

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
CALIFORNIA INPATIENT DATA REPORTING MANUAL, EIGHTH 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	1 Managed Care - Knox – Keene/ COHS	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>					
02 Medi-Cal	2 Managed Care - Other	(0001-9999 Plan Code Name)					
03 Private Coverage			3 Traditional Coverage				
04 Workers' Compensation							
05 County Indigent Programs	06 Other Government	07 Other Indigent					
	08 Self Pay	09 Other Payer					

**DISCUSSION:**

**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 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).

**(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

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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**.

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***(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.***

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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

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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 (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**

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*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 DMHC 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

From California Department of Managed Health Care (DMHC) website:

<http://wpsso.dmhc.ca.gov/hpsearch/viewLicensedHealthPlan.aspx>

Plan Name	Plan Code Number
Access Senior HealthCare, Inc.	0506
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
Alameda Alliance Joint Powers Authority (QIF)	0440
Alignment Health Plan	0414
AltaMed Health Network, Inc.	0492
AmericasHealth Plan, Inc.	0485
Arcadian Health Plan, Inc.	0468
Aspire Health Plan	0496
Astiva Health, Inc. <i>(new)</i>	0558
Bay Area Accountable Care Network, Inc.	0519
Beacon Health Options of California, Inc. (formerly ValueOptions of California, Inc.)	0293
Blue Cross of California (Anthem Blue Cross)	0303
Blue Cross of California Partnership Plan, Inc. (QIF)	0415
Blue Shield of California Promise Health Plan	0326
Brandman Health Plan <i>(new)</i>	0560
Brown & Toland Health Services, Inc.	0494
California Health and Wellness Plan	0493
California Physicians' Service (Blue Shield of California)	0043
Care Improvement Plus South Central Insurance Company	0543
CareMore Health Plan	0408
Central Health Plan of California, Inc.	0404
CHG Foundation (QIF) (Community Health Group Partnership Plan)	0431
Children's Health Plan of California	0523
Chinese Community Health Plan	0278
Choice Physicians Network, Inc.	0470
Cigna Behavioral Health of California, Inc.	0298
Cigna HealthCare of California, Inc.	0152
Claremont Behavioral Services, Inc.	0514
Clever Care of Golden State Inc. (DBA Clever Care of California) <i>(new)</i>	0545
Community Care Health Plan, Inc.	0487
Community Health Group	0200

Addendum

Plan Code Names and Numbers

CONCERN: Employee Assistance Program	0402
Contra Costa County Medical Services (Contra Costa Health Plan)	0054
Dignity Health Provider Resources, Inc.	0515
Empathia Pacific, Inc. (LifeMatters)	0409
EPIC Health Plan	0483
For Your Benefit, Inc. <i>(new)</i>	0544
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	0484
Global Health Plan, Inc.	0529
Golden State Medicare Health Plan	0474
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
Heritage Provider Network, Inc.	0357
Hill Physicians Care Solutions, Inc. <i>(new)</i>	0557
Holman Professional Counseling Centers	0231
Human Affairs International of California (HAI; HAI-CA)	0292
Humana EAP and Work-Life Services of California, Inc.	0512
Humana Health Plan of California, Inc.	0476
IEHP Health Access (QIF)	0428
Imperial Health Plan of California, Inc.	0520
Inland Empire Health Plan (IEHP)	0346
Inter Valley Health Plan, Inc.	0151
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems	0335
KP Cal, LLC (QIF) (Kaiser) <i>(accepted for discharges through 12/31/2020)</i>	0438
Local Initiative Health Authority for Los Angeles County (L.A. Care Plan de Salud; L.A. Care Health Plan)	0355
L.A. Care Health Plan Joint Powers Authority (QIF)	0504
Magellan Health Services of California, Inc. -Employer Services	0102
Managed Health Network	0196
Medcore HP	0528
Medi-Excel, S.A. de C.V. (MediExcel Health Plan)	0486
MemorialCare Select Health Plan (formerly Seaside Health Plan) <i>(new)</i>	0495
Meritage Health Plan <i>(new)</i>	0552

Addendum

Plan Code Names and Numbers

Molina Healthcare of California	0322
Monarch Health Plan, Inc.	0453
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
Premier Health Plan Services, Inc.	0473
PRIMECARE Medical Network, Inc.	0367
Prospect Health Plan, Inc.	0500
Providence Health Assurance	0533
Providence Health Network	0497
San Francisco Community Health Authority (QIF)	0423
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 Managed Medical Care Commission (Central California Alliance For Health)	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
Stanford Health Care Advantage	0507
Sutter Health Plan	0490
UHC of California (UnitedHealthcare of California)	0126
UnitedHealthcare Benefits Plan of California	0517
UnitedHealthcare Community Plan of California, Inc.	0499
Universal Care, Inc. (Brand New Day)	0209
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions of California)	0259
Ventura County Health (Ventura County Health Care Plan)	0344
Vitality Health Plan of California, Inc.	0535
Wellcare of California, Inc.	0457

Addendum

Plan Code Names and Numbers

Western Health Advantage	0348
Other	8000