Minutes
PHDSC Payer Typology Meeting
April 20, 2011
1:00-2:00 EST

Participants: Roxanne Andrews, Mary Bee Antholz, Amy Bernstein, Ginger Cox, Bob Davis, Michelle Williamson, Marjorie Greenberg, Sheila Frank, Castine Verrill, Kathy Kosack, Eric Jamoom, Diane Davis, Bernie Urlich, Jessica Toth, Amy Kahn

Below is the call in information for the call.

Teleconference Toll Free: 1-877-924-0265
Participant code: 2528655
Live Meeting: https://www.livemeeting.com/cc/cdc/join?id=2SBSD2&role=attend

Below is the Agenda for the Call

Agenda

1. Introductions
   Two transitions were mentioned during introductions: (1) Amy Bernstein was thanked for her many years of service as the Workgroup Chairperson, as this role passes to Roxanne Andrews; (2) Michelle Williamson is welcomed back to the Workgroup to provide NCHS staff support in place of Missy Jamison.
2. The January 12, 2011 Meeting Minutes were approved with some minor grammatical corrections.
3. The following comments received on the Source of Payment Typology were discussed.

   * There is no code that indicates an HMO POS plan – yet these types of plans exist.

   Discussion:

   - The group thought that the current definition for the Commercial Managed Care - POS category (513) should be sufficient to address this comment.
   - There was concern that adding a new category for Commercial Managed care – HMO / POS would be confusing.
   - The group agreed to work with the commenter to improve the current definition for the 513 category to cover the situation addressed in the comment.

   * There is no Blue Cross code to indicate Medicare Managed Care, however there are several other Blue Cross codes.

   Discussion:

   - This comment reminded the group of a bigger ongoing issue as to whether Blue Cross and Blue Shield should be broken out into its own major category. The

rationale for doing this is the legacy of how this was reported to state discharge systems before the existence of the Source of Payment Typology.

- It is the opinion of the group that Medicare eligible recipients must choose the type of Medicare plan they are enrolled in, either Fee for Service OR some type of Advantage plan (managed care). Those who choose fee-for-service may also choose to enroll in a private supplemental health plan (also known as medi-gap plans) or have supplemental coverage through state Medicaid programs. The coding for supplemental plans would be as a secondary and tertiary payment, which from a research perspective is value information to be collected.

- The group agreed that more clarification is necessary to help provide guidance on how to use the Source of Payment Typology in the commented scenario.

- As part of the discussion on this item, the group also thought about the impact that health reform might have on the Source of Payment Typology. This would include coding high risk pools, existing and possibly new advantage plans, as well as insurance available through health insurance exchanges.

* It's not 100% clear to me how to interpret the Medicare Managed Care codes. For example, as you know, many patients have Medicare *and* a managed care supplement. So, does "Medicare PPO – code 112" include the supplement, or should we be coding "Medicare – 1" and then separately "Medicare PPO" for the supplement?

Discussion:

- The group was confused by this question because a patient needs to choose the type of Medicare coverage and that would be reported as the primary source of payment. Any supplemental coverage plan would be considered part of the secondary source of payment that would not be Medicare specific source of payment typology category. Supplemental insurance would be coded in a field for secondary or tertiary payer.

Action Items resulting from discussions:

- User Guide Changes
    - Add a Frequently Asked Questions section to the guide to address these implementation issues as well as future questions brought to the group. This would include an FAQ for how to code Medicare Advantage Plans. As part of the New York State Source of Payment Typology implementation they created their own FAQ on their public web site. They have offered to share that as a first step in creating the FAQ section of the User Guide.

    - Add a reference in the published Source of Payment Typology to the User Guide to encourage the use of the User Guide in conjunction with the code set.

- There was a comment on an ambiguity on Page 3 of the User Guide. There is a section on Coding Multiple Payers and Hierarchies. It is unclear that this also applies to when multiple source of payments are reported.

- There was a comment that there is no definition for Fee for Service in the User Guide. It was recommended that the committee seeks out the consensus industry definition for this concept.

- Future Agenda Items
  - Determine the impact that Health Reform will have on the possible use of the Source of Payment Typology. This would apply for example to the possible impacts of health insurance exchanges or meaningful use criteria for "health insurance type." This will require that the group track the ongoing work at ONC to determine if there is a role for the Source of Payment Typology.

  - Since it is possible that future developments in health care might expand the use of the Source of Payment Typology beyond those of Public Health, a future goal would be to expand the membership to a broader segment of the health care industry. A future agenda item will be to develop strategies to accomplish that goal.

4. Other issues

   - Group agreed that some future work was necessary to continue outreach about the usability of the Source of Payment Typology, especially to groups responsible for coding this information.

5. Possible agenda items for the next Payer Typology meeting (scheduled for July 6, 2 pm Eastern). The membership will be surveyed to determine if this is still a good date for the next meeting.