EXPECTED SOURCE OF PAYMENT — Section 97232

(a) Effective with discharges on or after January 1, 1999, the patient's expected source of payment shall be reported using the following:

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission for discharges occurring on or after January 1, 2006:

EXPECTED SOURCE OF PAYMENT

PAYER CATEGORY			TYPE OF COVERAGE		NAME OF PLAN
01 Medicare 02 Medi-Cal 03 Private Coverage 04 Workers' Compensation 05 County Indigent Programs	06 Other Government 07 Other Indigent 08 Self Pay 09 Other Payer	[ ][ ]	1 Managed Care - Knox – Keene/ MCOHS 2 Managed Care - Other 3 Traditional Coverage	[ ]	[ ][ ][ ][ ] (0001-9999 Plan Code Name)

DISCUSSION:

Valid combinations for reporting Expected Source of Payment

FOR PAYER CATEGORY	SELECT TYPE OF COVERAGE	NAME OF KNOX-KEENE (HMO) PLAN OR MCOHS PLAN
01, 02, 03, 04, 05, 06	1 Knox-Keene (HMO) or MCOHS Plan	Report valid plan code number (Refer to Table 1 and Table 2)
01, 02, 03, 04, 05, 06	2 Managed Care – Other (PPO, IPO, POS, etc.)	0000
01, 02, 03, 04, 05, 06	3 Traditional Coverage (Fee for Service)	0000
07, 08, 09	0 Not applicable	0000

(1) Payer Category: The type of entity or organization, which is expected to pay or did pay the greatest share of the patient's bill.

DISCUSSION:

This data element is defined as the source of payment that is expected, at the time of admission, to pay or did pay the greatest share of the patient's bill. Hospitals may report to OSHPD the most recent source of payment for patients with stays exceeding a year.

(A) Medicare. A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

(B) Medi-Cal. A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

(C) Private Coverage. Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

Automobile Insurance payments are included in this Payer Category.

(D) Workers' Compensation. Payment from workers' compensation insurance, government or privately sponsored.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

(E) County Indigent Programs. Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or Realignment Funds whether or not a bill is rendered.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for ***(2) Type of Coverage.***

(F) Other Government. Any form of payment from government agencies, whether local, state, federal, or foreign, except those in Subsections (a)(1)(A), (a)(1)(B), (a)(1)(D), or (a)(1)(E) of this section. Includes funds received through the California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section under ***(2) Type of Coverage.***

Report funds received as Federal reimbursement of emergency health services furnished to undocumented and other specified aliens as part of the Medicare Prescription Drug Improvement and Modernization Act (MMA) in this category as Type of Coverage Traditional fee-for-service.

Reimbursement through Victims of Violet Crimes is also reported in this category.

(G) Other Indigent. Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients, except those described in Subsection (a)(1)(E) of this section.

DISCUSSION

This category is excluded from reporting Type of Coverage and Name of Plan. The Other Indigent record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, “Other”, is inappropriate because the Other Indigent patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

(H) Self Pay. Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of the patient's bill is not expected to be paid by any form of insurance or other health plan.

DISCUSSION

This category is excluded from reporting Type of Coverage and Name of Plan. The Self-Pay record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Self-Pay patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

(I) Other Payer. Any third party payment not included in Subsections (a)(1)(A) through (a)(1)(H) of this section. Included are cases where no payment will be required by the facility, such as special research or courtesy patients.

DISCUSSION:

This category is excluded from reporting Type of Coverage and Name of Plan. No payment will be required of patients reported as Other Payer. The record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Other Payer patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

Live organ donors are included in this payer category.

(2) Type of Coverage. For each Payer Category, Subsections (a)(1)(A) through (a)(1)(F) of this section, select one of the following Types of Coverage:

DISCUSSION

A Type of Coverage category must be selected when reporting the following Payer Categories:

- Medicare
- Medi-Cal
- Private Coverage
- Workers' Compensation
- County Indigent Programs
- Other Government

A Type of Coverage category is **not selected** when reporting the following:

- Other Indigent
- Self Pay
- Other Payer

(A) Managed Care - Knox-Keene/Medi-Cal County Organized Health System. Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems.

DISCUSSION:

Plans and Plan Code numbers are listed in Table 1. Medi-Cal County Organized Health Systems (MCOHS) are listed in Table 2.

(B) Managed Care - Other. Health care plans, except those in Subsection (a)(2)(A) of this section, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

DISCUSSION:

This type of coverage should be reported for all non-HMO managed care.

(C) Traditional Coverage. All other forms of health care coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

(3) Name of Plan.

(A) Applies to 2003 and prior reporting periods. See Appendix E for complete text of regulation.

(B) For discharges occurring on or after January 1, 2004, report the names of those plans which are licensed under the Knox-Keene Health Care Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System. For Type of Coverage, Subsection (a)(2)(A) of this section, report the plan code number representing the name of the Knox-Keene licensed plan or the Medi-Cal County Organized Health System as shown in Table 1.

DISCUSSION

A Name of Plan/Code Number from Table 1 must be selected when reporting the Managed Care – Knox-Keene (HMO)/Medi-Cal County Organized Health System (MCOHS) category of Type of Coverage.

Plan Code Number 8000 may be used only to report Knox-Keene Licensed Plans that are not listed because they obtained licensure after the table was created. Questions regarding appropriate Plan Code Numbers for unlisted Plans may be referred to your Patient Discharge Data Analyst. Plan Code Number 8000 should not be used to report PPO, EPO or other non-HMO coverage.

If no Knox-Keene (HMO) or MCOHS Plan is to be reported, the unused numeric fields may be zero-filled or they may be left unfilled.

Please report **only** California HMO's under Type of Coverage Managed Care Knox-Keene/MCOHS (1). Inpatient care covered by an out-of-state or a non-California HMO is reported as Managed Care-Other (2). Plan code for out-of-state or a non-California HMO is reported as 0000.

Table 1. Plan Code Numbers for Knox-Keene Licensed Plans and Medi-Cal County Organized Health Systems: For use with discharges occurring on or after January 1, 2004

Plan Names and Medi-Cal County Organized Health System Names	***Plan Code Numbers***
AET Health Care Plan Of California	***0296***
Aetna Health Plans of California, Inc.	***0176***
Alameda Alliance for Health	***0328***
American Family Care	***0322***
Avante Behavioral Health Plan	***0397***
Blue Cross of California	***0303***
Blue Shield of California	***0043***
Caloptima (Orange County)	***0394***
Care 1st Health Plan	***0326***

CareMore Insurance Services, Inc	***0408***
Cedars-Sinai Provider Plan, LLC	***0366***
Central Coast Alliance For Health (Santa Cruz County / Monterey County)	***0401***
Central Health Plan	***0404***
Chinese Community Health Plan	***0278***
Cigna Behavioral Health of California	***0298***
Cigna HealthCare of California, Inc.	***0152***
Community Health Group	***0200***
Community Health Plan (County of Los Angeles)	***0248***
Contra Costa Health Plan	***0054***
HAI, Hai-Ca	***0292***
Health Net of California, Inc.	***0300***
Health Plan of America (HPA)	***0126***
Health Plan of the Redwoods	***0159***
(The) Health Plan of San Joaquin	***0338***
Health Plan of San Mateo	***0358***
Heritage Provider Network, Inc.	***0357***
HHRC, Integrated Insights	***0319***
Holman Professional Counseling Centers	***0231***
Inland Empire Health Plan (IEHP)	***0346***
Inter Valley Health Plan	***0151***
Kaiser Foundation Health Plan, Inc.	***0055***
Kern Health Systems Inc	***0335***
Lifeguard, Inc.	***0142***
LA Care Health Plan	***0355***
Managed Health Network	***0196***
Medcore HP	***0390***
Merit Behavioral Care of California, Inc. (MBC)	***0288***
Molina Healthcare of California	***0322***
One Health Plan of California Inc.	***0325***
On Lok Senior Health Services	***0385***
PacifiCare Behavioral Health of California	***0301***
PacifiCare of California	***0126***
Primecare Medical Network, Inc.	***0367***
ProMed Health Care Administrators	***0380***
Regents of the University of California	***0354***
San Francisco Health Plan	***0349***
Santa Barbara Regional Health Authority	***0400***
Santa Clara Family Health Plan	***0351***
Santa Clara Valley Med. Ctr.	***0236***
SCAN Health Plan	***0212***

Scripps Clinic Health Plan Services, Inc.	***0377***
Secure Horizons	***0126***
Sharp Health Plan	***0310***
Simnsa Health Care	***0393***
Sistemas Medicos Nacionales, S.A. De C.V.	***0393***
Smartcare Health Plan	***0212***
Solano Partnership Health Plan (Solano County)	***9048***
The Health Plan of San Joaquin	***0338***
UHP Healthcare	***0008***
Universal Care	***0209***
U.S. Behavioral Health Plan, California	***0259***
Valley Health Plan	***0236***
ValueOptions of California, Inc.	***0293***
Ventura County Health Care Plan	***0344***
Vista Behavioral Health Plan	***0102***
Western Health Advantage	***0348***
Other	***8000***

(B) For discharges occurring on or after January 1, 2005 also include the additional plans listed.

Table 1. Plan Code Numbers for Knox-Keene Licensed Plans and Medi-Cal County Organized Health Systems: For use with discharges occurring on or after January 1, 2004

Plan Names and Medi-Cal County Organized Health System Names	**Plan Code Numbers**
Blue Cross of California Partnership Plan	**0415**
Great-West Healthcare of California, Inc.	**0325**
Honored Citizens Choice Health Plan, Inc.	**0414**