

Public Health Data Standards Consortium  
Payer Typology Implementation Pilots  
October 2007

**General:**

The development of the Payer Typology underscored the deficiencies in the current code sets used to identify the category of payer. Most state reporting systems collect a payer data for a variety of purposes. Many state systems use “home grown” payer codes sets for their purposes. Some other states use the ANSI X12 maintained code set, which is mandated for institutional claims by the HIPAA rules. Both the “home grown” and HIPAA mandated code sets share common problems. Each has categories that are not adequately defined. Each has gaps or overlapping categories. The Payer Typology developed and maintained by the Public Health Data Standards Consortium was created to address these short comings with a hierarchical code list.

A hierarchical code list has the capabilities to accommodate different state requirements with one standard that can be applied with different levels of granularity.

Now that the Payer Typology has been developed and the work is well underway to get the ANSI X12 standards to support the reporting of the Payer Typology as an external code list, there is an effort to recruit states to pilot the use of this code set.

Below is a report on that activity.

**Pilots:**

**Active Projects**

***Georgia:***

The State of Georgia has been the leader in looking for an alternative to using either a proprietary or a deficient ANSI X12 payer type code list. For this reason Georgia was a major contributor to the development of the Payer Typology. The typology was developed as a hierarchical code list, modeled after the Race and Ethnicity code list. This provided the necessary flexibility to allow states to implement various levels of specificity for payer categories depending on the state needs and requirements, but still provide a standard that could be compared across states. In particular, the state of Georgia did not need all the hierarchical levels of detail provided for in the Payer Typology. For the implementation pilot in Georgia only 3 levels of detail were deemed necessary. Though there have been a few changes to the full Payer Typology not reflected in the code list being implemented by Georgia, this implementation will be an excellent test of this new standard code set. It is anticipated that with better definitions for the distinct categories, that reporting will result in more useful data.

The timeline for this first implementation of Payer Typology hierarchies is that by January 2008 all Georgia discharges for calendar year 2007 will be reported using the payer typology categories. Georgia hospitals will be given an opportunity to stage the reporting of Payer Typology categories between now and next year. The system to collect this data is being developed by the Hospital Industry Data Institute.

Below is the subset of the Payer Typology being implemented in the State of Georgia.

<b>Code</b>	<b>Group</b>	<b>Description</b>
1	Medicare	MEDICARE
11	Medicare	Medicare (Managed Care)
111	Medicare	Medicare HMO
112	Medicare	Medicare PPO
113	Medicare	Medicare POS
119	Medicare	Medicare Managed Care Other
12	Medicare	Medicare (Non-managed Care)
121	Medicare	Medicare FFS
122	Medicare	Medicare Drug Benefit
123	Medicare	Medicare Medical Savings Account (MSA)
124	Medicare	Medicare Drug Benefit (Part D)
129	Medicare	Medicare Non-managed Care Other
19	Medicare	Medicare Other
2	Medicaid	MEDICAID
21	Medicaid	Medicaid (Managed Care)
211	Medicaid	Medicaid HMO
212	Medicaid	Medicaid PPO
213	Medicaid	Medicaid PCCM (Primary Care Case Management)
219	Medicaid	Medicaid Managed Care Other
22	Medicaid	Medicaid (Non-managed Care Plan)
23	Medicaid	Medicaid/SCHIP
24	Medicaid	Medicaid Applicant
25	Medicaid	Medicaid - Out of State
29	Medicaid	Medicaid Other
3	Other Government	OTHER GOVERNMENT (Federal/State/Local)
31	Other Government	Department of Defense
311	Other Government	CHAMPUS
3111	Other Government	Indemnity
3112	Other Government	Managed care
31121	Other Government	TriCare
312	Other Government	CHAMPVA
319	Other Government	Department of Defense (not CHAMPUS)
32	Other Government	VA
321	Other Government	VA - Priority Veteran
322	Other Government	VA - Enrolled Veteran with Copay
329	Other Government	VA - Other
33	Other Government	Indian Health Service or Tribe
331	Other Government	Indian Health Service - Regular
332	Other Government	Indian Health Service - Contract

333	Other Government	Indian Health Service - Managed Care
334	Other Government	Indian Tribe - Sponsored Coverage
34	Other Government	HRSA Program
341	Other Government	Title V (MCH Block Grant)
342	Other Government	Migrant Health Program
343	Other Government	Ryan White Act
349	Other Government	Other
35	Other Government	Black Lung
36	Other Government	State Government
361	Other Government	State SCHIP program (codes for individual states)
362	Other Government	Specific state programs (list/ local code)
369	Other Government	State, not otherwise specified (other state)
37	Other Government	Local Government
371	Other Government	Local - Managed care
3711	Other Government	HMO
3712	Other Government	POS
3713	Other Government	PPO
372	Other Government	FFS/Indemnity
379	Other Government	Local, not otherwise specified (other local, county)
38	Other Government	Other Government (Federal, State, Local not specified) (SBR09 value - OF or 11)
381	Other Government	Federal, State, Local not specified - FFS
382	Other Government	Federal, State, Local not specified - HMO
383	Other Government	Federal, State, Local not specified - PPO
384	Other Government	Federal, State, Local not specified - POS
389	Other Government	Federal, State, Local not specified - Other
39	Other Government	Other Federal
4	Department of Corrections	DEPARTMENTS OF CORRECTIONS
41	Department of Corrections	Corrections Federal
42	Department of Corrections	Corrections State
43	Department of Corrections	Corrections Local
44	Department of Corrections	Corrections Unknown Level
5	Private Health Insurance	PRIVATE HEALTH INSURANCE (other than Blue Cross/Blue Shield)
51	Private Health Insurance	Managed Care (Private)
511	Private Health Insurance	Commercial Managed Care - HMO
512	Private Health Insurance	Commercial Managed Care - PPO
513	Private Health Insurance	Commercial Managed Care - POS
514	Private Health Insurance	Exclusive Provider Organization
519	Private Health Insurance	Managed Care, Other (non HMO)
52	Private Health Insurance	Private Health Insurance - Indemnity
521	Private Health Insurance	Indemnity (e.g. high option/low option)
522	Private Health Insurance	ERISA ASO plan
523	Private Health Insurance	Commercial Indemnity
524	Private Health Insurance	Self-insured (ERISA) ASO plan
525	Private Health Insurance	Medicare supplemental policy (as second payor)
53	Private Health Insurance	Commercial (Indemnity or Managed Care,

		unspecified)
54	Private Health Insurance	Organized Delivery System
55	Private Health Insurance	Small Employer Purchasing Group
59	Private Health Insurance	Other Private Insurance, not BC or Kaiser
6	Blue Cross / Blue Shield	BLUE CROSS/BLUE SHIELD
61	Blue Cross / Blue Shield	BC Managed Care
611	Blue Cross / Blue Shield	BC Managed Care - HMO
612	Blue Cross / Blue Shield	BC Managed Care - PPO
613	Blue Cross / Blue Shield	BC Managed Care - POS
619	Blue Cross / Blue Shield	BC Managed Care - Other
62	Blue Cross / Blue Shield	BC Indemnity
63	Blue Cross / Blue Shield	BC (Indemnity or Managed Care) - Out of State
64	Blue Cross / Blue Shield	BC (Indemnity or Managed Care) - Unspecified
69	Blue Cross / Blue Shield	BC (Indemnity or Managed Care) - Other
7	Managed Care	MANAGED CARE, UNSPECIFIED (to be used only if one can't distinguish public from private)
71	Managed Care	HMO
72	Managed Care	PPO
73	Managed Care	POS
79	Managed Care	Other Managed Care, Unknown if public or private
8	Non-Payment	NOPAYMENT from an Organization/Agency/Program/Private Payor Listed
81	Non-Payment	Self-pay
82	Non-Payment	No Charge
821	Non-Payment	Charity
822	Non-Payment	Professional Courtesy
823	Non-Payment	Research/Clinical Trial
83	Non-Payment	Refusal to Pay/Bad Debt
84	Non-Payment	Hill Burton Free Care
85	Non-Payment	Research/Donor
89	Non-Payment	No Payment, Other
9	Miscellaneous/Other	MISCELLANEOUS/OTHER
91	Miscellaneous/Other	Foreign National
92	Miscellaneous/Other	Other (Non-government)
93	Miscellaneous/Other	Disability Insurance
94	Miscellaneous/Other	Long-term Care Insurance
95	Miscellaneous/Other	Worker's Compensation
951	Miscellaneous/Other	Worker's Comp Fee-for-Service
952	Miscellaneous/Other	Worker's Comp HMO
953	Miscellaneous/Other	Worker's Comp Other Managed Care
96	Miscellaneous/Other	Auto Insurance (no fault)
97	Miscellaneous/Other	Other, not specified
98	Miscellaneous/Other	Other specified (includes Hospice - Unspecified plan)
99	Miscellaneous/Other	Other Unspecified
ZZZ	Missing Data	Missing Data

## **Proposed Projects**

### ***California:***

The State of California is in the planning stages of converting their current legacy inpatient discharge data system to conform to the standard UB-04 data content reported via a standard electronic format. This will mean the replacement of the current proprietary system using the ANSI X12 837 format. As a reparatory stage, the State of California has been electronically connecting their hospitals to the state system to enable future implementation of standard data content in electronic formats. As part of the planning for the conversion of their legacy system to national standards, the deficiencies of all current payer type code sets have been identified. The current plan is to use a current version of the ANSI X12 837 format along with supported data content, which will include UB-04 codes and definitions. It is anticipated that the Payer Typology will also be supported by the ANSI X12 standards by the end of calendar year 2007. That being the case, the state of California would be considering inclusion of including the Payer Typology in the system specifications to replace their legacy inpatient reporting system.

There will be follow-up with the State of California in calendar year 2008 on their progress for migrating their inpatient reporting system to national standards and consequently the Consortium Payer Typology.

### ***Massachusetts:***

As with the other states piloting the Payer Typology, the proprietary payer type code list used by the State of Massachusetts is problematic. The state data agency is planning to solicit the hospital feedback during calendar year 2007 on the merits or deficiencies of the Payer Typology as a replacement to their current proprietary payer type classification list. As with the state of California, Massachusetts is committed to implementing national industry standards to improve their proprietary reporting systems. The state continues to be interested in streamlining their reporting systems through the use of national standards. The Payer Typology provides a unique opportunity to use national standards as the foundation for reporting payer information as well as allowing the ability to incorporate more specific statewide plan information. In particular the use of the Payer Typology would increase the reliability of payer data, which underscores the importance of the Payer Typology being supported in the ANSI X12 standards.

Below is the current proprietary Payer Type code list used by the State of Massachusetts.

<b>PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>	<b>PAYER TYPE DEFINITION</b>
1	SP	Self Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	HMO
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

There will be follow-up with the State of Massachusetts in calendar year 2008 on the hospital response to replacing the current proprietary Payer Type code list with the Consortium Payer Typology.