir Claims ERA Claims EFT Claims Claims Claims Claims Claims Claims Claims Claims Claims Claims Claims Claims Claims Claims	R Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		S	Formerly OptumHealth Dental, Dental Benefit Provider/DBP and DRIP of California Formerly OptumHealth Dental, Dental Benefit Providers/DBP and DBP of California DBP of California DBP of California ASSOSIANCE DENTAL DENTAL ASSOSIANCE DETECTION 2-1-1 payer name must be listed as DEDW-CCHP OB DEPOWARTHEM OR	Tax ID only Tax ID / NPI Combination Tax ID only	From Change Healthcare. Payer accepts enrollment request from Change Healthcare.	No	No	3 payment cycles Minimum of 31 Business days or 3 payment cycles



State Payer ID	□ Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 5010	ICD ^o Read y	ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
District 9 Machinists Welfare Trust MW	ELT	COMMERCIAL	Yes		ERA			Date		Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
District 9 Machinists Welfare Trust MW	ELT	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID / NPI Combination				
		COMMERCIAL COMMERCIAL	Yes No		Claims Claims	Y R Y								
Dunn & Associates Benefits Administrators. Inc. 351	86 Par	COMMERCIAL	Yes No Yes No		Claims	YYY			Admin by LIBERTY Dental Plan					
EBC, Inc. 372	57 Par	COMMERCIAL	No No		Claims	YY			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					
FRMS (Employee Renefit Management Services, Inc.) 810	39 Par	COMMERCIAL	Yes No Yes No		Claims Claims	Y Y R Y	-							
EBS - RMSCO EBS EBS Benefit Solutions CXC	RM Par	COMMERCIAL COMMERCIAL	Yes No No No		Claims Claims	Y Y Y Y R Y								
EHI 732	88 Par	COMMERCIAL	Yes No		Claims	R Y								
Electrical Workers Welfare Trust 526	11	COMMERCIAL	Yes	1-3 Business Days EFT Enrollment is processed	ERA					Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Electrical Workers Welfare Trust 526		COMMERCIAL	Yes	between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID / NPI Optional				
Emblem Health (GHI - New York Group Health Inc.) 135 Emblem Health (GHI - New York Group Health Inc.) 135	51 Par 51	COMMERCIAL COMMERCIAL	Yes No		Claims Eliaibility Inquiry	R Y	L							
EMI Health CXC	179	COMMERCIAL	Yes	Payer's discretion	ERA				f.k.a. Educators Mutual Insurance Association	Tax ID / NPI Combination	Payer handles enrollment directly with provider.	No.	No	None
		COMMERCIAL	Yes No		Claims	YY			f.k.a. Educators Mutual Insurance Association. Prior to accepting claims electronically EMIA requires the provider to call 807– 262-7476 or 800-662-5850. Providers should advise EMIA that they will be submitting their claims through Change Healthcare Business Services, Inc. UHI Bushmitter ID HT000214-001.					
EMPHESYS 732 EmpireHealthChoice Assurance - OSB Low & PPOB CXC	88 Par 183 Par	COMMERCIAL COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	R Y Y Y			Admin by LIBERTY Dental Plan					
EmpireHealthChoice HMO CXC Employee Benefit Concepts (Farmington Hills, MI) 382	183 Par	COMMERCIAL	Yes No Yes No		Claims Claims	Y Y			Admin by LIBERTY Dental Plan					
Employee Benefit Consultants 372	57 Par	COMMERCIAL	No No		Claims	YY			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 Benefits Plan Administration, Inc. (F.B.P.A.)	36 Par	COMMERCIAL COMMERCIAL	Voc No		Claims Claims	Y Y			a.k.a. CBA Blue					
Employee Benefits Systems of IA 421 Employee Plans. LLC 351	 49 Par 12 Par 	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y	L							
Employee Plans, LLC 351	12	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT Claims	Y				Tax ID and Provider ID required				
Employer Plan Services. Inc. CXC Employers Direct Health 752	32 Par	COMMERCIAL	Yes No		Claims	v								
Employers Health 732 Employers Health Insurance 732	88 Par	COMMERCIAL COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	R Y R Y								
Employers Mutual, Inc. S92 Employers Mutual, Inc. S92	97 Par	COMMERCIAL	Yes No Yes	1-3 Business Days	Claims	YYY				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Encara WDI	NC Par	COMMERCIAL	Yes No		Claims	R Y								
EPSI Dental II CXC	37 Par	COMMERCIAL	Yes No		Claims	Y Y Y	L		f.k.a. Capital Dental					
EQUICOR 623	UB Par	COMMERCIAL	yes No		Claims	YY								
	08	COMMERCIAL	Yes	5-7 Business Days	ERA	Y			Payer ID valid only for Claims with a billing submission address	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	26 Par 08 Par	COMMERCIAL	Yes No		Claims	YY		s	of P.O. Box 720460, Oklahoma City OK 73172 An Innovative Healthware Services Payer					
E-V Benefits Management. Inc (Columbus. OH) 341	59 Par	COMMERCIAL			Claims	Y Y			Jerviles Paver.					
Everence 356	05 Par 05	COMMERCIAL	Yes No Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	Claims	RY				Tax ID only				
Everence 356	05	COMMERCIAL	No		Eliaibility Inquiry	R Y								



State Payer IDC		e Model COMMERCIAL	Grou Enro	Time	Service	NPI 501	ICD O Rea y	ICD10 Required as Testin g Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Evergreen Health Co-Op 9324	0	COMMERCIAL	Yes No	5-7 Business Days	Claims ERA Claims	YY				Tax ID only	Payer accepts enrollment request from Change Healthcare	No	No	Minimum of 31 business days or 3 payment cycles
ExclusiCare 7141		COMMERCIAL	Yes	1-3 Business Days	ERA	YY				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
9113 Fairbanks North Star Borough	6 Par	COMMERCIAL	Yes No		Claims	Y			Please enter group # F62 when submitting claims. A Welfare and Pension Administration Services naver					
9113 Fairbanks North Star Borough	6	COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	6 Par	COMMERCIAL	Yes No		Claims	Y			Please enter group # F62 when submitting claims. A Welfare and Pension Administration Services naver					
9113 Fairbanks North Star Borough School District Plan A (FNSBSD)	6	COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	6 Par	COMMERCIAL	Yes No		Claims	Y			Please enter group # F62 when submitting claims. A Welfare and Pension Administration Services naver					
9113 Fairbanks North Star Borough School District Plan B (FNSBSD)	6	COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Family Dental CXOS	6 Par	COMMERCIAL	Yes No		Claims	R			via Performance Health Technology					
FamilyCare CCO CXFM	IC Par	COMMERCIAL	Yes No		Claims	R Y			via Performance Health Technology					
		COMMERCIAL	Yes No Yes No		Claims	Y Y								
First Administrators FAME		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				TIN call 1-800-206-0827.	Tax ID and Provider ID required				
First Care/Southwest Life & Health CXO	O Par	COMMERCIAL	Yes No		Claims	R Y			To obtain EFTs please enroll using naver ID 49096					
First Dental Health of CA CX08	O Par 6 Par	COMMERCIAL	Yes No Yes No		Claims Claims	R Y Y								
First Reliance Standard Life Ins. Co. (NY Business) First Reliance Standard Life Ins. Co. (NY Business) 1331	7 Par	COMMERCIAL	Yes No Yes	1-3 Business Days	Claims ERA	RY				Tax ID	Change Healthcare Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
First Reliance Standard Life Ins. Co. (NY Business) 1331 First Reliance Standard Life Ins. Co. (NY Business) 1331	7	COMMERCIAL COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquir	,			Yes/No Response					
Fitzharris & Company, Inc. 1124	4 Par 4 Non	COMMERCIAL COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	YYY				Tax ID	Payer handles enrollment directly			Immediately
										Tax ID	with provider.	NO	NO	Immediately
FlexCare 6824 Florida Combined Life CBFL	1 Par U Par	COMMERCIAL COMMERCIAL	Yes No No		Claims Claims	Y Y	H							
Florida Combined Life CBFL		COMMERCIAL	Yes Yes No	1-3 Business Days	ERA Claims	Y			Administered by United Concordia	Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
Foreign Service Benefit Plan 2513	3 Par	COMMERCIAL	Yes No		Claims	Y			Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan Payer RA will be turned off within					
Foreign Service Benefit Plan 2513		COMMERCIAL	Yes	1-3 Business Days	ERA	Y			30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
		COMMERCIAL	Yes No		Claims	Y	\vdash							
Foundation Benefit Admin (FBA) - Boon Group BOOk Foundation Benefit Admin (FBA) - Boon Group BOOk		COMMERCIAL	Yes No Yes	5-7 Business Days	Claims ERA	Y				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Foundation Benefit Admin (FBA) - Boon Group BOON		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT	YY			Not all employer groups are live for EFT	Tax ID / NPI Combination				
Fox Everett. Inc. 6406 Fraternal Order of Police - Dental Division (Philadelphia. PA) CXO4 Frince Benefits Coordinators 5920	9 Par 1 Par	COMMERCIAL COMMERCIAL	Yes No No No Yes No		Claims Claims	Y Y Y Y R Y								
I GDS CX03	6 Par	COMMERCIAL	Yes No		Claims Claims	R Y Y Y			Data-Hard P. Co.					
GDS	6	COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquir				Detailed Benefits					



					Grou Enrol	Payer Enrollment Turnaround			ICD	1 ICD10 Required as				Requires EFT for ERA	ERA Payer Enrollment Form	
State	Payer	ID□	Туре	Model	p# 1	Time	Service	NPI 501	Rea	d Testin of	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Enrollment	Required	ERA Paper RA Shut Off
G	Gerber Life Insurance Company - Student Insurance	74227		COMMERCIAL	Yes No		Claims	Y 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 809024, 809025, 809026, 809027, 809035, 809067, 809067, 809036, 809067,					
G	Gettysburg	CX064		COMMERCIAL			Claims	YY			An Innovative Healthware Services Paver.					
G	GIC Indemnity Plan	80314	Par	COMMERCIAL	Yes No		Claims	R Y								
	GIC Indemnity Plan	80314	Dar	BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
	Golden State Health Plan	CX083	Par	COMMERCIAL	Yes No		Claims Claims	YY			Admin by LIBERTY Dental Plan					
G	Golden West Dental	GWD01	Par	COMMERCIAL	No No		Claims	R Y								
	Golden West Dental	GWD01		BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
C	Government Employees Hospital Association (GEHA)	44054	Par	COMMERCIAL	Yes No		Claims	YY	-							
G	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL	Yes	1-3 Business Days	ERA	Υ				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL	Yes	dependant upon the provider's responsiveness.	EFT				GEHA EFT enrollment requires tax ID plus GEHA provider ID. In order to get your GEHA provider ID please contact GEHA at 816.257.5500.	Tax ID only				
G	Government Employees Hospital Association (GEHA) Government Employees Hospital Association (GEHA)	44054 44054		COMMERCIAL COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquiry				Yes / No Response					
G	Government Employees Hospital Association (GEHA) Government Employees Hospital Association (GEHA)	57254 57254	Par	COMMERCIAL	Yes No No		Claims Eliaibility Inquiry	Y Y	-		Yes / No Response					
G	Sovernment Employees Hospital Association (GEHA)	57254		COMMERCIAL	No		Claim Status Inquiry									
		63665 63665	Par	COMMERCIAL COMMERCIAL	Yes No No		Claims Claim Status Inquiry	YY	1		f.k.a. General American					
G	Great-West Healthcare	80705	Par	COMMERCIAL	Yes No		Claims	Y Y								
G	Great-West Healthcare	80705		COMMERCIAL	Yes	5-7 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	Great-West Healthcare Group Administrators Ltd.	80705 36338	Dar	COMMERCIAL	No No		Claim Status Inquiry Claims	YY								
	Group Administrators Ltd.	36338	rai	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & NPI required				
C	Group and Pension Administrators Group Benefit Administrators	48143 72153	Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	Y	+	+ + -						
	Group Benefit Administrators	72153		COMMERCIAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA				ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID	Auto approved after 1st claim	No	No	None
	Sroup Health Coop (Individual & Family, and Small Business Groups)	89070	Dor	COMMERCIAL	Voc No		Claims	R Y	t	S	Administered by United Concordia					
	Scoup Insurance Service Center Inc	37276	Par	COMMERCIAL	Yes No		Claims	R Y	+	3	Auministered by United Concordia					
G	Group Link of Indiana	CX015	Non	COMMERCIAL COMMERCIAL	Yes No		Claims	YY	F							
G	Guaranty (DINA) Guardian Life Insurance Company of America	64246	Par	COMMERCIAL	Yes No		Claims Claims	R Y Y	L							
	Guardian Life Insurance Company of America	64246		COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Guardian Life Insurance Company of America	64246		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
0	Guardian Life Insurance Company of America Guardian Life Insurance Company of America	64246 64246	H	COMMERCIAL COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquiry	\vdash	+	+ + -	Detailed Benefits					
H	Hamasnik Choice	47738	Par	COMMERCIAL	No.		Claims Claims	R								
	Harrington Health Colonial Dental	59143	Par	COMMERCIAL	No	1	Claims	R Y	_		l .		l .	l.	1	



State Payer	ID□	Туре	Model	Grou Enrol p# I	Payer Enrollment Turnaround Time	Service	NPI 5010	I CD1 0 Read y	Tootin Required as	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Harvard Pilgrim Health Care (HPHC) - Student Insurance Hawaii - Manland Administrators			COMMERCIAL	Yes No		Claims	Y 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 809024, 809025, 809026, 809027, 809035, 809036, 809066, 809067, 809079, or 809081 Dallas, Tax 75380-9025.					
Hawaii - Mariand Administrators Hawaii - Mainland Administrators	86066	Par	COMMERCIAL	Yes	1-3 Business Days	Claims ERA	RY				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Hawaii - Mainland Administrators	86066		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & NPI optional				
Hawaii Medical Service Association (HMSA)	HMSA1	Par	COMMERCIAL	Yes No		Claims	R Y			Federal Employee claims cannot be sent electronically					
Hawaii Medical Service Association (HMSA)	HMSA1		COMMERCIAL	Yes	1-3 Business Days	ERA	Υ			Administered by United Concordia	Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
HCS - Health Claims Service (Boise, ID) Health Choice Arizona	82018 62179	Par Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y Y Y Y								
Health Choice Arizona	62179		COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Health Choice Arizona	62179		COMMERCIAL	No		Eliaibility Inquiry	YY			Detailed Benefits					
Health Choice Generations	62180		COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Health Choice Insurance	46221	Par	COMMERCIAL	Yes No		Claims	R Y								
Health Choice Insurance	46221		COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Health Choice Integrated Care	22100	Par	COMMERCIAL	Yes No		Claims	R Y								
Health Choice Integrated Care	22100		COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Health Choice Utah	45399		COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Health Economics Group, Inc. Health Net 21 - I A & Sacramento	CX039 CX083	Non Par	COMMERCIAL	No No Yes No		Claims Claims	Y Y			Admin by LIBERTY Dental Plan					
Health Net 21 - LA & Sacramento Health Net Healthy Families A, B & C Health Net Los Angeles PHP	CX083	Par	COMMERCIAL COMMERCIAL COMMERCIAL	Yes No		Claims	YY			Admin by LIBERTY Dental Plan Admin by LIBERTY Dental Plan					
Health Net Sacramento GMC	CX083	Par	COMMERCIAL	Yes No		Claims	Y Y			Admin by LIBERTY Dental Plan					
Health Partners - Jackson. TN Health Plan Services	59140	Par	COMMERCIAL			Claims Claims	Y								
Health Plans Inc. Health Resources Incorporated (HRI)	CX055 CX019	Par Par	COMMERCIAL	Yes No Yes No		Claims Claims	YY								
Health Services for Children with Special Needs	37290		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & NPI required				
Healthcare Management Administrators, Inc.				Yes No		Claims	YY			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. HealthE Exchange Inc.	85729	Par	COMMERCIAL COMMERCIAL	Yes No		Claims	Y Y Y Y								
HealthEZ HealthEZ	41178	Par	COMMERCIAL	Yes No		Claims	R Y								
HealthEZ	41178		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID required & Provider ID optional				
Healthgram. Inc.	56144	Par	COMMERCIAL	Yes No		Claims		F							
Healthgram, Inc.	56144		COMMERCIAL		1-3 Business Days	ERA				f.k.a. Primary Physician Care	Tax ID	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Healthgram, Inc.	56144		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				f.k.a. Primary Physician Care	Tax ID required & Provider ID optional				
Healthgram. Inc. HealthPartners MN	56144	Par	COMMERCIAL	Yes No Yes	1-3 Business Davs	Claims	Y Y R Y			f.k.a. Primary Physician Care					
HealthPartners MN HealthPartners MN	CX009	ivon	COMMERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
HealthPartners MN Healthplex Inc	CX009	Par	COMMERCIAL	Yes No.	Paver's discretion	Eliaibility Inquiry Claims	уу			Detailed Benefits					
								_							



State	Payer ID	□ Тур	oe .	Model	Grou Enro	Payer Enrollment Turnaround Time	Service	NPI 501	ICD 0 Rea y	d Testin of	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	Healthplex, Inc. 112 HealthSCOPE Benefits. Inc. (Formerly CNA Health Partners of Arkansas) 710	71 63 Par		OMMERCIAL OMMERCIAL	Yes No	1-3 Business Days	ERA Claims					Tax ID	Change Healthcare creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
	HealthScope Benefits, Inc. (Formerly CNA Health Partners of Arkansas) 710 710 710 710 710 710			OMMERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	HealthShare CCO CXH	ISC Par	r co	OMMERCIAL	Yes No		Claims	R Y			via Performance Health					
	HealthSmart Benefit Solutions 372		_	OMMERCIAL	Yes No		Claims	ΥΥ			Technology f.k.a. Wells Fargo TPA, Inc., Newman GA and Favetteville NC					
1	HealthSmart Benefit Solutions 372			OMMERCIAL	Yes		ERA				f.k.a. Wells Fargo TPA, Inc., Newnan GA and Fayetteville, NC	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	HealthSmart Benefit Solutions 372			DMMERCIAL	Yes	dependant upon the provider's responsiveness.	EFT	YY			f.k.a. Wells Fargo TPA, Inc., Newnan GA and Fayetteville, NC	Tax ID only				
	HealthSmart Benefit Solutions 372 HealthSmart Benefit Solutions 878			OMMERCIAL OMMERCIAL	Yes No		Claims	YY			f.k.a. Wells Fargo, TPA, Inc.,					
	HealthSmart Benefit Solutions B76			DMMERCIAL	Yes	1-3 Business Days	ERA	Y			Charleston WV f.k.a. Wells Fargo, TPA, Inc., Charleston, WV	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	HealthTrans 311				Yes No		Claims	YY			a.k.a. Innovante Benefit Administrators					
	Healthy Alliance Life Insurance - PPOB CXC Healthy Michigan Dental HMI	001 Nor	n co	OMMERCIAL OMMERCIAL	No No		Claims Claims	Y Y R Y	E		Admin by LIBERTY Dental Plan					
	Hometown Health Plans Nevada 880	23 Par	r CO	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	Y Y								
	911 Hotel Employees Restaurant Employees Health Trust (HERE)	36 Par	r co	OMMERCIAL	Yes No		Claims	Y			Please enter group # F19 when submitting claims. A Welfare and Pension Administration Services naver					
	911 Hotel Employees Restaurant Employees Health Trust (HERE)	36	со	DMMERCIAL	Yes		ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	911 Hotel Employees Restaurant Employees Health Trust (HERE)	36	со	OMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
	HSHS Medical Group IPA 371				Yes No		Claims	ΥΥ			Hospital Sisters Health System Medical Group IPA					
	Humana 732 Humana, Inc. 611			OMMERCIAL OMMERCIAL	Yes No Yes No		Claims Claims	R Y Y Y								
	Humans, Inc.			OMMERCIAL	Yes		ERA	Υ				Tax ID / NPI Combination	Payer requires online enrollment tool be utilized	No	Yes	Immediately upon approval
	IBT - Local 145 Health Service & Ins Plan	BT Par	r co		Yes No		Claims	R Y			Only for claims with date of service prior to 1-1-16. Dates of service greater than 12-31-15 should be sent using payer ID 60054.					
	IEHP CX0 IMCare 416	183 Par 00 Par	r CO	OMMERCIAL OMMERCIAL	Yes No Yes No		Claims Claims	Y Y			Admin by LIBERTY Dental Plan f.k.a Itasca Medical Care Formerly known as Local 135					
	Indiana Teamsters Health Benefits Fund (Indianapolis, IN) 351	07 Par	r co	OMMERCIAL	Yes No		Claims	Y			Health Benefits Fund					
	Inetico 434	71 Par	r co	OMMERCIAL	Yes No		Claims	R Y	T		(Indiananolis IN) An Innovative Healthware					
	Innovante Benefit Administrators 311 Innovation Health 400		r CO	OMMERCIAL OMMERCIAL	Yes No		Claims	Y Y			Services Paver. a.k.a. HealthTrans					
	Insurance Administrators of America 377	79 Par	r CO	MMERCIAL	Yes No.		Claims	R Y								
	Insurance Design Administrators 133 Insurance Management Services 158 Insurance Program Managers Group (IPMG) 363	88 Par	r co	OMMERCIAL OMMERCIAL	Yes No		Claims Claims Claims	Y Y Y	F							
ı	Insurance Program Managers Group (IPMG) 363 363			OMMERCIAL	Yes	Payer's discretion	ERA	1				Tax ID / Legacy ID optional	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Insurance Program Managers Group (IPMG) 363			OMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID required & Provider ID optional				
H	Insurance Systems Inc. 743			OMMERCIAL	Yes No		Claims	R Y	+	+ +	Please visit website prior to					
	Insurers Administrative Corp. 863 Integra Administrative Group (Seaford, DE) 510			OMMERCIAL OMMERCIAL	Yes No		Claims	Y			submitting Claims: edihelo.iacusa.com Payer ID valid only for Claims with a hilling submission address					
								ĽĽ	\perp		of 110 S. Shipley Street, Seaford, DF 19973					
	Jensen Administrative Services, Inc. CX.	AS Par	r co	OMMERCIAL OMMERCIAL	Yes No		Claims Claims	Y Y R Y Y Y								
	John Alden Life Insurance Co. 410 John Alden Life Insurance Co. 410	99 Par	r co	OMMERCIAL OMMERCIAL	Yes No	1-3 Business Days	Claims	YY			PO Box 2877, Clinton, IA 52733 PO Box 2877, Clinton, IA 52733	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	John Morrell Company - AHBPA 383	10 0		DAMAEDO: A:	Yes No		Claims	v v	1	1 1						
+		10 Par			Yes No		Claims	P V	+		Administered by Health Services Benefit Administrators, Inc.					
	Joint Benefit Trust CHS															



State	Payer IDC	Тур	e Model	Grou E	rol Payer Enrollment Turnaround I Time	Service	NPI 50	10 Re	ICD10 Conpliance Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	JP Farley Corporation 3413				lo	Claims	Υ ١			Payer ID valid only for Claims with a billing submission address of PO Box 458022, Westlake, OH 44145					
-	Kaiser CX07 Kaiser CX07	73 Pai	COMMERCIA COMMERCIA	L Yes	lo	Claims Eliaibility Inquiry	Y			Detailed Benefits					
	Kaiser CX07	73 17 Box	COMMERCIA r COMMERCIA	L Voc	lo lo	Claim Status Inquiry Claims	4	+							
	Kanawha Insurance Co. 5703	8 Par	r COMMERCIA r COMMERCIA	L Yes	lo	Claims	R) Y)								
-	Kansas City Life CX05 Kansas Associates 9527	68 Par	COMMERCIA COMMERCIA	L No	lo lo	Claims	D \								
	Keenan Associates 9527 Kempton Company 7310	0 Par	COMMERCIA COMMERCIA	L Yes	lo .	Claims Claims	YY								
			r COMMERCIA r COMMERCIA			Claims Claims	RY	+	S						
			r COMMERCIA			Claims	Y			Kentucky Medicaid Kentucky					
	Key Family Klisis & Company 3418	17	COMMERCIA	ıL .	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT Claims	R)			Soirit administered by MCNA	Tax ID only				
	LA BCBS AdvantagePlus Network 5302					Claims	R			Administered by United Concordia					
	LA BCBS AdvantagePlus Network 5302	21	COMMERCIA	ь.	es 1-3 Business Days	ERA	١			Administered by United Concordia	Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
-	Lake County Physicians Association 3711	6 Par	r COMMERCIA r COMMERCIA	I Voc	lo.	Claims Claims	YY			Admin by LIBERTY Dental Plan					
-	Land of Lincoln 9009	6 Par	COMMERCIA COMMERCIA	L Yes	lo l	Claims	R Y Y	Ŧ					-		
	Life Gift Cards 33LG	C Par	r COMMERCIA	L Yes	lo	Claims Claims	R	±							
-	Life Insurance Company of Boston & New York 7814	IO Par	r COMMERCIA r COMMERCIA	L Yes	lo	Claims Claims	Y R Y	Æ							
	LIFE St Marv 7618	34 Pai	r COMMERCIA	L Yes	lo	Claims	Y F								
-	LifeMap Assurance Company RLHC	21 Nor	COMMERCIA COMMERCIA	L Yes	lo	Claims Claims	R \	+	1						
	Lifewise Health Plan of Oregon 9309	23 Par	r COMMERCIA	L Yes	lo	Claims	R	1	S	All a last more					
	Lincoln Financial Group CX06 Lincoln Financial Group CX06	or Par	COMMERCIA COMMERCIA	L Yes L	lo	Claims Eligibility Inquiry	R)			f.k.a. Jefferson Pilot Detailed Benefits					
		51	COMMERCIA	L Voc	10	Claim Status Inquiry	D \								
	Line Construction Benefit Fund LCBC	1 Par	r COMMERCIA r COMMERCIA	L Yes	10	Claims Claims	YYY								
-	Local 135 Health Benefits Fund (Indianapolis, IN) 3510	07 Pai	r COMMERCIA r COMMERCIA	L Yes	lo	Claims Claims	R Y	-							
	Local 17 Folio - International Association of Real and Flost Insulators 1741	T Fa	COMMERCIA			Cidillis				Please enter group # F12 when					
	10cals 302 & 612 of the Internation Union of Operating Engineers	6 Par	COMMERCIA	L Yes	lo	Claims	Υ ١	'		submitting claims. A Welfare and Pension Administration Services naver					
	9113 Locals 302 & 612 of the Internation Union of Operating Engineers	86	COMMERCIA	т .	es 1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	9113 Locals 302 & 612 of the Internation Union of Operating Engineers		COMMERCIA		EFT Enrollment is processed between the provider and Change es Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
-	Lockard & Williams CB75	52 Par	COMMERCIA	L Yes	lo	Claims	R)	+		Formerly payer ID 62413 Now					
	Mail Handlers Benefit Plan 2513	3 Par	r COMMERCIA	L Yes	10	Claims	Υ ١			Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan Payer RA will be turned off within					
	Mail Handlers Benefit Plan 2513		COMMERCIA		es 1-3 Business Days	ERA	١			30 days of enrollment; PDFs are available through Coventry's provider portal	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	MAMSI CX03 Managed Care Services, LLC 3516		n COMMERCIA r COMMERCIA		lo lo	Claims Claims	R Y								
	Managed Dental Guard GI81				lo lo	Claims	R)			Only for the individual marketplace, not for Group/SHOP					
 			COMMERCIA			Claims	Y \			business					
	MAPFRE PREFA		n COMMERCIA		es 7-10 Business Days	Claims	R			Completing this errollment request will erroll the provider(s) for for large and the provider (s) for Electronic Claims (8370). Electric Remittance Advice (835) and Real Time Eligibility Inquiry and Response (270/271) with all 3 payers listed above. Please ensure you have an active EAA and Real Time and the EAA and Real Time and the EAA and Real Time and the EAA and Real Time. Please feel free to contact your software vendor or change Healthcare to confirm account status.					
	MAPFRE PRFR	RE Nor	n COMMERCIA	ı.	es 7-10 Business Days	ERA				Completing this enrollment request will enroll the provider 50 grows at the record of the provider of the record o	Tax ID / NPI Combination	Payer requires a paper enrollment form	No	Yes	Pending Payer Response



State	Payer	ID T	pe M	Model	Grou Enro	Payer Enrollment Turnaround Time	Service	NPI 501	O Rea		Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	MAPFRE P	PRFRE N	on COMM	MERCIAL	Yes Yes	7-10 Business Days	Eligibility Inquiry	R Y			Completing this enrollment request will enroll the provider of a 1 tenses to for 3 tenses the control of the co					
	Masonry Institute/Administrative D.C. No. 1 Welfare Fund C Mayo Clinic Health Solutions 4	CX098 P	ar COMA	MERCIAL MERCIAL	Yes No Yes No		Claims Claims	Y Y								
	Mayo Clinic Health Solutions 4	41154	COMI	MERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	MBA Benefit Administrators, Inc. (Salt Lake City, UT) 8	83028 F	ar COMA	MERCIAL	Yes No		Claims	Y Y					from change healthcare.			
	MBA of Wvoming (Worland, WY) 8	87065 F 56205		MERCIAL MERCIAL	Yes No	5-7 Business Days	Claims ERA	YY				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
		56205		MERCIAL	Yes	dependant upon the provider's responsiveness.	EFT					Tax ID required & Provider ID optional				
	McGregor PACE 3 McNA Dental 6 MD Care Health Plan C	31149 F 65030 F CX083 F	ar COMM ar COMM	MERCIAL MERCIAL MERCIAL	Yes No Yes No Yes No		Claims Claims	R Y Y		s	Admin by LIBERTY Dental Plan					
		EM350		MERCIAL	Yes	5-7 Business Days	ERA				Outline by Morket Desiral Plan	Tax ID	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
		EM350		MERCIAL	Yes No	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT Claims	YY			Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146	Tax ID required & Provider ID required				
ı	MED3000 CMS Safety Net	EM284	COM	MERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146	Tax ID required & Provider ID required				
		EM843 F	COMM.	MERCIAL MERCIAL	Yes No Yes	5-7 Business Days	Claims	YY				Tax ID	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
		EM843		MERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT	V V			Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146	Tax ID required & Provider ID required				
		EM205 F		MERCIAL	Yes No Yes	5-7 Business Days	Claims	YY				Tax ID	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
		EM205		MERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146	Tax ID required & Provider ID required				
	MED3000 Pedicare Title 19	EM039	COM	MERCIAL MERCIAL	Yes No Yes Yes No	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	Claims EFT Claims	YYY			Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146	Tax ID required & Provider ID required				
		EM522 F		MERCIAL	Yes No	5-7 Business Days	Claims	·				Tax ID	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	MED3000 Pedicare Title 21	EM522	COMM	MERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146	Tax ID required & Provider ID required				
	MedCost Benefit Services 5	56205	COM	MERCIAL	Yes		ERA	Y				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	MedCost Benefit Services 5 MMDICA of Microsofts C	56205	COM	MERCIAL	Yes No.	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT	V				Tax ID required & Provider ID optional				



State	Payer	ID□	Туре	Model	Grou Enrol p# I	Payer Enrollment Turnaround Time	Service	NPI 5010	ICD1 0 Read y	ICD10 ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	CA of Minnesota	CX026		COMMERCIAL	Yes	Payer's discretion	ERA					Tax ID / NPI Combination	Payer handles enrollment directly with provider.	No	No	Immediately
Medic	CA of Minnesota al Associate Health Plan (HEALTH CHOICES)	CX026 MAHC1	Par	COMMERCIAL COMMERCIAL	Yes No		Eligibility Inquiry Claims	R R Y Y Y			Detailed Benefits					
	al Benefits Mutual Administrators (MedBen) al Benefits Mutual Administrators (MedBen)	74323	Par	COMMERCIAL	Yes No Yes	1-3 Business Days	Claims ERA	YY				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Medic	al Benefits Mutual Administrators (MedBen)	74323		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				Consolidate this seedless to	Tax ID required & NPI optiional				
Medic	al Card System (MCS)	PRMCS	Non	COMMERCIAL	Yes Yes	7-10 Business Days	Claims	R Y			Completing this enrollment request will enroll the provider of					
Medic	al Card System (MCS)	PRMCS	Non	COMMERCIAL	Yes	7-10 Business Days	ERA				Completing This errollment request will enroll the provider (or for for for for for for for for for f	3	Payer requires paper enrollment form	No	Yes	Pending Payer's Response
Medic	al Card System (MCS)	PRMCS	Non	COMMERCIAL		7-10 Business Days	Eligibility Inquiry				Completing This errollment request will erroll the provider (s) or or lectronic Claims (837D). Electrina Claims (837D). E					
Medic	al Mutual of Ohio	29076	Par	COMMERCIAL	Yes No		Claims	YY			Status.					
	al Mutual of Ohio	29076		COMMERCIAL	Yes	1-3 Business Days	ERA	Υ			Please enroll under payer ID CB833.	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Medic	al Mutual of Ohio al Mutual of Ohio	29076 29076		COMMERCIAL COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquiry				Detailed Benefits					
	al Mutual of Ohio	CB833	Par	COMMERCIAL	Yes No Yes	1-3 Business Days	Claims ERA	YY				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Medic	al Mutual of Ohio	CB833	=	COMMERCIAL	No		Eliaibility Inquiry				Detailed Benefits					
	al Mutual of Ohio Insurance Company	CB833 23160		COMMERCIAL	No No		Claim Status Inquiry Claims	YY			Only for Policy Numbers that begin with 000M1D and claims mailed to PO Box 21660, Eagan, MN 55121					
Medic	o Insurance Company	23160		COMMERCIAL	Yes	5-7 Business Days	ERA	Y			Only for Policy Numbers that begin with 000M1D and claims mailed to PO Box 21660, Eagan, MN 55121	Tax ID	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payer cycles
Medic	o Insurance Company	23160		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				Only for Policy Numbers that begin with 000M1D and claims mailed to PO Box 21660, Eagan, MN 55121	Tax ID only				
MedP	artners Administrative Services	35205		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Made	IVUSA	59069	Par	COMMERCIAL	Yes No		Claims	Y			f.k.a. Fringe Benefit Management and 21st Century Health and					
Mercs	Care Plan	86052	Par	COMMERCIAL	Yes No		Claims	R Y			Benefits				1	
Iwer CV		00002	r di				CHIIII		_						•	•



					Grou Enr	Payer Enrollment Turnaround			101	O1 ICD10 Required as				Requires EFT for ERA	ERA Payer Enrollment Form	
State	Payer	ID□	Туре	Model	p# I	Time	Service	NPI 50	10 Res	ad Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Enrollment	Required	ERA Paper RA Shut Off
	Mercy Care Plan	86052		COMMERCIAL	No	5-7 Business Days	ERA	Y			Providers must enroll using the Mercy Care ERA Enrollment form, and this must be submitted to MercyCareProviderRelations@aetn a.com	Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	Minimum of 31 Business days or 3 payment cycles
	Mercy Care Plan	86052		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					N/A Payer enrolls provider				
		63002 33628		COMMERCIAL	Yes No		Claims Claims	R Y								
	Mercy Maricopa Integrated Care	33628		COMMERCIAL	Yes		ERA	Y				Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	Minimum of 31 Business days or 3 payment cycles
	Meritain Health Minneapolis Methodist First Choice	41124 23550	Par Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	Y Y Y Y R Y			f.k.a. CBSA					
	MetLife MetLife	65978 65978	Par	COMMERCIAL	Yes No		Claims	R Y				Unknown payer handles directly	Unknown payer handles directly	Yes	Unknown payer handles directly	Minimum of 31 Business days or
		65978		COMMERCIAL	No.		Eligibility Inquiry				Detailed Benefits	with CAQH.	with CAOH.	res	with CAQH.	3 payment cycles
	Metlife	65978		COMMERCIAL	No		Claim Status Inquiry	Y Y			Admin by LIBERTY Dental Plan					
	Michigan Regional Council of Carpenters Employees Benefit Plan Michigan UFCW	38238 27401	Par	COMMERCIAL COMMERCIAL COMMERCIAL	Yes No		Claims Claims Claims	R Y								
	Michigan UFCW	27401		COMMERCIAL	Yes	5-7 Business Days	ERA					Tax ID only	Payer accepts enrollment requests from Change Healthcare	No	No	Minimum of 31 Business days or 3 payment cycles
	Michigan UFCW	27401		COMMERCIAL	Yes	dependant upon the provider's responsiveness.	EFT					Tax ID only				
	Mid-America Associates. Inc. Mid-American Benefits			COMMERCIAL			Claims	Y	+		An Innovative Healthware					
				COMMERCIAL			Claims	YY			Services Paver.					
1	Mid-West National Life Insurance Co. of Tennessee - Student Insurance	74227	Par	COMMERCIAL	Yes No		Claims	Y 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 809024, 809025, 809026, 809027, 809035, 809036, 809066, 809067, 809079, or 809081 Dallas, Tax 75380-9025.					
	Mississippi Select Health Care Missoula County Medical Benefits Plan	64088 37275	Par Par	COMMERCIAL	Yes No		Claims Claims	Y Y								
	MMA	35316		COMMERCIAL	Yes	dependant upon the provider's responsiveness.	EFT	YY				Tax ID only				
	Momentum Insurance Plan	31415	Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims Claims	R Y			Admin by LIBERTY Dental Plan					
	Motorola	36111	Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	Y Y								
		37233	Par	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	Y								
1 0	MultiFlex Dental (Merchants Benefit)	MBAAZ 81883	Par	COMMERCIAL	Yes No		Claims Claims	Y Y								
	Municipal Health Benefit Fund	81883		COMMERCIAL	Yes	5-7 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Municipal Health Benefit Fund	81883		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID required & NPI optiional				
	HSBS Oklahoma City Mutual of Omaha Commercial			COMMERCIAL			Claims	YY			f.k.a. Mutual Assurance Administrators					
	Mutual of Omaha Commercial	CX087	Non	COMMERCIAL	Yes No	Automatic enrollment approval is	ERA	T			ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
	Mutual of Omaha Insurance Company	71412	Par	COMMERCIAL	Yes No		Claims	Y Y	+							
	Mutual of Omaha Insurance Company	71412		COMMERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	Mutually Preferred	71412	Par	COMMERCIAL	Yes No		Claims	Y Y								
	Mutually Preferred	71412		COMMERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	MVP Health Care NAA (North America Administrators, L.P.) (Nashville, TN)	14165 65085	Par	COMMERCIAL	Yes No		Eliaibility Inquiry Claims	Y Y			Yes/No Response					
	NABN (Cleveland, OH)	34159	Par	COMMERCIAL	Yes No		Claims	YY			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.					
	NAPHCARE, Inc. National Elevator Industry Benefit Plan (NEIB)	58182 CX045	Par Par	COMMERCIAL COMMERCIAL	No No Yes No		Claims	R Y Y Y								
	MyDecision National Elevator Industry Benefit Plan (NEIB)	18840 CX045	Par	COMMERCIAL	No No		Claims	R Y				Tax ID	Payer accepts enrollment requests from Change Healthccare	No	No	Minimum of 31 business days or 3 payment cycles



State Payer	ID□	Гуре	Model	Grou Enro	Payer Enrollment Turnaround Time	Service	NPI 5010	I CD1 O Read	ICD10 ICD10 Required as of Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
National Elevator Industry Benefit Plan (NEIB)	CX045		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT			Date		Tax ID only				
National Pacific of TX (NCFLEX) National Rural Letter Carrier Association	CX057 71412	Par I	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y Y Y Y			A United Healthcare Paver					
National Rural Letter Carrier Association	71412		COMMERCIAL	Yes	1-3 Business Days	ERA	YY				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
National Telecommunications Cooperative Association Nationwide Health Plans	52120 31417	Dor I	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	Y Y Y Y								
Native Care Health NCAS - Charlotte	19191 75191	Par Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	R Y Y Y								
NCAS - Fairfax, VA Netcare Life and Health Insurance (NLH)				Vec No		Claims Claims	Y Y Y Y								
Nevada Health Co-Op New England Dental Administrators	90091	Par I	COMMERCIAL COMMERCIAL COMMERCIAL	Yes No		Claims Claims	R Y Y Y								
New England Dental Administrators	43351		DELTA DENTAL	Yes	5-7 Business Days	ERA	Y				Tax ID / NPI Optional	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
New England Dental Administrators	43351		DELTA DENTAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT	v Y				Tax ID required & NPI optiional				
NGS AMERICAN Nippon Life Insurance Company of America	81264	Par P	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	Y Y								
Nippon Life Insurance Company of America	81264		COMMERCIAL	Yes	1-3 Business Days	ERA	Υ				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
Nippon Life Insurance Company of America Nippon Life Insurance Company of America	81264 81264	-	COMMERCIAL COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquiry				Detailed Benefits					
NNERT (Northern New Enaland Benefit Trust) North American Benefits Network ((Cleveland, OH)	38238	Par	COMMERCIAL	Yes No		Claims	R 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	Yes No		Claims	Υ								
Northern California Pipe Trades Trust Funds	CX099	Par	COMMERCIAL	Yes No		Claims	Υ			For Dates of Service beginning 1- 1-15 please use payer ID 77777.					
Northern Illinois Health Plan Northern Minnesota Dental	36347 LX062	Par I	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims	YY								
Northern winniesska betrief			COMMERCIAL	Yes No		Claims	Y			Please call (775) 826-7200 to verify if you should be sending claims to Northern Nevada Trust					
NorthShore University Health System Medical Group	36364	Par	COMMERCIAL	Yes No		Claims	Y Y			Fund					
Northwest Administrators	91068		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID required & NPI optiional				
Northwest Dental Services Northwest Ironworkers Health & Security Fund			COMMERCIAL	No No Yes No		Claims	YY			Please enter group # F15 when submitting claims. A Welfare and Pension Administration Services payer					
Northwest Ironworkers Health & Security Fund	91136		COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Northwest Ironworkers Health & Security Fund	91136		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Northwest Roofers & Employers Health & Security Trust Fund	91136	Par	COMMERCIAL	Yes No		Claims	Y Y			Please enter group # F26 when submitting claims. A Welfare and Pension Administration Services naver					
Northwest Roofers & Employers Health & Security Trust Fund	91136		COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Northwest Roofers & Employers Health & Security Trust Fund	91136		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Northwest Suburban IPA	36346	Par	COMMERCIAL	Yes No		Claims	YY			Please enter group # F14 when					
Northwest Textile Processors and Service Trades	91136	Par	COMMERCIAL	Yes No		Claims	Y			submitting claims. A Welfare and Pension Administration Services payer					
Northwest Textile Processors and Service Trades	91136		COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Nova Healthcare Administrators. Inc. (Grand Island. NY)			COMMERCIAL	Yes No		Claims	YY	\vdash		Please enter group # F39 when submitting claims. A Welfare and		 		1	
NW International Association of Machinists (NW IAM)	91136	Par	COMMERCIAL	Yes No		Claims	YY			submitting claims. A Welfare and Pension Administration Services payer					
NW International Association of Machinists (NW IAM)	91136		COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles



## Company of the Com	Payer	IDO	Туре	e Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 5010	ICD ^o Read	d resum or	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Proceedings		9113	86	COMMERCIAL	Yes	between the provider and Change Healthcare. Approval time is dependant upon the provider's	EFT		У	Date		Tax ID only				
West Control	ernational Association of Machinists (NW IAM)		36 Par	COMMERCIAL	Yes No	responsiveness.	Claims	YY			Please enter group # F31 when submitting claims. A Welfare and	1				
## Final A Transport A Transpo	nbers & Pipefitters Health & Welfare Trust										pension Administration Services naver		Daniel Control of the			Minimum of 31 Business days or
STATEMEN A REGISTA A PROBLEM NATION AND A PROPERTY OF THE PROP	mbers & Pipefitters Health & Welfare Trust	9113	16	COMMERCIAL	Yes		ERA					Tax ID only		No	No	3 payment cycles
Company Control Communication Control Control Communication Control Communication Control Communication Control Communication Control Communication Control Control Communication Control Control Control Communication Control Co		9113	16	COMMERCIAL	Yes	between the provider and Change Healthcare. Approval time is dependant upon the provider's	EFT					Tax ID only				
On Triangle Control	nbers & Pipefitters Health & Welfare Trust	3729	9 Par	COMMERCIAL	Yes No		Claims	Y Y								
Company Comp					Yes No			Y			f.k.a. Optum Specialty Svcs / Americhoice of NJ					
Company Comp	tal / UHC Dental Government Programs	GP13	33	COMMERCIAL	No		Eliaibility Inquiry	R			Yes / No Response. f.k.a. Optum	1				
Description Communication	lealth Plan	CXOR	33 Par	COMMERCIAL	Yes No			V V			Specialty Svcs / Americhoice of N. Admin by LIBERTY Dental Plan	J				
On the part of consistent (consistent)	SCME Care Plan	AFSC	H Non	COMMERCIAL	No		Claims	R Y								
According to State Employees & Education (SCO) Control Column Figure (Scott State) Figure (Sc	pt of Corrections (Careworks)					granted after the ERA product is activated and the first claim is						Tax ID / NPI Combination	auto approval for each active ERA account upon submission of the first claim for the payer after the	No	No	Immediately when claim is submitted EDI. Claims submitted on paper will receive paper remit.
Pursuan Manager Issain Care	e Employees & Educators (EDS)	2252	1 Par	COMMERCIAL	Yes No		Claims	Y Y								
Code Code	e Employees & Educators (EDS)						ERA					Tax ID / NPI Combination	Payer requires paper enrollment form	No	Yes	31 days & minimum of 3 payments; longer/shorter at provider's request
Position Position		6507	4 Par	COMMERCIAL			Claims				Admin by LIREDTY Dontol Blon					
Position Secure Netherlands Position Secure							Claims		İ		An Innovative Healthware					
Pacificacric Administrations 9331 Pac COMMERCIAL VIV. No. 10. Claims V V S. A. Indeed Information Pacificacric Administrations 9331 Pac COMMERCIAL VIV. No. 10. Claims V V S. A. Information Informati		8671	1 Par	COMMERCIAL	Yes No		Claims									
Posific-Source Administrators 9303 Parl COMMERCIAL You 10 Claims Y Y	Inion re Dental and Vision HMO	CXOS	6 Par	COMMERCIAL	Yes No		Claims	YY			A United Healthcare Payer					
Pacificiaure Administrators Pacificiaure Administrators Pacificiaure Administrators Pacificiaure Community Curso Par Community Curso Par Community Curso Par Community Curso Par Community Pacificiaure Community Pacificiaure Neurol Plans Pacificiaure Neuro	e Dental and Vision PPO	CXO	3 Par	COMMERCIAL	Yes No		Claims	Y Y			A United Healthcare Paver					
PacificSource Health Plans Pacific Health Plans Pacific						2-3 Weeks					Administrators Use pacificSource paver ID 93029	physical location. Pacificsource requires direct deposit. A form should be completed for each		Yes	Yes	Minimum of 31 Business days or 3 payment cycles
PacificSource Health Plans 93029 Par COMMERCIAL Ves No Claims V V V S I S I S I S I S I S I S I S I S	ource Community	CXPS	C Par	COMMERCIAL	Yes No		Claims	R Y			via Performance Health					
Pacific-Source Health Plans 9309 COMMERCIAL Ves 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Pales 2-3 Weeks ERA V Admin by LIBERTY Dental Plan Pales 2-3 Weeks Beginned for each physical location. Pales plan encounted for each plan encounted for each plan encounted for each plan encounted for each plan encounted for each plan encounted for each plan encounted for each plan encounted for each plan encounted for each plan encounted for	ource Health Plans	9302	9 Par	COMMERCIAL	Yes No		Claims	YY		S	Technology					
Partners Benefit Group (Commercial, Ves. No. Claims R. Y. Person Commercial, Ves. Perso	ource Health Plans	9302	19	COMMERCIAL								physical location. Pacificsource requires direct deposit. A form should be completed for each address because it is possible for different locations having different bank accounts.	Payer requires paper enrollment form.	Yes	Yes	Minimum of 31 Business days or 3 payment cycles
Partners Health Plan	Casino Resort erican Life Insurance Group	CX08	33 Par	COMMERCIAL	Yes No			D V			Admin by LIBERTY Dental Plan					
Patient Advocates, LLC 105:5 Par COMMERCIAL Ves No Claims V V Prior to accepting claims electronically PEPP (Public Employees Health Program) CX080 Non COMMERCIAL Ves Ves 1-2- Business Days Claims V V Provided Performance Standard Ves Performanc	Benefit Group	PBGS	M Par	COMMERCIAL	Yes No		Claims	R Y								
PEHP (Public Employees Health Program) CX08D Non COMMERCIAL Yes Yes 1-2- Business Days Claims Y Y PEHP (Public Employees Health Program) CX08D Non COMMERCIAL Yes Yes 1-2- Business Days Claims Y Y PEHP (Public Employees Health Program) CX08D Non COMMERCIAL Yes Yes 1-2- Business Days Claims Y Y PEHP (Public Employees Health Program) A Di 3-6-7-5-4 or 200-7-35-7-818. Providers should advise PEHP that they will be submitting their claims through Change Healthcare Business Servicese Business Servicese Business Servicese Company (Company Healthcare Business Servicese Company (Comp	Advocates, LLC	1052	5 Par	COMMERCIAL	Yes No		Claims	YIY								
PEHP (Public Employees Health Program) CX080 COMMERCIAL Yes 1-2- Business Days ERA Y Tax ID / NPI Combination Payer handles enrollment directly with provider. No	ublic Employees Health Program)					1-2- Business Days					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					
	ublic Employees Health Program)	схов	30	COMMERCIAL	Yes	1-2- Business Days	ERA	Y				Tax ID / NPI Combination	Payer handles enrollment directly with provider.	No	No	If EFT is selected than shut off immediately.
Peaust Pharmacoufical 37121 Par COMMERCIAL Ves No Claims V	Pharmaceutical	3712	21 Par	COMMERCIAL	Yes No		Claims	Υ	L			<u> </u>				
Personal Insurance Administrators. Inc. 95397. Par. COMMERCIAL Yes No. Claims Y. Y. Personal Description of the Commercial Commercia	I Insurance Administrators, Inc	9539	7 Par	COMMERCIAL	Yes No		Claims	YY	F	+				-		
Physicians Care Network 36345 Par COMMERCIAL Yes No Claims Y Y	ns Care Network	3634	5 Par	COMMERCIAL	Yes No		Claims	YY								
Physicians Health Associates of Illinois 37136 Par I COMMERCIAL Ves No Claims Y Y Physicians Health Associates of Illinois 1,2300 Par I COMMERCIAL Ves No Claims Y Y Physicians (Par I COMMERCIAL Ves No Claims Y Y Physicians (Par I COMMERCIAL Ves No Claims Y Y Physicians (Par I COMMERCIAL Ves No Claims Y Y Physicians (Par I COMMERCIAL Ves No Claims Y P Physicians (Par I COMMERCIAL Ves No Claims Y P P Physicians (Par I COMMERCIAL Ves No Claims Y P P P P P P P P P P P P P P P P P P	ns Health Associates of Illinois ns Health Plan of Northern Indiana. Inc.	3713	6 Par	COMMERCIAL	Yes No		Claims	Y Y	Ŀ						<u> </u>	
Physicians Mutual CX068 Par COMMERCIAL Ves No Claims R Y Change Healthcare creates an auto approval for each active ERA account upon submission of the No first claim for the payer after the ERA account upon submission of the RA account upon submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the payer after the ERA account submission of the No first claim for the No first claim f	ns Mutual	CXOE	8 Par	COMMERCIAL	Yes No		Claims	R Y				Tax ID / NPI Combination	auto approval for each active ERA account upon submission of the	No	No	None



State Payer	ID□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 5010	I CD O Read	d Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Physicians United Plan-PUP	CX083	Par	COMMERCIAL	Yes No		Claims	YY		Date	Admin by LIBERTY Dental Plan					
Pinnacle Claims Management, Inc. HSBS Memphis	24735 37224	Par Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y	-		f.k.a. Pittman & Associates					
HSBS Memphis	37224		COMMERCIAL	Yes	1-3 Business Days	ERA	YY			f.k.a. Pittman & Associates	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Planned Administrators, Inc.			COMMERCIAL	Yes No		Claims	Υ								
POMCO	16111	Par	COMMERCIAL	Yes No		Claims	Y	\vdash	+						
POMCO	16111		COMMERCIAL	Yes	1-3 Business Days	ERA	Υ				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Prairie States Enterprises. Inc.	36373	Par	COMMERCIAL	Yes No		Claims	Y Y		+						
Preferred Care Partners	65088		COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Preferred Dental Organization Preferred Health Plan of the Carolinas			COMMERCIAL	Yes No		Claims Claims	R Y	-	+						
Preferred Health Professionals Preferred One	31478	Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	YYY			a.k.a. Freedom Network Dental					
Preferred One	41147	rai	COMMERCIAL	Yes	1-3 Business Days	ERA	YY				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Premier Access Insurance Company	CX078	Par	COMMERCIAL	Yes No		Claims	Y	-	+						
Premier Access Insurance Company	CX078		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				Legacy ID - For Providers, use their Facility/Office NPI. For Brokers, use their Agency ID which is either a 4 or 5 digit code. The 4 digit code starts with a 5 and the 5 digit code start with	Tax ID & Provider ID required				
Premier Access UT Government	CX110	Par	COMMERCIAL	Yes No		Claims	Y			f.k.a. UT CHIP & UT Medicaid					
Premier Access UT Government	CX110		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT	Y			f.k.a. UT CHIP & UT Medicald	Tax ID required & NPI optiional				
Premier Dental Plan of MN	CX029	Non	COMMERCIAL	Yes No		Claims	Y								
PrimeWest Health	LX049	Non	COMMERCIAL	Yes No		Claims	Υ			New providers, learn about submitting your first claim. Please visit https://www.primewest.org/n ew-facility-claims					
PrimeWest Health	LX049		COMMERCIAL	Yes	Payer's discretion	ERA	R Y				Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	Paper remits discontinue by payer on 1-1-13 for all providers.
Principal Financial Group	61271	Par	COMMERCIAL	Yes No		Claims	Y		+ + +	Payer Only accepts VISION and					
Principal Financial Group	61271		COMMERCIAL	Yes	1-3 Business Days	ERA	Y			DENTAL claims.	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
Principal Financial Group	61271		COMMERCIAL	No		Eliaibility Inquiry			+	Detailed Benefits					
Principal Financial Group Prominence Health Plan	61271 88029	Par	COMMERCIAL	Yes No		Claim Status Inquir Claims	R Y	-	+						
Priority Health	38217	Par	COMMERCIAL	Yes No		Claims	YY								
Priority Health	38217		COMMERCIAL	Yes	1-3 Business Days	ERA	YY			Payer ID is valid only for Claims	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Professional Benefit Administrators, Inc. (Oak Brook, IL)	36331		COMMERCIAL	Yes No		Claims	YY			with billing submission name, city, and state of Professional Benefit Administrators, Inc., Oak Brook,					
Prudential for Health Prudential HealthCare & Life Ins. Co of America	68241	Dor	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y Y Y Y								
Prudential HealthCare Health Maintenance Organization Prudential HealthCare HMO for Small Business	68241 68241	Par Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	YY		+						
Prudential Healthcare of America Inc. Prudential HealthCare POS for Small Business	68241	Par	COMMERCIAL	Yes No		Claims Claims	YY	-	+						
Prudential HealthCare PPO for Small Business	68241	Par	COMMERCIAL	Yes No		Claims	YY			Please enter group # F33 when					
Puget Sound Electrical Workers Healthcare Trust (PSEW)	91136	Par	COMMERCIAL	Yes No		Claims	YY			submitting claims. A Welfare and Pension Administration Services payer					
Puget Sound Electrical Workers Healthcare Trust (PSEW)	91136		COMMERCIAL	Yes	1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Puget Sound Electrical Workers Healthcare Trust (PSEW)	91136		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Quapaw Casino Quapaw Tribe Employee Plan	19191	Par	COMMERCIAL	Yes No		Claims	R Y R Y R Y	F							
Quapaw Tribal Member Plan	19191	Par	COMMERCIAL			Claims Claims									
Quality Care Partners			COMMERCIAL	Yes No		Claims	YY	<u> </u>		An Innovative Healthware Services Payer.					
Quality Plan Administrators Inc Quartz ASO RBMS. LLC	CX077 46571	Par Par	COMMERCIAL COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	Y Y Y R								
				Yes No		Claims	Ý Ý	⊢		An Innovative Healthware					
Reading Hospital Employer Group Regency Employee Benefits			COMMERCIAL	Yes No		Claims	Y Y	1	+	Services Paver. a.k.a BHP-Unity					
Reliance Standard Life	36088	Par	COMMERCIAL	Yes No		Claims	RY	H							
Reliance Standard Life	36088		COMMERCIAL	Yes	1-3 Business Days	ERA	¥				Tax ID / NPI Combination	Change Healthcare creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
Reliance Standard Life	36088		COMMERCIAL	No		Eligibility Inquiry			 	Yes/No Response					
Designor Standard Life	38048		COMMERCIAL	No.		CHIM Status Inquir	v. I	-			1	1			



State Relia	,		pe Model	Grou Enro	Time	Service Claims	NPI 50	Rea y	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
		0314	BCBS	Yes		ERA				Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
			ar COMMERCIAL			Claims	Υ !		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.					
Rena	aissance Life and Health Rt	HA1 No	on COMMERCIAL	Yes No		Claims	Y	1						
Rena	ealssance Life and Health RI	.HA1	COMMERCIAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA				Tax ID / NPI Combination	Auto approved after 1st claim	No	No	None
Rese	erve National Insurance Company 73	8066	COMMERCIAL	. Yes	1-3 Business Days	ERA				Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
		8066	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				Tax ID required & NPI optiional				
RMS	erside San Bernardino County Indian Health Inc. 50 SCO. INC. 10	0664 Pa 5117 Pa	ar COMMERCIAL ar COMMERCIAL ar COMMERCIAL	Yes No Yes No		Claims Claims	Y	,						
Rock	ky Mountain Hospital & Medical Service - OSB High & High	(083 Pa	ar COMMERCIAL	Yes No		Claims Claims	Y	,	Admin by LIBERTY Dental Plan					-
Rock		1102 Pa	ar COMMERCIAL	Yes No		Claims	R	′						
Rock	ky Mountain Life Dental B-	1102	BCBS	Yes	Payer's discretion	ERA				Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
Rura	al Carrier Benefit Plan 2:	5133 Pa	COMMERCIAL	. Yes No		Claims	γ ,	,	Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including NRLCA Staff Plan Payer RA will be turned off within					
		5133	COMMERCIAL	Yes	1-3 Business Days	ERA	,	r	Payer RA will be turned off within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
Safe	eguard HMO	(048 Pa	ar COMMERCIAL COMMERCIAL	No No		Claims Claims Claims	R	r						
		(030 Pa	COMMERCIAL COMMERCIAL			Claims ERA	R			Unknown payer handles directly	Unknown payer handles directly	Yes	Unknown payer handles directly	Minimum of 31 Business days or
			ar COMMERCIAL			Claims	Υ 1		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	with CAOH.	with CAGH.	**	with CAOH.	3 payment cycles
		1154 Pa				Claims	Υ 1		a.k.a. Chesterfield Resource, Inc.					
SAM	/BA 3 ds Bethworks Gaming C	7259 Pa (083 Pa	ar COMMERCIAL ar COMMERCIAL	Yes No Yes No		Claims Claims	Y	,	Admin by LIBERTY Dental Plan					-
Sanf	to Clara Family Health Plan	1184 Pa	ar COMMERCIAL ar COMMERCIAL	Yes No		Claims	R	r						
	n Health Plan 7:	2261	COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	Claims EFT Claims	B	,	Admin by LIBERTY Dental Plan	Tax ID & Provider ID required				
e _n t	ni prima constitutati	938 Pa	ar COMMERCIAL ar COMMERCIAL ar COMMERCIAL	Yes No		Claims	R							
Scion	on Gateway Health Plan 96			Yes No	1	Claims	Υ '							
Scior Secu		8530 Pa	COMMERCIAL	. Yes		ERA	Υ .	,		Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Secu Secu Secu Secu	ure Health Plan of GA 21 ure Health Plan of GA 21	8530 8530		. Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT Claims	Y			Tax ID / NPI combination Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles



State Payer	ID T	/pe Mod	Group#	Enrol Payer Enrollment Turnaround	Service	NPI 5010	ICE O Res	Testin of	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Securian	93742	COMME		Yes Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	Immediately
Securian Security Life Insurance Co of America	93742 CX092	ar COMME	CIAL Yes	No No	Eligibility Inquiry Claims	Y			Detailed Benefits					
Select Administrative Services (SAS)	64088 F	ar COMME	CIAL Yes	No	Claims	Y Y			a k a PacificSource					
Select Benefit Administrators	93031 F	ar COMME	CIAL Yes	No	Claims	YY			Administrators					
Select Benefit Administrators	93031	COMME		Yes 2-3 Weeks	ERA	Y			Use PacificSource payer ID 93029 to Register for ERA	Tax ID / NPI combination for each physical location. Pacificsource requires direct deposit. A form should be completed for each address because it is possible for different locations having different bank accounts.	Payer requires paper enrollment form.	Yes	Yes	Minimum of 31 Business days or 3 payment cycles
Select Health	CX107 N	on COMME	CIAL Yes	No	Claims	R Y								
Select Health	CX107	COMME	RCIAL	Yes Depends solely on the provider's responsiveness to Select Health	ERA	R Y			Electronic fund Transfer (EFT) is available from select health but not required for EFA enrollment. Please contact Select health directly to sign up for EFT. 801-442-5442	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	30 DAYS
SelectCare (Coca Cola)	68241 F	ar COMME	CIAL Yes	No	Claims	Y Y Y								
Self Insured Services Company (SISCO)	CX109 F	ar COMME ar COMME ar COMME	CIAL Yes	No No No	Claims Claims Claims	Y Y Y Y	L							
Self-Funded Plans. Inc. Self-Insured Dental Services (SIDS)		ear COMME			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.					
Self-Insured Plans, LLC Sendero Health Plans	36404 F	ar COMME	CIAL Yes	No No	Claims Claims	Y P V								
									39033 is only to be used for					
Sentry Life Insurance Company		ar COMME		No	Claims	Y			Sentry employees claims with dates of service through 2010					
Set Seg Sheffield, Olson and McQueen	38610 F 41143 N	ar COMME	CIAL Yes	No No	Claims Claims	Y	-							
Sheffield, Olson and McQueen	41143	COMME		Yes 30-45 Business Days	ERA					Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	Yes	Yes	Immediately
Shelter Point Life Sierra Health Services	76342 F	ar COMME	CIAL Yes	No No	Claims Claims	R Y Y Y			A United Healthcare Payer					
Sierra Health Services	76342	COMME		1-3 Business Days	ERA Claims	YY			file See Constant	Tax ID only	Payer accepts enrollment request from Change Healthcare	No	No	Minimum of 31 Business days or 3 payment cycles
Significa Benefits Services. Inc. Sinclair Health Plan	84076 F	ar COMME	CIAL Yes	No	Claims	Y Y Y Y			f.k.a. Erin Group Admin.					
Solstice Benefits. Inc. South Central Preferred - PPO York, PA (I H S Gateway Payer)		ar COMME		No No	Claims	Y	t		An Innovative Healthware					
South FL Community Care Network - NBHD		ar COMME		No	Claims	Υ .			Services Paver.					
South Point Hotel & Casino Southern Benefit Services	35227 F	ar COMME	CIAL Yes	No No	Claims Claims	Y Y	F	+ + -	-	-				
Southern Indiana Health Organization (SIHO) Southwest Service Administrators	77153 F	ar COMME	CIAL Yes	No No	Claims Claims	R Y								
Southwestern Bell Evo	68241 F	ar COMME ar COMME	CIAL Yes	No No	Claims Claims									
Southwestern Bell Exec Custom Care	68241 F	ar COMME	CIAL Yes	No	Claims	Y Y Y Y								
Southwestern Bell Exec Southwestern Bell Spectrum Admin.	58241 F	ar COMME	CIAL Yes	No No	Claims	Y Y	H	s	An Innovative Healthware					
Standard Ins. Co. (OR Business)		ar COMME		No	Claims	R Y	-	3	Services Paver					
Standard Ins. Co. (OR Business)	93024	COMME	CIAL	Yes 1-3 Business Days	ERA	Y				Tax ID / NPI Combination	Change Healthcare creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
Standard Ins. Co. (OR Business) Standard Ins. Co. (OR Business)	93024 93024	COMME	CIAL	No No	Eliaibility Inquiry Claim Status Inquir	/	L		Yes/No Response	<u> </u>			<u> </u>	
Standard Insurance Company (NY) Standard Insurance Company (NY)	13411 F	COMME	CIAL	Yes 1-3 Business Days	Claims	R Y				Tax ID / NPI Combination	Change Healthcare creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
Standard Insurance Company (NY) Standard Insurance Company (NY)	13411 13411	COMME	CIAL	No No	Eligibility Inquiry Claim Status Inquir	,			Yes/No Response					
STAR +Plus Value Added	CPPSP F	ar COMME	CIAL Yes	Yes Payer's discretion	Claims	R			Effective only for Dates of Service prior to 2-01-13. Call DentaQuest at 800-896-2374 and MCNA Dental at 855-776-6262 for Dates of Service 2-1-13 and greater Use this payer ID for Dates of					
Star Health		ar COMME			Claims	R	1		Service prior to June 1, 2010.					
				I NO I										
StarDent State Auto	46450 F	ar COMME	CIAL Yes	No	Claims Claims	R R								



State Payer	ID□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 501	ICD1 0 Read	ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Sterling Medicare Advantage	67829		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT			Date		Tax ID required & NPI optiional				
Stoner and Associates (Cincinnati, OH)	31121	Par	COMMERCIAL	Yes No	·	Claims	Y Y								
Summit America Insurance Services			COMMERCIAL	Yes No		Claims	Y			f.k.a Genworth Life and Health					
Sun Life and Health Insurance Company	67814	Par	COMMERCIAL	Yes No		Claims	Y			Insurance Company (GLHIC) (Formerly GFGLAC)					
Sun Life and Health Insurance Company	67814		COMMERCIAL	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI Combination	Change Healthcare creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
Superior Dental Care	31117	Par	COMMERCIAL	Yes No		Claims	Y			Effective only for Dates of Service					
SuperiorSTAR Pregnant Women	CPPSW		COMMERCIAL	Yes Yes	Payer's discretion	Claims	R			prior to 2-01-13. Call DentaQuest at 800-896-2374 and MCNA Dental at 855-776-6262 for Dates of Service 2-1-13 and greater					
Surency Life and Health	CX088	Par	COMMERCIAL	Yes No		Claims	YY					ERAs are returned to all providers			
Surency Life and Health Tail Tree Administrators	CX088		COMMERCIAL	Yes	Payer's discretion	ERA Claims	Y				Tax ID / NPI Combination	currently receiving EFT. Providers wishing to receive ERAs must contact Surency Life and Health to enroll for EFTs.	No	No	None
TDC TDC			COMMERCIAL			Claims	Y Y								
The Chesapeake Life Insurance Company - Student Insurance			COMMERCIAL	Yes No		Claims	YY			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 89024, 809025, 809026, 809027, 809035, 809036, 809066, 809067, 809079, or 809081 Dallas, Tax 75880-9025.					
The Dental Companies The Dental Concern	73288 73288	Par Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims Claims	R Y								
The Dental Shop	DSHOP		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
The health Plan of the Upper Ohio Valley				Yes No		Claims	R Y			For Select offices only. Please call					
The Humboldt-DelNorte		_	COMMERCIAL	Yes No		Claims	R Y			707-443-4563 for approval.					
The Loomis Company - TPA Wyomissing, PA (IHS Gateway Payer)	23223	Par	COMMERCIAL	Yes No		Claims	YY		S	An Innovative Healthware Services Paver.					
The MEGA Life & Health Insurance Company - Student Insurance	74227	Par	COMMERCIAL	Yes No		Claims	YY			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 809024, 809025, 809026, 809027, 809035, 809036, 809066, 809067, 809079, 809081 Dallas, Tax 75380-9025.					
The Physicians Assurance Corp (TPAC) /Employee Benefit Management Corp (EBMC)	CX025	Par	COMMERCIAL	Yes No Yes No		Claims	Y Y								
Time Insurance Company Time Insurance Company	39065		COMMERCIAL	Yes No	1-3 Business Days	Claims	Y			PO Box 2806. Clinton. IA 52733 PO Box 2806, Clinton, IA 52733	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Time Insurance Company	39065		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Total Broker Benefits	36342	Par	COMMERCIAL	Yes No		Claims	Y								
Total Broker Benefits	36342		COMMERCIAL	Yes	Payer's discretion	ERA					Tax ID / Legacy ID optional	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Total Broker Benefits	36342		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID required & Provider ID optional				
Total Dental Administrators	CX112	Par	COMMERCIAL	Yes No		Claims	YY	H	 		-	ERA enrollments are completed	-	-	-
Total Dental Administrators	CX112		COMMERCIAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA					Tax ID / NPI Combination	on a daily basis automatically by Change Healthcare. All providers who participate with ERAS through Change Healthcare will have ERAS activated for Total Dental Administrators the same day as their first claim submission to this payer, after activating their ERA account.	No	No	None
TPAC/Employee Benefit Management Corp TR Paul, Inc.	CX025	Par	COMMERCIAL COMMERCIAL	Yes No Yes No		Claims	Y Y		e						
TransChoice - Key Benefit Administrators	37284		COMMERCIAL	Yes	5-7 Business Days	ERA			3		Tax 1D / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
TransChoice - Key Benefit Administrators	37284		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID only				
Travelers (now MetLife) Trellis health Partners	65978 36397	Par Par	COMMERCIAL	Yes No		Claims	R Y	L							



Trip									5010 Read y	of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Enrollment	Required	ERA Paper RA Shut Off
Ш	riple-S Salud	CBPR1	Non	COMMERCIAL Y	Yes Yes	7-10 Business Days	Claims	R	Y	Date	Completing this enrollment request will enroll the provider (s) for 1 armascitors - Electronic Claims (837D). Electric Remittance Advise (833) and Real Time Eligibility Inquiry and Response (270/271) with all 3 payers listed above. Please ensure you have an active EAR and Real Time Advise (833) and the Claims of the Claims					
Tri	riple-S Salud	CBPR1	Non	COMMERCIAL		7-10 Business Days	ERA				Completing this enrollment request will enroll the provider (5) at 1 areasection. Electronic Claims (837D). Betroit Remittance Advice (835) and Real Time Eligibility Inquiry and Response (270/271) with all 3 payers listed above. Please ensure you account with Change account with Change Healthcare prior to submitting the enrollment request form. Please feel free to contact your least than the count statement of the contract your least than the count statement of the contract your least than the count statement of the contract your least than the count statement of the cou	Tax ID / NPI Combination	Payer requires paper enrollment form	Non	Ves	Pending payers response
	riple-S Salud	CBPR1		COMMERCIAL Y	es Yes	7-10 Business Days	Eligibility Inquiry	R	Y		Completing this enrollment request will enroll the provider So for 3 transaction – Electronic Claims (6):701. Beech enrollment of Claims (6):701. Beech enrollment Advice (8:35) and Real Time Eligibility Inquiry and Response (270/271) with all 3 payers listed above. Please ensure you have an acount with Change Healthcare prior to submitting the enrollment request form. Please Teel Free to contact your software vendor or Change Healthcare Prior to contact your software vendor or Change Healthcare Prior Latin m account Healthcare Prior Latin m account Healthcare Prior Latin m account Healthcare Prior Latin m account Healthcare Prior Latin m account Healthcare Prior Latin m account Healthcare Latin m Latin m All Healthcare Latin m All Healthcare Latin m Lati					
	riState Benefit Solutions ri-Counties Welfare Trust Fund	31144 CHSWT			es No		Claims Claims	R	Y		Administered by Health Services Benefit Administrators, Inc.					
Tri	ruAssure	ILDTA	Par	COMMERCIAL Y	es No		Claims	R	Y		(HSBA)					
Tru	rusteed Plans Service Corporation rustmark Insurance Company	61425	Par	COMMERCIAL Y	es No		Claims Claims	Y	Y							
Tru	rustmark Insurance Company	61425 61425		COMMERCIAL COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquiry				Yes/No Response					
1115	ItraBenefits Inc	41206	Par	COMMERCIAL												
UM	MR - Cincinnati MR - Cincinnati	33108 33108	Par	COMMERCIAL Y	es No		Claims Eligibility Inquiry	Y	Y		f.k.a. United Medical Resources Detailed Benefits					
UM	MR - Cincinnati	33108		COMMERCIAL	No		Claim Status Inquiry	R	Υ		f.k.a. Harrington Benefit Services					
		75196 75196		COMMERCIAL Y	es No No		Claims	Υ			(Westerville)					
	MR - Harrington MR - Harrington	75196		COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquiry	R	Y		Detailed Benefits					
UM	MR - Harrington	95266			es No		Claims	Υ	Y		f.k.a. Harrington Benefit Services (Columbus)					
UM	MR - Harrington MR - Harrington	95266 95266		COMMERCIAL	No No		Eligibility Inquiry Claim Status Inquiry	R	Y		Detailed Benefits					
UN	MR - Lexington	37237	Par	COMMERCIAL Y	es No		Claims		Y		f.k.a. Commonwealth Administrative Group					
UN	MR - Lexington	37237		COMMERCIAL	No No		Eligibility Inquiry	R	Υ		Detailed Benefits					
UM	MR - Onalaska	79480	Par	COMMERCIAL Y	No No		Claim Status Inquiry	Y	Υ		f.k.a. Midwest Security of WI					
UN	MR - Onalaska MR - Onalaska	79480 79480		COMMERCIAL COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquiry	R	Ý		Detailed Benefits					
UN	MR - San Antonio	74223	Par	COMMERCIAL Y	es No		Claims	Υ	Y		f.k.a. Benefit Planners Inc., UICI Administrators - State of Nevada					
UN	MR - San Antonio	74223		COMMERCIAL	No		Eliaibility Inquiry	R	Υ		Detailed Benefits					
UM	MR - San Antonio	74223		COMMERCIAL	No		Claim Status Inquiry	R	Y							
	MR - Wausau/UHIS	39026	Par	COMMERCIAL Y	es No		Claims	Υ	Y		f.k.a. Fiserv Health - Wausau Benefits/Benesight, Employers Insurance of Wisconsin f.k.a. Fiserv Health - Wausau		Davis and a second			
UM	MR - Wausau/UHIS	39026		COMMERCIAL	Yes	1-3 Business Days	ERA		Y		Benefits/Benesight, Employers Insurance of Wisconsin	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	30 DAYS
UN	MR - Wausau/UHIS MR - Wausau/UHIS	39026 39026		COMMERCIAL COMMERCIAL	No No		Eliaibility Inquiry Claim Status Inquiry	R	Y		Detailed Benefits					
UN	NICARE		Par	COMMERCIAL Y	es No		Claims Claims	R	Ý							
	NICARE	80314		BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
				COMMERCIAL Y			Claims		Y		f.k.a. Uniform Medical Plan /					
	niform Medical Plan nion Security Insurance Company			COMMERCIAL Y			Claims		Y		PO Box 2877. Clinton. IA 52733					
Un	nited Concordia - Dental Plus	CX013	Non	COMMERCIAL Y	s No		Claims	r R	Y		FO BUX 2877, CIINTON, IA 52733					



State	Payer	ID□	Туре	Model	Grou En	rol Payer Enrollment Turnaround	Service	NPI 50	IC Re	D1 ICD10 Required as of Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	United Concordia - Dental Plus	CX013		COMMERCIAL	Y		ERA	Υ			Administered by United Concordia	Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
-	United Concordia - Dental Plus United Concordia - Dental Plus	CX013 CX013		COMMERCIAL	Yes N		Real Time Claims Eligibility Inquiry	R Y	+		Detailed Benefits					
	United Concordia - Dental Plus United Concordia - Fee for Service	CX013 CX007		COMMERCIAL COMMERCIAL	Yes N	0	Claim Status Inquiry Claims	R Y								
	United Concordia - Fee for Service	CX007		COMMERCIAL	Y	es 1-3 Business Days	ERA	Y			Administered by United Concordia	Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
	United Concordia - Fee for Service United Concordia - Fee for Service	CX007 CX007		COMMERCIAL			Real Time Claims Eligibility Inquiry	R Y			Detailed Benefits					
	United Concordia - Fee for Service	CX007		COMMERCIAL	N N	0	Claim Status Inquiry				Detailed Delicitis					
	United Food & Comm Workers union & Employers Midwest Health Benefit Funds United HealthCare Insurance Company - Student Insurance	74227		COMMERCIAL	Yes N		Claims	YY			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 809024, 809025, 809026, 809027, 809035, 809036,					
	United HealthCare Insurance Company of New York - Student Insurance	74227	Par	COMMERCIAL	Yes N	0	Claims	YY			809066, 809067, 809079, or 809081 Dallas, Tax 75380-9025. A United Healthcare Payer. Payer ID only valid if the P.O. Box on of the following P.O. Boxes: P.O. Box 8090224, 809025, 809026, 809027, 809035, 809036, 809066, 809047, 809079, or 809081 Dallas, Tax 75380-9025.					
	United Healthcare of River Valley	95378 95378	Par	COMMERCIAL	Yes N	0	Claims	Y Y			A United Healthcare Payer					
	United Healthcare of River Valley United of Omaha United of Omaha	71412	Par	COMMERCIAL COMMERCIAL	Yes N	0	Eliaibility Inquiry Claims ERA	Y Y			Yes/No Response	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
\vdash	United States Life Insurance Company	13545	Par	COMMERCIAL	Yes N	0	Claims	Υ	+		f.k.a. American General		- ''			
	Unity Health Insurance Corp	66705	Par	COMMERCIAL	Yes N	0	Claims	R Y			f.k.a. American General Only claims for Oral Surgery, TMJ or Accidents can be sent electronically to this payer ID. Formerly payer ID 87043. Now					
	University of Missouri	25133	Par	COMMERCIAL	Yes N	0	Claims	YY			part of Coventry Consolidated payer ID. Payer RA will be turned off within 30 days of enrollment; PDFs are					
	University of Missouri UPMC Health Plan	25133 23281		COMMERCIAL	Yes N		ERA	R Y			available through Coventry's provider portal www.directorovider.com	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	UPMC Health Plan	23281		COMMERCIAL	Y	1-3 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None unless specifically requested by the provider.
\vdash		37324 93092		COMMERCIAL			Claims	R	+							
	US Life Ins. Co.	70106	Par	COMMERCIAL	Yes N	0	Claims	R Y			Claims mailing address of PO Box					
	VA Fee Basis Programs			COMMERCIAL			Claims	Y Y			12009. Cheshire. CT					
	VA Fee Basis Programs	12116		COMMERCIAL	Y	es 1-3 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	Valley Baptist Health Plan	89070		COMMERCIAL	Yes		Claims	R Y		s	Administered by United Concordia					
	Varian Health Care Plan	68241	Par	COMMERCIAL COMMERCIAL	Yes N	0	Claims	Y Y Y Y			Admin by LIBERTY Dental Plan					
	Verity National Group	75256	Par	COMMERCIAL	Yes N	0	Claims Claims	YY			Admin by LIBERTY Dental Plan					
	VieCare Life Beaver and Life Lawrence Counties VieCare - LIFE Armstrong	25924	Par	COMMERCIAL	Yes N	0	Claims Claims	R Y	+							
	VieCare - LIFE Butler	25293	Par	COMMERCIAL	Yes N	0	Claims	R Y	-		Claims mailing address of PO Box					
	Voluntary Benefits Plan	70106		COMMERCIAL	Yes N		Claims	Y Y			12009. Cheshire. CT					
	Volusia Health Network Volusia Health Network	59266 59266	Par	COMMERCIAL	Yes N	EFT Enrollment is processed between the provider and Change	Claims EFT	YY				Tax ID & NPI required				
	Washington State Council of County & City Employees (WSCCCE)	91136	Par	COMMERCIAL	Yes N	0	Claims	Y			Please enter group # F36 when submitting claims. A Welfare and Pension Administration Services naver					
	Washington State Council of County & City Employees (WSCCCE)	91136		COMMERCIAL	Y	es 1-3 Business Days	ERA					Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Washington State Council of County & City Employees (WSCCCE)	91136		COMMERCIAL	Y	dependant upon the provider's responsiveness.	EFT					Tax ID only				
Н	Waterstone Benefit Administrators (Oklahoma Providers) WEA Trust	73155	Par	COMMERCIAL COMMERCIAL	Yes N	0	Claims Claims	Y Y R Y	F	+ + + -				-		
	Web 1PA. Inc of TX Web TPA, Inc of TX Web TPA, Inc of TX	59332	Par	COMMERCIAL	Yes N	0	Claims	Y Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	Wellcare	CXOR3	Par	COMMERCIAL	Yes N	0	Claims	Y Y	+		Admin by LIBERTY Dental Plan					
	WellPoint WellPoint Mells Farge TRA Les (Charlesten MAA)	CX083 87815	Par	COMMERCIAL COMMERCIAL	Yes N	0	Claims	YY			Admin by LIBERTY Dental Plan f.k.a. Acordia National					
	Wells Fargo TPA. Inc (Charleston, WV) Wells Fargo TPA, Inc (Charleston, WV)	87815 87815	raf	COMMERCIAL	Yes N		Claims	7 Y			f.k.a. Acordia National	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
	Wells Fargo TPA, Inc. (Newnan, GA and Favetteville, NC)	37272	Par	COMMERCIAL	Yes N	0	Claims	Y Y			f.k.a. JSL Administrators					



					Grou Enrol	D 5			ICD1	ICD10 Required as				Requires EFT for ERA	FDA David Familia and Fami	
State	Payer	ID □	Туре	Model	p# I	Payer Enrollment Turnaround Time	Service	NPI 5010	Read	Testin of Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Wells Fargo TPA,	Inc. (Newnan, GA and Fayetteville, NC)	37272	c	COMMERCIAL	Yes	1-3 Business Days	ERA				f.k.a. JSL Administrators	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Paper remits continue unless provider is enrolled in EFT. Once print suppression countdown starts, paper will suppress if provider also has EFT.
	inc. (Newnan, GA and Fayetteville, NC)	37272		COMMERCIAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT	Y			f.k.a. JSL Administrators	Tax ID only				
Western Grower's Western Grower's	Insurance Company	24735	Par C	COMMERCIAL	Yes No		Claims Claims	Y								
WestLake Financia Meritain Health	al Group. Inc. (Buffalo Grove. IL)	90560	Par C	COMMERCIAL	Yes No		Claims Claims	Y Y			f.k.a. Wevco					
Willamette Valley				COMMERCIAL	Yes No		Claims	R Y			via Performance Health					
William C. Earhart				COMMERCIAL			Claims	YY			Technology					
WilsonMcShane		R7002	Non C	COMMERCIAL	No No		Claims	YY								
WilsonMcShane		R7002	c	COMMERCIAL	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	Immediately
Wichita and Affilia	ted Tribes	19191	Par C	COMMERCIAL	Yes No		Claims	R Y								
Worksite Benefit S Zenith Administra	Services, LLC tors	20333	Par C	COMMERCIAL COMMERCIAL	Yes No		Claims Claims	YYY							<u> </u>	
Blue Cross Blue S	hield Association - FEP Dental	BCAFD	Par	BCBS	Yes No		Claims	R Y R Y								
Dearborn National		36123 36123	Non	BCBS BCBS	No No Yes	1-3 Business Days	Claims ERA	R Y			All enrollments for payer IDs CBe21, CB900, SB840, SB790, 36123, and CBMI1 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.emdeondental.com/ dps/registration/CreateAccount.as		Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
Dearborn National		36123		BCBS	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				All enrollments for payer IDs. CB621, CB900, SB840, SB790, 36123, and CBMI1 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.emdeondental.com/ dps/registration/CreateAccount.as					
Horizon Healthcan	e Dental Services	22099	Par	BCBS	Yes No		Claims	ΥΥ								
Horizon Healthcan	e Dental Services	22099		BCBS	Yes	3-4 Weeks	ERA	Y				Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
Horizon Healthcan	e Dental Services	22099		BCBS	No		Eliaibility Inquiry				Detailed Benefits					
Horizon Healthcan NorthStar Adminis	e Dental Services strators	22099 47570	Par	BCBS BCBS	Yes No	5-7 Business Davs	Claim Status Inquir Claims	YY		S						
NorthStar Adminis	strators	47570		BCBS	Yes	4-5 Weeks	ERA					Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	None
NorthStar Adminis NorthStar Adminis	trators	47570 47570		BCBS BCBS BCBS	No No		Eligibility Inquiry Claim Status Inquir	,			Detailed Benefits					
Premera Blue Cro	SS	47570	Par	BCBS	Yes No	5-7 Business Days	Claims	YY		S						
Premera Blue Cro		47570 47570		BCBS	Yes	4-5 Weeks	ERA Eligibility Inquiry				Detailed Benefits	Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	None
Premera Blue Cros AK Blue Cross of Alas	SS	47570 47570	Dor	BCBS BCBS	No Yes No	5-7 Rusiness Days	Claim Status Inquir	y y		,						
	ka and Washington	47570	Par	BCBS	Yes	4-5 Weeks	ERA					Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	None
AK Blue Cross of Alas	ka and Washington	47570	=	BCBS	No		Eliaibility Inquiry				Detailed Benefits					
AK Blue Cross of Alas AL Blue Cross of Alas	ka and washington iama	47570 CBAL1	Non	BCBS BCBS	Yes No		Claim Status Inquir Claims	RY								
AL Blue Cross of Alab	ama	CBAL1		BCBS	Yes	7-10 Business Days	ERA	Y				Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	If EFT is selected than shut off immediately.
AR Blue Cross of Arka	ansas	CBAR1	Non	BCBS	Yes No		Claims	R Y			Mailing address for claims: Dental Claims Administrator PO Box 1206 Elk Grove Village IL 60009-1206					
I I	ansas	CBAR1		BCBS	Yes	1-3 Business Days	ERA	Y			Administered by United Concordia	Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
AR Blue Cross of Arka								-								
AZ Arizona Blue Cross		53589	Non	BCBS	Yes No	10 14 Puriners	Claims					Toy ID / NDI Combin-**	Payer requires paper enrollment	No	You	Minimum of 31 Business days or
	s Blue Shield	53589 53589 47198		BCBS BCBS BCBS	Yes No Yes	10-14 Business	Claims ERA Claims	RY			f.k.a. Blue Cross of California:	Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	Minimum of 31 Business days or 3 payment cycles



State	Payer ID	□ Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 50	O Read	ICD10 Required as Testin of Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
КУ	Anthem Blue Cross CA 4719	98	BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
CA	Anthem Blue Cross CA 4.711 CA Blue Shield 9.001 Blue Cross of Colorado 8405	98 36 Par	BCBS BCBS	No No		Eliaibility Inquiry	R Y			Detailed Benefits. Non FEP Claims Only					
CO	Blue Cross of Colorado 8406	99 Par	BCBS	Yes No		Claims Claims	R Y			Non FEP Claims Only					
со	Blue Cross of Colorado 8409	99	BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
со	Trigon Blue Cross Blue Shield - Colorado Dental Office 8410	03 Par	BCBS	Yes No		Claims	R Y			Claims Mailing Address: Trigon Dental Admin, 555 Middle Creek Parkway, MS 400, Colorado Sorinos, CO, 80921					
со			BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
CT	Anthem Blue Cross Blue Shield Connecticut 8410	DS Par	BCBS	Yes No		Claims	R Y								
	Anthem Blue Cross Blue Shield Connecticut 8416		BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
CT	Blue Care Family Plan (BCBS of CT) 0076	00 Par	BCBS	Yes No		Claims	R Y								
ст	Blue Care Family Plan (BCBS of CT)	00	BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
DE	Blue Cross Blue Shield Delaware Fully - Insured Dental Group Business 5320	B7 Non	BCBS	Yes No		Claims	R Y			Effective 5-18-13 FEP claims must be mailed to PO Box 1991, Wilmington, DE 19899					
DE	Blue Cross Blue Shield Delaware Fully - Insured Dental Group Business 5326		BCBS	Yes	1-3 Business Days	ERA	Y			Administered by United Concordia	Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
GA.	Florida Blue FEP CBFI Blue Cross of Georgia CBG.	LF Non A1 Par	BCBS BCBS	Yes No		Claims Claims	R Y			Only FEP claims					



State Payer	ID 🗆	Гуре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 501	ICD O Read y	Testin of	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
GA Blue Cross of Georgia	CBGA1		BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
IA Blue Cross of Iowa	CBIA2	Non	BCBS	Yes Yes	3-4 Weeks	Claims	R Y								
IA Blue Cross of Iowa	CBIA2		BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	Yes	None
IA Blue Cross of Iowa (FEP Claims Only)	CBIA1	Non	BCBS	Yes Yes	3-4 Weeks	Claims	R Y			FEP Claims only					
ID Blue Cross of Idaho	CBID1	Non	BCBS	Yes Yes	10-15 Business Days	Claims	Y								
ID Blue Shield of Idaho	CBID2		BCBS	Yes	Payer's discretion	ERA				Effective May 1, 2013, Regence requires all claim payments to be received via EFT. If not already receiving payments from the control of the	Tax ID / NPI Combination	Change Healthcare Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	Yes	No	None
ID Blue Shield of Idaho	CBID2	Non	BCBS	Yes No		Claims	Y								
IL Blue Cross of Illinois IL Blue Cross of Illinois	CB621	Non	BCBS	Yes No	1-3 Business Days	Claims ERA	RY			All enrollments for payer IDs CB621, CB900, SB840, SB790, 36123, CBM11 and CBMT1 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.endecondental.com/ dps/registration/CreateAccount.as		Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
IL Blue Cross of Illinois	CB621		BCBS	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				All enrollments for payer Lbs CB621, CB900, SB840, SB790, 36123, CBM11 and CBM11 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.endeondental.com/ dps/registration/CreateAccount.as	·				
KS Blue Cross of Kansas	CBKS1	Non	BCBS	Yes No		Claims	R Y	H	+ + + -	+			-		
KS Blue Cross of Kansas	CBKS1		BCBS	Yes	7-10 Business Days	ERA	Y				Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	Beginning January 1, 2014, trading partners enrolled to receive the ERA (835), will no longer receive a paper remittance.
KY Blue Cross of Kentucky Anthem	84105	Par	BCBS	Yes No		Claims	R Y		1	+	+ -				
KY Blue Cross of Kentucky Anthem	84105		BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
LA Blue Cross Blue Shield of Louisiana	23739	Par	BCBS	Yes No		Claims	R Y			Payer requires providers be tied to our submitter ID of P0003784					



State Payer	ID□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 501	ICD O Rea y	ICD10 Required as of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
LA Blue Cross Blue Shield of Louisiana	23739		BCBS	Yes	5-7 Business Days	ERA	R Y			If a provider does not have a 10 byte (digit) alpha numeric. Dyte (digit) alpha numeric of the provider in the provider must contact Louisians Blue Cross Blue Sheled to obtain one. Only in state providers may apply for a provider number.	m	Payer requires paper enrollment form.	No	Yes	If EFT is selected than shut off immediately.
MA Blue Cross of Massachusetts	CBMA1	Non	BCBS	Yes No		Claims	R Y	+	S						
MA Blue Cross of Massachusetts	CBMA1		BCBS	Yes	7-10 Business Days	ERA	Y			ERAs returned for claims and pre- treatment estimates.	Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	None
MA Blue Cross of Massachusetts	CBMA1		BCBS	No		Eliaibility Inquiry				Detailed Benefits					
MA Blue Cross of Massachusetts MI Blue Cross Blue Shield of Michigan	CBMA1 CBMI1		BCBS BCBS	Yes No		Claim Status Inquire Claims	R Y	Ŀ							
MI Blue Cross Blue Shield of Michigan	CBMI1		BCBS	Yes	1-3 Business Days	ERA				All errollments for payer IDs. CB621, CB900, SB840, SB790, S6123, CBM11 and CBM11 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.endeendental.com/dps/registration/CreateAccount.as		Payer accepts enrollment request from Change Healthcare for non Non Medicare Advantage and FEP plans. Medicare Advantage and FEP for BCBS Michigan, you will also need to enroll with BCBSM at https://editest.bcbsm.com/tpalog on.html	No	No	Minimum of 31 Business days or 3 payment cycles
MI Blue Cross Blue Shield of Michigan	CBMI1		BCBS	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				All enrollments for payer IDs CB621, CB900, SB840, SB790, 36123, CBM11 and CBM11 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.endeendental.com/ dps/registration/CreateAccount.as	Tax ID & NPI required				
MN Blue Cross Blue Shield of Minnesota	CBMN1		BCBS	No		Claims	R Y			Use for claims mailed to PO Box 64338. St. Paul. MN 55164-0338					
MO Blue Cross Blue Shield of Kansas City MO MO Blue Cross Blue Shield of Kansas City MO	47171	Par	BCBS BCBS	Yes Yes	7-10 Business Days 7-10 Business Days	Claims ERA	RY				Tax ID / NPI Combination	Payer requires paper enrollment form.	No	Yes	Beginning January 1, 2014, trading partners enrolled to receive the ERA (835), will no longer receive a paper remittance.
MO Blue Cross Blue Shield of Kansas City MO	47171 47171		BCBS BCBS	Yes		Eliaibility Inquiry Claim Status Inquir				Yes / No Response					
MG Blue Cross Blue Sheld of Kansas City MG MS Blue Cross of Mississibol MS Blue Cross of Mississippi	CBMS1	Non	BCBS BCBS BCBS	Yes Yes Yes	1-2 Weeks	Claim Status Inquire Claims ERA	RY			ERAs returned for claims and pre- treatment estimates.	- Unknown as payer handles directly with provider.	Electronic vouchers are generated for all claims submitted. Please call MS BGS5 to confirm delivery of ERA/835 transactions to Change Healthcare. MS BCBS EDI Services 800-825-4068.	No	Yes	None
MT Blue Cross Blue Shield of Montana MT Blue Cross Blue Shield of Montana	CBMT1	Par	BCBS BCBS	Yes No	1-3 Business Days	Claims ERA	RY			All enrollments for payer IDs C8621, C8900, S8840, S8790, 36123, C8M11 and C8M11 must be completed using Change Healthcar's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.endeondental.com/ dps/registration/Create/account.as		Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
MT Blue Cross Blue Shield of Montana	CBMT1		BCBS	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				All enrollments for payer IDs CB621. CB900, SB840, SB790, 54123, CBM1 and CBM11 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.endeendental.com/ dps/registration/CreateAccount.as					
Blue Cross Blue Shield of North Carolina ND Blue Cross of North Dakota (ND Dental Services)	61472	Par C	COMMERCIAL	Yes No	1.2 Business Barre	Claims	Y R Y			Federal Employee Claims.					
ND Blue Cross of North Dakota (ND Dental Services) ND Blue Cross of North Dakota (ND Dental Services)	CX004	NON	BCBS	Yes Yes	1-2 Business Days	Claims ERA	Y				Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	Yes	Immediately
ND North Dakota Dental Service NE Blue Cross of Nebraska	CX004 CBNE1	Non	BCBS BCBS	Yes Yes	1-2 Business Davs	Claims	R Y								
NE. Blue Cross of Nebraska NE. Blue Cross of Nebraska MM. Blue Cross of Nebraska	CBNE1	Nor	BCBS	No No Yes	5-7 Business Days	ERA	К Y				Tax ID / NPI combination for each physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
NW. LINUE LLOSS OF NEW MEXICO	LCBNM1	Non	HI:HS	NO I NO		caims	K I Y			1	1		L.		



Requir Part Time Read Part Compliance Part	ent Form ERA Paper RA Shut Off
your DC-p account or register for one at https://www.endeondenlat.com/dos/registration/CreateAccount.as	Minimum of 31 Business days or 3 payment cycles
All enrollments for payer IDs CRD21_CRD3_State_0, 1980-0, 58190-0 36123, CRM1 and CRM11 must be completed using Change Healthcar's Dental Connect for Provider's great Please log into your DC-p account or register for one at https://www.endeendental.com/ dps/registration/Teste-Eccount.as https://www.endeendental.com/ dps/registration/Teste-Eccount.as	
NV Blue Cross of Nevada 84101 Par BCBS Ves No Claims R V No FEP Claims. Please send FEP Claims on paper or use Payer ID no.12%.	
NV Blue Cross of Nevada B4101 BCBS Yes Player's discretion ERA Unknown as payer handles directly with provider. Payer requires online enrollment form be utilized. Yes	30 days
NY BCBS of Rochester New York CBNYR No BCBS NO NO 1-2 Weeks Claims R Y N BCBS of Rochester New York CBNYR SCB SCB NO NO 1-2 Weeks Claims R Y N BCBS of Rochester New York CBNYR SCB SCB NO NO 1-2 Weeks Claims R Y N BCBS OF ROCHEST NEW YORK SCB NO NO NO NO NO NO NO NO NO NO NO NO NO	
NY BCBS of Western NY CBNYW Par BCBS Ves Ves 1-2 Weeks Claims R Y S	
NY BS of Northeastern NY CBNYE Par BCBS Yes 1-2 Weeks Claims R Y FEP claims may not be sent electronically. NY Empire Blue Cross Blue Shield CBNY1 No BCBS No No 1-2 Weeks Claims Y Y FEP claims may not be sent electronically.	
NY Empire Blue Cross Blue Shield CBNY1 BCBS Yes Payer's discretion ERA Unknown as payer handles errollment directly with provider. No No	Immediately
NY Empire Blue Cross Blue Shield CRNY BCRS No. Eliability Inquiry R Detailed Benefits P Detailed Benefits P Detailed Benefits P Detailed Benefits P Detailed Benefits P Detailed Benefits P Detailed Benefits P Detailed Benefits P Detailed Benefits P Detailed Benefits P P Detailed Benefits	
NY Healthnow of Western NY CBNYW Par BCBS Ves Ves 1-2 Weeks Claims R V	
OH Blue Cross of Ohio Anthem 84105 Par BCBS Ves No Claims R Y	
OH Blue Cross of Ohio Anthem B4105 BCBS Yes Payer's discretion ERA Unknown as payer handles directly with provider. Payer requires online enrollment form be utilized. Yes Yes	30 days
OK Blue Cross blue Shield of Oklahoma S8840 No BCBS No Claims All enrollments for payer IDs CB621, CB900, S8840, S8790,	
C8621, C8900, S8840, S8790,	Minimum of 31 Business days or 3 payment cycles
36123, CBMII and CBMT1 must be completed using Phange Healthcare's Dental Connect for Providers prottal, Please legit into your DC-p account or register for one of the high protection of the p	
OK Blue Cross blue Shield of Oklahoma SB840 BCBS Ves 1-3 Business Days ERA BCBS Ves 1-3 Business Days ERA BCBS Ves 1-3 Business Days ERA BCBS Ves 1-3 Business Days ERA BCBS Ves 1-3 Business Days ERA BCBS Ves 1-3 Business Days ERA BCBS Ves 1-3 Business Days ERA Payer accepts enrollment request from Change Healthcare. No No No No No No No No No No No No No N	
SB840 BCBS Ves 1-3 Business Daye ERA Tax ID / NPI combination Payer accepts errollment request Trom Change Healthcare. No No No No No No No No No No SB840 BCBS SB840	None



State Payer	тр□ ту	pe Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 5010	O Read y	1 ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
PA Pennsylvania Blue Shield	CB865	BCBS	Yes	1-3 Business Days	ERA	Y				Tax ID / NPI combination for eac physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
PA Pennsylvania Blue Shield PA Pennsylvania Blue Shield	CB865 CB865	BCBS	No.		Eliaibility Inquiry Claim Status Inquiry				Detailed Benefits					
PA Pennsylvania Blue Shield PA Pennsylvania Blue Shield Dental Plus	CBPA2 No	BCBS on BCBS	Yes No		Claims Claims	R Y								
PA Pennsylvania Blue Shield Dental Plus	CBPA2	BCBS	Yes	1-3 Business Days	ERA	Y			Administered by United Concordia	Tax ID / NPI combination for eac physical location	Payer accepts enrollment request from Change Healthcare.	No	No	None
PA Pennsylvania Blue Shield Dental Plus	CBPA2	BCBS	No		Eliaibility Inquiry				Detailed Benefits					
PA Pennsylvania Blue Shield Dental Plus RI Blue Cross of Rhode Island	CBPA2 CB870 No	BCBS on BCBS	Yes No		Claim Status Inquiry Claims	Y								
RI Blue Cross of Rhode Island	CB870	BCBS	Yes	3 weeks FEP 1-3 Business Days Non FEP	ERA	Y			FEP transactions administered by RI BCBS Non FEP transactions administered by United Concordia	Tax ID / NPI combination for eac physical location	FEP requires enrollment form Non FEP accepts request from Change Healthcare	FEP - Yes Non FEP - No	FEP - Yes Non FEP - No	Non FEP: None
SC South Carolina BCBS	38520 No	n BCBS	Yes No		Claims	R Y								
SC South Carolina BCBS	38520	BCBS	Yes	30-35 Business Days	ERA Eligibility Inquiry	Y			Detailed Benefits	Tax ID / NPI combination for eac physical location	Payer requires paper enrollment form.	Yes	Yes	None
SC South Carolina BCBS SC South Carolina BCBS	38520	BCBS BCBS	No No		Claim Status Inquiry				Detailed Benefits					
SD Rive Cross Rive Shield of South Dakota	CBSD1 No	n BCBS	Yes Yes	3-4 Weeks	Claims	D V								
TN Blue Cross of Tennessee TX Blue Cross of Texas	CBTN1 No	on BCBS	Yes Yes Yes No	30 + Business Days	Claims Claims	R Y Y Y								
TX Blue Cross of Texas	CB900	BCBS	Yes	1-3 Business Days	ERA				All enrollments for payer IDs CB621, CB900, SB840, SB790, 36123, CBMI1 and CBMT1 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your DC-p account or register for one at https://www.emdeondental.com/ dps/registration/CreateAccount.as		Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
TX Blue Cross of Texas	CB900	BCBS	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT				All enrollment's for payer IDs CB621, CB900, SB840, SB790, 36123, CBMI1 and CBMI1 must be completed using Change Healthcare's Dental Connect for Provider's portal. Please log into your Dc-p account or register for one at https://www.emdeondental.com/ dps/registration/CreatAccount.as					
UT Regence UT BCBS	CBUIT N	ou BCB2	Yes No		Claims									
UT Regence UT BCBS	CBUT1	BCBS	Yes	Payer's discretion	ERA				Effective May 1, 2013. Regence requires all ciaim payments to be received via EFT. If not aircady receiving payments from Regence via EFT, please register using the automatic Deposit (EFT/ACH Credits) authorization agreement enrollment and or update form (PDF). EFT begins or the first payment after set up is complete.	Tax ID / NPI combination	Change Healthcare Creates an auto approval for each active ERA account upon automission to the first claim for the payer after the ERA account is activated.	No	No	None
UT Regence UT BCBS FEP	CBUTF No	n BCBS	Yes No		Claims	++-	1							
UT Regence UT BCRS FEP VA. Troop Blue Cross of Vicinia (Anthem BCRS VA) BCRS Anthem VA (crossly Triops)	CBUTF	BCBS BCBS	Yes No.	Payer's discretion	ERA Claims	BY			Effective May 1, 2013, Regence requires all dain psyments to be received via EFT. If not already receiving psyments from Regence via EFT, please register using the automatic Deposit organization agreement enrollment and / or update form (PDF). EFT begins or the first psyment after set up is the first psyment after set up is Biae Cross Biae Shield of Utah (FEP) are delivered denoting payer ID CBUT1.	Tax ID / NPI combination	Change Healthcare Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None



State	Payer	ID□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 5010	ICD1 0 Read y	ICD10 ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
VA	Trigon Blue Cross of Virginia (Anthem BCBS-VAV BCBS Anthem-VA formerly Trigon)	CB923		BCBS	Yes	Payer's discretion	ERA		,	Date		Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
WA	Blue Cross of Alaska and Washington Blue Cross of Alaska and Washington	47570 47570	Par	BCBS BCBS	Yes No	4-5 Weeks	Claims	Y		S		Tax ID / NPI combination	Payer requires paper enrollment	No	Yes	None
	Blue Cross of Alaska and Washington	47570		BCBS			Eliaibility Inquiry				Detailed Benefits	Tax 15 / NET COMBINATION	form.	NO	ies	None
WA	Blue Cross of Alisska and Washington Regence Blue Shield	47570 47570 93200		BCBS BCBS	No No Yes	Payer's discretion	Claim Status Inquiry ERA				Effective May 1, 2013, Regence requires all claim payments to be received via EFT. If not already receiving, payments from Regence via EFT. If not already receiving payments from Regence via EFT. please register using the automatic Deposit (EFT/ACH Credits) authorization agreement enrollment and / or update form (PDF). EFT begins on the first payment after set up is complete.	Tax ID / NPI combination	Change Healthcare Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	None
WA	Reaence Blue Shield Regence Blue Shield FEP	93200 93200	Non	BCBS BCBS	Yes No Yes No		Claims Claims									
WA	Regence Blue Shield FEP Regence Northwest Health Blue Cross of Wisconsin	93200 93200 CB950	Non Non Par	BCBS	Yes No Yes No		Claims Claims Claims	R Y								
wı	Blue Cross of Wisconsin	CB950		BCBS	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment form be utilized.	Yes	Yes	30 days
	Delta Dental Insurance Co. (DDIC) - All Pawers Delta Dental Insurance Co. (DDIC) - All Payers	94276 94276		DELTA DENTAL	No No Yes	30 Business Days	Claims ERA	Y Y		S		Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
	Delta Dental Insurance Co. (DDIC) - All Pavers Delta Dental Insurance Co. (DDIC) - All Pavers	94276 94276	r	DELTA DENTAL DELTA DENTAL	No No		Eliaibility Inquiry Claim Status Inquiry				Detailed Benefits					
	Delta Health Systems DeltaCare USA Claims DeltaCare USA Claims	94235 DDCA2 DDCA2	Par E	DELTA DENTAL DELTA DENTAL DELTA DENTAL	Yes No Yes No No		Claims Claims	Y Y Y Y			f.k.a. PMI Detailed Benefits					
	DeltaCare USA Claims DeltaCare USA Encounters	DDCA2 DDCA3	Par [DELTA DENTAL DELTA DENTAL	No No Yes No		Eliaibility Inquiry Claim Status Inquiry Encounters	Y Y			f.k.a. PMI					
	DeltaCare USA Encounters Dentegra		Par E	DELTA DENTAL DELTA DENTAL			Claim Status Inquiry Claims	Y Y								
	Northeast Delta Dental (ME, NH, VT) Northeast Delta Dental (ME, NH, VT)	02027	Par I	DELTA DENTAL	Yes No	5-7 Business Days	Claims ERA	YY				Tax ID / NPI Optional	Payer accepts enrollment request from Change Healthcare.	No	No	Minimum of 31 Business days or 3 payment cycles
	Northeast Delta Dental (ME, NH, VT)	02027		DELTA DENTAL	Yes	EFT Enrollment is processed between the provider and Change Healthcare. Approval time is dependant upon the provider's responsiveness.	EFT					Tax ID & NPI required				
AR	Northeast Delta Dental (ME. NH. VT) Northeast Delta Dental (ME. NH. VT) Delta Dental of Arkansas	02027 02027 CDAR1	Non E	DELTA DENTAL DELTA DENTAL DELTA DENTAL	No No		Eligibility Inquiry Claim Status Inquiry Claims	v v			Detailed Benefits					
AR	Delta Dental of Arkansas	CDAR1	Ε	DELTA DENTAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA	Y			ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
AR	Delta Dental of Arkansas Delta Dental of Arkansas	CDAR1	1	DELTA DENTAL	No No		Eliaibility Inquiry Claim Status Inquiry				Detailed Benefits					
	Delta Dental of Arizona	86027		DELTA DENTAL	Yes	Payer's discretion	ERA	Υ				Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	Yes	No	Immediately
AZ AZ	Delta Dental of Arizona Delta Dental of Arizona Delta Dental of Arizona Delta Dental of Arizona	86027 86027	E	DELTA DENTAL DELTA DENTAL	No		Real Time Claims Eligibility Inquiry	Y Y Y Y Y Y			Detailed Benefits					
CA	Delta Dental of Arizona Delta Dental of California - CA00 Claims Office	86027 77777	Par E	DELTA DENTAL	Yes No		Claim Status Inquiry Claims	Y Y		S						
	Delta Dental of California - CA00 Claims Office	77777		DELTA DENTAL	Yes No	30 Business Days	ERA Eliaibility Inquiry	Υ			Detailed Benefits	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
CA	Detta Dental of California - CA00 Claims Office Detta Dental of California - CA00 Claims Office Detta Dental of California/Tricare Retiree Dental	77777 CDCA1	Par E	DELTA DENTAL DELTA DENTAL DELTA DENTAL	Yes No		Claim Status Inquiry Claims	Y Y								



								10040		1				
State Payer ID	Туре	Model	Grou Enro	Payer Enrollment Turnaround Time	Service	NPI 5010	ICD O Read y	ICD TO Required as	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
	CA1	DELTA DENTAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA	Y				Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
	CA1	DELTA DENTAL DELTA DENTAL	No No		Eligibility Inquiry Claim Status Inquiry				Detailed Benefits					
CO Delta Dental of Colorado 840	056 Par	DELTA DENTAL DELTA DENTAL	Yes No		Claims Claims	YY								
DC Delta Dental of Washington DC 521	147 Par	DELTA DENTAL	Yes No		Claims	Y Y		S						
<u> </u>	147	DELTA DENTAL	Yes	30 Business Days	ERA	Υ				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	Yes	No	Immediately
DC Delta Dental of Washington DC 52' DC Delta Dental of Washington DC 52'	147 147	DELTA DENTAL DELTA DENTAL	No No		Eligibility Inquiry Claim Status Inquiry				Detailed Benefits					
DE Delta Dental of Delaware 510	022 Par	DELTA DENTAL	Yes No		Claims	Y Y		S						
	022	DELTA DENTAL	Yes	30 Business Days	ERA	Υ				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
DE Delta Dental of Delaware 510	122	DELTA DENTAL	No No		Eligibility Inquiry Claim Status Inquiry				Detailed Benefits					
FL Delta Dental of Florida (DDIC) DD	FL1 Par	DELTA DENTAL	No No		Claims	YY		S						
FL Delta Dental of Florida (DDIC)	FL1	DELTA DENTAL	No No		Eliqibility Inquiry Claim Status Inquiry				Detailed Benefits					
GA Delta Dental of Georgia (DDIC)	GA1 Par	DELTA DENTAL	No No		Claims	YY		S						
GA Delta Dental of Georgia (DDIC) DDG GA Delta Dental of Georgia (DDIC) DDG	SA1	DELTA DENTAL	No No		Eliaibility Inquiry Claim Status Inquiry				Detailed Benefits					
IA Delta Dental of Iowa CD	IA1 Par	DELTA DENTAL DELTA DENTAL	Yes No		Claims	ΥΥ								
IA Delta Dental of Iowa CD	IA1	DELTA DENTAL	Yes	5-10 Business Days	ERA	Y				Tax ID / NPI combination for each location. Delta Dental Requires direct deposit and requires form for each address even if the bank information is the same.	Payer requires paper enrollment form.	Yes	Yes	Immediately
IA Delta Dental of Iowa CD IA Delta Dental of Iowa CD	IA1 Par	DELTA DENTAL	Yes No No		Real Time Claims Eligibility Inquiry	Y Y								
IA Delta Dental of Iowa CD IA Delta Dental of Iowa CD	IA1	DELTA DENTAL	No No		Eligibility Inquiry	Y			Detailed Benefits					
		DELTA DENTAL	Yes No		Claim Status Inquiry Claims	Y Y								
ID Delta Dental of Idaho 820	029	DELTA DENTAL	Yes	Payer's discretion	ERA	Y				Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	None
	29	DELTA DENTAL	No		Eliaibility Inquiry	R Y			Detailed Benefits					
IL Delta Dental of Illinois Group Plans 050	030 Par	DELTA DENTAL	Yes No		Claims	YY				Tax ID / NPI combination for each				
	030	DELTA DENTAL	Yes	30-35 Business Days	ERA	Υ			Enrollment in Electronic Fund Transfer (EFT) is required for enrollment in ERAs.	location. Delta Dental Requires direct deposit and requires form for each address even if the bank information is the same.	Payer requires paper enrollment form.	Yes	Yes	Immediately
		DELTA DENTAL DELTA DENTAL	Yes No No		Real Time Claims Eligibility Inquiry	Y Y			Detailed Benefits					
IL Delta Dental of Illinois Group Plans 050 IL Delta Dental of Illinois Individual Plan IDI	030	DELTA DENTAL DELTA DENTAL	Yes No		Claim Status Inquiry Claims	R Y Y Y								
IL Delta Dental of Illinois Individual Plan IDI IN Delta Dental of Indiana CD	ND Par IN1 Non	DELTA DENTAL	Yes No Yes No		Claims	R Y								
	IN1	DELTA DENTAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA				ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
IN Delta Dental of Indiana CD	IN1	DELTA DENTAL	No		Eligibility Inquiry				Detailed Benefits					
IN Delta Dental of Indiana CD KS Delta Dental of Kansas CDI	IN1 KS1 Par	DELTA DENTAL	Yes No		Claim Status Inquiry Claims	Y Y	\vdash							
KS Delta Dental of Kansas CDI	KS1	DELTA DENTAL	Yes	Payer's discretion	ERA	Y				Unknown as payer handles directly with provider.	ERAs are returned to all providers currently receiving EFT. Providers wishing to receive ERAs must contact Delta Dental of Kansas to enroll for EFTs.	No	No	None
KS Delta Dental of Kansas CDI	(S1	DELTA DENTAL	No		Eliaibility Inquiry	Y		\perp	Detailed Benefits			-		
KS Delta Dental of Kansas CDI KY Delta Dental of Kentucky CDI	CS1 CY1 Non	DELTA DENTAL DELTA DENTAL	Yes No	<u> </u>	Claim Status Inquiry Claims	R Y								
KY Delta Dental of Kentucky CDI	KY1	DELTA DENTAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA	R Y				Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
KY Delta Dental of Kentucky CDI KY Delta Dental of Kentucky CDI LA Delta Dental of Neutral of Neutral Delta of Neut	CY1 CY1	DELTA DENTAL DELTA DENTAL	No No		Eliaibility Inquiry				Detailed Benefits					
KY Delta Dental of Kentucky CDI LA Delta Dental of Louisiana (DDIC)	CY1	DELTA DENTAL	No No		Claim Status Inquiry	YY	\vdash	S						
LA Delta Dental of Louisiana (DDIC) DDI	LA1	DELTA DENTAL	No		Eligibility Inquiry			3	Detailed Benefits					
MA Delta Dental Massachusetts 046	14 Par	DELTA DENTAL	No No		Claim Status Inquiry Claims	V V								
MA Delta Dental Massachusetts 046	514	DELTA DENTAL	No		Eliaibility Inquiry Claim Status Inquiry	R Y			Detailed Benefits					
MA Delta Dental Massachusetts 046	514	DELTA DENTAL DELTA DENTAL	Yes No		Claim Status Inquiry Claims	Y Y		s						
	166 Par	DELTA DENTAL	Yes	30 Business Days	ERA	Y		3		Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
MD Delta Dental of Maryland and Pennsylvania 231		DELTA DENTAL	No		Eliaibility Inquiry				Detailed Benefits					
MD Delta Dental of Marvland and Pennsylvania 233 MD Delta Dental of Marvland and Pennsylvania 233 MI Delta Dental of Michigan CDD GDI CDD CDD	MIO Non	DELTA DENTAL DELTA DENTAL	Yes No		Claim Status Inquiry Claims	Y Y								



State Payer IDE	Туре	Model	Grou Enro	Payer Enrollment Turnaround Time	Service	NPI 5010	ICD1 0 Read	1 ICD10 Required as Testin of Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
MI Delta Dental of Michigan CDM		DELTA DENTAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA			Date	ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
MI Delta Dental of Michigan CDM MI Delta Dental of Michigan CDM	10	DELTA DENTAL DELTA DENTAL	No No		Eliaibility Inquiry Claim Status Inquiry				Detailed Benefits					
MV Delta Dental of Minnesota CDM MN Delta Dental of Minnesota CDM MN Delta Dental of Minnesota CDM MN Delta Dental of Minnesota CDM	N1 Non	DELTA DENTAL	Yes No	Payer's discretion	Claims Claims	YY				Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	Immediately
MN. Delta Dental of Minnesota CDM NN. Delta Dental of Minnesota CDM	N1	DELTA DENTAL	No No		Eliaibility Inquiry Claim Status Inquiry	· V			Detailed Benefits					
MN Delta Dental of Minnesota CDM MC Delta Dental of Missouri 4309 MD Delta Dental of Missouri 4309 4309 4309 4309	O Par	DELTA DENTAL DELTA DENTAL	Yes No		Claims Eliaibility Inquiry	ΥΥ								
MO Delta Dental of Missouri 4309 MO Delta Dental of Missouri 4309	90	DELTA DENTAL	No No		Eliaibility Inquiry Claim Status Inquiry	Y			Detailed Benefits					
MS Delta Dental of Mississippi (DDIC)	S1 Par	DELTA DENTAL	No No		Claims	YY		S						
MS Delta Dental of Mississipol (DDIC) DDM: MS Delta Dental of Mississippi (DDIC) DDM:	S1	DELTA DENTAL	No No		Eliaibility Inquiry Claim Status Inquiry				Detailed Benefits					
	T1 Par	DELTA DENTAL	No No		Claims	YY		S						
MT Delta Dental of Montana (DDIC) DDM' MT Delta Dental of Montana (DDIC) DDM	T1	DELTA DENTAL DELTA DENTAL	No No		Eligibility Inquiry Claim Status Inquiry				Detailed Benefits					
NC Delta Dental of North Carolina 5610	1 Non	DELTA DENTAL	Yes No		Claims Claims	YY								
NC Delta Dental of North Carolina 5610 NC Delta Dental of North Carolina 5610		DELTA DENTAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA	P			ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare. Detailed Benefits	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
NC Delta Dental of North Carolina 5610	01	DELTA DENTAL	No		Eliaibility Inquiry Claim Status Inquiry	R			Detailed Determin					
NO Delta Dental of North Dakota CDNE ND Delta Dental of North Dakota CDNE		DELTA DENTAL	Yes No	Payer's discretion	Claims	YY				Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	Immediately
ND Delta Dental of North Dakota CDNt	D1	DELTA DENTAL	No		Eliaibility Inquiry	D			Detailed Benefits					
ND Delta Dental of North Dakota CDNE	D1	DELTA DENTAL	No		Claim Status Inquiry				Detailed Determin					
NE Delta Dental of Nebraska CDN8	E1 Non	DELTA DENTAL	Yes No		Claims	YY								
NE Delta Dental of Nebraska CDNI NE Delta Dental of Nebraska CDNI		DELTA DENTAL	Yes	Payer's discretion	ERA Eliaibility Inquiry	R			Detailed Benefits	Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	Immediately
NE Delta Dental of Nebraska CDNE	E1	DELTA DENTAL	No		Claim Status Inquiry									
NJ Delta Dental of New Jersey 2218 NJ Delta Dental of New Jersey 2218	39	DELTA DENTAL	Yes No	Payer's discretion	ERA Eliqibility Inquiry	Y			Detailed Benefits	Tax ID / NPI combination	Change Healthcare Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account is activated.	No	No	31 days & minimum of 3 payments; longer/shorter at provider's request
NJ Delta Dental of New Jersev 2218	39	DELTA DENTAL DELTA DENTAL	No		Claim Status Inquiry									
NM Delta Dental of New Mexico 8502	22	DELTA DENTAL DELTA DENTAL	Yes No Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA Eliaibility Inquiry	Y			ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
		DELTA DENTAL DELTA DENTAL			Claim Status Inquiry	,								
NV Delta Dental of Nevada (DDIC) DDN	V1	DELTA DENTAL	No		Fligibility Inquiry	YY	-	S	Detailed Renefits		1			
NV Delta Dental of Nevada (DDIC) DDNV	V1	DELTA DENTAL	No		Claim Status Inquiry				Wellellid					
NY Delta Dental of New York 1119 NY Delta Dental of New York 1119	98 Par 98	DELTA DENTAL	Yes No Yes	30 Business Days	ERA Eliaibility Inquiry	YY		S	Detailed Benefits	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
NY Delta Dental of New York 1119 NY Delta Dental of New York 1119 OH Delta Dental of Ohio CDOI	98	DELTA DENTAL DELTA DENTAL	No No		Claim Status Inquiry	YY			Detailed Delients					
OH Delta Dental of Ohio CDOH	H1 Non	DELTA DENTAL	Yes No		Claims	Y Y					1			
OH Delta Dental of Ohio CDON		DELTA DENTAL	Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA				ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare.	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
OH Delta Dental of Ohio CDOH	H1	DELTA DENTAL DELTA DENTAL	No No		Eligibility Inquiry Claim Status Inquiry				Paramo DCICIIIS					
OK Delta Dental of Oklahoma CDON	K1 Par	DELTA DENTAL	Yes No		Claims	YY	H	 						
OK Delta Dental of Oklahoma CDO		DELTA DENTAL	Yes	5-7 Business Days	ERA Eliaibility Inquiry	B V			Detailed Repetits	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare	No	No	None
OK Delta Dental of Oklahoma CDO		DELTA DENTAL	No No		Claim Status Inquiry	R			Desanta Delletta					
OR Delta Dental of Oregon (Oregon Dental Service) CDOF	R1 Non	DELTA DENTAL	Yes No		Claims	R Y	Ė							



State	Payer II	оп тур	pe Model	Grou En	rol Payer Enrollment Turnaround	Service	NPI 501	ICD1 0 Read	ICD10 Required as Testin of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
		166 Pa	DELTA DENTAL		es 30 Business Days	Claims	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
PA	Delta Dental of Maryland and Pennsylvania 23	166	DELTA DENTAL	N	lo	Eliaibility Inquiry				Detailed Benefits					
PA PR		166 043 Pa	DELTA DENTAL IT DELTA DENTAL	Yes N	lo lo	Claim Status Inquiry Claims	R Y		S						
PR	Delta Dental Puerto Rico 66	043	DELTA DENTAL	Ye	es 30 Business Days	ERA	Y				Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
PR	Delta Dental Puerto Rico 66 Altus 50 Altus 50	043 503 Pa	DELTA DENTAL	Voc N	lo lo	Eliaibility Inquiry Claims	R Y			Detailed Benefits					
RI	Altus 50	503	DELTA DENTAL	N	lo	Eliaibility Inquiry	Y Y			Detailed Benefits					
RI	300 Altus	029 Pa	DELTA DENTAL DELTA DENTAL	Yes N	lo .	Claim Status Inquiry Claims	R Y								
RI	Delta Dental of Rhode Island 05 Delta Dental of Rhode Island 05	029	DELTA DENTAL	N	0	Eligibility Inquiry Claim Status Inquiry Claims	Y Y	ᆂ		Detailed Benefits					
SC	Delta Dental of South Carolina 43	091 Pa	r DELTA DENTAL	Yes N	lo lo	Claims Eligibility Inquiry	YY	\vdash		Detailed Renefits					
SD	Delta Dental of South Carolina 43 Delta Dental of South Dakota 54 Delta Dental of Tennessee CD	091 097 Pa	DELTA DENTAL IN DELTA DENTAL	Yes N	lo	Claims Claims	Y Y Y Y			Detailed Deficitis					
TN	Delta Dental of Tennessee CD	TN1	DELTA DENTAL	Ye	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA Eliaibility Inquiry				ERAs are only returned to Change Healthcare if the claim is processed by Change Healthcare. Detailed Benefits	Tax ID / NPI combination	Auto approved after 1st claim	No	No	None
TN	Delta Dental of Tennessee CD	TN1	DELTA DENTAL	N	lo l	Claim Status Inquiry				Detailed Benefits					
TX	Delta Dental of Texas (DDIC) DD Delta Dental of Texas (DDIC) DD	TX1 Pa	DELTA DENTAL	No N	lo	Claims Fligibility Inquiry	Y Y		S	Detailed Benefits					
TX	Delta Dental of Texas (DDIC) DD	TX1	DELTA DENTAL	N N	0	Claim Status Inquiry	Y Y		S						
UT	Delta Dental of Utah (DDIC)	UT1	DELTA DENTAL DELTA DENTAL	N	ln l	Claims Eligibility Inquiry	YY		5	Detailed Benefits					
VA	Delta Dental of Utah (DDIC) DD Delta Dental of Virginia CD	VA1 No	DELTA DENTAL DELTA DENTAL	No N	lo	Claim Status Inquiry Claims	Υ								
WA			r DELTA DENTAL			Claims	YY			f.k.a. Washington Dental Service					
WA	Delta Dental of Washington 91		DELTA DENTAL	Yes N		ERA Real Time Claims	Y Y			f.k.a. Washington Dental Service Pretreatment Estimates only	Tax ID / NPI combination	Payer accepts enrollment request from Change Healthcare.	Yes	No	DDWA will deliver both electronic (BRA/935) and paper remittance advices for a minimum of 31 calendar days or at least 3 calendar days or at least 3 comparent cycles. At the conception of the
WA	Delta Dental of Washington 91	062	DELTA DENTAL	N	lo	Eligibility Inquiry	Υ			Detailed Benefits, f.k.a. Washington Dental Service					
WA	Delta Dental of Washington 91	062	DELTA DENTAL	N	lo	Claim Status Inquiry	Y			Payer also supports RT status on Pre-Treatment Estimates. f.k.a					
			r DELTA DENTAL			Claims	y y	+		Washington Dental Service					
wı	Delta Dental of Wisconsin 39	069	DELTA DENTAL DELTA DENTAL	Ye	es 5-7 Business Days	ERA	Y			Enrollment in Electronic Fund Transfer (EFT) is required for enrollment in ERAs.	Tax ID / NPI combination for each location. Delta Dental Requires direct deposit and requires form for each address even if the bank information is the same.	Payer requires paper enrollment form.	Yes	Yes	Immediately
VVI	Delta Dental of Wisconsin 39	069	DELTA DENTAL	N	lo lo	Real Time Claims Eligibility Inquiry	Y			Detailed Benefits					
WI	Delta Dental of Wisconsin 39 Delta Dental of West Virginia 31:	069	DELTA DENTAL IF DELTA DENTAL	Yes M	lo lo	Claim Status Inquiry Claims	YY		s	-					
WI		070 P8	DELIA DENIAL	res N	nor .	Cidiffis	, Y	1	-			Payer accepts enrollment request			
WI WV				l l											
WI WV WV	Delta Dental of West Virginia 31	096	DELTA DENTAL	Ye		ERA Fligibility Inquiry	Y			Detailed Repetits	Tax ID / NPI combination	from Change Healthcare.	No	No	Immediately
WI WI WV WV	Delta Dental of West Virginia 31 Delta Dental of West Virginia 33	096 096	DELTA DENTAL	N N	lo	ERA Eliaibility Inquiry Claim Status Inquiry	Y			Detailed Benefits	Tax ID / NPI combination		No	No	Immediately
WI WI WV WV WV WY	Delta Dental of West Virginia 31 Delta Dental of West Virginia 31 Delta Dental of West Virginia 31 Delta Dental of West Virginia 31 Delta Dental of West Virginia 31 Delta Dental of West Virginia 31	096 096	DELTA DENTAL DELTA DENTAL IF DELTA DENTAL	N N	0	Eliaibility Inquiry	Y			Detailed Benefits	Tax ID / NPI combination		No	No	Immediately



	State	Payer 1D□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 501	O Rea	1 ICD10 Required as of Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
Property Service Property Se								Y				Tax ID / NPI combination	Payer requires online enrollment tool be utilized.	No	Yes	Minimum of 31 Business days or 3 payment cycles
Property Service Property Se		DentaQuest - Government Plans CX014 DentaQuest - Government Plans CX014		Medicaid Medicaid	No No		Claim Status Inquiry				Detailed Benefits					
Property of the content of the con	-	Dentegra	ı	Medicaid												
Second Content		Elderwood Health 03964	Par	Medicaid		Healthcare. Approval time is	Claims	R Y				Tax ID required and Provider ID optional				
Marie Mari																
Marie Mari		Fresno PACE 99660	Par	MEDICAID	No		Claims	R Y								
Marie National Mari		Next Level Health Partners LLC 69821	Par	Medicaid	No		Claims	R Y								
Marie National Mari	\vdash	PACE CNY 70454 San Diego PACE 96400	Par Par	Medicaid Medicaid	No No		Claims Claims	R Y	+							
Marcon Minister Mi		SCION Dental SCION	Par	MEDICAID			Claims			S						
Marie Mari		Valir PACE 64009	Par	Medicaid	No No		Claims	R Y								
Marie Mari	AK	Via Christi HOPE 48123 Medicald of Alaska CKAK1	Par	Medicaid MEDICAID	No Yes	7-10 Business Days	Claims	R Y	+							
No. Control	AK	Medicaid of Alaska CKAK1		MEDICAID	Yes	7-10 Business Days	ERA	Y				Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	None
Marie Mari	AL	Medicald of Alabama CKAL1	Non	MEDICAID	Yes	1-2 Business Days	Claims	R Y	+							
Michael of Manager Color Michael of Manager Color Michael of Manager Color Michael of Manager Color Michael of Manager Color Michael of Manager Color Michael of Manager Color Michael of Manager Color Michael of Manager Michae						2-4 Weeks		Y				Tax ID / NPI / Legacy ID combination	Payer requires paper enrollment form.	No	Yes	Immediately
Manual M	AL AR	Medicaid of Alabama CKAL1 Medicaid of Arkansas CKAR1	Non	MEDICAID	No No	1-2 Business Days	Eligibility Inquiry Claims	R Y	+		Yes/No Response					
Angle Control Contro	AR	Medicald of Arkansas CKAR1					ERA	Y				combination for each physical	Payer handles enrollment directly with provider.	No	No	None
Angle Control Contro	AR	Medicaid of Arkansas CKAR1	-	MEDICAID	No		Eliaibility Inquiry	++	+	+ +	Yes/No Response Please visit					
April Apri								R Y			cial/ProviderRegistration/registrati on.aspx for provider registration information prior to submitting claims					
April Apri	AZ	Arizona Medicaid CKAZ1 Department of Economic Security DESAZ	Non	MEDICAID	No No		Claims	R Y			Yes/No Response					
Microscopies								Y				Unknown as payer handles directly with provider.	Payer handles enrollment directly with provider.	No	No	None
Microscopies	CA	Denti-Cal / Medicaid of California 94146		MEDICAID	Yes	Payer's discretion	Eligibility Inquiry				Yes/No Response. Please call (916) 636-1200 for PIN.					
Column C						45-60 days	Claims	R Y			Claims sent in the institutional		-			
CT Medical of Connecticut CKCT MEDICAID Ves 2-3 Weeks ERA V V Profile Resonance Tax ID / NPI Combination Payer accepts enrollment request from Change Healthcare. No No No No None None October of Columbia Medicaid CKCT No. MEDICAID Ves 7-10 Business Days Claims ERA V P Profile Resonance Tax ID / NPI combination for each physical location Fayer requires paper enrollment form. No Yes Immediately DE District of Columbia Medicaid CKDC No. MEDICAID Ves 7-10 Business Days ERA V P Profile Resonance Tax ID / NPI combination for each physical location Fayer requires paper enrollment form. No Yes Immediately DE District of Columbia Medicaid CKDC No. MEDICAID Ves 5-7 Business Days ERA V P Profile Resonance Tax ID / NPI combination for each physical location Tax ID / NPI combination for each physical location Tax ID / NPI combination for each physical location No Yes None No Pes None	CO	Medicald of Colorado CKCO1	Par	MEDICAID	No		Claims									
CT Medical of Connecticut CKCT MEDICAID Ves 2-3 Weeks ERA V V Profile Resonance Tax ID / NPI Combination Payer accepts enrollment request from Change Healthcare. No No No No None None October of Columbia Medicaid CKCT No. MEDICAID Ves 7-10 Business Days Claims ERA V P Profile Resonance Tax ID / NPI combination for each physical location Fayer requires paper enrollment form. No Yes Immediately DE District of Columbia Medicaid CKDC No. MEDICAID Ves 7-10 Business Days ERA V P Profile Resonance Tax ID / NPI combination for each physical location Fayer requires paper enrollment form. No Yes Immediately DE District of Columbia Medicaid CKDC No. MEDICAID Ves 8-7-10 Business Days ERA V P Profile Resonance Tax ID / NPI combination for each physical location Fayer requires paper enrollment form. No Yes Immediately Tax ID / NPI combination for each physical location Fayer requires paper enrollment form. No Yes None	CT	Medicaid of Connecticut CKCT1	Non	MEDICAID	No No		Claims	R Y	\pm	S	res/No Response					
DC District of Columbia Medicaid CKDC1 MEDICAID Yes 7-10 Business Days ERA Y Tax ID / NPI combination for each physical bication Payer requires paper enrollment form. No Yes Immediately Tax ID / NPI combination for each physical bication Payer requires paper enrollment form. No Yes Immediately Tax ID / NPI combination for each physical bication Payer requires paper enrollment form. No Yes No No Yes S-7-10 Business Days Filiphitity Inoutivy Payer requires paper enrollment form. No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No No No Yes No No No No No No No No No No	ст	Medicald of Connecticut CKCT1		MEDICAID	Yes	2-3 Weeks		Y				Tax ID / NPI Combination		No	No	None
DC District of Columbia Medicaid CKDC1 MEDICAID Yes 7-10 Business Days ERA Y Tax ID / NPI combination for each physical bication Payer requires paper enrollment form. No Yes Immediately Tax ID / NPI combination for each physical bication Payer requires paper enrollment form. No Yes Immediately Tax ID / NPI combination for each physical bication Payer requires paper enrollment form. No Yes No No Yes S-7-10 Business Days Filiphitity Inoutivy Payer requires paper enrollment form. No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No No No No Yes No No No No No No No No No No	CT	Medicaid of Connecticut CKCT1 District of Columbia Medicaid CKCT2	Non	MEDICAID	No Ver	7-10 Rusinace Dave	Eliaibility Inquiry	R v		+ =	Yes/No Response	-				
DC District of Columbia Medicaid CXDC1 MIDICAID No. Flighblity Inquiry DE Delaware Medicaid CXDE1 No. MEDICAID Ves 3-4 Weeks Claims R V V Ves No. Response DE Delaware Medicaid CXDE1 No. MEDICAID Ves 5-7 Business Days ERA V V Tax ID / NPI combination for each physical location Payer requires paper enrollment form. No. Yes No. No. No. No. No. No. No. No. No. No.			recit					Y				Tax ID / NPI combination for each	Payer requires paper enrollment	No	Yes	Immediately
DE Delaware Medicaid CKDE1 MEDICAID Yes 5-7 Business Days ERA Y Tax ID / NPI combination for each physical location form. No Yes None												pnysical location	iorn.			-
DE Delaware Medicaid CKDE1 MEDICAID Yes 5-7 Business Days ERA Y Tax ID / NPI combination for each physical location form. No Yes None	DC DE	District of Columbia Medicaid CKDC1 Delaware Medicaid CKDE1	Non	MEDICAID MEDICAID	No Yes	3-4 Weeks	Eliaibility Inquiry Claims	R Y	ᆂ	<u>+ </u>	Yes/No Response					
F. Borde Medicald CKE1 Non MEDICALD Vs. 3.4 Weeks Claims R. V								Y				Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	None
	FL	Florida Medicald CKFL1	Non	MEDICALD	Yes	3-4 Weeks	Claims	R V	Ł							



								ICD	1CD10						
State Payer	ID□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 501	Rea	Testin of	Additional Info	ERA/EFT Enrollment Level ERA Er	nrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
				•				у	g Compliance						
FL Florida Medicaid	CKFL1		MEDICAID	Yes	2-3 Weeks	ERA					Tax ID / NPI combination for each Payer requir	ires paper enrollment	No	Yes	I manual manual a
PL Piorida Medicaid	CKFLI		MEDICAID	res	2°3 Weeks	ERA	1				physical location	form.	NO	res	Immediately
FL Florida Medicald	CKFL1		MEDICAID	Yes	2-3 Weeks	Eligibility Inquiry				Yes/No Response					
FL Florida Medicald FL Medicald of Florida	CKFL1 CKFL1	Non	MEDICAID MEDICAID	No Yes	3-4 Weeks	Claim Status Inquire Claims	RY	-			+				
FL Medicaid of Florida	CKFL1		MEDICAID	Yes	2-3 Weeks	ERA	Y				Tax ID / NPI combination for each physical location Payer require	ires paper enrollment form	No	Yes	Immediately
FL Medicaid of Florida FL Medicaid of Florida FL DentaGuest - Government Plans	CKFL1		MEDICAID	Yes No	2-3 Weeks	Eliaibility Inquiry Claim Status Inquir				Yes/No Response					
FL DentaQuest - Government Plans	CX052 CX052	Par	MEDICAID MEDICAID MEDICAID	No No		Claims Eligibility Inquiry	R Y			Detailed Benefits					
FL DentaQuest - Government Plans FL DentaQuest - Government Plans GA Medicald of Georgia IA Medicald of Iowa	CX052		MEDICAID	No		Claim Status Inquin	/								
GA Medicaid of Georgia IA Medicaid of Iowa	CKGA1 CKIA1	Non	MEDICAID MEDICAID	No Yes	1-2 Business Days	Eliaibility Inquiry Claims	R Y		S	Yes/No Response					
IA Delta Dental of Iowa Medicaid Program	CDIAM	non	MEDICAID	No		Claims	R Y	-							
											Tax ID / NPI combination for each				
IA Delta Dental of Iowa Medicaid Program	CDIAM		MEDICAID	Yes	5-10 Business Days	ERA	Y				location. Delta Dental Requires direct deposit and requires form Payer require	ires paper enrollment	Yes	Yes	Immediately
											for each address even if the bank information is the same.	form.			
											information is the same.				
IA Delta Dental of Iowa Medicaid Program	CDIAM		MEDICAID	No No		Eliaibility Inquiry				Detailed Benefits					
IA Delta Dental of Iowa Medicaid Program	CDIAM		MEDICAID	NO		Claim Status Inquire	_								
IA Medicald of Iowa	CKIA1		MEDICAID	Yes	1-2 Business Days	ERA						ires online enrollment of be utilized.	No	Yes	Effective 3-1-10 all paper EOBs ceased to be printed and mailed.
											directly with provider. 100	or be utilized.			ceased to be printed and mailed.
IA Medicaid of Iowa ID DentaQuest - Government Plans	CKIA1 CKID1	Dor	MEDICAID MEDICAID	No No		Eliaibility Inquiry Claims	R Y			Yes/No Response					
ID DentaQuest - Government Plans ID DentaQuest - Government Plans	CKID1 CKID1		MEDICAID MEDICAID	No No		Eliaibility Inquiry Claim Status Inquir				Detailed Befefits					
ID DentaQuest - Government Plans	CKIDI		MEDICAID	NO		Claim Status Induir	-								
IL Aetna Better Health of Illinois	26337		MEDICAID	Yes	Payer's discretion	ERA					Tax ID / NPI combination Contact Ae	etna Better Health of	No	Yes	Minimum of 31 Business days or
TE Pietra Detter Pieditri di Hilliois	20337		WEDICALD	les	rayar 3 disarction	ERA					Tax 15 / NET COMBINATION	Illinois	NO	ies	3 payment cycles
								-							
IL Aetna Better Health of Illinois	26337		MEDICAID	Yes	Payer's discretion	EFT				Enroll with Payer	N/A payer enrolls provider				
IL DentaQuest - Government Plans IL DentaQuest - Government Plans	CKIL1 CKIL1 CKIL1	Par	MEDICAID MEDICAID MEDICAID	No No		Claims Eliaibility Inquiry Claim Status Inquir	R Y	-		Detailed Benefits					
II. DentaQuest - Government Plans II. DentaQuest - Government Plans III. DentaQuest - Government Plans III. Indiana Children's Soecial Healthcare	CKIL1 CX070	Non	MEDICAID	No No No		Claim Status Inquire Claims	RY	-							
IN Medicaid of Indiana	CKIN1	Non	MEDICAID	No		Claims	R Y	Y							
IN Medicaid of Indiana	CKIN1		MEDICAID	Yes	3-5 Business Days	ERA					Tax ID / NPI combination for each Payer require	ires paper enrollment	No	Yes	Effective 9-1-09 paper RA is no longer printed or mailed to
IV WIGHING OF TRANSM	CKIII		MEDICALD	103	5-5 business buys	Livi					physical location	form.	140	103	providers.
IN Medicaid of Indiana KS Medicaid of Kansas	CKIN1 CKKS1	Non	MEDICAID MEDICAID	No No		Eligibility Inquiry Claims	R Y	-	S	Yes/No Response					
															Immediately unless the provider calls the EDI Help desk and
KS Medicald of Kansas	CKKS1		MEDICAID	Yes	5-7 Business Days	ERA	Y				Tax ID / NPI Combination Payer requir	ires paper enrollment form.	No	Yes	calls the EDI Help desk and requests paper continue to be
															requests paper continue to be sent
KS Medicaid of Kansas			MEDICAID	No		Fligibility Inquiry				Yas/No Pasnonsa					
KS Medicaid of Kansas	CKKS1		MEDICAID	No		Eliaibility Inquiry				Yes/No Response					
KY Aetna Better Health of Kentucky	128KY		MEDICAID	Yes	Payer's discretion	ERA				Enroll with Payer	Tax ID / NPI combination Contact Ae	etna Better Health of	No	Yes	Minimum of 31 Business days or
KY Netna Better nealth of Kentucky	12061		MEDICAID	res	rayer's discretion	ERA				Enroil With Payer	Tax 10 / NPI combination	Kentucky	NO	res	3 payment cycles
								-							
KY Aetna Better Health of Kentucky	128KY		MEDICAID	Yes	Payer's discretion	EFT				Enroll with Payer	N/A payer enrolls provider				
				l							Tax ID / NPI combination for each Payer accept	ots enrollment request			
KY Medicaid of Kentucky	CKKY1		MEDICAID	Yes	7-10 Business Days	ERA	'				physical location from Ch	hange Healthcare.	No	No	None
KY Medicald of Kentucky KY Medicald of Kentucky KY Medicald of Kentucky	CKKY1 CKKY1	H	MEDICAID MEDICAID	No No		Eligibility Inquiry Claim Status Inquire		F		Yes/No Response					
KY Medical of Kentucky KY Medical of Kentucky	CKKY1	Non	MEDICAID	Yes	7-10 Business Days	Claims	RIY								
KY DentaQuest - Government Plans KY DentaQuest - Government Plans	CKKY3 CKKY3		MEDICAID MEDICAID	No No		Claims Eliaibility Inquiry	R Y			Detailed Benefits					
KY DentaQuest - Government Plans	СККҮЗ	H	MEDICAID	No		Claim Status Inquir	/	+			 				
											Contact Ae	etna Better Health of			Minimum of 31 Business days or
Aetna Better Health Plan of Lousiana	128LA		MEDICAID	Yes	Payer's discretion	ERA				Enroll with Payer	Tax ID / NPI combination	Louisiana	No	Yes	3 payment cycles
LA															



										ICD	1 ICI	ICD10 D10 Required as						
State		Payer	ID□	Туре	Model	Grou Enrol	Payer Enrollment Turnaround Time	Service	NPI 50	Read y	d Tes	stin of g Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
												Date						
Aetna Bette	er Health Plan of Lousiana		128LA		MEDICAID	Yes	Payer's discretion	EFT					Enroll with Payer	N/A payer enrolls provider				
LA																		
MA Massachus	etts Health Program		CKMA1	Par	MEDICAID	No		Claims	R Y				Please place MASS Health or MA Medicaid or MASS Medicaid in the carrier name field.					
MA Massachuse	etts Health Program t - Government Plans		CKMA1	Dor	MEDICAID MEDICAID	No No		Eligibility Inquiry Claims	R Y	+	+		Yes/No Response					
MD DentaQuest	t - Government Plans		CKMD1		MEDICAID	No		Eliaibility Inquiry	R Y				Yes/No Response					
ME Medicaid of	Maine		CKME1	Non	MEDICAID	Yes	1-2 Business Days	Claims	Y Y		_							
ME Medicald of	f Maine		CKME1		MEDICAID	Yes	Payer's discretion	ERA						Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	No	None unless provider elects to turn off paper remit.
ME Medicaid of	Maine Maine		CKME1		MEDICAID	No		Eliaibility Inquiry					Yes/No Response					
MI Aetna Bette	er Health of Michigan		128MI		MEDICAID	Yes	Payer's discretion	ERA					Enroll with Payer	Tax ID / NPI combination	Contact Aetna Better Health of Michigan	No	Yes	Minimum of 31 Business days or 3 payment cycles
MI Aetna Bett	er Health of Michigan		128MI		MEDICAID	Yes	Payer's discretion	EFT					Enroll with Payer	N/A payer enrolls provider				
1							3											
MI Medicaid of	Michigan		CKMI1	Non	MEDICAID	No		Claims	R Y			S						
MI Medicaid of	f Michigan		CKMI1		MEDICAID	Yes	1-2 Weeks	ERA	Y					Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	Yes	None
MI Medicaid of	f Michigan		CKMI1		MEDICAID	No		Eliaibility Inquiry					Yes/No Response					
MN Medicaid of	Minnesota		CKMN1	Non	MEDICAID	Yes	30-35 Business Davs	Claims	R Y				res/No Response					
MN Medicaid of			CKMN1		MEDICAID	Yes	30-35 Business Days	ERA	γ					Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	Immediately
MN Medicaid of MN HealthPartr	Minnesota		CKMN1	Non	MEDICAID COMMERCIAL	No Yes	1-3 Business Days	Eligibility Inquiry Claims	D V	+	+		Yes/No Response					
MN HealthPartr			CX010		COMMERCIAL	Yes	1-3 Business Days	ERA	Y					Tax ID / NPI Combination	Payer accepts enrollment request from Change Healthcare.	No	No	Immediately
MO Aetna Betti	er Health Plan of Missouri		128MO		MEDICAID	Yes	Payer's discretion	ERA					Enroll with Payer	Tax ID / NPI combination	Contact Aetna Better Health of Missouri	No	Yes	Minimum of 31 Business days or 3 payment cycles
MO Aetna Bette	er Health Plan of Missouri		128MO		MEDICAID	Yes	Payer's discretion	EFT					Enroll with Payer	N/A payer enrolls provider				
MO Medicaid of	Missouri		CKMO1	Non	MEDICAID	No		Claims	R Y									
MO Medicaid of	f Missouri		скмот		MEDICAID	Yes	7-10 Business Days	ERA	٧					Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	No	Immediately
MO Medicald of	Missouri		CKMO1	+	MEDICAID	No		Eligibility Inquiry			+	_	Yes/No Response					
			CKMO1		MEDICAID	No No		Claim Status Inquiry	++	+-	+		res/no kesponse				1	
MO Medicaid of MS Medicaid of	MISSOUTI						7-10 Rusiness Days											



Sta	tate Payer IDE	Туре	e Model	Grou Enrol I	Payer Enrollment Turnaround Time	Service	NPI 50	10 Res	ICD10 ICD10 Required as of g Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
MS	MS Medicald of Mississippi CKM:	51	MEDICAID	Yes	7-10 Business Days	ERA					Tax ID only	Payer requires paper enrollment form.	No	Yes	1-1-2007 all paper EOBs ceased.
M	MS Medicaid of Mississioni CKM	1	MEDICAID MEDICAID	No		Eliaibility Inquiry				Yes/No Response					
	MS. Medical of Mississippi CKM Medical of Mississippi CKM Medical of Montana CKM MT Medical of Montana CKM MT Medical of Montana CKM		MEDICAID	No No Yes	2-3 weeks	Claims ERA	R Y				Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	2 Weeks
M	MT Medicaid of Montana CKM1	1	MEDICAID MEDICAID	No No		Eliaibility Inquiry	D V			Yes/No Response					
No	NC Medicald of North Carolina CKNC NC Medicald of North Carolina CKNC	:1	MEDICAID	Yes	Payer's discretion	Claims ERA	RY			Effective July 1, 2013 all Provider Enrollment Applications and updates must be completed through the NCTracks system. You can learn more about how to register in NCTracks at the following DHHS website: http://pctacks.com/	Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	No	Payer's discretion
	NC Medicaled of North Carolina CKN6 NO North Dakota Medicald CKN6 CKN6		MEDICAID MEDICAID	No No		Eliaibility Inquiry Claims	R Y			Yes/No Response 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					
NE	ND North Dakota Medicaid CKNE	1	MEDICAID	No		Eliaibility Inquiry		+		Yes/No Response					
NE	E Aetna Better Health of Nebraska 4213	0	MEDICAID	Yes	Payer's discretion	ERA				Enroll with Payer	Tax ID / NPI combination	Contact Aetna Better Health of Nebraska	No	Yes	Minimum of 31 Business days or 3 payment cycles
NE	E Aetna Better Health of Nebraska 4213 NE Medicald of Nebraska CKN		MEDICAID	Yes	Payer's discretion	EFT Claims	YY			Enroll with Payer	N/A payer enrolls provider				
	Ne Medicaid of Nebraska LKNI Medicaid of Nebraska CKNI		MEDICAID	Yes	1-2 Weeks 3-5 Business Days	ERA	Y			Enrollment in Electronic Fund Transfer (EFT) is required for enrollment in ERAs.	Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	Yes	Yes	Immediately
	Medicald of New Hampshire CKNB Medicald of New Hampshire CKNB		MEDICAID MEDICAID	Yes	2-3 weeks	Claims ERA	RY				Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	Effective with the Remittance Advice dated April 2, 2010, download in PPF 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 www.nhmedicaid.com under the
N	NH Medicald of New Hampshire CKNH	11	MEDICAID	No		Eligibility Inquiry				Yes/No Response					transaction convices name
N.	NU Aetna Better Health Plan of New Jersey 4632	0	MEDICAID	Yes	Payer's discretion	ERA				Enroll with Payer	Tax ID / NPI combination	Contact Aetna Better Health of New Jersey	No	Yes	Minimum of 31 Business days or 3 payment cycles
N.	NJ Aetna Better Health Plan of New Jersey 4632	0	MEDICAID	Yes	Payer's discretion	EFT				Enroll with Payer	N/A payer enrolls provider				
N	N.I. Medicald of New Jersey CKN.	1 Non	MEDICAID	Yes	2-3 weeks	Claims	R Y		S						



State	Payer ID	□ Тур	e Model	Grou Enrol p# I	Payer Enrollment Turnaround Time	Service	NPI 5010	ICD O Read y	d Compliance	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
NJ	Medicald of New Jersey CKI Medicald of New Jersey CKI		MEDICALE	Yes	3-4 Weeks	ERA Eligibility Inquiry	Υ			Yes/No Response	Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	None
	New Mexico Medicaid CKN	M1 No	n MEDICAIE		1-2 Business Days	Claims	R Y		S	TOURIST INCIDENTAL	Tax ID / NPI combination for each	Paver requires paper enrollment			
	New Mexico Medicaid CKN New Mexico Medicaid CKN		MEDICAL		1-2 Business Days	ERA Eligibility Inquiry	Υ			Yes/No Response	physical location	form.	No	Yes	None
NV	New Mexico Medicaid CKN Medicaid of Nevada CKN Medicaid of Nevada CKN	IV1	MEDICAIE MEDICAIE	No	7-10 Business Days	Eliaibility Inquiry Claims	R Y		v	Yes/No Response					
NV			MEDICALE		3-4 Weeks	ERA	Y				Tax ID / NPI combination	Payer requires paper enrollment form.	No	Yes	6 Weeks
NY	Aetna Better Health of New York 347	34	MEDICAIE	Yes	Payer's discretion	ERA				Enroll with Payer	Tax ID / NPI combination	Contact Aetna Better Health of New York	No	Yes	Minimum of 31 Business days or 3 payment cycles
NY			MEDICAIE		Payer's discretion	EFT				Enroll with Payer	N/A payer enrolls provider				
NY NY	Medicaid of New York CKN Medicaid of New York CKN		MEDICAIE MEDICAIE	No Yes	7-10 Business Days	Eliaibility Inquiry Claims	R Y			Yes/No Response					
NY			MEDICAIE		3-4 Weeks	ERA	Y			Providers must be currently linked to Change Healthcare Dental's ETIN 002 for the submission of Dental Claims before submitting an ERA enrollment request.	Billing NPI only	Payer requires a paper enrollment form	Yes	Yes	4 Payment Cycles
NY		IY2	MEDICAIE		7-10 Business Davs 3-4 Weeks	Claims ERA	Y			Providers must be currently linked to Change Healthcare Dental's ETIN 002 for the submission of Dental Claims before submitting an ERA enrollment request.	Billing NPI only	Payer requires a paper enrollment form	Yes	Yes	4 Payment Cycles
	Medicaid of New York (Dental Clinics Only)			No		Eliaibility Inquiry			+ + -	Yes/No Response Dept of Health AIDS Drug					
NY	NYS DOH UCP 141	42 Pai	MEDICALE	Yes	Payer's discretion	Claims	R Y			Assistance Program (ADAP) - UCP is Uninsured Care Program					
NY	NYS DOH UCP 141	42	MEDICAIE	Yes	1-2 Business Days	ERA	Υ				Tax ID only	Payer accepts enrollment request from Change Healthcare.	No	No	None
ОН	Aetna Better Health of Ohio 500	23	MEDICAIE	Yes	Payer's discretion	ERA				Enroll with Payer	Tax ID / NPI combination	Contact Aetna Better Health of Ohio	No	Yes	Minimum of 31 Business days or 3 payment cycles
ОН	Aetna Better Health of Ohio 500	23	MEDICAIE	Yes	Payer's discretion	EFT				Enroll with Payer	N/A payer enrolls provider				
OH	Medicaid of Ohio CKC	H1 No	MEDICAL	No		Claims	R Y								Effective July 1 2007 Passor
ОН	Medicald of Ohio CKC	H1	MEDICAIE	Yes	1-2 Business Days	ERA					Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	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. ODJF's has established a secure internet website for Medicaid providers to log onto, view, download, save and print their remittance advices, https://medicaidremit.ohio.gov.
OH	Medicaid of Ohio CKC CareSource CKC	H1 No	MEDICAIE MEDICAIE	No		Eliaibility Inquiry Claims	R Y	F	1	Yes/No Response	1				
OK	CareSource CKC CareSource CKC Medicald of Oklahoma CKC	H2 K1 No	MEDICAIE MEDICAIE	No		Claims Eligibility Inquiry Claims	R Y			Yes/No Response					
ОК	Medicald of Oklahoma CKC	NK1	MEDICAIE	Yes	5-7 Business Days	ERA	Y			Provision logs into the secure were 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 hottps://www.cheaprovider.com/O.skahoma/Secure/iyogon.chmi/. Secure web account can be hottps://www.cheaprovider.com/O.skahoma/Secure/iyogon.chmi/. receiver name is Changle Healthcare Business Services—Healthcare x ID / NPI combination for each physical location. Providers can be setup for more than one location under same NPI. Each Soonercare legacy DI must be listed.	Payer requires paper enrollment form.	No	Yes	2 Weeks	
OR	Medicaid of Oklahoma CKC Medicaid of Oregon CKC		MEDICAIE MEDICAIE	No Yes	2-4 Weeks	Eligibility Inquiry Claims	R Y			Yes/No Response					
OR			MEDICAIE		2-4 Weeks	ERA					Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	Immediately
OR	Medicaid of Oregon CKC	R1	MEDICAI	No		Eligibility Inquiry				Yes/No Response					
PA	Medicaid of Pennsylvania CKF	A1 No	MEDICAL	No		Claims	R Y							1	



State Payer	ID□	Туре Мос	Grou E	rol Payer Enrollment Turnaround	Service	NPI 5010	Read	g Compliance	Additional Info	ERA/EFT Enrollment Level ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
							У	Date					
PA Medicaid of Pennsylvania	CKPA1	MEDIC	MD Y	es 2-3 weeks	ERA	Y				Tax ID / NPI combination for each Payer requires paper enrollment physical location form.	No	No	None
PA Medicaid of Pennsylvania	CKPA1	MEDIO	NID I	lo	Eliaibility Inquiry				Yes/No Response				
PR Triple-S Medicald Advantage	PRADV	MEDIC		es 7-10 Business Days	Claims	R Y			Completing this enrollment request will enroll the provider (or for a transaction for a transaction Electronic Claim (B37D). Serv. Benittiance (B37D				
PR Triple-S Medicald Advantage	PRADV	MEDIC	AID Y	es 7-10 Business Days	ERA				Completing this enrollment request will enroll the provider (or request will enroll the provider (or ST). The control claims (0837b). Best rich semitance Advice (0835) and Real Time (Eligibility Inquiry and Response (270/271) with all 3 payers listed above. Please enraine you have account with Change Healthcare prior to submitting the Healthcare prior to submitting the Healthcare prior to submitting the Please feel free to contact your Healthcare to confact your Healthcare to confirm account Healthcare to confirm account		No	Yes	Pending Payer Response
PR Triple-S Medicald Advantage	PRADV	MEDIC	AID 1	es 7-10 Business Days	Eligibility Inquiry				Completing this enrollment request will enroll the provider (or for a transaction fo				
RI Medicaid of Rhode Island	CKRI1	Non MEDIO	MD	lo	Claims	R Y			status.				
RI Medicaid of Rhode Island	CKRI1	MEDIO	AID Y	es 3-4 Weeks	ERA	Y				Tax ID / NPI combination for each physical location Payer requires paper enrollment form.	No	Yes	None
SC DentaQuest - Government Plans SC DentaQuest - Government Plans	CKSC1 CKSC1	Par MEDIO	AID AID	lo lo	Claims Eligibility Inquiry	R Y		S	Detailed Benefits				
SC Dentaquest - Government Plans	CKSC1	MEDIO	VID	lo .	Claim Status Inquir			 	South Dakota's Meddicald				
SD South Dakota Medicaid SD South Dakota Medicaid TN DentaCuest - Government Plans	CKSD1	Non MEDIO		lo lo	Claims Eligibility Inquiry	Y	-	 	contractor is South Dekota Delta Yes/No Response				
TN DentaQuest - Government Plans TN DentaQuest - Government Plans	62154 62154	Non MEDIO	ND I	lo lo	Claims Eliaibility Inquiry	R Y			Detailed Benefits			-	
TN Tennessee Medicald	62154 CKTN1	MEDIO	MD III	lo l	Claim Status Inquiry Eligibility Inquiry				Yes/No Response				
TX Cook Children's Dental TX Medicald of Texas	CPPCC CKTX1	Par MEDIO Non MEDIO	AID AID	lo lo	Claims Claims	R Y R Y	F		The same of the sa				
TX Medicald of Texas	CKTX1	MEDIO	MD Y	es 2-3 weeks	ERA					Tax ID / NPI combination for each physical location Payer requires paper enrollment form.	No	Yes	Immediately
TX Medicaid of Texas UT Medicaid of Utah	CKTX1 CKUT1	Non MEDIO	ND ND	lo lo	Eligibility Inquiry Claims	R			Yes/No Response				
UT Medikald of Utah	CKUT1	MEDIO		es 1-2 Businėss Days	ERA	Y				Tax ID / Bendering NPI at each physical address Payer accepts enrollment request from Change Healthcare.	No	No	None
VA Aetna Better Health of Virginia	128VA	MEDIO	AID 1	es Payer's discretion	ERA				Enroll with Payer	Tax ID / NPI combination Contact Aetna Better Health of Virginia	No	Yes	Minimum of 31 Business days or 3 payment cycles
VA Aetna Better Health of Virginia	128VA	MEDIO		es Payer's discretion	EFT				Enroll with Payer	N/A payer enrolls provider			
VA DentaQuest - Government Plans VA DentaQuest - Government Plans VA DentaQuest - Government Plans VA DentaQuest - Government Plans	CKVA1 CKVA1	Par MEDIO MEDIO	AID AID		Claims Eligibility Inquiry	R Y			Detailed Benefits				
VA IDentaQuest - Government Plans	CKVA1	MEDIO	MD I	lo. I	Claim Status Inquir				I	1	I.	I.	l .



Sta		Payer ID:		ype	Model	p# I	Payer Enrollment Turnaround Time			у	ICD10 ICD10 Required as of Compliance Date	Additional Info	ERA/EFT Enrollment Level	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off
V	T M	Medicald of Vermont CKV	T1 P	lon	MEDICAID	Yes	7-10 Business Davs	Claims	R Y		S						
		Medicaid of Vermont CKV			MEDICAID	Yes		ERA	Y				Tax ID / NPI combination	Payer requires paper enrollment form.	No	Yes	None
		Medicaid of Vermont CKV			MEDICAID	No		Eliaibility Inquiry				Yes/No Response					
W	A M	Medicald of Washington CKW	/A1 N	lon	MEDICAID	Yes	1-2 Business Davs	Claims	Y Y			·					
		Medicald of Washington CKW			MEDICAID	Yes	Payer's discretion	ERA	Υ				Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	No	Immediately
W	A M	Medicaid of Washington CKW Medicaid of Wisconsin CKW	/A1		MEDICAID	No No		Eliaibility Inquiry				Yes/No Response					
W	/I M	Medicald of Wisconsin CKW	VII N	lon	MEDICAID	No		Claims	Y Y			·	1				-
		Medicald of Wisconsin	VI1		MEDICAID	Yes		ERA	Υ				Tax ID / NPI combination	Payer requires paper enrollment form.	No	Yes	None
W	/I M	Medicaid of Wisconsin CKW			MEDICAID	No		Eliaibility Inquiry				Yes/No Response					
W	V M	Medicaid of West Virginia CKW	/V1 P	lon	MEDICAID	No		Claims	R Y								
w	v M	Medicald of West Virginia CKW			MEDICAID	Yes	Payer's discretion	ERA					Unknown as payer handles directly with provider.	Payer requires online enrollment tool be utilized.	No	No	None
W	V M	Medicald of West Virginia CKW	/V1		MEDICAID	No		Eliaibility Inquiry				Yes/No Response					
W	Y M	Medicaid of West Virginia CKW Medicaid of Wyoming CKW	/Y1 N	lon	MEDICAID	Yes	5-7 Business Days	Claims	R Y								
		Medicaid of Wyoming CKW	/Y1		MEDICAID	Yes	1-2 Business Days	ERA	Y				Tax ID / NPI combination for each physical location	Payer requires paper enrollment form.	No	Yes	None

		Legend
St.		State abbreviation
Payer		The name of the electronic payer in Change Healthcare's payer network.
ID		The Electronic Payer ID number assigned to the payer by Change Healthcare.
	Par	Participating
Туре	Non	Non Participating
Model	11011	Represents Payer Model - There are 5 Dental Models Commercial, BCBS, Delta Dental and Medicaid.
	Υ	Payer requires group number to be submitted within the transaction
Group #	N	Payer does not require a group number to be submitted within the transaction.
	Υ	Payer requires Dental providers to complete additional enrollment and/or a registration process before transactions will process electronically.
Enroll	N	Payer DOES NOT requires Dental providers to complete additional enrollment and/or a registration process before transactions will process electronically.
Payer Enrollment Turnaround Time		Average historical timeframe required by the payer to process an ERA enrollment request
		Claims
		Encounters
		Electronic Remittance Advice (ERA) 835
Service		Electronic Funds Transfer (EFT)
Service		Remittance Image
		Real-Time Claims
		Real-Time Eligibility Inquiry (270/271)
		Real-Time Claim Status Inquiry (276/277)
NPI	Υ	Payer accepting NPI.
	R	Payer requires NPI.
5010	Υ	Payer processing in x12 5010 format
55.5	N	Payer not processing in x12 5010 format
	Υ	Payer has indicated they are or will be ready to accept ICD10 claim data where situationally required effective on and after the compliance date.
ICD10 Ready	N	Payer cannot accept ICD10 and will continue to require ICD9 where situationally required.
	Blank	Payer has not indicated readiness to Change Healthcare.
ICD10 Testing		For testing requests or questions please email DentallCD10@Change Healthcare.com
	S	Where diagnosis codes are situationally required, Payer requires ICD10 for claims with dates of service on and after the compliance date.
ICD10 Required as of Compliance	N	Where situationally required, Payer requires ICD10 but will accept ICD9 for a limited contingency period.
Date	Υ	Payer requires ICD10 for claims with dates of service on and after the compliance date.
	Blank	Payer has not indicated ICD10 requirements to Change Healthcare.
		Tax ID
		Billing NPI only
		Tax ID / NPI combination (Each unique combination of the tax ID and NPI at the billing level must enroll.)
		Tax ID / NPI combination for each physical location (Each physical location must have at least one unique tax ID / NPI combination and must enroll.)
ERA Enrollment Level		same.
LKA LIII OIIIII LEVEI		Tax ID / NPI combination for each physical location. Providers can be setup for more than one location under same NPI. Each Soonercare legacy DI must be
		listed. Tax ID / NPI combination for each physical location. Pacificsource requires direct deposit. A form should be completed for each address because it is possible for
		different locations having different bank accounts.
		Unknown as payer handles directly with provider. (We don't participate in the enrollment process, it is handled directly between the payer and the provider.)
ERA Enrollment Type		A description of the type of enrollment process required by the payer.