

PAYER LIST CHANGES
03/10/2016



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	
Alexian Brothers Community Services of TN	44423	N	N		44423	N	N		New Claims Payer
Amerigroup Community Care	27514	Y	N	Y	27514	Y	N	Y	New Remit Payer
AMERIGROUP Community Care of New Mexico	27514	Y	N	Y	27514	Y	N	Y	New Remit Payer
Amerigroup Corporation (Ft Worth)	27514	Y	N	Y	27514	Y	N	Y	New Remit Payer
Amerigroup Florida	27519	Y	N	Y	27519	Y	N	Y	New Remit Payer
AMERIGROUP Georgia	27514	Y	N	Y	27514	Y	N	Y	New Remit Payer
Cox Health Plan	00119	N	N	Y	00019	N	N	Y	New Remit Payer
Delta Health Systems	94235	Y	N	Y	94235	Y	N	Y	New Remit Payer
Excellus - BCBS Utica Watertown	12B38	Y	Y	Y	SB806	Y	Y	Y	New Remit Payer
Excellus - Blue Cross Blue Shield Central NY	12B37	Y	Y	Y	SB805	Y	Y	Y	New Remit Payer
Excellus - Blue Cross Blue Shield Rochester Area	12B40	Y	Y	Y	SB804	Y	Y	Y	New Remit Payer
Gundersen Lutheran Health Plan	39180	N	N	Y	39180	N	N	Y	New Remit Payer
Hamaspik Choice	47738	N	N		47738	N	N		New Claims Payer
Healthfirst Tyler TX	75234	Y	N		75234	Y	N		New Claims Payer
Healthnow Division					55204	Y	Y	Y	New Remit Payer
Huron PACE	54750	N	N		54750	N	N		New Claims Payer
International Benefit Administrator	11329	Y	N		11329	Y	N		New Claims Payer
Lifetime Benefit Solutions	EBSRM	N	N	Y	EBSRM	N	N	Y	New Remit Payer
Midwest Physicians Administrative Systems	66727	N	N		66727	N	N		Replaces payer codes TH088 and 12T26.
Paramount	SX158	N	N	Y	SX158	N	N	Y	New Remit Payer
Quartz ASO	46571	Y	N		46571	Y	N		New Claims Payer
State Trust Group	42162	N	N		42162	N	N		New Claims Payer

The following **CHANGES** 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	
Colorado Medicaid	77016	Y	Y	Y	77016	Y	Y	Y	Changed 2ndary indicator from N to Y
Health Net of Arizona	38309	Y	N	Y	38309	Y	N	Y	Changed 2ndary indicator from N to Y.
Health Net of California and Oregon - Claims	95567	Y	N	Y	95567	Y	N	Y	Changed 2ndary indicator from N to Y.
Lovelace Sandia Health Plan (as of 9/27/14)	90328	Y	N		90328	Y	N		Payer Code Correction.

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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	
Carillon Clinic Medicare Health Plan	77015	N	N		77015	N	N		Discontinued Payer ID
Corporate Benefits Service Inc. (NC)	56116	N	N		56116	N	N		Discontinued Payer ID as of 2/18/16. Providers should review their patient's membership card for the correct payer id.
Naperville HealthCare	12T26	N	N		TH088	N	N		Claims should be sent to MPAS 66727

The following remarks are INFORMATIONAL:

Payer Name	INSTITUTIONAL				PROFESSIONAL				Remarks
	Payer Code	2ndry	Claim ENR	Remit ENR	Payer Code	2ndry	Claim ENR	Remit ENR	
Government Employees Health Association (Multiplan)	45235	N	N						As of 2/10/16, this payer will no longer process claims with dates of service on or after 1/1/16. Claims submitted to this payer id for dates of service on or after 1/1/16 will be rejected by the payer.
Government Employees Health Association (PHCS)	45275	N	N		45275	N	N		As of 2/10/16, this payer will no longer process claims with dates of service on or after 1/1/16. Claims submitted to this payer id for dates of service on or after 1/1/16 will be rejected by the payer.
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.
Senior Care Partners	36390	N	N		36390	N	N		As of 1/27/16, this payer will no longer process claims with dates of service on or before 10/01/15. Do not submit claims to this payer with dates of service on or after 10/01/15 or they will be rejected. Claims with dates of service prior to 10/1/15 will continue to be accepted by the payer until 10/01/16.