

Division of Health Care Finance and Policy
 114.1 CMR 17.00 Submission of Hospital Case Mix and Charge Data
 Payer Type & Payer Source Code List - Effective Date 10/01/09

PAYER TYPE LIST

PAYER TYPE CODE	PAYER TYPE DEFINITION	PAYER TYPE ABBREVIATION
1	Self Pay	SP
2	Worker's Compensation	WC
3	Medicare	MCR
F	Medicare Managed Care	MCR-MC
4	Medicaid	4
B	Medicaid Managed Care	MCD-MC
5	Other Government Payment	GOV
6	Blue Cross	BCBS
C	Blue Cross Managed Care	BCBS-MC
7	Commercial Insurance	COM
D	Commercial Managed Care	COM-MC
8	HMO	HMO
9	Other Free Care (Charity Care)	FC
0	Other Non-Managed Care Plans	OTH
E	PPO and Other Managed Care Plans Not Elsewhere Classified	PPO
H	Health Safety Net	HSN
J	Point-of-Service Plan	POS
K	Exclusive Provider Organization	EPO
T	Auto Insurance	AI
N	None (Valid only for Secondary Payer)	N
Q	Commonwealth Care Plans	CommCare

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PAYER SOURCE LIST

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Invalid (replaced by #196 - Harvard Pilgrim Health Care, Inc. (HMO) (Previously Harvard Community Health Plan)		
2	Invalid (no replacement)		
3	Invalid (replaced by #246) (Previously Network Blue (PPO))		
4	Fallon Community Health Plan	8	HMO
5	Invalid (no replacement)		
6	Invalid (no replacement)		
7	Invalid (replaced by #236 - Tufts Associated Health Maintenance Organization, Inc. (TAHMO) - (Previously Tufts Associated Health Plan)		
8	Invalid (replaced by #196 - Harvard Pilgrim Health Care, Inc. (HMO) (Previously Pilgrim Health Care (HMO))		
9	Invalid (replaced by #226 - United Healthcare of New England, Inc.) (Previously United Health Plan of New England (Ocean State))		
10	Invalid (replaced by #195 - Harvard Pilgrim PPO) - (Previously Pilgrim Advantage - PPO)		
11	Blue Care Elect	C	BCBS-MC
12	Invalid (no replacement)		
13	Invalid (no replacement)		
14	Invalid (no replacement)		
15	Invalid (no replacement)		
16	Invalid (no replacement)		
17	Invalid (no replacement)		
18	Invalid (no replacement)		
19	Invalid (no replacement)		
20	Invalid (no replacement)		
21	Invalid (replaced by #249)		
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Invalid (replaced by #243) (Previously Pioneer Plan)		
26	Invalid (no replacement)		
27	Invalid (no replacement)		

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28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (no replacement)		
33	Invalid (no replacement)		
34	Invalid (no replacement)		
35	Invalid (replaced by #226 (Previously United Healthcare Insurance Company – HMO (new for 1997))		
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	Invalid (replaced by #196 - Harvard Pilgrim Health Care, Inc. (HMO) (Previously HCHP-Pilgrim HMO (integrated product))		
38	Health New England Select (self-funded)	8	HMO
39	Invalid (no replacement)		
40	Invalid (no replacement)		
41	Invalid (no replacement)		
42	ConnectiCare of Massachusetts	8	HMO
43	Invalid (no replacement)		
44	Invalid (no replacement)		
45	Invalid (no replacement)		
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	Invalid (replaced by #175) (Previously US Healthcare)		
49	Invalid (replaced by #87) (Previously Healthsource CMHC Plus PPO)		
50	Invalid (no replacement)		
51	Aetna Life Insurance	7	COM
52	Invalid (no replacement)		
53	Invalid (no replacement)		
54	Invalid (no replacement)		
55	Guardian Life Insurance	7	COM
56	Invalid (no replacement)		
57	John Hancock Life Insurance	7	COM
58	Invalid (no replacement)		
59	Invalid (no replacement)		
60	Invalid (replaced by #97)		
61	Invalid (no replacement)		
62	Mutual of Omaha Insurance	7	COM
63	Invalid (no replacement)		
64	Invalid (no replacement)		
65	Invalid (no replacement)		
66	Invalid (no replacement)		

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67	Invalid (no replacement)		
68	Invalid (no replacement)		
69	Invalid (no replacement)		
70	Invalid (no replacement)		
71	Invalid (no replacement)		
72	Invalid (no replacement)		
73	Invalid (replaced by #226 United Healthcare of New England, Inc.) (Previously United Health and Life (subsidiary of United Health Plans of NE)		
74	United Healthcare Insurance Company	7	COM
75	Invalid (replaced by #175 - Aetna Health, Inc. (HMO)) (Previously Prudential Healthcare HMO)		
76	Invalid (no replacement)		
77	Invalid (no replacement)		
78	Invalid - (no replacement)		
79	Pioneer Health Care PPO	E	PPO
80	Invalid (replaced by #237 and #238 - Tufts Insurance Company PPO and Tufts Health Maintenance Organization, Inc. PPO) (Previously Tufts Total Health Plan PPO)		
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	Invalid (no replacement)		
84	Private Healthcare Systems PPO	E	PPO
85	Invalid (no replacement)		
86	Invalid (no replacement)		
87	CIGNA PPO	D	COM-MC
88	Invalid (no replacement)		
89	Great West/NE Care	7	COM
90	Invalid (no replacement)		
91	Invalid (no replacement)		
92	Invalid (no replacement)		
93	Invalid (no replacement)		
94	Invalid (no replacement)		
95	Invalid (replaced by #195 - Harvard Pilgrim PPO) (Previously Pilgrim Select PPO)		
96	Invalid (replaced by #226) (Previously Metrahealth (United Health Care of NE)		
97	Unicare	7	COM
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Invalid (no replacement)		
101	Invalid (no replacement)		
102	Wausau Insurance Company	7	COM

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103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (no replacement)		
106	Invalid (no replacement)		
107	Invalid (no replacement)		
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Invalid (no replacement)		
110	Invalid (no replacement)		
111	Invalid (no replacement)		
112	Invalid (no replacement)		
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Invalid (no replacement)		
115	Invalid (no replacement)		
116	Invalid (no replacement)		
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (no replacement)		
125	Medicare HMO – Fallon Senior Plan****	F	MCR-MC
126	Invalid (replaced by #230)		
127	Invalid (no replacement)		
128	Medicare HMO – HMO Blue for Seniors****	F	MCR-MC
129	Invalid (no replacement)		
130	Invalid (no replacement)		
131	Invalid (no replacement)		
132	Invalid (no replacement)		
133	Invalid (replaced by Payor Source #244 - Tufts Medicare Complement) (Previously Medicare HMO - Tufts Medicare Supplement (TMS))		
134	Medicare HMO – Other (not listed elsewhere)***	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker’s Life and Casualty Insurance **	7	COM
139	Invalid (no replacement)		

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140	Invalid (no replacement)		
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Invalid (no replacement, Use Payer Source #995 Health Safety Net or #996 Charity Care)		
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Invalid (replaced by #36) (Previously Metrahealth - PPO (United Health Care of NE))		
158	Invalid (replaced by #226) (Previously Metrahealth - HMO (United Health Care of NE))		
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC
163	Invalid (no replacement)		
164	Invalid (no replacement)		
165	Invalid (no replacement)		
166	Private Healthcare Systems POS	J	POS
167	Invalid (replaced by #188 - Fallon Flex POS) (Previously Fallon POS)		
168	Advantra Freedom	F	MCR-MC
169	Invalid (no replacement)		
170	Invalid - (replaced by #174 - Aetna Health, Inc. - Quality POS) (Previously US Healthcare Quality POS)		
171	CIGNA POS	D	COM-MC
172	Invalid (no replacement)		
173	Aetna Medicare Open	F	MCR-MC

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174	Aetna Health Inc. - Quality POS	8	HMO
175	Aetna Health, Inc. - HMO	8	HMO
176	Carelink (CIGNA & Tufts)	7	COM
177	Chesapeake Life Insurance Company	7	COM
178	Children's Medical Security Plan (CMSP)	5	GOV
179	First Health Life and Health Insurance Company	7	COM
180	Fresenius Medical Care Health Plan (Medicare Advantage Plan)	F	MCR-MC
181	Invalid (no replacement)		
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Invalid (no replacement)		
184	Private Healthcare Systems EPO	K	EPO
185	Connecticut General Life - Indemnity	7	COM
186	Connecticut General Life - POS	J	POS
187	Connecticut General Life - PPO	E	PPO
188	Fallon Flex POS	J	POS
189	Fallon Major Medical - Indemnity	7	COM
190	Fallon Preferred Care - PPO	D	COM-MC
191	Genworth Preferred PPO	D	COM-MC
192	Guarantee Trust Life Insurance Company - PPO	D	COM-MC
193	Harvard Pilgrim - Indemnity	7	COM
194	Harvard Pilgrim - POS	8	HMO
195	Harvard Pilgrim - PPO	8	HMO
196	Harvard Pilgrim Health Care, Inc. (HMO)	8	HMO
197	Health Insurance Plan of New York (HIP)	7	COM
198	John Alden Life Insurance Company	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Invalid (no replacement)		
201	Invalid (no replacement)		
202	Invalid (no replacement)		
203	Invalid (no replacement)		
204	Invalid (no replacement)		
205	Health New England Select Premier PPO	E	PPO
206	Health New England Guaranteed Issue - Individual Plans	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
209	Mid-West National Life Insurance Company of Tennessee	7	COM
210	Invalid (no replacement)		
211	Invalid (no replacement)		
212	Invalid (no replacement)		
213	Medicare HMO - Medicare Complete Plans	F	MCR-MC

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	offered by SecureHorizons		
214	Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance	F	MCR-MC
215	Tufts Medicare HMO - Medicare Preferred	F	MCR-MC
216	Medicare Special Needs Plan - Commonwealth Care Alliance	F	MCR-MC
217	Medicare Special Needs Plan - Fallon Community Health Plan	F	MCR-MC
218	Medicare Special Needs Plan - Senior Whole Health	F	MCR-MC
219	Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Evercare Plan IP	F	MCR-MC
220	Invalid (replaced by #128) (Previously Medicare HMO - Blue Care 65)		
221	Invalid (no replacement)		
222	Invalid (no replacement)		
223	Invalid (no replacement)		
224	Invalid (replaced by #215 - Tufts Medicare HMO - Medicare Preferred) (Previously Medicare HMO - Tufts Secure Horizons)		
225	Invalid (no replacement)		
226	United Health Care of New England, Inc.	D	COM-MC
227	Northeast Health Direct - PPO	E	PPO
228	Oxford Health Plans	7	COM
229	Professional Insurance Company (Indemnity)	7	COM
230	Medicare HMO – HCHP First Seniority Freedom	F	MCR-MC
231	Invalid (no replacement)		
232	Medicare HMO - Senior Care Direct	F	MCR-MC
233	Medicare HMO - Senior Care Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235	Trustmark Life Insurance Company	7	COM
236	Tufts Health Maintenance Organization, Inc. (TAHMO)	8	HMO
237	Tufts Insurance Company PPO	E	PPO
238	Tufts Associated Health Maintenance Organization, Inc. PPO	8	HMO
239	Tufts Associated Health Maintenance Organization, Inc. POS Plan	8	HMO
240	Unicare PPO	E	PPO
241	Union Security Insurance Company	7	COM
242	Wellcare Health Plans, Inc.	7	COM
243	Pioneer Health Network	8	HMO

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244	Tufts Medicare Complement (TMC)	7	COM
245	Trail Blazer Health Enterprises, LLC	F	MCR-MC
246	Preferred Blue PPO	C	BCBS-MC
247	Humana Insurance Company **	7	COM
248	Mail Handlers Benefit Plan	7	COM
249	MEGA Life and Health Insurance Company	7	COM
250	CIGNA HMO	D	COM-MC
251	Invalid (replaced by #250)		
252	Health New England (HNE) Medicare Advantage Plan	F	MCR-MC
253	Blue Medicare PFFS	F	MCR-MC
254	Cigna Medicare Access Plans	F	MCR-MC
255	Health Net Pearl	F	MCR-MC
256	Humana Gold PFFS	F	MCR-MC
257	Today's Options Premier from Universal American	F	MCR-MC
258	Unicare Security Choice	F	MCR-MC
259	Celticare Health Plan of Massachusetts / HMO Plans (includes Celticare Premier, Solution, Saver, and Young Adults with or without RX)	8	HMO
260-269	Reserved		
270	Invalid (replaced by #240)		
271	Invalid (no replacement)		
272	Auto Insurance	T	AI
273	MassHealth Senior Care Options****	F	MCR-MC
274-299	Reserved		
300	CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
301	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I	Q	CommCare
302	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II	Q	CommCare
303	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III	Q	CommCare
304	Invalid (no replacement)		
400	CommCare: Cambridge Network Health Forward – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
401	CommCare: Cambridge Network Health Forward – Plan Type I	Q	CommCare
402	CommCare: Cambridge Network Health Forward – Plan Type II	Q	CommCare

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403	CommCare: Cambridge Network Health Forward – Plan Type III	Q	CommCare
404	Invalid (no replacement)		
500	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
501	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)	Q	CommCare
502	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)	Q	CommCare
503	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)	Q	CommCare
504	Invalid (no replacement)		
600	CommCare: Neighborhood Health Plan– General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
601	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)	Q	CommCare
602	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)	Q	CommCare
603	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)	Q	CommCare
604	Invalid (no replacement)		
700	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - General Classification	Q	CommCare
701	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 1	Q	CommCare
702	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 2	Q	CommCare
703	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 3	Q	CommCare
704	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care Bridge Program	Q	CommCare
990	Invalid (no replacement)		

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995	Health Safety Net	H	HSN
996	Charity Care	9	FC

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SUPPLEMENTAL – USE AS SECONDARY PAYER ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Invalid (no replacement)		
129	Invalid (no replacement)		
131	Invalid (no replacement)		
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life & Casualty Insurance **	7	COM
139	Invalid (no replacement)		
140	Invalid (no replacement)		
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Invalid (no replacement)		
201	Invalid (no replacement)		
202	Invalid (no replacement)		
210	Invalid (no replacement)		
211	Invalid (no replacement)		
212	Invalid (no replacement)		
247	Humana Insurance Company **	7	COM

** Supplemental Payer Source

*** List under specific carrier when possible

****More comprehensive than original Medicare plan. Doesn't necessitate Medigap policy