
From: DMA TPL
Sent: Monday, June 03, 2002 8:57 AM
To: ALL DPA Statewide Staff
Subject: Resource Codes - June 2002 update

Importance: High

JUNE 2002 RESOURCE CODE UPDATE - PLEASE DELETE OLD COPIES.

Please note the following
before coding the MERI screen:

If you happen to make an error on the MERI, please see the following examples for the most frequently asked questions and you may find the information you need to fix it:

- **If you enter a wrong resource code on the MERI or notice an incorrectly coded MERI segment:** It is very important that this problem is corrected as soon as you are aware of the error. There are 2 ways in which a wrong code may be entered on the MERI and each must be corrected differently from the other. These errors and the appropriate corrective actions are described below:

1) **A code is entered on MERI that does not exist on the Resource Listing and must be replaced with a valid code.** **To CORRECT this problem:** Make the end date the exact same as the start date and ENTER. Go back into the MERI and place a Y in the del field (to the far right of the MERI screen) and ENTER again. Go back into the MERI and notice that the erroneous segment is gone. Enter the correct code, start date and policy information the first available TPR line.

- OR -

2) **An existing code is entered, but it is the wrong code and must be replaced with the correct code.** **To CORRECT this problem:** Make the end date exactly equal to the start date. Next, enter the correct code, start date and policy information on the next available TPR line. Wait for at least one week and then go into the MERI, locate the segment to be deleted and place a Y in the del field (to the far right of the MERI screen) and ENTER. This will delete the erroneous segment.

****NOTE:** When deleting a MERI segment, it is important that the END date is exactly equal to the start date. Otherwise, EIS will not allow you to delete the segment. It is also important to follow these directions exactly or the MMIS (Medicaid payment system) will retain erroneous information and cause billing and payment errors. PLEASE DO NOT DELETE MERI SEGMENTS unless you have a valid error. For example: Deleting a segment because a recipient has requested you to do so is not a valid reason for deletion. Please tube the DMA mailbox if you have any questions.

OTHER INFORMATION:

- **Resource codes tell providers whom to bill prior to billing Medicaid:** They also allow Medicaid to bill insurance companies for services that we've paid for. It is very important that you use a code that matches the insurance company's **address** EXACTLY. ****Search for the CITY first, then match the mailing address to locate the correct code.** (**NOTE:** The use of a code with the same NAME but different mailing address causes providers and Medicaid to bill the wrong insurance company. Please be sure to use precise codes.)

- **If you are unable to locate the code that you need:** Please continue to send inquiries to the DMA mailbox at dmatpl@health.state.ak.us - You must provide the mailing address for CLAIMS and the insurance telephone number. You should get a response within 24 hours.

- Please remember when adding insurance to the MERI to place the subscriber's social security number in the policy field: It is important that the actual policy holder is identified this way because it's the only information that the insurance company is provided with to enable identification of the policy. Without the social security number of the person who is responsible for the coverage, the insurance company will deny claims.

- It is not necessary to print this list: Simply scroll down the list until you locate the city in which the insurance is located, or you may choose to use the **FIND** feature located in the **EDIT** selection on your EXCEL toolbar.

***The staff at DMA thank you for your effort in updating the MERI with accurate information.
Please continue to direct inquiries to the DMA Mailbox.***

**PLEASE DESTROY ALL COPIES DATED PRIOR TO:
June 3, 2002**

Carrier Codes

Sorted by: CODE

Latest update: JUNE 3, 2002 (please disregard prior lists)

ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
Y	MEDICAID ONLY - NO INSURANCE	***	***	***	***	***
P	U.S. PUBLIC HEALTH SERVICE	***	***	***	***	***
PZ	KLAIS EMPLOYEE BENEFIT ADMIN.	1867 WEST MARKET STREET	AKRON	OH	44313-6977	330-867-8443
6S	UFCW	3435 FORTINA DRIVE	AKRON	OH	44312-0000	800-551-0007
UW	CHESTERFIELD RESOURCES, INC. W/T	P.O. BOX 1884	AKRON	OH	44309-0000	800-432-4845
7L	BRIDESTONE/FIRESTONE, INC.	P.O. BOX 26605	AKRON	OH	44319-0000	800-237-8447
2R	AETNA	P.O. BOX 5569	AKRON	OH	44344-0000	800-362-9497
MJ	GOODYEAR TIRE & RUBBER COMPANY	P.O. BOX 677	AKRON	OH	44309-0677	800-334-9395
6T	CARPENTER'S HEALTH PLAN - LOCAL 370	27 WAREHOUSE ROW	ALBANY	NY	12205-0000	518-438-7641
T2	PRUDENTIAL INSURANCE	P.O. BOX 15079	ALBANY	NY	12212-5079	518-464-4422
SA	PHILLIPS ADMINISTRATIVE SERVICE	P.O. BOX 218	ALBANY	OR	97321-0000	800-356-9822
WR	TRAVELERS INSURANCE	P.O. BOX 22044	ALBANY	NY	12201-0000	800-424-3102
EL	UNITED HEALTH CARE	P.O. BOX 22102	ALBANY	NY	12201-0000	800-638-7388
LD	BLUE CROSS/BLUE SHIELD-NEW MEXICO	P.O. BOX 27630	ALBUQUERQUE	NM	87125-7630	800-432-0750
SN	CIGNA	P.O. BOX 3310, STATION D	ALBUQUERQUE	NM	87190-0000	800-821-5132
7V	POSTMASTER'S BENEFIT PLAN	1019 NO. ROYAL STREET	ALEXANDRIA	VA	22314-0000	800-544-7111
WM	HARTFORD INSURANCE COMPANY	P.O. BOX 11910, 4900 SEMINARY RD	ALEXANDRIA	VA	22312-0000	800-368-3653
M8	PENN TREATY NETWORK AMERICA INS.	3440 LEHIGH STREET	ALLENTOWN	PA	18103-0000	800-222-3469
5X	AETNA	3541 WINCHESTER ROAD	ALLENTOWN	PA	18195-0501	800-633-0635
BF	DELTA DENTAL	P.O. BOX 6940	ALPHARETTA	GA	30202-6940	800-521-2651
JZ	NORTH AMERICAN HEALTH PLANS	P.O. BOX 9501	AMHERST	NY	14226-9501	800-397-2335
VB	SAFEHEALTH LIFE (DENTAL)	P.O. BOX 61067	ANAHEIM	CA	92803-6167	800-962-9638
7S	NORTHERN ADJUSTERS	1401 RUDAKOF	ANCHORAGE	AK	99508-0000	907-338-7484
DM	NATIONWIDE INSURANCE CO.	1404 RUDOKOF CIRCLE, #201	ANCHORAGE	AK	99508-0000	000-000-0000
2K	LABORERS LOCAL 341 HEALTH TRUST	2501 COMMERCIAL DRIVE	ANCHORAGE	AK	99501-0000	907-272-4571
8W	ALASKA ELECT. TRUST FUND (IBEW)	2600 DENALI ST. SUITE 200	ANCHORAGE	AK	99503-2782	907-276-1246
7C	FIREMAN'S FUND INSURANCE CO.	2600 DENALI ST. SUITE 610	ANCHORAGE	AK	99503-0000	907-276-2634
MV	DELTA DENTAL PLAN OF ALASKA	3200 SPENARD ROAD	ANCHORAGE	AK	99503-0000	907-278-3624
8E	SURETY OF ALASKA	341 W. TUDOR RD.	ANCHORAGE	AK	99503-0000	000-000-0000
BC	EAGLE PACIFIC (VECO W/C)	4300 B STREET, SUITE 403	ANCHORAGE	AK	99503-0000	907-563-6303
6W	CRAWFORD & COMPANY	4341 B STREET, SUITE 303	ANCHORAGE	AK	99503-0000	907-561-5222
7G	FREMONT COMPENSATION INS. GROUP	4341 B STREET, SUITE 400	ANCHORAGE	AK	99503-5923	907-762-6400
6A	ALASKA TEAMSTERS	520 E. 34TH AVE. #107	ANCHORAGE	AK	99503-0000	907-565-8300
H8	UNITED UTILITIES, INC.	5450 A STREET	ANCHORAGE	AK	99518-0000	907-561-1674
N5	CARR-GOTTSTEIN INSURANCE	6411 A STREET	ANCHORAGE	AK	99518-1824	000-000-0000
AU	ALASKA NAT'L INSURANCE COMPANY	7001 JEWEL LAKE RD	ANCHORAGE	AK	99502-0000	907-248-2642
6B	ALLSTATE INSURANCE CO.	7033 E. TUDOR RD	ANCHORAGE	AK	99507-0000	907-338-7750
J6	CALCO/TRUST INSURANCE PLAN	P.O. BOX 101422	ANCHORAGE	AK	99510-0000	907-276-8177
6E	AMERICAN INTERNAT'L ADJUSTMENT	P.O. BOX 196999	ANCHORAGE	AK	99519-0000	907-267-4100
8M	WAUSAU INSURANCE	P.O. BOX 201448	ANCHORAGE	AK	99520-1448	907-274-7507
N	VETERAN'S ADMINISTRATION	P.O. BOX 202089	ANCHORAGE	AK	99520-2089	000-000-0000
RF	BLUE CROSS OF ALASKA	P.O. BOX 240609	ANCHORAGE	AK	99524-0000	866-224-8550
T7	RISK & BENEFIT MANAGEMENT SVC.	P.O. BOX 241569	ANCHORAGE	AK	99524-1569	907-561-3740
8C	STATE FARM INSURANCE	P.O. BOX 241729	ANCHORAGE	AK	99524-0000	907-261-3700
8Q	WILTON ADJUSTMENT SERVICE	P.O. BOX 92670	ANCHORAGE	AK	99509-2670	907-276-3311
A3	ALASKA UNITED FOOD & COM. WORKERS	P.O. BOX 93870	ANCHORAGE	AK	99509-0000	907-561-5119

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
DS	AID ASSOCIATION FOR LUTHERANS	4321 NORTH BALLARD ROAD	APPLETON	WI	54919-0001	920-734-5721
9G	GUARDIAN LIFE INSURANCE	P.O. BOX 8007	APPLETON	WI	54912-8007	800-873-4542
GR	GUARDIAN LIFE INSURANCE	P.O. BOX 8014	APPLETON	WI	54913-0000	800-873-4542
A6	PHOENIX GROUP SERVICES	P.O. BOX 150809	ARLINGTON	TX	76015-0000	800-397-6241
R7	CARE ENTRÉE CAPITOL GROUP	P.O. BOX 200368	ARLINGTON	TX	76006-0000	888-411-3888
9Y	PRO-AMERICA	P.O. BOX 201868	ARLINGTON	TX	76006-1868	800-255-8109
7H	AETNA	P.O. BOX 91511	ARLINGTON	TX	76015-0000	800-428-6111
E4	AETNA	P.O. BOX 91555	ARLINGTON	TX	76015-0055	800-367-6276
RZ	AETNA	P.O. BOX 91590	ARLINGTON	TX	76015-0000	866-899-1754
9N	NAT'L. ASSOC. LETTER CARRIERS	20547 WAVERLY COURT	ASHBURN	VA	22093-0000	703-729-4677
JM	NTCA	1 WEST PACK SQUARE, SUITE 600	ASHEVILLE	NC	28801-3451	828-281-9000
2F	SELECT BENEFIT ADMINISTRATORS	P.O. BOX 440	ASHLAND	WA	54806-0000	800-497-3699
PP	DELTA DENTAL	3405 PIEDMONT RD.,N.E.,SUITE 400	ATLANTA	GA	30305-0000	000-000-0000
YK	TRAVELERS INSURANCE	P.O. BOX 105312	ATLANTA	GA	30348-0000	800-826-2211
TB	CIGNA	P.O. BOX 29000	ATLANTA	GA	30359-0000	800-566-3344
9T	UNITED HEALTH CARE	P.O. BOX 740800	ATLANTA	GA	30374-0800	800-638-7785
8D	UNITED HEALTH CARE	P.O. BOX 740803	ATLANTA	GA	30374-0803	800-410-3596
LC	AARP HEALTH CARE OPTIONS-UHC CLAIM	P.O. BOX 740819	ATLANTA	GA	30374-0819	800-523-5880
RK	CEBA	9003 WATERFORD CENTRE BLVD.#100	AUSTIN	TX	78758-0000	800-247-7724
23	NYLARCOR	98 SAN JACINTO BLVD., #800	AUSTIN	TX	78701-0000	800-947-5580
ER	METROPOLITAN LIFE INSURANCE CO.	P.O. BOX 18209	AUSTIN	TX	78760-8209	800-752-8982
Z2	UNITED TEACHERS ASSOC.INS.CO.	P.O. BOX 26580	AUSTIN	TX	78755-0580	000-000-0000
NC	TASB RISK MANAGEMENT FUND	P.O. BOX 2719	AUSTIN	TX	78768-0000	800-482-7276
SY	SPECTRA VISION PLAN	2811 LORD BALTIMORE DRIVE	BALTIMORE	MD	21244-2644	800-638-3120
TA	66 CLAIMS TRUST	P.O. BOX 6600	BARTLESVILLE	OK	74005-6600	866-664-3577
XM	GULF SOUTH ADMINISTRATORS	P.O. BOX 14449	BATON ROUGE	LA	70898-4449	800-827-9723
6K	LOUISIANA STATE EMP. GRP. HEALTH	P.O. BOX 44036	BATON ROUGE	LA	70804-0000	800-272-8451
T9	BLUE CROSS/BLUE SHIELD-LOUISIANA	P.O. BOX 98029	BATON ROUGE	LA	70898-0000	800-858-4948
NG	WAUSAU INSURANCE	P.O. BOX 4025	BEAVERTON	OR	97076-4025	503-626-4100
TT	GOOD SAMARITAN PROGRAM	P.O. BOX 279	BEECH GROVE	IN	46107-0000	317-894-2000
56	REGENCE BLUE SHIELD	15375 S.E. 30TH PLACE #380	BELLEVUE	WA	98007-0000	800-545-7011
D7	HEALTH CARE MANAGEMENT ADMIN.	P.O. BOX 85008	BELLEVUE	WA	98015-5008	800-869-7093
UD	RITE-AID CHOICE BENEFIT PLAN	P.O. BOX 85016	BELLEVUE	WA	98015-0000	888-486-7927
YS	COMBINED INS. CO. OF AMERICA	P.O. BOX 638	BELLINGHAM	WA	98227-0638	800-544-5531
M9	NAT'L ASBESTOS WORKERS MED. FUND	4600 POWDER MILL ROAD	BELTSVILLE	MD	20705-0000	800-386-3632
5S	CASCADE WOOD NCAS	P.O. BOX 2006	BEND	OR	97722-0000	800-234-3986
29	JELD-WEN HEALTH BENEFIT PLAN	P.O. BOX 5128	BEND	OR	99708-5128	800-441-4518
ML	PACIFIC HEALTH & LIFE INSURANCE	P.O. BOX 7709	BEND	OR	97708-7709	503-388-3307
VM	AMERICAN TRAVELERS LIFE INS. CO.	3220 TILLMAN DRIVE	BENSALEM	PA	19020-0000	215-244-1600
7K	JZA	5272 RIVER ROAD #700	BETHESDA	MD	20816-0000	800-232-0117
TV	EMPLOYEE BENEFIT MANAGEMENT SVC.	P.O. BOX 21367	BILLINGS	MT	59104-1367	800-777-3575
WZ	AMERICAN BENEFIT ADMINISTRATOR	P.O. BOX 469	BILOXI	MS	39533-0469	800-468-8249
YU	BLUE CROSS/BLUE SHIELD-ALABAMA	P.O. BOX 10546	BIRMINGHAM	AL	35202-0546	000-000-0000
S8	FOUNTAIN HEAD ADMINISTRATORS	P.O. BOX 13188	BIRMINGHAM	AL	35202-3188	800-872-0820
4A	HEALTHSOUTH	P.O. BOX 382617	BIRMINGHAM	AL	35328-0000	877-893-9294
W7	BLUE CROSS/BLUE SHIELD-ALABAMA	P.O. BOX 995	BIRMINGHAM	AL	35298-0000	800-517-6425

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
N3	AETNA	P.O. BOX 2095	BISMARCK	ND	58502-2095	888-251-7099
NP	AETNA	P.O. BOX 4346	BISMARCK	ND	58502-4346	800-320-8619
LL	CIGNA	900 COTTAGE GROVE RD.	BLOOMFIELD	CT	06002-0000	000-000-0000
CD	AETNA	P.O. BOX 1125	BLUE BELL	PA	19422-0000	800-323-9930
5T	AETNA	P.O. BOX 2245	BLUE BELL	PA	19422-8265	800-847-9017
85	U.S. HEALTH CARE	P.O. BOX 3013	BLUE BELL	PA	19422-0000	800-245-1206
69	TRUSTMARK	P.O. BOX 9055	BOARDMAN	OH	44513-0000	800-396-2960
RG	JOHN ALDEN INSURANCE	P.O. BOX 1599	BOISE	ID	83701-0000	208-368-7770
4Y	M.S. ADMINISTRATIVE SERVICES	P.O. BOX 45073	BOISE	ID	83707-0000	208-343-2965
GW	AMERIBEN SOLUTIONS	P.O. BOX 7186	BOISE	ID	83707-0000	800-786-7930
9W	BLUE CROSS OF IDAHO	P.O. BOX 7408	BOISE	ID	83707-0000	800-627-1006
BU	FIRST HEALTH	P.O. BOX GG	BOISE	ID	83707-0000	800-527-0772
DG	UNICARE HEALTH AND LIFE	P.O. BOX 5005	BOLINGBROOK	IL	60440-0000	800-404-3377
XB	JOHN HANCOCK	JOHN HANCOCK PL	BOSTON	MA	02117-0000	617-421-6000
9J	BLUE CROSS/BLUE SHIELD-MASS.	P.O. BOX 620 OR 1996	BOSTON	MA	02102-0000	617-956-3790
K3	OPERATING ENGINEERS - LOCAL 302	18701 120TH AVENUE, NORTHEAST	BOTHELL	WA	98011	425-806-0302
J9	CIGNA	P.O. BOX 1976	BOURBONNAIS	IL	60914-0000	800-227-0269
BN	CIGNA	P.O. BOX 2100	BOURBONNAIS	IL	60914-0000	800-828-7622
DP	CIGNA	P.O. BOX 3006	BOURBONNAIS	IL	60914-3006	800-664-4288
LA	CIGNA	P.O. BOX 3087	BOURBONNAIS	IL	60914-0000	800-286-6795
K4	CIGNA	P.O. BOX 3099	BOURBONNAIS	IL	60914-0000	800-456-8700
XZ	KITSAP PHYSICIAN SERVICES	P.O. BOX 339	BREMERTON	WA	98310-0000	360-478-6796
2W	PHYSICIANS HEALTH SERVICES	P.O. BOX 981	BRIDGEPORT	CT	06601-0000	800-959-6220
U6	CIGNA	P.O. BOX 962	BRISTOL	CT	06010-0000	800-431-4949
A1	RELIASTAR	18650 W. CORPORATE DR.	BROOKFIELD	WI	53005-0000	414-792-0414
D6	ASSOCIATION LIFE INSURANCE CO.	401 N. EXECUTIVE DRIVE	BROOKFIELD	WI	53005-0000	414-797-5000
76	RELIASTAR	6200 SHINGLE CREEK PARKWAY	BROOKLYN CENTER	MN	55430-0000	800-444-6965
5Z	HEALTH CARE PLAN, INC.	900 GUARANTY BLDG.	BUFFALO	NY	14202-0000	000-000-0000
37	BLUE CROSS/BLUE SHIELD	P.O. BOX 159	BUFFALO	NY	14240-0159	800-888-0757
HT	UNIVERA HEALTHCARE, WNY	P.O. BOX 350	BUFFALO	NY	14201-0350	800-337-3338
V9	BLUE CROSS OF CALIF/SCREEN ACTOR	3601 W. OLIVE AVE.	BURBANK	CA	91510-0000	800-274-7767
JV	NORTHWEST WASH. MEDICAL BUREAU	333 N.W. GILKEY ROAD	BURLINGTON	WA	98223-0000	800-825-5962
Y5	LABCORP CLAIMS UNIT	P.O. BOX 8200	BURLINGTON	NC	27215-0000	800-800-9582
MB	TRICARE-FOR-LIFE (RETIRED)	P.O. BOX 7059	CAMDEN	SC	29020-7059	866-835-7422
KM	WILSON GREGORY INSURANCE	P.O. BOX 8	CAMPBILL	PA	17001-0008	717-730-9777
LK	FMDP CLAIMS PROCESSING	P.O. BOX 898220	CAMPBILL	PA	17089-8220	800-866-8499
PE	BLUE SHIELD-PENNSYLVANIA	P.O. BOX 898845	CAMPBILL	PA	17089-8845	800-367-6565
HC	BOSTON MUTUAL LIFE INS. (BRENNCO)	120 ROYALL ST	CANTON	MA	02021-0000	781-828-7000
5C	WARREN STIENBORN ASSOCIATES	111 CONGRESSIONAL BLVD #290	CARMEL	IN	46032-0000	800-873-2022
EG	MONTGOMERY WARD INSURANCE CO.	P.O. BOX 5008	CAROL STRAM	IL	60197-0000	800-621-0393
YN	ACORDIA NAT'L	P.O. BOX 3722	CHARLESTON	WV	25337-0000	000-000-0000
TX	EMPLOYEE'S BENEFIT SERVICES	P.O. BOX 97	CHARLESTON	SC	29402-0000	843-577-8051
35	CORESOURCE	6100 FAIRVIEW RD., SUITE 1000	CHARLOTTE	NC	28210-3291	800-537-2044
7T	CIGNA	P.O. BOX 31426	CHARLOTTE	NC	28231-1426	800-338-7691
Q6	MUTUAL OF OMAHA	P.O. BOX 668587	CHARLOTTE	NC	28266-8587	800-634-0069
LR	BLUE CROSS/BLUE SHIELD-TENNESSEE	801 PINE STREET	CHATTANOOGA	TN	37402-0000	800-553-8158

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
TE	CIGNA	P.O. BOX 182223	CHATTANOOGA	TN	37422-8223	800-224-6224
K2	PROVIDENT LIFE	P.O. BOX 182524-FOUNTAIN SQUARE	CHATTANOOGA	TN	37422-7524	615-755-1189
X6	CIGNA	P.O. BOX 188000	CHATTANOOGA	TN	37422-8000	800-251-0670
P3	CIGNA	P.O. BOX 188002	CHATTANOOGA	TN	37422-8002	800-251-0670
N9	CIGNA	P.O. BOX 188003	CHATTANOOGA	TN	37422-8003	800-251-0670
ZT	CIGNA	P.O. BOX 188004	CHATTANOOGA	TN	37422-8004	800-845-3820
5D	CIGNA	P.O. BOX 188007	CHATTANOOGA	TN	37422-8007	800-542-4296
FK	CIGNA	P.O. BOX 188014	CHATTANOOGA	TN	37422-8014	800-251-0670
A9	CIGNA	P.O. BOX 188025	CHATTANOOGA	TN	37422-8025	800-896-5266
AD	CIGNA	P.O. BOX 188031	CHATTANOOGA	TN	37422-8031	800-251-0669
BK	GULF LIFE INSURANCE	P.O. BOX 4068	CHATTANOOGA	TN	37405-0000	000-000-0000
GY	BLUE CROSS/BLUE SHIELD-WYOMING	P.O. BOX 2266	CHEYENNE	WY	82003-2266	307-634-1393
GF	BANKERS LIFE & CASUALTY	4444 W LAWRENCE AVE	CHICAGO	IL	60630-0000	773-777-7000
MX	AVMA GROUP HEALTH AND LIFE	55 EAST JACKSON BLVD., #850	CHICAGO	IL	60604-0000	800-621-6320
2G	REA GROUP INSURANCE TRUST	55 EAST JACKSON, FIFTH FLOOR	CHICAGO	IL	60604-0000	800-621-6320
6J	BLUE CROSS/BLUE SHIELD-ILLINOIS	P.O. BOX 1220	CHICAGO	IL	60690-0000	800-782-1556
UT	NEW YORK LIFE	P.O. BOX 92462 (EPI TRUST)	CHICAGO	IL	60675-0000	000-000-0000
YQ	GUARDIAN WEST REGIONAL CO.	P.O. BOX 95936	CHICAGO	IL	60694-0000	000-000-0000
MK	BLUE SHIELD OF CALIFORNIA	P.O. BOX 272570	CHICO	CA	95927-2570	800-241-4896
HX	UNITED MEDICAL RESOURCES, INC.	P.O. BOX 145804	CINCINNATI	OH	45250-5804	800-837-3711
Y9	PRUDENTIAL INSURANCE	P.O. BOX 2348	CINCINNATI	OH	45201-2348	513-621-2620
RP	HUMANA HEALTH PLAN OF OHIO, INC.	P.O. BOX 3188	CINCINNATI	OH	45201-0000	800-543-7158
26	PROVIDENT LIFE	P.O. BOX 40-6200	CINCINNATI	OH	45240-6200	800-355-5975
LW	QUALMED-OREGON HEALTH PLAN	P.O. BOX 1707	CLACKAMUS	OR	97015-0286	503-802-7000
SB	GENERAL ELECTRIC	P.O. BOX 10821	CLEARWATER	FL	33757-8821	877-825-9337
L8	PRINCIPAL LIFE - MEDICARE SUPP.	P.O. BOX 10826	CLEARWATER	FL	33757-8826	800-447-4701
EP	CAPITAL AMERICAN	1001 LAKE SIDE AVE	CLEVELAND	OH	44114-1195	216-696-6400
TS	MEDICAL MUTUAL OF OHIO	2060 E. 9TH AVENUE	CLEVELAND	OH	44115-0000	800-476-2583
65	JP FRALEY	22021 BROOKPARK RD#100	CLEVELAND	OH	44126-0000	800-770-5203
3N	PRIMARY HEALTH SERVICES	3301 E. ROYALTON ROAD	CLEVELAND	OH	44147-0000	907-522-3080
FG	BLUE CROSS/BLUE SHIELD-OHIO	P.O. BOX 94776	CLEVELAND	OH	44101-4776	216-687-7800
6Z	NORTH AMERICAN BENEFIT NETWORK	P.O. BOX 94928	CLEVELAND	OH	44101-4928	800-321-4085
LE	STARMARK	P.O. BOX 2942	CLINTON	IA	52733-2942	800-522-1246
U2	STATE FARM GROUP MEDICAL INS.	P.O. BOX 2978	CLINTON	IA	52733-2978	800-538-4643
EZ	NATIONAL BENEFIT ADMINISTRATORS	P.O. BOX 39118	COLORADO SPRING	CO	80949-0000	800-433-7139
F7	PRINCIPAL FINANCIAL GROUP	P.O. BOX 39710	COLORADO SPRING	CO	80949-3910	800-523-5938
0J	PRINCIPAL FINANCIAL GROUP (same as F	P.O. BOX 39710	COLORADO SPRING	CO	80949-3910	800-523-5938
YX	COMPANION LIFE INSURANCE	P.O. BOX 100102	COLUMBIA	SC	29202-0000	803-735-1251
TN	PBP HEALTH PLAN	P.O. BOX 1040	COLUMBIA	MD	21044-0000	800-544-7111
ST	CIGNA	P.O. BOX 23459	COLUMBIA	SC	29224-0000	800-869-0808
22	SRC INSURANCE SERVICES, INC.	P.O. BOX 23759	COLUMBIA	SC	29224-0000	803-736-6463
4H	ALLIANZ LIFE INS. OF N. AMERICA	P.O. BOX 23907	COLUMBIA	SC	29224-3907	800-788-6557
CR	AMERICAN FAMILY LIFE ASSURANCE CO.	1932 WYNNNTON RD	COLUMBUS	GA	31999-0000	800-992-3522
KB	AETNA	P.O. BOX 16516	COLUMBUS	OH	43216-0000	614-890-9200
3T	CIGNA	P.O. BOX 16531	COLUMBUS	OH	43216-0000	614-785-1310
ZX	FRANK GATES SERVICE CO.	P.O. BOX 16580	COLUMBUS	OH	43215-6580	000-000-0000

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
UJ	AETNA	P.O. BOX 18040	COLUMBUS	OH	43218-0000	800-843-4104
XA	EQUITABLE/ CIGNA INS. CO.	P.O. BOX 182014	COLUMBUS	OH	43218-0000	800-488-3527
HR	TRAVELERS INSURANCE	P.O. BOX 182100	COLUMBUS	OH	43216-0000	000-000-0000
YZ	CIGNA	P.O. BOX 182331	COLUMBUS	OH	43218-0000	800-541-7526
VJ	AETNA	P.O. BOX 182332	COLUMBUS	OH	43218-0000	800-448-2180
LU	CIGNA	P.O. BOX 182352	COLUMBUS	OH	43218-0000	800-722-7535
NM	AETNA	P.O. BOX 182431	COLUMBUS	OH	43218-2431	800-645-5677
3X	AETNA	P.O. BOX 182755	COLUMBUS	OH	43218-2755	000-000-0000
SD	AETNA	P.O. BOX 2241	COLUMBUS	OH	43216-2241	800-837-0977
R4	VISION SERVICES PLAN	P.O. BOX 2487	COLUMBUS	OH	43216-0000	614-471-7511
CV	BLUE CROSS/BLUE SHIELD - GEORGIA	P.O. BOX 9907	COLUMBUS	GA	31908-9907	800-441-2273
WK	NEW HAMPSHIRE AUTO DEALER ASSN.	P.O. BOX 2337	CONCORD	NH	03302-0000	603-224-2369
QV	NEW YORK LIFE	P.O. BOX 4010	CONCORD	CA	94524-0000	800-695-9906
P1	FIRST HEALTH	P.O. BOX 3500	CORAOPOLIS	PA	15108-0000	412-269-1178
5U	BLUE CROSS / BLUE SHIELD	P.O. BOX 1725	CUMBERLAND	MD	21501-1725	877-228-7268
ZY	SECURE HORIZONS BY PACIFIC CARE	P.O. BOX 489	CYPRESS	CA	90630-0000	800-228-2144
J2	PACIFICARE OF CALIFORNIA	P.O. BOX 6006	CYPRESS	CA	90630-0000	800-624-8822
HG	UNITED FOOD & COMM. WKRS. TRUST	P.O. BOX 6010	CYPRESS	CA	90630-0000	714-220-2297
T4	NEW ENGLAND BENEFIT GROUP	10000 N CENTRAL EXPRSWY 800 LB80	DALLAS	TX	75231-0000	800-685-3050
YF	LIFE INS. CO. OF NORTH AMERICA	12225 GREENVILLE AVE., SUITE 655	DALLAS	TX	75243-9384	000-000-0000
G6	FIRST INTEGRATED HEALTH, INC.	5000 QUORUM, SUITE 111	DALLAS	TX	75240-7508	800-550-8009
RA	E3 HEALTH, INC.	5050 SPRING VALLEY ROAD	DALLAS	TX	75244-0000	800-872-9934
DR	AMERICAN EXCHANGE LIFE INS. CO.	P.O. BOX 1530	DALLAS	TX	75221-0000	214-520-1450
7J	J.C. PENNEY	P.O. BOX 2405	DALLAS	TX	75221-0000	000-000-0000
FW	TUCKER & CLARK GROUP HEALTH	P.O. BOX 600999	DALLAS	TX	75360-0999	800-334-1844
8T	UICI ADMINISTRATORS - GLOBAL MARINE	P.O. BOX 619070	DALLAS	TX	75261-9070	800-284-6983
ZK	BLUE CROSS/BLUE SHIELD-TEXAS	P.O. BOX 660044	DALLAS	TX	75266-0044	800-451-0287
2M	AETNA	P.O. BOX 660239	DALLAS	TX	75266-0000	800-955-9409
U4	AAGI-BBA AVIATION HEALTH BENEFITS	P.O. BOX 700428	DALLAS	TX	75730-0000	800-241-0150
YG	GERBER LIFE-GROUP PENSION ADMIN.	P.O. BOX 740488	DALLAS	TX	75374-0488	800-827-7223
YT	MEGA LIFE AND HEALTH INS. CO.	P.O. BOX 809025	DALLAS	TX	75380-0000	800-733-1110
SP	STUDENT INSURANCE DIV.-MEGA LIFE	P.O. BOX 809025	DALLAS	TX	75380-9025	800-767-0700
UK	SHAW MEDICAL CLAIMS CENTER	P.O. BOX 10	DALTON	GA	30722-0000	800-321-1855
CH	HARRINGTON BENEFIT SERVICES	P.O. BOX 1352	DAYTON	OH	45401-1352	888-233-6724
BQ	MET-LIFE DENTAL	P.O. BOX 8740	DAYTON	OH	45401-0000	800-540-5233
F5	KAISER PERMANENTE	10350 E. DAKOTA AVE.	DENVER	CO	80231-1314	303-344-7600
MT	BLUE CROSS/BLUE SHIELD COLORADO	P.O. BOX 17849	DENVER	CO	80217-0000	800-334-6557
JQ	MAJOR MEDICAL FUND	P.O. BOX 300009	DENVER	CO	80203-0000	303-575-8786
NW	PRUDENTIAL INSURANCE	P.O. BOX 378710	DENVER	CO	80237-8710	800-456-8025
98	CHAMP-VA	P.O. BOX 65024	DENVER	CO	80206-0000	800-733-8387
HK	CTI ADMINISTRATORS	100 COURT AVENUE, SUITE 306	DES MOINES	IA	50309-2200	800-245-8813
63	NORWEST FINANCIAL	206 EIGHT STREET	DES MOINES	IA	50309-0000	515-243-2131
5G	BLUE CROSS/BLUE SHIELD-IOWA	636 GRAND AVENUE	DES MOINES	IA	50309-0000	515-245-4500
H3	PRINCIPAL MUTUAL	711 HIGH STREET	DES MOINES	IA	50309-0000	515-247-5111
GJ	BANKERS LIFE	INSURANCE EXCHANGE BLD	DES MOINES	IA	50319-0000	312-777-7000
QS	AMERICARE-MEDICARE SUPPLEMENT	P.O. BOX 1	DES MOINES	IA	50334-0000	800-641-0366

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
9L	SEABURY & SMITH - FRA CLAIMS	P.O. BOX 10340	DES MOINES	IA	50306-0340	800-424-1120
36	CIGNA	P.O. BOX 10365	DES MOINES	IA	50306-0000	800-247-9340
6U	CIGNA	P.O. BOX 10397	DES MOINES	IA	50306-0000	800-223-9601
EB	CIGNA	P.O. BOX 10433	DES MOINES	IA	50309-0433	800-222-0800
A4	CONNECTICUT GENERAL LIFE	P.O. BOX 10447	DES MOINES	IA	50306-0000	800-552-7107
K7	PRINCIPAL LIFE	P.O. BOX 14416	DES MOINES	IA	50306-3416	000-000-0000
2V	SELECT BENEFIT ADMINISTRATORS	P.O. BOX 8339	DES MOINES	IA	50301-0000	800-397-0427
4K	MEDIPLUS	P.O. BOX 9126	DES MOINES	IA	50306-9126	800-247-2192
E6	CONN GENERAL	P.O. BOX 9317	DES MOINES	IA	50306-0000	800-235-2840
MS	CONSECO MEDICAL INSURANCE	P.O. BOX 1934	DES PLAINES	IL	60017-1934	800-947-0319
AB	CENTRAL STATES HEALTH & WELFARE	P.O. BOX 5116	DES PLAINES	IL	60017-5116	800-323-2190
ZB	BLUE CROSS/BLUE SHIELD-MICHIGAN	600 LAFAYETTE EAST	DETROIT	MI	48226-0000	800-637-2227
6Y	B/C B/S MICHIGAN - MEDICARE SUPP.	P.O. BOX 166	DETROIT	MI	48231-0000	800-482-0898
GQ	BLUE CROSS/BLUE SHIELD-MICHIGAN	P.O. BOX 2500	DETROIT	MI	48251-0000	800-422-9146
XF	AETNA -ALLIANCE	P.O. BOX 7012	DOVER	DE	19903-0000	800-572-9096
A5	SISCO-CRESCENT ELECTRIC	P.O. BOX 389	DUBUQUE	IA	52004-0389	800-457-4726
UG	UNITED HEALTH CARE	P.O. BOX 169080	DULUTH	MN	55816-0000	888-436-2667
WL	UHC-MEDICA CHOICE CLAIMS	ROUTE 2901, P.O. BOX 169061	DULUTH	MN	55816-8310	800-952-3455
88	UNITED HEALTH CARE	ROUTE 2962, P.O. BOX 169057	DULUTH	MN	55816-8270	800-952-3455
JH	CENTRA HEALTHCARE SERVICES	P.O. BOX 8000	DUNCAN	OK	73534-8000	800-852-0914
42	NO. CAROLINA STATE EMP. MEDICAL	P.O. BOX 30025	DURHAM	NC	27702-0000	800-422-4659
G5	BLUE CROSS/BLUE SHIELD-N.CAROLINA	P.O. BOX 35	DURHAM	NC	27702-0000	919-489-7431
1B	NAT'L ASSURANCE UNDERWRITERS	3301 RIDER TRAIL SOUTH	EARTH CITY	MO	63045-0000	314-291-1150
CY	EQUICOR/ CIGNA	P.O. BOX 3050	EASTEN	PA	18042-0000	000-000-0000
LY	VALLEY HEALTH PLAN	P.O. BOX 3128	EAU CLAIRE	WI	54702-3128	800-472-5411
DJ	AETNA	P.O. BOX 20666	EL PASO	TX	79998-0000	800-225-9509
HD	AETNA	P.O. BOX 981107	EL PASO	TX	79998-1107	800-435-2969
KF	AETNA	P.O. BOX 981109	EL PASO	TX	79998-1109	800-835-9933
CN	LIBERTY MUTUAL INS. CO.	1311 E. BRAIRWOOD AVE. SUITE 100	ENGLEWOOD	CO	80112-0000	303-799-0818
GM	HUMAN RESOURCE BENEFIT ADMIN.	16 INVERNESS PL. EAST, BLDG. A	ENGLEWOOD	CO	80112-0000	800-742-4722
RC	METROPOLITAN LIFE INSURANCE CO.	P.O. BOX 2995	ENGLEWOOD	CO	80150-0125	800-338-4187
87	INTERCARE HEALTH PLANS	P.O. BOX 3559	ENGLEWOOD	CO	80155-0000	303-770-5710
9R	METROPOLITAN LIFE INSURANCE CO.	P.O. BOX 5025 (DENVER CLAIMS)	ENGLEWOOD	CO	80115-5025	000-000-0000
R6	PACIFICARE	P.O. BOX 6699	ENGLEWOOD	CO	80155-0000	800-877-9777
WW	PACIFICSOURCE	P.O. BOX 7068	EUGENE	OR	97401-0000	800-624-6052
8B	STATE ACCIDENT INS. FUND	P.O. BOX 7728	EUGENE	OR	97401-0000	000-000-0000
4E	WASHINGTON NAT'L INSURANCE CO.	P.O. BOX 3071	EVANSTON	IL	60204-0000	800-947-0319
8S	PRUDENTIAL INSURANCE	P.O. BOX 2139	EVERGREEN	CO	80439-0000	000-000-0000
VZ	COMPREHENSIVE BENEFITS SVC CO.	740 E. LANCASTER PIKE, SUITE 200	EXTON	PA	19341-0000	215-524-9500
86	STATE FARM INSURANCE	3536 INTERNATIONAL WAY	FAIRBANKS	AK	99701-0000	907-479-8051
JP	BLUE CROSS OF VIRGINIA	P.O. BOX 10112	FAIRFAX	VA	2030-0000	000-000-0000
JY	CINCINNATI LIFE INSURANCE CO.	6200 S. GILMORE	FAIRFIELD	OH	45014-0000	513-870-2000
XG	PAID PRESCRIPTIONS	P.O. BOX 6121	FAIRLAWN	NJ	07410-0000	800-272-7243
Y4	BLUE CROSS/BLUE SHIELD-N.DAKOTA	4510 13TH SOUTHWEST	FARGO	ND	58121-0000	800-342-4718
RB	LUTHERAN HEALTH SYSTEMS	P.O. BOX 9239	FARGO	ND	58106-9239	800-368-2312
JT	CIGNA	P.O. BOX 2005	FARMINGTON	CT	06034-0000	800-982-8958

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
Y3	VALUE RX	30445 NORTHWESTERN HIGHWAY	FARMINGTON HILL	MI	48334-0000	800-347-8777
7N	DELTA DENTAL	P.O. BOX 9085	FARMINGTON HILL	MI	48335-0000	800-482-8915
2A	ADMINISTRATIVE SERVICE CONSULT.	215 STANFORD PKWY.	FINDLAY	OH	45840-0000	800-523-5789
AM	BLUE SHIELD OF CALIFORNIA	P.O. BOX 639017	FOLSOM	CA	95763-0000	800-228-9476
AA	*** USE R2 ***	P.O. BOX 11111	FORT SCOTT	KS	66701-0000	800-663-8081
Q3	*** USE R2 ***	P.O. BOX 11111	FORT SCOTT	KS	66701-0000	800-663-8081
RL	*** USE R2 ***	P.O. BOX 11111	FORT SCOTT	KS	66701-0000	800-685-1010
WQ	*** USE R2 ***	P.O. BOX 11111	FORT SCOTT	KS	66701-0000	800-663-8081
7E	GREAT WEST LIFE ASSURANCE CO.	P.O. BOX 11111	FORT SCOTT	KS	66701-0000	800-685-1010
R2	ONE HEALTH PLAN	P.O. BOX 11111	FORT SCOTT	KS	66701-0000	800-663-8081
Q9	GREAT WEST LIFE ASSURANCE CO.	P.O. BOX 5011	FORT SCOTT	KS	66701-0000	800-685-3040
5Y	AETNA	P.O. BOX 2295 (SOHIO CLAIMS)	FORT WAYNE	IN	46801-0000	219-496-5400
GX	AETNA	P.O. BOX 2561	FORT WAYNE	IN	46801-2561	800-367-4552
3Z	AMERICAN INSURANCE CO. OF TEXAS	110 W. 7TH, SUITE 300	FORT WORTH	TX	76102-0000	800-725-1407
YE	TRAVELERS INSURANCE-TPA	P.O. BOX 901066	FORT WORTH	TX	76101-2066	800-400-7536
CM	AETNA	P.O. BOX 12340	FRESNO	CA	93765-0000	800-245-7919
KD	EQUICOR/ CIGNA	P.O. BOX 12500	FRESNO	CA	93778-0000	800-782-8920
CB	AETNA (NORDSTROM)	P.O. BOX 24002	FRESNO	CA	93779-4002	877-764-5727
SX	CIGNA	P.O. BOX 24004	FRESNO	CA	93779-0000	800-462-8401
DX	EQUICOR/ CIGNA	P.O. BOX 24005	FRESNO	CA	93779-0000	559-228-2828
GL	AETNA	P.O. BOX 24024	FRESNO	CA	93779-0000	800-238-6299
7A	EQUICOR/ CIGNA	P.O. BOX 24028	FRESNO	CA	93779-4028	800-426-7640
2C	CIGNA	P.O. BOX 24031	FRESNO	CA	93779-0000	800-334-7322
LZ	HEALTH COMP	P.O. BOX 45018	FRESNO	CA	93718-5018	800-442-7247
99	UNITED INSURANCE CO. OF AMERICA	P.O. BOX 9426	FRESNO	CA	93792-9426	800-777-2111
CW	STANDARD LIFE	P.O. BOX 1800	GALVESTON	TX	77553-1800	888-3501488
3R	THIRD PARTY ADVANTAGE ADMIN.	191 SOUTH SHILOH, SUITE 500	GARLAND	TX	75042-0000	800-275-1785
N6	ANTHEM HEALTH & LIFE	P.O. BOX 10188	GLENDALE	CA	91209-0000	800-601-8524
PC	GUARANTEE TRUST LIFE INSURANCE	P.O. BOX 1148	GLENVIEW	IL	60025-0000	808-540-4337
J7	NAT'L SHEET METAL WORKERS HEALTH	P.O. BOX 1449	GOODLETTSVILLE	TN	37070-1449	800-831-4914
K9	PRINCIPAL MUTUAL	P.O. BOX 4923	GRAND ISLAND	NE	68803-4923	800-247-4695
2N	GAINNEY INSURANCE SERVICES	2025 E. BELTLINE, SUITE 305	GRAND RAPIDS	MI	49546-0000	616-530-0333
C3	PROFESSIONAL BUSINESS SERVICES	6475 28TH STREET, S.E.	GRAND RAPIDS	MI	49546-0000	616-285-2480
8Z	AETNA	P.O. BOX 3060	GRAND RAPIDS	MI	49501-0000	616-942-4000
3Y	ASR CORPORATION	P.O. BOX 6392	GRAND RAPIDS	MI	49516-6392	800-732-3412
FM	BLUE CROSS/BLUE SHIELD-MONTANA	P.O. BOX 5004	GREAT FALLS	MT	59403-0000	800-447-7828
EH	STATE FARM INSURANCE	3001 8TH AVENUE	GREELEY	CO	80638-5000	970-395-6111
DB	HUMANA EMPLOYERS HEALTH INSURANCE	1100 EMPLOYERS BLVD.	GREEN BAY	WI	54344-0000	800-558-4444
KE	CLAIM MANAGEMENT SERVICES, INC.	P.O. BOX 10888	GREEN BAY	WI	54307-0888	920-497-1589
3D	AMERICAN MEDICAL SECURITY	P.O. BOX 19032	GREEN BAY	WI	54307-9302	800-232-5432
FU	JEFFERSON PILOT INSURANCE	P.O. BOX 21008	GREENSBORO	NC	27420-0000	214-663-1729
49	UNICARE	P.O. BOX 26079	GREENSBORO	NC	27420-0000	800-633-2769
HE	AETNA	P.O. BOX 26098 DRAWER A-1	GREENSBORO	NC	27402-0000	800-206-9215
SW	AETNA	P.O. BOX 26102	GREENSBORO	NC	26102-0000	800-439-3953
AL	AETNA	P.O. BOX 26106	GREENSBORO	NC	27402-6106	800-206-9215
QG	AETNA	P.O. BOX 26190	GREENSBORO	NC	27402-6190	800-942-5208

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
P8	METRA HEALTH	P.O. BOX 7579	GREENSBORO	NC	27417-0000	800-334-2400
HP	KANAWHA BENEFIT SOLUTIONS	P.O. BOX 5150	GREENVILLE	SC	29606-0000	846-235-6474
PG	MANAGEMED	P.O. BOX 6125	GREENVILLE	SC	29606-0000	800-992-8088
VN	BLUE CROSS/BLUE SHIELD-PENNSYL.	2500 ELMERTON AVENUE	HARRISBURG	PA	17110-9956	717-541-7000
F2	PHOENIX INSURANCE CO.	ONE AMERICAN ROW	HARTFORD	CT	06115-0000	203-275-5246
AH	AETNA	P.O. BOX 150417	HARTFORD	CT	06115-0417	800-653-0169
9D	METROPOLITAN LIFE INSURANCE CO.	P.O. BOX 3007	HAUPPAUGE	NY	11787-0000	412-255-6200
ZA	PRUDENTIAL INSURANCE	P.O. BOX 10100	HIGH POINT	NC	27261-0000	800-643-3609
J5	PACIFICARE OF WASHINGTON	P.O. BOX 3005	HILLSBORO	OR	97123-3005	800-213-7565
H9	PACIFICARE OF OREGON	P.O. BOX 3007	HILLSBORO	OR	97123-3007	800-922-1444
YJ	KAISER PERMANENTE	3288 MOANALUA ROAD	HONOLULU	HI	96819-0000	800-966-5955
5E	UNIVERSITY MED. ALLIANCE-HI EEMPL.	700 BISHOP STREET, FLOOR 3	HONOLULU	HI	96813-0000	800-563-4000
C5	HAWAII MEDICAL SERVICE ASSOC.	P.O. BOX 860	HONOLULU	HI	96808-0000	808-948-6330
ZJ	ABI CLAIMS	P.O. BOX 738	HOPKINS	MN	55343-0000	800-765-4224
8J	AMERIHEALTH ADMINISTRATORS	720 BLAIR MILL ROAD	HORSHAM	PA	19044-0975	800-480-5032
TY	PRUDENTIAL INSURANCE	P.O. BOX 13-B	HORSHAM	PA	35720-0000	800-422-7399
JG	HUMANA, INC.	9494 S.W. FREEWAY, SUITE 300	HOUSTON	TX	77074-0000	800-776-2885
QU	WESTERN ATLAS INTERNAT'L	P.O. BOX 1407	HOUSTON	TX	77251-1407	713-972-5885
UA	PRUDENTIAL INSURANCE	P.O. BOX 1567	HOUSTON	TX	77251-0000	800-876-7778
SE	CIGNA	P.O. BOX 219700	HOUSTON	TX	77218-0000	800-821-1689
BS	CIGNA	P.O. BOX 219792	HOUSTON	TX	77218-0000	800-238-4788
52	POOL ARCTIC INSURANCE	P.O. BOX 4271	HOUSTON	TX	77210-0000	713-954-3164
C4	PRUDENTIAL HEALTH CARE	P.O. BOX 4722	HOUSTON	TX	77201-7422	800-882-2734
X9	BAKER HUGHES	P.O. BOX 4740	HOUSTON	TX	77210-4740	000-000-0000
9A	FIRST HEALTH	P.O. BOX 671128	HOUSTON	TX	77267-1128	800-544-3353
PW	HEALTH ADMINISTRATION SERVICES	P.O. BOX 672427	HOUSTON	TX	77267-2427	888-830-8257
KR	GROUP RESOURCES INC.	THREE RIVERWAY, SUITE 1140	HOUSTON	TX	77056-0000	888-620-1297
WY	HINER TRANSPORT, INC.	P.O. BOX 621	HUNTINGTON	IN	46750-0000	000-000-0000
HB	GOVERNMENT EMPLOYEE HOSP ASSN.	P.O. BOX 4665	INDEPENDENCE	MO	64051-0000	800-821-6136
3F	GOLDEN RULE INSURANCE COMPANY	7440 WOODLAND DR./GOLD.RULE BLDG	INDIANAPOLIS	IN	46278-0000	317-297-4149
VW	FIRST HEALTH	P.O. BOX 1746	INDIANAPOLIS	IN	46206-1746	000-000-0000
KN	MORRIS ASSOCIATES	P.O. BOX 50440	INDIANAPOLIS	IN	46250-0440	800-950-6789
HY	AMER. MED. SECURITY - SIGAMORE	P.O. BOX 6051	INDIANAPOLIS	IN	46206-0000	800-232-5432
78	ADMINISTAR SOLUTIONS	P.O. BOX 78308	INDIANAPOLIS	IN	46278-8308	800-847-8217
0R	METROPOLITAN LIFE INSURANCE CO.	P.O. Box 4999, Route 2123	INTERNAT'L FALLS	MN	56649-4999	800-638-6077
7Y	BEECH STREET PPO	P.O. BOX 17719	IRVINE	CA	92713-7719	800-426-4753
BE	BEST LIFE ASSURANCE CO.OF CALIF.	P.O. BOX 19721	IRVINE	CA	92713-9721	714-253-4080
C2	FIRST ALLMERICA FINANCIAL	333 PIERCE ROAD, SUITE 310	ITLASCA	IL	60143-3150	800-423-6011
EM	RELIASTAR	146 INDUSTRIAL PARK	JACKSON	MN	56143-0000	800-274-6915
GU	STOLT OFFSHORE BENEFIT ADMIN.	P.O. BOX 14208	JACKSON	MS	39236-4208	000-000-0000
NB	STARMARK - CMS	P.O. BOX 188	JACKSON	MS	39205-0188	800-522-1246
R3	FOX-EVERETT, INC.	P.O. BOX 23096	JACKSON	MS	39225-3096	800-280-5223
UV	PRINCIPAL MUTUAL LIFE	9428 BAYMEADOWS ROAD, SUITE 360	JACKSONVILLE	FL	32256-0000	800-445-6133
N2	BLUE CROSS/BLUE SHIELD-FLORIDA	P.O. BOX 1798	JACKSONVILLE	FL	32231-0000	800-727-2227
EN	HUMANA MEDICAL PLAN	P.O. BOX 19058	JACKSONVILLE	FL	32245-0000	800-521-4882
ZQ	PRUDENTIAL INSURANCE	P.O. BOX 2229	JACKSONVILLE	FL	32231-2229	904-391-7598

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
V4	ANTHEM LIFE INS. CO. OF FLORIDA	P.O. BOX 2569	JACKSONVILLE	FL	32203-0000	800-888-5256
WA	PRUDENTIAL INSURANCE	P.O. BOX 2749	JACKSONVILLE	FL	32232-0000	800-622-6084
DY	BLUE CROSS/BLUE SHIELD-FLORIDA	P.O. BOX 2896	JACKSONVILLE	FL	32232-0000	800-816-2583
LP	PRUDENTIAL DENTAL PLAN	P.O. BOX 44035	JACKSONVILLE	FL	32232-0000	800-743-8877
6C	PRUDENTIAL INSURANCE	P.O. BOX 44109	JACKSONVILLE	FL	32231-4109	800-861-3518
33	PRINCIPAL HEALTH CARE	P.O. BOX 45076	JACKSONVILLE	FL	32232-0000	904-390-0935
2S	PRUDENTIAL INSURANCE	P.O. BOX 45106	JACKSONVILLE	FL	32232-5106	800-453-8025
KW	CNA - MAIL HANDLER'S BENEFIT	P.O. BOX 45118	JACKSONVILLE	FL	32232-5118	800-410-7778
EU	NYLCARE	P.O. BOX 30769	JAMAICA	NY	11430-0769	800-854-9160
EQ	PRECISE BENEFITS	P.O. BOX 9064	JERICOHO	NY	11753-0000	800-453-4091
ZF	ALASKA DEPT OF LABOR W/C	P.O. BOX 25512	JUNEAU	AK	99802-5512	000-000-0000
K6	MONTANA MEDICAL BENEFIT PLAN	P.O. BOX 548	KALISPELL	MT	59903-0000	800-955-4242
PU	FIDELITY SECURITY LIFE INSURANCE	3130 BROADWAY	KANSAS CITY	MO	64111-0000	816-756-1060
Q2	BOILERMAKER'S NAT'L HEALTH & WEL	754 MINNESOTA AVE., #522	KANSAS CITY	KS	66101-0000	913-342-6555
FY	BLUE CROSS/BLUE SHIELD-KANSAS CITY	P.O. BOX 419169	KANSAS CITY	MO	64141-6169	800-962-8835
KV	ALLIED NATIONAL COMPANIES	P.O. BOX 419203	KANSAS CITY	MO	64141-6203	800-825-7531
3M	KANSAS CITY LIFE INS.CO.	P.O. BOX 419325	KANSAS CITY	MO	64141-6325	816-753-7299
9V	FORTIS	P.O. BOX 419876	KANSAS CITY	MO	64141-6876	816-474-2345
74	GREATWEST	1000 GREATWEST DRIVE	KENNETT	MO	63857-3749	800-325-5079
NE	SNAP-ON TOOLS CORP.	2801 80TH STREET	KENOSHA	WI	53140-0000	000-000-0000
Z3	BAKERY & CONFECTIONERY UNION	10401 CONNECTICUT AVE.	KENSINGTON	MD	20895-3960	301-468-3700
8G	TONGASS TIMBER TRUST	111 STEDMAN STREET	KETCHIKAN	AK	99901-0000	907-225-6114
AW	AK TIMBER INS. EXCHANGE-WRKRS. COM	2555 FIRST AVENUE	KETCHIKAN	AK	99901-0000	907-225-9451
PY	AMERICAN CHOICE HEALTH	P.O. BOX 60412	KING OF PRUSSIA	PA	19406-0000	866-300-1349
64	PERFORMAX	P.O. BOX 61505	KING OF PRUSSIA	PA	19406-0000	888-554-7629
2D	SCH EMPLOYEE HEALTH PLAN	524 SOUTH RYAN STREET	LAKE CHARLES	LA	70601-0000	318-491-7760
NL	TRUSTMARK	P.O. BOX 7900	LAKE FOREST	IL	60045-7900	800-366-6663
BH	TRUSTMARK	P.O. BOX 7911	LAKE FOREST	IL	60045-7911	800-285-7911
5L	STARMARK	P.O. BOX 7922	LAKE FOREST	IL	60045-7922	800-522-1246
5Q	PACIFICARE OF OREGON	5 CENTERPOINT#60	LAKE OSWEGO	OR	97035-0000	800-922-1444
FD	BLUE SHIELD OF CALIFORNIA	P.O. BOX 399	LAKEPORT	CA	95453-0399	707-263-4054
2B	KANAWHA HEALTHCARE SOLUTIONS	P.O. BOX 1000	LANCASTER	SC	29721-0000	800-822-1274
PN	CORESOURCE, INC.	P.O. BOX 83303	LANCASTER	PA	17608-0000	000-000-0000
CG	NAT'L AUTOMATIC SPRINKLER WELFARE	8000 CORPORATE DRIVE	LANDOVER	MD	20785-2239	301-577-1700
J1	TRAVELERS INSURANCE	P.O. BOX 1200	LANSING	IL	60438-0000	000-000-0000
R8	FLORIDA BENEFIT ADMINISTRATORS	13080 SOUTH BELCHER RD., SUITE A	LARGO	FL	33773-0000	800-571-4144
46	AMERICAN GROUP	101 CONVENTION CENTER DR. # 230	LAS VEGAS	NV	89109-0000	800-842-4742
CQ	MCC-TPA	P.O. BOX 12449	LAS VEGAS	NV	89112-0000	702-456-7214
AE	HEALTH PLAN OF NEVADA	P.O. BOX 15645	LAS VEGAS	NV	89114-5645	800-777-1840
Y7	G S & A - EMPLOYEE BENEFIT ADMIN	P.O. BOX 61320	LAS VEGAS	NV	89160-1320	702-646-4406
GB	PACIFICARE OF NEVADA	P.O. BOX 95638	LAS VEGAS	NV	89193-5638	800-811-7305
Q7	VALUE OPTIONS *MENTAL HEALTH ONLY	P.O. BOX 1347	LATHAM	NY	12110-0000	800-434-5100
SL	GOLDEN RULE INSURANCE COMPANY	712 ELEVENTH ST	LAWRENCE	IL	62439-0000	618-943-8000
B2	AETNA	P.O. BOX 6610	LEAWOOD	KS	66206-0000	000-000-0000
U7	GLOBE BUSINESS FURNITURE	P.O. BOX 56	LEBANON	TN	37088-0000	000-000-0000
6R	REGENCE BLUE SHIELD OF IDAHO	P.O. BOX 1106	LEWISTON	ID	83501-0000	208-746-2671

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
P7	AETNA	P.O. BOX 14014	LEXINGTON	KY	40512-4014	800-362-0869
P6	AETNA	P.O. BOX 14027	LEXINGTON	KY	40512-4027	800-843-3661
KZ	AETNA - (UPS)	P.O. BOX 14079	LEXINGTON	KY	40512-4079	800-237-0575
PF	AETNA	P.O. BOX 14089	LEXINGTON	KY	40512-4089	800-654-0826
3E	AETNA - DENTAL ONLY	P.O. BOX 14091	LEXINGTON	KY	40512-0000	800-543-6700
CK	METLIFE - DENTAL ONLY	P.O. BOX 14093	LEXINGTON	KY	40512-0000	877-939-8882
RJ	AETNA	P.O. BOX 14586	LEXINGTON	KY	40512-4586	800-852-0047
SK	CHOICE CARE - HUMANA CLAIMS CENTER	P.O. BOX 14601	LEXINGTON	KY	40512-4601	877-845-1033
GH	AMERITAS	5900 O STREET	LINCOLN	NE	68510-0000	402-467-1122
NV	NATIONAL RURAL ELECTRIC - CBA	P.O. BOX 6249	LINCOLN	NE	68506-0000	402-483-9200
XY	CAREMARK	625 BARCLAY BLVD.	LINCOLNSHIRE	IL	60069-0000	000-000-0000
WV	MASTERS, MATES, PILOTS HEALTH	5700 HAMMONDS FERRY ROAD	LINTHICUM HGHTS	MD	21090-0000	410-850-8500
7M	PRUDENTIAL (XEROX DENTAL UNIT)	P.O. BOX 2065	LINWOOD	NJ	08221-0000	800-932-0458
S7	PRUDENTIAL (DENTAL)	P.O. BOX 9250	LINWOOD	NJ	08221-0000	800-811-5671
9E	BLUE CROSS/BLUE SHIELD-ARKANSAS	P.O. BOX 2181	LITTLE ROCK	AR	72203-0000	800-461-2143
89	AMERICAN COMMUNITY MUTUAL	39201 7 MILE ROAD	LIVONIA	MI	48152-0000	800-991-2642
UQ	BLUE SHIELD OF CALIFORNIA	P.O. BOX 241004	LODI	CA	95241-0000	800-535-8000
JW	FAMILY HEALTH PLAN-FHP	2925 NORTH PALO VERDE AVENUE	LONG BEACH	CA	90815-0000	310-429-2473
ZZ	QUALMED PLANS FOR HEALTH	P.O. BOX 22612	LONG BEACH	CA	90801-5612	800-845-7881
NX	PROVIDENCE HEALTH PLANS	P.O. BOX 370	LONGVIEW	WA	98632-0000	800-421-0644
LS	FIRST HEALTH	P.O. BOX 54076 T.A.	LOS ANGELES	CA	90054-0000	800-421-2814
YA	PRUDENTIAL INSURANCE	P.O. BOX 54769	LOS ANGELES	CA	90054-0769	800-433-3150
GE	AETNA	P.O. BOX 60829	LOS ANGELES	CA	90060-0829	800-468-6431
AF	MAXICARE LIFE & HEALTH	P.O. BOX 861059	LOS ANGELES	CA	90086-1059	000-000-0000
EF	HUMANA CARE PLUS	P.O. BOX 2180	LOUISVILLE	KY	40201-0000	800-367-7587
D5	AETNA	P.O. BOX 35890	LOUISVILLE	KY	40232-0000	800-334-0299
J8	ANTHEM BLUE CROSS/BLUE SHIELD	P.O. BOX 37180	LOUISVILLE	KY	40233-7180	800-801-8365
AQ	BLUE CROSS/BLUE SHIELD-KENTUCKY	P.O. BOX 37690	LOUISVILLE	KY	40233-7690	800-815-5717
KS	THE TPA	P.O. BOX 53070	LUBBOCK	TX	79453-3070	000-000-0000
ZC	AETNA	P.O. BOX 1058	MACON	GA	31298-0000	800-562-7822
C9	CUNA MUTUAL INSURANCE	P.O. BOX 1648	MADISON	WI	53701-1648	800-548-9390
FT	CHRISTIAN FIDELITY	P.O. BOX 44990	MADISON	WI	53744-4990	800-386-5202
ND	ADVANCED ADMINISTRATION	1101 NORTH LAKE DESTINY RD. #130	MAITLAND	FL	32751-0000	800-785-4544
E7	THE TPA	P.O. BOX 121212	MARIETTA	GA	30006-0000	800-842-2082
59	INTEGRITY BENEFIT NETWORK	P.O. BOX 4537	MARIETTA	GA	30061-0000	800-500-8676
GP	PRUDENTIAL INSURANCE	P.O. BOX 537	MATTESON	IL	60443-0000	800-251-2406
4V	DANA HEALTH NETWORK, AHG INC.	P.O. BOX 1500	MAUMEE	OH	43537-0000	800-454-3262
FZ	MEMBER INSURANCE	P.O. BOX 2170	MCHENRY	IL	60051-2170	800-937-2277
3A	GLOBE LIFE & ACCIDENT INSURANCE	P.O. BOX 8080	MCKINNEY	TX	75070-8080	972-540-6986
GG	BEECH STREET/CHARTER NORTH MED.	P.O. BOX 171822	MEMPHIS	TN	38187-1822	800-854-2234
PM	AMERICARE ULTRANET PREFERRED	P.O. BOX 17237	MEMPHIS	TN	38187-0237	800-640-9016
JF	FEDERAL EXPRESS GROUP HEALTH	P.O. BOX 727	MEMPHIS	TN	38194-9320	800-525-4478
HM	BANNER CHOICE PLUS	P.O. BOX 16423	MESA	AZ	85211-6423	800-827-2464
7Q	LEGAL SECURITY INSURANCE	18601 LBJ FREEWAY #200	MESQUITE	TX	75150-0000	214-681-8121
4F	NPPN - MAROIL	419 E. MAIN STREET, BLDG. 1	MIDDLETOWN	NY	10940-0000	877-747-7818
LJ	BLUE CROSS/BLUE SHIELD-NEW YORK	P.O. BOX 5009	MIDDLETOWN	NY	10940-9009	800-445-9809

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
LB	BLUE CROSS/BLUE SHIELD-EMPIRE	P.O. BOX 5012 (IBM)	MIDDLETOWN	NY	10940-9012	800-445-9809
LF	BLUE CROSS/BLUE SHIELD-EMPIRE	P.O. BOX 5039	MIDDLETOWN	NY	10940-9036	800-851-0007
MP	BLUE CROSS/BLUE SHIELD-EMPIRE	P.O. BOX 5047	MIDDLETOWN	NY	10940-0000	800-635-2184
L7	BLUE CROSS/BLUE SHIELD-EMPIRE	P.O. BOX 5071	MIDDLETOWN	NY	10940-9071	800-224-0030
DL	NPPN-CONSECO	P.O. BOX 7078	MIDDLETOWN	NY	10940-0000	800-947-0319
HZ	STIRLING & STIRLING - WORLD DIVISION	20 ARMORY LANE	MILFORD	CT	06460-3361	800-447-6689
PS	PRUDENTIAL INSURANCE	P.O. BOX 5066	MILLVILLE	NJ	08332-0100	609-293-2000
AP	PRUDENTIAL SVCS PRUNETWORK	P.O. BOX 5080	MILLVILLE	NJ	08332-5080	800-323-7384
5R	LIFEGUARD LIFE INSURANCE COM	1851 MCCARTHY BLVD	MILPITAS	CA	00000-0000	000-000-0000
4D	WISCONSIN HEALTH ORGANIZATION	P.O. BOX 12359	MILWAUKEE	WI	53212-0000	800-289-0906
QP	BENEFLEX--HROC INSURANCE	P.O. BOX 24662	MILWAUKEE	WI	53224-0662	000-000-0000
83	FIRST HEALTH	P.O. BOX 26199	MILWAUKEE	WI	53226-0000	800-558-9056
X4	PRIME CARE PLUS	P.O. BOX 26649	MILWAUKEE	WI	53226-0649	800-879-0071
H6	AETNA	P.O. BOX 26989	MILWAUKEE	WI	53226-0000	800-626-9170
UM	BLUE CROSS/BLUE SHIELD-WISCONSIN	P.O. BOX 2909	MILWAUKEE	WI	53201-2909	800-535-7011
S6	FORTIS BENEFITS	P.O. BOX 3195	MILWAUKEE	WI	53201-3195	800-321-2814
PA	INTERBORO MUTUAL INSURANCE CO.	155 MINEOLA BLVD.	MINEOLA	NY	11501-0000	516-248-1100
51	NORTH AMERICAN LIFE AND CASUALTY	1750 HENNEPIN AVE	MINNEAPOLIS	MN	55403-0000	612-347-6500
KU	EVANGELICAL CHURCH OF AMERICA	840 MARQUETTE, SUITE 1050	MINNEAPOLIS	MN	55400-0000	612-333-7651
MU	HEALTHPARTNERS	P.O. BOX 1289	MINNEAPOLIS	MN	55440-1289	612-883-7755
H2	HEALTH RISK MANAGEMENT	P.O. BOX 1479	MINNEAPOLIS	MN	55440-1479	800-422-0055
S9	FEDERATED INSURANCE	P.O. BOX 1527	MINNEAPOLIS	MN	55440-1527	800-533-0472
9S	HEALTH RISK MANAGEMENT	P.O. BOX 213	MINNEAPOLIS	MN	55440-0213	800-380-6218
U3	HEALTH RISK MANAGEMENT	P.O. BOX 226	MINNEAPOLIS	MN	55440-0226	800-642-4456
MY	CORPORATE BENEFIT SVC OF AMERICA	P.O. BOX 27267	MINNEAPOLIS	MN	55427-0267	800-925-2272
BV	AETNA	P.O. BOX 2947-LOOP STATION	MINNEAPOLIS	MN	55402-0000	800-648-4437
UZ	AETNA	P.O. BOX 52117	MINNEAPOLIS	MN	55402-5117	800-443-7486
48	DELTA DENTAL	P.O. BOX 59238	MINNEAPOLIS	MN	55459-0000	800-524-0149
UR	CARGILL INC.	P.O. BOX 9300 C/O BENEFITS	MINNEAPOLIS	MN	55440-0000	612-475-5471
FJ	MYERS-STEVENSON & CO. INC.	26101 MARGUERITE PARKWAY	MISSION VIEJO	CA	92692-3203	800-827-4695
B4	INTERMOUNTAIN HEALTH CARE	P.O. BOX 4867	MISSOULA	MT	59806-0000	800-968-7406
8R	BLUE CROSS/BLUE SHIELD-VERMONT	P.O. BOX 186	MONTPELIER	VT	05601-0000	802-229-4777
KJ	SKAGIT COUNTY MEDICAL BUREAU	1100 S. SECOND ST., PO BOX 699	MOUNT VERNON	WA	98273-0000	360-336-9660
4P	EDUCATOR'S MUTUAL	852 EAST ARROWHEAD LANE	MURRAY	UT	84107-5298	800-662-5851
LN	WESTERN MUTUAL	P.O. BOX 572450	MURRAY	UT	84157-2450	800-748-5340
3H	MCDONALD'S HEALTH PLAN	P.O. BOX 3098	NAPERVILLE	IL	60566-7098	877-621-1955
Q8	HEALTH PLAN SERVICES, INC.	P.O. BOX 2085	NASHUA	NH	03601-2085	800-529-4344
LX	JEFFERSON PILOT INSURANCE	4711 TROUSDALE DR., SUITE 12	NASHVILLE	TN	32220-0000	336-691-4000
FP	NORTH AMERICA ADMINISTRATORS	P.O. BOX 1984	NASHVILLE	TN	37202-0000	800-411-3650
CE	WILLIS CORPORATION	P.O. BOX 290397	NASHVILLE	TN	37229-0000	800-259-8109
G7	CAN HEALTH PARTNERS	P.O. BOX 305065	NASHVILLE	TN	37230-5065	800-892-7182
TL	GUARDIAN LIFE INSURANCE	201 PARK AVE SOUTH	NEW YORK	NY	10003-0000	212-598-8000
R9	GHI MANAGED CARE (M'CARE SUPP.)	441 9TH AVENUE	NEW YORK	NY	10001-1681	800-223-9870
82	METROPOLITAN LIFE INSURANCE CO.	ONE MADISON AVE	NEW YORK	NY	10010-0000	212-578-2211
AJ	BLUE CROSS/BLUE SHIELD	P.O. BOX 3598	NEW YORK	NY	10008-3598	800-433-9592
2H	BLUE CROSS/BLUE SHIELD-EMPIRE	P.O. BOX 4649,GC STA. NORTH	NEW YORK	NY	10163-4649	800-955-3539

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68	OXFORD HEALTH PLAN - MEDICARE GPO	P.O. BOX 26267	NEW YORK	NY	10087-6267	800-666-1353
0T	MUTUAL BENEFIT LIFE	520 BROAD STREET	NEWARK	NJ	07101-0000	201-481-8000
67	BLUE CROSS/BLUE SHIELD-N.JERSEY	P.O. BOX 1184	NEWARK	NJ	07101-1184	201-589-5200
F8	HORIZON BLUE CROSS/BLUE SHIELD	P.O. BOX 1609	NEWARK	NJ	07101-0000	800-355-2583
AS	BENEFICIAL EMP. SECURITY TRUST	P.O. BOX 3100	NEWPORT BEACH	CA	92658-8926	800-854-7417
TF	TRUST FUND/KEVIN TAYLOR	P.O. BOX 7446	NIKISKI	AK	99635-0000	000-000-0000
NH	NATIONAL ASSC. FOR SELF EMPLOYED	P.O. BOX 982009	NO.RICHLAND HILLS	TX	76182-8009	800-527-5504
T5	MEGA LIFE & HEALTH	P.O. BOX 982010	NO.RICHLAND HILLS	TX	76182-8010	888-757-0703
TH	LIBU - HEALTH SERVICES UNIT	P.O. BOX 982012	NO.RICHLAND HILLS	TX	76182-8012	800-347-7082
4C	MID-WEST NATIONAL LIFE INSURANCE	P.O. BOX 982017	NO.RICHLAND HILLS	TX	76182-8017	800-756-3534
XT	BLUE CROSS/BLUE SHIELD-CONNECTIC	P.O. BOX 1010	NORTH HAVEN	CT	06473-4201	800-233-4947
Z4	DELTA DENTAL OF ARKANSAS	P.O. BOX 16450	NORTH LITTLE ROCK	AR	72231-0000	800-462-5410
EW	MEDEX BLUE CROSS BLUE SHIELD OF MA	P.O. BOX 9130	NORTH QUINCY	MA	02171-9130	800-258-2226
9U	KAISER PERMANENTE	P.O. BOX 12923	OAKLAND	CA	94604-2923	800-464-4000
TR	OPERATING ENGINEERS HEALTH	P.O. BOX 23980	OAKLAND	CA	94623-0980	800-251-5013
CS	AMERICAN FIDELITY ASSURANCE CO.	2000 CLASSEN CENTER	OKLAHOMA CITY	OK	73106-0000	800-267-2322
SR	AETNA	P.O. BOX 12244	OKLAHOMA CITY	OK	73157-2244	888-562-8111
4J	HEALTH CHOICE	P.O. BOX 24870	OKLAHOMA CITY	OK	73124-0870	800-782-5218
MR	STANDARD LIFE & ACCIDENT INS.CO.	P.O. BOX 25097	OKLAHOMA CITY	OK	73193-0000	405-232-5281
RV	UNITED AMERICAN INSURANCE CO.	P.O. BOX 26400	OKLAHOMA CITY	OK	73126-0400	800-331-2512
C6	DEPT. OF LABOR & INDUSTRIES	P.O. BOX 9002 / GEN.ADM.BLDG.	OLYMPIA	WA	98504-9002	000-000-0000
45	THE BENEFIT GROUP (TBG)	10675 BEDFORD AVENUE	OMAHA	NE	68134-0000	800-333-8602
7W	PRINCIPAL FINANCIAL GROUP	330 NORTH 117TH STREET	OMAHA	NE	68154-0000	800-331-9443
3S	NEW YORK LIFE	336 FARNAM STREET	OMAHA	NE	68175-0000	800-995-5991
0E	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175-0000	800-877-5176
F4	PHYSICIANS MUTUAL INSURANCE CO.	P.O. BOX 2018	OMAHA	NE	68103-2018	800-228-9100
66	WORLD INSURANCE COMPANY	P.O. BOX 2160	OMAHA	NE	68103-0160	800-786-7557
2P	CONTINENTAL GENERAL INSURANCE	P.O. BOX 247007	OMAHA	NE	68124-7007	800-325-6933
LG	GUARANTEE LIFE INSURANCE COMPANY	P.O. BOX 2640	OMAHA	NE	68103-2640	800-842-3729
BG	BLUE CROSS/BLUE SHIELD-NEBRASKA	P.O. BOX 3248	OMAHA	NE	68180-0001	800-642-8980
28	PHYSICIANS MUTUAL INSURANCE CO.	P.O. BOX 3313	OMAHA	NE	68103-2018	800-228-9100
FN	MUTUAL PROTECTIVE/MEDICO LIFE	P.O. BOX 3477	OMAHA	NE	68103-0000	800-228-6080
T8	MUTUAL OF OMAHA - MEDICARE SUPP.	P.O. BOX 3508	OMAHA	NE	68103-0000	800-995-9163
G9	AETNA	P.O. BOX 1900	ORANGE	CA	92668-0000	800-233-2420
ME	PHA INSURANCE	P.O. BOX 620123	ORLANDO	FL	32862-0000	800-776-6070
N8	BLUE CROSS/BLUE SHIELD-MARYLAND	10455 MILLRUN CIRCLE	OWINGSMILL	MD	21117-0000	800-628-8544
4Q	BLUE CROSS OF CALIF. SENIOR SVCS.	P.O. BOX 9043	OXNARD	CA	93031-9043	800-333-3883
SJ	BLUE CROSS OF CALIFORNIA	P.O. BOX 9061	OXNARD	CA	93031-9061	800-333-0912
6D	BLUE CROSS OF CALIFORNIA	P.O. BOX 9062	OXNARD	CA	93031-9062	800-249-3617
MC	UNICARE LIFE & HEALTH	P.O. BOX 9085	OXNARD	CA	93031-9085	800-822-4542
JC	JOB CORPS	750 COPE INDUSTRIAL WAY	PALMER	AK	99645-0000	907-746-8800
PB	PROVIDENT AMERICAN	P.O. BOX 2988	PARKERSBURG	WV	26102-2988	866-760-1153
W3	UNITED CHAMBERS	P.O. BOX 2998	PARKERSBURG	WV	26102-2998	800-393-8633
PT	PRESIDIUM	P.O. BOX 365	PARSIPPANY	NJ	07054-0000	800-354-4225
47	CALIFORNIA IRONWORKERS	131 N. ELMOLINO AVE. SUITE 330	PASADENA	CA	91101-0000	800-527-4613
XC	OPERATING ENGINEERS HEALTH	P.O. BOX 7067	PASADENA	CA	91109-0000	818-356-1004

Carrier Codes

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
VP	KAISER PERMANENTE	P.O. BOX 7102	PASADENA	CA	91109-0000	800-464-4000
GN	MAKSIN MANAGEMENT CORP.	KEVON CTR. #160-2500 MCLELLAN AVE.	PENNSAUKEN	NJ	08109-0000	800-257-6250
Y8	AETNA	P.O. BOX 1725	PEORIA	IL	61601-1725	800-541-6864
KK	COLONIAL PENN INSURANCE CO.	19TH & MARKET STREETS	PHILADELPHIA	PA	19181-0000	215-928-8000
Q5	PRESBYTERIAN CHURCH BEN. PLAN	2000 MARKET ST. 4TH FLOOR	PHILADELPHIA	PA	19103-3231	800-773-7752
X3	UNITED HEALTH INSURANCE CO.	P.O. BOX 13920	PHILADELPHIA	PA	19101-3920	800-809-0453
DV	AMERIHEALTH PERSONAL CHOICE	P.O. BOX 41574	PHILADELPHIA	PA	19101-0000	800-422-2457
9P	METRA HEALTH	P.O. BOX 41738	PHILADELPHIA	PA	19101-0000	215-218-3200
ZE	WASHINGTON NAT'L INSURANCE CO.	2600 NORTH CENTRAL AVE,SUITE 400	PHOENIX	AZ	85004-0000	800-228-2710
8V	OXFORD LIFE	2721 N. CENTRAL AVENUE	PHOENIX	AZ	85004-1172	602-263-6666
W6	ADMINISTRATIVE ENTERPRISES, INC.	3404 W. CHERYL DR., SUITE 281	PHOENIX	AZ	85051-0000	602-789-1101
MA	USA HEALTH & WELFARE NETWORK	P.O. BOX 10170; DEPT. 169	PHOENIX	AZ	85064-0000	800-322-4306
3W	BLUE CROSS/BLUE SHIELD-ARIZONA	P.O. BOX 13466/2444 W.LASPALMARIT	PHOENIX	AZ	85002-0000	602-864-4100
H5	ALCOA	P.O. BOX 2509	PHOENIX	AZ	85062-2909	888-252-6212
C8	MOTOROLA	P.O. BOX 29005	PHOENIX	AZ	85038-9005	800-421-3973
39	UNITED HEALTH CARE - TPA	P.O. BOX 29050	PHOENIX	AZ	85038-0000	800-247-1740
BP	ARIZONA COMP. MEDICAL & DENTAL PGM	P.O. BOX 29202	PHOENIX	AZ	85038-9202	602-351-2245
Z8	CORESOURCE	P.O. BOX 32289	PHOENIX	AZ	85064-2289	800-272-5455
9F	PACIFIC LIFE & ANNUITY	P.O. BOX 33699	PHOENIX	AZ	85067-3699	800-729-8545
N4	INSURERS ADMINISTRATIVE PLAN	P.O. BOX 39119	PHOENIX	AZ	85069-9119	800-225-2061
L6	TPA	P.O. BOX 52100 (TPA)	PHOENIX	AZ	85702-0000	602-866-1066
FS	PHARMACEUTICAL CARD SVC. (PCS)	P.O. BOX 52116	PHOENIX	AZ	85072-2116	800-405-6432
DT	EXPRESS SCRIPTS	P.O. BOX 52161	PHOENIX	AZ	85072-2161	602-225-0005
DH	ELDORADO CLAIMS SERVICES, INC.	P.O. BOX 55237	PHOENIX	AZ	85078-5237	800-539-2695
GD	STAR ADMINISTRATIVE SERVICES	P.O. BOX 55270	PHOENIX	AZ	85078-5270	800-308-5948
7R	SEAFARERS WEL. PLAN	P.O. BOX 380	PINEY POINT	MD	20674-0000	800-252-4674
UN	ANTHEM HEALTH & LIFE	P.O. BOX 1370	PISCATAWAY	NJ	08855-0000	888-926-8436
CL	BLUE CROSS OF WESTERN PENN.	5TH AVENUE PLACE	PITTSBURGH	PA	15222-3099	800-235-4999
7B	BABB INC.	850 RIDGE AVENUE	PITTSBURGH	PA	15212-6095	800-245-6102
RW	BLUE CROSS/BLUE SHIELD - PENN.	P.O. BOX 1210	PITTSBURGH	PA	15230-1210	800-424-1754
M2	EQUICOR/ CIGNA	P.O. BOX 2300	PITTSBURGH	PA	15230-0000	800-441-6585
DF	BLUE CROSS/BLUE SHIELD	P.O. BOX 3355	PITTSBURGH	PA	15230-3355	800-346-1593
79	CIGNA (DENTAL PLAN)	P.O. BOX 777	PITTSBURGH	PA	15230-0777	412-562-4997
YM	CIGNA	P.O. BOX 8014	PLAINVILLE	CT	06062-0000	800-722-0445
FB	UNITED HEALTH CARE	1600 W. PLANO PKWY, SUITE 100	PLANO	TX	75075-8639	800-842-0176
RD	J.C. PENNEY	2700 W. PLANO PARKWAY	PLANO	TX	75075-8200	800-692-5246
32	UNICARE	3820 AMERICAN DRIVE	PLANO	TX	75075-0000	800-333-3304
FE	CUNA MUTUAL INSURANCE SOCIETY	P.O. BOX 2063 / 2350 S. GARVEY	POMONA	CA	91766-0000	800-548-9390
CP	IBU NAT'L HEALTH BENEFIT TRUST	1220 S.W. MORRISON STE 300	PORTLAND	OR	97205-2222	800-547-4457
5J	ATPA	1350 S.W. 12TH	PORTLAND	OR	97201-0000	800-654-4411
ZW	NELSON TRUST	2929 N.W. 31ST	PORTLAND	OR	97210-0000	503-222-9603
3G	KAISER PERMANENTE	3600 NORTH INTERSTATE	PORTLAND	OR	97227-0000	503-240-6205
B6	OREGON LIFE & HEALTH INSURANCE	400 S.W. SIXTH STREET	PORTLAND	OR	97204-0000	503-221-1687
B9	ADVANCED BENEFITS	6420 S.W. MACADAM, #380	PORTLAND	OR	97201-0000	800-443-6531
X8	MASONRY WELFARE TRUST	9848 E. BURNSIDE	PORTLAND	OR	97216-0000	800-591-8326
9H	PACIFIC HERITAGE ADMINISTRATORS	P.O. BOX 1020	PORTLAND	OR	97207-0000	800-367-3721

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
BT	REGENCE LIFE & HEALTH	P.O. BOX 1071	PORTLAND	OR	97207-3324	800-909-6069
X0	AETNA	P.O. BOX 112	PORTLAND	OR	97207-0000	800-421-7732
6Q	BLUE CROSS/BLUE SHIELD-OREGON	P.O. BOX 1271	PORTLAND	OR	97207-0000	800-231-9027
7F	NMTA MEDICAL TRUST	P.O. BOX 1400	PORTLAND	OR	97207-1400	800-824-9789
RS	RETAIL CLERKS - ZENITH ADM.	P.O. BOX 1420	PORTLAND	OR	97207-1420	800-447-8771
BL	KIPP & COMPANY	P.O. BOX 25775	PORTLAND	OR	97225-0000	800-824-9789
AV	AETNA	P.O. BOX 300	PORTLAND	OR	97207-0000	800-421-7732
EJ	PROVIDENCE HEALTH PLAN	P.O. BOX 3125	PORTLAND	OR	97208-0000	800-878-4445
BD	OREGON TEAMSTERS EMPLOYERS TRUS	P.O. BOX 3470	PORTLAND	OR	97208-0000	800-452-8812
95	OOS HEALTH PLANS	P.O. BOX 40384	PORTLAND	OR	97240-0000	800-852-5195
P4	WILLIAM C. EARHART INSURANCE CO.	P.O. BOX 4148	PORTLAND	OR	97208-0000	503-282-5581
SU	OPERATING ENGINEERS - LOCAL 701	P.O. BOX 4668	PORTLAND	OR	97208-0000	800-888-0346
CX	ASSOCIATED ADMINISTRATORS	P.O. BOX 5096	PORTLAND	OR	97208-0000	800-770-6672
ZP	LIBERTY NORTHWEST INC.	P.O. BOX 5117	PORTLAND	OR	97208-0000	800-935-5436
RE	OREGON BAKER'S TRUST	P.O. BOX 5183	PORTLAND	OR	97208-0000	800-994-8884
LV	PROVIDENCE HEALTH PLAN OF OREGON	P.O. BOX 5548	PORTLAND	OR	97228-5548	800-603-2340
Z5	OREGON WYOMING IDAHO LABORERS	P.O. BOX 6711	PORTLAND	OR	97228-6711	800-888-9603
BW	REGENCE BLUE CROSS/BLUE SHIELD	P.O. BOX 900	PORTLAND	OR	97207-0900	800-452-7390
DC	CIGNA (WORKER'S COMP CLAIMS ONLY)	P.O. BOX 911	PORTLAND	OR	97207-0000	800-992-7578
J3	AETNA	P.O. BOX 9301	PORTLAND	OR	97207-0000	800-222-3862
SV	LSMD	P.O. BOX 1288	PRINEVILLE	OR	97754-0000	541-447-4136
AY	BENESIGHT	P.O. BOX 300	PUEBLO	CO	81002-0000	800-543-9073
DA	NAT'L TARGET GROUP ADMIN.	P.O. BOX 3400	PUEBLO	CO	81005-0000	719-564-1600
4W	BENESIGHT	P.O. BOX 375	PUEBLO	CO	81002-0000	800-223-5228
62	QUALMED PLANS FOR HEALTH	P.O. BOX 640	PUEBLO	CO	81002-0640	888-802-7001
5B	PACIFIC SERVICE EMPLOYEES BENEFIT	P.O. BOX 1210	RANCHO CORDOVA	CA	95741-0000	800-999-3643
H4	BLUE CROSS OF CALIFORNIA	P.O. BOX 2230	RANCHO CORDOVA	CA	95741-2230	800-279-6129
P9	CAPITOL ADMINISTRATOR	P.O. BOX 2318	RANCHO CORDOVA	CA	95741-0000	800-331-5301
LQ	BLUE CROSS/BLUE SHIELD	P.O. BOX 3190	RANCHO CORDOVA	CA	95741-0000	800-934-2961
RM	FIRST AMERICAN ADMINISTRATORS	P.O. BOX 8150	RAPID CITY	SD	57709-0000	800-658-3073
YC	AETNA	P.O. BOX 1738	READING	PA	19603-0000	800-641-6444
TJ	SIERRA PACIFIC INDUSTRIES	P.O. BOX 496011	REDDING	CA	96049-0000	503-378-8200
LH	GROUP HEALTH MANAGERS, INC.	26205 FIVE MILE ROAD	REDFORD	MI	48239-3199	800-992-2508
JU	SHASTA ADMINISTRATOR SERVICES	P.O. BOX 1747	REDMOND	OR	97756-0000	800-441-4518
2J	BLUE CROSS/BLUE SHIELD-NEVADA	P.O. BOX 10330	RENO	NV	89520-0000	702-829-4000
7U	HOMETOWN HEALTH	P.O. BOX 12670	RENO	NV	89510-0000	800-336-0123
DK	UNICARE	P.O. BOX 833878	RICHARDSON	TX	75083-0000	800-689-2690
PV	BLUE CROSS/BLUE SHIELD-VIRGINIA	P.O. BOX 27401	RICHMOND	VA	23279-0000	804-358-1551
V7	INTERNAT'L.LONGSHOREMEN/LCL1964	158 BERGAN TURNPIKE	RIDGEFIELD	NJ	07660-0000	201-440-6523
CA	HEALTH AND WELFARE BENEFIT SERVICE	P.O. BOX 13647	ROANOKE	VA	24036-3647	540-977-3647
JX	BLUE CROSS/BLUE SHIELD-NEW YORK	150 E. MAIN STREET/GATEWAY CNTR	ROCHESTER	NY	14647-0000	800-828-6560
M7	BLUE CROSS/BLUE SHIELD-ROCHESTER	165 COURT STREET	ROCHESTER	NY	14647-0000	800-552-0053
R5	JOHN DEERE DEALER GROUP TRUST	P.O. BOX 2100	ROCK ISLAND	IL	61204-2100	309-765-5550
27	PIONEER LIFE INS.CO. OF ILLINOIS	P.O. BOX 100	ROCKFORD	IL	61105-0100	800-759-7007
VE	PIONEER INSURANCE CO.	P.O. BOX 1250	ROCKFORD	IL	61105-1250	800-659-7374
HS	ALLIANZ HEALTH PLAN ADMINISTRATORS	P.O. BOX 15250	ROCKFORD	IL	61132-0000	815-633-5800

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
5H	AETNA	P.O. BOX 7028	ROCKFORD	IL	60461-0000	000-000-0000
DW	THE TPA	P.O. BOX 7045	ROCKFORD	IL	61125-0000	800-842-6036
FQ	SAI PLUS	1500 SHADY GROVE ROAD, SUITE 204	ROCKVILLE	MD	20850-0000	800-276-6830
X5	WALMART GROUP HEALTH PLAN	922 W. WALNUT, SUITE A	ROGERS	AR	72756-3206	800-421-1362
XX	NORTHROP CORPORATION	600 HICKS ROAD	ROLLING MEADOWS	IL	60008-0000	708-259-9600
G2	ALLSTATE INSURANCE CO.	P.O. BOX 5093	ROLLING MEADOWS	IL	60008-0000	000-000-0000
CT	STATE FARM INSURANCE	301 M-33	ROSE CITY	MI	48654-0000	000-000-0000
FV	NESIKA HEALTH GROUP	2371 N.E. STEPHENS, SUITE 400	ROSEBURG	OR	97470-0000	800-284-9917
U9	UARCO	P.O. BOX 1640	ROSEBURG	OR	97470-0000	503-679-6701
ZZ	MIDAMERICA/MUTUAL LIFE INS. CO.	1801 W. COUNTRY ROAD B	ROSEVILLE	MN	55113-0000	612-631-1075
V8	SHENANDOAH LIFE INSURANCE	P.O. BOX 769889	ROSWELL	GA	30076-8231	800-342-5209
JL	CALFARM INSURANCE	P.O. BOX 15016	SACRAMENTO	CA	95851-0000	877-234-2727
HL	DELTA DENTAL	P.O. BOX 269023	SACRAMENTO	CA	95826-9023	916-381-9368
PL	CORESOURCE	P.O. BOX 7090	SACRAMENTO	CA	95826-0000	800-827-7171
W5	ACCORDIA (VISION)	P.O. BOX 873	SACRAMENTO	CA	95812-0000	800-888-1801
3Q	CALPERS HEALTH BENEFIT SVC. DIV.	P.O. BOX 942714	SACRAMENTO	CA	94229-2714	916-326-3604
D3	VISION SERVICE PLAN	P.O. BOX 997100	SACRAMENTO	CA	95899-7100	800-622-7444
A2	STATE FARM INSURANCE	4600 25TH AVE., N.E.	SALEM	OR	97313-0000	503-463-3000
TC	PUBLIC EMPLOYEE HEALTH - CLAIMS	560 EAST 200 SOUTH	SALT LAKE CITY	UT	84102-2004	800-765-7347
34	INTERMOUNTAIN HEALTH CARE	P.O. BOX 11670	SALT LAKE CITY	UT	84147-0000	800-538-5038
NR	EQUITABLE LIFE INS./EQUICOR	P.O. BOX 2460	SALT LAKE CITY	UT	84110-2460	801-521-2500
SQ	VALUECARE	P.O. BOX 25956	SALT LAKE CITY	UT	84125-0956	801-481-6179
V6	FIRST FINANCIAL MANAGEMENT CORP.	P.O. BOX 26906	SALT LAKE CITY	UT	84126-6906	800-453-2273
K5	WASATCH CREST MUTUAL INSURANCE	P.O. BOX 27008	SALT LAKE CITY	UT	84127-0008	888-227-3310
W4	FIRST HEALTH	P.O. BOX 30092	SALT LAKE CITY	UT	84130-0092	800-337-7356
KH	IHC HEALTH PLANS	P.O. BOX 30192	SALT LAKE CITY	UT	84130-0192	800-538-5038
ZG	COMPUSYS	P.O. BOX 30261	SALT LAKE CITY	UT	84130-0261	801-322-1077
HW	BLUE CROSS/BLUE SHIELD-UTAH	P.O. BOX 30270	SALT LAKE CITY	UT	84130-0270	800-662-3398
QN	UNITED HEALTH CARE	P.O. BOX 30551	SALT LAKE CITY	UT	84130-0551	800-638-9599
8K	UNITED HEALTH CARE	P.O. BOX 30555	SALT LAKE CITY	UT	84130-0555	877-523-8377
SH	UNITED HEALTH CARE	P.O. BOX 30985	SALT LAKE CITY	UT	84130-0000	800-842-5252
CF	TRAVELERS INSURANCE	P.O. BOX 30998	SALT LAKE CITY	UT	84130-0998	800-842-8000
BY	GEM STATE MUTUAL OF UTAH	P.O. BOX 449	SALT LAKE CITY	UT	84110-0000	801-521-0099
M3	DESERET MUTUAL	P.O. BOX 45530/ 10 S. MAIN STREET	SALT LAKE CITY	UT	84145-0000	800-777-3622
FC	MOLINA ADVANTAGE CLAIMS	P.O. BOX 522400	SALT LAKE CITY	UT	84152-2400	877-603-7722
DN	MBA-MERRILL BOSTROM ASSOC.	P.O. BOX 651109	SALT LAKE CITY	UT	84165-1109	801-268-3334
ED	P5 ELECTRONIC HEALTH SERVICES	P.O. BOX 9554	SALT LAKE CITY	UT	84109-0554	888-478-7349
FA	TESORO PETROLEUM CORPORATION	300 CONCORD PLAZA	SAN ANTONIO	TX	78216-0000	210-828-8484
4B	TOWER LIFE INSURANCE	310 S. ST. MARY'S STREET	SAN ANTONIO	TX	78205-3164	888-830-3842
S5	FEDERAL EMPLOYEE CONTRACT FUND	445 RECOLETA, SUITE 100	SAN ANTONIO	TX	78216-0000	800-899-9355
1V	USAA ANNUITY AND LIFE INSURANCE	9800 FREDRICKSBURG RD	SAN ANTONIO	TX	78288-0000	210-498-8000
93	GALLAGHER-BASSETT SERVICES	P.O. BOX 34297	SAN ANTONIO	TX	78265-0000	210-828-2683
3K	HUMANA REGIONAL SERVICE CENTER	P.O. BOX 400040	SAN ANTONIO	TX	78229-1940	000-000-0000
F6	PACIFICARE	P.O. BOX 400092	SAN ANTONIO	TX	78229-0000	800-825-9355
LM	UNITED HEALTH CARE	P.O. BOX 659761	SAN ANTONIO	TX	78265-0000	800-724-1300
CJ	BENEFIT PLANNERS	P.O. BOX 690450	SAN ANTONIO	TX	78269-0450	866-868-7410

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
4U	HEALTHSMART PREFERRED	P.O. BOX 780159	SAN ANTONIO	TX	78278-0000	210-348-7300
XD	AETNA	P.O. BOX 795083	SAN ANTONIO	TX	78279-0000	888-778-6157
84	AETNA	P.O. BOX 50030	SAN BERNADINO	CA	92412-0000	800-347-4343
CC	AETNA	P.O. BOX 129010	SAN DIEGO	CA	92112-9010	800-814-3543
9Z	AETNA	P.O. BOX 129104	SAN DIEGO	CA	92112-9104	800-404-2386
8Y	AETNA	P.O. BOX 129106	SAN DIEGO	CA	92112-9106	800-404-2386
F3	AETNA	P.O. BOX 129122	SAN DIEGO	CA	92112-9122	800-237-3341
8U	AETNA	P.O. BOX 129219	SAN DIEGO	CA	92112-9219	800-654-0826
K8	CIGNA	P.O. BOX 85455	SAN DIEGO	CA	92186-5455	800-544-6872
WD	PRUDENTIAL INSURANCE	P.O. BOX 85479	SAN DIEGO	CA	92186-5479	000-000-0000
M6	ANTHEM HEALTH AND LIFE	1188 FRANKLIN ST. #102	SAN FRANCISCO	CA	94109-0000	415-928-4475
SZ	GREAT WEST LIFE ASSURANCE CO.	455 MARKET STREET, SUITE 2070	SAN FRANCISCO	CA	94105-0000	800-821-6210
6P	NORTHERN CALIFORNIA PIPE TRADES	642 HARRISON STREET	SAN FRANCISCO	AK	94107-0000	415-777-1770
ZL	ZENITH ADMINISTRATORS	P.O. BOX 422279	SAN FRANCISCO	CA	94142-0000	800-388-0508
7X	METROPOLITAN LIFE INSURANCE CO.	P.O. BOX 7202 (CHEVRON)	SAN FRANCISCO	CA	94120-7202	000-000-0000
E5	PACIFIC ATLANTIC ADM./RETA TRUST	P.O. BOX 7407	SAN FRANCISCO	CA	94120-0000	800-877-7474
CZ	GREAT WEST LIFE ASSURANCE CO.	P.O. BOX 1120	SAN JOSE	CA	95108-1120	800-685-1050
VC	PGNE (PRUCARE PLUS OF CALIF.)	P.O. BOX 5827	SAN MATEO	CA	94402-0000	800-998-3242
DQ	PRUDENTIAL INSURANCE	P.O. BOX 7590	SAN MATEO	CA	94403-0000	800-443-2882
PX	FIRST HEALTH	P.O. BOX 35045	SANTA ANA	CA	92705-0000	800-562-1126
W8	PRUDENTIAL INSURANCE	P.O. BOX C-11928	SANTA ANA	CA	92711-0000	800-433-3150
B8	ITPE HEALTH AND WELFARE FUND	P.O. BOX 13817	SAVANNAH	GA	31416-0000	912-352-7169
D9	UNICARE	P.O. BOX 4069	SCHAUMBERG	IL	60168-4069	800-232-0114
3P	MYR GROUP	1880 N. ROSELLE, SUITE 203	SCHAUMBURG	IL	60195-0000	800-323-1683
XN	HEALTH CARE COMPARE ADMIN.	4141 N. SCOTTSDALE ROAD	SCOTTSDALE	AZ	85251-0000	800-581-5680
YW	STATE FARM INSURANCE	P.O. BOX 9802	SCOTTSDALE	AZ	85252-9802	877-213-0756
SF	CIGNA	P.O. BOX 5200	SCRANTON	PA	18505-5200	800-244-6224
L3	MONUMENTAL INSURANCE COMPANY	P.O. BOX 97	SCRANTON	PA	18504-0000	800-752-9797
7Z	ROSEMURGY AND CO INC.	200 W. MERCER ST., #E500	SEATTLE	WA	98119-3958	000-000-0000
PH	ADMINISTRATORS WEST	320 N.E. 97TH STREET, SUITE B	SEATTLE	WA	98115-2042	800-321-2814
4M	PACIFIC HEALTH PLANS	600 UNIVERSITY ST. #700	SEATTLE	WA	98101-0000	206-939-3604
5V	*** TO BE DELETED - PLEASE USE '8Y' ***	MERGED WITH '8Y'	SEATTLE	***	***	***
AG	VIRGINIA MASON GROUP ALLIANCE	P.O. BOX 1207	SEATTLE	WA	98111-1207	800-442-4037
57	FIRST CHOICE HEALTH PLAN	P.O. BOX 12659	SEATTLE	WA	98111-0000	800-783-7312
6H	REGENCE BLUE SHIELD-KING COUNTY	P.O. BOX 1789	SEATTLE	WA	98111-1789	800-922-2687
3V	CARPENTER'S TRUST OF WESTERN WA.	P.O. BOX 1929	SEATTLE	WA	98111-0000	800-552-0635
8F	REGENCE BLUE SHIELD	P.O. BOX 21065	SEATTLE	WA	98111-3065	800-422-7713
YD	HEALTH PLUS	P.O. BOX 2113	SEATTLE	WA	98111-2113	800-527-6675
XR	REGENCE WASHINGTON HEALTH	P.O. BOX 21267	SEATTLE	WA	98111-3267	800-458-3523
3U	BLUE CROSS, COB	P.O. BOX 21769	SEATTLE	WA	98111-0000	000-000-0000
BZ	SGA HEALTHCARE	P.O. BOX 2246	SEATTLE	WA	98111-2246	877-511-9676
HV	FIRST CHOICE HEALTH	P.O. BOX 2289	SEATTLE	WA	98111-2289	800-331-6158
6N	BLUE CROSS, FEDERAL	P.O. BOX 33932	SEATTLE	WA	98133-3932	800-562-1011
RT	ALASKA WELFARE TRUST	P.O. BOX 34203	SEATTLE	WA	98124-0000	800-732-1121
4S	NORTHWEST IRONWORKER'S TRUST	P.O. BOX 34464	SEATTLE	WA	98124-1464	800-331-6158
5K	ALASKA LABORERS TRUST	P.O. BOX 34567	SEATTLE	WA	98124-1567	800-331-6158

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ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
G4	GROUP HEALTH COOP/PUGET SOUND	P.O. BOX 34585	SEATTLE	WA	98124-1585	888-901-4636
8N	WELFARE AND PENSION	P.O. BOX 34684	SEATTLE	WA	98124-0000	800-331-6158
2E	WELFARE AND PENSION	P.O. BOX 34840	SEATTLE	WA	98124-0000	800-331-6158
XL	AETNA	P.O. BOX 34845 K-MART W/C	SEATTLE	WA	98124-0000	800-446-7969
G8	UNIFORM MEDICAL PLAN	P.O. BOX 34850	SEATTLE	WA	98124-1850	800-762-6004
HQ	HARRINGTON BENEFIT SERVICES, INC.	P.O. BOX 34866	SEATTLE	WA	98124-1886	800-250-1879
JD	WASHINGTON DENTAL SERVICES	P.O. BOX 75983, NORTHGATE STATION	SEATTLE	WA	98125-0000	206-522-3344
7P	BLUE CROSS/BLUE SHIELD	P.O. BOX 91000	SEATTLE	WA	98111-9100	800-535-9825
GZ	NORTHWEST LABORERS	P.O. BOX 91002	SEATTLE	WA	98111-9102	800-542-1650
HJ	NORTHSTAR ADMINISTRATORS	P.O. BOX 91010	SEATTLE	WA	98111-0000	800-338-7971
M5	ZENITH (UNITED) ADMINISTRATORS	P.O. BOX 91014	SEATTLE	WA	98111-9114	800-426-5980
WS	AETNA	P.O. BOX 91023	SEATTLE	WA	98111-9123	800-654-6506
S2	AETNA - ALASKA STATE - SU MEMBERS	P.O. BOX 91028	SEATTLE	WA	998111-0000	888-252-2734
TK	AETNA - RETIRED AK. STATE EMPLOYEE	P.O. BOX 91028	SEATTLE	WA	98111-9848	888-252-2732
E8	AETNA	P.O. BOX 91032	SEATTLE	WA	98109-0000	800-547-1470
SM	REGENCE BLUE SHIELD	P.O. BOX 91037	SEATTLE	WA	98111-9137	800-929-0897
XP	REGENCECARE	P.O. BOX 91057	SEATTLE	WA	98111-9157	800-222-6129
6M	BLUE CROSS OF WA. & AK.	P.O. BOX 91080	SEATTLE	WA	98111-0000	800-345-6784
KL	BLUE CROSS BLUE CARD (OUT OF STATE)	P.O. BOX 91080 (formerly P.O. Box 327)	SEATTLE	WA	98111-0000	800-676-2583
JS	BENEFIT PLANNERS	P.O. BOX 91110	SEATTLE	WA	98111-0000	800-426-3211
TU	PREMERA LIFEWISE	P.O. BOX 91133	SEATTLE	WA	98111-0000	888-836-6135
2T	CORESOURCE	4210 SHAWNEE MISSION PKWY.	SHAWNEE MISSION	KS	66204-0000	800-545-1769
WT	HARTFORD INSURANCE COMPANY	P.O. BOX 29164	SHAWNEE MISSION	KS	66201-0000	000-000-0000
M4	PRAIRIE STATES GROUP INSURANCE	P.O. BOX 23	SHEBOYGAN	WI	53082-0023	800-615-7020
D1	CIGNA	P.O. BOX 2546	SHERMAN	TX	75091-2546	800-525-5803
6V	CIGNA	P.O. BOX 9012	SHERMAN	TX	75091-0000	800-525-5803
F9	CIGNA	P.O. BOX 9013	SHERMAN	TX	75091-0000	800-525-5803
3L	HEALTH PLUS OF LOUISIANA	P.O. BOX 32625	SHREVEPORT	LA	71130-2625	318-221-9962
6F	APWU HEALTH PLAN/AMER.POSTAL WKR	P.O. BOX 967	SILVER SPRINGS	MD	20910-0000	800-222-2798
92	BLUE CROSS OF SOUTH DAKOTA	1601 S. MADISON	SIoux FALLS	SD	57055-0000	605-336-1976
58	ALTIUS HEALTH PLANS	10421 SOUTH JORDAN GATEWAY #400	SOUTH JORDAN	UT	84095-0000	800-377-4161
L4	BLUE CROSS/BLUE SHIELD-MAINE	2 GANNET DRIVE	SOUTH PORTLAND	ME	04106-0000	207-822-7272
EY	PAINTER'S TRUST ADMINISTRATION	104 S. FREYA, SUITE 220	SPOKANE	WA	99202-0000	800-566-4455
N7	MARSH ADVANTAGE AMERICA	601 WEST MAIN, SUITE 315	SPOKANE	WA	99201-0000	866-583-7541
HN	GUARDIAN LIFE INSURANCE	P.O. BOX 2450	SPOKANE	WA	99210-2450	800-695-4542
LT	GUARDIAN LIFE INSURANCE	P.O. BOX 2459	SPOKANE	WA	99210-2459	800-541-7846
5M	GUARDIAN LIFE INSURANCE	P.O. BOX 2467	SPOKANE	WA	99210-2467	800-695-4542
JE	ANTHEM BC/BS - KROGER UNIT	P.O. BOX 3048	SPOKANE	WA	99220-3048	800-713-5373
KG	MEDICAL SERVICES CORPORATION	P.O. BOX 3048, E. 3900 SPRAGE	SPOKANE	WA	99220-3048	800-835-3510
BM	MSC PREMIER BLUE CROSS	P.O. BOX 3060	SPOKANE	WA	99220-0000	800-345-6784
SG	NORTHWEST SHEETMETAL WORKERS	P.O. BOX 5433	SPOKANE	WA	99205-0433	800-872-8979
9Q	ALASKA PIPE TRADES HEALTH & SECURI	P.O. BOX 5434	SPOKANE	WA	99205-0434	800-716-0300
QX	ASEA LOCAL 52 - ALASKA STATE EMP.	P.O. BOX 5434	SPOKANE	WA	99205-0434	866-715-2273
V3	SOUTHERN ALASKA CARPENTERS	P.O. BOX 5434	SPOKANE	WA	99205-0434	800-716-0300
ZU	MASSACHUSETTS MUTUAL	1295 STATE STREET	SPRINGFIELD	MA	01111-0000	413-788-8411
RH	MCKENZIE HEALTH CARE	1460 G STREET	SPRINGFIELD	OR	97477-0000	541-744-8575

Carrier Codes

Sorted by: CODE

Latest update: JUNE 3, 2002 (please disregard prior lists)

ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
FX	NORTHERN GROUP SERVICES	P.O. BOX 7676	ST. CLAIRE SHORE	MI	48080-0000	800-521-1555
5N	NAT'L STATES INSURANCE	1830 CRAIG PARK CT	ST. LOUIS	MO	63146-0000	314-878-0101
6X	KVI - SEABURY & SMITH, INC.	P.O. BOX 1086	ST. LOUIS	MO	63188-1086	800-323-7384
4Z	KVI - SEABURY & SMITH, INC.	P.O. BOX 1486	ST. LOUIS	MO	63188-1486	800-380-0104
B5	BLUE CROSS/BLUE SHIELD-MISSOURI	P.O. BOX 14882	ST. LOUIS	MO	63178-0000	800-392-8043
MG	CONSTRUCTION INDUSTRY LABORER'S	P.O. BOX 411640	ST. LOUIS	MO	63141-1640	800-624-2356
UX	METROPOLITAN LIFE INSURANCE CO.	P.O. BOX 8895	ST. LOUIS	MO	63102-0000	000-000-0000
GA	SEABURY & SMITH	P.O. BOX 9007	ST. LOUIS	MO	63101-0000	314-982-8400
5W	CIGNA HEALTHCARE	P.O. BOX 24143	ST. PAUL	MN	55164-0143	800-292-9902
8P	FORTIS	P.O. BOX 64271	ST. PAUL	MN	55164-0000	800-444-6254
VL	BLUE CROSS/BLUE SHIELD-MINN.	P.O. BOX 64338	ST. PAUL	MN	55164-0000	800-382-2000
RU	UFCW HEALTH FUND MEDICAL CLAIMS	2575 GRAND CANAL BLVD, #200	STOCKTON	CA	95207-0000	800-821-1222
FR	PRUDENTIAL INSURANCE	P.O. BOX 207006	STOCKTON	CA	95267-9506	800-727-9092
UE	BLUE CROSS OF CALIFORNIA	P.O. BOX 1999	STUDIO CITY	CA	91614-0000	800-888-4825
M	CHAMPUS/TRICARE	P.O. BOX 870024	SURFSIDE BEACH	SC	29587-8724	800-930-2929
3C	AETNA	P.O. BOX 4951	SYRACUSE	NY	13221-0000	000-000-0000
WC	GROUP HEALTH, INC.	P.O. BOX 4959	SYRACUSE	NY	13221-4959	607-724-6520
X2	TRUSTEED PLANS SERVICE CORP.	P.O. BOX 1894	TACOMA	WA	98401-1894	800-426-9786
E3	PIERCE COUNTY MED. BLUE SHIELD	P.O. BOX 2915	TACOMA	WA	98401-0000	206-597-6500
QM	CAPITOL HEALTH PLAN	P.O. BOX 15349	TALLAHASSEE	FL	32317-0000	800-390-1434
54	UNITED HEALTH CARE	P.O. BOX 30015	TAMPA	FL	33630-0000	800-334-4515
2Y	CELTIC HEALTH PLAN SERVICES	P.O. BOX 30102	TAMPA	FL	33630-0000	800-433-8030
MZ	AETNA	P.O. BOX 30258	TAMPA	FL	33630-3258	813-775-0190
PD	AETNA	P.O. BOX 30588	TAMPA	FL	33630-3588	800-562-7822
NJ	AETNA	P.O. BOX 31450	TAMPA	FL	33631-3450	800-841-4967
EV	THE PROVIDENT	P.O. BOX 31499	TAMPA	FL	33631-3149	800-519-9175
72	AETNA	P.O. BOX 1214	TEWKSBURY	MA	01876-0000	800-835-9933
9B	N. AK. CARPENTERS TRUST-ZENITH ADM	9600 S.W. OAK, # 380	TIGARD	OR	97223-6586	800-547-5900
AK	MEDICAL MUTUAL	3737 SYLVANIA AVENUE	TOLEDO	OH	43623-0000	800-362-1279
WH	BLUE CROSS/BLUE SHIELD-KANSAS	1135 S.W. TOPEKA BOULEVARD	TOPEKA	KS	66629-0000	800-432-3990
2U	COMBINED INSURANCE-GROUP DENTAL	4860 STREET ROAD	TREVOSE	PA	19049-0000	800-621-5122
YR	CORESTAR	7830 E. BROADWAY BLVD.	TUCSON	AZ	85710-3967	800-888-7202
KQ	FIRST HEALTH	P.O. BOX 11220	TUCSON	AZ	85374-0000	800-346-6285
P2	FIRST HEALTH	P.O. BOX 11490	TUCSON	AZ	85734-0000	800-627-6396
E2	FIRST HEALTH	P.O. BOX 11760	TUCSON	AZ	85734-0000	800-486-9451
S4	INTERGROUP-SENIOR CARE	P.O. BOX 17810	TUCSON	AZ	87531-0000	800-388-3909
NS	HEALTHNET	P.O. BOX 18050	TUCSON	AZ	85731-0000	800-289-2818
7D	FIRST HEALTH	P.O. BOX 22830	TUCSON	AZ	85734-0000	800-546-3589
EA	FIRST HEALTH	P.O. BOX 23070	TUCSON	AZ	85734-3070	000-000-0000
JB	PLUMBER & PIPE TRADES LOCAL 430	2908 N. HARVARD AVENUE	TULSA	OK	74115-0000	918-836-0430
HF	CONSOLIDATED BENEFITS RESOURCES	907 S.E. DETROIT AVE., SUITE 1320	TULSA	OK	74120-0000	918-594-5170
XW	MAPCO	P.O. BOX 21628	TULSA	OK	74121-1628	918-592-7245
UP	PARKER DRILLING MEMBER SVCS.	P.O. BOX 3028	TULSA	OK	74102-0000	918-586-7700
K1	BLUE CROSS/BLUE SHIELD-OKLAHOMA	P.O. BOX 3283	TULSA	OK	74119-0000	800-942-5837
9M	ZENITH ADMINISTRATORS	9600 S.W. OAK, SUITE 380	TYGARD	OR	97223-0000	800-654-5400
NA	AETNA	P.O. BOX 2520	TYLER	TX	75710-0000	903-534-6100

Latest update: JUNE 3, 2002 (please disregard prior lists)

ID	CARRIER	ADDRESS	CITY	ST	ZIP	PHONE
5P	BLUE CROSS/BLUE SHIELD-UTICA WAT	12 RHOADS DRIVE	UTICA	NY	13502-0000	800-765-5266
KA	METROPOLITAN LIFE INSURANCE CO.	P.O. BOX 3018	UTICA	NY	13504-0000	315-792-5774
10	PROVIDIAN LIFE AND HEALTH	***	VALLEY FORGE	PA	19493-0000	800-523-7900
VT	HEALTH NET OF OREGON	P.O. BOX 10413	VAN NUYS	CA	91410-0413	888-802-7001
9K	BLUE CROSS OF CALIFORNIA	P.O. BOX 70000	VAN NUYS	CA	91470-0000	818-703-2345
3B	BRITISH COLUMBIA INSURANCE	P.O. BOX 9085 - STN. PROV.	VICTORIA	BC	V8W9E4	250-386-7171
FL	CIGNA	P.O. BOX 1650	VISALIA	CA	93279-0000	800-252-2091
L2	CIGNA - UNOCAL	P.O. BOX 4007	VISALIA	CA	93278-0000	877-276-0076
8A	CIGNA	P.O. BOX 5008	VISALIA	CA	93278-0000	800-252-2091
KP	CIGNA	P.O. BOX 5019	VISALIA	CA	93279-0000	800-252-2091
9C	CIGNA	P.O. BOX 5038	VISALIA	CA	93278-0000	800-747-8686
KC	CIGNA	P.O. BOX 5067	VISALIA	CA	93278-0000	800-866-7680
NU	REGENCE N.W. HEALTH-FEDERAL	P.O. BOX 1297	WALLA WALLA	WA	99203-0301	888-344-5587
3J	AETNA	P.O. BOX 8092	WALNUT CREEK	CA	94596-0000	510-932-7200
MD	LABORERS NAT'L HEALTH & WELFARE	111 MASSACHUSSETS AVE., N.W.	WASHINGTON	DC	20001-0000	800-235-5805
D4	NATIONAL I.A.M BENEFIT TRUST FUND	1300 CONNECTICUT AVE., SUITE 300	WASHINGTON	DC	20036-1703	800-317-7594
T3	PENTECO	1825 JEFFERSON PLACE, N.W.	WASHINGTON	DC	20036-0000	202-347-5575
RY	BLUE CROSS/BLUE SHIELD-NAT'L	550 12TH ST. S.W.	WASHINGTON	DC	20065-5250	800-424-7474
DZ	KAISER PERMANENTE	P.O. BOX 5498	WASHINGTON	DC	20016-0000	000-000-0000
G3	WAUSAU INSURANCE	P.O. BOX 8013	WAUSAU	WI	54402-8013	715-847-7111
4G	CHRISTIAN FIDELITY	2001 BATES DRIVE	WAXAHACHI	TX	75167-0000	800-527-6797
VG	MEDIPLAN	502 VALLEY ROAD	WAYNE	NJ	07470-0000	800-723-3768
DU	EMPLOYEE BENEFIT, ADMIN. & MGT.	P.O. BOX 5079	WEST LAKE VILL.	CA	91359-0000	800-249-8440
2L	BENEFIT SYSTEM SERVICES, INC.	760 SASQUINELLI DRIVE, SUITE 320	WESTMONT	IL	60559-5555	800-423-1841
GV	PACIFIC MUTUAL	P.O. BOX 4008	WHITTIER	CA	90607-0000	000-000-0000
8H	PREFERRED PLUS OF KANSAS	P.O. BOX 4398	WICHITA	KS	67201-9318	800-660-8114
C7	BLUE CROSS/BLUE SHIELD-PENNSYL.	P.O. Box 3100	WILKES-BARRE	PA	18773-0000	800-829-8599
TP	HANSECO INSURANCE COMPANY	100 W 10TH STREET	WILMINGTON	DE	19899-0000	617-236-5200
38	NEW YORK LIFE	300 DELAWARE AVE	WILMINGTON	DE	19801-0000	212-576-7000
ZH	CIGNA	P.O. BOX 15124	WILMINGTON	DE	19850-0000	800-345-9458
Y2	AETNA	575 PIGEON HILL ROAD	WINDSOR	CT	06095-0000	860-692-5000
B7	BLUE CROSS OF CALIFORNIA	P.O. BOX 4124	WOODLAND HILLS	CA	91365-0000	800-477-2226
53	BLUE CROSS OF CALIFORNIA	P.O. BOX 4152	WOODLAND HILLS	CA	91365-4152	800-888-8288
GS	BLUE CROSS OF CALIFORNIA	P.O. BOX 4162	WOODLAND HILLS	CA	91365-0000	800-888-4825
PK	BLUE CROSS/BLUE SHIELD-CALIF.	P.O. BOX 4190	WOODLAND HILLS	CA	91365-4190	800-627-7244
CU	BLUE CROSS OF CALIFORNIA	P.O. BOX 4239	WOODLAND HILLS	CA	91365-0000	800-333-0912
TG	CALIF. RETIRED PUBLIC EMPLOYEE	P.O. BOX 4386	WOODLAND HILLS	CA	91365-0000	877-737-7776
8L	MUTUAL OF OMAHA	P.O. BOX 9	WOODWARD	OK	73802-0009	800-426-8039
D2	PAUL REVERE LIFE INSURANCE CO.	18 CHESTNUT STREET	WORCESTER	MA	01608-0000	617-799-4441
U5	STATE MUTUAL LIFE ASSURANCE	440 LINCOLN ST	WORCESTER	MA	01605-0000	508-855-1000
EC	YORK HEALTH PLAN	P.O. BOX 2347	YORK	PA	17405-0000	717-851-6800
NZ	TRUSTMARK INSURANCE COMPANY	835 SOUTHWESTERN RUN	YOUNGSTOWN	OH	44514-3671	800-544-7312

From: DMA POLicy
Sent: Wednesday, May 01, 2002 10:39 AM
To: ALL DPA Statewide Staff; ALL DPA State Associates
Subject: ***BROADCAST***Transitional Medicaid

TO ALL DPA ELIGIBILITY STAFF
FROM
DMA BENEFICIARY ELIGIBILITY POLICY UNIT
AND
SYSTEMS OPERATIONS

Effective May 1, 2002, the M702 - Transitional Medicaid Begins Notice has been updated with language letting recipients know when their Transitional Medicaid report forms are due. We have taken out the language that informed clients they would be receiving additional information in the mail. The system generated TR2 (Information and Instruction) form that clients received when they begin Trans-Med has ended. An earlier broadcast sent in January, informed staff that the TR2 form was merged into the TR1 form and is available on the DPA E-forms web site: <http://dpaweb.hss.state.ak.us/e-forms/eformhome.htm>

The new version of the Transitional Medicaid report form will be mailed to clients beginning on May 9. Please remember you may use the old version to process transitional Medicaid eligibility for those who were sent the old version prior to May 9.

If you have any questions, please contact the Division of Medical Assistance at DMA_Policy@health.state.ak.us. For system questions, please contact the EIS Help Desk at EISHELP@health.state.ak.us <<mailto:EISHELP@health.state.ak.us>>.

From: Henderson, Kevin
To: ALL DPA Statewide Staff; ALL DPA State Associates
Cc:
Subject: BROADCAST Living Separately
Sent: 4/5/2002 3:52 PM

BROADCAST

to All DPA Eligibility Staff

From the Beneficiary Eligibility Policy Unit

Division of Medical Assistance

Children Living Separately from Parents

Attached is a new policy clarification on when a child is considered living separately from his or her parent(s) and when financial eligibility is determined without counting the parent's income or resources. This clarification is particularly focused on children who leave home to enter a medical institution or treatment facility. This clarification is intended to help identify the difference between a temporary absence and a long-term separation for medical reasons. Cases most effected by this clarification are Denali KidCare, Under 21 Medicaid, and TEFRA. A new MED 18 form has been developed for caseworkers to document the child's institutional living arrangement.

This attached policy is effective immediately.

If you have questions, please write the Beneficiary Eligibility Policy Unit at DMAPOL@health.state.ak.us <<mailto:dmapolicy@health.state.ak.us>>.

POLICY CLARIFICATION

Denali KidCare/Under 21 Medicaid

Implemented April 5, 2002

Determining When a Child is Living Separately from Parents

When determining a child's eligibility for Denali KidCare or Under-21 Medicaid, a child is considered to be living separately from his or her parent(s) when:

1. a child's has not lived in the home of the child's parent(s) for at least 30 days immediately preceding the date of application; or
2. a child has left the home to attend an educational institution, National Guard Youth Corps, or other educational or training environment that involves a residential living arrangement; or
3. a child has left the home to enter a medical institution or treatment facility that involves a residential living arrangement and that treatment will last 30 days or longer. **Verification Required: The medical institution or treatment facility must certify that the applicant has been admitted for 30 days or longer.** A child admitted for less than 30 days is not considered to be living separately from his or her parents, unless the provider also certifies that the child will not be going home, but will be transferred directly to another institutional or treatment setting, which results in a total of 30 days or longer away from the child's home.

Case Processing: If a child admitted to a medical institution or treatment facility has lived in the home of his or her parent(s) on any day within the 30 days immediately preceding the date of application, a caseworker must determine Medicaid/DKC eligibility using the parent's income and resources. If the child is not eligible using the parent's income and resources, the application must be pended until the caseworker can verify that the child has been in the medical institution or treatment facility for 30 days or more and is, therefore, living separately from his or her parent(s). For the purposes of determining eligibility for retroactive Medicaid, once the child has been in an institution or treatment facility for a continuous 30 days, the child may be considered living separately from parents in the month of admission to the institution or facility. After pending the case, if the caseworker finds that the child was not in a medical institution or treatment facility for 30 continuous days or more, the income and the resources of the child's parent's must be used to determine eligibility. See *Case Processing Guidelines for Living Separately Policy*.

Transportation: Occasionally, a child is in need of transportation from his or her home to a medical institution or treatment facility and no other resources are available to pay for that transportation. Upon application, a caseworker may consider the child to be applying for TEFRA (MS 5525), as the need for institutional level of care is an indication of possible TEFRA eligibility. A non-standard restricted Medicaid coupon (DE-25) may be issued (see MS 5040.4) to cover the cost of transportation to obtain a preliminary disability examination if needed. See *Case Processing Guidelines for Living Separately Policy*.

Note: This policy clarification will be reflected in future revisions to Medical Assistance Manual section 5120-5, 5120-6, and 5440.

Case Processing Guidelines for Living Separately Policy

Child Entering an Institution

When a child enters an institution it is necessary to verify if it is a temporary absence from the home or if the child is living separately from his or her parent(s). To make this determination the case worker will take the following actions:

Step 1:

Determine if the child had been living with his or her parent(s) on any day within the 30 days immediately preceding the date of admission.

Step 2:

If the child has been living with a parent(s) within the preceding 30 days, the caseworker must determine eligibility using the parent(s) income. If the child is eligible for DKC counting the parental income authorize DKC.

Step 3:

If the child is not eligible using the parental income, the caseworker must pend the application for the following information:

- Completion of the MED 18 form
- Wait for 30 days to determine if the child has been out of the home for 30 continuous days or more
- If the child was not in the institution for 30 continuous days, the income and resources of the parent(s) must be considered

Case Processing When a Child Needs Transportation to a Treatment Facility

There are two instances when a child may need transportation assistance:

1. To come from the home community to Anchorage for admission to North Star Behavioral or similar institutions;
2. To travel from North Star (or a similar institution) to a residential treatment center.

Step 1:

Complete a DKC eligibility determination using the parental income, if the child is eligible for DKC using parental income authorize DKC and this will allow coverage for travel.

Step 2:

If the child is not eligible for DKC using parental income, issue a DE 25 coupon, this coupon will be restricted for the travel expenses.

Temporary Absence vs. Living Separately
April 5, 2002

Step 3:

Pend the DKC case for the MED 18 and send the parent(s) the TEFRA Medicaid packet. Allow standard pend time frames to return the TEFRA Medicaid packet.

Step 4:

If after 30 days waiting period the child remains out of the home, has been out of the home for 30 continuous days, and the MED 18 indicates the child will remain in the facility for a period of time – consider the child living separately from his or her parent(s) and authorize a child only DKC case.

Step 5:

If the child returns home prior to the 30 days **and** the parent(s) have returned the completed TEFRA Medicaid packet – forward the TEFRA Medicaid and follow-up with an email to one of the four TEFRA workers as outlined below:
Fairbanks and the North Slope Borough – Rick Searles – Fairbanks District Office
Southeast Alaska – Cynthia Salazar – Southeast Specialized Medicaid, Juneau
The remainder of the state: Arlene Phillips – A through J , Sonia Cornejo – K through Z

Step 6:

If the parent(s) did not return the completed TEFRA packet, deny the DKC case and send the D002 notice as a reminder. The parents can choose to pursue TEFRA later if they need it.



**CHILDREN ENTERING INSTITUTIONAL
TREATMENT**

Denali KidCare
3601 C Street, Suite 120
P.O. Box 240047
Anchorage, AK 99524-00047
(907) 269-6529 phone
(907) 269-0986 fax

Division of Public Assistance

(907) _____ (phone)
(907) _____ (fax)

Date: _____

To: _____

We have information indicating that _____ is a patient in your treatment facility. Before we can determine this person's eligibility for Denali KidCare or other Medicaid, we need the following information from you:

Date of admission: _____

Expected discharge date: _____

Where did child reside before entering facility? _____

Is child expected to return home after released from this facility? Yes No

If no, where will the child be going upon discharge? _____

Name of Institution:	Contact Person and Phone Number:
Telephone/Fax Number:	Address:
Admitting Physician, Clinical Psychologist, or LCSW Printed Name	Admitting Physician, Clinical Psychologist, or LCSW Signature

Return the completed form to the address checked above.

From: DMA TPL
To: ALL DPA Statewide Staff
Cc:
Subject: PLEASE READ: March 2002 resource code update - I LIED!
Sent: 3/14/2002 10:45 AM

I sent a message with your resource update that said the letter 'Q' was not in use - and that is WRONG!

The letter 'O' is not in use. The letter Q still exists, but I'm trying to make it as infrequent as possible because it is sometimes difficult to determine a Q from a zero. I apologize for any confusion that this may have caused.

Lori

From: DMA POLicy
Sent: Tuesday, January 22, 2002 3:17 PM
To: ALL DPA Statewide Staff; ALL DPA State Associates
Subject: DMA Manual Change Broadcast

Importance: High

**TO ALL DPA STAFF FROM DMA POLICY UNIT
AND
SYSTEMS OPERATIONS**

NEW MANUAL CHANGE, NOTICES AND FORMS

IT'S HERE! Medical Assistance Manual Change #24 should arrive in your offices this week! This manual change integrates all AFDC policy inherited by Family Medicaid and related categories. All Family Medicaid financial and non-financial eligibility policy is now in this manual. Reference to the AFDC manual is no longer required for administration of Family Medicaid.

This manual change also includes the new policies adopted as part of the prospective budgeting policy alignment initiative with Temporary Assistance and Food Stamps. Because of the extensive revisions, several sections are new or reorganized. Systems Operations has updated 35 Medicaid notices to reference the new, correct manual sections.

In addition to the revised notices, the following new notices have been created for the Medicaid Program and will be available February 1, 2002:

- The “D007” and “M007” (Request for Social Security Number) notices have been created for Denali KidCare and Medicaid cases. These notices are similar to the existing F007 currently in use for the Food Stamp program.
- The “M020” (Request for Information on Medicaid Case) notice has been updated with new language. This notice has been revised to be consistent with other program specific “020” Request for Information notices.
- A “M463” (Refused Other Possible Benefits) notice has been created to be used to close a case when a member of the household refuses to pursue other required benefit programs (e.g. unemployment benefits, worker compensation, SSA, VA, etc.).
- The “M060” (Child Support Cooperation Statement), “M061” (Child Support - Good Cause Allowed), and “M062” (Child Support - Good Cause Not Allowed) notices have been created to obtain information on assignment of rights for medical support.

We have also updated the following Medicaid forms:

- TR1 - Transitional Medicaid Report form has been revised to include proof of child support payments made to a child living in another household.
- TR2 - Information About Transitional Medicaid form has been eliminated and is now included as the front page on the TR1 form. The information and instructions is revised to include proof of child support payments made for the three months before the report is due.
- TR3 - Transitional Medicaid Worksheet form has been updated with the DPA EIS Helpdesk email and removes the old SYSM address.

- MED 5 - Family Medicaid Eligibility Worksheet form has been updated taking out the PWE determination for the old 100-hour rule. This also includes the child support payment deduction in the eligibility test. This form is to be used only when a manual determination is necessary.

These forms are now available on the DPA E-forms Website at: <http://dpaweb.hss.state.ak.us/e-forms/eformhome.htm>.

Please review this information, and implement the revised policies immediately. If you have any questions, or your office needs more copies of this manual change, contact the Division of Medical Assistance at DMA_Policy@health.state.ak.us. For system questions, please contact the EIS Help Desk at EISHelp@health.state.ak.us.

This manual update and other policy information will soon be posted on the Medical Assistance Eligibility Policy Staff Webpage at: <http://www.hss.state.ak.us/dma/elig.htm>. **Please Note:** *This page should be bookmarked for future reference.*

From: DMA POLicy
Sent: Monday, October 15, 2001 3:37 PM
To: ALL DPA Statewide Staff; ALL DPA State Associates
Subject: Military Household's

BROADCAST TO ALL DPA STAFF
From the Division of Medical Assistance

The deployment of military servicemen and women in response to the terrorist attacks has brought disruptions to many families. Active duty personnel, reservists and National guardsmen and women are being called to serve, and most will be required to leave home. We are providing a brief summary of policy to help you process changes reported by these households.

INCOME

Households are required to report when a member leaves the home, including when a serviceman or woman leaves to join his or her military unit.

- The individual is considered temporarily absent for an allowable purpose. The military person's earnings and other income continue to count.

RESOURCES

- The military person's resources continue to count.

ADDITIONAL POLICY GUIDANCE

- For information on household composition, refer to Medical Assistance Manual Section 5104.
- For information on allowable absences lasting more than a month, refer to Medical Assistance Manual Section 5015(C).

If you have Medicaid policy questions, please email DMA_Policy@health.state.ak.us.

From: DPA Policy
Sent: Monday, October 01, 2001 4:45 PM
To: ALL DPA Statewide Staff
Cc: ALL DPA State Associates
Subject: PFD Hold Harmless Time Is Near

Broadcast to All Staff
From the Food Stamp Policy, DMA Policy, and the Policy & Program Development Teams

Subject: PFD Hold Harmless Time Is Near

The new PFD Hold Harmless Manual are in the mail. The PFD-1 forms and the PFD flyer will be mailed to all current public assistance cases this week. Supplies of these forms and flyers will be sent to all offices next week.

There are no new PFD Hold Harmless Program policies or EIS procedures this year. However, with implementation of prospective budgeting, fewer food stamp cases will be placed in PFD hold harmless status. Cases that receive PFD hold harmless benefits will be processed the same as in past years. Any PFD hold harmless benefits that are issued to replace food stamps will be paid by check, rather than being put on the household's Alaska Quest card.

The PFD Hold Harmless Manual has been revised to remove monthly reporting and retrospective budgeting information. In addition, we removed much of the Food Stamp Program policy related to PFD Hold Harmless. This food stamp policy is contained in the Alaska Food Stamp Manual at section 605-7.

Permanent Fund Dividends can be a significant asset to families. Case workers and case managers, whether service providers or DPA employees, should work with individuals to help them identify ways to use their PFDs to move their family toward employment and self-sufficiency, or an improved quality of life. This is an opportunity to help families establish specific goals, such as securing reliable transportation or paying off old debts. However, it's also important to keep in mind that some individuals may not get the PFD because of a garnishment. Our Temporary Assistance Leavers Study completed this year found 37% of Temporary Assistance recipients have their PFD garnished.

If you have any questions, please email a member of the Policy & Program Development Team at dpapolicy@health.state.ak.us <<mailto:dpapolicy@health.state.ak.us>> (for Temporary Assistance, APA, GRA and SSI policy), Joan Chase at Joan_Chase@health.state.ak.us <mailto:Joan_Chase@health.state.ak.us> (for Food Stamp policy questions), or the Division of Medical Assistance policy unit at DMAPOLicy@health.state.ak.us <<mailto:DMAPOLicy@health.state.ak.us>> (for Medicaid and CAMA questions).

From: DMA POLicy
Sent: Monday, October 01, 2001 11:05 AM
To: ALL DPA Statewide Staff; ALL DPA State Associates
Subject: BROADCAST

Importance: High

***BROADCAST TO ALL DPA STAFF
from DIVISION OF MEDICAL ASSISTANCE***

Deductions for child support payments by Medicaid households

Child support payments made by a member included in a Medicaid household are now allowed as a deduction from income when calculating Family Medicaid, Under 21, or Denali KidCare eligibility. This policy is effective with determinations made for November benefits. This new deduction will be based on information entered with a "CS" code on the DEMH screen, as is currently done for the Temporary Assistance and Food Stamp Programs. Caseworkers do not need to re-determine on-going eligibility for this deduction until there is a reported change that could affect eligibility or until the Medicaid Review is being processed.

We have expanded Medicaid to align this policy with Temporary Assistance because we recognize that support paid for children who do not live in the home is a factor in a family's ability to obtain necessary medical care and to become self-sufficient. We hope to encourage parents to recognize both the obligation to provide regular support to all their children, and that this obligation must be included in their plans to become self-supporting.

This deduction is allowed only if the parent who has this expense also has their needs or income included in the eligibility determination.

This policy change will be included in Medical Assistance Manual change #24 in the near future.

If you have any Medical Assistance policy questions, contact DMA at DMA_Policy@health.state.ak.us . If you have any system-related questions, contact the Help Desk at DPA EIS Helpdesk or at EISHelp@health.state.ak.us.

BROADCAST

from the
Beneficiary Eligibility Unit
Division of Medical Assistance

Important Notice: Payments for Abortion Procedures

A number of DPA caseworkers have been getting inquiries about recent changes in Medicaid's payment of claims for therapeutic abortions. Here is an official update.

A lawsuit was filed against the state in 1998 following the legislative action eliminating funding for the General Relief Medical program, which had historically paid for therapeutic abortion procedures. The Superior Court ruled against the state, and the state appealed to the Alaska Supreme Court. On July 27, 2001, the Alaska Supreme Court ruled that the state's failure to pay for therapeutic abortion violates equal protection under the Alaska Constitution, and that the state must pay for medically necessary abortions if it pays for prenatal care and childbirth. On July 31, 2001, the Superior Court ruled that the state must pay for medically necessary abortions within 90 days of receipt of a valid claim.

Claims for therapeutic abortion procedures that were held pending the outcome of this lawsuit are now being paid by the department through the state Medicaid program. Future claims for reimbursement for therapeutic abortions will be paid within 90 days, subject to Medicaid claims processing requirements. Medicaid health care providers have already been notified of this change. Please note that payment for these claims does not come from the CAMA program.



News

New Medicaid Quality Assurance Project Underway

Many of you know that for the last 4 years, the Division of Medical Assistance and the DPA Quality Assurance Team (QAT) have been working together under a federal waiver to monitor Medicaid quality control in a whole new way. Instead of reviewing cases from all Medicaid eligibility categories like we use to do, we are now taking focused looks only single eligibility categories. To date we have looked at how accurate we have been with cases involving Medicare buy-in, transfer of asset determinations, Family Medicaid, and Denali KidCare. As long as we keep doing these pilot projects, we do not have to worry about QC sanctions from the feds.

We have used the results of the QC pilot projects to identify training issues, the need for new policy, and to provide data necessary for program development. You might have noticed that since we started the pilot projects, we have not always informed the caseworker when an error was found in one of their cases, nor have we required caseworkers to make corrections. Caseworkers have enjoyed a break from the responsibility of making Medicaid case corrections during a time

when many significant program changes have occurred. This has now changed.

The newest QC pilot project (MEQC #8) is once again focused on Family Medicaid, particularly application denials and case closures. Even though this eligibility category is fairly stable at the moment, there are some very significant policy changes coming and we need to be able to track case accuracy during implementation of these changes (see the section related to PRO-Budgeting). Another significant change is that for the first time QAT is going to give feedback to caseworkers through Medicaid Q-forms. When a case error is found, they will be informed electronically, and where errors are substantiated, expected to make the necessary case correction. It is important to note, however, that we still are operating under a federal waiver and we are not subject to federal sanctions or penalties.

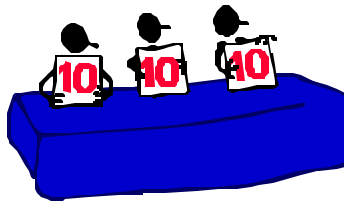
While we are focused on Family Medicaid now, we will be looking closely at APA-related Medicaid in future MEQC pilot projects.

NEW Breast and Cervical Cancer Eligibility Category

This new eligibility category is now up and running, but applications for this eligibility category are being processed differently. Because of the unique eligibility requirements and the limited number of potential applicants, Terry Hamm, DPA Field Services, is maintaining all of these cases. The Breast and Cervical Health Check (BCHC) program in the Division of Public Health periodically notifies Terry of all who have been screened under their program. Terry rules out eligibility for any other Medicaid categories before

setting up the "BC" case. Eligibility for this category lasts only as long as the patient is being treated for breast or cervical cancer. PRO-West is under contract with DMA to manage these cases and inform both DMA and DPA when the individual is no longer being treated. Any inquiries about this eligibility category should be referred to Terry Hamm, DPA Field Services Unit at phone (907) 269-7854. For more information on Breast and Cervical Cancer Medicaid, see the Fact Sheet on the DMA web page:

<http://www.hss.state.ak.us/dma/>



PRO-BUDGETING 2001

By now everyone is getting familiar with the Pro-Budgeting for Temporary Assistance and Food stamps. Household eligibility and benefits are determined prospectively using anticipated income and using the 10-10-10 rule when changes in a family's situation affects the family's eligibility. While this method of budgeting isn't new to the Medicaid program, there are some significant changes that do affect the Family Medicaid and related categories, including Denali KidCare.

The good news is that in a number of areas we have been able to allow for better alignment with Temporary Assistance and Food Stamp program policies. (See following matrix)

The most significant change is the new resource limit of \$2,000 per household and \$3,000 with households that include a person 60 years or older.

Another change is with the addition of allowing child support payments as a deduction. Excess averaging of non-recurring lump sums is also going away. These changes allow for an expanded eligibility criteria in determinations for those households who might not otherwise qualify.

Caseworkers do need to keep in mind that there are differences in the way prospective income is estimated. Temporary Assistance and Food Stamps will use conversion factors (multiplying 2.15 for income received every two weeks or 4.3 for income received weekly), but Medicaid cannot. If a TA/FS household fails this test, a separate Medicaid determination is required. Family Medicaid policy on estimating income has not changed, except to clarify that 3rd or 5th paychecks are disregarded.

PRO-BUDGET EFFECTIVE OCTOBER 1, 2001
DMA INTERIM GUIDE FOR FAMILY MEDICIAD AND RELATED CATEGORIES
INCLUDING DENALI KIDCARE

SUBJECT	OLD POLICY	MANUAL SECTION	NEW POLICY
Change Reporting	Households must report changes within 10 days after a change occurs	MA MS 5005.1 & 5105 AFDC MS 383	In addition to 10 day reporting, as part of transition, the number of changes a client is required to report has been reduced (employment changes from full-time to part-time, etc). This is now referred to as "Status Reporting".
Resource Limit	\$1,000 for all households	MA MS 5150 AFDC MS 350	\$2,000 for most households, \$3,000 for household that include a person 60 or older
Property For Sale	Conditional 9-month eligibility; requires family to complete AF-11; not subject to repayment obligation	MA MS 5154 AFDC MS 352-1	Exempt real property that is actively up for sale
Gifts	Disregards \$30 per person in any 3 month period	AFDC MS 363-9	Count as income if they can be anticipated, or if they are received during the application approval period. The \$30 exemption per quarter is eliminated
Charitable Contributions	Any direct cash contribution to anyone in the household is counted	AFDC MS 360-1	Exempt charitable contributions up to \$300 per quarter
Earned Income of a Child / Student	FT student participating in a JTPA program may be disregarded in the 185% test for a maximum of six months per calendar year	AFDC MS 363-8	Exempts earned income of a child who is enrolled at least half time in school

SUBJECT	OLD POLICY	MANUAL SECTION	NEW POLICY
Non-recurring Lump Sum Payments	Excess averaged; ineligibility of Family Medicaid for a period of time; possible continue eligibility under another category of Medicaid or DKC	MA MS 5026 AFDC MS 363-13	Exempt as income; treat as a resource in the month of receipt
Crew Members	Crew members who work for shares are self-employed, crew members must meet the definition of self-employed	AFDC MS 361	No Change
Self-employment "settling up"	Does not apply	N/A	Does not apply
Adding new household members	New household members may be added in person, in writing, or by phone; need all required documentation (BC, 1603, Gen 49, etc)	MA MS 5005	No Change
Corrective Payments	Does not apply	N/A	Does not apply
Estimating Income	Add up amounts of separate incomes actually received in the past calendar month by all household members and use to determine income reasonably expected to be received during the coming month	MA MS 5160 AFDC MS 360-5	Disregard 3rd or 5th paychecks, and estimate monthly income without using the TA/FS conversion factors
Child Support payment as a deduction from countable income	Not allowed	MA MS 5164	Child support payments made by a member of a household will be allowed as a deduction from income when determining eligibility for the household

Questions & Answers

QUESTION 1:

We have this scenario: HH of mom, 4 adopted children and 2 grandchildren from an adopted child not in the home. The 2 grandchildren receive an ATAP-ANI/FM grant. The 4 adopted children receive DKC Medicaid. Mom has come in and applied for IA and FM for herself. The mom receives Michigan state subsidized adoption payments for all 4 adopted children.

Questions: Is there FM for the mom? If so, what is the HH size and does the adoption payment count?

ANSWER 1:

Yes, Family Medicaid would apply for mom. (Medical Assistance MS 5104-1 & AFDC MS 310-2(B)). It makes no difference if the children are natural or adopted. Mom is the "parent" of the 4 adopted children. Mom is not part of the MFU for the grandchildren so the HH size is 5 (PI + CH x 4). However, the grandchildren may be included as optional HH members (HH 7 = PI + CH x 4 + GC x 2), which would allow a higher need standard. If it looks like the grandchildren are with grandma on a permanent basis, it may be easier to include her the existing FM case instead of creating a new Medicaid case.

Family Medicaid follows AFDC income and resource methodology. The Michigan state subsidized adoption payments is intended to meet basic needs, and is countable income. (AFDC MS 360-1)

QUESTION 2:

I have a DKC case where the client received a lump sum a few years ago from her father's estate. She took the money and gave it to a company, which pays her an amount once a month from the account. The money bears interest on the principle. Do we count the principle and the interest or just the interest as unearned income for the client? Is it considered unearned income? Client is calling it a "Savings" account. The client also refers to it as an annuity.

ANSWER 2:

If the money from the estate can no longer be accessed and converted to a lump sum payment, this account would be considered unavailable to the client. However, the monthly income (principle and interest) the client receives from the company issuing the disbursements is countable unearned income.

If the account were accessible, it would be considered a resource, which is disregarded and exempt from the DKC Medicaid category. In this case, only the interest from this account would be countable unearned income.

QUESTION 3:

I've been getting requests for non-coop status from CSED for caretaker parent. Both the child and adult are IHS eligible. If the adult parent does not cooperate with CSED are they (the adult) still eligible for Medicaid or not? I know the child is covered.


When I read ME MS 5016-2 (4) it appears that the adult is not required to cooperate with CSED and so the CSED requests to set a non-coop are moot. Or, do I remove the adult's needs but keep the child on?

ANSWER 3:

For Medicaid only cases, the adult is not obligated to cooperate with the CSED requirement of establishing a medical support order if the custodial parent and child are already receiving satisfactory medical insurance, which includes coverage with Indian Health Services. They are considered to have met the CSED condition of legally assigning medical support and payment for medical care from a third party. The adult, in this case, would still be eligible for Medicaid.

Helpful Hints

? Caseworkers do not need to require a separate application for Medicaid from an individual when they have another active open public assistance program and the case file already includes client information necessary to determine Medicaid eligibility. The caseworker must obtain any TPL information and document the sources of information used to make the eligibility determination.

	DMA contacts:
	Eligibility Policy Questions: DMAPOL@health.state.ak.us.
	Third-party Resource Questions: DMATPL@health.state.ak.us.
	DMA Recipient Hotline: 800-211-7470 (outside of Anchorage) and 562-3671 (in Anchorage)
	Eligibility Policy Staff Homepage: http://www.hss.state.ak.us/dma/elig.htm

From: Henderson, Kevin
Sent: Thursday, August 02, 2001 1:14 PM
To: ALL DPA Statewide Staff; ALL DPA State Associates
Subject: BROADCAST from DMA

BROADCAST

from Beneficiary Eligibility Unit
Division of Medicaid Assistance

New Staff at the DMA Policy Mailbox

The DMA Policy unit announces the addition of Kathy Ensor, who started work on July 30th as a Public Assistance Analyst I. Many of you know Kathy from her 6 years of experience in the Juneau District office of DPA, most recently as the ET IV office supervisor.

Kathy will be increasingly responsible for researching and responding to the daily requests for policy clarifications that come from DPA eligibility workers across the state. If you haven't already, you will soon find her at the other end of the DMA_POLICY mailbox. You will still hear from Kevin Henderson or Jon Sherwood occasionally. Kathy will also be taking the policy lead on future revisions to Medicaid and CAMA notices and processing. She will be a key player in the eligibility policy development for both Medicaid and CAMA.

Please continue to use the DMA_POLICY mailbox for any questions you have about Medicaid and CAMA eligibility policy.

From: Campbell, Lori on behalf of DMA TPL
Sent: Wednesday, July 18, 2001 9:58 AM
To: ALL DPA Statewide Staff
Cc: Nora Wagner; Velma Drake; Francine Larsen; Anvil, Georgiann; Tacas, Leya; Sandee Hough; Bella SanJuan; Gerry Johnson; Luebke, Martha
Subject: IMPORTANT: Alaska State Employee Coverage
Importance: High

Identifying General Government Unit VS. Supervisory Union on the MERI:

When coding the MERI, please continue to use 'QX' for [current Alaska State Employee GGU](#) coverage. We have changed the mailing address for 'QX' to reflect the new carrier information.

NOTE: Supervisory Union (SU) members did not change carriers. Formerly, both Supervisory Union *and* General Government Union members fell under the 'QX' coverage. We have created a new code '**S2**' to reflect coverage for **Supervisory Union** members.

~ **New cases:** Please ask new enrollees if they belong to the Supervisory Union or the GGU before coding the MERI for new cases.

~ **You may notice changes:** We will be making changes to MERI screens as we become aware of Supervisory Union member coverage.

~ **What should you do?** It is not necessary for you to change codes at this time, but if you become aware of Supervisory Union member coverage for an existing case, please end the QX segment on 6/30/01, and start S2 coverage 7/1/01.

Please send inquiries to the DMA mailbox. Thanks - Lori

From: Campbell, Lori
Sent: Tuesday, July 03, 2001 11:58 AM
To: ALL DPA Statewide Staff
Cc: Nora Wagner; Francine Larsen; Parker, Karen; Johnson, Gerry; Sherwood, Jon; Henderson, Kevin; Jones, Doug
Subject: Medicaid RECIPIENT and PROVIDER Referral Phone Numbers
Importance: High

**** IMPORTANT INFORMATION - PLEASE READ ENTIRE MESSAGE ****

From time to time you may receive inquiries from recipients with questions about Medicaid coverage and other Medicaid related issues. You may also receive complaints from recipients that their doctors and other providers may be experiencing difficulty with Medicaid claims or other Medicaid related issues. The following phone numbers are provided to assist you with referring these types of inquiries to the most appropriate Medicaid resource:

Please refer **RECIPIENTS** to:

MEDICAID RECIPIENT HOTLINE: **562-3671** [in Anchorage](#)
 800-211-7470 [outside of Anchorage](#)

Please refer **PROVIDERS** to:

MEDICAID PROVIDER INQUIRY: **561-5650** [in Anchorage](#)
(First Health Services Corporation) (select or ask for the Provider Inquiry Department)
 800-770-5650 [outside of Anchorage](#)

PLEASE NOTE: ONLY **PROVIDERS** can use the **Provider Inquiry** number.
Recipient callers are told to call the Medicaid Recipient Hotline.

Please let us know if you have questions. Thank you.

DEBI MCDONALD	334-2446	273-3264
JACK NIELSON	334-2447	273-3266
MARC CASILLO	334-2449	273-3233
DAN SADLER	334-2450	273-3220
THOMAS PORTER	334-2452	273-3225
JEFF HUBBARD	334-2453	273-3209

Jeff Kemp, Information Officer
Alaska Division of Medical Assistance
(907)465-5828 phone
(907)465-2204 fax

Visit the Alaska Medicaid Website:

[<http://www.hss.state.ak.us/dma/>](http://www.hss.state.ak.us/dma/)

From: Henderson, Kevin
Sent: Tuesday, February 20, 2001 2:39 PM
To: ALL DPA Statewide Staff; ALL DPA State Associates
Subject: New Federal Poverty Guidelines

BROADCAST TO ALL DPA ELIGIBILITY STAFF

From
Beneficiary Eligibility Unit
Division of Medical Assistance

New Federal Poverty Guidelines!

Attached is the new Medical Assistance Standards chart. This chart reflects the 2001 Federal Poverty Guidelines, which increase the financial eligibility standards for the following eligibility categories:

Denali KidCare, including pregnant women
Qualified Medicare Beneficiaries (QMB)
Special Low-income Medicare Beneficiaries (SLMB)
Transitional Medicaid
Qualified Disabled and Working Individuals (QDWI)
Working Disabled Medicare Buy-in

These standards are **effective April 1, 2001** and should be used for eligibility determinations for the benefit month of April, 2001, and beyond. A work order has been submitted to update EIS tables.

Reminder: The need standards for Family Medicaid, Under 21, SSI and APA related Medicaid, and nursing home level of care categories do not change until the January, 2002. This Medical Assistance Standards chart will be updated again when those standards are known.

The new Medical Assistance Standards chart will also be available on the DMA website at:
<http://www.hss.state.ak.us/dma/elig.htm>

Kevin Henderson, MAA III

Beneficiary Eligibility Unit
Division of Medical Assistance
(907)465-5821
(907)465-2204 (fax)

Visit the Alaska Medicaid homepage:

<http://www.hss.state.ak.us/dma/table.htm>

Medical Assistance Standards

FAMILY MEDICAID 185% ELIGIBILITY TEST AND NEED STANDARDS

2000			2001		
FAMILY SIZE	185%	NEED	FAMILY SIZE	185%	NEED
Adult Included			Adult Included		
1	1,150	622	1	1,189	643
2	1,838	994	2	1,901	1,028
3	2,068	1,118	3	2,138	1,156
4	2,297	1,242	4	2,375	1,284
5	2,527	1,366	5	2,612	1,412
6	2,756	1,490	6	2,849	1,540
7	2,985	1,614	7	3,085	1,668
Each Additional	229	124	Each Additional	237	128
Adult Not Included			Adult Not Included		
1	1,008	545	1	1,043	564
2	1,237	669	2	1,280	692
3	1,467	793	3	1,517	820
4	1,696	917	4	1,753	948
5	1,925	1,041	5	1,990	1,076
6	2,155	1,165	6	2,227	1,204
7	2,384	1,289	7	2,464	1,332
Each Additional	229	124	Each Additional	237	128

SSI PAYMENT STANDARDS

SSI COLA	2.4%	3.5%
HOUSEHOLD TYPE	1/1/2000	1/1/2001
A Individual	512	530
B Individual	341.34	353.34
A Couple, Both Eligible	769	796
B Couple, Both Eligible	512.67	530.67
NH Personal Needs Allowance	30	30

LONG TERM CARE STANDARDS

NH, HCB Waiver, TEFRA = 300% of SSI Payment Standard	1,536	1,590
Alaska NH Personal Needs Allowance	75	75
Alaska HCB Personal Needs Allowance	1,536	1,590
Maximum Community Spouse Resource Allowance	84,120	87,000
Community Spouse Monthly Maintenance Need Standard	2,103	2,175
Monthly Need Standard for Additional Household Members	701	725

2001 Monthly Federal Poverty Guidelines for Alaska

Effective 4/1/2001

FAMILY SIZE	QMB Working Disabled (premium level)	SLMB Base	SLMB Plus	Denali KidCare (limit for insured children)	SLMB Subsidy	Transitional Medicaid	Denali KidCare (uninsured children) Pregnant Women QDWI	Working Disabled (eligibility)
	100%	120%	135%	150%	175%	185%	200%	250%
1	\$895	\$1,073	\$1,208	\$1,342	\$1,565	\$1,655	\$1,789	\$2,236
2	\$1,210	\$1,451	\$1,633	\$1,814	\$2,117	\$2,237	\$2,419	\$3,023
3	\$1,525			\$2,287		\$2,820	\$3,049	\$3,811
4	\$1,840			\$2,759		\$3,403	\$3,679	\$4,598
5	\$2,155			\$3,232		\$3,986	\$4,309	\$5,386
6	\$2,470			\$3,704		\$4,568	\$4,939	\$6,173
7	\$2,785			\$4,177		\$5,151	\$5,569	\$6,961
8	\$3,100			\$4,649		\$5,734	\$6,199	\$7,748
Ea Addl	\$315			\$473		\$583	\$630	\$788

2000 Monthly Federal Poverty Guidelines for Alaska

Effective 4/1/2000

FAMILY SIZE	QMB Working Disabled (premium level)	SLMB Base	SLMB Plus	Denali KidCare (limit for insured children)	SLMB Subsidy	Transitional Medicaid	Denali KidCare (uninsured children) Pregnant Women QDWI	Working Disabled (eligibility)
	100%	120%	135%	150%	175%	185%	200%	250%
1	\$870	\$1,043	\$1,174	\$1,304	\$1,522	\$1,608	\$1,739	\$2,173
2	\$1,172	\$1,406	\$1,582	\$1,758	\$2,051	\$2,168	\$2,344	\$2,930
3	\$1,475			\$2,212		\$2,728	\$2,949	\$3,686
4	\$1,777			\$2,665		\$3,287	\$3,554	\$4,442
5	\$2,080			\$3,119		\$3,847	\$4,159	\$5,198
6	\$2,382			\$3,573		\$4,407	\$4,764	\$5,955
7	\$2,685			\$4,027		\$4,966	\$5,369	\$6,711
8	\$2,987			\$4,480		\$5,526	\$5,974	\$7,467
Ea Addl	\$303			\$454		\$560	\$605	\$757

1999 Monthly Federal Poverty Guidelines for Alaska

Effective 5/1/1999

FAMILY SIZE	QMB Working Disabled (premium level)	SLMB Base	SLMB Plus	Denali KidCare (limit for insured children)	SLMB Subsidy	Transitional Medicaid	Denali KidCare (uninsured children) Pregnant Women QDWI	Working Disabled (eligibility)
	100%	120%	135%	150%	175%	185%	200%	250%
1	860	1,032	1,161	1,290	1,505	1,591	1,720	2,150
2	1,154	1,384	1,557	1,730	2,019	2,134	2,307	2,884
3	1,447			2,170		2,677	2,894	3,617
4	1,740			2,610		3,219	3,480	4,350
5	2,034			3,050		3,762	4,067	5,084
6	2,327			3,490		4,305	4,654	5,817
7	2,620			3,930		4,847	5,240	6,550
8	2,914			4,370		5,390	5,827	7,284
Ea Addl	294			440		543	587	734

1998 FEDERAL POVERTY GUIDELINES FOR ALASKA

Effective 4/1/98

FAMILY SIZE	MONTHLY					ANNUAL
	QMB Six-Up	SLMB	Pregnant Women Healthy Children	Transitional Medicaid	QDWI	
	100%	120%	133%	185%	200%	100%
1	840	1,007	1,117	1,553	1,679	10,070
2	1,131	1,357	1,505	2,093	2,262	13,570
3	1,423		1,892	2,632		17,070
4	1,715		2,280	3,172		20,570
5	2,006		2,668	3,711		24,070
6	2,298		3,056	4,251		27,570
7	2,590		3,444	4,790		31,070
8	2,881		3,832	5,330		34,570
Each Additional	292		388	540		3,500