

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	
Alaska Medicaid	77200	Y	Y	Y					New Payer
AmeriHealth New Jersey (Non-HMO)	60061	Y	Y	Y	60061	Y	Y	Y	New payer effective 3/15
BlueChoice HealthPlan Medicaid of South Carolina	00403	Y	N	Y	00403	Y	N	Y	Added 835 Transaction
Harken Health	43313	Y	N	N	43313	Y	N	N	Added 835 Transaction
Healthcomp Inc.	85729	N	N	Y	85729	N	N	Y	Added 835 Transaction
HFN Inc.	36335	N	N	Y	36335	N	N	Y	Added 835 Transaction
Illinois Medicaid	SKILO	Y	N	Y	SKILO	Y	N	Y	Added 835 Transaction
Little Company of Mary (For claims with a DOS on or after 1/1/17)	LCM1	N	N	na	LCM1	N	N	na	New Claims Payer
Premera BCBS of Alaska	00430	Y	N	Y					New Payer
Premera BCBS of Washington	00430	Y	N	Y					New Payer
Tricare for Overseas	12X46	N	Y	Y	SX163	N	Y	Y	Added 835 Transaction
Trusted Plans Service Corporation	91078	N	N	Y	91078	N	N	Y	Added 835 Transaction

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	
Affiliated Physicians Group	APG01	N	N	na	APG01	N	N	na	Correction: Remits not available
Community Health Plan of Washington	CHPWA	Y	N	Y	CHPWA	Y	N	Y	Payer Code Change from 12T30 to CHPWA & added 837P
Tufts Health Public Plans (aka Network Health)	04298	N	Y	Y	04298	N	Y	Y	Payer Code Change from 04332 to 04298 for claims. Remit Enrollment is done using 04332.
Virginia Mason Group Health	91131	Y	N	na	91131	Y	N	na	Added new Plan Name to existing Payer ID

The following payers were REMOVED from the Payer List:

Payer Name	INSTITUTIONAL				PROFESSIONAL				Remarks
	Payer Code	2ndry	Claim ENR	Remit ENR	Payer Code	2ndry	Claim ENR	Remit ENR	
AFTRA Health Fund (claims with DOS prior to 1/1/2015)	13346	N	N	na	13346	N	N	na	Discontinued payer code effective 2/7/17.
AmeriHealth Non-HMO (PPO) NJ (remits only)	SX055		na	Y	SX055		na	Y	Discontinued payer code. Use 60061
AmeriHealth Non-HMO (PPO) of Delaware (remits only)	SX055		na	Y	SX055		na	Y	Discontinued payer code.
Excellus - BCBS Central NY-RMSCO	12B71	Y	Y	na					Discontinued payer code.
First Priority	14232 42331				23241				Discontinued payer code.. The Payer has indicated that they are no longer accepting electronic claims. Effective 2/1/2017, any remaining BCNEPA legacy claims must be submitted on paper to the following addresses: First Priority Health (FPH) P.O. Box 219617 Kansas City, MO 64121-9617
FirstCarolinaCareMedicare	34200	N	N	na	34200	N	N	na	Discontinued payer code effective 1/1/17.
Hudson Health Plan	13335	N	N	Y	13335	N	N	Y	Discontinued payer code. Professional and Institutional Claims for Payer ID 13335 Hudson Health Plan should be submitted to Payer ID 14165 MVP HEALTH PLAN OF NY
INTotal Health (claims with DOS prior to 7/01/2016)	10262	N	Y	Y	10262	N	Y	Y	Discontinued payer code. Claims with DOS 7/1/16 or after should use 35115.

The following remarks are INFORMATIONAL:

Payer Name	INSTITUTIONAL				PROFESSIONAL				Remarks
	Payer Code	2ndry	Claim ENR	Remit ENR	Payer Code	2ndry	Claim ENR	Remit ENR	
Connecticare - Medicare	78375	N	N	Y	78375	N	N	Y	Professional claims containing DOS for both 2016 and 2017 should be submitted separately
Trusted Plans Service Corporation	91078	N	N	Y	91078	N	N	Y	Claims with expired group numbers will reject. This includes the following: 45760 - IBEW 45124 - Valley Freightliner 45125 - Gordon Trucking 45425 - AHBL Inc. 45635 - Trans-System Inc. 45750 - May Trucking