ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollmet	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	21st Century Health and Benefits	59069	Par	COMMERCIAL	Yes	No		Claims	Y											
	21st Century Insurance and Financial Services	51028	Non	COMMERCIAL	Yes	No		Claims	Y					Electronic Payer ID for claims printed and mailed to payer.						
	3P Admin	20413	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	6 Degrees health, Inc.	20446	Par	COMMERCIAL	Yes	No		Claims	R	Y				An Innovative Healthware Services Payer.						
	A & I Benefit Plan Administrators	93044	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	A.D.N. Administrators, Inc.	CXADN	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	AAG Benefit Plan Administrators, Inc.	75240	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	AARP	AARP1	Par	COMMERCIAL	Yes	No		Claims	Y	Y				AARP Claims with a mailing address of PO Box 2059, Mechanicsburg, PA						
	AARP	AARP1		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
	Acceptius (Benefit Management Inc of MO (BMI)	43178	Par	COMMERCIAL	Yes	No		Claims	Y											
	Access Dental	CX097	Par	COMMERCIAL	Yes	No		Claims	R					via Performance Health Technology						
	Access Dental	CX097		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	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 a 2.						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Acclaims	64071	Par	COMMERCIAL	Yes	No		Claims	Y											
	ACS Benefit Services Inc.	72468	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. ACS Consulting Services, Inc.						
	ACS Benefit Services, Inc.	61474	Par	COMMERCIAL	Yes	No		Claims	Y	Y				ACS Branded Dental Product						
	Activa Benefit Services, LLC/Dental	38255	Par	COMMERCIAL	Yes	No		Claims	Y	Y				(Formerly Amway Corporation/Dental)						
	Administrative Services Only, Inc.	CX076	Par	COMMERCIAL	Yes	No		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						
	Adminitrative Concepts, Inc.	22384		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Advantage by Superior	CPPSA	Par	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.						
	Advantage Dental Plan, Inc.	93524	Par	COMMERCIAL	No	No		Claims	Y	Y										
	Advantek Benefit Administrators	83077	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Advantica Benefits	43168	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Advantica Benefits	43168		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Advantica Benefits	43168		COMMERCIAL				Eligibility Inquiry						Detailed Benefits						
	Advantica Benefits	43168		COMMERCIAL				Claim Status Inquiry												
	Adventist Health System West - Roseville, CA	95340	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	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.	Payer requires paper enrollment form.	No	Yes	30 Days	Provider would need to mark Cancel and complete section A of the Electronic Remittance Advice & Electronic Fund Transfer Request Form and fax to 859-	Pending Payers Advise
	Aetna	60054		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	Aetna	60054		COMMERCIAL		No		Claim Status Inquiry												
	Aetna	68246	Par	COMMERCIAL	Yes	No		Encounters	Y	Y				Use this Payer ID for submitting DMO services only.						
	Affordable Benefits Admin.	95426	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	AFLAC GA	58066		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	AFLAC GA - GRP	58066	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Group Plan Coverage please refer to your ID card for group coverage/number verification.						
	AFLAC NY	52080	Par	COMMERCIAL	Yes	No		Claims	Y	Y				mailing address as payer ID 58066 and the only difference between the plans is that the insured ID for the NY based plan begins with "PN" as "PNxxxxxx" (followed by 6+ digits)						
	AFLAC NY	52080		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	AFLAC NY - GRP	52080	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Group Plan Coverage please refer to your ID card for group coverage/number verification.						
	Alameda Alliance	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Alaska Carpenters Trust	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (P40) when submitting claims.						
	Alaska Children's Services Inc.	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Alaska Children's Services Inc.	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (P68) when submitting claims.						
	Alaska Electrical Health & Welfare Fund	92600	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Alaska Laborers Construction Industry Trust	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (P23) when submitting claims.						
	Alaska Pipe Trades Local 375	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (P24) when submitting claims.						
	Alaska United Food & Commercial Workers Health & Welfare Trust	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (F45) when submitting claims.						
	Allegeant	52193	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. LBA Health Plans						
	Allegiance Benefit Plan	81040	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Allied Benefit Systems	37308	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Amalgamated Life - PA Alicare	13343	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Ameriben Solutions	75137	Par	COMMERCIAL	Yes	No		Claims	R	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollmet	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	American Administrators dba Select Benefit Administrators (West Des Moines, IA)	42137	Par	COMMERCIAL	Yes	No		Claims	Y	Y				to verify the Payer ID before submitting claims. If you have questions, please contact Provider Relations at 800-456-4584.						
	American Benefit Corporation	CX084	Par	COMMERCIAL	Yes	No		Claims	Y					Only limited plans may be sent electronically. Group name is required with one of the following plan names: Sheet Metal, Berekely, Boone, Carpenter, Cabell, Clarksbur, Doodridge, Hancock, Harrison, Marion, Monongalia, Mingo, Mineral, Morgan, Nicholas, Putnam,						
	American Benefit Plan Administrators	95170	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	American Medical Security	CX001	Par	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer						
	American Postal Workers Union Health Plan	44444	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Americas TPA	41178	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Amerihealth Administrators	54763	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Ameritas Life Insurance Corp.	47009	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Ameritas Life Insurance Corp.	47009		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the	No	No	None	No un-enrollment is required by the payer. Paper EOPs can be obtained at http://www.ameritas.com/index.h	Pending Payers Advise
	Ameritas Life Insurance Corp.	47009		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	Ameritas Life Insurance Corp.	47009		COMMERCIAL		No		Claim Status Inquiry												
	Ameritas Life insurance Corp. of New York	72630	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Ameritas Life insurance Corp. of New York	72630		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the	No	No	None	No un-enrollment is required by the payer. Paper EOPs can be obtained at http://www.ameritas.com/index.h	Pending Payers Advise
	Ameritas Life insurance Corp. of New York	72630		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	Ameritas Life insurance Corp. of New York	72630		COMMERCIAL		No		Claim Status Inquiry												
	Amway Corporation	38255	Par	COMMERCIAL	Yes	No		Claims	Y	Y				(Formerly Amway Corporation/Dental)						
	Anchor Benefit	53085	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Antares Management Solutions	34192	Par	COMMERCIAL	No	No		Claims	Y	Y										
	Anthem Health Plans - HMOD & HMOG	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Anthem Health Plans of Kentucky - OSB High & Low	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Anthem Health Plans of Kentucky - PPOB & PPOD	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Anthem Health Plans of Virginia - OSB High & Low	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Anthem Health Plans of Virginia - PPOB & PPOD	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Anthem HMO Colorado - HMO-B	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Anthem Insurance - OSB High & Low	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Anthem Insurance - PPOB & PPOD	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	ARC Administratots	CXARC	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Argus Dental Plans, Inc.	ARGUS	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Arkansas Best Corporation - Choice Benefits	75278	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Arkansas Municipal Health Benefit Fund	81883	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	ASR Corporation	38265	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Association Benefit Plan	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 52419. Now part of Coventry Consolidate payer ID. Including Combined Government Health Plan & Contract Health Insurance Plan.						
	Association Benefit Plan	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				Payers must enroll/activate within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Assurant Employee Benefits	70408	Par	COMMERCIAL	Yes	No		Claims	Y	Y				PO Box 2877, Clinton, IA 52733						
	Assurant Health (IM & GROUP FULLY - INSURED)	39065	Par	COMMERCIAL	Yes	No		Claims	Y	Y				PO Box 2806, Clinton, IA 52733						
	Assurant Health (IM & GROUP FULLY - INSURED)	39065		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				PO Box 2806, Clinton, IA 52733	Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Assurant Health / Time Insurance Co, email request to ediserve@assurant.com making sure to include his Tax ID, name	Pending Payers Advise
	Assurant Health (IM & GROUP FULLY - INSURED)	39065		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via PM247
	Assurant Supplemental Insurance	ASHC1	Par	COMMERCIAL	Yes	No		Claims	Y					PO Box 2829 Clinton IA 52733						
	Assurant, Inc.	70408	Par	COMMERCIAL	Yes	No		Claims	Y	Y				PO Box 2877, Clinton, IA 52733						
	Assured Benefits Administrators	74240	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Athens Area Health Plan Select	95691	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Atlantic Dental Inc. (ADI) - Commercial	CX085	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Automated Group Administration, Inc. (AGA)	37280	Par	COMMERCIAL	Yes	No		Claims	Y											
	Avesis	86098	Par	COMMERCIAL	Yes	No		Claims	Y	Y			S							
	Banner Plan Administration	77078	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Banner Plan Administration	77078		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via PM247
	Banner Health Systems	SX145	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Bay Area Automotive Group	CHSBA	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Administered by Health Services Benefit Administrators, Inc. (HSBA)						
	Bay Area Delivery Drivers	CHSBD	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Administered by Health Services Benefit Administrators, Inc. (HSBA)						
	BCI Administrators, Inc.	49153	Par	COMMERCIAL	Yes	No		Claims	Y											
	Bell Atlantic	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	BeneCare Dental Plans	23210	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Benefit Administrative Systems	36149	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Benefit Coordinators Corporation (Pittsburgh, PA)	25145	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID valid only for claims with a submission address of 111 Ryan Court, Suite 300, Pittsburgh, PA 15205.						
	Benefit Inc.	R7003	Non	COMMERCIAL	No	No		Claims	Y	Y										
	Benefit Inc.	R7003		COMMERCIAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
	Benefit Management Group NV	36459	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Benefit Management Services of MS	37212	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Benefit Management Services, Inc.	56139	Par	COMMERCIAL	Yes	No		Claims	Y											
	Benefit Management, Inc. of KS	48611	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Benefit Plan Administrators Co. (Eau Claire, WI)	39081	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID valid for Benefit Plan Administrators (Eau Claire, WI submission address only) and Custom Benefit Administrators						
	Benefit Systems & Services, Inc. (BSSI)	36342	Par	COMMERCIAL	Yes	No		Claims	Y					Now known as Total Broker Benefits, Payer ID 36342						
	Benefit Systems & Services, Inc. (BSSI)	36342		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via PM247
	Best Life & Health Insurance Co.	95604	Par	COMMERCIAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	BHP-Unity	44219	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer. a.k.a. Reading Hospital Employer Group						
	Blue BeneFit Administrators of MA	03036	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. CBA Blue						
	Blue Care Family Plan	GWD01	Par	COMMERCIAL	No	No		Claims	R	Y				Administered by Golden West (Well point)						
	Blue Cross Blue Shield of North Carolina	61472	Par	COMMERCIAL	Yes	No		Claims	Y					BHB Pediatric Dental Claims						
	Blue Cross Blue Shield of North Carolina	61473	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Dental Blue Product						
	Blue Cross Blue Shield of North Carolina	61474	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Dental Blue Select Product						
	Blue Cross Blue Shield of Wisconsin - PPOD	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Blue Cross of California - OSB High & Low	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Blue Cross of California - Plan SS10 & SS20	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Blue Cross of California - PPOA	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Boilermakers National Health & Welfare Fund	36609	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Boon Chapman Benefit Administrators	74237	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	BridgeSpan Health (Regence Group)	BRIDG	Non	COMMERCIAL	Yes	No		Claims	R	Y										
	Brokers National	CX032	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Broward Health	37314	Par	COMMERCIAL	Yes	No		Claims	Y											
	Butler Benefits	42150	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	C. L. Frates	CX075	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Cal Optimal -OneCare	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	California State Government Programs	CPPCA	Par	COMMERCIAL	Yes	No		Claims	R											
	California State Government Programs	CPPCA		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
	Cannon Cochran Management Services, Inc. Metairie, LA	71057	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID for claims with a mailing address of PO Box 6794, Metairie, LA 70009						
	Capitol Administrators	68011	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Capitol Dental	CX095	Par	COMMERCIAL	Yes	No		Claims	R					via Performance Health Technology						
	Care 1st Health Plan Medicare Advantage	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Care 1st PHP LA & San Bernadino County	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	CareFirst, Inc. Maryland BCBS	00580	Non	COMMERCIAL	Yes	No		Claims	R	Y										
	CareFirst, Inc. Maryland BCBS	00580		COMMERCIAL		Yes	1-3 Business Days	ERA	R	Y					Payer accepts enrollment request from Emdeon.	No	No	If EFT is selected than shut off immediately.	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All inquiries and comments regarding initiation, set-up, testing and receipt of HIPAA transactions should be directed to EDIdirectsubmission@carefirst.com. Support for all EDI Transactions is provided by the HelpDesk during normal business hours at 877-526-8390 or at EDIdirectsubmission@carefirst.co
	CareOregon	93975	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Caresource KY	KYCS1	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Carolina Summit Healthcare	56195	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Carpenters Health and Welfare Fund of Philadelphia	CX101	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Caterpillar Inc.	37060	Non	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer						
	CBA Blue	03036	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Comprehensive Benefits Administrators, Inc.						
	CCEA Teachers Health Trust	88019	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	CDO Technologies	83028	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	CDS Group Health	88022	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Cement Masons & Plasterers Health & Welfare Trust	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (F16) when submitting claims.						
	Central Reserve Life	34097	Par	COMMERCIAL	Yes	No		Claims	R	Y				Non Medicare Supplement: www.americanrepublic.com						
	Central Reserve Life	34097		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				Non Medicare Supplement. www.americanrepublic.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	Central States Health and Welfare Fund	36215	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Central Susquehanna Healthcare Providers (CSHP)	55731	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	CHAMPVA - HAC	84147	Par	COMMERCIAL	Yes	No		Claims	Y					CHAMPVA - HAC is not associated with and does not process Claims for TRICARE (formerly CHAMPUS)						
	CHAMPVA - HAC	84147		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	Chesterfield Resources, Inc. (Uniontown, OH)	34154	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. Salvation Army						
	Choice Plus (TRW)	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Christian Brothers Services	38308	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	CIGNA	62308	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	CIGNA	62308		COMMERCIAL		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	CIGNA	62308		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	CIGNA	62308		COMMERCIAL		No		Claim Status Inquiry												
	CIGNA Voluntary	59225	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Citizens Security Life	CX071	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Civil Service Employees Association (CSEA)	CX054	Par	COMMERCIAL	Yes	No		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						
	ClaimsBridge HPN	11752	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	CNIC Health Solutions Inc.	37227	Par	COMMERCIAL	Yes	No		Claims	R											
	CNIC Health Solutions Inc.	37227		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Coastal Administrative Services	77052	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Commerce Benefits Group	34181	Par	COMMERCIAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Commerce Benefits Group	34181		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERA/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Community Health Alliance of TN	27905	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Community Health Electronic Claims/CHEC/webTPA	75261	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Community Health Electronic Claims/CHEC/webTPA	75261		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Community Insurance - HMOA & PPOB	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Community Insurance - PPOD & PPOF	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Comp - Ohio (Austintown, OH)	34177	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Companion Life	77828	Non	COMMERCIAL	Yes	No		Claims	R	Y										
	CompBenefits	CX021	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Comprehensive Healthcare Options.com Inc.	CHCP1	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Connecticut Carpenters Health Fund	37307	Par	COMMERCIAL	Yes	No		Claims	Y											
	Connecticut General (CIGNA)	62308	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Connecticut General (CIGNA)	62308		COMMERCIAL		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Consociate Dansio, Inc	37135	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Consolidated Group Dental	61305	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Comsumers Choice Health Plan - State of SC	45321	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Cook Group Health Plan	35149	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Cooperative Benefit Administrators (CBA)	52132	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Administered by UMR Wausau						
	Cooperative Benefit Administrators (CBA)	52132		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.	Pending Payers Advise
	Cooperative Benefit Administrators (CBA)	52132		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	Core Management Resources Group	58231	Par	COMMERCIAL	Yes	No		Claims	Y											
	CoreSource AZ MN	41045	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.						
	CoreSource Little Rock	75136	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	CoreSource Little Rock	75136		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from CoreSource Little Rock email the request to [illegible]	Pending Payers Advise
	CoreSource MD PA IL	35182	Par	COMMERCIAL	Yes	No		Claims	Y	Y				[illegible] "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		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from CoreSource MD PA IL email request to [illegible]	Pending Payers Advise
	CoreSource NC IN	35180	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of North Carolina or Indiana. For assistance call 800-689-0106.						
	CoreSource NC IN	35180		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from CoreSource NC IN email request to [illegible]	Pending Payers Advise
	CoreSource OH	35183	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	CoreStar	41045	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.						
	Corporate Benefits Service, Inc. (NC)	56116	Par	COMMERCIAL	Yes	No		Claims	Y											
	Covenant Administrators, Inc. (Atlanta, GA)	58102	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Benesys, Inc.						
	Coventry Dental	CX049	Par	COMMERCIAL	Yes	No		Claims	Y	Y				[illegible] Coventry's consolidated payer ID.						
	Coventry Health Care	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Claims for all of these legacy payer IDs may now be submitted to this payer ID. 87043 and 62413						
	Coventry Health Care	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				[illegible] 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Coventry Health Care Carelink	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				West Virginia Only						
	Coventry Health Care Carelink	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				[illegible] 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Coventry Health Care Carelink Medicaid	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				West Virginia Only						
	Coventry Health Care Carelink Medicaid	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				[illegible] 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Coventry Health Care *National Network*	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.						
	Coventry Health Care *National Network*	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				[illegible] 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Coventry Health Care of Georgia	25148	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Coventry Missouri	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.						
	Coventry Missouri	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				[illegible] 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	CoventryCares	86098	Par	COMMERCIAL	Yes	No		Claims	Y	Y			S	Kentucky Medicaid CoventryCares administered by Avesis						
	Creative Plan Administrators	37320	Par	COMMERCIAL	No	No		Claims	Y											
	Crescent Dental - Meritain Health	CX074	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Crescent Health Solution	56213	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	CTI Administrators	42141	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Custom Design Benefits Inc. of OH	82056	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	CustomCare	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Dart Management Corp.	06172	Par	COMMERCIAL	Yes	No		Claims	R											

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Dart Management Corp.	06172		COMMERCIAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
	DeCare Dental Health Insurance	07035	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	DeCare Dental Health Insurance	07035		COMMERCIAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact DeCare Networks Professional Services department either via phone or in writing stating your request. Phone: 800-658-4187 Fax: 800-658-4186 Mail: PO Box 1175, Minneapolis, MN 55440-1175	Pending Payers Advise
	DeCare Dental Health Insurance	07035		COMMERCIAL		No		Eligibility Inquiry	R					Detailed Benefits						
	DeCare Dental Health Insurance	07035		COMMERCIAL		No		Claim Status Inquiry												
	Denex Dental	CX049	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Dental Benefit Providers	52133	Par	COMMERCIAL	Yes	No		Claims	R	Y				A United Healthcare Payer						
	Dental Benefit Providers	52133		COMMERCIAL		Yes	4-6 Weeks	ERA						A United Healthcare Payer	Payer accepts enrollment request from Emdeon	Yes	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Contact the OptumInsight Support team by opening a ticket online or by calling 877-309-4256.
	Dental Care Plus	CX035	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Dental Care Plus	CX035		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Dental Network of MD	CX034	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	Dental Select	CX093	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	Dental Select	CX093		COMMERCIAL		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	If EFT is selected then shut off after 2 weeks	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Dental Select	CX093		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Dentaquest Commercial Plans (Group and Individual)	04356	Par	COMMERCIAL	No	No		Claims	Y	Y										
	Deseret Mutual Benefit Administrators	CX089	Non	COMMERCIAL	Yes	Yes	10-15 Business Days	Claims	R	Y			S							
	Deseret Mutual Benefit Administrators	CX089		COMMERCIAL		Yes	10-15 Business Days	ERA	R	Y					Payer handles enrollment directly with provider.	No	No	Only if provider requests	Contact DMBA EDI Enrollment via email to EDIenrollment@dmba.com or via phone at 800-777-3622.	We now have information for providers on our website with instructions on what to do in the event of a missing EFT/ERA. Here is a link: http://uhin.org/faq-page#tbn279. It is in the Members area of our website, so if you have not yet registered for access you will need to do that first. Once you're in, it appears on our FAQ page under "Troubleshooting"
	DH Evans	CX065	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	Diversified Administration Corporation	CX040	Par	COMMERCIAL	Yes	No		Claims	Y											
	Dunn & Associates Benefits Administrators, Inc.	35186	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	EasyChoice Health Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	EBC, Inc.	37257	Par	COMMERCIAL	No	No		Claims	Y	Y				with a billing submission address of Employee Benefit Consultants, located in Broadview Hts, OH, Appleton, WI, Albuquerque, NM, Findlay, OH, Louisville, KY and Milwaukee, WI						
	EBMC	CX025	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	EBMS (Employee Benefit Management Services, Inc.)	81039	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	EBS - RMSCO	EBSRM	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	EBS Benefit Solutions	CX043	Non	COMMERCIAL	No	No		Claims	Y	Y										
	EHI	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	EMI Health	CX079		COMMERCIAL		Yes	Payer's discretion	ERA						f.k.a. Educators Mutual Insurance Association	Payer handles enrollment directly with provider.	No	No	None	If a provider wishes to discontinue receiving ERAs from EMI Health call 800-662-5851 and make his request.	We now have information for providers on our website with instructions on what to do in the event of a missing EFT/ERA. Here is a link: http://uhin.org/faq-page#tbn279. It is in the Members area of our website, so if you have not yet registered for access you will need to do that first. Once you're in, it appears on our FAQ page under "Troubleshooting"
	EMI Health	CX079	Non	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Educators Mutual Insurance Association. Prior to accepting claims electronically EMIA requires the provider to call 801-262-7476 or 800-662-5850. Providers should advise EMIA that they will be submitting their claims through Emdeon Business Services, Inc. UHIN submitter ID						
	EMPHESYS	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	EmpireHealthChoice Assurance - OSB Low & PPOB	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	EmpireHealthChoice HMO	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Employee Benefit Concepts (Farmington Hills, MI)	38241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Employee Benefit Consultants	37257	Par	COMMERCIAL	No	No		Claims	Y	Y				with a billing submission address of Employee Benefit Consultants, located in Broadview Hts, OH, Appleton, WI, Albuquerque, NM, Findlay, OH, Louisville, KY and Milwaukee, WI						
	Employee Benefit Management Corp (EBMC)	CX025	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Employee Benefits Plan Administration, Inc. (E.B.P.A.)	03036	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. CBA Blue						
	Employee Benefits Systems of IA	42149	Par	COMMERCIAL	Yes	No		Claims	Y											
	Employee Plans, LLC	35112	Par	COMMERCIAL	Yes	No		Claims	Y											
	Employee Plans, LLC	35112		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Employer Plan Services, Inc.	CX031	Par	COMMERCIAL	Yes	No		Claims	Y											
	Employers Direct Health	75232	Par	COMMERCIAL	Yes	No		Claims	Y											
	Employers Health	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Employers Health Insurance	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Employers Mutual, Inc.	59297	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Employers Mutual, Inc.	59297		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Encara	WDENC	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Enstar Natural Gas	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (P61) when submitting claims.						
	EPSI Dental II	CX037	Par	COMMERCIAL	Yes	No		Claims	Y					f.k.a. Capital Dental						
	EQUICOR	62308	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	EQUICOR	62308		COMMERCIAL		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Equitable Plan Services (Oklahoma City, OK)	73126	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID Valid only for Claims with a billing submission address of P.O. Box 720460, Oklahoma City, OK 73172.						
	ES Beveridge and Associates	34108	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	E-V Benefits Management, Inc (Columbus, OH)	34159	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Everence	35605	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Everence	35605		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via PM247
	ExclusiCare	71412	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	ExclusiCare	71412		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Family Dental	CX096	Par	COMMERCIAL	Yes	No		Claims	R					via Performance Health Technology						
	Federated Mutual Insurance	41041	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Fidelio Dental Insurance Company	FDIC1	Par	COMMERCIAL	Yes	No		Claims	R											
	First Administrators	FAMR1		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						You must enroll with your TIN and Sub TIN. To obtain your Sub TIN call 1-800-206-0827.						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via PM247
	First Care/Southwest Life & Health	CX050	Par	COMMERCIAL	Yes	No		Claims	R	Y				To obtain EFTs please enroll using payer ID 49096.						
	First Continental Life & Accident Insurance	CX090	Par	COMMERCIAL	Yes	No		Claims	R											
	First Dental Health of CA	CX086	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	First Reliance Standard Life Ins. Co. (NY Business)	13317	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	First Reliance Standard Life Ins. Co. (NY Business)	13317		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon Creates an auto approval for each active ERA account upon submission of the first claim for the payer after the	No	No	None	No un-enrollment is required by the payer. Paper EOPs can be obtained at http://www.ameritas.com/index.h	Pending Payers Advise
	First Reliance Standard Life Ins. Co. (NY Business)	13317		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	First Reliance Standard Life Ins. Co. (NY Business)	13317		COMMERCIAL		No		Claim Status Inquiry												
	Fitzharris & Company, Inc.	11244	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Flex Compensation	R7004	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	Flex Compensation	R7004		COMMERCIAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
	FlexCare	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Florida Combined Life	CBFLU	Par	COMMERCIAL		No		Claims	R	Y			S							
	Florida Power & Light	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	FMH Benefit Services, Inc.	48117	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Foreign Service Benefit Plan	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 62413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.						
	Foreign Service Benefit Plan	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				Payer will be turned on within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Formula Card Dental	LX050	Non	COMMERCIAL	Yes	No		Claims	Y											
	Foundation Benefit Admin (FBA) - Boon Group	BOONG	Par	COMMERCIAL	Yes	No		Claims	Y											
	Fox Everett, Inc.	64069	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Fraternal Order of Police - Dental Division (Philadelphia, PA)	CX041	Par	COMMERCIAL	No	No		Claims	Y	Y										
	Fringe Benefit Management	59069	Par	COMMERCIAL	Yes	No		Claims	Y											
	Fringe Benefits Coordinators of FL	59204	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	GDS	CX036	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Gerber Life Insurance Company - 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						
	Gettysburg	CX064	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	GHI - New York (Group Health Inc.)	13551	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	GIC Indemnity Plan	80314	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Gilsbar, Inc.	07205	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Gilsbar, Inc.	07205		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Golden State Health Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Golden West Dental	GWD01	Par	COMMERCIAL	No	No		Claims	R	Y										
	Government Employees Hospital Association (GEHA)	44054	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from GEHA email request to dental_exam@geha.com	Pending Payers Advise
	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	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.						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via PM247
	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL		No		Eligibility Inquiry						Yes / No Response						
	Government Employees Hospital Association (GEHA)	44054		COMMERCIAL		No		Claim Status Inquiry												
	Government Employees Hospital Association (GEHA)	57254	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Government Employees Hospital Association (GEHA)	57254		COMMERCIAL		No		Eligibility Inquiry						Yes / No Response						
	Government Employees Hospital Association (GEHA)	57254		COMMERCIAL		No		Claim Status Inquiry												
	Great-West Healthcare	63665	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. General American						
	Great-West Healthcare	63665		COMMERCIAL		No		Claim Status Inquiry												
	Great-West Healthcare	80705	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Great-West Healthcare	80705		COMMERCIAL		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Great-West Healthcare	80705		COMMERCIAL		No		Claim Status Inquiry												
	Group Administrators Ltd.	36338	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Group and Pension Administrators	48143	Par	COMMERCIAL	Yes	No		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							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
	Group Health Coop (Individual & Family, and Small Business Groups)	89070	Par	COMMERCIAL	Yes	No		Claims	R	Y			S	Administered by United Concordia						
	Group Insurance Service Center, Inc	37276	Par	COMMERCIAL	Yes	No		Claims	Y											
	Group Link of Indiana	CX015	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	Guaranty (DINA)	CX090	Par	COMMERCIAL	Yes	No		Claims	R											
	Guardian Life Insurance Company of America	64246	Par	COMMERCIAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Guardian Life Insurance Company of America	64246		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Guardian Life Insurance Company of America	64246		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	Guardian Life Insurance Company of America	64246		COMMERCIAL		No		Claim Status Inquiry												
	Harvard Pilgrim Health Care (HPHC) - 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						
	Hawaii - Mainland Administrators	86066	Par	COMMERCIAL		No		Claims	R	Y										
	Hawaii Medical Service Association (HMSA)	HMSA1	Par	COMMERCIAL	Yes	No		Claims	R	Y			S	Federal Employee claims cannot be sent electronically						
	Hawaii Medical Service Association (HMSA)	HMSA1		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	Yes	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Hawaii Western Management Association (HMAA/HWMG)	99208		COMMERCIAL		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Hawaii Western Management Association (HMAA/HWMG)	99208		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						To obtain your Provider Number, please call 800-621-6998 ext. 304						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	HCS - Health Claims Service (Boise, ID)	82018	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Health Choice Arizona	62179	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Health Choice Arizona	62179		COMMERCIAL		Yes		ERA							Payer accepts enrollment request from Emdeon.	No	No	30 Days	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Health Choice Insurance	46221	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Health Economics Group, Inc.	CX039	Non	COMMERCIAL	No	No		Claims	Y	Y										
	Health Net 21 - LA & Sacramento	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Health Net Healthy Families A, B & C	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Health Net Los Angeles PHP	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				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	62157	Par	COMMERCIAL	Yes	No		Claims	Y											
	Health Plan Services	59140	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Health Plans Inc.	CX055	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Health Resources Incorporated (HRI)	CX019	Par	COMMERCIAL	Yes	No		Claims	Y											
	Healthcare Management Administrators, Inc.	HMA01	Par	COMMERCIAL	Yes	No		Claims	Y	Y				The insured ID number is required. Maximum of 25 procedure lines per Claims. Secondary Claims cannot be sent electronically. Claims remarks exceeding 80 bytes in length cannot be sent electronically.						
	Healthcomp, Inc.	85729	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	HealthE Exchange Inc.	20356	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	HealthEdge Administrators	95213	Par	COMMERCIAL	Yes	No		Claims	Y											
	HealthEZ	41178	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Healthgram, Inc.	56144	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Primary Physician Care						
	HealthMarkets	59226	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. The MEGA Life & Health Insurance Company - Insurance Center.						
	HealthMarkets	59226		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				f.k.a. The MEGA Life & Health Insurance Company - Insurance Center.	Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from The MEGA Life & Health Insurance Company call 800-527-	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	HealthMarkets	59226		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						f.k.a. The MEGA Life & Health Insurance Company - Insurance Center.						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	HealthPartners MN	CX009		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					ERA enrollments are completed on a daily basis automatically by Emdeon. All providers who participate with ERAs through Emdeon will have ERAs activated for Health Partners 5 business days after their first claim submission, after activating their ERA account.	No	No	Immediately	Providers based in MN who no longer wish to receive their HealthPartner ERAs from Emdeon must enroll online at https://www.healthpartners.com/providerregistration/entry.do to receive their remittance advices online. Providers based outside MN who no longer wish to receive their HealthPartner ERAs from Emdeon should email request to dentalenrollment@emdeon.com. Include provider name and Tax	Pending Payers Advise
	Healthplex, Inc.	11271	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Healthplex, Inc.	11271		COMMERCIAL		Yes	1-3 Business Days	ERA							Emdeon creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account	No	No	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.	Pending Payers Advise
	HealthSCOPE Benefits, Inc.(Formerly CNA Health Partners of Arkansas)	71063	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	HealthSCOPE Benefits, Inc.(Formerly CNA Health Partners of Arkansas)	71063		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	HealthSmart Benefit Solutions	37272	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Wells Fargo TPA, Inc., Newnan GA and Fayetteville, NC						
	HealthSmart Benefit Solutions	37272		COMMERCIAL		Yes	1-3 Business Days	ERA						f.k.a. Wells Fargo TPA, Inc., Newnan GA and Fayetteville, NC	Payer accepts enrollment request from Emdeon.	No	No	Paper remits continue unless provider is enrolled in EFT. Once print suppression countdown starts, paper will suppress if	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	HealthSmart Benefit Solutions	37272		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						f.k.a. Wells Fargo TPA, Inc., Newnan GA and Fayetteville, NC						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	HealthSmart Benefit Solutions	37283	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	HealthSmart Benefit Solutions	87815	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Wells Fargo, TPA, Inc., Charleston, WV						
	HealthSmart Benefit Solutions	87815		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				f.k.a. Wells Fargo, TPA, Inc., Charleston, WV	Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Wells Fargo Third Party Administrators email request to	Pending Payers Advise
	HealthTrans	31172	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. Innovante Benefit Administrators						
	Healthy Alliance Life Insurance - PPOB	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Hometown Health Plans Nevada	88023	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Hoosier Dental (in Inidanapolis, Indiana)	CX015	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	Hotel Employees & Restaurant Employees Health Trust	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (HT9) when submitting claims.						
	HSHS Medical Group IPA	37137	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Hospital Sisters Health System Medical Group IPA						

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Humana	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Ibt - Local 145 Health Service & Ins Plan	CXIBT	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	I. E. Shaffer (West Trenton, NJ)	22175	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	IEHP	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Indiana Teamsters Health Benefits Fund (Indianapolis, IN)	35107	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly known as Local 135 Health Benefits Fund (Indianapolis, IN)						
	Inetico	43471	Par	COMMERCIAL	Yes	No		Claims	R	Y				An Innovative Healthware Services Payer.						
	Innovante Benefit Administrators	31172	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. HealthTrans						
	Innovation Health	40025	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Insurance Design Administrators	13315	Par	COMMERCIAL	Yes	No		Claims	Y											
	Insurance Management Services	15688	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Insurance Program Managers Group (IPMG)	36342	Par	COMMERCIAL	Yes	No		Claims	Y											
	Insurance Program Managers Group (IPMG)	36342		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Insurance Systems Inc.	74385	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Insurers Administrative Corp.	86304	Par	COMMERCIAL	Yes	No		Claims	Y					Please visit website prior to submitting Claims: edihelp.iacusa.com						
	Integra Administrative Group (Seaford, DE)	51020	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID Valid only for Claims with a billing submission address of 110 S. Shipley Street, Seaford, DE 19973.						
	International Brotherhood of Boilermakers	36609	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Itasca Medical Care	41600	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Jensen Administrative Services, Inc.	CXJAS	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	John Alden Life Insurance Co.	41099	Par	COMMERCIAL	Yes	No		Claims	Y	Y				PO Box 2877, Clinton, IA 52733						
	John Alden Life Insurance Co.	41099		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				PO Box 2877, Clinton, IA 52733	Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from John Alden Life Insurance Co. email request to ediserve@assurant.com making sure to include Tax ID, name and	Pending Payers Advise
	John Morrell Company - AHBPA	38310	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Joint Benefit Trust	CHSJT	Par	COMMERCIAL	Yes	No		Claims	R	Y				Administered by Health Services Benefit Administrators, Inc. (HSBA)						
	Jopari Careworks	J1410	Par	COMMERCIAL	Yes	No		Claims	Y											
	Jopari Careworks	J1410		COMMERCIAL		Yes	Payer's discretion	ERA						An electronic registration agreement is required to be able to receive ERA. You can register by logging on to www.jopari.com.	Payer requires online enrollment tool be utilized.	No	No	Immediately when claim is submitted EDI. Claims submitted on paper will receive paper remit.	Log on to Jopari Portal at www.jopari.com using your unique User ID and Password to access the ERA Enrollment menu. A menu will allow you to select 'Reason for Submission' to enable you to discontinue ERAs and return to paper Remittance	Pending Payers Advise
	JP Farley Corporation	94136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID Valid only for Claims with a billing submission address of PO Box 458022, Westlake, OH 44145						
	Kaiser	CX073	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID Valid only for claims with a billing submission address of PO Box 4360 Rockville, MD						
	Kanawha Insurance Co.	57038	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Kansas City Life	CX058	Par	COMMERCIAL	No	No		Claims	Y	Y										
	Kempton Company	73100	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Kempton Group Administrators	73100	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Kentucky Spirit	65030	Par	COMMERCIAL	Yes	No		Claims	Y					Kentucky Medicaid Kentucky Spirit administered by MCNA						
	Key Family	37217		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	LA BCBS AdvantagePlus Network	53021	Par	COMMERCIAL	Yes	No		Claims	R	Y			S	Administered by United Concordia						
	LA Care Health Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Lake County Physicians Association	37116	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Liberty Dental Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Life Gift Cards	33LGC	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Life Insurance Company of Boston & New York	78140	Par	COMMERCIAL	Yes	No		Claims	Y											
	LifeMap Assurance Company	RLH01	Non	COMMERCIAL	Yes	No		Claims	R	Y										
	Lifewise Health Plan of Oregon	93093	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Lincoln Financial Group	CX061	Par	COMMERCIAL	Yes	No		Claims	Y											
	Lincoln Financial Group	CX061		COMMERCIAL		No		Eligibility Inquiry	R	Y				f.k.a. Jefferson Pilot						
	Lincoln Financial Group	CX061		COMMERCIAL		No		Claim Status Inquiry	R	Y				Detailed Benefits						
	Lincoln National (WI)	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Line Construction Benefit Fund	LCB01	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Local 135 Health Benefits Fund (Indianapolis, IN)	35107	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Local 17 Fund - International Association of Heat and Frost Insulators	IAHFI	Par	COMMERCIAL		No		Claims	R	Y										
	Lockard & Williams	CB752	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Mail Handlers Benefit Plan	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 82413. Now part of Coventry Consolidated payer ID. Including AFSPA Staff Plan.						
	Mail Handlers Benefit Plan	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	MAMSI	CX033	Non	COMMERCIAL	No	No		Claims	Y	Y										
	Manulife W. J. Sutton Company	98010	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Masonry Institute/Administrative D.C. No. 1 Welfare Fund	CX098	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MBA Benefit Administrators, Inc. (Salt Lake City, UT)	83028	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MBA of Wyoming (Worland, WY)	87065	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MBS	56205	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MBS	56205		COMMERCIAL		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	30 Days	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MBS	56205		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MCNA Dental	65030	Par	COMMERCIAL	Yes	No		Claims	Y											
	MD Care Health Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	MED3000 CMS Early Steps	EM350		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Med3000 CMS Safety Net	EM284	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MED3000 CMS Safety Net	EM284		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Med3000 CMS Title 19 Reform	EM843	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Med3000 CMS Title 19 Reform	EM843		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MED3000 CMS Title 21	EM205	Par	COMMERCIAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Med3000 CMS Title 21	EM205		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MED3000 Pedicare Title 19	EM039	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MED3000 Pedicare Title 19	EM039		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MED3000 Pedicare Title 21	EM522	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MED3000 Pedicare Title 21	EM522		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						Legacy ID Required to enroll and may be obtained by calling the payer at 800-664-0146						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MedCost Benefit Services	56205	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MedCost Benefit Services	56205		COMMERCIAL		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	30 Days	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MedCost Benefit Services	56205		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	MEDICA of Minnesota	CX026	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	MEDICA of Minnesota	CX026		COMMERCIAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
	MEDICA of Minnesota	CX026		COMMERCIAL		No		Eligibility Inquiry	R					Detailed Benefits						
	Medical Associate Health Plan (HEALTH CHOICES)	MAHC1	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Medical Benefits Mutual Administrators (MedBen)	74323	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Medical Benefits Mutual Administrators (MedBen)	74323		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None unless EFT elected	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Medical Benefits Mutual Administrators (MedBen)	74323		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Medical Mutual of Ohio	29076	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Medical Mutual of Ohio	29076		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				Please enroll under payer ID CB833	Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Medical Mutual of Ohio call Provider Contracts at 800-625-	Pending Payers Advise
	Medical Mutual of Ohio	29076		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	Medical Mutual of Ohio	29076		COMMERCIAL		No		Claim Status Inquiry												
	Medical Mutual of Ohio	CB833	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Medical Mutual of Ohio	CB833		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Medical Mutual of Ohio call Provider Contracts at 800-625-	Pending Payers Advise
	Medical Mutual of Ohio	CB833		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	Medical Mutual of Ohio	CB833		COMMERCIAL		No		Claim Status Inquiry												
	MedPartners Administrative Services	35205		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Mercy Care Plan	86052	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Mercy Care Plan	86052		COMMERCIAL		No		ERA		Y				Mercy Care ERA Enrollment form, and this must be submitted to MercyCareProviderRelations@aetna.com	Payer requires paper enrollment form.	No	Yes	Payer's discretion	If a provider wishes to discontinue receiving ERAs from Mercy Care Plan call 602-263-3000 or 800-624-3879 Express	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Mercy Care Plan	86052		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Mercy Maricopa Integrated Care	33628	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Mercy Maricopa Integrated Care	33628		COMMERCIAL		Yes	Payer's discretion	ERA		Y					Payer requires paper enrollment form.	No	Yes	Minimum of 31 Business days or 3 payment cycles	Please contact Mercy Maricopa Integrated Care for assistance.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Meritain Health Minneapolis	41124	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Methodist First Choice	23550	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MetLife	65978	Par	COMMERCIAL	Yes	No		Claims	R	Y				dates of service April 30, 2012 or earlier submit to payer ID CX002. TRICARE Dental Plan claims with dates of service May 1, 2012 or later submit to payer ID 65978						
	MetLife	65978		COMMERCIAL		No		ERA		Y					Payer handles enrollment directly with provider.	Yes	No	Minimum of 31 Business days or 3 payment cycles	Please visit https://www.metdental.com/prov/execute/home for instructions	Pending Payers Advise
	MetLife	65978		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits: TRICARE Dental Plan with dates of service May 1, 2012 or later.						
	MetLife	65978		COMMERCIAL		No		Claim Status Inquiry						dates of service April 30, 2012 or earlier submit to payer ID CX002. TRICARE Dental Plan claims with dates of service May 1, 2012 or later submit to payer ID 65978						
	MGM Resorts International	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Michigan Regional Council of Carpenters Employees Benefit Plan	38238	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Mid-America Associates, Inc.	37281	Par	COMMERCIAL	Yes	No		Claims	Y											
	Mid-American Benefits	Call	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Manager of Claims Operations, (410)349-3222 for Payer ID information. An Innovative Healthware Services Payer.						
	Midwest Dental Benefits	41101	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	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						
	Mississippi Select Health Care	64088	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Missoula County Medical Benefits Plan	37275	Par	COMMERCIAL	Yes	No		Claims	Y											
	Mayo Clinic Health Solutions	41154	Par	COMMERCIAL	Yes	No		Claims	R	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Mayo Clinic Health Solutions	41154		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Provider must call MMSI Customer Service at 800-533-1564 and make a request	Pending Payers Advise
	Molina HealthCare	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Momentum Insurance Plan	31415	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Morris Associates	35092	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Motorola	36111	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Mountain States Administrative Services (Tucson, AZ)	86040	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	MPEEBT/ MPE Services, Inc.	37233	Par	COMMERCIAL	Yes	No		Claims	Y											
	MSA CareGuard	20572	Par	COMMERCIAL	Yes	No		Claims	Y											
	MultiFlex Dental (Merchants Benefit)	MBAAZ	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Mutual Assurance Administrators	37256	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Mutual of Omaha Commercial	CX087	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	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	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	Mutually Preferred	71412	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Mutually Preferred	71412		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	MVP Health Care	14165		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	N.W. Ironworkers Health & Security Trust Fund	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (F15) when submitting claims.						
	N.W. Roofers & Employers Health & Security Trust Fund	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (F26) when submitting claims.						
	N.W. Textile Processors	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (F14) when submitting claims.						
	NAA (North America Administrators, L.P.) (Nashville, TN)	65085	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	NABN (Cleveland, OH)	34159	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID Valid only for claims with billing submission address of P.O. Box 94928, Cleveland, OH 44101-4928 or P.O. Box 89476, Cleveland, OH 44101-5476.						
	National Benefit Administrators - New Jersey	56175	Par	COMMERCIAL	No	No		Claims	Y											
	National Benefit Administrators - North Carolina	56176	Par	COMMERCIAL	Yes	No		Claims	Y											
	National Elevator Industry Benefit Plan (NEIB)	CX045	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	National Pacific of TX (NCFLEX)	CX057	Par	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer						
	National Rural Letter Carrier Association	71412	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	National Rural Letter Carrier Association	71412		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	National Telecommunications Cooperative Association	52120	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Nationwide Health Plans	31417	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	native Care Health, LLC	19191	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	NCAS - Charlotte	75191	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	NCAS - Fairfax, VA	75190	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Netcare Life and Health Insurance (NLH)	66055	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Nevada Health Co-Op	90091	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	New England Dental Administrators	43351	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	NGS AMERICAN	38225	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Nippon Life Insurance Company of America	81264	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Nippon Life Insurance Company of America	81264		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	Nippon Life Insurance Company of America	81264		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	Nippon Life Insurance Company of America	81264		COMMERCIAL		No		Claim Status Inquiry												
	NNEBT (Northern New England Benefit Trust)	38238	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	North American Benefits Network ((Cleveland, OH)	34159	Par	COMMERCIAL	Yes	No		Claims	Y	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	Y											
	Northern California Pipe Trades Trust Funds	CX099	Par	COMMERCIAL	Yes	No		Claims	Y											
	Northern Illinois Health Plan	36347	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Northern Minnesota Dental	LX062	Non	COMMERCIAL	Yes	No		Claims	Y											
	Northern Nevada Trust Fund	88027	Par	COMMERCIAL	Yes	No		Claims	Y					Please call (775) 826-7200 to verify if you should be sending claims to Northern Nevada Trust Fund.						
	NorthShore University Health System Medical Group	36364	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Northwest Administrators	91068		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Northwest Dental Services	93525	Par	COMMERCIAL	No	No		Claims	Y	Y										
	Northwest Suburban IPA	36346	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Nova Healthcare Administrators, Inc. (Grand Island, NY)	16644	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Nyhart	37299	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	OH Dental / UHC Dental Governement Programs	GP133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Optum Specialty Svcs / Americhoice of NJ						
	OH Dental / UHC Dental Governement Programs	GP133		COMMERCIAL		No		Eligibility Inquiry	R					Yes / No Response. f.k.a. Optum Specialty Svcs / Americhoice of NJ						
	Ohana Health Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Ohio Dept of Corrections (Careworks)	J1410	Par	COMMERCIAL	Yes	No		Claims	Y											
	Ohio Dept of Corrections (Careworks)	J1410		COMMERCIAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Emdeon creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account	No	No	Immediately when claim is submitted EDI. Claims submitted on paper will receive paper remit.	No un-enrollment is available. Jopari CareWorks requires claims submitted EDI (837D) to have remits delivered EDI (835).	Pending Payers Advise
	OK State Employees & Educators (EDS)	22521	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	OK State Employees & Educators (EDS)	22521		COMMERCIAL		Yes	Payer's discretion	ERA							Payer requires paper enrollment form	No	Yes	31 days & minimum of 3 payments; longer/shorter at provider's request	Providers should submit a new agreement with the Reason for Submission denoted as Cancel Enrollment to the below. In Network providers fax to 405-717-8977 Non Network providers email to hpera.mailbox@hp.com.	The provider should have available their provider ID, the EFT effective date, EFT payment amount, and the CCD+ information on the EFT payment for the missing ERA, then call HP Administrative Services at 1-405-416-1800 to request that HP research it (or toll free 1-800-782-5218; TDD 1-405-416-1525; toll
	Olympus Managed Health Care	65074	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Ozark Health Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	PA Faculty Health & Welfare	CX066	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	Pacific Union	CX056	Par	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer						
	Pacificare Dental and Vision HMO	CX060	Par	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer						
	Pacificare Dental and Vision PPO	CX053	Par	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer						
	PacificSource Administrators	93031	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. Select Benefit Administrators						
	PacificSource Health Plans	93029	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	PacificSource Health Plans	93029		COMMERCIAL		Yes	2-3 Weeks	ERA		Y					Payer requires paper enrollment form.	Yes	Yes	Immediately	Providers who wish to discontinue receiving ERAs need to call PacificSource Health Plans and make the request. 800-624-	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	PALMS Casino Resort	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Pan American Life Insurance Group	04218	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Paragon Benefits	58174	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Partners Benefit Group	PBGSM	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Patient Advocates, LLC	10525	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Patient Services, Inc.	CB733	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	PDO	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	PEHP (Public Employees Health Program)	CX080	Non	COMMERCIAL	Yes	Yes	1-2- Business Days	Claims	Y	Y				Prior to accepting claims electronically PEHP requires the provider to call EDI Support at 801-366-7544 or 800-753-7818. Providers should advise PEHP that they will be submitting their claims through Emdeon Business Services, Inc UHIN submitter ID						
	PEHP (Public Employees Health Program)	CX080		COMMERCIAL		Yes	1-2- Business Days	ERA		Y					Payer handles enrollment directly with provider.	No	No	If EFT is selected than shut off immediately.	Please call or email the PEHP helpdesk at 801-366-7544, 800-753-7818 or edi.helpdesk@pehp.org to request discontinuance of ERAs.	We now have information for providers on our website with instructions on what to do in the event of a missing EFT/ERA. Here is a link: http://uhin.org/faq-page#tbn279. It is in the Members area of our website, so if you have not yet registered for access you will need to do that first. Once you're in, it appears on our FAQ page under "Troubleshooting"
	Pequot Pharmaceutical	37121	Par	COMMERCIAL	Yes	No		Claims	Y											
	Personal Insurance Administrators, Inc	95397	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Physician Health Partners, LLc	PHPMA	PAR	COMMERCIAL		No		Claims	Y	Y										
	Physicians Care Network	36345	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Physicians Health Associates of Illinois	37136	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Physicians Health Plan of Northern Indiana, Inc.	12399	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Physicians Mutual	CX068	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Physicians Mutual	CX068		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account	No	No	None	No un-enrollment is required by the payer. Paper EOPs can be obtained at http://www.ameritas.com/index.h	Pending Payers Advise
	Physicians United Plan-PUP	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Pinnacle Claims Management, Inc.	24735	Par	COMMERCIAL	Yes	No		Claims	Y											
	Pittman & Associates	37224	Par	COMMERCIAL	Yes	No		Claims	Y											
	Pittman & Associates	37224		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance	Pending Payers Advise
	Planned Administrators, Inc.	37287	Par	COMMERCIAL	Yes	No		Claims	Y											
	POMCO	16111	Par	COMMERCIAL	Yes	No		Claims	Y											
	POMCO	16111		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from POMCO call 315-432-9171 ext.	Pending Payers Advise
	Prairie States Enterprises, Inc.	36373	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Preferred Dental Organization	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Preferred Health Plan of the Carolinas	CB404	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Preferred Health Professionals	31478	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. Freedom Network Dental						
	Preferred One	41147	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Preferred One	41147		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	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 Emdeon. Approval time is dependant upon the provider's	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 a 2.						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Premier Access	CX110	Par	COMMERCIAL	Yes	No		Claims	Y					f.k.a. UT CHIP & UT Medicaid						
	Premier Dental Plan of MN	CX029	Non	COMMERCIAL	Yes	No		Claims	Y											
	PrimeWest Health	LX049	Non	COMMERCIAL	Yes	No		Claims	Y											
	PrimeWest Health	LX049		COMMERCIAL		Yes	Payer's discretion	ERA	R	Y					Payer handles enrollment directly with provider.	No	No	Paper remits discontinue by payer on 1-1-13 for all providers.	Paper remits are not available effective 1-1-13. Providers can access the Prime West Health Portal to obtain explanation of payment (EOP). Please contact the Call Center for assistance at	Pending Payers Advise
	Principal Financial Group	61271	Par	COMMERCIAL	Yes	No		Claims	Y											
	Principal Financial Group	61271		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	Principal Financial Group	61271		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	Principal Financial Group	61271		COMMERCIAL		No		Claim Status Inquiry												
	Priority Health	38217	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Priority Health	38217		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
	Professional Benefit Administrators, Inc. (Oak Brook, IL)	36331	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Payer ID is valid only for claims with billing submission name, city, and state of Professional Benefit Administrators, Inc., Oak Brook, IL.						
	Prudential Dental	CX049	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Prudential for Health	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Prudential HealthCare & Life Ins. Co of America	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Prudential HealthCare Health Maintenance Organization	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Prudential HealthCare HMO for Small Business	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Prudential Healthcare of America Inc.	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Prudential HealthCare POS for Small Business	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Prudential HealthCare PPO for Small Business	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Puget Sound Benefits Trust	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (F25) when submitting claims.						
	Puget Sound Electrical Workers Trust	91136	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Please enter Group Number (F33) when submitting claims.						
	Quad Med LLC (Pewaukee, WI)	39197	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Quality Care Partners	89461	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	Quality Plan Administrators Inc	CX077	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	RBMS, LLC	91176	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Reading Hospital Employer Group	44219	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer. a.k.a BHP-Unity						
	Regency Employee Benefits	38221	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Reliance Standard Life	36088	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Reliance Standard Life	36088		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account	No	No	None	No un-enrollment is required by the payer. Paper EOPs can be obtained at http://www.ameritas.com/index.h	Pending Payers Advise
	Reliance Standard Life	36088		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	Reliance Standard Life	36088		COMMERCIAL		No		Claim Status Inquiry												
	Reliastar	80314	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	ReliaStar (now known as CoreStar formerly NW National Life)	41045	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Only for Claims where the "submit Claims to address" on the medical ID card is a CoreSource address in the states of Arizona or Minnesota. For assistance call 800-698-0106.						
	Renaissance Life and Health	RLHA1	Non	COMMERCIAL	Yes	No		Claims	Y	Y										
	Renaissance Life and Health	RLHA1		COMMERCIAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
	Riverside San Bernardino County Indian Health Inc.	50664	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	RMSCO, INC.	16117	Par	COMMERCIAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Rochester Public Schools	41625	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Rocky Mountain Hospital & Medical Service - OSB High & High	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Rocky Mountain Life Dental	84102	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Rural Carrier Benefit Plan	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 82413. Now part of Coventry Consolidated payer ID. Including NRLCA Staff Plan.						
	Rural Carrier Benefit Plan	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				Payer will be turned on within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	S&S Health Strategies	31441	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Safeguard HMO	CX048	Par	COMMERCIAL	No	No		Claims	R	Y										
	SafeGuard PPO	CX030	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	SafeGuard PPO	CX030		COMMERCIAL		No		ERA		Y					Payer handles enrollment directly with provider.	Yes	No	Minimum of 31 Business days or 3 payment cycles	Please visit https://www.metdental.com/prov/execute/home for instructions	Pending Payers Response
	Sage Technologies	37105	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 82413. Now part of Coventry Consolidated payer ID. Including NRLCA Staff Plan. Claims Management Services, Inc. Claims with a mailing address of PO Box 17009, Rockford, IL ONLY may be sent electronically with this payer ID.						
	Salvation Army	34154	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. Chesterfield Resource, Inc.						
	SAMBA	37259	Par	COMMERCIAL	Yes	No		Claims	Y											
	Sands Bethworks Gaming	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Sanford Health Plan	91184	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Santa Clara Family Health Plan	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Scan Health Plan	72261		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Scion Gateway Health Plan	96938	Par	COMMERCIAL	Yes	No		Claims	R	Y			S							
	Secure Health Plan of GA	28530	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	SecureCare Dental	86057	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Securian	93742	Non	COMMERCIAL	No	No		Claims	Y	Y										
	Securian	93742		COMMERCIAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact DeCare Networks Professional Services department either via phone or in writing stating your request. Phone: 800-658-4187 Fax: 800-658-4186 Mail: PO Box 1175, Minneapolis, MN 55440-1175	Pending Payers Advise
	Securian	93742		COMMERCIAL		No		Eligibility Inquiry	R					Detailed Benefits						
	Security Life Insurance Co of America	CX092	Par	COMMERCIAL	Yes	No		Claims	Y											
	Select Administrative Services (SAS)	64088	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Select Benefit Administrators	93031	Par	COMMERCIAL	Yes	No		Claims	Y	Y				a.k.a. PacificSource Administrators						
	Select Health	CX107	Non	COMMERCIAL	Yes	No		Claims	R	Y										
	Select Health	CX107		COMMERCIAL		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 ERA enrollment. Please contact Select health directly to sign up for EFT. 801-442-5442	Payer accepts enrollment request from Emdeon.	No	No	30 DAYS	Please call 801-442-5442 and request to be returned to paper remits.	We now have information for providers on our website with instructions on what to do in the event of a missing EFT/ERA. Here is a link: http://uhin.org/faq-page#fn279. It is in the Members area of our website, so if you have not yet registered for access you will need to do that first. Once you're in, it appears on our FAQ page under "Troubleshooting"
	SelectCare (Coca Cola)	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Sele-Dent	CX109	Par	COMMERCIAL	Yes	No		Claims	Y											
	Self Insured Services Company (SISCO)	CX020	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Self-Funded Plans, Inc.	34131	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Self-Insured Dental Services (SIDS)	CX076	Par	COMMERCIAL	Yes	No		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						
	Self-Insured Plans, LLC	36404	Par	COMMERCIAL	Yes	No		Claims	Y											
	Sendero Health Plans	36426	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Sentry Life Insurance Company	39033	Par	COMMERCIAL	Yes	No		Claims	Y					39033 is only to be used for Sentry employees claims with dates of service through 2010						
	Set Seg	38610	Par	COMMERCIAL	Yes	No		Claims	Y											
	Sheffield, Olson and McQueen	41143	Non	COMMERCIAL	Yes	No		Claims	Y											
	Sheffield, Olson and McQueen	41143		COMMERCIAL		Yes	5-7 Business Days	ERA							Payer requires paper enrollment form.	Yes	Yes	Immediately	Provider would need to mark Cancel and complete section A of the Electronic Remittance Advice & Electronic fund Transfer Request Form and fax to 651-	Pending Payers Advise
	Sierra Health Services	76342	Par	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer						
	Significa Benefits Services, Inc.	CX046	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Erin Group Admin.						
	Sinclair Health Plan	84076	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Solstice Benefits, Inc.	76578	Par	COMMERCIAL	Yes	No		Claims	Y											
	South Central Preferred - PPO York, PA (I H S Gateway Payer)	23266	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	South FL Community Care Network - NBHD	37314	Par	COMMERCIAL	Yes	No		Claims	Y											
	South Point Hotel & Casino	35227	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Southeast Dental Associates	39148	Par	COMMERCIAL	Yes	No		Claims	Y					the claim using the plan name: SEDA-CXHP, SEDA-MHS, SEDA-NHP, SEDA-ICP, SEDA-CCHP, SEDA-DHP, SEDA-UHC or SEDA-AHP.						
	Southern Benefit Services	37318	Par	COMMERCIAL	Yes	No		Claims	Y											
	Southwest Service Administrators	CX100	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Southwestern Bell	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Southwestern Bell Exec	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Southwestern Bell Exec. - Custom Care	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Southwestern Bell Exec. - Southwestern Bell	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Spectrum Admin.	23253	Par	COMMERCIAL	Yes	No		Claims	R	Y				An Innovative Healthware Services Payer						
	Standard Ins. Co. (OR Business)	93024	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Standard Ins. Co. (OR Business)	93024		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account	No	No	None	No un-enrollment is required by the payer. Paper EOPs can be obtained at http://www.ameritas.com/index.h	Pending Payers Advise
	Standard Ins. Co. (OR Business)	93024		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	Standard Ins. Co. (OR Business)	93024		COMMERCIAL		No		Claim Status Inquiry												
	Standard Insurance Company (NY)	13411	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Standard Insurance Company (NY)	13411		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account	No	No	None	No un-enrollment is required by the payer. Paper EOPs can be obtained at http://www.ameritas.com/index.h	Pending Payers Advise
	Standard Insurance Company (NY)	13411		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	Standard Insurance Company (NY)	13411		COMMERCIAL		No		Claim Status Inquiry												

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollmet	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	STAR + Plus Value Added	CPPSP	Par	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.						
	Star Health	CPPSH	Par	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.						
	Star Health	CX090	Par	COMMERCIAL	Yes	No		Claims	R					Use this payer ID for Dates of Service prior to June 1, 2010.						
	StarDent	CX090	Par	COMMERCIAL	Yes	No		Claims	R											
	State Auto	46450	Par	COMMERCIAL	Yes	No		Claims	R											
	State of Texas Dental Plan	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Sterling Medicare Advantage	67829		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.
	Stoner and Associates (Cincinnati, OH)	31121	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Summit Administration Services, Inc.	86083	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Summit America Insurance Services	37301	Par	COMMERCIAL	Yes	No		Claims	Y											
	Sun Life and Health Insurance Company	67814	Par	COMMERCIAL	Yes	No		Claims	Y					f.k.a Genworth Life and Health Insurance Company (GLHIC) (Formerly GEGLAC)						
	Sun Life and Health Insurance Company	67814		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Emdeon creates an auto approval for each active ERA account upon submission of the first claim for the payer after the ERA account	No	No	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.	Pending Payers Advise
	Superior Dental Care	31117	Par	COMMERCIAL	Yes	No		Claims	Y											
	SuperiorSTAR Pregnant Women	CPPSW	Par	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	Y	Y										
	Surency Life and Health	CX088		COMMERCIAL		Yes	Payer's discretion	ERA		Y					ERAs are returned to all providers currently receiving EFT. Providers wishing to receive ERAs must contact Surency Life and Health to enroll for EFTs.	No	No	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.	Pending Payers Advise
	Tall Tree Administrators	88067	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	TDC	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	The Chesapeake Life Insurance Company - 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						
	The Dental Companies	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	The Dental Concern	73288	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	The Humboldt-DelNorte	CRIHB	Par	COMMERCIAL	Yes	No		Claims	R	Y				For Select offices only. Please call 707-443-4563 for approval.						
	The Loomis Company - TPA Wyomissing, PA (IHS Gateway Payer)	23223	Par	COMMERCIAL	Yes	No		Claims	Y	Y				An Innovative Healthware Services Payer.						
	The MEGA Life & Health Insurance Company - 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						
	The Physicians Assurance Corp (TPAC) / Employee Benefit Management Corp (EBMC)	CX025	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Theatrical and Stage Local 16 (IATSE)	CHSTS	Par	COMMERCIAL	Yes	No		Claims	R	Y				Administered by Health Services Benefit Administrators, Inc. (HSBA)						
	Time Insurance Company	39065	Par	COMMERCIAL	Yes	No		Claims	Y	Y				PO Box 2806, Clinton, IA 52733						
	Time Insurance Company	39065		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				PO Box 2806, Clinton, IA 52733	Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Assurant Health / Time Insurance Co. email request to ediserve@assurant.com making sure to include his Tax ID, name	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.
	Time Insurance Company	39065		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.
	TML Intergovernmental Employee Benefit Pool	74214		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's responsiveness.	EFT						ERA only; submit claims to 79480. Only for claims for TML IEBP POOL group members, does not include claims for members of self-funded ASO groups (those with group #'s beginning with an A or I) at this time.						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.
	Total Broker Benefits	36342	Par	COMMERCIAL	Yes	No		Claims	Y					f.k.a. Benefit Systems & Services, Inc.						
	Total Broker Benefits	36342		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.
	Total Dental Administrators	CX112	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	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							ERA enrollments are completed on a daily basis automatically by Emdeon. All providers who participate with ERAs through Emdeon will have ERAs activated for Total Dental Administrators the same day as their first claim submission to this payer, after	No	No	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.	Pending Payers Advise
	TPAC/ Employee Benefit Management Corp	CX025	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	TR Paul, Inc.	37230	Par	COMMERCIAL	Yes	No		Claims	Y	y										
	TransChoice - Key Benefit Administrators	37284		COMMERCIAL		Yes	5-7 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	Minimum of 31 Business days or 3 payment cycles	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.
	TransChoice - Key Benefit Administrators	37284		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request via ON24/7.
	Travelers (now MetLife)	65978	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Trellis health Partners	36397	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	TRICARE Dental Plan	CX002	Non	COMMERCIAL	Yes	No		Claims	R	Y			S							
	TRICARE Dental Plan	CX002	Non	COMMERCIAL	Yes	No		Real Time Claims	R	Y			S							

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Tri-Counties Welfare Trust Fund	CHSWT	Par	COMMERCIAL	Yes	No		Claims	R	Y				Administered by Health Services Benefit Administrators, Inc. (HSBA)						
	Trusteed Plans Service Corporation	91078	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Trustmark Insurance Company	61425	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Trustmark Insurance Company	61425		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	Trustmark Insurance Company	61425		COMMERCIAL		No		Claim Status Inquiry												
	UFCW Local 655	CX111	Par	COMMERCIAL		No		Claims	R	Y										
	UMR - Cincinnati	33108	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. United Medical Resources						
	UMR - Harrington	75196	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Harrington Benefit Services (Westerville)						
	UMR - Harrington	95266	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Harrington Benefit Services (Columbus)						
	UMR - Lexington	37237	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Commonwealth Administrative Group						
	UMR - Onalaska	79480	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Midwest Security of WI						
	UMR - San Antonio	74223	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Benefit Planners Inc., UICI Administrators - State of Nevada						
	UMR - Wausau/UHIS	39026	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Fiserv Health - Wausau Benefits/Benesight, Employers Insurance of Wisconsin						
	UMR - Wausau/UHIS	39026		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				f.k.a. Fiserv Health - Wausau Benefits/Benesight, Employers Insurance of Wisconsin	Payer accepts enrollment request from Emdeon.	No	No	30 DAYS	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	UNICARE	80314	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	Unified Group Services	35198	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Uniform Medical Plan	75243	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Uniform Medical Plan / Harrington Benefit Services						
	Union Security Insurance Company	70408	Par	COMMERCIAL	Yes	No		Claims	Y	Y				PO Box 2877, Clinton, IA 52733						
	United Concordia - Dental Plus	CX013	Non	COMMERCIAL	Yes	No		Claims	R	Y			S							
	United Concordia - Dental Plus	CX013		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	Yes	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	United Concordia - Dental Plus	CX013	Non	COMMERCIAL	Yes	No		Real Time Claims	R	Y			S							
	United Concordia - Dental Plus	CX013		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	United Concordia - Dental Plus	CX013		COMMERCIAL		No		Claim Status Inquiry		Y										
	United Concordia - Fee for Service	CX007	Non	COMMERCIAL	Yes	No		Claims	R	Y			S							
	United Concordia - Fee for Service	CX007		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	Yes	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	United Concordia - Fee for Service	CX007	Non	COMMERCIAL	Yes	No		Real Time Claims	R	Y			S							
	United Concordia - Fee for Service	CX007		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits						
	United Concordia - Fee for Service	CX007		COMMERCIAL		No		Claim Status Inquiry		Y										
	United Concordia - Tricare Dental Plan	CX002		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				TRICARE Dental Plan claims with dates of service April 30, 2012 or earlier.	Payer accepts enrollment request from Emdeon.	No	Yes	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	United Concordia - Tricare Dental Plan	CX002		COMMERCIAL		No		Eligibility Inquiry						Detailed Benefits: TRICARE Dental Plan with dates of service April 30, 2012 or earlier.						
	United Concordia - Tricare Dental Plan	CX002		COMMERCIAL		No		Claim Status Inquiry		Y				TRICARE Dental Plan with dates of service April 30, 2012 or earlier.						
	United Food & Comm Workers union & Employers Midwest Health Benefit Funds	36659	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	United HealthCare Insurance Company - 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						
	United HealthCare Insurance Company of New York - 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						
	United Healthcare of River Valley	95378	Par	COMMERCIAL	Yes	No		Claims	Y	Y				A United Healthcare Payer.						
	United Healthcare of River Valley	95378		COMMERCIAL		No		Eligibility Inquiry						Yes/No Response						
	United of Omaha	71412	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	United of Omaha	71412		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	United States Life Insurance Company	13545	Par	COMMERCIAL	Yes	No		Claims	Y					f.k.a. American General						
	Unity Health Insurance Corp	66705	Par	COMMERCIAL	Yes	No		Claims	R	Y				Only claims for Oral Surgery, TMJ or Accidents can be sent electronically to this payer ID.						
	University of Missouri	25133	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Formerly payer ID 87043. Now part of Coventry Consolidated payer ID.						
	University of Missouri	25133		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				Payers will be turned on within 30 days of enrollment; PDFs are available through Coventry's provider portal www.directprovider.com	Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	UPMC Health Plan	23281	Par	COMMERCIAL	Yes	No		Claims	R	Y										
	UPMC Health Plan	23281		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None unless specifically requested by the provider.	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Upper Peninsula Health Group (TPA)	37324	Par	COMMERCIAL	Yes	No		Claims	R											
	US Benefits Inc.	93092	Par	COMMERCIAL	Yes	No		Claims		Y										
	VA Fee Basis Programs	12116	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	VA Fee Basis Programs	12116		COMMERCIAL		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Va Fee Basis Programs fax a letter of request to Emdeon at	Pending Payers Advise
	Valley Baptist Health Plan	89070	Par	COMMERCIAL	Yes			Claims	R	Y				Administered by United Concordia						
	Varian Health Care Plan	68241	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Venetian	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Verity National Group	75256	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Volusia Health Network	59266	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Volusia Health Network	59266		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Waterstone Benefit Administrators (Oklahoma Providers)	73155	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	WEA Trust	39151	Non	COMMERCIAL	Yes	No		Claims	R	Y										
	Web TPA, Inc of TX	59332	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Web TPA, Inc of TX	59332		COMMERCIAL		Yes	1-3 Business Days	ERA	Y	Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Wells Fargo Third Party Administrators email request to	Pending Payers Advise
	Wellcare	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	WellPoint	CX083	Par	COMMERCIAL	Yes	No		Claims	Y	Y				Admin by LIBERTY Dental Plan						
	Wells Fargo TPA, Inc (Charleston, WV)	87815	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. Acordia National						

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
	Wells Fargo TPA, Inc (Charleston, WV)	87815		COMMERCIAL		Yes	1-3 Business Days	ERA		Y				f.k.a. Acordia National	Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Wells Fargo Third Party Administrators email request to	Pending Payers Advise
	Wells Fargo TPA, Inc. (Newnan, GA and Fayetteville, NC)	37272	Par	COMMERCIAL	Yes	No		Claims	Y	Y				f.k.a. JSL Administrators						
	Wells Fargo TPA, Inc. (Newnan, GA and Fayetteville, NC)	37272		COMMERCIAL		Yes	1-3 Business Days	ERA						f.k.a. JSL Administrators	Payer accepts enrollment request from Emdeon.	No	No	Paper remits continue unless provider is enrolled in EFT. Once print suppression countdown starts, paper will suppress if	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID.	Pending Payers Advise
	Wells Fargo TPA, Inc. (Newnan, GA and Fayetteville, NC)	37272		COMMERCIAL		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT						f.k.a. JSL Administrators						All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Western Grower's Assurance Trust	24735	Par	COMMERCIAL	Yes	No		Claims	Y											
	Western Grower's Insurance Company	24735	Par	COMMERCIAL	Yes	No		Claims	Y											
	WestLake Financial Group, Inc. (Buffalo Grove, IL)	90560	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	William C. Earhart	93050	Par	COMMERCIAL	No	No		Claims	Y	Y										
	WilsonMcShane	R7002	Non	COMMERCIAL	No	No		Claims	Y	Y										
	WilsonMcShane	R7002		COMMERCIAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
	Worksite Benefit Services, LLC	20333	Par	COMMERCIAL	Yes	No		Claims	Y	Y										
	Zenith Administrators	R7001	Non	COMMERCIAL	No	No		Claims	Y	Y										
	Blue Cross Blue Shield Association - FEP Dental	BCAFD	Par	BCBS	Yes	No		Claims	R	Y										
	Dearborn National	36123		BCBS		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	Minimum of 31 Business days or 3 payment cycles	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Dearborn National	36123		BCBS		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Horizon Healthcare Dental Services	22099	Par	BCBS	Yes	No		Claims	Y	Y										
	Horizon Healthcare Dental Services	22099		BCBS		Yes	3-4 Weeks	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Horizon Healthcare Dental Services fax a letter of request to the payer at 973-274-4154 attention Shirley Antoine. The letter must be typed on office letterhead and contain Tax ID	Pending Payers Advise
	Horizon Healthcare Dental Services	22099		BCBS		No		Eligibility Inquiry						Detailed Benefits						
	Horizon Healthcare Dental Services	22099		BCBS		No		Claim Status Inquiry												
	NorthStar Administrators	47570	Par	BCBS	Yes	No	5-7 Business Days	Claims	Y	Y			S							
	NorthStar Administrators	47570		BCBS		Yes	4-5 Weeks	ERA							Payer requires paper enrollment form.	No	Yes	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance	Pending Payers Advise
	Premera Blue Cross	47570	Par	BCBS	Yes	No	5-7 Business Days	Claims	Y	Y										
	Premera Blue Cross	47570		BCBS		Yes	4-5 Weeks	ERA							Payer requires paper enrollment form.	No	Yes	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance	Pending Payers Advise
AK	Blue Cross of Alaska and Washington	47570	Par	BCBS	Yes	No	5-7 Business Days	Claims	Y	Y										
AK	Blue Cross of Alaska and Washington	47570		BCBS		Yes	4-5 Weeks	ERA							Payer requires paper enrollment form.	No	Yes	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance	Pending Payers Advise
AL	Blue Cross of Alabama	CBAL1	Non	BCBS	Yes	Yes	7-10 Business Days	Claims	R	Y										
AL	Blue Cross of Alabama	CBAL1		BCBS		Yes	7-10 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	If EFT is selected than shut off immediately.	If a provider wishes to discontinue receiving ERAs from Blue Cross of Alabama fax request to 205-220-9266 on	Pending Payers Advise
AR	Blue Cross of Arkansas	CBAR1	Non	BCBS	Yes	No		Claims	R	Y				Mailing address for claims: Dental Claims Administrator PO Box 1206 Elk Grove Village IL 60009-1206.						
AR	Blue Cross of Arkansas	CBAR1		BCBS		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	Yes	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax	Pending Payers Advise
CA	Anthem Blue Cross CA	47198	Par	BCBS	Yes	No		Claims	R	Y				f.k.a. Blue Cross of California; Wellpoint						
CA	Anthem Blue Cross CA	47198		BCBS		No		Eligibility Inquiry						Detailed Benefits. f.k.a. Blue Cross of California; Wellpoint						
CO	Blue Cross of Colorado	84099	Par	BCBS	Yes	No		Claims	R	Y										
CO	Trigon Blue Cross Blue Shield - Colorado Dental Office	84103	Par	BCBS	Yes	No		Claims	R	Y				Claims Mailing Address: Trigon Dental Admin, 555 Middle Creek Parkway, MS 400, Colorado Springs, CO 80921.						
CT	Anthem Blue Cross Blue Shield Connecticut	84105	Par	BCBS	Yes	No		Claims	R	Y										
CT	Blue Care Family Plan (BCBS of CT)	00700	Par	BCBS	Yes	No		Claims	R	Y										
DE	Blue Cross Blue Sheild Delaware Fully - Insured Dental Group Business	53287	Non	BCBS	Yes	No		Claims	R	Y			S	Effective 5-18-13 FEP claims must be mailed to PO Box 1991, Wilmington, DE 19899						
GA	Blue Cross of Georgia	CBGA1	Par	BCBS	Yes	No		Claims	R	Y										
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							Payer requires online enrollment tool be utilized.	No	Yes	None	If a provider wishes to discontinue receiving ERAs from Blue Cross of Iowa complete the Electronic Transaction Registration Form leaving the 835 box blank. The form is available at http://wellmark.com/e_business/	Pending Payers Advise
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	Y									If a provider wishes to discontinue receiving ERAs from Blue Cross of Iowa complete the Electronic Transaction Registration Form leaving the 835 box blank. The form is available at http://wellmark.com/e_business/	

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
ID	Blue Sheild 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 Regence via EFT, please register using the automatic Deposite (EFT/ACH Credits) authorization agreement enrollment and / or update form (PDF). EFT begins on the first payment after set up is complete .	Emdeon 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	No un-enrollment is necessary at Providers will continue to be able to see their remits in the Regence Provider Center websites.	Pending Payers Advise
ID	Blue Sheild of Idaho	CBID2	Non	BCBS	Yes	No		Claims		Y										
IL	Blue Cross of Illinois	CB621	Non	BCBS	Yes	No		Claims	R	Y										
IL	Blue Cross of Illinois	CB621		BCBS		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	Minimum of 31 Business days or 3 payment cycles	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
IL	Blue Cross of Illinois	CB621		BCBS		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
KS	Blue Cross of Kansas	CBKS1	Non	BCBS	Yes	Yes	7-10 Business Days	Claims	R	Y										
KS	Blue Cross of Kansas	CBKS1		BCBS		Yes	7-10 Business Days	ERA		Y					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.	If a provider wishes to discontinue receiving ERAs from Blue Cross of Kansas fax the request to 785-290-0720. Provider letterhead is preferred	Pending Payers Advise
KY	Blue Cross of Kentucky Anthem	84105	Par	BCBS	Yes	No		Claims	R	Y										
LA	Blue Cross Blue Shield of Louisiana	23739	Par	BCBS	Yes	Yes	3-5 Business Days	Claims	R	Y				byte (digit) alpha numeric Louisiana Blue Cross Blue Shield provider ID the provider must contact Louisiana Blue Cross Blue Shield to obtain one. Only in state providers may apply for a provider number.						
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 Louisiana Blue Cross Blue Shield provider ID the provider must contact Louisiana Blue Cross Blue Shield to obtain one. ***Only in state providers may apply for a provider number.***	Payer requires paper enrollment form.	No	Yes	If EFT is selected than shut off immediately.	Submit a new Electronic Remittance Advice (ERA) Enrollment Form directly to LA BCBS denoting the Reason for Submission as Cancel Enrollment.	ERA (835) files are available weekly in Trading Partner mailboxes on Mondays, and no later than Wednesday, except during holidays or unexpected office closures. If you do not receive your ERA by close of business on Wednesday, you may contact EDI Services at 225.291.4334 or email EDICH@bcbsla.com. Please include the Trading Partner ID, check number, check amount, check date and NPI. EFT transactions are typically available at the provider's bank on Wednesday. If you have not received your deposit by close of business on Wednesday, you
MA	Blue Cross of Massachusetts	CBMA1	Par	BCBS	Yes	Yes	3-4 Weeks	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.	Payer accepts enrollment request from Emdeon.	No	No	None	Send request to dentalenrollment@emdeon.com. Include the provider's name, Tax ID and NPI	Pending Payers Advise
MA	Blue Cross of Massachusetts	CBMA1		BCBS		No		Eligibility Inquiry						Detailed Benefits						
MA	Blue Cross of Massachusetts	CBMA1		BCBS		No		Claim Status Inquiry												
MI	Blue Cross Blue Shield of Michigan	CBMI1	Non	BCBS	Yes	No		Claims	R	Y										
MI	Blue Cross Blue Shield of Michigan	CBMI1		BCBS		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	Minimum of 31 Business days or 3 payment cycles	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
MI	Blue Cross Blue Shield of Michigan	CBMI1		BCBS		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
MO	Blue Cross Blue Shield of Kansas City MO	47171	Par	BCBS	Yes	Yes	7-10 Business Days	Claims	R	Y										
MO	Blue Cross Blue Shield of Kansas City MO	47171		BCBS		Yes	7-10 Business Days	ERA		Y					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.	If a provider wishes to discontinue receiving ERAs from Blue Cross Blue Shield of Kansas City MO fax the request to 785-290-0720. Provider letterhead is preferred but not mandated. Also an email must be sent to Deborah.Young@bluekc.com	Pending Payers Advise
MO	Blue Cross Blue Shield of Kansas City MO	47171		BCBS				Eligibility Inquiry						Yes / No Response						
MO	Blue Cross Blue Shield of Kansas City MO	47171		BCBS		Yes		Claim Status Inquiry												
MS	Blue Cross of Mississippi	CBMS1	Non	BCBS	Yes	Yes	1-2 Weeks	Claims	R	Y										
MS	Blue Cross of Mississippi	CBMS1		BCBS		Yes	1-2 Weeks	ERA						ERAs returned for claims and pre-treatment estimates.	Electronic vouchers are generated for all claims submitted. Please call MS BCBS to confirm delivery of ERA/835 transactions to Emdeon. MS BCBS EDI Services 800-825-	No	Yes	None	If a provider wishes to discontinue receiving ERAs from BCBS of Mississippi call 800-826-4068.	Pending Payers Advise
MT	Blue Cross Blue Shield of Montana	CBMT1	Par	BCBS	Yes	No		Claims	R	Y										
MT	Blue Cross Blue Shield of Montana	CBMT1		BCBS		Yes	7-10 Business Days	ERA	R	Y				Only providers participating with MT BCBS may enroll for ERAs.	Payer requires paper enrollment form	No	Yes	30 DAYS	Contact your Montana BCBS representative	Pending Payers Advise
MT	Blue Cross Blue Shield of Montana	CBMT1		BCBS		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Blue Cross Blue Shield of North Carolina	61472	Par	COMMERCIAL	Yes	No		Claims	Y					Federal Employee Claims.						
ND	Blue Cross of North Dakota (ND Dental Services)	CX004	Non	BCBS	Yes	Yes	1-2 Business Days	Claims	R	Y										
ND	Blue Cross of North Dakota (ND Dental Services)	CX004		BCBS		Yes	1-2 Business Days	ERA		Y					Payer requires online enrollment tool be utilized.	No	Yes	Immediately	If a provider wishes to stop receiving ERAs, a Termination Form is required to be submitted to ND BCBS. Please call EDI Support Services for the form	Pending Payers Advise
ND	North Dakota Dental Service	CX004	Non	BCBS	Yes	Yes	1-2 Business Days	Claims	R	Y										
NE	Blue Cross of Nebraska	CBNE1	Par	BCBS	No	No		Claims	R	Y										
NE	Blue Cross of Nebraska	CBNE1		BCBS		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from BC of Nebraska call Sean Blair at 402-390-4006	Please visit https://www.nebraskablue.com/providers/neblueconnect/edi-documentation/
NM	Blue Cross of New Mexico	CBNM1	Non	BCBS	No	No		Claims	R	Y										
NM	Blue Cross of New Mexico	SB790		BCBS		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	Minimum of 31 Business days or 3 payment cycles	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolutions
NM	Blue Cross of New Mexico	SB790		BCBS		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
NV	Blue Cross of Nevada	84101	Par	BCBS	Yes	No		Claims	R	Y				No FEP Claims. Please send FEP Claims on paper or use Payer ID 06126.						
NY	BCBS of Rochester New York	CBNYR	Non	BCBS	No	No	1-2 Weeks	Claims	R	Y										
NY	BCBS of Western NY	CBNYW	Par	BCBS	Yes	Yes	1-2 Weeks	Claims	R	Y			S							
NY	BS of Northeastern NY	CBNYE	Par	BCBS	Yes	Yes	1-2 Weeks	Claims	R	Y										
NY	Empire Blue Cross Blue Shield	CBNY1	Non	BCBS	No	No	1-2 Weeks	Claims	Y	Y				FEP claims may not be sent electroncially.						
NY	Empire Blue Cross Blue Shield	CBNY1		BCBS		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact DeCare Networks Professional Services department either via phone or in writing stating your request. Phone: 800-658-4187 Fax: 800-658-4186 Mail: PO Box 1175, Minneapolis, MN 55440-1175	Pending Payers Advise
NY	Empire Blue Cross Blue Shield	CBNY1		BCBS		No		Eligibility Inquiry	R					Detailed Benefits						
NY	Healthnow of Northeastern NY	CBNYE	Par	BCBS	Yes	Yes	1-2 Weeks	Claims	R	Y										
NY	Healthnow of Western NY	CBNYW	Par	BCBS	Yes	Yes	1-2 Weeks	Claims	R	Y										
OH	Blue Cross of Ohio Anthem	84105	Par	BCBS	Yes	No		Claims	R	Y										
OK	Blue Cross blue Sheild of Oklahoma	SB840		BCBS		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	Minimum of 31 Business days or 3 payment cycles	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
OK	Blue Cross blue Sheild of Oklahoma	SB840		BCBS		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
OR	Blue Cross blue Sheild of Oregon	CB850		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 Regence via EFT, please register using the automatic Deposite (EFT/ACH Credits) authorization agreement enrollment and / or update form (PDF). EFT begins on the first payment after set up is complete .	Emdeon 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	No un-enrollment is necessary at Providers will continue to be able to see their remits in the Regence Provider Center websites.	Pending Payers Advise
OR	Blue Cross Blue Shield of Oregon	CB850	Non	BCBS	Yes	No		Claims												
PA	Pennsylvania Blue Shield	CB865	Non	BCBS	Yes	No		Claims	R	Y			S							
PA	Pennsylvania Blue Shield	CB865		BCBS		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	Yes	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
PA	Pennsylvania Blue Shield	CB865		BCBS		No		Claim Status Inquiry		Y										
PA	Pennsylvania Blue Shield Dental Plus	CBPA2	Non	BCBS	Yes	No		Claims	R	Y			S							
PA	Pennsylvania Blue Shield Dental Plus	CBPA2		BCBS		Yes	1-3 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	Yes	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
PA	Pennsylvania Blue Shield Dental Plus	CBPA2		BCBS		No		Eligibility Inquiry						Detailed Benefits						
PA	Pennsylvania Blue Shield Dental Plus	CBPA2		BCBS		No		Claim Status Inquiry		Y										
RI	Blue Cross of Rhode Island	CB870	Non	BCBS	Yes	Yes		Claims	R	Y										
RI	Blue Cross of Rhode Island	CB870		BCBS		Yes	3 Weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	If a provider wishes to discontinue receiving ERAs from BC of Rhode Island mail a letter of request on letterhead which contains the provider's full name, Tax ID and/or Provider ID, Submitter ID and reason for discontinuance to: Attn: Contracting Department Blue Cross of Rhode Island 15 LaSalle	Pending Payers Advise
SC	South Carolina BCBS	38520	Non	BCBS	Yes	No		Claims	R	Y										
SC	South Carolina BCBS	38520		BCBS		Yes	30-35 Business Days	ERA		Y					Payer requires paper enrollment form.	Yes	Yes	None	Effective 1-1-10: Paper RAs are no longer available from South Carolina BCBS. Should a provider wish to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through SC BCBS or re-enroll electing another entity to retrieve their ERAs from SC BCBS. Provider may contact BlueCross Provider Education at	Pending Payers Advise
SC	South Carolina BCBS	38520		BCBS		No		Eligibility Inquiry						Detailed Benefits						
SC	South Carolina BCBS	38520		BCBS		No		Claim Status Inquiry												
TN	Blue Cross of Tennessee	CBTN1	Non	BCBS	Yes	Yes	30 + Business Days	Claims	R	Y										
TX	Blue Cross of Texas	CB900	Non	BCBS	Yes	No		Claims	Y	Y										
TX	Blue Cross of Texas	CB900		BCBS		Yes	1-3 Business Days	ERA							Payer accepts enrollment request from Emdeon.	No	No	Minimum of 31 Business days or 3 payment cycles	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
TX	Blue Cross of Texas	CB900		BCBS		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
UT	Regence UT BCBS	CBUT1	Non	BCBS	Yes	No		Claims												
UT	Regence UT BCBS	CBUT1		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 Regence via EFT, please register using the automatic Deposite (EFT/ACH Credits) authorization agreement enrollment and / or update form (PDF). EFT begins on the first payment after set up is complete .	Emdeon 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	No un-enrollment is necessary at Providers will continue to be able to see their remits in the Regence Provider Center websites.	Pending Payers Advise
UT	Regence UT BCBS FEP	CBUTF	Non	BCBS	Yes	No		Claims												

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
UT	Regence UT BCBS FEP	CBUTF		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 Regence via EFT, please register using the automatic Deposite (EFT/ACH Credits) authorization agreement enrollment and / or update form (PDF). EFT begins on the first payment after set up is complete . ERAs for Regence Blue Cross Blue Shield of Utah (FEP) are delivered denoting	Emdeon 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	No un-enrollment is necessary at Providers will continue to be able to see their remits in the Regence Provider Center websites.	Pending Payers Advise
VA	Trigon Blue Cross of Virginia (Anthem BCBS-VA/ BCBS Anthem-VA formerly Trigon)	CB923	Par	BCBS	Yes	No		Claims	R	Y										
WA	Blue Cross of Alaska and Washington	47570	Par	BCBS	Yes	No		Claims	Y	Y										
WA	Blue Cross of Alaska and Washington	47570		BCBS		Yes	4-5 Weeks	ERA							Payer requires paper enrollment form.	No	Yes	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements	Pending Payers Advise
WA	Regence Blue Sheild	93200		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 Regence via EFT, please register using the automatic Deposite (EFT/ACH Credits) authorization agreement enrollment and / or update form (PDF). EFT begins on the first payment after set up is complete .	Emdeon 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	No un-enrollment is necessary at Providers will continue to be able to see their remits in the Regence Provider Center websites	Pending Payers Advise
WA	Regence Blue Shield	93200	Non	BCBS	Yes	No		Claims												
WA	Regence Blue Shield FEP	93200	Non	BCBS	Yes	No		Claims												
WA	Regence Northwest Health	93200	Non	BCBS	Yes	No		Claims												
WI	Blue Cross of Wisconsin	CB950	Par	BCBS	Yes	No		Claims	R	Y										
	Delta Dental Insurance Co. (DDIC) - All Payers	94276	Par	DELTA DENTAL	No	No		Claims	Y	Y										
	Delta Dental Insurance Co. (DDIC) - All Payers	94276		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
	Delta Dental Insurance Co. (DDIC) - All Payers	94276		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
	Delta Dental Insurance Co. (DDIC) - All Payers	94276		DELTA DENTAL		No		Claim Status Inquiry												
	Delta Health Systems	94235	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
	DeltaCare USA Claims	DDCA2	Par	DELTA DENTAL	Yes	No		Claims	Y	Y				f.k.a. PMI						
	DeltaCare USA Claims	DDCA2		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
	DeltaCare USA Claims	DDCA2		DELTA DENTAL		No		Claim Status Inquiry												
	DeltaCare USA Encounters	DDCA3	Par	DELTA DENTAL	Yes	No		Encounters	Y	Y				f.k.a. PMI						
	DeltaCare USA Encounters	DDCA3		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
	DeltaCare USA Encounters	DDCA3		DELTA DENTAL		No		Claim Status Inquiry												
	Dentegra	88888	Par	DELTA DENTAL		No		Claims	Y	Y										
	Northeast Delta Dental (ME, NH, VT)	02027	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
AL	Delta Dental of Alabama (DDIC)	DDAL1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
AL	Delta Dental of Alabama (DDIC)	DDAL1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
AR	Delta Dental of Arkansas	CDAR1	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
AZ	Delta Dental of Arizona	86027	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
AZ	Delta Dental of Arizona	86027		DELTA DENTAL		Yes	Payer's discretion	ERA		Y					Payer handles enrollment directly with provider.	Yes	No	Immediately	If a provider wishes to discontinue receiving ERAs from Delta Dental of Arizona send a written request to the below address. Please include the provider's name, Tax ID, and statement of request. Delta Dental of Arizona PO Box 43000	Pending Payers Advise
AZ	Delta Dental of Arizona	86027	Par	DELTA DENTAL	Yes	No		Real Time Claims	Y	Y										
AZ	Delta Dental of Arizona	86027		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed Benefits						
AZ	Delta Dental of Arizona	86027		DELTA DENTAL		No		Claim Status Inquiry		Y										
CA	Delta Dental of California - CA00 Claims Office	77777	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
CA	Delta Dental of California - CA00 Claims Office	77777		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
CA	Delta Dental of California - CA00 Claims Office	77777		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
CA	Delta Dental of California - CA00 Claims Office	77777		DELTA DENTAL		No		Claim Status Inquiry												
CA	Delta Dental of California/ Tricare Retiree Dental	CDCA1	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
CO	Delta Dental of Colorado	84056	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
DC	Delta Dental of Washington DC	52147	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollmet	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
DC	Delta Dental of Washington DC	52147		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	Yes	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or fax to: (916) 852-8995	If your EFT appears to be late or missing, please contact DDWA's Customer Service. You should receive ERA files within three business days of each corresponding EFT. In no ERA is received within that timeframe, contact Emdeon Dental to verify whether they have received the ERA from DDWA. Emdeon will need you nine-digit Tax ID number, as well as the check date, check number and check amount from the missing ERA in order to resend the file. If Emdeon did not receive the ERA in question, please contact DD WA's Customer Service. DD WA will notify Emdeon Dental
DC	Delta Dental of Washington DC	52147		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
DC	Delta Dental of Washington DC	52147		DELTA DENTAL		No		Claim Status Inquiry												
DE	Delta Dental of Delaware	51022	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
DE	Delta Dental of Delaware	51022		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
DE	Delta Dental of Delaware	51022		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
DE	Delta Dental of Delaware	51022		DELTA DENTAL		No		Claim Status Inquiry												
FL	Delta Dental of Florida (DDIC)	DDFL1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
FL	Delta Dental of Florida (DDIC)	DDFL1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
FL	Delta Dental of Florida (DDIC)	DDFL1		DELTA DENTAL		No		Claim Status Inquiry												
GA	Delta Dental of Georgia (DDIC)	DDGA1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
GA	Delta Dental of Georgia (DDIC)	DDGA1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
GA	Delta Dental of Georgia (DDIC)	DDGA1		DELTA DENTAL		No		Claim Status Inquiry												
IA	Delta Dental of Iowa	CDIA1	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
IA	Delta Dental of Iowa	CDIA1		DELTA DENTAL		Yes	5-10 Business Days	ERA		Y					Payer requires paper enrollment form.	Yes	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Delta Dental Iowa a new enrollment form with the reason for submission denoted as Cancel needs to be submitted to Delta Dental of Iowa. Fax 515-261-5608 or Email	Pending Payers Advise
IA	Delta Dental of Iowa	CDIA1	Par	DELTA DENTAL	Yes	No		Real Time Claims	Y	Y										
IA	Delta Dental of Iowa	CDIA1		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed Benefits						
IA	Delta Dental of Iowa	CDIA1		DELTA DENTAL		No		Claim Status Inquiry		Y										
IIA	Delta Dental of Iowa - Dental Wellness Plan	CDIAM	Par	DELTA DENTAL	Yes	No		Claims	R	Y										
ID	Delta Dental of Idaho	82029	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
ID	Delta Dental of Idaho	82029		DELTA DENTAL		No		Eligibility Inquiry	R	Y				Detailed Benefits						
IL	Delta Dental of Illinois	05030	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
IL	Delta Dental of Illinois	05030		DELTA DENTAL		Yes	30-35 Business Days	ERA		Y				Enrollment in Electronic Fund Transfer (EFT) is required for enrollment in ERAs.	Payer requires paper enrollment form.	Yes	Yes	Immediately	Providers are required to give Delta Dental of Illinois written notification. Mail notifications to: Professional Relations Department Delta Dental of Illinois 801 Ogden Avenue Lisle,	Pending Payers Advise
IL	Delta Dental of Illinois	05030	Par	DELTA DENTAL	Yes	No		Real Time Claims	Y	Y										
IL	Delta Dental of Illinois	05030		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed Benefits						
IL	Delta Dental of Illinois	05030		DELTA DENTAL		No		Claim Status Inquiry		Y										
IL	Delta Dentla of Illinois Individual Plan	IDIND	Par	DELTA DENTAL	Yes	No		Claims	R	Y										
IN	Delta Dental of Indiana	CDIN1	Non	DELTA DENTAL	Yes	No		Claims	Y	Y										
IN	Delta Dental of Indiana	CDIN1		DELTA DENTAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
IN	Delta Dental of Indiana	CDIN1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
KS	Delta Dental of Kansas	CDKS1	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
KS	Delta Dental of Kansas	CDKS1		DELTA DENTAL		Yes	Payer's discretion	ERA		Y					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	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.	Pending Payers Advise
KS	Delta Dental of Kansas	CDKS1		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed Benefits						
KS	Delta Dental of Kansas	CDKS1		DELTA DENTAL		No		Claim Status Inquiry		Y										
KY	Delta Dental of Kentucky	CDKY1	Par	DELTA DENTAL	Yes	No		Claims	R	Y										
KY	Delta Dental of Kentucky	CDKY1		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					Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
KY	Delta Dental of Kentucky	CDKY1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
KY	Delta Dental of Kentucky	CDKY1		DELTA DENTAL		No		Claim Status Inquiry												
LA	Delta Dental of Louisiana (DDIC)	DDLA1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
LA	Delta Dental of Louisiana (DDIC)	DDLA1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
LA	Delta Dental of Louisiana (DDIC)	DDLA1		DELTA DENTAL		No		Claim Status Inquiry												
MA	Delta Dental Massachusetts	04614	Par	DELTA DENTAL	No	No		Claims	Y	Y										
MA	Delta Dental Massachusetts	04614		DELTA DENTAL		No		Eligibility Inquiry	R	Y				Detailed Benefits						
MA	Delta Dental Massachusetts	04614		DELTA DENTAL		No		Claim Status Inquiry		Y										
MD	Delta Dental of Maryland and Pennsylvania	23166	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollmet	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
MD	Delta Dental of Maryland and Pennsylvania	23166		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
MD	Delta Dental of Maryland and Pennsylvania	23166		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
MD	Delta Dental of Maryland and Pennsylvania	23166		DELTA DENTAL		No		Claim Status Inquiry												
MI	Delta Dental of Michigan	CDMI0	Non	DELTA DENTAL	Yes	No		Claims	Y	Y										
MI	Delta Dental of Michigan	CDMI0		DELTA DENTAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
MI	Delta Dental of Michigan	CDMI0		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
MN	Blue Cross and Blue Shield of Minnesota	CDMN1	Non	DELTA DENTAL	Yes	No		Claims	Y	Y										
MN	Blue Cross and Blue Shield of Minnesota	CDMN1		DELTA DENTAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
MN	Blue Cross and Blue Shield of Minnesota	CDMN1		DELTA DENTAL		No		Eligibility Inquiry	R	Y				Detailed Benefits						
MN	Blue Cross and Blue Shield of Minnesota	CDMN1		DELTA DENTAL		No		Claim Status Inquiry		Y										
MN	Delta Dental of Minnesota	CDMN1	Non	DELTA DENTAL	Yes	No		Claims	Y	Y										
MN	Delta Dental of Minnesota	CDMN1		DELTA DENTAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
MN	Delta Dental of Minnesota	CDMN1		DELTA DENTAL		No		Eligibility Inquiry	R	Y				Detailed Benefits						
MN	Delta Dental of Minnesota	CDMN1		DELTA DENTAL		No		Claim Status Inquiry		Y										
MO	Delta Dental of Missouri	43090	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
MO	Delta Dental of Missouri	43090		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed Benefits						
MO	Delta Dental of Missouri	43090		DELTA DENTAL		No		Claim Status Inquiry		Y										
MS	Delta Dental of Mississippi (DDIC)	DDMS1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
MS	Delta Dental of Mississippi (DDIC)	DDMS1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
MS	Delta Dental of Mississippi (DDIC)	DDMS1		DELTA DENTAL		No		Claim Status Inquiry												
MT	Delta Dental of Montana (DDIC)	DDMT1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
MT	Delta Dental of Montana (DDIC)	DDMT1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
MT	Delta Dental of Montana (DDIC)	DDMT1		DELTA DENTAL		No		Claim Status Inquiry												
NC	Delta Dental of North Carolina	56101	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
NC	Delta Dental of North Carolina	56101		DELTA DENTAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
NC	Delta Dental of North Carolina	56101		DELTA DENTAL		No		Eligibility Inquiry	R					Detailed Benefits						
ND	Delta Dental of North Dakota	CDND1	Non	DELTA DENTAL	Yes	No		Claims	Y	Y										
ND	Delta Dental of North Dakota	CDND1		DELTA DENTAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
ND	Delta Dental of North Dakota	CDND1		DELTA DENTAL		No		Eligibility Inquiry	R					Detailed Benefits						
ND	Delta Dental of North Dakota	CDND1		DELTA DENTAL		No		Claim Status Inquiry												
NE	Delta Dental of Nebraska	CDNE1	Non	DELTA DENTAL	Yes	No		Claims	Y	Y										
NE	Delta Dental of Nebraska	CDNE1		DELTA DENTAL		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	Immediately	Contact Delta Dental of Minnesota Professional Services department either via phone or in writing stating your request. Phone: 800-328-1188 Fax: 877-283-1330 Mail: PO Box 9304, Minneapolis, MN 55440-9304	Pending Payers Advise
NE	Delta Dental of Nebraska	CDNE1		DELTA DENTAL		No		Eligibility Inquiry	R					Detailed Benefits						
NE	Delta Dental of Nebraska	CDNE1		DELTA DENTAL		No		Claim Status Inquiry												
NJ	Delta Dental of New Jersey	22189	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
NJ	Delta Dental of New Jersey	22189		DELTA DENTAL		Yes	Payer's discretion	ERA							Emdeon 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 calendar days or at least 3 payments cycles.	Please contact DDNJ at 800-452-9310 and request to return to paper remits.	You should receive ERA files within three business days of each corresponding EFT. Please report missing or late ERA files by calling DDNJs Customer Service
NJ	Delta Dental of New Jersey	22189		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
NJ	Delta Dental of New Jersey	22189		DELTA DENTAL		No		Claim Status Inquiry												
NM	Delta Dental of New Mexico	85022	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
NM	Delta Dental of New Mexico	85022		DELTA DENTAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
NM	Delta Dental of New Mexico	85022		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
NM	Delta Dental of New Mexico	85022		DELTA DENTAL		No		Claim Status Inquiry												
NV	Delta Dental of Nevada (DDIC)	DDNV1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
NV	Delta Dental of Nevada (DDIC)	DDNV1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
NV	Delta Dental of Nevada (DDIC)	DDNV1		DELTA DENTAL		No		Claim Status Inquiry												
NY	Delta Dental of New York	11198	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
NY	Delta Dental of New York	11198		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
NY	Delta Dental of New York	11198		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
NY	Delta Dental of New York	11198		DELTA DENTAL		No		Claim Status Inquiry												
OH	Delta Dental of Ohio	CDOH1	Non	DELTA DENTAL	Yes	No		Claims	Y	Y										
OH	Delta Dental of Ohio	CDOH1		DELTA DENTAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
OH	Delta Dental of Ohio	CDOH1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
OK	Delta Dental of Oklahoma	CDOK1	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
OK	Delta Dental of Oklahoma	CDOK1		DELTA DENTAL		No		Eligibility Inquiry	R	Y				Detailed Benefits						
OK	Delta Dental of Oklahoma	CDOK1		DELTA DENTAL		No		Claim Status Inquiry	R											
OR	Delta Dental of Oregon (Oregon Dental Service)	CDOR1	Non	DELTA DENTAL	Yes	No		Claims	R	Y										
PA	Delta Dental of Maryland and Pennsylvania	23166	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
PA	Delta Dental of Maryland and Pennsylvania	23166		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
PA	Delta Dental of Maryland and Pennsylvania	23166		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
PA	Delta Dental of Maryland and Pennsylvania	23166		DELTA DENTAL		No		Claim Status Inquiry												
PR	Delta Dental Puerto Rico	66043	Par	DELTA DENTAL	Yes	No		Claims	R	Y										
PR	Delta Dental Puerto Rico	66043		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
RI	Altus	50503	Par	DELTA DENTAL	Yes	No		Claims	R	Y										
RI	Altus	50503		DELTA DENTAL		No		Eligibility Inquiry	Y	Y				Detailed Benefits						
RI	Altus	50503		DELTA DENTAL		No		Claim Status Inquiry	R											
RI	Delta Dental of Rhode Island	05029	Par	DELTA DENTAL	Yes	No		Claims	R	Y										
RI	Delta Dental of Rhode Island	05029		DELTA DENTAL		No		Eligibility Inquiry	Y	Y				Detailed Benefits						
RI	Delta Dental of Rhode Island	05029		DELTA DENTAL		No		Claim Status Inquiry	R											
SC	Delta Dental of South Carolina	43091	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
SC	Delta Dental of South Carolina	43091		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed Benefits						
SD	Delta Dental of South Dakota	54097	Par	DELTA DENTAL	Yes	No		Claims	Y											
TN	Delta Dental of Tennessee	CDTN1	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
TN	Delta Dental of Tennessee	CDTN1		DELTA DENTAL		Yes	Automatic enrollment approval is granted after the ERA product is activated and the first claim is submitted to the payer.	ERA							Auto approved after 1st claim	No	No	None	If a provider wishes to discontinue receiving ERAs from Dart Container Corp., Delta Dental of NC, IN, KY, MI, NM, OH, TN, Group Benefits Admin of TN, and Renaissance Life & Health email request to	Pending Payers Advise
TN	Delta Dental of Tennessee	CDTN1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
TN	Delta Dental of Tennessee	CDTN1		DELTA DENTAL		No		Claim Status Inquiry												
TX	Delta Dental of Texas (DDIC)	DDTX1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
TX	Delta Dental of Texas (DDIC)	DDTX1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
TX	Delta Dental of Texas (DDIC)	DDTX1		DELTA DENTAL		No		Claim Status Inquiry												
UT	Delta Dental of Utah (DDIC)	DDUT1	Par	DELTA DENTAL	No	No		Claims	Y	Y										
UT	Delta Dental of Utah (DDIC)	DDUT1		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
UT	Delta Dental of Utah (DDIC)	DDUT1		DELTA DENTAL		No		Claim Status Inquiry												
VA	Delta Dental of Virginia	CDVA1	Non	DELTA DENTAL	No	No		Claims	Y											
WA	Delta Dental of Washington	91062	Par	DELTA DENTAL	Yes	No		Claims	Y	Y				f.k.a. Washington Dental Service						

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WA	Delta Dental of Washington	91062		DELTA DENTAL		Yes		ERA						f.k.a. Washington Dental Service	Payer accepts enrollment request from Emdeon.	Yes	No	DDWA will deliver both electronic (ERA/835) and paper remittance advices for a minimum of 31 calendar days or at least 3 payment cycles. At the conclusion of this time period, the provider should turn off the paper remittance by selecting the paperless option on their DDWA web account.	• Email request to dentalenrollment@emdeon.com. • Include provider name and Tax ID.	If your EFT appears to be late or missing, please contact DDWA's Customer Service. You should receive ERA files within three business days of each corresponding EFT. In no ERA is received within that timeframe, contact Emdeon Dental to verify whether they have received the ERA from DDWA. Emdeon will need you nine-digit Tax ID number, as well as the check date, check number and check amount from the missing ERA in order to resend the file. If Emdeon did not receive the ERA in question, please contact DD WA's Customer Service.
WA	Delta Dental of Washington	91062		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed benefits. f.k.a. Washington Dental Service						
WA	Delta Dental of Washington	91062		DELTA DENTAL		No		Claim Status Inquiry		Y				Payer also supports RI status on Pre-Treatment Estimates. f.k.a Washington Dental Service						
WI	Delta Dental of Wisconsin	39069	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
WI	Delta Dental of Wisconsin	39069		DELTA DENTAL		Yes	5-7 Business Days	ERA		Y				Enrollment in Electronic Fund Transfer (EFT) is required for enrollment in ERAs.	Payer requires paper enrollment form.	Yes	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Delta Dental Wisconsin email request to pr@deltadentalwi.com or call Provider Relations at 800-	Pending Payers Advise
WI	Delta Dental of Wisconsin	39069	Par	DELTA DENTAL	Yes	No		Real Time Claims	Y	Y										
WI	Delta Dental of Wisconsin	39069		DELTA DENTAL		No		Eligibility Inquiry		Y				Detailed Benefits						
WI	Delta Dental of Wisconsin	39069		DELTA DENTAL		No		Claim Status Inquiry		Y										
WV	Delta Dental of West Virginia	31096	Par	DELTA DENTAL	Yes	No		Claims	Y	Y										
WV	Delta Dental of West Virginia	31096		DELTA DENTAL		Yes	30 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	Immediately	Providers may elect to discontinue Delta Dental's ERA (revert to paper EOB) by written notification to Delta's Dental Network Administration and Contracting department. Allow ninety (90) days for business data validation, setup, testing and production implementation. Provider IDs removed from the ERA process will not be allowed to re-apply for ERA processing for a period of one (1) calendar year. Please mail your request to: Delta Dental of California Dentist Network Administration and Contracting (DNAC) P.O. Box 537010 Sacramento, CA 95853-7010 Or	Pending Payers Advise
WV	Delta Dental of West Virginia	31096		DELTA DENTAL		No		Eligibility Inquiry						Detailed Benefits						
WV	Delta Dental of West Virginia	31096		DELTA DENTAL		No		Claim Status Inquiry												
WY	Delta Dental of Wyoming	CDWY1	Par	DELTA DENTAL	Yes	No		Claims	Y											
	DentaQuest - Government Plans	CX014	Par	MEDICAID		No		Claims	R	Y										
	Dentegra			MEDICAID																
	FirstCare Health Plans	49096		MEDICAID		Yes	EFT Enrollment is processed between the provider and Emdeon. Approval time is dependant upon the provider's	EFT												All late/missing ERAs/EFTs are handled by EFTsupport@emdeon.com or calling 866-506-2830 opt 2 or 877-461-9605 opt 2. You may also submit a Service Request
	Integral Quality Care	23229	Par	MEDICAID		No		Claims	Y	Y				Live effective 7-6-11						
	SCION Dental	SCION	Par	MEDICAID		No		Claims	R	Y			S							
AK	Medicaid of Alaska	CKAK1	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y										
AK	Medicaid of Alaska	CKAK1		MEDICAID		Yes	7-10 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	A faxed letter of request must be sent on letterhead to 907-644-8126 to request disenrollment. Please note the letter needs to be signed by the contact person listed in Alaska Medicaid's	Pending Payers Advise
AL	Medicaid of Alabama	CKAL1	Non	MEDICAID		Yes	1-2 Business Days	Claims	R	Y										
AL	Medicaid of Alabama	CKAL1		MEDICAID		Yes	2-4 Weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Alabama Medicaid contact Provider Enrollment at 800-456-	Pending Payers Advise
AL	Medicaid of Alabama	CKAL1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
AR	Medicaid of Arkansas	CKAR1	Non	MEDICAID		Yes	1-2 Business Days	Claims	R	Y										
AR	Medicaid of Arkansas	CKAR1		MEDICAID		Yes	5-7 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Arkansas Medicaid call 800-457-	Pending Payers Advise
AR	Medicaid of Arkansas	CKAR1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
AZ	Arizona Medicaid	CKAZ1	Non	MEDICAID		No		Claims	R	Y				http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx for provider registration information prior to submitting claims.						
AZ	Arizona Medicaid	CKAZ1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
AZ	Department of Economic Security	DESAZ	Non	MEDICAID		No		Claims	R	Y										
CA	Denti-Cal / Medicaid of California	94146	Non	MEDICAID		Yes	Payer's discretion	Claims	R	Y				Denti-Cal requires provider enrollment and has special data requirements. Contact Denti-Cal EDI Support at (916) 853-7373.						

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CA	Denti-Cal / Medicaid of California	94146		MEDICAID		Yes	Payer's discretion	ERA		Y					Payer handles enrollment directly with provider.	No	No	None	If a provider wishes to discontinue receiving ERAs from Denti-Cal / Medicaid of California call 916-853-7373 and make the request.	EFT: To research and resolve a late or missing Healthcare EFT Standards payment, please contact the Denti-Cal Telephone Service Center at 800-423-0507. Late or missing is defined as a maximum elapsed time of four business days following the receipt of the associated v5010x12 835 transactions. ERA: To research and resolve a late or missing v5010 x12 835, please contact Denti-Cal EDI Support at 916-853-7373 (e-mail: denti-caledi@delta.org). Late or missing is defined as a maximum elapsed time of four business days following the receipt of an associated Electronic funds Transfer (EFT)
CA	Denti-Cal / Medicaid of California	94146		MEDICAID		Yes	Payer's discretion	Eligibility Inquiry						Yes/No Response. Please call (916) 636-1200 for PIN.						
CO	Medicaid of Colorado	CKCO1	Non	MEDICAID		Yes	3-4 Weeks	Claims	R	Y										
CO	Medicaid of Colorado	CKCO1		MEDICAID		Yes	3-4 Weeks	ERA		Y					Payer requires paper enrollment form.	Yes	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Colorado Medicaid complete a new Colorado Medicaid EDI Update Form leaving the 835 check box blank. The form than needs to be mailed to Colorado Medicaid at the address indicated	Pending Payers Advise
CO	Medicaid of Colorado	CKCO1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
CT	Medicaid of Connecticut	CKCT1	Non	MEDICAID		No		Claims	R	Y			S							
CT	Medicaid of Connecticut	CKCT1		MEDICAID		Yes	2-3 Weeks	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Medicaid of Connecticut he needs to fax a letter of request to 860-269-2027. The letter must include the statement, "I no longer want to receive 835s", the provider's name, Tax ID and	Pending Payers Advise
CT	Medicaid of Connecticut	CKCT1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
DC	District of Columbia Medicaid	CKDC1	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y										
DC	District of Columbia Medicaid	CKDC1		MEDICAID		Yes	7-10 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Washington, D.C. Medicaid mail a letter of request on letterhead which contains the provider's full name, Tax ID and Provider ID with the reason for discontinuance to: ACS Provider Enrollment Unit, PO Box 4761,	Pending Payers Advise
DC	District of Columbia Medicaid	CKDC1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
DE	Delaware Medicaid	CKDE1	Non	MEDICAID		Yes	3-4 Weeks	Claims	R	Y										
DE	Delaware Medicaid	CKDE1		MEDICAID		Yes	5-7 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	If a provider wishes to discontinue ERAs with Delaware Medicaid a written letter of request must be completed on the office's letterhead with an authorized signature and mailed to: Delaware Medicaid, Provider Relations, PO Box 909, Manor	Pending Payers Advise
FL	Medicaid of Florida	CKFL1	Non	MEDICAID		Yes	3-4 Weeks	Claims	R	Y										
FL	Medicaid of Florida	CKFL1		MEDICAID		Yes	2-3 Weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Florida Medicaid mail a letter or request on letterhead with provider signature to: ACS State Healthcare - Provider Enrollment, 2308 Killearn Ctr. Blvd., Ste. 100, Tallahassee, FL 32309.	Please visit http://portal.flmmis.com/FLpublic/Default.aspx
FL	Medicaid of Florida	CKFL1		MEDICAID		Yes	2-3 Weeks	Eligibility Inquiry						Yes/No Response						
FL	Medicaid of Florida	CKFL1		MEDICAID		No		Claim Status Inquiry												
FL	DentaQuest - Government Plans	CX052	Par	MEDICAID		No		Claims	R	Y										
FL	DentaQuest - Government Plans	CX052		MEDICAID		No		Eligibility Inquiry	R	Y				Yes/No Response						
GA	Medicaid of Georgia	CKGA1	Non	MEDICAID		Yes	Payer's discretion	Claims	R	Y										
GA	Medicaid of Georgia	CKGA1		MEDICAID		Yes	Payer's discretion	ERA		Y					Payer requires paper enrollment form.	No	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Georgia Medicaid mail a Remit Option Form to ACS, PO Box 4000, McRae, GA 31055. The form can be found at	Pending Payers Advise
GA	Medicaid of Georgia	CKGA1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
IA	Medicaid of Iowa	CKIA1	Non	MEDICAID		Yes	1-2 Business Days	Claims	R	Y										
IA	Delta Dental of Iowa Medicaid Program	CDIAM		MEDICAID		No		Claims	R	Y										
IA	Delta Dental of Iowa Medicaid Program	CDIAM		MEDICAID		No		Eligibility Inquiry						Detailed Benefits						
IA	Delta Dental of Iowa Medicaid Program	CDIAM		MEDICAID		No		Claim Status Inquiry												
IA	Medicaid of Iowa	CKIA1		MEDICAID		Yes	1-2 Business Days	ERA							Payer requires online enrollment tool be utilized.	No	Yes	Effective 3-1-10 all paper EOBs ceased to be printed and mailed.	Effective 3-1-10, un-enrollment will no longer be allowed as paper remits will cease. Providers may only change where they retrieve	Pending Payers Advise
IA	Medicaid of Iowa	CKIA1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
ID	DentaQuest - Government Plans	CKID1	Par	MEDICAID		No		Claims	R	Y										
ID	DentaQuest - Government Plans	CKID1		MEDICAID		No		Eligibility Inquiry	R	Y				Yes/No Response						
IL	DentaQuest - Government Plans	CKIL1	Par	MEDICAID		No		Claims	R	Y										
IL	DentaQuest - Government Plans	CKIL1		MEDICAID		No		Eligibility Inquiry	R	Y				Yes/No Response						
IN	Indiana Childrens Special Healthcare	CX070		MEDICAID		Yes	3-5 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	Effective 9-1-09 paper RA is no longer printed or mailed to providers.	If a provider wishes to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Indiana Medicaid web portal selecting another entity to retrieve their ERAs from Indiana Medicaid.	For information regarding Indiana State Department of Health (CSHCS) procedure for missing and/or late 835s, please see CSHCS Provider Bulletin 11 available on both the "What's New" (http://www.in.gov/isdh/19623.htm) and "Provider Relations" (http://www.in.gov/isdh/19620.h
IN	Indiana Children's Special Healthcare	CX070	Non	MEDICAID		No		Claims	R	Y										
IN	Medicaid of Indiana	CKIN1	Non	MEDICAID		No		Claims	R	Y										

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IN	Medicaid of Indiana	CKIN1		MEDICAID		Yes	3-5 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	Effective 9-1-09 paper RA is no longer printed or mailed to providers.	If a provider wishes to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Indiana Medicaid web portal selecting another entity to retrieve their ERAs from Indiana	Pending Payers Advise
IN	Medicaid of Indiana	CKIN1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
KS	Medicaid of Kansas	CKKS1	Non	MEDICAID		No		Claims	R	Y										
KS	Medicaid of Kansas	CKKS1		MEDICAID		Yes	5-7 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	Immediately unless the provider calls the EDI Help desk and requests paper continue to be sent	If a provider wishes to discontinue receiving ERAs from Emdeon login to the KMAP account and remove WEBMDDENTAL as the receiver of 835s. 835s will than begin being delivered to the provider's KMAP account. Should a provider wish to return to paper RAs call the KMAP Customer Service line at 800-933-6593 option 1, option	Pending Payers Advise
KS	Medicaid of Kansas	CKKS1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
KY	Medicaid of Kentucky	CKKY1		MEDICAID		Yes	7-10 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Kentucky Medicaid call 800-205-	Pending Payers Advise
KY	Medicaid of Kentucky	CKKY1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
KY	Medicaid of Kentucky	CKKY1		MEDICAID		No		Claim Status Inquiry												
KY	Medicaid of Kentucky	CKKY1	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y										
KY	DentaQuest - Government Plans	CKKY9		MEDICAID		No		Claims	R	Y										
LA	Louisiana Medicaid (EPSDT)	CKLA1	Non	MEDICAID		Yes	3-4 Business Days	Claims	R	Y										
LA	Louisiana Medicaid (EPSDT)	CKLA1		MEDICAID		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	None	If a provider wishes to discontiue receiving ERAs from Louisiana Medicaid call 225-216-6370.	EFT: Once you are enrolled for EFT and your electronic payments are missing or late, first contact the Automated Clearinghouse (ACH) representative at your bank, not a bank teller. If the bank is unable to locate the deposit, check to ensure that the account has not been closed or changed. Finally, if still unable to locate a deposit, call Molina Provider Enrollment at (225) 216-6370 and report the late and/or missing EFT
LA	Louisiana Medicaid (EPSDT)	CKLA1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
LA	Louisiana Medicaid (Adult Dental)	CKLA2	Non	MEDICAID		Yes	3-4 Business Days	Claims	R	Y							ERA: For late or missing ERA, provider/submitters should contact the Molina EDI Department by dialing 225-216-6303 or sending			
LA	Louisiana Medicaid (Adult Dental)	CKLA2		MEDICAID		Yes	Payer's discretion	ERA							Payer handles enrollment directly with provider.	No	No	None	If a provider wishes to discontiue receiving ERAs from Louisiana Medicaid call 225-216-6370.	EFT: Once you are enrolled for EFT and your electronic payments are missing or late, first contact the Automated Clearinghouse (ACH) representative at your bank, not a bank teller. If the bank is unable to locate the deposit, check to ensure that the account has not been closed or changed. Finally, if still unable to locate a deposit, call Molina Provider Enrollment at (225) 216-6370 and report the late and/or missing EFT
LA	Louisiana Medicaid (Adult Dental)	CKLA2		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
MA	Massachusetts Health Program	CKMA1	Par	MEDICAID		No		Claims	R	Y				Please place MASS Health or MA Medicaid or MASS Medicaid in the carrier name field.			ERA: For late or missing ERA, provider/submitters should contact the Molina EDI Department by dialing 225-216-6303 or sending			
MA	Massachusetts Health Program	CKMA1		MEDICAID		No		Eligibility Inquiry	R	Y				Yes/No Response						
MD	DentaQuest - Government Plans	CKMD1	Par	MEDICAID		No		Claims	R	Y										
MD	DentaQuest - Government Plans	CKMD1		MEDICAID		No		Eligibility Inquiry	R	Y				Yes/No Response						
ME	Medicaid of Maine	CKME1	Non	MEDICAID		Yes	1-2 Business Days	Claims	Y	Y										
ME	Medicaid of Maine	CKME1		MEDICAID		Yes	Payer's discretion	ERA							Payer requires online enrollment tool be utilized.	No	No	None unless provider elects to turn off paper remit.	Providers must log into their Maine MIHMS account and remove Emdeon as the receiver	Pending Payers Advise
ME	Medicaid of Maine	CKME1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
MI	Medicaid of Michigan	CKMI1	Non	MEDICAID		No		Claims	R	Y			S							
MI	Medicaid of Michigan	CKMI1		MEDICAID		Yes	1-2 Weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	Providers deciding to no longer have their ERAs delivered to Emdeon need to go into the CHAMPS system and place an end date for Emdeon as the	Pending Payers Advise
MI	Medicaid of Michigan	CKMI1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
MN	Medicaid of Minnesota	CKMN1	Non	MEDICAID		Yes	30-35 Business Days	Claims	R	Y										
MN	Medicaid of Minnesota	CKMN1		MEDICAID		Yes	30-35 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	Immediately	Not allowed per Minnesota Statutes 62J.536 which requires electronic only RAs by 12/15/09. Providers may however opt to remove Emdeon as their ERA clearinghouse by completing another Electronic Remittance Advice (RA) Request Form designating another receiver.	EFTs: Providers must contact Minnesota Management & Budget EFT Helpline by EFThelpline.mmb@state.mn.us or at 651-201-8106. ERAs: Providers must contact our MHCP Provider Call Center at 651-431-2700 or 1-800-366-5411 and a representative will create a work order.
MN	Medicaid of Minnesota	CKMN1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
MN	HealthPartners MN	CX010	Non	MEDICAID		No		Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
MN	HealthPartners MN	CX010		MEDICAID		Yes	1-3 Business Days	ERA		Y					ERA enrollments are completed on a daily basis automatically by Emdeon. All providers who participate with ERAs through Emdeon will have ERAs activated for Health Partners 5 business days after their first claim submission, after activating their ERA account.	No	No	Immediately	Providers based in MN who no longer wish to receive their HealthPartner ERAs from Emdeon must enroll online at https://www.healthpartners.com/providerregistration/entry.do to receive their remittance advices online. Providers based outside MN who no longer wish to receive their HealthPartner ERAs from Emdeon should email request to dentalenrollment@emdeon.com. Include provider name and Tax	Pending Payers Advise
MO	Medicaid of Missouri	CKMO1	Non	MEDICAID		No		Claims	R	Y										
MO	Medicaid of Missouri	CKMO1		MEDICAID		Yes	7-10 Business Days	ERA		Y					Payer requires online enrollment tool be utilized.	No	No	Immediately	If a provider wishes to discontinue receiving ERAs from Missouri Medicaid call the Infocrossing Healthcare Services Help Desk at 573-635-3559.	To resolve a late or missing 835, you will need to contact the Wipro Technical Help Desk (573) 635-3559. If you are inquiring about a missing or late EFT payment, you will need to contact your financial institution.
MO	Medicaid of Missouri	CKMO1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
MO	Medicaid of Missouri	CKMO1		MEDICAID		No		Claim Status Inquiry												
MS	Medicaid of Mississippi	CKMS1	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y										
MS	Medicaid of Mississippi	CKMS1		MEDICAID		Yes	7-10 Business Days	ERA							Payer requires paper enrollment form.	No	Yes	1-1-2007 all paper EOBs ceased.	Paper RAs are no longer available from Mississippi Medicaid. Should a provider wish to discontinue receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Mississippi Medicaid web portal or re-enroll electing another entity to retrieve their ERAs from Mississippi Medicaid.	EFT: • The provider needs to contact the Xerox Call Center at (1-800-471-2271) to submit a Call Reference Number to the Banking department. • The Banking department will contact the provider to verify their banking account and reouting numbers. • If the account number is correct, the Banking department will advise the provider to contact their financial institutions ACH department. • If the banking account or routing number isn't correct, the Banking department directs the provider toupdate their banking account information via the Direct Deposit Authorization/Agreement form which is available on the Mississippi Medicaid website at http://msmedicaid.acs-inc.com under Provider-.Provider Enrollment for online submission to be downloaded. Missing ERA: • The provider will submit a research request to the Xerox EDI Support Unit (1-800-
MS	Medicaid of Mississippi	CKMS1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
MT	Medicaid of Montana	CKMT1	Non	MEDICAID		No		Claims	R	Y										
MT	Medicaid of Montana	CKMT1		MEDICAID		Yes	2-3 weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	2 Weeks	If a provider wishes to discontinue receiving ERAs from Montana Medicaid mail request to: DPHHS, PO Box 202951,	Pending Payers Advise
MT	Medicaid of Montana	CKMT1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NC	Medicaid of North Carolina	CKNC1	Non	MEDICAID		No		Claims	R	Y										
NC	Medicaid of North Carolina	CKNC1		MEDICAID		Yes	Payer's discretion	ERA		Y				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://nctracks.com/	Payer requires online enrollment tool be utilized.	No	No	Payer's discretion	Effective July 1, 2013 all Provider Enrollment Applications and updates must be completed through the NCTracks system.	Pending Payers Advise
NC	Medicaid of North Carolina	CKNC1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
ND	North Dakota Medicaid	CKND1	Non	MEDICAID		No		Claims	R	Y				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						
ND	North Dakota Medicaid	CKND1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NE	Medicaid of Nebraska	CKNE1	Non	MEDICAID		Yes	1-2 Weeks	Claims	Y	Y										
NE	Medicaid of Nebraska	CKNE1		MEDICAID		Yes	3-5 Business Days	ERA		Y				Enrollment in Electronic Fund Transfer (EFT) is required for enrollment in ERAs.	Payer requires paper enrollment form.	Yes	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Nebraska Medicaid submit a Nebraska Medicaid Trading Partner Authorization form listing	Pending Payers Advise
NH	Medicaid of New Hampshire	CKNH1	Non	MEDICAID		No		Claims	R	Y										
NH	Medicaid of New Hampshire	CKNH1		MEDICAID		Yes	2-3 weeks	ERA							Payer requires paper enrollment form.	No	Yes	Effective with the Remittance Advice dated April 2, 2010, download in PDF format will become mandatory. Paper Remittance Advices will no longer be supplied and providers will need to download their Remittance Advices from the provider website www.nhmedicaid.com under the	If a provider wishes to discontinue receiving ERAs from New Hampshire Medicaid send a letter of request to: EDS, PO Box 2040, Concord, NH 03302-2040.	Pending Payers Advise
NH	Medicaid of New Hampshire	CKNH1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NJ	Medicaid of New Jersey	CKNJ1	Non	MEDICAID		Yes	2-3 weeks	Claims	R	Y			S							
NJ	Medicaid of New Jersey	CKNJ1		MEDICAID		Yes	3-4 Weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	If a provider wishes to discontinue receiving ERAs from New Jersey Medicaid send a letter of request on letterhead with an authorized signature to: NJ Medicaid, PO Box 4804,	Pending Payers Advise
NJ	Medicaid of New Jersey	CKNJ1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NM	New Mexico Medicaid	CKNM1	Non	MEDICAID		Yes	1-2 Business Days	Claims	R	Y										
NM	New Mexico Medicaid	CKNM1		MEDICAID		Yes	1-2 Business Days	ERA		Y					Payer requires paper enrollment form	No	Yes	None	Email request to HIPAAHelpdesk@acs-inc.com	Pending Payers Advise
NM	New Mexico Medicaid	CKNM1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NV	Medicaid of Nevada	CKNV1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NV	Medicaid of Nevada	CKNV1	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollment	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
NV	Medicaid of Nevada	CKNV1		MEDICAID		Yes	3-4 Weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	6 Weeks	If a provider wishes to discontinue ERAs with Nevada Medicaid complete a new FH-37 form completing the terminate a transaction section. Forms are available at: https://nevada.fhsc.com/Downloads/provider/FH-37_service_center_authorization	Pending Payers Advise
NY	Medicaid of New York	CKNY1	Non	MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NY	Medicaid of New York	CKNY1	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y										
NY	Medicaid of New York	CKNY1		MEDICAID		Yes	3-4 Weeks	ERA		Y				Providers must be currently linked to Emdeon Dental's ETIN 0Q2 for the submission of Dental Claims before sumbitting an ERA enrollment request.	Payer requires a paper enrollment form	Yes	Yes	4 Payment Cycles	If a provider wishes to discontinue receiving ERAs from NY Medicaid complete the Electronic Remittance 835/820 Request form denoting paper as method of remittance retrieval. The form should than be faxed to	Please visit https://www.emedny.org/info/ProviderEnrollment/allforms.aspx
NY	Medicaid of New York (Dental Clinics Only)	CKNY2	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y										
NY	Medicaid of New York (Dental Clinics Only)	CKNY2		MEDICAID		Yes	3-4 Weeks	ERA		Y				Providers must be currently linked to Emdeon Dental's ETIN 0Q2 for the submission of Dental Claims before sumbitting an ERA enrollment request.	Payer requires a paper enrollment form	Yes	Yes	4 Payment Cycles	If a provider wishes to discontinue receiving ERAs from NY Medicaid complete the Electronic Remittance 835/820 Request form denoting paper as method of remittance retrieval. The form should than be faxed to	Please visit https://www.emedny.org/info/ProviderEnrollment/allforms.aspx
NY	Medicaid of New York (Dental Clinics Only)	CKNY2	Non	MEDICAID		No		Eligibility Inquiry						Yes/No Response						
NY	NYS DOH UCP	14142	Par	MEDICAID		No		Claims	R	Y				Dept of Health AIDS Drug Assistance Program (ADAP) - UCP is Uninsured Care Program						
NY	NYS DOH UCP	14142		MEDICAID		Yes	1-2 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	Email request to dentalenrollment@emdeon.com. Include provider name and Tax ID	Pending Payers Advise
OH	Medicaid of Ohio	CKOH1	Non	MEDICAID		Yes	1-2 Business Days	Claims	R	Y										
OH	Medicaid of Ohio	CKOH1		MEDICAID		Yes	1-2 Business Days	ERA							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. ODJFS has established a secure internet website for Medicaid providers to log onto, view, download, save and print their remittance advices. https://medicaidrem1.ohio.gov	Submit a new enrollment form directly to Ohio Medicaid with section VI denoted as Cancel Enrollment.	Pending Payers Advise
OH	Medicaid of Ohio	CKOH1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
OH	CareSource	CKOH2	Non	MEDICAID		Yes	1-3 Business Days	Claims	R	Y										
OH	CareSource	CKOH2		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
OK	Medicaid of Oklahoma	CKOK1	Non	MEDICAID		No		Claims	R	Y										
OK	Medicaid of Oklahoma	CKOK1		MEDICAID		Yes	5-7 Business Days	ERA		Y				Provider logs into the Secure Web account for EACH ID and designates the Receiver of the transactions. This is a ONE TIME process and will remain in effect until designation is revoked. Secure web account can be accessed at: https://www.ohcaprovider.com/Oklahoma/Security/logon.xhtml Emdeon Dental's receiver name is Emdeon Business Services – Dental Submitter ID is	Payer requires paper enrollment form.	No	Yes	2 Weeks	If a provider wishes to discontinue receiving ERAs from Oklahoma Medicaid submit a new EDI 835 application marking the box titled, Disable the 835 and resume paper RA effective immediately.	Pending Payers Advise
OK	Medicaid of Oklahoma	CKOK1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
OR	Medicaid of Oregon	CKOR1	Non	MEDICAID		Yes	2-4 Weeks	Claims	R	Y										
OR	Medicaid of Oregon	CKOR1		MEDICAID		Yes	2-4 Weeks	ERA							Payer requires paper enrollment form.	No	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Oregon Medicaid submit a change form (Exhibit C). Providers should call 503-947-5347 for instructions and a copy of the	Pending Payers Advise
OR	Medicaid of Oregon	CKOR1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
PA	Medicaid of Pennsylvania	CKPA1	Non	MEDICAID		Yes	1-2 Business Days	Claims	R	Y										
PA	Medicaid of Pennsylvania	CKPA1		MEDICAID		Yes	2-3 weeks	ERA		Y					Payer requires paper enrollment form.	No	No	None	If a provider wishes to discontinue ERAs send request to the EDI Department, 225 Grandview Avenue, Mail Stop B100, Camp Hill, PA 17011 or papac@eds.com. The request must include the provider name, Tax ID, Promise number, Group Promise number, contact person, phone number and date they wish to stop receiving ERAs and	Pending Payers Advise
PA	Medicaid of Pennsylvania	CKPA1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
RI	Medicaid of Rhode Island	CKRI1	Non	MEDICAID		Yes	3-4 Weeks	Claims	R	Y										
RI	Medicaid of Rhode Island	CKRI1		MEDICAID		Yes	3-4 Weeks	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements	Pending Payers Advise
SC	DentaQuest - Government Plans	CKSC1	Par	MEDICAID		No		Claims	R	Y										
SC	DentaQuest - Government Plans	CKSC1		MEDICAID		No		Eligibility Inquiry	R	Y				Yes/No Response						
SD	South Dakota Medicaid	CKSD1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
TN	DentaQuest - Government Plans	62154		MEDICAID		No		Claims	R	Y										
TN	Tennessee Medicaid	CKTN1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
TX	Cook Children's Dental	CPPCC	Par	MEDICAID		No		Claims	R	Y										
TX	Medicaid of Texas	CKTX1	Non	MEDICAID		No		Claims	R	Y										
TX	Medicaid of Texas	CKTX1		MEDICAID		Yes	2-3 weeks	ERA							Payer requires paper enrollment form.	No	Yes	Immediately	If a provider wishes to discontinue receiving ERAs from Texas Medicaid call the EDI Helpdesk at 888-863-3638 option	By 1-1-14, the written procedure will be in their Connectivity Guide located on www.thmp.com in the Provider section, EDI Tab Technical Information section.
TX	Medicaid of Texas	CKTX1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
UT	Medicaid of Utah	CKUT1	Non	MEDICAID		Yes	1-2 Business Days	Claims	R											
UT	Medicaid of Utah	CKUT1		MEDICAID		Yes	1-2 Business Days	ERA		Y					Payer accepts enrollment request from Emdeon.	No	No	None	If a provider wishes to discontinue receiving ERAs from Utah Medicaid visit the online enrollment tool for Utah Medicaid and remove Emdeon's Trading Partner number from the line titled 835 Remittance Advice. The web address for the tool is http://hcf.health.utah.gov/hcfenr	We now have information for providers on our website with instructions on what to do in the event of a missing EFT/ERA. Here is a link: http://uhin.org/faq-page#!9n279. It is in the Members area of our website, so if you have not yet registered for access you will need to do that first. Once you're in, it appears on our FAQ page under "Troubleshooting"
VA	DentaQuest - Government Plans	CKVA1	Par	MEDICAID		No		Claims	R	Y										
VA	DentaQuest - Government Plans	CKVA1		MEDICAID		No		Eligibility Inquiry	R	Y				Yes/No Response						
VT	Medicaid of Vermont	CKVT1	Non	MEDICAID		Yes	7-10 Business Days	Claims	R	Y			S							
VT	Medicaid of Vermont	CKVT1		MEDICAID		Yes	7-10 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	If a provider wishes to discontinue receiving ERAs from Vermont Medicaid call 802-879-4450 or email	Pending Payers Advise
VT	Medicaid of Vermont	CKVT1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
WA	Medicaid of Washington	CKWA1	Non	MEDICAID		Yes	1-2 Business Days	Claims	Y	Y										

ST	Payer	ID	Type	Model	Group #	Enroll	Payer Enrollment Turnaround Time	Service	NPI	5010	ICD10 Ready	ICD10 Testing	ICD10 Required	Additional Info	ERA Enrollment Type	Requires EFT for ERA Enrollmet	ERA Payer Enrollment Form Required	ERA Paper RA Shut Off	ERA Un-Enrollment Process	Late/ Missing EFT and ERA Resolution
WA	Medicaid of Washington	CKWA1		MEDICAID		Yes	Payer's discretion	ERA		Y					Payer requires online enrollment tool be utilized.	No	No	Immediately	Providers who wish to discontinue receiving ERAs need to call Washington DHS at 800-562-	ERA: Submit a ticket to HIPAA-help@HCA.wa.gov EFT: Submit a ticket to MMISHelp@hca.wa.gov
WA	Medicaid of Washington	CKWA1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
WI	Medicaid of Wisconsin	CKWI1	Non	MEDICAID		No		Claims	Y	Y										
WI	Medicaid of Wisconsin	CKWI1		MEDICAID		Yes	5-7 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	No un-enrollment is necessary as the provider will always continue to receive paper remittance	Pending Payers Advise
WI	Medicaid of Wisconsin	CKWI1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
WV	Medicaid of West Virginia	CKWV1	Non	MEDICAID		No		Claims	R	Y										
WV	Medicaid of West Virginia	CKWV1		MEDICAID		Yes	Payer's discretion	ERA							Payer requires online enrollment tool be utilized.	No	No	None	Please log into your WV Medicaid provider portal account and remove CPSI EDI dba Emdeon Dental as the receiver of your ERAs.	Pending Payers Advise
WV	Medicaid of West Virginia	CKWV1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						
WY	Medicaid of Wyoming	CKWY1	Non	MEDICAID		Yes	5-7 Business Days	Claims	R	Y										
WY	Medicaid of Wyoming	CKWY1		MEDICAID		Yes	1-2 Business Days	ERA		Y					Payer requires paper enrollment form.	No	Yes	None	If a provider wishes to discontinue receiving ERAs from Wyoming Medicaid mail request to: Attn: EDI Enrollment Unit, PO Box 667, Cheyenne, WY 82003 or fax to 307-772-8405. The request should be on office letterhead and include Tax ID,	ERA: Posted in the http://wymedicaid.acs-inc.com/ provider web portal. EFT: Contact the Wyoming State Auditor's Office, 200 West 24th Street, Cheyenne, WY 82002, voice 307-777-7831, fax 307-777-6983.
WY	Medicaid of Wyoming	CKWY1		MEDICAID		No		Eligibility Inquiry						Yes/No Response						

Legend		
St.		State abbreviation
Payer		The name of the electronic payer in Emdeons payer network.
ID		The Electronic Payer ID number assigned to the payer by Emdeon.
Type	Par	Participating
	Non	Non Participating
Model		Represents Payer Model - There are 5 Dental Models Commercial, BCBS, Delta Dental and Medicaid.
Group #	Y	Payer requires group number to be submitted within the transaction
	N	Payer does not require a group number to be submitted within the transaction.
Enroll	Y	Payer requires Dental providers to complete additional enrollment and/or a registration process before transactions will process electronically.
	N	Payer DOES NOT requires Dental providers to complete additional enrollment and/or a registration process before transactions will process electronically.
ERA Payer Enrollment Turnaround Time		Average historical timeframe required by the payer to process an ERA enrollment request
Service		Claims
		Encounters
		Electronic Remittance Advice (ERA) 835
		Electronic Funds Transfer (EFT)
		Remittance Image
		Real-Time Claims
		Real-Time Elgibility Inquiry (270/271)
		Real-Time Claim Status Inquiry (276/277)
NPI	Y	Payer accepting NPI.
	R	Payer requires NPI.
5010	Y	Payer processing in x12 5010 format
	N	Payer not processing in x12 5010 format
ICD10 Ready	Y	Payer has indicated they are or will be ready to accept ICD10 claim data if applicable effective on and after the compliance date.
	N	Payers indicated as not ready, cannot accept ICD10 and will continue to require ICD9 where diagnosis codes are required.
	Blank	Payer has not indicated readiness to Emdeon.
ICD10 Testing		For testing requests or questions please email DentalICD10@emdeon.com
ICD10 Required	S	Where diagnosis codes are situationally required, Payer requires ICD10 for claims with dates of service on and after the compliance date.
	N	Where situational required, Payer requires ECD10 but will accept ICD9 for a limited contingency period.
	Blank	Payer has not indicated ICD10 requirements to Emdeon.
Addtional Info		coverage is effective or not. Detail Benefits indicates the payer will supply details of the coverage and those details vary by payer.
ERA Enrollment Type		A description of the type of enrollment process required by the payer.
Payer Requires EFT for ERA Enrollment Approval	Y	Payer requires participation in Electronic Funds Transfer (EFT) to receive ERA/835 transactions.
	N	Payer does not require participation in Electronic Funds Transfer (EFT) to receive ERA/835 transactions.
	P	Payer's discretion. Please contact the payer directly for additional information.
ERA Payer Enrollment Form Required	Y	Payer requires their own unique form to be submitted as part of the ERA enrollment process.
	N	Payer does not require their own unique form to be submitted as part of the ERA enrollment process
ERA Paper RA Shut Off		Amount time during which paper remits will continue after ERA approval has been granted
ERA Un-Enrollment Process		Payer requirements to dis-enroll from ERAs.
Late/ Missing EFT and ERA Resolution		A health plan must establish written Late/Missing EFT and ERA Transactions Resolution Procedures defining the process a healthcare provider must use when researching and resolving a late or missing Healthcare EFT Standards payment and/or the corresponding late or missing v5010 X12 835. Late or missing is defined as a maximum elapsed time of four business days following the receipt of either the Healthcare EFT Standards or v5010 X12 835.