EXPECTED SOURCE OF PAYMENT — Section 97232

Effective with discharges on or after January 1, 1999, the patient's expected source of payment - the entity or organization which is expected to pay or did pay the greatest share of the patient's bill - shall be reported using the following:

DISCUSSION:

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission:

EXPECTED SOURCE OF PAYMENT

PAYER CATEGORY

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

[ ][ ]

TYPE OF COVERAGE

1 Managed Care - Knox – Keene/ COHS
2 Managed Care - Other
3 Traditional Coverage

[ ]

NAME OF PLAN

[ ][ ][ ][ ]

(0001-9999 Plan Code Name)

Valid combinations for reporting Expected Source of Payment

FOR PAYER CATEGORY	SELECT TYPE OF COVERAGE	NAME OF KNOX-KEENE (HMO) PLAN OR COHS PLAN
01, 02, 03, 04, 05, 06	1 Knox-Keene (HMO) or COHS Plan	Report valid plan code number (Refer to Appendix)
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. Select one of the following:

DISCUSSION

Hospitals may report to HCAI the payer that is expected to pay the greatest share of the patient's bill at the time of admission. Hospitals may report to HCAI the most recent source of payment for the greatest share of the patient's bill.

(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.***

This category includes private insurance Medicare plans as well as government Medicare plans (e.g. TRICARE for Life).

(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 (1)(A), (1)(B), (1)(D), or (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.***

Examples of what may be included in this category are reimbursement through Victims of Violent Crimes, Healthy Families, TRIWest, and Government Employees Health Association.

For payment from Government Medicare plans (e.g. TRICARE for Life), please see ***(A)*** above.

(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 (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 (1)(A) through (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.

It is illogical to report a “no charge” record in any payer category other than the “Other” category, which contains true courtesy patients who were never expected to pay a bill. However, if your facility generated a bill and later wrote off the charges as bad debt, you must report Total Charges as the full established rate before adjustment. Financial write-offs after a bill was generated should never be reported as $1. For data quality purposes, HCAI encourages the reporting of Expected Source of Payment for records written off as bad debt with the category that most closely matches the payer who was expected to pay but did not.

Live organ donors are included in this payer category.

(2) Type of Coverage. For each Payer Category, Subsections (1)(A) through (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 Managed Health Care under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (COHS).

DISCUSSION

Plans and Plan Code numbers are listed in the appendix, below.

(B) Managed Care - Other. Health care plans, except those in Subsection (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), and Point of Service (POS).

DISCUSSION

This type of coverage should be reported for all non-HMO managed care or HMOs that are out-of-state and therefore not licensed under the Knox-Keene Healthcare Service Plan Act. See **(A)** above.

(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) Health Plan Identification Number. If type of coverage is reported as category (A) above, report the specific plan providing coverage by listing the four digit health plan identification number assigned by the California Department of Managed Health Care (DMHC). If Type of Coverage is reported as category (A) above and if the health plan has a pending Knox-Keene license application with DHMC or if the health plan is a COHS that does not have a DMHC assigned number, the four digit health plan identification number shall be reported as 8000.

DISCUSSION

A Code Number must be selected when reporting the Managed Care – Knox-Keene (HMO)/Medi-Cal County Organized Health System (COHS) category of Type of Coverage (see addendum).

If no Knox-Keene (HMO) or COHS 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/COHS (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.

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Addendum

Plan Code Names and Numbers

Plan Name	Plan Code Number
Adventist Health Plan, Inc.	0508
Aetna Better Health of California Inc.	0521
Aetna Health of California Inc.	0176
AIDS Healthcare Foundation (Positive Healthcare)	0432
Alameda Alliance for Health	0328
Align Senior Care California, Inc.	0554
Alignment Health Advantage Plan, Inc	0581
Alignment Health Plan	0414
AltaMed Health Network, Inc.	0492
Arcadian Health Plan, Inc.	0468
Aspire Health Plan	0496
Astiva Health, Inc.	0558
Bay Area Accountable Care Network, Inc.	0519
Blue Cross of California (Anthem Blue Cross)	0303
Blue Cross of California Partnership Plan, Inc.	0415
Blue Shield of California Promise Health Plan	0326
Brown & Toland Health Services, Inc.	0494
BZ Health Network of California, Inc. (DBA: Blue Zones Health Network of California)	0506
California Physicians' Service (Blue Shield of California)	0043
Carelon Behavioral Health of California, Inc	0293
CareMore Health of California, Inc	0408
CCA of California, INC. (new)	0596
Central Health Plan of California, Inc.	0404
Central Valley Health Plan, Inc.	0547
Champion Health Plan of California, Inc	0582
CHG Foundation (Community Health Group Partnership Plan)	0431
Children's Health Plan of California	0523
Chinese Community Health Plan	0278
Choice Physicians Network, Inc.	0470
Cigna HealthCare of California, Inc.	0152
Claremont Behavioral Services, Inc.	0514
Clever Care of Golden State Inc. (DBA Clever Care of California)	0545

Addendum

Plan Code Names and Numbers

Community Care Health Plan, Inc.	0487
Community Family Care Health Plan, Inc	0564
Community Health Group	0200
CONCERN: Employee Assistance Program	0402
Contra Costa County Medical Services (Contra Costa Health Plan)	0054
County of Ventura	0344
Dignity Health Provider Resources, Inc.	0515
Elite Health Plan, Inc. (new)	0591
Empathia Pacific, Inc. (LifeMatters)	0409
EPIC Health Plan	0483
Evernorth Behavioral Health of California	0298
Family Choice Health Service, Inc	0568
For Your Benefit, Inc.	0544
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	0484
Golden Bay Health, Inc	0566
Guidant Health plan	0580
Health Advocate West, Inc.	0502
Health and Human Resource Center, Inc. (Aetna Resources for Living)	0319
Health Net Community Solutions, Inc.	0426
Health Net of California, Inc.	0300
Healthy Valley Provider Network, Inc.	0561
Heritage Provider Network, Inc.	0357
Hill Physicians Care Solutions, Inc.	0557
Holman Professional Counseling Centers	0231
Human Affairs International of California (HAI; HAI-CA)	0292
Humana Health Plan of California, Inc.	0476
Humana Health Plan of Texas, Inc.	0546
Imperial County Local Health Authority	0573
Imperial Health Plan of California, Inc.	0520
Inland Empire Health Plan (IEHP)	0346
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems	0335
LaSalle Health Plan, Inc. (new)	0592
Local Initiative Health Authority for Los Angeles County (L.A. Care Plan de Salud; L.A. Care Health Plan)	0355
Lyra Behavioral Health, INC. (new)	0541

Addendum

Plan Code Names and Numbers

L.A. Care Health Plan Joint Powers Authority	0504
Magellan Health Services of California, Inc. -Employer Services	0102
Medcare Partners, Inc.	0562
Medcore HP	0528
Medi-Excel, S.A. de C.V. (MediExcel Health Plan)	0486
MemorialCare Select Health Plan (formerly Seaside Health Plan)	0495
Modern Life, CA (new)	0595
Molina Healthcare of California	0322
Monarch Health Plan, Inc.	0453
New Century Health Plan, Inc.	0586
On Lok Senior Health Services	0385
Optum Health Plan of California (formerly DaVita Health Plan of California, Inc.)	0498
Orange County Health Authority (CalOptima)	0394
Oscar Health Plan of California	0516
Partnership HealthPlan of California	0416
Patient Choice Health Plan of California, Inc.(new)	0594
PIH Health Care Solutions	0501
PRIMECARE Medical Network, Inc.	0367
PromiseCare Health Plan, Inc.	0529
Prospect Health Plan, Inc.	0500
Providence Health Assurance	0533
Providence Health Network	0497
Rios Health Plan, Inc.	0579
San Francisco Health Authority	0349
San Joaquin County Health Commission (Health Plan of San Joaquin)	0338
San Mateo Health Commission (Health Plan of San Mateo)	0358
Santa Barbara San Luis Obispo Regional Health Authority (CenCal Health)	0400
Santa Clara County (Valley Health Plan)	0236
Santa Clara County Health Authority (Santa Clara Family Health Plan)	0351
Santa Cruz, Monterey, Merced, San Benito, Mariposa Managed Medical Care Commission	0401
Scan Health Plan	0212
Scripps Health Plan Services, Inc.	0377
Sequoia Health Plan, Inc.	0526
Sharp Health Plan	0310
Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA Health Plan)	0393

Addendum

Plan Code Names and Numbers

Spring Care of California, Inc.	0584
Starlife Holdings Inc.	0571
Sutter Health Alliance (DBA: Sutter Health Plan)	0490
Sutter SCAN Advantage, INC. (new)	0598
TELUS Health (California) Ltd. DBA Lifeworks	0551
UCI Health Plan Network	0473
UHC of California (UnitedHealthcare of California)	0126
UnitedHealthcare Benefits Plan of California	0517
Universal Health Plan, Inc	0590
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	0259
Ventura County Medi-cal Managed Care Commission (Gold Coast Health Plan)	0589
Wellcare of California, Inc.	0457
Western Health Advantage	0348