

SOURCE OF PAYMENT TYPOLOGY CODE SET

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1) What vocabulary subset or value set creation and distribution services do you provide?

The Public Health Data Standards Consortium's (PHDSC) Payer Typology Committee was formed to develop the Source of Payment Typology Classification System, to enable public health agencies and researchers to consistently compare payment data across jurisdictions, data collection initiatives and different types of providers. The Source of Payment Typology was developed to create a standard for reporting payer type data that will enhance the payer data classification; it is also intended for use by those collecting data, or analyzing healthcare claims information. Modeled loosely after the ICD typology for classifying medical conditions, the proposed typology identifies broad payer categories with related subcategories that are more specific. This format provides analysts with flexibility to either use payer codes at a highly detailed level or to roll up codes to broader hierarchical categories for comparative analyses across payers and locations.

It should be noted that "source of payment" is a complex concept, encompassing both the funder and the mechanisms through which funds are distributed. In its purest form, the source of payment is determined solely by the funder—that is, the organization that provides payment, such as the Medicare or Medicaid programs, other government agencies such as the Department of Veteran's Affairs or the Health Resources and Services Administration, private insurance companies, charity care, or out-of-pocket payments by individuals. In recent years, however, the mechanisms through which funds are distributed to healthcare providers and through which healthcare providers bill patients have also become of policy and research interest. The study of differences in access to care, quality of care, and outcomes among different types of managed care organizations compared to each other and to fee-for-service ("pay-as-you-go") financing is of interest to those who pay for care.

Therefore, this typology also provides the analyst with the ability to code the type of financing structure used by each major payer—including fee-for-service, HMO, PPO, POS and other financing structures—when this information is available. For example, the typology allows analysts to code whether the source of payment is a Medicare HMO, or whether it is a standard fee-for-service Medicare payer. The first digit of each code is the organization that provides the funds for the care; additional digits provide more

information about the specifics of the plan or mechanism through which these funds are provided. The typology is designed to be sufficiently flexible that information about specific payment programs or payment mechanisms can be added as additional digits to each code, if there is sufficient documented need for such information to be added to the code set. States currently using the typology have added additional levels of detail to their Medicaid categories so that they can distinguish individual Medicaid plans, but still roll them up to a more general Medicaid category.

The typology was created and is maintained by the PHDSC. It can be downloaded from their website (<http://www.phdsc.org/standards/payer-typology-source.asp>).

2) Who uses your services and what is the level of use?

Georgia, Oregon and New York State are currently requiring hospitals to report source of payment using the payer typology. Several other states are considering using the typology. We do not have information on use of the typology by other data projects.

The Source of Payment Typology has been incorporated into the ANSI ASC X12 standard. The October 2007 version (5050) of the ANSI ASC X12 837 Health Care Service Data Reporting Guide will support reporting payer type information using the Source of Payment Typology. The ANSI X12 837 standard is flexible enough to provide an interim method of reporting for those states interested in implementing the Source of Payment Typology prior to the publication of the 5050 version of the Health Care Service Data Reporting Guide. Our hope is that other data collection and reporting initiatives also adopt the standard.

3) What, if any, additional services and capabilities are in active development?

The PHDSC is currently investigating ways to promote use of the typology and to provide technical assistance to new and existing users. We have created a users' guide and fact sheet that is posted on the PHDSC website. We presented a poster at the last National Association of Health Data Organizations (NAHDO) conference, and we post informational materials about the typology and notices of our annual maintenance meetings on several LISTSERVEs.

4) If applicable, what process is used to establish and revise any subsets or value sets that you distribute?

The Source of Payment Typology is maintained by the National Center for Health Statistics / Centers for Disease Control and Prevention. Requests to change typology should be directed to the Payer Type Subcommittee of the Data Standards Committee of the Public Health Data Standards Consortium. (<http://www.phdsc.org/about/committees/payer.htm>). Changes to the Source of Payment Typology are made annually in October. Any interested industry representative can make recommendations for additions or modifications by sending their

comments via the PHDSC website at: <http://www.phdsc.org/about/feedback.asp?cf=pt>. These recommendations would be voted on by members of the Payer Type Subcommittee for possible inclusion in the Source of Payment Typology.

5) Based on your experience, what advice would you offer regarding best practices and pitfalls to avoid?

This typology has made the transition into national standards through sheer persistence of team members who presented the typology to numerous X12, HL7 and other standards committee members over a nine-year period. Our advice is to create something to present, even if it is not perfect, incorporate everyone's input and advice, and don't give up! Also, working with industry and state partners, as well as testing the typology on several datasets, helped us to refine and improve the code sets, and we continue to do so.

SOURCE OF PAYMENT TYPOLOGY Version 3.0 October 2007

Code	Description
1	MEDICARE
11	Medicare (Managed Care)
111	Medicare HMO
112	Medicare PPO
113	Medicare POS
119	Medicare Managed Care Other
12	Medicare (Non-managed Care)
121	Medicare FFS
122	Medicare Drug Benefit
123	Medicare Medical Savings Account (MSA)
129	Medicare Non-managed Care Other
19	Medicare Other
2	MEDICAID
21	Medicaid (Managed Care)
211	Medicaid HMO
212	Medicaid PPO
213	Medicaid PCCM (Primary Care Case Management)
219	Medicaid Managed Care Other
22	Medicaid (Non-managed Care Plan)
23	Medicaid/SCHIP
24	Medicaid Applicant
25	Medicaid - Out of State
29	Medicaid Other
3	OTHER GOVERNMENT (Federal/State/Local) (excluding Department of Corrections)
31	Department of Defense
311	TRICARE (CHAMPUS)
3111	TRICARE Prime--HMO
3112	TRICARE Extra--PPO
3113	TRICARE Standard - Fee For Service
3114	TRICARE For Life--Medicare Supplement
3115	TRICARE Reserve Select
3116	Uniformed Services Family Health Plan (USFHP) -- HMO
3119	Department of Defense - (other)

312	Military Treatment Facility
3121	Enrolled Prime--HMO
3122	Non-enrolled Space Available
3123	TRICARE For Life (TFL)
313	Dental --Stand Alone
32	Department of Veterans Affairs
321	Veteran care--Care provided to Veterans
3211	Direct Care--Care provided in VA facilities
3212	Indirect Care--Care provided outside VA facilities
32121	Fee Basis
32122	Foreign Fee/Foreign Medical Program(FMP)
32123	Contract Nursing Home/Community Nursing Home
32124	State Veterans Home
32125	Sharing Agreements
32126	Other Federal Agency
322	Non-veteran care
3221	Civilian Health and Medical Program for the VA (CHAMPVA)
3222	Spina Bifida Health Care Program (SB)
3223	Children of Women Vietnam Veterans (CWVV)
3229	Other non-veteran care
33	Indian Health Service or Tribe
331	Indian Health Service - Regular
332	Indian Health Service - Contract
333	Indian Health Service - Managed Care
334	Indian Tribe - Sponsored Coverage
34	HRSA Program
341	Title V (MCH Block Grant)
342	Migrant Health Program
343	Ryan White Act
349	Other
35	Black Lung
36	State Government
361	State SCHIP program (codes for individual states)
362	Specific state programs (list/ local code)
369	State, not otherwise specified (other state)
37	Local Government
371	Local - Managed care
3711	HMO
3712	PPO
3713	POS

372	FFS/Indemnity
379	Local, not otherwise specified (other local, county)
38	Other Government (Federal, State, Local not specified)
381	Federal, State, Local not specified managed care
3811	Federal, State, Local not specified - HMO
3812	Federal, State, Local not specified - PPO
3813	Federal, State, Local not specified - POS
3819	Federal, State, Local not specified - not specified managed care
382	Federal, State, Local not specified - FFS
389	Federal, State, Local not specified - Other
39	Other Federal
4	DEPARTMENTS OF CORRECTIONS
41	Corrections Federal
42	Corrections State
43	Corrections Local
44	Corrections Unknown Level
5	PRIVATE HEALTH INSURANCE
51	Managed Care (Private)
511	Commercial Managed Care - HMO
512	Commercial Managed Care - PPO
513	Commercial Managed Care - POS
514	Exclusive Provider Organization
515	Gatekeeper PPO (GPPO)
519	Managed Care, Other (non HMO)
52	Private Health Insurance - Indemnity
521	Commercial Indemnity
522	Self-insured (ERISA) Administrative Services Only (ASO) plan
523	Medicare supplemental policy (as second payer)
529	Private health insurance—other commercial Indemnity
53	Managed Care (private) or private health insurance (indemnity), not otherwise specified
54	Organized Delivery System
55	Small Employer Purchasing Group
59	Other Private Insurance
6	BLUE CROSS/BLUE SHIELD
61	BC Managed Care
611	BC Managed Care - HMO
612	BC Managed Care - PPO
613	BC Managed Care - POS

619	BC Managed Care - Other
62	BC Indemnity
63	BC (Indemnity or Managed Care) - Out of State
64	BC (Indemnity or Managed Care) - Unspecified
69	BC (Indemnity or Managed Care) - Other
7	MANAGED CARE, UNSPECIFIED (to be used only if one can't distinguish public from private)
71	HMO
72	PPO
73	POS
79	Other Managed Care, Unknown if public or private
8	NO PAYMENT from an Organization/Agency/Program/Private Payer Listed
81	Self-pay
82	No Charge
821	Charity
822	Professional Courtesy
823	Research/Clinical Trial
83	Refusal to Pay/Bad Debt
84	Hill Burton Free Care
85	Research/Donor
89	No Payment, Other
9	MISCELLANEOUS/OTHER
91	Foreign National
92	Other (Non-government)
93	Disability Insurance
94	Long-term Care Insurance
95	Worker's Compensation
951	Worker's Comp HMO
953	Worker's Comp Fee-for-Service
954	Worker's Comp Other Managed Care
959	Worker's Comp, Other unspecified
96	Auto Insurance (no fault)
98	Other specified (includes Hospice - Unspecified plan)
99	No Typology Code available for payment source
ZZZ	Unavailable / Unknown