



*Update*  
**May 14, 2010**

**Expected Source of Payment: Reporting Medicare Advantage Plans:**

WHAIC has been recently made aware of some confusion on how facilities should report the expected source of payment if the patient is covered by a Medicare Advantage Plan (Medicare Part C).

Medicare Advantage Plans are health plan options (like an HMO or PPO) run by private insurance companies approved by and under contract with Medicare. These plans are part of Medicare and are sometimes called "Part C" Plans. Medicare Advantage Plans replaced what used to be called Medicare + Choice Plans. Medicare Advantage Plans includes Part A, Part B, and in some cases other coverage like prescription drug (Part D). Medicare pays a fixed amount every month to the private insurance companies offering Medicare Advantage Plans. Individuals selecting Medicare Advantage Plans receive an ID card from the Health Plan carrier and the card will likely have the words Medicare Advantage printed on it.

WHAIC would like to remind all facilities that Medicare Advantage Plans should be reported in Wlpop as follows:

PAYID: **MED or T18 (Medicare)**

PAYTYPE: **02 (Alternative health care insurance plans (HMO, PPO))**

Please refer to Appendix VII of the Wlpop Manual for more information.

**New: Validation Report for patients 65 and over:**

WHAIC is continuously making efforts to improve our data outputs to produce the most complete and accurate data as possible. In doing so, WHAIC has created a new validation query report for Inpatient, Outpatient Surgery, Emergency Department Visits and Observation data submissions that identifies patients 65 and over without Medicare as a primary or secondary payer. Should your facility receive one of these reports, please review the data and verify that the payer assignments are correct.

**Reminder: Changes to the Point of Origin and Condition codes:**

Effective Q3 2010, several changes are taking place for Point of Origin code sets (formerly Source of Admission) and Condition codes. Point of Origin is referred to as "Admit Source" in Wlpop.

1. Three Point of Origin codes will be discontinued:
  - Code 7 – Emergency Room

- Code B – Transfer from another Home Health Agency (replaced with Condition Code 47)
- Code C – Readmission to Same Home Health Agency

➤ **NOTE:** There is no replacement for code '7', so no inpatient admission will have an Emergency Room Point of Origin. The Point of Origin code is where the patient came from prior to presenting at the hospital, regardless of what happens once he/she gets there. Therefore, facilities should code the visit or inpatient admission using one of the remaining codes that best fits the situation.

2. The definitions of Point of Origin Code 1 and 2 have been modified.

- Code 1- Example and definition language has been updated. Removed the term “physician’s office” from the usage language.
- Code 2 -Definition includes clinic and physician office points of origin.  
*NOTE: See Appendix III of the Wlpop manual for more information*

3. New Condition Codes:

- P7 – indicates that the patient was admitted directly from the facility’s Emergency Room /Department. This code is for public health reporting only. (optional)
- 47 – Transfer from another Home Health Agency (optional)

**NOTE: For more information, please refer to:**

- Wlpop Manual - Appendix III (updated): Point of Origin (now includes Point of Origin for Newborns)
- Wlpop Manual – Appendix IV (**New**): Condition Code
  - Condition Code 1 will remain the same; the only accepted value is ‘17’ Homeless (when the ZIP code field is blank.)
  - Condition code fields 2 and 3 (in Wlpop): **Effective Q3 2010, WHAIC will accept any of the following four condition codes (60, 61, P7, or 47) in these fields.**

Please distribute to the appropriate staff within your facility to ensure suitable action is taken as needed.

We are very interested in your feedback and comments. Please do not hesitate to contact Cindy Case at [ccase@wha.org](mailto:ccase@wha.org) or by phone at 608-268-1840 if you would like to participate on future Data Submitter User Group (DSUG) calls or have any issues or suggestions you would like to see us address.

Thank you!

### Important Dates and Deadlines

**May 15:** Standard deadline to submit 4Q 2009 OHO data and 1Q 2010 Inpatient, Outpatient Surgery, EDV, and Observation data.

**May 28:** Standard deadline to mark data complete for 4Q 2009 OHO and 1Q 2010 Inpatient, Outpatient Surgery, EDV, and Observation data.