



an **INGENIX**.company

Health-e Web Entry

July 2007



Introduction

- Before your installation appointment, complete the following: (Call your assigned installer with any questions.)
 - **ENS Payer List** – Review the ENS payer list and become familiar with the payers' ENTER AS name for the insurance companies that you will be using most frequently. The ENS payer list can be downloaded from: <http://www.enshealth.com/enspublic/Download/payerlists.htm>
 - **Required Claim Information** – Obtain the insured and patient information (name, date of birth, insurance ID numbers) for at least three claims that you want to submit electronically during our training session.
 - **Electronic Claims** – Please have at least three claims to send to ENS; live claims are required for a successful installation, not test data.
 - **Required EMCs** – Some payers require Electronic Media Claims (EMC) agreements with providers who will submit electronically. The agreement is used to ensure that only approved providers send electronic claims to that payer. The ENS payers list will denote which payers require EMCs. See payer instructions in the appendix of this document for more information.
- What is Health-e Web Entry setup?
 - Health-e Web Entry is a web portal that allows you to directly enter and submit claims for providers that do not have practice management software.

Introduction, continued

- This lesson will show you how to:
 - Find the ENS home page
 - Log in to the medical claims center
 - Enter and manage provider information
 - Create a claim
 - Read and use ENS reports
 - Access and read the payer list
- Read the instructions in the gray boxes in this lesson
- Questions or problems can be reported to Technical Support at:
 - Email: tsupport@ENShealth.com
 - Phone: (866) 367-9778

Let's Get Started

From a Web browser, locate the ENS home page at: [http:// www.enshealth.com](http://www.enshealth.com)
Helpful hint: Once you are at the ENS home page, save it as a favorite link for future use.

The screenshot shows the ENS website home page with a blue header and sidebar. The main content area is white with a green border. The sidebar on the left contains a 'Seminar Information' box with links for 'ENS Sign-up Online' (for Physician Billing, Hospital Billing, and ERA), and a vertical menu with links for 'About ENS', 'Medical Provider Solutions', 'Insurance Payer Solutions', 'Customer Support', 'Strategic Partners', 'Download Center', 'Vendor/Partner Access', and 'Contact Us'. At the bottom of the sidebar is a 'Payer Lists' button. The main content area features an 'UPCOMING EVENTS & SEMINARS' section with a list of seminars and events. The right sidebar contains an 'EHNAC ACCREDITED' logo, a 'Site Index' dropdown menu, a 'News & Events' section with a list of news items (including 'Ingenix to Acquire ENS', 'NWH, INC. Enters into Definitive Merger Agreement with Ingenix', and 'FREE one month ERA & Electronic EOB service through June 30, 2006'), an 'Electronic Network' dropdown, and an 'ENS Meeting Center' section with a 'Join' button. At the bottom of the right sidebar is a 'Client Access' button with a play icon. A grey callout box with an arrow points to the 'Client Access' button, containing the text 'Click on the client access button.'

Logging In



Login to Medical Claims Center

Username:

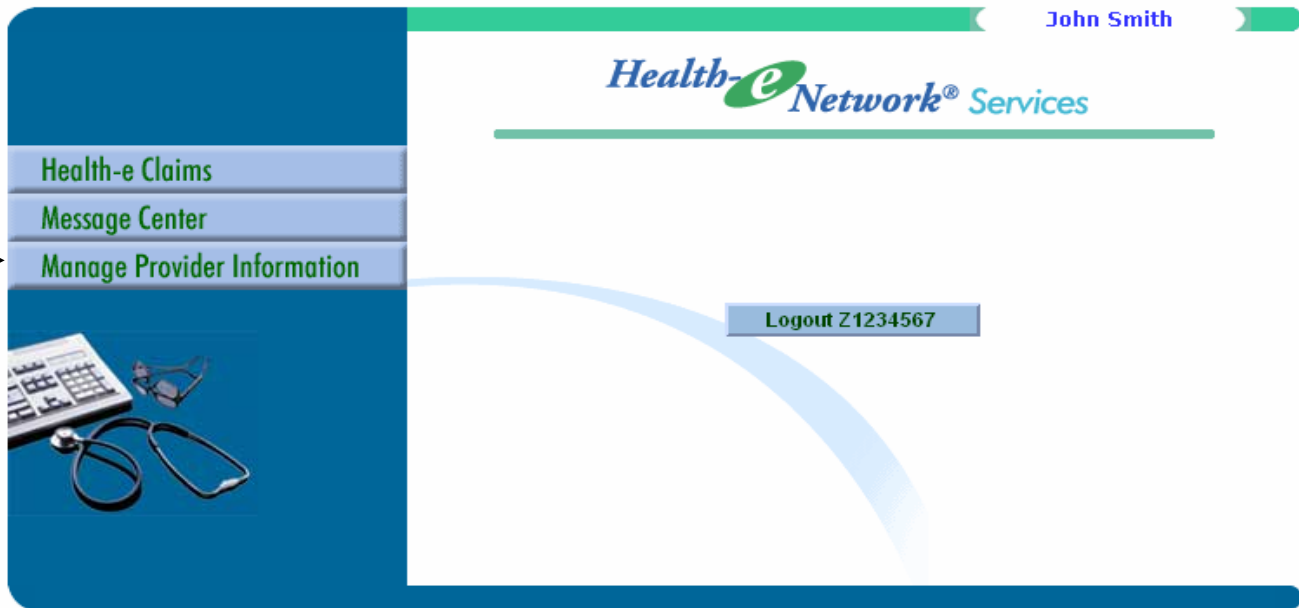
Password:

Organization ID:

Enter your user ID, password, and organization ID in the appropriate fields.

Manage Provider Information

To setup your provider information, click on the manage provider information button.



Manage Provider Information, continued

The manage provider information screen shows a summary of all information that has been entered. The first time you visit, this screen will show no providers, billing, or facility addresses.

Manage Provider Information

Enter all the providers, billing addresses, and facility addresses in the appropriate areas.

Provider(s)

Name	Tax ID/SSN	NPI		
------	------------	-----	--	--

Billing Address(es)

Name	Address	NPI		
------	---------	-----	--	--

Facility Address(es)

Name	Address	NPI		
------	---------	-----	--	--

Enter New Facility Addresses

Health-e Claims

- Health-e Claim Home
- Create New Provider
- Create New Billing Address
- Create New Facility Address**
- Health-e Network Home

Click on the create new facility address button.

1

Facility Address

Required Fields *

NOTE: The Facility name is used for matching purposes during claim processing, so please ensure that the Facility name is exactly as it appears on the claim.

2

Enter the name and address of the facility. Note: the name of the facility must match *exactly* what appears on the claim output from your practice management software. The facility NPI can also be entered here.

3

Once the facility is entered, click save and then click on manage provider information again. Repeat steps one through three for all facilities that need to be entered.

Name* John Smith MD

Address 1* 123 Fake St Suite 103

Address 2

City* Colorado Springs State* COLORADO

Zip* 80820 example: 12345-1234 or 12345

Facility ID

Save

Enter New Billing Addresses

The image shows a two-step process for entering a new billing address in the Health-e Claims system. Step 1 involves navigating to the 'Create New Billing Address' button in the main menu. Step 2 involves filling out the 'Billing Address' form with required fields: Name, Address 1, Address 2, City, State, Zip, Phone, and NPI. A 'Save' button is located at the bottom right of the form.

Health-e Claims

Health-e Claim Home
Create New Provider
Create New Billing Address
Create New Facility Address
Health-e Network Home

Click on the create new billing address button.

John Smith

Billing Address

Required Fields *

Name* JOHN SMITH MD
Address 1* 1200 S SOUTHERN AVE
Address 2
City* MESA State* ARIZONA
Zip* 85202 *example: 12345-1234 or 12345*
Phone *example: 5551234567 or (555)123-4567*
NPI 12312312312

Save

Enter the billing/remittance address that will appear in Box 33 of the HCFA claim form and then click Save. The group NPI number can also be entered here.

Once the billing address is entered, click save and then click on manage provider information again. Repeat steps one through three for all billing addresses that need to be entered.

Enter New Providers

Health-e Claims

- Health-e Claim Home
- Create New Provider**
- Create New Billing Address
- Create New Facility Address
- Health-e Network Home

Provider

Required Fields *

First Name* JOHN

Middle Initial

Last Name* SMITH

Degree

NPI 12312312312

TIN/SSN* 123456789 Type Tax ID #

UPIN

Specialty Code Addiction Medicine

Billing JOHN SMITH MD

Default Facility JOHN SMITH MD

Other Facilities:

- JOHN SMITH MD
- TEST HOSPITAL

Save

1 Click on the create new provider button.

2 Enter the provider demographics, including the providers' individual NPI.

3 Under other facilities, check all facilities associated with this provider.

4 Once the provider is entered, click save and then click on manage provider information again. Repeat steps one through four for all providers that need to be entered.

Review Provider Information

Manage Provider Information

Provider(s)

Name	Tax ID/SSN	NPI		
SMITH, JOHN	123456789	12312312312	Edit	Delete

Billing Address(es)

Name	Address	NPI		
JOHN SMITH MD	1200 S SOUTHERN AVE	12312312312	Edit	Delete

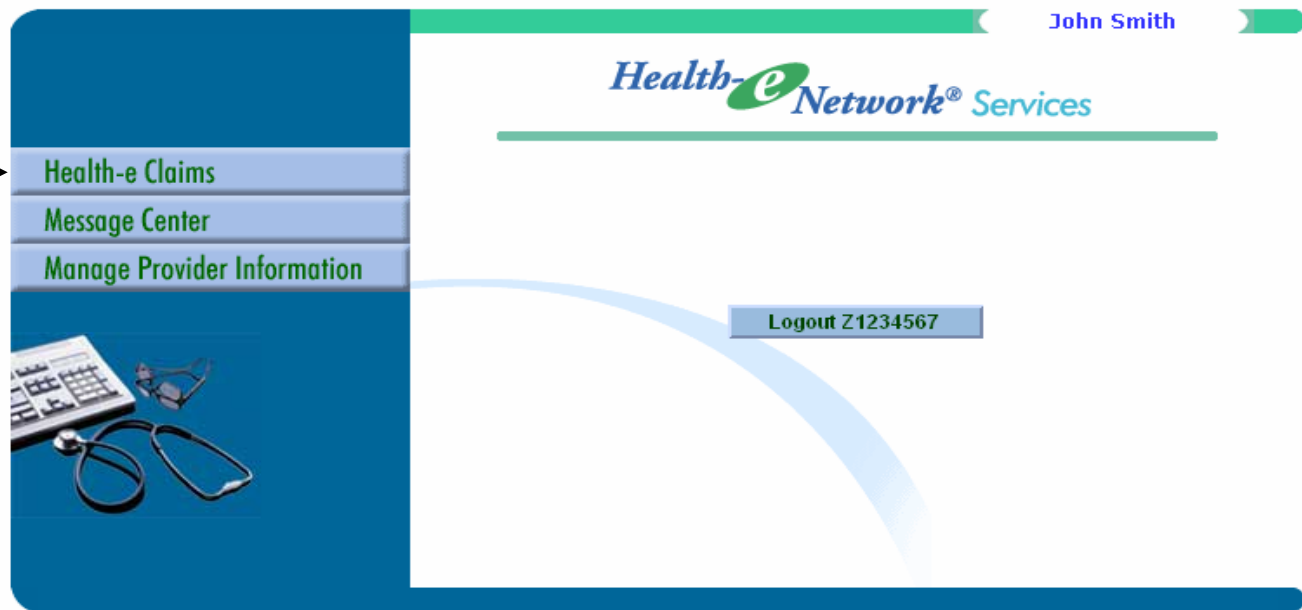
Facility Address(es)

Name	Address	NPI		
JOHN SMITH MD	1200 S SOUTHERN AVE	12312312312	Edit	Delete

All the provider information that has been entered will be displayed on the manage provider information screen. This information may be edited or deleted at any time. New facilities, billing addresses, and providers may also be added from this screen.

Health-e Claims: Sending Claims

Click on the Health-e Claims button.



Creating a Claim

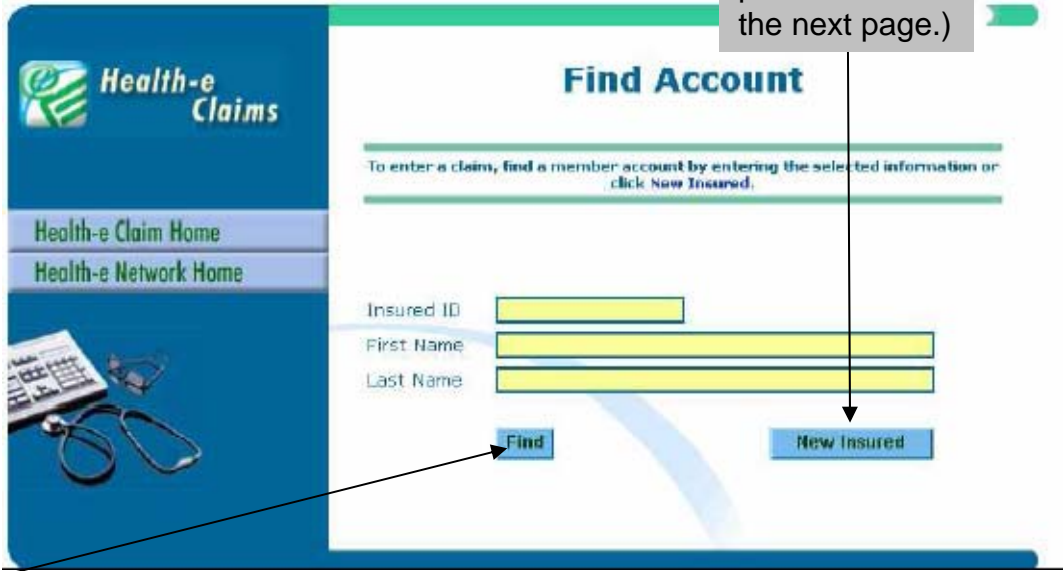
Click on the create new claim button.

①



If entering a new insured, click on the new insured button. (More instructions provided on the next page.)

②



On the find account page, you can search for an insured in the system by entering the first name, last name, and/or insured's ID number and clicking on the find button.

②

Entering a New Account

Insured

Required Fields *

Insured ID* 123456789A

First Name* John

Middle Initial M

Last Name* Doe

Birth Date* 02-01-1933

Sex M

Street1* 123 Middle Street

Street2

City* Colorado Springs

State* COLORADO

Zip* 80920

Phone

Employment Status Y

Employer Name

Plan/Group Name

Group/Policy Number

Payer* **Find**

Payer Address 1

Payer Address 2

Payer City

Payer State

Payer Zip

Save

1 When you click on new insured, this page will be displayed. Populate this page with the insured's information.

2 The payer will also need to be selected on this page. To select the payer, click on the find button.

3 Select the payer from the alphabetical list of all available payers, select the payer, and click close.

4 Once all insured information is entered, click save.

Payer Name **Search**

Browse: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

87726	UNITED BEHAVIORAL
87726	UNITED HEALTHCARE
84132	UNITED MED ALLIAN
31107	UNITED MEDRESOURC
71412	UNITED OF OMAHA
84132	UNITED PHYS NO CO

If the ENS EDI Payer List does not contain the payer you are looking for, you may enter the payer name below and all claims for this insured will be printed and processed at ENS. *A processing fee will apply.

Non-EDI Payer **Done**

Close

Creating the Claim

The image shows a web form for creating a claim. On the left is a solid blue vertical bar. The form fields are: Payer* (text input with 'UNITED HEALTHCARE' and a 'Find' button), Payer Address 1, Payer Address 2, Payer City, Payer State (dropdown menu), and Payer Zip. Below these fields are three buttons: 'Save', 'Add Dependent', and 'Create Claim'. A red rounded rectangle highlights these three buttons. Two callout boxes with arrows point to the 'Add Dependent' and 'Create Claim' buttons. The 'Add Dependent' callout says: 'To add dependent information, click on either the add dependent or create claim button.' The 'Create Claim' callout says: 'To begin entering a claim, click on create claim and enter claim information.'

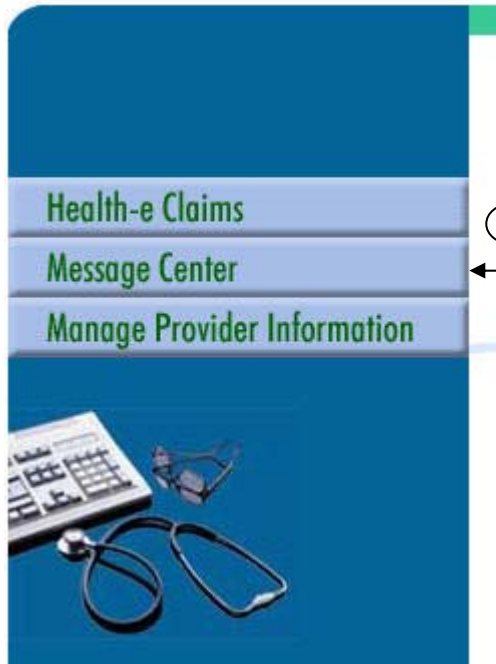
Entering the Claim

The following CMS1500 claim screen will appear. The claim form needs to be completed with all the pertinent claim information including diagnosis codes, dates of service, and procedure codes. When completed, click on the submit claim button. If there are claim errors, you will be prompted to correct them. If there are no errors, you will receive the message "Your claim has been processed successfully." Within 24 hours, you will receive a confirmation on your ENS reports in the message center that claims processing is complete.

The screenshot shows a CMS1500 claim form for UNITED HEALTHCARE. The 'Submit Claim' button is highlighted in a red box. The form contains various fields for patient and insured information, including name, address, birth date, and insurance details. A table at the bottom lists services with columns for date, place of service, procedure codes, diagnosis codes, charges, and provider information. The total charges are \$200.00, and the amount paid is \$0.00.

24. A. Date(s) of Service From	B. To	C. Place of Service	D. Procedure, Service or Supply CPT/HCPCS Modifier	E. Diagnosis Pointer	F. Charges	G. Days or Units	H. SP007 Plan	I. J1 Qual	Rendering Provider ID #
03-12-2007	03-12-2007	11	09950	NP GP 00 GF 12	200.00	1		NPI	
		11			0.00			NPI	
		11			0.00			NPI	
		11			0.00			NPI	
		11			0.00			NPI	
		11			0.00			NPI	

Message Center Reports



① From the Health-e Network home page, click on message center.

If you have a new report available, you will be prompted to click on your ENS user ID to retrieve the report. Click on the ID number.

②

Message Center

Reports are available for the Organization ID(s) listed below. Click the ID to add the reports to your message box.

[Click Here Z1234567](#)

Delete <input checked="" type="checkbox"/> = Read				
<input type="checkbox"/> All	From	Subject	▼ Date	Size
<input type="checkbox"/>	ENS	ENS Report	04/17/2006 12:18 P.M.	6794

The ENS report will now be displayed. The time listed is the date and time (MST) the report was viewed. Click on ENS to open and read the report.

③

Delete <input checked="" type="checkbox"/> = Read				
<input type="checkbox"/> All	From	Subject	▼ Date	Size
<input checked="" type="checkbox"/>	ENS	ENS Report	04/17/2006 12:18 P.M.	6794

Sample Reports – Level 1 Report

The Level 1 Report is a claim receipt summary. It will contain the **Tax ID** number the claims were sent under, the **number of claims**, and the total **dollar amount**. Within one hour after you send your claims to ENS, the Level 1 Report will be available for download. This report is used to verify that ENS has received the submitted claims. If you notice claims missing from the report, contact Customer Service and Support at (719) 457-8383.

```
*****
* Receipt Date: 09/20/2005   ENS Level 1 - Claim receipt summary   Z1234567 *
* # of Claims:           2                                           *
* Dollar Amt: $          328.00                                       *
* System: T1X                                                         *
* NOTE: To guarantee the receipt of claims by ENS - You must verify each claim *
* on the Level 2 - ENS Claim Acknowledgement Report - to be delivered within 1 *
* business day of receipt of the claims.                               *
*****

Tax ID                # of Claims                Dollar Amt
-----
888888888            2                    $    328.00
-----
```

Sample Reports – Level 2 Report

The Level 2 Report will be delivered within one business day after you receive your Level 1 Report. This report is used to verify the receipt of individual claims that were listed on the Level 1 Report. The Level 2 Report will provide specific details such as patient names, provider names, insured ID numbers, patient account numbers, claim status, etc. Each claim will be assigned a status of either ACCEPTED or REJECTED. The Electronic Claims Tracking (ECT) number for each claim is shown on the report. This number can be used to search for a claim's status in the ECT system if you have this service. If you notice claims missing from the report, contact Technical Support.

```

Report Date: 09/20/05          LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT
                                CLAIMS RECEIVED BY ENS FOR PROCESSING
As of      Pftn      Ps      ENS ID      Pat Acct #      Insured ID#      Svc Date(s)
Payor Code
Patient Name                    Provider Name                    Insured Name
Clm Val
Status
-----
09/20/05 888888888 0001    Z1234567 PUB0001          999999999      08/12/05-08/12/05 AETNA
PUBLIC, JOE                    DOE, JOHN          PUBLIC, JOE
108.00
ACCEPTED - ECT #: Z123456720050115011111 --->

09/20/05 888888888 0001    Z1234567 PUB0002          999999991      08/12/05-08/12/05 UNITED
HEALTHCARE                    DOE, JOHN          PUBLIC, JANE
220.00
ACCEPTED - ECT #: Z123456720050115011112 --->
    
```

```

*****
* 09/20/05 LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT Summary for: Z1234567 *
* Payor: COMMERCIAL Tax ID: 888888888 *
* Dated: 09/20/05 *
* Submitted Accepted Rejected *
* ----- *
* Claims: 2 2 N/A *
* Charges: $328.00 $328.00 N/A *
* Percentage: 100.00% N/A *
*****
    
```

```

*****
* 09/20/05 LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT Summary for: Z1234567 *
* Payor: ALL PAYERS Tax ID: 888888888 *
* Dated: 09/20/05 *
* Submitted Accepted Rejected *
* ----- *
* Claims: 2 2 0 *
* Charges: $328.00 $328.00 $ 0.00 *
* Percentage: 100.00% 0.00% *
*****
    
```

Sample Reports – Payer Reports

Once claims are transmitted to the payer(s), the IS system is updated based on information received from the payer(s). This information may differ slightly in each report, depending on what is provided by the payer. The payer report is used to verify that the payer has received the claims and accepted them into their system for adjudication. If the payer rejects the claim, they will provide a reason for the rejection. The claim must be corrected and resubmitted to the payer through ENS.

```

Report Date: 09/22/05
AETNA
CLAIM STATUS REPORT
As of Pftn Ps ENS ID Pat Acct # Insured ID# Svc Date(s)
Payor Code
Patient Name Provider Name Insured Name
Clm Val
Status
-----
09/21/05 888888888 0001 Z1234567 PUB0001 999999999 08/12/05-08/12/05 AETNA
PUBLIC, JOE DOE, JOHN PUBLIC, JOE
108.00
ECT Number: Z123456720050115011111
AETNA STATUS CODE: A2:19:IN
Acknowledgement/Acceptance into adjudication system - The claim/encounter has been accepted
into the adjudication system.
Entity acknowledges receipt of claim/encounter.
    
```

```

Report Date: 09/23/05
UNITED HEALTH CARE
CLAIM STATUS REPORT
As of Pftn Ps ENS ID Pat Acct # Insured ID# Svc Date(s)
Payor Code
Patient Name Provider Name Insured Name
Clm Val
Status
-----
09/21/05 888888888 0001 Z1234567 PUB0002 999999991
08/12/05-08/12/05 UHC
PUBLIC, JANE DOE, JOHN PUBLIC, JANE
220.00
CLAIM ACCEPTED
ENS ECT Number: Z123456720050115011112
ENS Claim ID: 2000000000000000
Payer Trace Number: 1111111111111111
UHC STATUS CODE: A1:19:PR:65
Acknowledgement/Receipt - The claim/encounter has been received. This does not mean the
claim has been accepted for adjudication. Entity acknowledges receipt of claim/encounter.
    
```

Congratulations

- You have now completed Health-e Web Entry Setup self-service training
- Questions or issues can be reported in one of two ways
 - Email Technical Support at tsupport@ENShealth.com
 - Call (866) 367-9778
- We appreciate your business

Appendix

Payer Lists

Payer Lists

From a Web browser, locate the ENS home page at: [http:// www.enshealth.com](http://www.enshealth.com)
Helpful hint: Once you are at the ENS home page, save it as a favorite link for future use.

The screenshot shows the ENS website home page with a blue header and a white main content area. On the left, there is a vertical navigation menu with buttons for 'About ENS', 'Medical Provider Solutions', 'Insurance Payer Solutions', 'Customer Support', 'Strategic Partners', 'Download Center', 'Vendor/Partner Access', and 'Contact Us'. Below these is a yellow button labeled 'Payer Lists'. A callout box with an arrow points to this button, containing the text 'Click on the payer lists button.' Above the navigation menu is a 'Seminar Information' box with links for 'ENS Sign-up Online' for Physician Billing, Hospital Billing, and ERA. The main content area features a banner for 'UPCOMING EVENTS & SEMINARS' with a list of seminars and events. On the right, there is a 'Site Index' dropdown menu, a 'News & Events' section with a 'Join' button, and a 'Client Access' button. The EHNAC Accredited logo is visible in the top right corner.

Seminar Information

- ▶ **ENS Sign-up Online**
- ▶ for Physician Billing
- ▶ for Hospital Billing
- ▶ for ERA

About ENS

Medical Provider Solutions

Insurance Payer Solutions

Customer Support

Strategic Partners

Download Center

Vendor/Partner Access

Contact Us

Payer Lists

UPCOMING EVENTS & SEMINARS

Seminars [more information](#)

- 05/24/06 - Seattle, Washington
- 06/14/06 - Indianapolis, Indiana
- 06/21/06 - Denver, Colorado

Events

- June 28-29, 2006 - Sierra Health Services Annual Provider Meeting, Las Vegas, NV
- July 27-29, 06, - e-MDs 2nd Annual User Conference - Hyatt Regency Austin, TX
- May 22-25, 06 - WEDI - Baltimore, MD
- Jul 28, 06 - Colorado Medical Society Tech Fair Denver, CO
- Oct 22-25, 06 - MGMA, Las Vegas, NV

Site Index

Select

News & Events

- ▶ [Ingenix to Acquire ENS](#)
- ▶ [NWH, INC. Enters into Definitive Merger Agreement with Ingenix](#)
- ▶ **FREE one month ERA & Electronic EOB service through June 30, 2006**
- ▶ [Electronic Network](#)

ENS Meeting Center [Join](#)

Client Access

Payer Lists

The ENS payer list can be viewed as a PDF in Adobe® Acrobat Reader or XLS in Microsoft® Excel. Each transaction type has a payer list and all payer lists are updated bi-monthly.

ENS Payer Lists

Site Index
Select

ENS Payer Lists are available for view in two formats:

- Portable Document format (.pdf)
[The freely available Adobe Acrobat reader](#) is required to view and print PDF files.
- Microsoft Excel format (.xls)
To download, click on the appropriate version.

Medical Claims Payer List
updated 07.16.07

Hospital Claims Payer List
updated 07.16.07

Dental Claims Payer List
Coming soon

Workers' Compensation Claims Payer List
Coming soon

Click on the PDF or XLS button for the file you wish to open. (The example uses PDF.)

Medical Payer List for ANSI or NSF

The payer list contains all the payers that electronic claims can be transmitted to using ENS. For the claim to be processed electronically, the practice management software has to be configured with the appropriate payer information. If you are submitting ANSI or NSF format, you must assign the electronic payer ID to each payer you will be submitting electronically.

ENS Medical Payer List (07/16/2007)

18 of 30



Payer Name	Payer ID	Claim Office Number	State	Reports	Enter As	Secondary**	Type
Medical Benefits Mutual	74323	NOCD	ALL	Y	MEDICAL BENEFITS	Y	G
Medical Claims Service, Inc.	04258	NOCD	ALL	Y	MED CLAIMS SVC	Y	G
Medical Development International	52181	NOCD	ALL	Y	MED DEVELOP INTL	Y	G
Medical Mutual of Ohio (Payer requires a 12 digit rendering provider ID#, which needs to be obtained from payer by calling 800-321-7223)	29076	NOCD	OH	Y	MEDICAL MUTUAL OH	Y	G
Medical Network of Colorado Springs	CSMED	NOCD	CO	N	CS MEDICAL NETWORK	N	P
MediCal of California *	MDCAL	NOCD	CA	N	CA MEDICAL	Y	N
Medical Resource Network (MRN, INC)	58203	NOCD	ALL	Y	MEDICAL RESOURCE	Y	G
Medical Select Management	13375	NOCD	ALL	Y	MEDICAL SELECT MA	Y	G
Medical Value Plan - Ohio (MVP)	38224	NOCD	OH	Y	MEDICAL VALUE PLA	Y	T
Medicare Part B GHI *	GHMCR	NOCD	NY		GHI MEDICARE NY	Y	N
Medicare Part B of Alabama *	ALMCR	NOCD	AL	Y	AL MEDICARE	Y	N
Medicare Part B of Alaska *	AKMCR	NOCD	AK	N	AK MEDICARE	Y	N
Medicare Part B of Arizona *	AZMCR	NOCD	AZ	Y	AZ MEDICARE	Y	N
Medicare Part B of Arkansas *	ARMCR	NOCD	AR	Y	AR MEDICARE	Y	N
Medicare Part B of Colorado *	COMCR	BCBS	CO	Y	CO MEDICARE	Y	N
Medicare Part B of Connecticut *	CTMCR	NOCD	CT	Y	CT MEDICARE	Y	N
Medicare Part B of DC*	00903	NOCD	DC	R	DC MEDICARE	Y	N
Medicare Part B of Delaware *	00902	NOCD	DE	R	DE MEDICARE	Y	N
Medicare Part B of Florida *	FLMCR	BCBS	FL	Y	FL MEDICARE	Y	N
Medicare Part B of Georgia *	GAMCR	AETN	GA	N	GA MEDICARE	Y	N
Medicare Part B of Hawaii	HJMCR	BCBS	HI	Y	HI MEDICARE	Y	N
Medicare Part B of Idaho *	IDMCR	NOCD	ID	Y	ID MEDICARE	Y	N
Medicare Part B of Illinois *	ILMCR	BCBS	IL	Y	IL MEDICARE	Y	N

The payer list provides additional information including which payers provide reports and can process secondary claims as well as the state. Some payers have an asterisk beside their name; this denotes that enrollment is required, so EMCs will have to be completed.

Medical Payer List for Health-e Claims

The payer list contains all the payers that electronic claims can be transmitted to using ENS. For the claim to be processed electronically, the practice management software has to be configured with the appropriate payer information. If you are using Health-e Claims, which uses a print image format, you can use the payer ID or “entered as name” depending on your practice management software. If your software can export a payer ID on the print image, you can use this payer ID. If not, you will need to use the “entered as name.” To do this, change the name of the payer in your insurance library to match the name of the payer in the “entered as name” column.

ENS Medical Payer List (07/16/2007)

18 of 30



Payer Name	Payer ID	Claim Office Number	State	Reports	Enter As	Secondary**	Type
Medical Benefits Mutual	74323	NOCD	ALL	Y	MEDICAL BENEFITS	Y	G
Medical Claims Service, Inc.	04258	NOCD	ALL	Y	MED CLAIMS SVC	Y	G
Medical Development International	52181	NOCD	ALL	Y	MED DEVELOP INTL	Y	G
Medical Mutual of Ohio (Payer requires a 12 digit rendering provider ID#, which needs to be obtained from payer by calling 800-321-7223)	29076	NOCD	OH	Y	MEDICAL MUTUAL OH	Y	G
Medical Network of Colorado Springs	CSMED	NOCD	CO	N	CS MEDICAL NETWORK	N	P
Medical of California *	MDCAL	NOCD	CA	N	CA MEDICAL	Y	N
Medical Resource Network (MRN, INC)	58203	NOCD	ALL	Y	MEDICAL RESOURCE	Y	G
Medical Select Management	13375	NOCD	ALL	Y	MEDICAL SELECT MA	Y	G
Medical Value Plan - Ohio (MVP)	38224	NOCD	OH	Y	MEDICAL VALUE PLA	Y	T
Medicare Part B GHI *	GHMCR	NOCD	NY	Y	GHI MEDICARE NY	Y	N
Medicare Part B of Alabama *	ALMCR	NOCD	AL	Y	AL MEDICARE	Y	N
Medicare Part B of Alaska *	AKMCR	NOCD	AK	N	AK MEDICARE	Y	N
Medicare Part B of Arizona *	AZMCR	NOCD	AZ	Y	AZ MEDICARE	Y	N
Medicare Part B of Arkansas *	ARMCR	NOCD	AR	Y	AR MEDICARE	Y	N
Medicare Part B of Colorado *	COMCR	BCBS	CO	Y	CO MEDICARE	Y	N
Medicare Part B of Connecticut *	CTMCR	NOCD	CT	Y	CT MEDICARE	Y	N
Medicare Part B of DC*	00903	NOCD	DC	R	DC MEDICARE	Y	N
Medicare Part B of Delaware *	00902	NOCD	DE	R	DE MEDICARE	Y	N
Medicare Part B of Florida *	FLMCR	BCBS	FL	Y	FL MEDICARE	Y	N
Medicare Part B of Georgia *	GAMCR	AETN	GA	N	GA MEDICARE	Y	N
Medicare Part B of Hawaii	HJMCR	BCBS	HI	Y	HI MEDICARE	Y	N
Medicare Part B of Idaho *	IDMCR	NOCD	ID	Y	ID MEDICARE	Y	N
Medicare Part B of Illinois *	ILMCR	BCBS	IL	Y	IL MEDICARE	Y	N

The payer list provides additional information including which payers provide reports and can process secondary claims as well as the state. Some payers have an asterisk beside their name; this denotes that enrollment is required, so EMCs will have to be completed.