
Electronic Data Interchange Companion Document

# HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, mandates the use of the ANSI ASC X12N transaction sets. The ANSI X12N implementation guides have been established as the standard compliance for the transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com/hipaa/hipaa 40.asp.

Rocky Mountain Health Plans (RMHP) will have companion documents that go with the standard implementation guides. Throughout these companion documents, specific segment and data element requirements are outlined in order for RMHP to process data. The information in the companion documents is subject to change. The companion documents are only a supplement to the ANSI X12N implementation guides and do not contradict any requirements in the ANSI X12N implementation guides.

Please feel free to contact a Rocky Mountain Health Plans Electronic Data Interchange (EDI) representative at 800-311-5269 or e-mail edicoordinator@rmhp.org.

## Getting Started with EDI

Fully review this document. Please feel free to contact the EDI Help Line with any questions or concerns at 970-244-7893 or 800-311-5269. You may also e-mail your inquiries to edicoordinator@rmhp.org.

Complete the "Electronic Data Interchange Transaction Request" form and fax it to us at 970-244-7880.

When we receive your completed Electronic Data Interchange Transaction Request, we will review it to verify that you and all your providers are eligible to conduct the EDI transactions indicated.

- Once we process your request, we will issue you a Sender ID. If you are using a clearinghouse or billing service, please be sure to provide an e-mail address or fax number so that we may provide them with this information.
- For inbound 837s, RMHP offers the opportunity to pull your Electronic Claims Transmittal Report off of our website. If utilizing this feature, please be sure to complete that portion of the transaction request form. We will send you a user name and password for each user. Providers may also request access to submit files via our website.
- RMHP now offers web-based eligibility inquiry. If your office currently does not take advantage of this opportunity, you may request access at this time.

## When You Are Set Up for EDI

Your software will need to be able to generate a file in the standard HIPAA compliant format for each transaction. Notify your software vendor of your Sender ID.

Then send RMHP a test file.

- Please contact us at 970-244-7893 or 800-311-5269 **before** you send your test file. You may also notify us of a test file by e-mailing **edicoordinator@rmhp.org**.
- During testing of inbound 837's, if you are currently submitting electronically, you may do so up until Oct. 16, 2003, in the NSF format. After this deadline, or if you are a new EDI submitter, you must submit the same claims in hard copy for processing and payment. We do not pay claims sent in as tests.
- RMHP will review your test file and data and report any problems to you.
- While you are in test status, please submit your test files with a P test indicator. RMHP conducts testing in a separate test environment. During testing, submitter set-up and access will occur in the test environment only.
- For clearinghouses submitting test files a separate file must be sent for production claims. Submitting testing providers in the production file will cause the functional group to be rejected.
- While you are in test status, your files must have TEST included in the name of the file. For example: TEST837P.txt

## When You Are Ready to "Go Live"

When your data has been approved for production, RMHP will inform you by phone call, e-mail, or fax and assign you to "Go Live" production status. You will need to tell your software vendor and clearinghouse that you are in the "Go Live" production mode. At the time of "Go Live," your transactions will be conducted in our live production environment.

The next file you send will be in production. Please note that for inbound 837s, the claims in the file will be processed for payment. Do not duplicate these and future claims with hard copy submissions.

# Specifications for 837P Transactions

**Transaction Request**

- If conducting an 837P transaction with RMHP, an "Electronic Data Interchange Transaction Request" form must be completed and submitted.
- RMHP will send a 997 acknowledgment to the clearinghouse/billing office or direct submitter. In addition, each provider, in each functional group, will receive an Electronic Claims Transmittal (ECT) report, also known as an accept/reject report. Please be sure to specify a mailing address for the ECT report.
- RMHP requires an "Electronic Data Interchange Transaction Request" form for each provider/submitter. This includes providers submitting claims through a clearinghouse or billing office. RMHP assigns each provider/submitter a unique sender code, which is located in the GS02 segment. Each clearinghouse or billing office is also assigned a unique sender code, which is located in the ISA06 segment.
- Please note that RMHP will reject a transmission submitted with a sender code that is not authorized for electronic claims submission.
- RMHP may also reject a transmission that is submitted with an invalid GS03 segment. The GS03 segment is defined by RMHP.

**File Naming Conventions**

- File names must be unique if you transmit more than once in a 24-hour timeframe. Failure to comply with this requirement may result in files being overwritten and data lost.
- RMHP suggests that you use your name or Sender ID and a unique identifier for your files.
- All files must have the .txt extension.
- Files with improper naming conventions, i.e., no .txt extension, will not be processed.

Some examples of acceptable file names are:

grouptransactionname.txt
provideroffice12022002.txt
Senderiddate.txt
Submitterhourmin.txt

**Version**

- RMHP intends to go live with version 004010X098A1.
- RMHP can accept version 004010X098 but would prefer to begin testing with the addenda version named above.

**Logging into the RMHP Website**
Refer to the "Rocky Mountain Health Plans Web User Manual" (page __) for further instructions.

**Delimiters**

- RMHP accepts these delimiters: ~ and *.
- Submitting delimiters other than the two specified above may cause a transmission to be rejected. Please specify in writing if you need to use a different delimiter than specified above.

**Field Requirements**

- Refer to the "Electronic Data Interchange Transaction Request" form for your assigned Sender ID.
- All fields REQUIRED in the Health Care Claim: Professional Implementation Guide are required by RMHP. Please refer to the guide standards and rules.
- Please note: Only loops, segments, and data elements valid for the 837P implementation guide will be translated. Submitting invalid data (based on the implementation guide) will cause the transmission to be rejected.
- To transmit data not specified in the implementation guide would be sending a non-compliant transaction. RMHP will not consider any 837P transactions that have invalid loops, segments, or data elements.
- All dates submitted on an inbound 837P claim transaction should be valid calendar dates in the appropriate format based upon the qualifier being used. Failure to comply will result in rejection of the transmission.
- Do not use credit/debit card information when billing RMHP.

**RMHP requests the following:**

**Interchange Control Header**

| | |
|---|---|
| ISA01 | 00 |
| ISA02 | BLANK |
| ISA03 | 00 |
| ISA04 | BLANK |
| ISA05 | ZZ |
| ISA06 | SENDER_ID (Note clearinghouse or billing office Sender ID if applicable) |
| ISA07 | ZZ |
| ISA08 | 840614905 |

**Functional Group Header**

| | |
|---|---|
| GS02 | SENDER CODE (assigned by RMHP) |
| GS03 | FACETS (assigned by RMHP) |

**Additional Segments**

**RMHP expects to see all required loops, segments, and data elements. In addition, RMHP requires these specific situational segments and/or data elements, when applicable, for data processing. Not using the qualifiers and sending the data requested below may result in rejection of the claim:**

| | | |
|---|---|---|
| Loop 1000B: | Receiver Name | |
| | NM101 | 40 |
| | NM102 | 2 |
| | NM103 | Rocky Mountain Health Plans |
| | NM108 | 46 |
| | NM109 | for now use 840614905 |

RMHP will use the following loop for provider ID information. RMHP will not use loop 2310 for provider ID when paying the claim. This is the loop used for payment to the provider. Therefore, please submit the rendering provider in this loop if the rendering provider is to be paid on the claim. If you are contractually required to bill a group ID for payment of the claim, please submit that group ID here. For example, Office A has 1 doctor and 1 PA. Contractually, the PA receives payment from RMHP for services rendered. Therefore the PA's RMHP provider ID would be located in this loop.

| | | |
|---|---|---|
| Loop 2010AA: | Billing Provider Secondary Identification | |
| | REF01 | BQ HMO Code # |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2010AB: | Billing Provider Secondary Identification | |
| | REF01 | BQ HMO Code # |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2000B: | Subscriber Hierarchical Level | |
| | HL01 | Should always start with 1 and increment +1 for each iteration of the HL segment. |
| Loop 2010BA: | Subscriber Name | |
| | NM108 | MI Member ID Number |
| | NM109 | Member ID Number, including suffix.<br>May submit with no spaces or with one space. |
| Loop 2010CA: | Patient Name | |
| | NM108 | MI Member ID Number |
| | NM109 | Member ID Number, including suffix.<br>May submit with no spaces or with one space. |
| Loop 2010BB: | Payer Name | |
| | NM103 | Rocky Mountain Health Plans |
| | NM108 | PI |
| | NM109 | 840614905 |

| | |
|---|---|
| N301 | P.O. Box 10600 |
| N401 | Grand Junction |
| N402 | CO |
| N403 | 81502 |

Loop 2300: Claim Information. Please refer to your contract for billing appropriate codes. RMHP expects to see any situational segments required per the Implementation Guide as they pertain to different claim types.

Loop 2300: Claim Supplemental Information

| | |
|---|---|
| PWK02 | BM |
| PWK02 | FX |

It is the expectation that entities submitting electronic health care claims will provide any additional information that the original electronic health care claim indicated would be submitted in hard copy format to Rocky Mountain Health Plans (RMHP) within 48 hours of the receipt of the electronic claim that so indicated. This additional information should specifically identify the member name, the member identification number, and the date of service and indicate “claim notes.”. Timely receipt of such identified additional information will assist RMHP in meeting prompt claims processing requirements.

Loop 2400 MEA segment is required for oxygen providers.

Loop 2430 RMHP requests this loop in order to see the detail of the amounts the other payor paid at the line item level.

**If using the situational loops below, RMHP needs the following situational segments and/or data elements, when applicable, in order to process the data. Not using qualifiers and sending data specified may result in rejection of the claim.**

| | | |
|---|---|---|
| Loop 2310A: | Referring Provider Name | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |
| Loop 2310B: | Rendering Provider Name | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |
| Loop 2310C: | Purchased Service Provider Name | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |
| Loop 2310D: | Service Facility Location | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |
| Loop 2310E: | Supervising Provider Name | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |
| Loop 2320: | Claim Level Adjustments<br>RMHP expects to see only allowed adjustment codes per the Washington Publishing Company. | |
| Loop 2330A: | Other Subscriber Name | |
| | NM108 | MI Member ID Number |
| | NM109 | Member ID Number, including suffix.<br>May submit with no spaces or with one space. |

| | | |
|---|---|---|
| Loop 2330C: | Other Payer Patient Information | |
| | NM108 | MI |
| | NM109 | Member ID Number, including suffix.<br>May submit with no spaces or with one space. |
| Loop 2330D: | Other Payer Referring Provider Identification | |
| | REF01 | G2 Provider Commercial Number |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2330E: | Other Payer Rendering Provider Secondary Identification | |
| | REF01 Can use the following qualifiers: | |
| | | G2 Provider Commercial Number |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2330F: | Other Payer Purchased Service Provider Identification | |
| | REF01 | G2 Provider Commercial Number |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2330H: | Other Payer Supervising Provider Identification | |
| | REF01 | G2 Provider Commercial Number |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2420A: | Rendering Provider Secondary Identification | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |
| Loop 2420B: | Purchased Service Provider Secondary Identification | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |
| Loop 2420C: | Service Facility Location Secondary Identification | |
| | REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |

| | | |
|---|---|---|
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2420D: Supervising Provider Secondary Identification

| | |
|---|---|
| REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2420E: Ordering Provider Secondary Identification

| | |
|---|---|
| REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2420F Referring Provider Secondary Identification

| | |
|---|---|
| REF01 | G2 Provider Commercial Number<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2430: Line Adjustment

RMHP expects to see only allowed Claim Adjustment Reason codes per the Washington Publishing Company.

# Specifications for 837I Transactions

**Transaction Request**

- If conducting an 837I transaction, an "Electronic Data Interchange Transaction Request Form" must be completed and submitted.
- RMHP will send a 997 acknowledgment to the clearinghouse/billing office or direct submitter. In addition, each provider in each functional group will receive an Electronic Claims Transmittal (ECT) report, also known as an accept/reject report. Please be sure to specify a mailing address for the ECT report.
- RMHP requires an "Electronic Data Interchange Transaction Request Form" for each provider/submitter. This includes providers submitting claims through a clearinghouse or billing office. RMHP assigns each provider/submitter a unique sender code, coded in the GS02. Each clearinghouse or billing office is also assigned a unique sender code, which is located in the ISA06.
- Please note that RMHP will reject a transmission submitted with a sender code that is not authorized for electronic claims submission.
- RMHP may also reject a transmission submitted with an invalid GS03 code (based on the RMHP definition of this code).

**File Naming Conventions**

- File names must be unique if you transmit more than once within a 24-hour timeframe. Failure to comply with this requirement may result in files being overwritten and data lost.
- RMHP suggests you use your name or Sender ID and a unique identifier for your files.
- All files must have the .txt extension.
- Files with improper naming conventions, i.e., no .txt extension, will not be processed.

Some examples of acceptable file names:

groupxyztransaction.txt
provideroffice12022002.txt
Senderiddate.txt
Submitterhourmin.txt

**Version**

- RMHP intends to go live with version 004010X096A1.
- RMHP can accept version 004010X096 but would prefer to only test the addenda version named above.

**Logging into the RMHP Website**
Refer to the "Rocky Mountain Health Plans Web User Manual" (page ___) for further instructions.

**Delimiters**

- RMHP accepts these delimiters: ~ and *.
- Submitting delimiters not supported in the companion doc (?) may cause a transmission to be rejected. Please specify in writing if you need to use a different delimiter than specified above.

**Field Requirements**

- Refer to the "Electronic Data Interchange Transaction Request" form for your assigned Sender ID.
- All fields REQUIRED in the Health Care Claim: Professional Implementation Guide are required by RMHP. Please refer to the guide standards and rules.
- Please note: Only loops, segments, and data elements valid for the 837I implementation guide will be translated. Submitting invalid data (based on the implementation guide) will cause the transmission to be rejected.
- To transmit data not specified in the implementation guide would be sending a noncompliant transaction. RMHP will not consider any 837I transactions that have invalid loops, segments, or data elements.
- All dates submitted on an inbound 837I claim transaction should be valid calendar dates in the appropriate format based upon the qualifier being used. Failure to comply will result in rejection of the transmission.
- Do not use credit/debit card information when billing RMHP.

**RMHP requires the following:**

**Interchange Control Header**

| | |
|---|---|
| ISA01 | 00 |
| ISA02 | BLANK |
| ISA03 | 00 |
| ISA04 | BLANK |
| ISA05 | ZZ |
| ISA06 | SENDER_ID (Note clearinghouse or billing office Sender ID if applicable) |
| ISA07 | ZZ |
| ISA08 | 840614905 |

**Functional Group Header**

| | |
|---|---|
| GS02 | SENDER CODE (assigned by RMHP) |
| GS03 | FACETS (assigned by RMHP) |

**Additional Segments**

RMHP expects to see all required loops, segments, and data elements. In addition, RMHP requires these specific situational segments and/or data elements, when applicable, for data processing. Not using the qualifiers and sending the data requested below may result in rejection of the claim:

| | | |
|---|---|---|
| Loop 1000B: | Receiver Name | |
| | NM101 | 40 |
| | NM102 | 2 |
| | NM103 | Rocky Mountain Health Plans |
| | NM108 | 46 |
| | NM109 | for now use 840614905 |

RMHP will use the following loop for provider ID information. RMHP will not use loop 2310 for provider ID. This is the loop used for payment to the provider.

| | | |
|---|---|---|
| Loop 2010AA: | Billing Provider Secondary Identification | |
| | REF01 | BQ HMO Code # |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2010AB: | Pay-To Provider Secondary Identification | |
| | REF01 | BQ HMO Code # |
| | REF02 | RMHP 12-digit Provider ID |
| Loop 2010BA: | Subscriber Name | |
| | NM108 | MI Member ID Number |
| | NM109 | RMHP 11-digit Member ID |
| | | May submit with no spaces or with one space. |
| Loop 2010CA: | Patient Name | |
| | NM108 | MI Member ID Number |
| | NM109 | RMHP 11-digit Member ID |
| | | May submit with no spaces or with one space. |
| Loop 2010BC: | Payer Name | |
| | NM101 | PR |
| | NM102 | 2 |
| | NM103 | Rocky Mountain Health Plans |
| | NM108 | PI |
| | NM109 | 840614905 |
| | N301 | P.O. Box 10600 |
| | N401 | Grand Junction |
| | N402 | CO |
| | N403 | 81502 |

Loop 2300: Claim Information.
Please refer to your contract for billing appropriate codes. RMHP expects to see any situational segments required per the Implementation Guide as they pertain to different claim types.

Loop 2300: Claim Supplemental Information
PWK02 BM
PWK02 FX

It is the expectation that entities submitting electronic health care claims will provide any additional information that the original electronic health care claim indicated would be submitted in hard copy format to Rocky Mountain Health Plans (RMHP) within 48 hours of the receipt of the electronic claim that so indicated. This additional information should specifically identify the member name, the member identification number, and the date of service and indicate “claim notes.” Timely receipt of such identified additional information will assist RMHP in meeting prompt claims processing requirements.

If using the situational loops below, RMHP needs the following situational segments and/or data elements, when applicable, in order to process the data. Not using qualifiers and sending data specified may result in rejection of the claim.

| | | |
|---|---|---|
| Loop 2310A: | Attending Physician Secondary Identification | |
| | REF01 | G2 RMHP 12-digit Provider ID |
| | | 1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID |
| | | UPIN |
| Loop 2310B: | Operating Physician Secondary Identification | |
| | REF01 | G2 RMHP 12-digit Provider ID |
| | | 1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID |
| | | UPIN |
| Loop 2310C: | Other Provider Secondary Identification | |
| | REF01 | G2 RMHP 12-digit Provider ID |
| | | 1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID |
| | | UPIN |
| Loop 2310D: | Referring Provider Secondary Identification | |
| | REF01 | G2 RMHP 12-digit Provider ID |
| | | 1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID |
| | | UPIN |
| Loop 2310E: | Service Facility Secondary Identification | |
| | REF01 | G2 RMHP 12-digit Provider ID |
| | | 1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID |
| | | UPIN |
| Loop 2330A: | Other Subscriber Name (COB) | |
| | NM108 | MI Member ID Number |
| | NM109 | RMHP 11-digit Member ID Number |
| | | May submit with no spaces or with one space. |
| Loop 2330C: | Other Payer Patient Identification Information | |
| | NM108 | MI Member ID Number |
| | NM109 | RMHP 11-digit Member ID Number |
| | | May submit with no spaces or with one space. |
| Loop 2330D: | Other Payer Attending Provider Identification | |
| | REF01 | G2 RMHP 12-digit Provider ID |

| | | |
|---|---|---|
| | | 1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2330E: Other Payer Operating Provider Identification

| | |
|---|---|
| REF01 | G2 RMHP 12-digit Provider ID<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2330F: Other Payer Other Provider Identification

| | |
|---|---|
| REF01 | G2 RMHP 12-digit Provider ID<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2330G: Other Payer Referring Provider Identification

| | |
|---|---|
| REF01 | G2 RMHP 12-digit Provider ID<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2330H: Other Payer Service Facility Provider Identification

| | |
|---|---|
| REF01 | G2 RMHP 12-digit Provider ID<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2420A: Attending Physician Secondary Identification

| | |
|---|---|
| REF01 | G2 RMHP 12-digit Provider ID<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2420B: Operating Physician Secondary Identification

| | |
|---|---|
| REF01 | G2 RMHP 12-digit Provider ID<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

Loop 2420C: Other Provider Secondary Identification

| | |
|---|---|
| REF01 | G2 RMHP 12-digit Provider ID<br>1G Provider UPIN Number |
| REF02 | RMHP 12-digit Provider ID<br>UPIN |

| | | |
|---|---|---|
| Loop 2420D: | Referring Provider Secondary Identification | |
| | REF01 | G2 RMHP 12-digit Provider ID |
| | | 1G Provider UPIN Number |
| | REF02 | RMHP 12-digit Provider ID |
| | | UPIN |

# Electronic Claim Transmittal List

To ensure timely filing requirements are met, it is extremely important that the Claims Transmittal List be reviewed after each file submission. Any claims that reject must be corrected and resent, because they will not appear on our system for payment. Claims that are not corrected and resent in an appropriate time may be denied once they do appear on our system if timely filing limitations have been exceeded.

Below is a comprehensive list of errors commonly encountered both in testing and production. These errors are reflected on the Claims Transmittal List, which is posted on our web server for your retrieval each day after processing is complete. Electronic Claim Transmittal Lists are no longer mailed. This report will only be generated if your file has passed compliancy checks. If you do not have an expected Claims Transmittal List for retrieval on the website, please review your 997 for complete file rejections. If you use a clearinghouse, contact them for file rejection information.

***Provider Unknown***

- If the Billing Provider loop (2010AA) does not contain a "BQ" indicator in the REF01 segment, followed by your Rocky Mountain Health Plans Provider ID in the REF02 segment, then all claims billed for that provider will be rejected. If necessary, contact your software vendor for help in setting up this data. Once this error has been corrected, please resubmit all claims rejected for this reason. This error will only appear on the Electronic Claims Transmittal List that a clearinghouse receives. If you are a direct submitter, no transmittal list is created and an RMHP EDI representative will contact you regarding your Transaction Request Form.

***Unidentified Provider — Please Contact RMHP Professional Relations Representative***

- If the Billing Provider loop (2010AA) contains a "BQ" indicator in the REF01 segment but the REF02 segment contains a Provider ID that we do not have established on our system, then all claims billed for that provider will be rejected. Contact your Professional Relations representative to inquire about getting set up as a provider with us. This does not require that you become an RMHP participating provider but does give us the information we need to get your payments to you. Once you have been assigned a Rocky Mountain Health Plans Provider ID, please resubmit all claims rejected for "Unidentified Provider." If necessary, contact your software vendor for help in setting up this data.

***Inv Member #***

- The member number that you have supplied does not match the data on our system. Please contact your Professional Relations representative for information about options for checking eligibility and other member information. Once you have corrected the member's data on your system, please resubmit all claims rejected for this reason. If you find that we are in error, please call 970-248-5036 or 800-854-4558 (Customer Service) so we can correct our records.

***MisMatch Last Name***

- The last name of the member that you have supplied in your data does not match the data on our system. Please contact your Professional Relations representative for information about options for checking eligibility and other member information. Once you have corrected the member's

data on your system, please resubmit all claims rejected for this reason. If you find that we are in error, please call 970-248-5036 or 800-854-4558 (Customer Service) so we can correct our records.

***MisMatch Sex***

- The gender of the member that you have supplied does not match the data on our system. Please contact your Professional Relations representative for information about options for checking eligibility and other member information. Once you have corrected the member's data on your system, please resubmit all claims rejected for this reason. If you find that we are in error, please call 970-248-5036 or 800-854-4558 (Customer Service) so we can correct our records.

***MisMatch Birthdate***

- The Date of Birth for the member that you have supplied in your data does not match what we have on our system. Please contact your Professional Relations representative for information about options for checking eligibility and other member information. Once you have corrected the member's data on your system, please resubmit all claims rejected for this reason. If you find that we are in error, please call 970-248-5036 or 800-854-4558 (Customer Service) so we can correct our records.

***MisMatch Suffix***

- The suffix for the member number that you have supplied in your data does not match what we have on our system. Please contact your Professional Relations representative for information about options for checking eligibility and other member information. Once you have corrected the member's data on your system, please resubmit all claims rejected for this reason. If you find that we are in error, please call 970-248-5036 or 800-854-4558 (Customer Service) so we can correct our records.