

# Question: What is the difference between the Primary and Secondary Payer Type and Payer Source fields in the Case Mix data and where do I find the look-up values?



Answer: This is one of most common questions CHIA receives from first time users of the case mix data. **Payer Types** are 22 categories used to classify the delivery coverage

**Table 1. Case Mix Payer Type Codes and Definitions**

Code	Payer Type Definition
1	Self Pay
2	Worker's Compensation
3	Medicare
F	Medicare Managed Care
4	Medicaid
B	Medicaid Managed Care
5	Other Government Payment
6	Blue Cross
C	Blue Cross Managed Care
7	Commercial Insurance
D	Commercial Managed Care
8	HMO
9	Free Care
0	Other Non-Managed Care Plans
E	PPO and Other Managed Care Plans Not Elsewhere Classified
H	Health Safety Net
J	Point-of-Service Plan
K	Exclusive Provider Organization
T	Auto Insurance
N	None (Valid only for Secondary Payer)
Q	Commonwealth Care/ConnectorCare Plans
Z	Dental Plans

plan for health care payers in Massachusetts (see **Table 1**).

In the case mix data, the Primary Payer Type and Secondary Payer Type must be compatible with Primary Payer Source and Secondary Payer Source.

If Medicaid is one of two payers, Medicaid will be coded as the secondary Payer Type and secondary Payer Source *unless Free Care is the secondary type and source of payment.*

**Answer (continued):** The **Payer Source** is name of the health plan or program through which the patient (health plan policy holder) reimburses the health care provider. A look-up table of Payer Source codes and associated health plan names is available on CHIA’s website at:



<http://www.chiamass.gov/assets/docs/p/case-mix/Payer-Source-Codes-2007-2017.xlsx>

This online table includes 347 codes and names for health plans used in case mix data from 2007 through present. If Medicaid is one of two payers, Medicaid is coded as the secondary source of payment unless Free Care is the source of payment. There are also certain supplemental “fill-the-gap” plans that cover parts of medical expenses and are valid only as secondary source of payment (**See Table 2**).

**Table 2. Supplemental Plans Valid Only as Secondary Source of Payment**

Payer Source Code	Payer Source Name	Payer Type Code	Payer Type Definition
127	Medicare HMO -Health New England Medicare Wrap	F	Medicare Managed Care
128	Medicare HMO -HMO Blue for Seniors	F	Medicare Managed Care
129	Medicare HMO-Kaiser Medicare Plus Plan	F	Medicare Managed Care
131	Medicare HMO-Pilgrim Enhance 65	F	Medicare Managed Care
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	Medicare Managed Care
136	BCBS Medex	6	Blue Cross
137	AARP/Medigap Supplement	7	Commercial Insurance
138	Banker’s Life and Casualty Insurance	7	Commercial Insurance
139	Bankers Multiple Line	7	Commercial Insurance
140	Combined Insurance Company of America	7	Commercial Insurance
141	Other Medigap (not listed elsewhere)	7	Commercial Insurance
200	Hartford Life Insurance co.	7	Commercial Insurance
201	Mutual of Omaha	7	Commercial Insurance
202	New York Life Insurance Company	7	Commercial Insurance
210	Medicare HMO-Pilgrim Preferred 65	F	Medicare Managed Care
211	Neighborhood Health Plan Senior Health Plus	F	Medicare Managed Care
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	Medicare Managed Care