Source of Payment Typology
Coordination & Maintenance Meeting
16-May-07

No.	Date	Commenter	Organization	Comment	Payer Type Subcommittee Proposed Recommendations
1	1/2/2006	Ron Weiss	Weiss Associates Contract Resource for Texas Health Care Information Collection	1. Category 06 Blue Cross is a payer for several payer categories, Medicare, Private Pay (indemnity) as do other insuring companies. I recommend that Blue Cross be removed as a payer category. Also, Kaiser is not a payer category and should not be separated.	• Remove reference to Kaiser to make the typology more generic • Remove reference to Blue Cross / Blue Shield from the text accompanying category 5 (Private Insurance) • There will be a separate conference call to address a variety of possible alternatives to best represent Blue Cross / Blue Shield Plans in the Payer Typology.
				2. CHIP is located in two categories: 02.3 Medicaid/SCHIP and 06.3 State SCHIP. If these are different, then they will need to be explained well.	• There was discussion about the appropriate use of Managed Care, Unspecified category (codes 7x). There was consensus that this category should be used ONLY when the type of Managed Care organization is unknown. It is expected that the use of this category would be very low. It was suggested that language be added to the Payer Typology User Guide to clarify such use.
				3. 08 Nopayment, item 3, Research/Clinical Trials, are usually payment items in that hospitals are paid for the study by a sponsor, (usually by patient services performed).	
				4. The current code set includes an item 10 Central Certification. I have been unable to determine what that is. Assuming that it is valid still, where would that be included?	

				5. Under 05.1 Managed care, there is reference to "Commercial Managed Care". Does this mean actual commercial insurance (as in insurance held by a company) or is this referencing Private Pay. The current code set contains "Commercial Insurance" which most hospitals use to place anything that is not Medicaid, Medicare or some other obvious payer. I suggest that the term "commercial" be used only for true "commercial business" insurance, which should be very small or not used at all.	
				6. Many counties in Texas contain indigent programs or hospital districts that are funded by local monies. Where would these be categorized? And how easy will it be to aggregate all of the indigent/charity/hospital district services?	
				7. EPOs are not represented anywhere. Is POS meant to serve for both POS and EPO?	
2	4/2/2007	Cindy Anaya	Dept. of Veterans Affairs	Would like to submit new additions to the Department of Veterans Affairs SBR value table, under Subsection 3212:	• Add definitions for each category as recommended.

				Indirect Care Foreign Fee/Foreign Medical Program(FMP) Description: The Foreign Medical Program (FMP) is a health benefits program designed for U.S. veterans with VA-rated service-connected conditions who are residing or traveling abroad. FMP assumes payment responsibility for all foreign provided, medically necessary services associated with the treatment of the VA adjudicated service-connected condition, or any disability associated with and held to be aggravating a service-connected disability, or care for a veteran participating in a rehabilitation program under 38 USC Chapter 31. The program benefits do not extend to treatment provided in the fifty United States, District of Columbia, Puerto Rico, and the U.S. Territories. The program also does not process claims for services received in the Philippines. Veterans receiving medical services provided in the Philippines should submit their claims to the VA Outpatient Clinic in Manila.	• Add Code 32122 - Foreign Fee/Foreign Medical Program(FMP)
				Contract Nursing Home/Community Nursing Home Description: A Community Nursing Home (CNH) is a private or public nursing home that provides short and long-term institutional care services to eligible veterans at VA expense, under the conditions of a contract with the VA. VA Nursing home care units and state veterans homes are not included in this definition.	• Add Code 32123 - Contract Nursing Home/Community Nursing Home

				State Home Description: A facility approved by the VA which includes facilities for domiciliary and/or nursing home care. Hospital care may be included when provided in conjunction with domiciliary or nursing home care. A State home may also provide care to veteran related family members, i.e., spouses, surviving spouses and/or gold star parents who are not entitled to payment of VA aid. A State home cannot admit or provide care to applicants other than those noted above.	• Add Code 32124 - State Veterans Home
				Sharing Agreements Description: A negotiated contract between VA and another federal (authority 8111) or non-federal (authority 8153) agency to either provide or receive services.	• Add Code 32125 - Sharing Agreements
				Other Federal Agency Description: A federal agency other than the VA / DoD (authority – Economy Act)	• Add Code 32126 - Other Federal Agency
3	4/14/2007	Ginger Cox	OSHPD	Comment on the Source of Payment Typology:	
				1. Code 311 needs a crosswalk reference to SBR09 - CH.	Remove all references to the X12 codes in the SBR09 data element in the Typology. This cross walk is in a single table that was already in the user guide.
				2. Codes 92, 93, 95, 96 should have the correct reference to SBR09, not SBR9.	
				3. What is the difference between codes 97 and 99?	Remove redundant Code 97.
				4. The coding structure is consistent throughout, except for the 95 series. The last digit does not match (1 for HMO, 3 for FFS, 9 for other).	

4	5/9/2007	Kathleen Connor	Fox Systems, Inc.	Why are you creating a code set that is different from those used in the standards organizations, e.g., X12 and NCPDP for HIPAA transactions and HL7 for the CCD? I recommend that you work with those groups to ensure that your concepts are covered and use one of these for your reporting purposes - we don't need 4 code sets for the same concepts.	More information is needed to adequately address the concerns. An outreach effort will be made to determine and fully assess the issues surrounding these questions.
5	5/17/2007	Payer Type Subcommittee		Additional discussion items during C&M Conference Call	• Add clarifying language to Code 522 (Self-insured (ERISA) Administrative Services Only (ASO) plan) • Add clarifying language to Code 529 (Private health insurance—other commercial Indemnity)