

Last Updated	Current Status	Payor ID	Payor Name	Enrollment Required CLAIMS	FREE Claims
03/08/11	Added	WT009	Abrazo Advantage Healthcare		TRUE
12/31/09		TAD01	American Dental Professional Services		TRUE
12/31/09		APCRS	APIPA-CRS Medicaid		TRUE
02/07/11		70408	Assurant Employee Benefit - Employee Claims		TRUE
10/05/10		83470	BCBS - Arkansas		TRUE
07/15/10		76031	BCBS - Florida (Florida Combined Life)		TRUE
07/15/10		EXC02	BCBS - New York (Central New York)	P	TRUE
07/15/10		EXC01	BCBS - New York (Finger Lakes Region)	P	TRUE
07/15/10		EXC01	BCBS - New York (Rochester)	P	TRUE
07/15/10		EXC02	BCBS - New York (Syracuse)	P	TRUE
07/15/10		EXC01	BCBS - New York (Utica/Watertown)	P	TRUE
12/31/09		TLZ27	Benefit Services of Hawaii		TRUE
10/05/10		TLY26	Blue Advantage (BCBS of AR)		TRUE
03/15/10		BCD01	Blue Cross Dental (MD) / Dominion / Capital Blue Cross		TRUE
12/31/09		CB865	Blue Shield of Pennsylvania (Camp Hill)	C	TRUE
12/31/09		CBPA2	Blue Shield of Pennsylvania - Dental Plus (UCCI)	C	TRUE
03/15/10		CBC01	Capital Blue Cross (CBC)		TRUE
12/31/09		TLU53	Combined Insurance Claims (FL)		TRUE
03/08/11		PHP01	Community Connection		TRUE
03/04/10		TCBS1	Complete Benefit Solutions (SC)		TRUE
12/31/09		51022	Delta Dental of Delaware (IN-STATE PROVIDER SUBMISSIONS)	S	TRUE
02/05/11		DEHI1	Delta Dental of Hawaii / Hawaii Dental Services (HDS)		TRUE
03/22/10		DELTI	Delta Dental of Indiana		TRUE
12/31/09		23166	Delta Dental of Maryland (IN-STATE PROVIDER SUBMISSIONS)	S	TRUE
03/22/10		DELTA	Delta Dental of Michigan		TRUE
07/30/10		TFQ69	Delta Dental of Missouri (Pre-Determinations ONLY)		TRUE
02/03/10		DELTM	Delta Dental of New Mexico		TRUE
12/31/09		11198	Delta Dental of New York (IN-STATE PROVIDER SUBMISSIONS)	S	TRUE
03/22/10		DELTO	Delta Dental of Ohio		TRUE
12/31/09		23166	Delta Dental of Pennsylvania (IN-STATE PROVIDER SUBMISSIONS)	S	TRUE
12/31/09		DELTN	Delta Dental of Tennessee		TRUE
12/31/09		52147	Delta Dental of Washington DC (IN-STATE PROVIDER SUBMISSIONS)	S	TRUE
12/31/09		31096	Delta Dental of West Virginia (IN-STATE PROVIDER SUBMISSIONS)	S	TRUE
12/31/09		TFQ14	Dental Claim Payors (NY)		TRUE
03/15/10		DOM01	Dominion Dental USA (DHMO and Commercial)		TRUE
02/11/10		EBS01	EBS Benefit Solutions		TRUE
12/31/09		EXC03	Excellus, Inc - FEDERAL Claims Only	P	TRUE
07/15/10		EXC01	Excellus, Inc.	P	TRUE
12/31/09		TEMU1	ExclusiCare (MUST HAVE UCCI ON BACK OF MEMBER CARD)	C	TRUE
12/31/09		CX002	Family Members Dental Plan	C	TRUE
02/07/11		70408	First Fortis Life Insurance		TRUE
07/15/10		76031	Florida (FL) Combined Life (BCBS of FL)		TRUE
02/07/11		70408	Fortis Benefits Insurance Company		TRUE
02/07/11		39065	Fortis Insurance Company (Formerly Time Insurance)		TRUE
07/15/10		13551	GHI - New York (Group Health Inc.)		TRUE
12/31/09		13551	Group Health Insurance (New York, NY)		TRUE
12/31/09		DEHI1	Hawaii Dental Services		TRUE
02/05/11		TFQ61	Hawaii Medical Assurance Association (HMAA)		TRUE
02/05/11		TPC08	Hawaii-Western Management Group (HWMG)		TRUE
12/31/09		16112	Health Economics Group, Inc.		TRUE
12/31/09		TLZ11	Healthplex, Inc. - Child Health Plus (CHP) / Family Health Plus (PHP) Claims ONLY		TRUE
12/31/09		HMSA1	HMSA (Hawaii Medical Services) - Commercial	S	TRUE
12/31/09		HMSA2	HMSA (Hawaii Medical Services) - Federal	S	TRUE
03/15/10		TLZ16	IBEW Local Union 270		TRUE
02/05/11	Changed	89070	Independence Blue Cross (IBC) dental plan – BlueExtraSM	C	TRUE
12/31/09		DELOK	Indian Health Services		TRUE
02/07/11		41099	John Alden Life Insurance Co.		TRUE
12/31/09		NYT01	Local 1149 Baldwinsville, NY		TRUE
12/31/09		NYT01	Local 118 Rochester, NY		TRUE
12/31/09		PCM01	Local 148 Health & Welfare Fund		TRUE
12/31/09		NYT01	Local 182 Utica, NY		TRUE
12/31/09		NYT01	Local 264 Cheektowaga, NY		TRUE
12/31/09		NYT01	Local 294 Albany, NY		TRUE
12/31/09		NYT01	Local 317 Syracuse, NY		TRUE
12/31/09		NYT01	Local 375 Buffalo, NY		TRUE
12/31/09		NYT01	Local 449 Buffalo, NY		TRUE
12/31/09		NYT01	Local 529 Elmira, NY		TRUE
12/31/09		NYT01	Local 669 Albany, NY		TRUE
12/31/09		NYT01	Local 687 Potsdam, NY		TRUE
12/31/09		NYT01	Local 693 Binghamton, NY		TRUE
12/31/09		NYT01	Local 791 Rochester, NY		TRUE
03/15/10		65978	MetLife		TRUE
03/22/10		DELTA	Michigan Conference of Teamsters		TRUE
03/22/10		A1432	Michigan Laborers Health Care Fund		TRUE
12/31/09		TEMU1	Mutual of Omaha (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C	TRUE

12/31/09		TEMU1	Mutually Preferred (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C	TRUE
12/31/09		TEMU1	National Rural Letter Carrier Association (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C	TRUE
12/31/09		NYT01	New York State Teamsters Union		TRUE
12/31/09		TLX74	Personal Choice (PA)	C	TRUE
03/08/11		PHP02	Phoenix Health Plan (PHP) Pre Determinations ONLY		TRUE
03/08/11		PHP01	Phoenix Health Plan (PHP) Claims ONLY		TRUE
12/31/09		16112	Preferred Care		TRUE
02/07/11		70408	Protective Life Insurance Company (Birmingham AL)		TRUE
03/22/10		RLHA1	Renaissance Life and Health		TRUE
07/15/10		16117	RMSCO		TRUE
06/15/10		TLW27	School Claim Services, LLC (PA)		TRUE
06/08/10		TSG01	Set Seg / Set, Inc.		TRUE
03/22/10		DELTA	Teamsters Welfare Fund (MI)		TRUE
03/15/10		65978	Travelers (now MetLife)		TRUE
12/31/09		CX002	Tricare Dental Plan (UCCI)	C	TRUE
07/15/10		UFW01	UFCW Local 1		TRUE
12/31/09		CX002	United Concordia (TRICARE FMDP) (UCCI Federal Claims must be submitted using CB865)	C	TRUE
12/31/09		CBPA2	United Concordia- CBPA2 (Dental Encounters)	C	TRUE
12/31/09		CX013	United Concordia Dental Plus (UCCI Federal Claims must be submitted using CB865)	C	TRUE
12/31/09		CB865	United Concordia- FEDERAL CLAIMS (CB865)	S	TRUE
12/31/09		Z9901	United Concordia- NON-PAR	C	TRUE
12/31/09		CX007	United Concordia-Fee for Service (UCCI Federal Claims must be submitted using CB865)	C	TRUE
02/07/11		70408	United Dental - Texas		TRUE
12/31/09		TEMU1	United of Omaha (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C	TRUE
03/19/11		16105	Univera of New York	P	TRUE
12/31/09		76031	USAbLe Life		TRUE
07/15/10		EXC02	Utica Blue Cross	P	TRUE

CHANGES: See LAST UPDATED column for date of last change

PAYOR ID: The ID that must accompany a claim in order to route it to its correct destination

PAYOR NAME: The name of the Tesia-PCI electronic Payor

ENROLLMENT: Indicator of the type of enrollment that is required for claim payment by Tesia-PCI and/or Payor(s):

- (W)** *Tesia-PCI facilitates the enrollment process with the Payor on behalf of the provider. Tesia-PCI will forward a copy of the specific Payor required documents to the provider and track the approval process with the Payor upon receipt of a properly complete*
- (F)** *The Payor requires an original agreement on file; however, no Payor approval notifications are sent by the Payor. Tesia-PCI will forward a copy of the Payor agreement to the provider who must complete and return to Tesia-PCI for processing with the Payor*
- (S)** *The provider needs to submit only the Payor-specific Identification Number(s) to Tesia-PCI, along with demographic information and FEIN and/or SSN & Payor Assigned ID for automated registration.*
- (P)** *Prior to submission, provider must contact Payor to attain Payor Specific Identifier which must be submitted on every claim.*
- (N)** *Enrollment is NOT required*
- (O)** *The provider must designate Tesia-PCI as their Billing Agent/Clearinghouse through the payers on-line web portal. The must notify Tesia-PCI once the process has been completed.*
- (I)** *Tesia-PCI initiates the enrollment process with the Payor. The Payor will mail their specific enrollment agreements to the provider. The provider must then mail the Payor-Specific enrollment agreements to the Payor for approval. Once the Payor notifies the provider of approval, the provider must supply the Payor-Specific Identification Number(s) to Tesia-PCI.*
- (C)** *Prior to submission, provider must contact Payor to request setup for electronic claims submission through Tesia-PCI.*
- (U)** *Submitter must be registered and sending claims through Tesia-PCI in order to gain access to Eligibility & Benefits information*
- (*)** *In Testing - not available at this time*
- TRUE** *Live and available for submission*
- IN TEST** *In testing - NOT LIVE YET*
- TRUE**** *Transitional connection*
- P-Notice** *Payor has special requirements as to how data is displayed - must conform or will not be provided data.*
- TRUE2** *Able to receive back paper EOBs even if registered for EDI 835 transactions*