

# Expected Source of Payment

*Definition: The source of payment that is expected to pay the greatest share of the hospital bill.*

PAYID	Expected Source of Payment & Secondary Source of Payment IDs
T18 or MED	Medicare
T19	Wisconsin Medical Assistance (Medicaid) (Medical Status Codes for facilities that verify eligibility through the Forward Health Portal:
nnn (###)	Three-digit numerical non-Medicaid Blue Cross/Blue Shield plan code (eg. WI is 450). Code 'BCS' can be used if numerical plan code not available on patients ID card.
WPS	Non-Medicaid Wisconsin Physicians Service
CHA	TRICARE (CHAMPUS) or CHAMPVA (use with PayType '03')
BGR	BadgerCare (family coverage) Medical Status Codes for facilities that verify eligibility through the Forward Health Portal:
OTH	Payer not identified above
<b>MAX</b>	<b>BadgerCare Plus Expansion Population – (childless adults)</b> Medical Status Codes for facilities that verify eligibility through the Forward Health Portal: <b>(Eft. Q1 2010)</b>

**AND**

PAYTYPE	Expected Source of Payment & Secondary Source of Payment Types for use with PAYID: T18 or MED, T19, nnn (Blue Cross/Blue Shield), WPS, CHA, BGR, or MAX
01	Fee-for-service, non-HMO Medicare, on non-HMO Medicaid
02	Alternative health care insurance plans (HMO, PPO)
03	CHAMPUS (Tricare) or CHAMPVA (use with Payer ID 'CHA')
09	Unable to determine insurance type

**OR**

PAYTYPE	Expected Source of Payment & Secondary Source of Payment Types for use with OTH
11	Commercial or private insurance – fee-for-service
12	Commercial or private insurance – alternative health care insurance plan (HMO or PPO)
19	Commercial or private insurance – unable to determine insurance type
21	Employer self-funded – fee-for-service
22	Employer self-funded – alternative health care insurance plan (HMO or PPO)
29	Employer self-funded – unable to determine insurance type
31	Other organization self-funded – fee-for-service
32	Other organization self-funded – alternative health care insurance plan (HMO or

	PPO)
39	Other organization self-funded – unable to determine insurance type
41	Workers' Compensation
51	Non-Wisconsin Medicaid
52	51.42/51.437/46.23 County Board
<b>PAYTYPE</b>	<b>Expected Source of Payment &amp; Secondary Source of Payment Types for use with OTH</b>
53	General Relief / GAMP
54	WisconCare
55	TRICARE (CHAMPUS) supplement
56	HIRSP
59	Other government agency or program
61	Self-pay
71	Research grant
98	Other
99	Unknown

### Primary Payer Combined Code Assignment

Payer Identifier	Payer Type	Payer Combined Code	Description
MED	01	11	Medicare, Fee for Service
MED	02	12	Medicare, HMO/PPO
MED	09	14	Medicare, Unknown Type
T19	01	21	Medicaid, Fee for Service
T19	02	22	Medicaid, HMO/PPO
T19	09	24	Medicaid, Unknown Type
OTH	51	25	Medicaid, Other State
CHA	03	33	TRICARE/CHAMPUS/CHAMPVA
OTH	55	33	TRICARE/CHAMPUS/CHAMPVA
nnn	01	41	WPS/Blue Cross/Workers Comp, Fee for Service
OTH	41	41	WPS/Blue Cross/Workers Comp, Fee for Service
WPS	01	41	WPS/Blue Cross/Workers Comp, Fee for Service
nnn	02	42	WPS/Blue Cross/Workers Comp, HMO/PPO
WPS	02	42	WPS/Blue Cross/Workers Comp, HMO/PPO
nnn	09	44	WPS/Blue Cross/Workers Comp, Unknown Type
WPS	09	44	WPS/Blue Cross/Workers Comp, Unknown Type
BGR	01	61	BadgerCare Plus, Fee for Service
BGR	02	62	BadgerCare, HMO/PPO
BGR	09	64	BadgerCare, Unknown Type
MAX	02	61	BadgerCare Plus Core Plan Fee for Service
MAX	02	62	BadgerCare Core Plan, HMO/PPO
MAX	09	64	BadgerCare Core Plan, Unknown Type
OTH	11	71	Other Commercial or Private Insurance, Fee for Service
OTH	12	72	Other Commercial or Private Insurance, HMO/PPO
OTH	19	74	Other Commercial or Private Insurance, Unknown Type

<b>Payer Identifier</b>	<b>Payer Type</b>	<b>Payer Combined Code</b>	<b>Description</b>
OTH	21	81	Employer Self-Funded, Fee for Service
OTH	22	82	Employer Self-Funded, HMO/PPO
OTH	29	84	Employer Self-Funded, Unknown Type
OTH	31	91	Other Organization Self-Funded, Fee for Service
OTH	32	92	Other Organization Self-Funded, HMO/PPO
OTH	39	94	Other Organization Self-Funded, Unknown Type
OTH	52	101	Other Government, Fee for Service
OTH	54	101	Other Government, Fee for Service
OTH	59	101	Other Government, Fee for Service
OTH	53	102	Other Government, General Relief / GAMP
OTH	56	111	HIRSP, Fee for Service
OTH	61	121	Self-Pay, Fee for Service
OTH	71	122	Research Grant, Subsidized
OTH	98	131	Other or Unknown, Fee for Service
OTH	99	134	Other or Unknown, Unknown Type