

**PAYER LIST CHANGES  
02/10/2016**



The following payers have been ADDED to the Payer List:

Payer Name	INSTITUTIONAL				PROFESSIONAL				Remarks
	Payer Code	2ndry	Claim ENR	Remit ENR	Payer Code	2ndry	Claim ENR	Remit ENR	
Aetna Better Health of Kentucky	128KY	Y	N	Y	128KY	Y	N	Y	Effective 02/01/2016, electronic claims which would have been submitted for Coventry Cares of Kentucky (Payer ID 25133) and electronic claims for Aetna Better Health of Kentucky should be submitted using payer ID 128KY
Alignment Healthcare	AHCA1	N	N		AHCA1	N	N		New Claims Payer
Carpenters Health and Welfare Trust Fund of St. Louis	12174			Y	12174			Y	New Remit Payer
Christus Health TX HIX	52106	N	N		52106	N	N		New Claims Payer
John Muir Mt. Diablo Health System	68036	N	N	N	68036	N	N	N	New Remit Payer
McLaren Health Plan	38338	Y	N		38338	Y	N		New Claims Payer
Mercy LIFE of Alabama	63002	N	N		63002	N	N		New Claims Payer
Next Level Health Partners	69821	N	N	Y	69821	N	N	Y	New Remit Payer
Oscar Health	OSCAR	Y	N		OSCAR	Y	N		New Claims Payer
Qual Choice of Arkansas	35174	Y	N	Y	35174	Y	N	Y	New Remit Payer
Sutter Senior Care	56621	Y	N		56621	Y	N		New Claims Payer
Trillium Community Health Plan	LIPA1	N	Y	Y	LIPA1	N	Y	Y	New Claims & Remit payer (effective 2/18/16)
Ultra Benefits Inc.	41206	Y	N	Y	41206	Y	N	Y	New Remit Payer
University of Maryland Health Advantage	45282	Y	N		45282	Y	N		New Claims Payer

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Aetna Better Health of Illinois	26337	Y	N	Y	26337	Y	N	Y	Changed 2ndary indicator from N to Y for Institutional claims
Affiliated Physicians Group					APG01	N	N		Correction: Remits not available
Azeros Health Plans Inc.	16644	N	N	Y	16644	N	N	Y	Changed remit enrollment indicator to Y
CoreSource OH	35183	Y	N		35183	Y	N		Correction: Remits not available
EMCASCO INSURANCE CO.	21415			Y	21415			Y	This payer listing was moved to the WorkComp payer list
Equitable Plan Services (Oklahoma City OK)	73126	N	N	Y	73126	N	N	Y	Changed remit enrollment indicator to Y
Family Care CCO	93121	N	N		93121	N	N		Correction: Remits not available
First Agency	88055	N	N		88055	N	N		Correction: Remits not available
Harpeth IPA - Amerivantage					75126	Y	N		Correction: Remits not available
HealthPlus Amerigroup	27514	Y	N	Y	27514	Y	N	Y	Plan has transitioned to Empire BCBS. Claims for this plan should be sent thru Anthem BCBS of NY. (Payer Code remains active)
Heritage Victor Valley Medical Group	30862	N	N		30862	N	N		Correction: Remits not available
HFN Inc.	36335	N	N		36335	N	N		Correction: Remits not available
Massachusetts Medicaid - Health Safety Net	12K14	Y	Y	Y	SKMA0	Y	Y	Y	Modified name to include Health Safety Net
MDWise Select Health Network	35199	N	N		35199	N	N		Changed payer code from MWSHN to 35199. MWSHN payer code has been discontinued. All claims for this payer should be sent using payer code 35199.
Preferred Health Systems A Coventry Health Care Plan	60110	N	N	Y	61665	N	N		Correction: Remits not available
Standard Life and Accident (Secondary claims only)	73099	Y	N	N	73099	Y	N	N	Changed Claim/Remit ENR Indicators from Y to N
UC-Davis Health	94603	Y	N		94603	Y	N		Correction: Remits not available
UICPG Chicago IL MG#141	51909	N	N		51909	N	N		Correction: Remits not available
UMC HEALTH PLAN	75130	Y	N		75130	Y	N		Correction: Remits not available
UMR (formerly Lexington / Commonwealth Administrative G	37237	Y	N		37237	Y	N		Correction: Remits not available
UMR (formerly UMR Onalaska)	79480	Y	N		79480	Y	N		ERAs for UMR Payer ID 79480 have been discontinued by the payer as of 12/31/2015. To continue receiving ERAs from UMR, you must enroll under UMR Wausau Payer ID 39026.
Weiss Health Providers	36337	N	N		36337	N	N		Correction: Remits not available
Eastland Medical Group	66122	N	N		66122	N	N		Changed Professional Payer Code from CMS11 to 66122

**PAYER LIST CHANGES**  
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The following DELETIONS were made to the Payer List:

Payer Name	INSTITUTIONAL				PROFESSIONAL				Remarks
	Payer Code	2ndry	Claim ENR	Remit ENR	Payer Code	2ndry	Claim ENR	Remit ENR	
Delaware Physicians Care Inc.	27009	N	N	Y	27009	N	N	Y	The Payer has indicated they ceased operations on 1/31/16.
Family Health Partners - Healthwave of Kansas	31472			Y	31472			Y	Deactivated Payer
Access Community Health Network. Chicago IL Family Health Network patients	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
Alivio Family Medical Family Health Network patients only	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
Asian Human Services Family Family Health Network patients only	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
Chicago Family Health Center Family Health Network patients only	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
Family Christian Health Center Family Health Network patients only	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
Neighborhood Doctors Organization	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
PCC Community Wellness Center Family Health Network patients only	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
Sinai Medical Group Chicago IL Family Health Network patients only	51909	N	N		51909	N	N		Plan no longer associated with Payer ID 51909. Claims for Family Health Network (FHN) should be submitted electronically Payer ID 85468
Educators Mututal Medicare Advantage					SX111	Y	N		Deactivated Payer

The following remarks are INFORMATIONAL:

Payer Name	INSTITUTIONAL				PROFESSIONAL				Remarks
	Payer Code	2ndry	Claim ENR	Remit ENR	Payer Code	2ndry	Claim ENR	Remit ENR	
MajestaCare Virginia	26372	N	N		26372	N	N		The Payer has indicated they will cease operations on 2/29/2016. Claims submitted to this payer after 2/29/16 will be rejected.