

**Source of Payment Typology**

**Coordination & Maintenance Meeting**

23-Oct-07

Date	Commenter	Organization	Comment	Payer Type Subcommittee Proposed Recommendations
9/25/2007	Jane McGinnis	Nebraska Department of Health and Human Services	We should have a way of identifying those on both Medicare and Medicaid simultaneously.	This would be done through the reporting of primary, secondary, and tertiary payers. This would support information on a person having multiple payers. This is typical of many surveys and state reporting systems. This is well supported on the 837 format amongst others.
10/10/2007	Karen Lipkind	CDC/NCHS	<p>My area of interest is the NAMCS and NHAMCS surveys. All of our required (as of 2007) variables are addressed in the major categories (1,2,5,9) except for SELF PAY (81) and WORKER'S COMP (95). We would need this detail to fulfill our survey requirements. The questionnaire does not change for 2008</p> <p>We capture category 9 (MISCELLANEOUS/OTHER). We need to be sure that we can distinguish between Workers Comp and "other". The last issue is how to handle an entry of "unknown". It would best fit in the ZZZ (missing data) category. Is the ZZZ category meant to include "unknown" or would it be best to add another category?</p>	Workers comp to stay in the typology to satisfy the submitted comment. Wording clarification for ZZZ category (Unavailable / Unknown) approved. Also approved is a clarification for code 99 (No Typology Code Available for payment source)

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10/22/2007	Ginger Cox	OSHDP	Version 2.0 Payer Typology has been revised in July 2007. I saw some nice changes that I have not seen before. Code Series 31 for DOD do not include indemnity or managed care. Do they not need them? Code Series 32 for VA do not include VA, other. Do they need it or not? We need to be consistent with our fonts - see different fonts in 32121 and 32123 codes.	Since the Code Series for DOD (31x) and VA (32x) were supplied by DOD and VA respectively the committee agreed there were no further changes necessary.
			Code 53 verbiage is a bit confusing to me. I think we meant to say, "Managed Care (Private) or Private Health Insurance (Indemnity), Unspecified".	The committee agreed to change the wording to: Managed Care (private) or private health insurance (indemnity), not otherwise specified as recommended by the commenter.
			Code 7 - we may need to define what we mean 'public' and 'private'. I believe we mean codes 1-4 as public and codes 5-8 as private. Right? Notice extra lines between code 7 and code 71.	The committee agreed to leave the Mnemonic for this code unchanged. It was agreed that the change would cause more confusion.
			Code 8 - There should be a space between No and Payment. The word Payor should be Payer.	The recommended Typo's were fixed
			All codes are sequential. It appears code 952 and 97 are missing in this draft. Reasons?	When the Typology was originally developed there was a decision to make the subcategory codes consistent within the major category codes. The implication of that is some non-sequential codes in categories where that subcategory is not necessary.

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	Unresolved issue		Moving Blue Cross Category to be a subcategory within Private Insurance	More follow up with Blue Cross / Blue Shield Association
	Unresolved issue		Add clarifying language to Code 522 (Self-insured (ERISA) Administrative Services Only (ASO) plan)	Issue not addressed on this call
	Unresolved issue		Add clarifying language to Code 529 (Private health insurance—other commercial Indemnity)	Issue not addressed on this call