

Payer Information in Hospital Data

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# Overview

We currently release a limited set of generated Payer Classifications based on the information provided by Hospitals. While Hospitals are transitioning to MHDO’s new data submission system, we are taking the opportunity to evaluate the current process for Payer assignments both on the Hospital side and in our release processing.

# Current Input Data

The current Chapter 241 layout requires the submission of the following relevant information:

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Data Element** | **Data Stream** |
| OP3004 | Payer Identification Number | Outpatient |
| OP3006 | Payer Name | Outpatient |
| IP3004 | Payer Identification Number | Inpatient |
| IP3006 | Payer Name | Inpatient |

According to Chapter 241, the Payer Identification Number should be populated in a hierarchical manner using the following code sets: Hospital Electronic Payer Codes, NAIC Codes, and MHDO Individual Payer Codes.

The following is a list of Payer Identification Numbers that appear to be commonly used in the inpatient/outpatient data:

|  |  |
| --- | --- |
| **Payer Identification Numbers** | **Payer Category** |
| 00180 | Medicare (Part A/Part B) |
| 35087 | Military |
| FEB00 | Federal Employee Healthcare Benefit Program |
| 10001 | Mainecare |
| COR00 | Corrections |
| BDS00 | Behavioral and Developmental Services (Maine State) |
| NAT00 | Native Americans |
| COM00 | Other Commercial |
| WC000 | Workers Compensation |
| LIB00 | Liability |
| SP000 | Self-Pay |
| GT000 | Grants/Trusts |
| UC000 | Uncompensated Care |
| MDC00 | Out of State Medicaid |
| FOR00 | Foreign Payer |

According to past guidance, payers that pay a “significant” number of claims in each hospital should be assigned an individual Payer Identification Number rather than relying on the codes above. Please note that the current layout does not allow a submitter to indicate the type of code that has been submitted when this is done. Even with this hierarchal system, there are overlapping codes between Hospital Electronic Payer Codes and NAIC Codes such that Payer Name cannot be systematically validated.

# Current Release Process

During processing, the Payer Name and Payer Identification Number are used to assign an MHDO-Assigned Payer Code. These categories of payers are as follows:

|  |  |
| --- | --- |
| 01 | MEDICARE |
| 02 | MEDICAID |
| 04 | CHAMPUS/USVA |
| 05 | BLUE CROSS |
| 06 | OTHER COMMERCIAL CARRIERS |
| 07 | CHARITY/UNCOMPENSATED CARE |
| 08 | SELF PAY |
| 09 | WORKERS COMPENSATION |
| 11 | OTHER |

These broad categories replace the Payer information supplied by hospitals and help to protect personally identifiable information that may come through in some cases including Self Pay where Payer Name is an individual. The current Hospital assignments follow a priority based system depending on the information that is available.

The mapping between the input data and the MHDO-Assigned Payer code is not always clear. For instance, a commercial carrier can pay a Medicare claim. It is often necessary to look at both the Payer Identification Number and the Payer Name to make such a determination. In some cases, the information provided may not be sufficient to identify the proper category.