PUBLIC HEALTH DATA STANDARDS CONSORTIUM
PHDSC
Promoting Standards Through Partnerships

624 N. Broadway Room 382 • Baltimore MD 21205 • Ph.: 410-614-3463 • Fax: 410-614-3097 • aorlova@jhsph.edu • www.phdsc.org

May 16, 2012

Centers for Medicare & Medicaid Services,
Department of Health and Human Services
Attention: CMS–0040–P
P.O. Box 8013
Baltimore, MD 21244-8013

Subject: PHDSC Comments on CMS Proposed Rule is: Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for ICD-10-CM and ICD-10-PCS Medical Data Code Sets. URL: https://www.federalregister.gov/articles/2012/04/17/2012-8718/administrative-simplification-adoption-of-a-standard-for-a-unique-health-plan-identifier-addition-to

Dear Centers for Medicare & Medicaid Services:

The Public Health Data Standards Consortium (PHDSC, The Consortium) is a national non- profit membership-based organization of federal, state, and local health agencies; professional associations; academia; public and private sector organizations; and individuals. Its goal is to empower the healthcare and public health communities with health information technology standards to improve individual and community health.

The Consortium is committed to bringing a common voice from the public health community to the national efforts of standardization of health information for healthcare and population health. As a result of the creation of the PHDSC, public health now has active representation at the American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12, Health Level Seven International (HL7), Integrating the Healthcare Enterprise (IHE), as well as voting seats on the National Uniform Billing Committee (NUBC) and the National Uniform Claim Committee (NUCC). The Consortium believes that it is important to be part of the process of creating the data standards necessary for today's health transactions.

The Consortium was created on the premise that the value of data increases when used for multiple purposes. The purposes of public health data systems range from providing support for clinical care to assessing the quality of that care and assessing the health status of populations at the state and national level over time. The aim of these systems is to inform sound health policy for the country's population. Because of its diverse purposes, public health needs data from multiple sources to achieve its objectives.

Early on, a need was identified to find a standard for categorizing the different payer types for health transactions. All existing payer type lists were problematic. Therefore, the PHDSC created the Source of Payment Typology (see Attachment 1). This standard was developed with cross industry cooperation and is maintained by the PHDSC. The Source of Payment Typology has been incorporated into X12, HL7, and Uniform Bill standards. Even more significant is the fact that the Source of Payment Typology is currently being implemented into several state public health reporting systems for the very reason it was created.

The PHDSC is pleased that the Source of Payment Typology has been recommended within the proposed rule entitled **Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for ICD-10-CM and ICD-10-PCS Medical Data Code Sets**. The PHDSC strongly feels it should be part of the registry. This way, claims users and submitters will be able to access the registry to determine comprehensive categorization of all U.S. payers in a flexible, but hierarchical structure. Including the Source of Payment Typology code will also (1) improve the ability of administrative data to support analyses of the impact of the Affordable Care Act (ACA) and other Federal initiatives in which the type of payer may have an impact on cost, quality and access to care and (2) would be of assistance to providers for accurately recording "health insurance type", which will be a required field in the electronic medical record.

We hope that, in making decisions about the level of the enumeration, payers will minimally maintain the granularity required in the ASC X12 837 Claim by the Health Insurance Portability and Accountability Act (HIPAA). For example, according to the ASC X12 Claims requirements, once the HPID is in place, there will be no requirement to report claim filing indicator (see Attachment 2). There is a “situational rule” stating “required prior to mandated use of the HIPAA national health plan Id”. Once this indicator is no longer coded on the claims, *the Typology will become the default conveyor of this type of information, and it must be widely available to claims data users through access to the registry.* The Typology was developed, in part, in response to inadequacies of the claim filing indicator and provides greater granularity and standardized definitions.

We recognize that the more granular the enumeration, the more useful is the data for public reporting. Therefore, we strongly support the ability to enumerate sub-health plans. We recognize also that the proposed process allows for flexibility in enumeration, which we support; however, we feel that enhancing the definitions of “controlling health plan” and “sub-health plan” would promote greater standardization in the way in which the plans exercise this flexibility. It may be helpful to include some examples of the attributes of a controlling health plan. We also recommend elaborating on the term “exercising sufficient control” and “directing the activities of a health plan” to provide a common understanding among users.

The Source of Payment Typology code set is posted on the PHDSC website. The maintenance committee has also created a User Guide and white paper on the implementation of the code set by states. The Source of Payment Typology User Guide was developed through cross industry collaboration and now maintains definitions for each payer type categorized in the Typology. We hope to continue to work with the payers and providers of Health Care to continue to provide these standard definitions for these payer type concepts. We believe the establishment of the Health Plan ID will only enhance the work already started by the creation and maintenance of the Source of Payment Typology by the PHDSC. These documents can be linked to from the committee website: http://www.phdsc.org/standards/payer- typology.asp . Changes to the Source of Payment Typology are made annually in October. Any interested industry representative can make comments and recommendations for additions or modifications via the PHDSC website.

Thank you for the opportunity to comment.

Sincerely,

Anna Orlova, PhD
PHDSC Executive Director

Attachment 1

Source of Payment Typology
Version 5.0
October 2011

Reference to the Users Guide for Source of Payment Typology can be found at:
http://www.phdsc.org/standards/pdfs/SourceofPaymentTypologyUsersGuideVersion5.0_final.pdf

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)

Code	Description
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

Code	Description
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)

Code	Description
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**

Code	Description
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**

Code	Description
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**

Code	Description
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**
9999	**Unavailable / Unknown**

Attachment 2

ANSI X12 Claim Filing Indicator – Data Element Number 1032

CODE DEFINITION & EXPLANATION

01 Property Conveyance *Mortgagee obtains property through foreclosure or by deed-in-lieu after default*

02 Mortgage Assignment *Mortgagee assigns mortgage in default to mortgage insurer*

03 Automatic Mortgage Assignment *Certain insured mortgages not in default assigned to mortgage insurer after 20 years*

04 Mortgage Coinsurance *Mortgagee acquires property after default and sells; loss on sale is shared by mortgage insurer and mortgagee*

05 Supplemental Claim *Amendment to application made when additional amounts are owed or due*

06 Property Nonconveyance (Claim without Conveyance of Title) *Property is not conveyed by the mortgagee, but may be sold to a third party at the foreclosure sale*

07 Property Preforeclosure Sale *Property sold by mortgagor to avoid foreclosure; mortgagee can file a claim for the difference between net sale proceeds and indebtedness*

08 Initial Claim *First claim filed by the insured for mortgage insurance benefits*

09 Self-pay

10 Central Certification

11 Other Non-Federal Programs

12 Preferred Provider Organization (PPO)

13 Point of Service (POS) **14** Exclusive Provider Organization (EPO)

15 Indemnity Insurance

16 Health Maintenance Organization (HMO) Medicare Risk

17 Dental Maintenance Organization

18 Deed-in-Lieu Property Sold

19 Deed-in-Lieu Property Not Sold

20 Foreclosure Complete Property Sold

21 Foreclosure Complete Property Not Sold

22 Liability Insurance

31 Special Forbearance

32 Loan Modifications

33 Partial Claim

34 Managed Dental

AM Automobile Medical

BL Blue Cross/Blue Shield

CH Champus

CI Commercial Insurance Co.

CN Contractual

DS Disability

FI Federal Employees Program

HM Health Maintenance Organization

LI Liability

LM Liability Medical

MA Medicare Part A

MB Medicare Part B

MC Medicaid **MD** Medicare Part D

MH Managed Care Non-HMO

OF Other Federal Program

SA Self-administered Group

TV Title V

VA Veterans Affairs Plan

WB Workers' Compensation First Report of Injury

WC Workers' Compensation Health Claim

WD Workers' Compensation Subsequent Report of Injury

WE Workers' Compensation Combined First and Subsequent Report

ZZ Mutually Defined