

MEDICAID\*\*  
Payer List  
WNC Medical Claims  
AUGUST 2003

| MEDICAID |   |          |       |      |        |           |      |          |  |
|----------|---|----------|-------|------|--------|-----------|------|----------|--|
| State    | Payer/Intermediary                              | LOB      | ID    | Card | Enroll | Re-enroll | Test | Services | Add'l Info   |
| AK       | First Health Services Corp.                     | Hospital | 12K47 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| AK       | First Health Services Corp.                     | Medical  | SKAK0 | X    | W      | A         | No   | Claims   |  |
| AK       | First Health Services Corp.                     | Medical  | SKAK0 | X    | W      | N         | No   | ERA      |  |
| AL       | EDS   | Hospital | 12K01 | X    | E      | N         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| AL       | EDS   | Medical  | SKAL0 | X    | E      | N         | No   | Claims   |  |
| AL       | EDS   | Medical  | SKAL0 | X    | N      | N         | No   | ERA      |  |
| AR       | EDS   | Hospital | 12023 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims.   |
| AR       | EDS   | Medical  | SKAR0 | X    | E      | N         | No   | Claims   |  |
| AZ       | AZ Health Care Cost Containment System (AHCCCS) | Hospital | 12K02 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims.   |
| AZ       | AZ Health Care Cost Containment System (AHCCCS) | Medical  | SKAZ0 | X    | E      | N         | No   | Claims   |  |
| CA       | EDS - Medi-Cal                                  | Hospital | 57016 | X    | W      | A         | No   | Claims   |  |
| CA       | EDS - Medi-Cal                                  | Medical  | SKCA0 | X    | W      | A         | No   | Claims   | Additional Enrollment Requirement for Providers in LA County. Please call (916) 636-1000 and ask for LA County Unit.                           |
| CA       | EDS - Medi-Cal                                  | Medical  | SKCA0 | X    | W      | A         | No   | ERA      |  |
| CO       | ACS Inc.  | Hospital | 12K03 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims.   |
| CO       | ACS Inc.  | Medical  | SKCO0 | X    | W      | L         | No   | Claims   |  |
| CT       | EDS   | Hospital | 12K04 | X    | W      | A         | No   | Claims   |  |
| CT       | EDS   | Medical  | SKCT0 | X    | W      | A         | No   | Claims   |  |
| DC       | ACS Inc.  | Hospital | 12001 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims.   |
| DC       | DC Medicaid                                     | Medical  | SKDC0 | X    | W      | A         | No   | Claims   |  |
| DE       | EDS   | Hospital | 12K76 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| DE       | EDS   | Medical  | SKDE0 | X    | W      | L         | No   | Claims   |  |
| FL       | ACS Inc.  | Hospital | 12K34 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims.   |
| FL       | ACS Inc.  | Medical  | SKFL0 | X    | W      | A         | No   | Claims   |  |
| GA       | ACS Inc.  | Hospital | 12K05 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| GA       | ACS Inc.  | Medical  | SKGA0 | X    | W      | N         | No   | Claims   |  |
| HI       | ACS Inc.  | Medical  | SKHI0 | X    | W      | A         | Yes  | Claims   |  |
| IA       | ACS Inc.  | Hospital | 12K10 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| IA       | ACS Inc.  | Medical  | SKIA0 | X    | W      | A         | No   | Claims   |  |
| ID       | EDS   | Medical  | SKID0 | X    | W      | A         | No   | Claims   |  |
| ID       | EDS   | Medical  | SKID0 | X    | W      | N         | No   | ERA      |  |
| IL       | Health Care Service Corporation/BCBS of IL      | Hospital | 12K08 | X    | E      | N         | No   | Claims   |  |
| IL       | Health Care Service Corporation/BCBS of IL      | Medical  | SKIL0 | X    | E      | N         | No   | Claims   |  |
| IN       | EDS   | Hospital | 12K09 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| IN       | EDS   | Medical  | SKIN0 | X    | W      | A         | No   | Claims   |  |
| IN       | EDS   | Medical  | SKIN0 | X    | F      | N         | No   | ERA      |  |
| KS       | Blue Cross and Blue Shield of Kansas            | Hospital | 47163 | X    | W      | A         | Yes  | Claims   | Testing R required: 20 Inpatient and 20 Outpatient Claims.   |
| KS       | Blue Cross and Blue Shield of Kansas            | Medical  | SKKS0 | X    | W      | A         | No   | Claims   |  |
| KY       | Dept. for Medicaid Services                     | Medical  | SKKY0 | X    | W      | A         | No   | Claims   |  |
| KY       | Dept. for Medicaid Services                     | Medical  | SKKY0 | X    | W      | N         | No   | ERA      |  |

**MEDICAID**

| State | Payer/Intermediary                                | LOB      | ID    | Card | Enroll | Re-enroll | Test | Services | Add'l Info  |
|-------|---|----------|-------|------|--------|-----------|------|----------|---|
| KY    | UNISYS Corp.                                      | Hospital | 12K11 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| LA    | UNISYS Corp.                                      | Hospital | 12K12 | X    | W      | A         | Yes  | Claims   | Testing Required: Minimum of 50 claims. Test claims should contain bill types that are representative of production claims.                         |
| LA    | UNISYS Corp.                                      | Medical  | SKLA0 | X    | W      | A         | No   | Claims   |   |
| LA    | UNISYS Corp.                                      | Medical  | SKLA0 | X    | W      | B         | No   | ERA      |   |
| MA    | Massachusetts Division of Medical Assistance      | Hospital | 12K14 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.        |
| MA    | UNISYS Corp.                                      | Medical  | SKMA0 | X    | W      | L         | No   | Claims   |   |
| MD    | Maryland Medicaid                                 | Hospital | 12007 | X    | W      | N         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| MD    | State of MD Department of Health & Mental Hygiene | Medical  | SKMD0 | X    | W      | A         | No   | Claims   |   |
| MD    | State of MD Department of Health & Mental Hygiene | Medical  | SKMD0 | X    | W      | N         | No   | ERA      |   |
| ME    | Capella   | Hospital | 12K13 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.        |
| ME    | State of Maine Bureau of Medical Services         | Medical  | SKME0 | X    | W      | A         | No   | Claims   |   |
| MI    | * Blue Cross and Blue Shield of Michigan          | Hospital | Pilot | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.        |
| MI    | Blue Cross and Blue Shield of Michigan            | Medical  | SKMI0 | X    | W      | L         | No   | Claims   |   |
| MI    | Blue Cross and Blue Shield of Michigan            | Medical  | SKMI0 | X    | W      | N         | No   | ERA      |   |
| MN    | * Dept. of Human Services                         | Hospital | 12K16 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.        |
| MN    | Dept. of Human Services                           | Medical  | SKMN0 | X    | W      | A         | No   | Claims   |   |
| MO    | GTE Data Services                                 | Hospital | 12K15 | X    | W      | A         | No   | Claims   |   |
| MO    | GTE Data Services                                 | Medical  | SKMO0 | X    | W      | N         | No   | Claims   |   |
| MO    | GTE Data Services                                 | Medical  | SKMO0 | X    | W      | A         | No   | ERA      |   |
| MS    | ACS Inc.  | Hospital | 12K17 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| MS    | ACS Inc.  | Medical  | SKMS0 | X    | W      | A         | No   | Claims   |   |
| MS    | ACS Inc.  | Medical  | SKMS0 | X    | W      | A         | No   | ERA      |   |
| MT    | ACS Inc.  | Hospital | 12K77 | X    | W      | N         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.        |
| MT    | ACS Inc.  | Medical  | SKMT0 | X    | W      | A         | No   | Claims   |   |
| NC    | EDS   | Hospital | 12K23 | X    | W      | N         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| NC    | EDS   | Medical  | SKNC0 | X    | W      | N         | No   | Claims   |   |
| ND    | BCBS of North Dakota/Noridian Mutual              | Hospital | 12K78 | X    | W      | B         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims         |
| NE    | Health and Human Services of Lincoln, Nebraska    | Medical  | SKNE0 | X    | W      | A         | No   | Claims   |   |
| NE    | Health and Human Services of Lincoln, Nebraska    | Medical  | SKNE0 | X    | W      | B         | No   | ERA      |   |
| NH    | EDS   | Medical  | SKNH0 | X    | W      | A         | No   | Claims   |   |
| NH    | New Hampshire Medicaid                            | Hospital | 12K21 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| NJ    | UNISYS Corp.                                      | Hospital | 12006 | X    | W      | A         | No   | Claims   |   |
| NJ    | UNISYS Corp.                                      | Medical  | SKNJ0 | X    | W      | A         | No   | Claims   |   |
| NM    | ACS Inc.  | Hospital | 12K22 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| NM    | ACS Inc.  | Medical  | SKNM0 | X    | W      | A         | No   | Claims   |   |
| NV    | Anthem Blue Cross                                 | Hospital | 12K20 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of future production claims. |

\* Indicates Change Since Previous List ( 07/03 ). \*\*See last page.

**MEDICAID**

| State | Payer/Intermediary                                    | LOB      | ID    | Card | Enroll | Re-enroll | Test | Services | Addt'l Info  |
|-------|---|----------|-------|------|--------|-----------|------|----------|--|
| NV    | Blue Cross and Blue Shield of Nevada                  | Medical  | SKNV0 | X    | W      | A         | No   | Claims   |  |
| NY    | Computer Science Corp.                                | Hospital | 12K35 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.   |
| NY    | Computer Science Corp.                                | Medical  | SKNY0 | X    | W      | N         | No   | Claims   |  |
| OH    | Dept. of Human Services                               | Medical  | SKOH0 | X    | W      | A         | No   | Claims   |  |
| OK    | UNISYS Corp.  | Hospital | 12K25 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.   |
| OK    | UNISYS Corp.  | Medical  | SKOK0 | X    | W      | A         | No   | Claims   |  |
| OR    | Oregon Medicaid                                       | Medical  | SKOR0 | X    | E      | N         | No   | Claims   |  |
| OR    | Oregon Medical Assistance Program                     | Hospital | 12K41 | X    | E      | N         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| PA    | EDS   | Hospital | 12008 | X    | W      | A         | No   | Claims   | Inpatient claims only.   |
| PA    | EDS   | Medical  | SKPA0 | X    | W      | N         | No   | Claims   |  |
| RI    | EDS   | Medical  | Pilot | X    | W      | L         | No   | Claims   |  |
| RI    | Rhode Island Medical Assistance                       | Hospital | 12K74 | X    | W      | A         | No   | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| SC    | South Carolina Department of Health & Human Services  | Medical  | SKSC0 | X    | W      | N         | No   | Claims   |  |
| SD    | South Dakota Medicaid                                 | Hospital | 12K36 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| SD    | South Dakota Medicaid                                 | Medical  | SKSD0 | X    | W      | A         | No   | Claims   |  |
| TN    | ACS Inc.  | Hospital | 12K32 | X    | W      | A         | Yes  | Claims   | TennCare Xantus. Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| TN    | ACS Inc.  | Hospital | 12K33 | X    | W      | A         | Yes  | Claims   | TennCare Access MedPLUS. Testing Required: 20 Inpatient and 20 Outpatient Claims.  |
| TN    | ACS Inc.  | Medical  | SKTN0 | X    | W      | A         | No   | Claims   |  |
| TN    | * Blue Cross & Blue Shield of Tennessee (Chattanooga) | Hospital | 12K46 | X    | W      | A         | No   | Claims   |  |
| TN    | Blue Cross & Blue Shield of Tennessee (Chattanooga)   | Medical  | SKTN2 | B    | W      | N         | No   | Claims   |  |
| TN    | EDS   | Medical  | SKTN1 | X    | W      | N         | No   | Claims   | a.k.a. TennCare-Access Med Plus  |
| TX    | National Heritage Insurance Company (NHIC)            | Hospital | Pilot | X    | N      | N         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| TX    | National Heritage Insurance Company (NHIC)            | Medical  | SKTX0 | X    | P      | T         | No   | Claims   |  |
| TX    | TrailBlazer Health Enterprises (THE)                  | Hospital | 12K31 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.   |
| US    |   |          |       |      |        |           |      |          |  |
| UT    | UHIN  | Medical  | SKUT0 | X    | F      | L         | No   | Claims   |  |
| VA    | First Health Services Corp.                           | Hospital | 12003 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.   |
| VA    | First Health Services Corp.                           | Medical  | SKVA0 | X    | W      | N         | No   | Claims   |  |
| VT    | EDS   | Medical  | SKVT0 | X    | W      | L         | No   | Claims   |  |
| VT    | Vermont Medicaid                                      | Hospital | 12K26 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.   |
| WA    | ACS Inc.  | Medical  | SKWA0 | X    | W      | A         | No   | Claims   |  |
| WA    | Dept of Social & Health Services                      | Hospital | 12K27 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should be representative of production claims.                          |
| WI    | EDS   | Hospital | 12K29 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |
| WI    | EDS   | Medical  | SKWI0 | X    | W      | A         | No   | Claims   |  |
| WV    | ACS Inc.  | Hospital | 12K28 | X    | W      | A         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims.   |
| WV    | ACS Inc.  | Medical  | SKWV0 | X    | F      | N         | No   | Claims   |  |
| WY    | ACS Inc.  | Hospital | 12K30 | X    | W      | N         | Yes  | Claims   | Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims. |

\* Indicates Change Since Previous List ( 07/03 ). \*\*See last page.

| MEDICAID |                    |         |       |      |        |           |      |          |            |
|----------|--------------------|---------|-------|------|--------|-----------|------|----------|------------|
| State    | Payer/Intermediary | LOB     | ID    | Card | Enroll | Re-enroll | Test | Services | Add'l Info |
| WY       | ACS Inc.           | Medical | SKWY0 | X    | W      | N         | No   | Claims   |            |

**Note: An all payer addendum must be signed to get to ALL Non-Participating Payers. Please contact WNC Medical Claims, as appropriate.**

**Definitions:**

**Line of Business (LOB):** Identifies the type of healthcare profession for the identified Service. Available LOBs include: Dental, Hospital, and Medical.

**Payer:** The name of the electronic payer.

**Processor:** The organization processing the electronic claim on behalf of Medicare, Medicaid, Blue Cross/Blue Shield or other organizations.

**ID:** The identification number assigned to the payer for electronic submission of data. If "Pilot" is present, the payer is in the final development stage before becoming live.

**Enroll:** If "Yes", please contact WNC Medical Claims at (828) 649-1300. If "no", then enrollment is NOT required.

**Test:** If "Yes", indicates that provider testing is required. If "No", testing is NOT required.

**Add'l Info:** Includes important information specific to the payer.

Call WNC Medical Claims Customer Support for assistance (828) 649-1300.