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### **Health Services Cost Review Commission**

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To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Associate Director, Data Administration and Policy

Date: September 9, 2015

Subject: Clarification of the Expected Payer and Health Plan Codes

The purpose of this memo is to clarify coding of the Primary Expected Payer vs. Secondary Expected Payer, as well as codes for Primary and Secondary Health Plan Payer for Behavioral Health services.

## Coding Secondary Expected Payer When Patient does not Report Secondary Insurance

When a patient declines to report or does not have a secondary source of insurance, hospitals should report the following for Secondary Expected Payer:

| If Primary Expected Payer is:                    | Than Secondary Payer Must be:       |
|--|-------------------------------------|
| Medicaid (02)                                    |                                     |
| Medicaid HMO (14), or                            | Not Applicable (77)                 |
| Self-Pay (08)                                    |                                     |
| Not Medicaid (02),                               |                                     |
| Not Medicaid HMO (14), or                        | Self-Pay (08)                       |
| Not Self-Pay (08)                                |                                     |
| and Patient does not have secondary insurance    |                                     |
| Not Medicaid (02),                               |                                     |
| Not Medicaid HMO (14), or                        | Secondary Payer Code as reported by |
| Not Self-Pay (08)                                | the patient                         |
| and Patient <i>does</i> have secondary insurance |                                     |

These rules apply to all HSCRC data bases (Inpatient, Outpatient, Chronic and Psychiatric).

#### Coding Primary and Secondary Health Plan Payer for Behavioral Health Services

There is a discrepancy in the FY 2016 Inpatient, Outpatient, Chronic and Psychiatric Inpatient Data Submission Regulations regarding the coding of Primary and Secondary Health Plan Payer if the Expected Payer is Blue Cross (04) or Blue Cross National Capital Area (16). The regulations currently state if the Primary or Secondary Payer is Blue Cross, then the Primary or Secondary Health Plan Payer must be coded as CareFirst – RPN Network PPN/Indemnity (66).

However, there is an exception. If the Expected Primary or Secondary Payer for **behavioral health services** is Blue Cross, then the Primary or Secondary Health Plan Payer should be coded as **CareFirst PPO Behavioral Health (84)**. This will also apply to all HSCRC data bases (Inpatient, Outpatient, Chronic and Psychiatric).

#### **Questions**

If you have any questions about the changes to the FY 2016 Inpatient and Outpatient Data Submission Regulations, please contact Claudine Williams (<u>Claudine.Williams@maryland.gov</u>) or Oscar Ibarra (Oscar.Ibarra@maryland.gov).