

MEDICARE**
Payer List
WNC Medical Claims
AUGUST 2003

MEDICARE									
State	Payer/Intermediary	LOB	ID	Card	Enroll	Re-enroll	Test	Services	Add'l Info
AK	BCBS of North Dakota/Noridian Mutual	Medical	SMAK0	X	W	C	No	Claims	
AK	BCBS of North Dakota/Noridian Mutual	Medical	SMAK0	X	W	A	No	ERA	
AK	Premera Blue Cross	Hospital	12M47	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 29 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
AL	Blue Cross and Blue Shield of Alabama	Medical	SMAL0	X	W	A	No	Claims	
AL	Blue Cross and Blue Shield of Alabama	Medical	SMAL0	X	W	N	No	ERA	
AL	CAHABA GBA	Hospital	12M01	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
AR	Arkansas Blue Cross and Blue Shield	Medical	SMAR0	X	W	L	No	Claims	
AR	Arkansas Blue Cross and Blue Shield	Medical	SMAR0	X	W	L	No	ERA	
AR	Blue Cross and Blue Shield of Arkansas	Hospital	12022	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
AZ	BCBS of North Dakota/Noridian Mutual	Medical	SMAZ0	X	W	L	No	Claims	
AZ	BCBS of North Dakota/Noridian Mutual	Medical	SMAZ0	X	W	A	No	ERA	
AZ	Blue Cross of Arizona	Hospital	12M02	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
CA	National Heritage Insurance Company (NHIC)	Medical	SMCA1	X	W	A	No	Claims	Includes coverage for Northern CA. Please indicate Northern CA on the WebMD Envoy Set Up Form.
CA	National Heritage Insurance Company (NHIC)	Medical	SMCA1	X	W	A	No	ERA	Includes coverage for Northern CA. Please indicate Northern CA on the WebMD Envoy Set Up Form.
CA	National Heritage Insurance Company (NHIC)	Medical	SMCA2	X	W	L	No	Claims	Includes coverage for Southern CA. Please indicate Southern CA on the WebMD Envoy Set Up Form.
CA	National Heritage Insurance Company (NHIC)	Medical	SMCA2	X	W	A	No	ERA	Includes coverage for Southern CA. Please indicate Southern CA on the WebMD Envoy Set Up Form.
CA	United Government Services, LLC (UGS)	Hospital	57011	X	W	A	No	Claims	Home Health Care claims only for AK, AZ, HI, ID, NV, OR, and WA, with the exception of CA who accepts all claims including Home Health Care.
CO	BCBS of North Dakota/Noridian Mutual	Medical	SMCO0	X	W	A	No	Claims	
CO	BCBS of North Dakota/Noridian Mutual	Medical	SMCO0	X	W	A	No	ERA	
CO	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
CO	TrailBlazer Health Enterprises (THE)	Hospital	12M31	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
CT	* Empire Omnipro (New York City Blue Cross)	Hospital	12M04	X	W	B	No	Claims	
CT	First Coast Service Options	Medical	SMCT0	X	N	N	No	ERA	
CT	First Coast Service Options	Medical	SMCT0	X	W	C	No	Claims	
DC	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
DC	TrailBlazer Health Enterprises (THE)	Medical	SMDC0	X	W	N	No	Claims	Includes coverage for DC and Northern Virginia.
DC	TrailBlazer Health Enterprises (THE)	Medical	SMDC0	X	W	L	No	ERA	Includes coverage for DC and Northern Virginia.
DE	Empire Medicare Services	Hospital	12M76	X	W	L	No	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
DE	TrailBlazer Health Enterprises (THE)	Medical	SMDE0	X	W	N	No	Claims	
DE	TrailBlazer Health Enterprises (THE)	Medical	SMDE0	X	W	A	No	ERA	
FL	Blue Cross of Florida	Hospital	12M34	X	W	A	No	Claims	
FL	First Coast Service Options	Medical	SMFL0	X	W	N	No	Claims	
FL	First Coast Service Options	Medical	SMFL0	X	W	L	No	ERA	
GA	Blue Cross of Georgia	Hospital	12M05	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
GA	Cahaba GBA, Division of BCBS of Alabama	Medical	SMGA0	X	W	A	No	Claims	
GA	Cahaba GBA, Division of BCBS of Alabama	Medical	SMGA0	X	W	L	No	ERA	
HI	BCBS of North Dakota/Noridian Mutual	Medical	Pilot	X	W	N	No	Claims	

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State	Payer/Intermediary	LOB	ID	Card	Enroll	Re-enroll	Test	Services	Add'l Info
HI	BCBS of North Dakota/Noridian Mutual	Medical	SMH10	X	W	A	No	Claims	
HI	BCBS of North Dakota/Noridian Mutual	Medical	SMH10	X	W	N	No	ERA	
HI	United Government Services, LLC (UGS)	Hospital	12M62	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.
IA	BCBS of North Dakota/Noridian Mutual	Medical	SMIA0	X	W	C	No	Claims	
IA	BCBS of North Dakota/Noridian Mutual	Medical	SMIA0	X	W	C	No	ERA	
IA	CAHABA GBA	Hospital	12M01	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
ID	CIGNA	Medical	SMID0	X	W	N	No	Claims	
ID	Oregon Medicare	Hospital	12M07	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.
IL	* AdminaStar Federal, Inc. (CMIC)	Hospital	12M08	X	W	A	No	Claims	
IL	Wisconsin Physicians Service Insurance Corporation	Medical	SMIL0	X	W	L	No	Claims	
IL	Wisconsin Physicians Service Insurance Corporation	Medical	SMIL0	X	W	A	No	ERA	
IN	* AdminaStar Federal, Inc. (CMIC)	Hospital	12M09	X	W	A	No	Claims	
IN	AdminaStar Federal, Inc. (CMIC)	Medical	SMIN0	X	W	N	No	Claims	
IN	AdminaStar Federal, Inc. (CMIC)	Medical	SMIN0	X	W	A	No	ERA	
KS	Admin Svc of Kansas/BCBS of NE	Medical	SMKC0	X	W	A	No	Claims	
KS	Admin Svc of Kansas/BCBS of NE	Medical	SMKC0	X	W	A	No	ERA	
KS	Blue Cross and Blue Shield of Kansas	Hospital	57324	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
KS	Blue Cross and Blue Shield of Kansas	Medical	SMKS0	X	W	N	No	Claims	
KS	Blue Cross and Blue Shield of Kansas	Medical	SMKS0	X	W	A	No	ERA	
KS	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
KY	* AdminaStar Federal, Inc. (CMIC)	Hospital	12M11	X	W	A	No	Claims	
KY	AdminaStar Federal, Inc. (CMIC)	Medical	SMKY0	X	W	A	No	Claims	
KY	AdminaStar Federal, Inc. (CMIC)	Medical	SMKY0	X	W	A	No	ERA	
LA	Arkansas Blue Cross and Blue Shield	Medical	SMLA0	X	W	A	No	Claims	
LA	Arkansas Blue Cross and Blue Shield	Medical	SMLA0	X	W	A	No	ERA	
LA	Trispan Health Services	Hospital	12M12	X	W	N	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
MA	Capella	Hospital	12M14	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	National Heritage Insurance Company (NHIC)	Medical	SMMA0	X	W	B	No	Claims	
MA	National Heritage Insurance Company (NHIC)	Medical	SMMA0	X	W	A	No	ERA	
MD	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MD	CareFirst Blue Cross and Blue Shield	Hospital	12010	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
MD	TrailBlazer Health Enterprises (THE)	Medical	SMMD0	X	W	N	No	Claims	
MD	TrailBlazer Health Enterprises (THE)	Medical	SMMD0	X	W	L	No	ERA	
ME	Capella	Hospital	12M13	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	National Heritage Insurance Company (NHIC)	Medical	SMME0	X	N	N	No	ERA	
ME	National Heritage Insurance Company (NHIC)	Medical	SMME0	X	W	N	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.

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MI	Wisconsin Physicians Service Insurance Corporation	Medical	SMMI0	X	W	N	No	Claims	
MI	Wisconsin Physicians Service Insurance Corporation	Medical	SMMI0	X	W	C	No	ERA	
MN	Blue Cross and Blue Shield of Minnesota	Hospital	12M16	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
MN	WPS	Medical	SMMN0	X	W	L	No	Claims	
MN	WPS	Medical	SMMN0	X	W	N	No	ERA	
MO	Admin Svc of Kansas/BCBS of NE	Medical	SMKC0	X	W	A	No	Claims	
MO	Admin Svc of Kansas/BCBS of NE	Medical	SMKC0	X	W	A	No	ERA	
MO	Blue Cross and Blue Shield of Arkansas	Medical	SMMO0	X	W	L	No	Claims	
MO	Blue Cross and Blue Shield of Arkansas	Medical	SMMO0	X	W	N	No	ERA	
MO	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MO	Trispan Health Services	Hospital	12M15	X	W	A	No	Claims	Participating Payer - see last page for definition.
MS	Cahaba GBA, Division of BCBS of Alabama	Medical	SMMS0	X	W	A	No	Claims	
MS	Cahaba GBA, Division of BCBS of Alabama	Medical	SMMS0	X	W	L	No	ERA	
MS	Trispan Health Services	Hospital	12M17	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
MT	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MT	Montana Blue Cross and Blue Shield	Medical	Pilot	X	W	N	No	Claims	
MT	Montana Medicare A	Hospital	12M77	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.
NC	CIGNA	Medical	SMNC0	X	W	A	No	Claims	
NC	CIGNA	Medical	SMNC0	X	W	A	No	ERA	
NC	Palmetto Government Benefit Administrators	Hospital	12M23	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.
ND	BCBS of North Dakota/Noridian Mutual	Hospital	12M78	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.
ND	BCBS of North Dakota/Noridian Mutual	Medical	SMND0	X	N	N	No	ERA	
ND	BCBS of North Dakota/Noridian Mutual	Medical	SMND0	X	W	A	No	Claims	
ND	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
NE	Admin Svc of Kansas/BCBS of NE	Medical	SMNE0	X	W	A	No	Claims	
NE	Admin Svc of Kansas/BCBS of NE	Medical	SMNE0	X	W	A	No	ERA	
NE	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
NH	Anthem Blue Cross	Hospital	12M21	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
NH	National Heritage Insurance Company (NHIC)	Medical	SMNH0	X	W	A	No	Claims	
NH	National Heritage Insurance Company (NHIC)	Medical	SMNH0	X	W	A	No	ERA	
NJ	* Blue Cross & Blue Shield of Tennessee (Chattanooga)	Hospital	12005	X	W	A	No	Claims	
NJ	Empire Medicare Services	Medical	SMNJ0	X	W	A	No	ERA	
NJ	Empire Medicare Services	Medical	SMNJ0	X	W	B	Yes	Claims	Provider testing based on specialty. Please call the All Payer Help Desk at (888) 305-3756.
NM	Arkansas Blue Cross and Blue Shield	Medical	SMNM0	X	W	A	No	Claims	
NM	Arkansas Blue Cross and Blue Shield	Medical	SMNM0	X	W	A	No	ERA	
NM	TrailBlazer Health Enterprises (THE)	Hospital	12M31	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
NV	BCBS of North Dakota/Noridian Mutual	Medical	SMNV0	X	N	N	No	ERA	

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NV	BCBS of North Dakota/Noridian Mutual	Medical	SMNV0	X	W	L	No	Claims	
NV	United Government Services, LLC (UGS)	Hospital	12M20	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.
NY	Empire Blue Cross and Blue Shield	Medical	SMNY0	X	W	A	No	Claims	
NY	Empire Blue Cross and Blue Shield	Medical	SMNY0	X	W	A	No	ERA	
NY	Empire Medicare Services	Hospital	12M35	X	W	A	No	Claims	
NY	GHI	Medical	SMNY2	X	W	A	No	Claims	
NY	HealthNow (Upstate New York)	Medical	SMNY1	X	W	A	No	Claims	
NY	HealthNow (Upstate New York)	Medical	SMNY1	X	F	N	No	ERA	
OH	* AdminaStar Federal, Inc. (CMIC)	Hospital	12M24	X	W	A	No	Claims	
OH	Palmetto	Medical	SMOH0	X	W	A	No	Claims	
OH	Palmetto	Medical	SMOH0	X	W	L	No	ERA	
OK	Arkansas Blue Cross and Blue Shield	Medical	SMOK0	X	W	A	No	Claims	
OK	Arkansas Blue Cross and Blue Shield	Medical	SMOK0	X	W	A	No	ERA	
OK	Blue Cross of Oklahoma	Hospital	12M25	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
OR	BCBS of North Dakota/Noridian Mutual	Medical	SMOR0	X	W	L	No	Claims	
OR	BCBS of North Dakota/Noridian Mutual	Medical	SMOR0	X	W	A	No	ERA	
OR	Oregon Medicare	Hospital	12M41	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.
PA	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
PA	* Highmark BCBS/Veritus Medicare A	Hospital	12M60	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.
PA	Highmark Blue Cross and Blue Shield	Medical	SMPA0	X	W	A	No	Claims	
PA	Highmark Blue Cross and Blue Shield	Medical	SMPA0	X	W	A	No	ERA	
RI	Blue Cross and Blue Shield of Rhode Island	Medical	SMRI0	X	W	L	No	Claims	
SC	Palmetto Government Benefit Administrators	Hospital	12M55	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.
SC	Palmetto Government Benefit Administrators	Medical	SMSC0	X	W	A	No	Claims	
SC	Palmetto Government Benefit Administrators	Medical	SMSC0	X	W	N	No	ERA	
SD	BCBS of North Dakota/Noridian Mutual	Medical	SMSD0	X	N	N	No	ERA	
SD	BCBS of North Dakota/Noridian Mutual	Medical	SMSD0	X	W	A	No	Claims	
SD	CAHABA GBA	Hospital	12M01	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
TN	Blue Cross & Blue Shield of Tennessee (Chattanooga)	Hospital	12M53	X	W	A	No	Claims	
TN	CIGNA	Medical	SMTN0	X	W	L	No	Claims	
TN	CIGNA	Medical	SMTN0	X	W	A	No	ERA	
TX	TrailBlazer Health Enterprises (THE)	Hospital	12M31	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
TX	TrailBlazer Health Enterprises (THE)	Medical	SMTX0	X	W	N	No	Claims	
TX	TrailBlazer Health Enterprises (THE)	Medical	SMTX0	X	W	N	No	ERA	
US	AdminaStar Federal, Inc. (CMIC) - AKA - DME Region B (DMERC B)	Medical	SDMEB	X	W	N	No	Claims	
US	CIGNA - AKA - DME Region D (DMERC D)	Medical	SDMED	X	W	A	No	Claims	
US	Health Now - AKA - DME Region A (DMERC A)	Medical	SDMEA	X	W	A	No	Claims	
US	Humana Military - TRICARE Regions 3 & 4	Hospital	61125	B	N	N	No	Claims	Participating Payer for TRICARE Regions 3 and 4 .
US	Humana Military - TRICARE Regions 3 & 4	Medical	61125	B	N	N	No	Claims	Participating Payer for TRICARE Regions 3 and 4 .
US	Mutual of Omaha Insurance Company	Hospital	52280	B	P	A	No	Claims	
US	Palmetto - AKA - DME Region C (DMERC C)	Medical	SDMEC	X	W	A	No	Claims	
US	Palmetto Government Benefit Administrators	Medical	SRRGA	X	W	A	No	Claims	RailRoad Medicare

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US	* Palmetto Government Benefit Administrators	Medical	SRRUT	X	W	N	No	ERA	Railroad Medicare
US	TRICARE Palmetto	Hospital	57106	B	E	N	No	Claims	Participating Payer for TRICARE claims for regions 1, 2, 5, 7, 8, 9, 10, and 12.
US	TRICARE Palmetto	Medical	57106	B	E	N	No	Claims	Participating Payer for TRICARE claims for regions 1, 2, 5, 7, 8, 9, 10, and 12.
US	United Government Services, LLC (UGS)	Hospital	57011	X	W	A	No	Claims	Home Health Care claims only for AK, AZ, HI, ID, NV, OR, and WA, with the exception of CA who accepts all claims including Home Health Care.
US	WPS - TRICARE Region 11	Medical	SCW10	X	W	N	No	Claims	Region 11 - AK, Northern ID, OR, WA
US	WPS - TRICARE Region 6	Medical	SCFH0	X	W	A	No	Claims	AR, LA (not Baton Rouge or New Orleans), OK, and TX (not El Paso and SW Corner)
UT	Blue Cross and Blue Shield of Utah	Medical	Pilot	X	W	A	No	Claims	
UT	Blue Cross and Blue Shield of Utah	Medical	SMUT0	X	A	N	No	ERA	
UT	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
UT	Oregon Medicare	Hospital	12M42	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.
VA	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
VA	TrailBlazer Health Enterprises (THE)	Medical	SMVA0	X	W	A	No	Claims	Includes coverage for All Regions (except Northern Virginia).
VA	TrailBlazer Health Enterprises (THE)	Medical	SMVA0	X	W	L	No	ERA	Includes coverage for All Regions (except Northern Virginia).
VA	United Government Services, LLC (UGS)	Hospital	12004	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.
VT	Anthem Blue Cross	Hospital	12M26	X	W	N	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
VT	National Heritage Insurance Company (NHIC)	Medical	SMVT0	X	W	A	No	Claims	
VT	National Heritage Insurance Company (NHIC)	Medical	SMVT0	X	W	A	No	ERA	
WA	BCBS of North Dakota/Noridian Mutual	Medical	SMWA0	X	W	A	No	Claims	
WA	BCBS of North Dakota/Noridian Mutual	Medical	SMWA0	X	W	A	No	ERA	
WA	Oregon Medicare	Hospital	12M44	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.
WA	Premera Blue Cross	Hospital	12M27	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	United Government Services, LLC (UGS)	Hospital	12M29	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	Wisconsin Physicians Service Insurance Corporation	Medical	SMW10	X	N	N	No	ERA	
WI	Wisconsin Physicians Service Insurance Corporation	Medical	SMW10	X	W	L	No	Claims	
WV	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
WV	Palmetto	Medical	SMOH0	X	W	A	No	Claims	
WV	Palmetto	Medical	SMOH0	X	W	L	No	ERA	
WV	* United Government Services, LLC (UGS)	Hospital	12M28	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.
WY	BCBS of North Dakota/Noridian Mutual	Medical	SMWY0	X	W	A	No	Claims	
WY	BCBS of North Dakota/Noridian Mutual	Medical	SMWY0	X	W	A	No	ERA	

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WY	CAHABA HomeHealth	Hospital	12M97	X	W	C	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production 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.