

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
CALIFORNIA INPATIENT DATA REPORTING MANUAL,  
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, SEVENTH EDITION**

**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:***

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	06 Other Government	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> (0001-9999 Plan Code Name)					
02 Medi-Cal	07 Other Indigent						
03 Private Coverage	08 Self Pay						
04 Workers' Compensation	09 Other Payer						
05 County Indigent Programs							
	1 Managed Care - Knox - Keene/ MCOHS						
	2 Managed Care - Other						
	3 Traditional Coverage						

**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 )
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

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**(1) Payer Category: Select one of the following:**

DISCUSSION:

Hospitals may report to OSHPD the payer that is expected to pay the greatest share of the patient's bill at the time of admission. Hospitals may report to OSHPD 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).

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***(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.

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***(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.***

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**(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**.

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 (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.

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**(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

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- 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.

***(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 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) Name of Plan.***

***For discharges occurring on or after January 1, 2014, 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 (2)(A) of this section, report the plan code number***

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**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.

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, 2014**

<b><i>Plan Names</i></b>	<b><i>Plan Code Numbers</i></b>
<b><i>Access Senior Healthcare, Inc.</i></b>	<b><i>0506</i></b>
<b><i>Adventist Health Plan, Inc.</i></b>	<b><i>0508</i></b>
<b><i>Aetna Health Plans of California, Inc.</i></b>	<b><i>0176</i></b>
<b><i>Aetna Resources for Living</i></b>	<b><i>0319</i></b>
<b><i>AIDS Healthcare Foundation</i></b>	<b><i>0432</i></b>
<b><i>Alameda Alliance for Health</i></b>	<b><i>0328</i></b>
<b><i>Alameda Alliance Joint Powers Authority (QIF)</i></b>	<b><i>0440</i></b>
<b><i>Alignment Health Plan</i></b>	<b><i>0414</i></b>
<b><i>Americas Health Plan, Inc.</i></b>	<b><i>0485</i></b>
<b><i>Arcadian Health Plan</i></b>	<b><i>0468</i></b>
<b><i>Aspire Health Plan</i></b>	<b><i>0496</i></b>
<b><i>Avante Behavioral Health Plan</i></b>	<b><i>0397</i></b>
<b><i>Blue Cross of California</i></b>	<b><i>0303</i></b>
<b><i>Blue Cross of California Partnership Plan (QIF)</i></b>	<b><i>0415</i></b>
<b><i>Blue Shield of California</i></b>	<b><i>0043</i></b>
<b><i>Brown and Toland Health Services</i></b>	<b><i>0494</i></b>
<b><i>California Health and Wellness Plan</i></b>	<b><i>0493</i></b>

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<b><i>Caloptima (Orange County)</i></b>	<b><i>0394</i></b>
<b><i>Care 1st Health Plan</i></b>	<b><i>0326</i></b>
<b><i>Care 1st Health Plan Partner (QIF)</i></b>	<b><i>0443</i></b>
<b><i>CareMore Health Plan</i></b>	<b><i>0408</i></b>
<b><i>CenCal Health</i></b>	<b><i>0400</i></b>
<b><i>Central California Alliance For Health (Santa Cruz County / Monterey County)</i></b>	<b><i>0401</i></b>
<b><i>Central Health Plan of California, Inc.</i></b>	<b><i>0404</i></b>
<b><i>Chinese Community Health Plan</i></b>	<b><i>0278</i></b>
<b><i>CHG Foundation/Community Health Group Partnership Plan (QIF)</i></b>	<b><i>0431</i></b>
<b><i>Choice Physicians Network</i></b>	<b><i>0470</i></b>
<b><i>Cigna Behavioral Health of California</i></b>	<b><i>0298</i></b>
<b><i>Cigna HealthCare of California, Inc.</i></b>	<b><i>0152</i></b>
<b><i>Community Care Health Plan, Inc.</i></b>	<b><i>0487</i></b>
<b><i>Community Health Group</i></b>	<b><i>0200</i></b>
<b><i>Community Health Plan (County of Los Angeles)</i></b>	<b><i>0248</i></b>
<b><i>Concern</i></b>	<b><i>0402</i></b>
<b><i>Contra Costa County Medical Services (QIF)</i></b>	<b><i>0424</i></b>
<b><i>Contra Costa Health Plan</i></b>	<b><i>0054</i></b>
<b><i>DaVita Healthcare Partners Plan</i></b>	<b><i>0498</i></b>
<b><i>Dignity Health Provider Resources, Inc.</i></b>	<b><i>0515</i></b>
<b><i>Easy Choice Health Plan, Inc.</i></b>	<b><i>0457</i></b>
<b><i>Empathia Pacific, Inc.</i></b>	<b><i>0409</i></b>
<b><i>EPIC Health Plan</i></b>	<b><i>0483</i></b>
<b><i>Fresno-Kings-Madera Regional Health Authority</i></b>	<b><i>0484</i></b>
<b><i>GemCare Health Plan, Inc.</i></b>	<b><i>0445</i></b>
<b><i>Golden State Medicare Health Plan</i></b>	<b><i>0474</i></b>
<b><i>HAI, Hai-Ca</i></b>	<b><i>0292</i></b>
<b><i>Health Net of California, Inc.</i></b>	<b><i>0300</i></b>
<b><i>Health Net Community Solutions Inc.</i></b>	<b><i>0426</i></b>
<b><i>(The) Health Plan of San Joaquin</i></b>	<b><i>0338</i></b>
<b><i>Health Plan of San Joaquin Joint Powers Authority (QIF)</i></b>	<b><i>0442</i></b>
<b><i>Health Plan of San Mateo</i></b>	<b><i>0358</i></b>
<b><i>Heritage Provider Network, Inc.</i></b>	<b><i>0357</i></b>
<b><i>Holman Professional Counseling Centers</i></b>	<b><i>0231</i></b>
<b><i>Humana Health Plan of California, Inc.</i></b>	<b><i>0476</i></b>
<b><i>IEHP Health Access (QIF)</i></b>	<b><i>0428</i></b>
<b><i>Inland Empire Health Plan (IEHP)</i></b>	<b><i>0346</i></b>
<b><i>Inter Valley Health Plan</i></b>	<b><i>0151</i></b>

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<b><i>Kaiser Foundation Health Plan, Inc.</i></b>	<b><i>0055</i></b>
<b><i>Kern Health Systems Group Health Plan (QIF)</i></b>	<b><i>0425</i></b>
<b><i>Kern Health Systems Inc.</i></b>	<b><i>0335</i></b>
<b><i>KP Cal, LLC (QIF) Kaiser</i></b>	<b><i>0438</i></b>
<b><i>LA Care Health Plan</i></b>	<b><i>0355</i></b>
<b><i>LA Care Health Plan Joint Powers Authority</i></b>	<b><i>0504</i></b>
<b><i>Magellan Health Services of California</i></b>	<b><i>0102</i></b>
<b><i>Managed Health Network</i></b>	<b><i>0196</i></b>
<b><i>MediExcel Health Plan</i></b>	<b><i>0486</i></b>
<b><i>Molina Healthcare of California</i></b>	<b><i>0322</i></b>
<b><i>Molina Healthcare of California Partner Plan, Inc. (QIF)</i></b>	<b><i>0427</i></b>
<b><i>Monarch Health Plan</i></b>	<b><i>0453</i></b>
<b><i>On Lok Senior Health Services</i></b>	<b><i>0385</i></b>
<b><i>Oscar Health Plan of California</i></b>	<b><i>0516</i></b>
<b><i>Partnership Health Plan of California</i></b>	<b><i>0416</i></b>
<b><i>PIH Health Care Solutions</i></b>	<b><i>0501</i></b>
<b><i>Premier Health Plan Services, Inc.</i></b>	<b><i>0473</i></b>
<b><i>Primecare Medical Network, Inc.</i></b>	<b><i>0367</i></b>
<b><i>Prospect Health Plan, Inc.</i></b>	<b><i>0500</i></b>
<b><i>Providence Health Network</i></b>	<b><i>0497</i></b>
<b><i>San Francisco Community Health Authority</i></b>	<b><i>0423</i></b>
<b><i>San Francisco Community Health Authority (QIF)</i></b>	<b><i>0349</i></b>
<b><i>San Mateo Community Health Plan (QIF)</i></b>	<b><i>0439</i></b>
<b><i>Santa Clara Community Health Authority (QIF)</i></b>	<b><i>0444</i></b>
<b><i>Santa Clara Family Health Plan</i></b>	<b><i>0351</i></b>
<b><i>Santa Clara Valley Med. Ctr.</i></b>	<b><i>0236</i></b>
<b><i>Satellite Health Plan, Inc.</i></b>	<b><i>0491</i></b>
<b><i>SCAN Health Plan</i></b>	<b><i>0212</i></b>
<b><i>Scripps Health Plan Services, Inc.</i></b>	<b><i>0377</i></b>
<b><i>Seaside Health Plan</i></b>	<b><i>0495</i></b>
<b><i>Sharp Health Plan</i></b>	<b><i>0310</i></b>
<b><i>Simnsa Health Care</i></b>	<b><i>0393</i></b>
<b><i>Stanford Health Care Advantage</i></b>	<b><i>0507</i></b>
<b><i>Sutter Health Plan</i></b>	<b><i>0490</i></b>
<b><i>The Health Plan of San Joaquin</i></b>	<b><i>0338</i></b>
<b><i>UHC (UnitedHealthcare) of California</i></b>	<b><i>0126</i></b>
<b><i>UnitedHealthcare Benefits Plan of California</i></b>	<b><i>0517</i></b>
<b><i>UnitedHealthcare Community Plan of California, Inc.</i></b>	<b><i>0499</i></b>
<b><i>Universal Care</i></b>	<b><i>0209</i></b>

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<i>U.S. Behavioral Health Plan, California</i>	<i>0259</i>
<i>ValueOptions of California, Inc.</i>	<i>0293</i>
<i>Ventura County Health Care Plan</i>	<i>0344</i>
<i>WellCall, Inc.</i>	<i>0502</i>
<i>Western Health Advantage</i>	<i>0348</i>
<i>Western Health Advantage Community Health Plan (QIF)</i>	<i>0429</i>
<i>Other</i>	<i>8000</i>