

**Source of Payment Typology Coordination and Maintenance  
Annual Conference Call  
April 1, 2009**

**Participants**

Missy Jamison – NCHS  
Bob Davis – NCHS  
Amy Bernstein – NCHS  
Judy Parlato –Massachusetts Division of Health Care Finance  
Emily Van Oeveren – PHDSC  
Starla Leadbetter – California Office of Statewide Health Planning and Development  
Irene Obgonna - California Office of Statewide Health Planning and Development  
Sheila Frank – Independent Consultant  
Roxanne Andrews – AHRQ  
Betsy Moles – HCUP  
Diane Gottfried – Florida Hospital Adventist Health Systems  
Ashley Austin – Wisconsin Hospital Association  
Kevin Conway – Nebraska Hospital Association  
Christy Russell – Hawaii Hospital Association  
Jean Kailiawa – Hawaii Hospital Association  
Ann Davis – Baycore Health Systems  
Gail Scott – Tampa General Hospital  
Regina Gibson – Blue Cross and Blue Shield Michigan  
Jerry Niemer – Oregon Association of Hospitals and Health Systems  
Todd Ross – Maryland Health Care Commission  
Adrienne Ferguson – Maryland Health Care Commission  
Ronnie Reckley – Maryland Health Care Commission  
Ms. Baines – Maryland Health Care Commission  
Dr. Bhutto – Louisiana Office of Public Health

**Agenda**

- 1) Introductions
- 2) Review minutes from the January call
- 3) Discussion of any maintenance issues facing the payment typology Gale Scott - Tampa General Hospital
- 4) Announcement of New York State using the typology

<http://www.health.state.ny.us/statistics/sparcs/x12-837/2009sparcschanges.pdf>

- 5) Outreach opportunities - NAHDO annual meeting
- 6) PHDSC WIKI update
- 7) Next scheduled meetings:

Wed July 1, 2009  
Wed October 7, 2009

**Meeting Notes:**

- Gail Scott raised an issue with the granularity of the Non – Payment Category in the Source of Payment Typology. She commented that in Florida current systems would not be able to accurately collect the granularity represented in the Typology. Below are responses from other call participants
  - The Typology is designed as a hierarchical structure that would allow different states to require different levels of granularity based on system capabilities in each of those states. If Florida’s system can only collect the highest level of granularity the Typology would support that. The bottom line is that the requirements come from the states not from the robustness of the Typology.
  - There was a comment that most states name the data element collected as: The Expected Source of Payment.
  - There was a comment that Non- Payment is NOT a payer. The response to that comment was that Non-Payment represents the Null value for reporting source of payment, which is consistent with all existing code structures designed for this purpose.
  - There was a comment about the relationship of the Typology to the National Plan ID. The group agreed that this is a moot issue for now, since the HIPAA National Plan ID is in the distant future if ever.
  - There was a question about the need to subdivide the Charity Care concept into those reported using the Federal definition and those not doing so. It was pointed out that if states want to do that, the typology would allow for state only designation under the Charity Care code, 821.
  - As a result of the dialog, the group agreed that it would be beneficial to add further clarification in the User Guide to more clearly specific the purpose of the Source of Payment Typology. This would include:
    - Making the intent clear about implementation dependent on state systems that would be using the typology.
    - Include a clear statement that the intent of the typology is not necessary to tie back to financial systems.
    - Clarify that requirements for the typology originate with each state system implementing this code set.
- Jerry Niemer asked for a new category for Kaiser Permanente. The response to that question was that the flexibility of the Typology would permit state implementation to assign state only codes at lower levels of granularity for state only use. Because of the hierarchical nature of the typology, states assigning state use only codes the data would still be usable in cross state analysis. The group recommended that Oregon assign the code 5111 for Kaiser Permanente for their use. This would then “roll up” to the Commercial HMO category, code 511.
- The group all agreed that continual education on the capabilities and use of the Source of Payment Typology would be beneficial. The group also agreed to

create a poster for the NAHDO Annual Meeting next fall with the cooperation of AHRQ. One of the spring activities of the Source of Payment Work Group will be to develop the content for this poster.

- The minutes for this meeting will be posted on a PHDSC Wiki. Below is the information on that. Each user will need to create a userid and simple password to access the site.

The Wiki URL is <http://wiki.phdsc.org/>

- The meeting was adjourned at 3:00pm.