Definition: *The source of payment that is expected to pay the greatest share of the encounter or claim should be listed as the primary payer.*

Types of Health Insurance Coverage - Most consumers have health insurance coverage from one of three sources:

https://oci.wi.gov/Documents/Consumers/PI-225.pdf

• An individual health insurance policy

• A group health insurance policy (employer-sponsored coverage) or self-insured plans such as TPA/BPA

• A government-sponsored program (includes BadgerCare Plus, Medicaid, and Medicare).

See Section 5.5 to reference the Mapping rules and Spec's to include the Payer ID off the claim in loop 2010BB REF02

Payer Table Mapping Details

11/2024 Updated Table - removed plans that are no longer available or serving WI residents.

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
A10	09	Aetna (Aetna Healthcare Assurance Programs of Wisconsin, Inc.)	https://www.aetna.com/
A11	09	Ambetter (Managed Health Services Insurance Corp.)	Marketplace: https://www.ambetterhealth.com
A12	09	Blue Cross Blue Shield (aka Anthem, Anthem Blue, etc.)	www.anthem.com
A15	09	Cigna Health and Life Insurance Company	Multiple plan types: https://www.cigna.com/
A16	09	Common Ground Healthcare Cooperative (Brookfield)	https://www.commongroundhealthcare.org/our-plans/individuals-families/
A17	09	Dean Health Plan, Inc. (Madison)	www.deancare.com
A18	09	Group Health Cooperative of South-Central Wisconsin (Madison)	ghcscw.com
A20	09	HealthPartners Insurance Company	https://www.healthpartners.com/hp/insurance/ domicile state MN
A22	09	Humana Insurance Company, Humana Wisconsin Health Ins. Corp.	www.humana.com
A24	09	Medica Community Health Plan Insurance Company	www.medica.com
A25	09	MercyCare HMO, Inc. - and MercyCare Insurance Company	www.mercycarehealthplans.com
A26	09	Molina Healthcare of Wisconsin, Inc.	https://www.molinahealthcare.com/
A27	09	Network Health Plan	https://networkhealth.com/
A29	09	Security Health Plan of Wisconsin, Inc. (Marshfield)	www.securityhealth.org
A30	09	UnitedHealthcare Insurance Company	www.uhc.com
A31	09	Quartz (Formerly Unity Health Plans Insurance Corporation) "Quartz Health Solutions, Inc. is co-owned by UW Health, Gundersen Health System and UnityPoint Health – Meriter.	Users can use this code or A43-09 01/2023 left in the table for 2023 reporting year.
A32	09	WPS Wisconsin Physicians Service Insurance Corp. (Madison, WI)	www.wpshealth.com
A33	09	Managed Health Services Insurance Corp.	https://www.mhswi.com/get-insured.html
A34	09	Aspirus Health Plan of Wisconsin	https://www.aspirus.org/aspirus-health-plan
A35	09	ARM Health EOS / HealthEOS / MultiPlan	
A36	09	Chorus Community Health Plan (Formerly Children's Community Health Plan, Inc. 9/2022)	http://TogetherCCHP.org
A39	09	Group Health Cooperative of Eau Claire (Eau Claire)	www.group-health.com
A40	09	The Medical Associates Clinic Health Plan of Wisconsin	www.mahealthcare.com

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
A43	09	Quartz Health Benefit Plans Corporation (Sauk City, WI) GHP, Unity and PPIC:	https://quartzbenefits.com
A44	09	Choice Plus UHC / UMR (University Health Care)	
A47	09	US Health and Life Insurance Company	www.ushealthandlife.com
A48	09	All Savers Insurance Company	www.myallsavers.com
A49	09	Care Improvement Plus Wisconsin Insurance Company	Parent company is UnitedHealth Group Inc.
A51	09	New 2023: Robin with HealthPartners	https://www.healthpartners.com/insurance/robin/
A99	09	Other Commercial or nationwide out of state (not listed here) carriers. (Golden Rule Insurance, American National Life Insurance Co. of Texas)	
		NON-COMMERCIAL PLANS	
MED	09	Medicare Medicare is **federal health insurance for people 65 or older**, some younger people with disabilities, and people with End-Stage Renal Disease. Medicare Supplement policy is an extension of Medicare. A Medigap policy is a supplement to Original Medicare. https://www.medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance What is Medicare? *https://www.medicare.gov/Pubs/pdf/11306-Medicare-Medicaid.pdf*	Effective Q12021: To simplify mapping, we removed the requirement to identify PayType 01 & 02 - these paytypes are still available, but users may now report w/Paytype 09. This is intended to simply the processes of the hospital and ASC staff. Some patients >65 may carry employer sponsored health coverage. An alert will show.
MPC	09	NEW Q422: Medicare Advantage Plans (Part C) *Medicare Advantage plans are offered by private companies approved by Medicare.* Medicare Advantage HMO/PPO (E.g., Medicare Advantage Plans) AARP, Senior insurance carriers, etc. all go in this bucket. If the patient has dual Medicare plans, list both primary and secondary using the correct codes. This bucket can also include Medicare Supplemental / Medigap plans.	Usually provided by a commercial plan. Typical Plans: Aetna Allwell Anthem Blue Cross/Blue Shield Humana Medica Molina Quartz Benefits United Healthcare WellCare (Centene)
T19	09	Medicaid, Fee for Service: Wisconsin Medical Assistance (Medicaid). According to DHS: Medicaid serves the elderly, blind and disabled = T19/09 Facilities may verify eligibility through the ForwardHealth Portal. Medicaid, HMO/PPO: Many people who receive Medicaid SSI or SSI-related Medicaid because of a disability determined by the Disability Determination Bureau must try Medicaid SSI HMO enrollment. Ex: Care Wisconsin.	Effective Q12021: To simplify mapping, we removed the requirement to identify PayType 01 - identifies straight Medicaid FFS Paytype 02 - identified Medicaid HMO/PPO PayType 09 - Universally accepted mapping Plan names: Community Care Health Plan, Inc.
BGR	09	BadgerCare, Fee for ServiceBadgerCare Plus, HMO/PPO: Families - parents, pregnant women, children, and childless adults. **Most BGR patients have HMO plans - BGR/02.**	May include Trilogy Health, Community Care Health & Independent Health Care.

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
		Independent Care Health Plan (iCare) Joint venture of Humana and Milwaukee Center for Independence that serves children and adults with disabilities/special needs. Added Family Care Partnership in 2010 Medicaid & Medicare managed care. Review payer of last resort guidelines and advice. WI ForwardHealth has billing requirements that should be reviewed and adhered to. [Online Handbook Display (wi.gov)](#)	BadgerCare (families, pregnant women, & childless adults) typically HMO – in WIpop/837 file = BGR/09
CHA	03	VA Health Care/ OPTUM VA / TRICARE (CHAMPUS) **supplement** (Military / Veteran) **CHAMPVA** Supplement Insurance Plan. The Civilian Health & Medical Program of The Department Of Veterans Affairs (Champva).	[About VA](#)
C19	80	COVID-19 HRSA Uninsured Program NEW: Q120 Provider COVID-19 Vaccine Fact Sheet (hhs.gov)	
OTH	21	Other Organization Self-Funded, Self-Insured, Fee for Service/HMO/PPO (Ex. ACA, Tribal Services, municipalities, school districts, ASR Health Benefits, Third Party Benefit Plan or Benefit Plan Admin/Other Plan Administrators, etc.) **Private employer insurance types get mapped from this code.** *A quick google search will help identify the plan name and type.*	NEW: 1/1/2021 combined OTH 21 and 31 to one option: Use OTH 21 to map all private payers, Alliance and Group / Benefit/Third Party Plan Administrators, Managers or other types of organizations that are self-funded or have plan managers.
OTH	41	Workers Compensation Insurance https://oci.wi.gov/Pages/Consumers/WorkersComp.aspx	If there is no insurance cert number - user can use the pcontol or year of birth.
OTH	51	**Medicaid, Out of State: Ex. Minnesota, Iowa, Illinois, Michigan Medicaid Patients.**	
OTH	52	Other Government: 51.42/51.437/46.23 County Board Ex. Mental/Behavioral Health and Department of Corrections, and other County Dept. for aging, chronically ill or chemically dependent.	For use with patients coming from a jail / mental health facility or other county departments where the patient is under the care of the state.
OTH	54	Wisconsin Family Care Program (WI – DHS Program): https://www.dhs.wisconsin.gov/publications/p0/p00570.pdf ; Ex. [Care Wisconsin](#): https://www.dhs.wisconsin.gov/news/releases/070717.htm **Category includes reporting for the previous mapping of OTH 59 and 71** – all are used to report free and/or subsidized government programs, nonprofit organizations, local health departments, and grant/research funds. To simply report, hospitals and ASCs can use this to capture all categories contained in this section including subsidized health care through grants, research, and other charity care. Wisconsin Well Woman Program / Susan G. Komen Funding Community Care Health Plan, Inc. / Community Care, Inc. Community Care Health Plan, Inc., provides care under two government programs: Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership Program (Partnership) and Independent Care Health Plan Eligible individuals choose from Care Wisconsin and My Choice Family Care, upon certification. Advocates4U, Connections, First Person Care Consultants, and TMG intend to support those choosing IRIS. *May also include Indian / Tribal Care or Children	NEW: 1/1/2021 category now includes code 59 and 71. [IRIS (Include, Respect, I Self-Direct) Information](#) [Family Care, Family Care Partnership, and PACE Information](#) [Birth to 3 Program Information](#) [Children's Long Term Support Waiver Program and Children's Community Options Program Information](#) whose care is paid from funds granted to the office of Indian Affairs.

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
OTH	61	Self-Pay: Insurance Cert field may be left blank with self-pay (Cert Number field must be blank) This field also includes cost sharing plans - because no claim is created, and a statement is invoiced. For example, ALtrua HealthShare, and Liberty Share.	State statute requires facilities to report self-pay encounters along with all other encounters.
OTH	99	Other or Unknown Payer: TPL, MVA, state funded crime victim or safe funds, and some other unknown payers that are not related to commercial, private, or other forms identified in the mapping table. rom auto insurance to crime victim claims Unknown Type (Ex: crime victim funds and claims, disability determination, unidentified programs or WI SAFE Fund (sexual assault). Other or Unknown **TPL** (Auto - Accident - State Farm Auto, American Family auto). No Fault insurance is medical coverage for injuries that are related to motor vehicles. In states where car insurance is mandatory no fault is always primary, no matter what other insurance coverage a person may have.,	Do not use this code to report or map unknown commercial (A99) or private insurance companies (OTH 21). This is not a catch all code. Alerts will be set up as well as frequent audits to work with facilities to make necessary corrections.

State of Wisconsin, Office of the Commissioner of Insurance – Guide to Health Care Insurance

1/1/2021	MED, T19, BGR	01 and 02	New: Users have the option to report only 09. This is intended to simply the processes of the hospital and ASC staff.
1/1/2021	T18	01/02/09	Combined to MED. Data shows only 25% of hospitals and ASCs use this code.

https://appliedga.com/medicare-carriers-by-state/

7.4.1. CLAIM FILING INDICATOR CODE

Definition: Code identifying type of claim or expected adjudication process. The first reported payer Claim Filing Indicator code must be associated with the primary payer.

One required element when submitting electronic claims is the claim filing indicator code. It identifies to the payer what type of claim is being submitted. When a patient has multiple insurances, it also indicates which payer is primary.

Purpose: Collection of the Claims Filing Indicator code will provide WHAIC and facility an additional **internal cross check** to verify payers are reported as accurately as possible.

Data Element: **837I/R 837P:** Loop 2000B / SBR09   **Field Details:**   Situational (If collected, report code)

X12 Code	X12 Description	WHAIC Mapping / Description
09	Self-pay	OTH-61 - No payment expected or no insurance to bill
11	Other Non-Federal Programs	Other government, Department of corrections, Misc / other
12	Preferred Provider Organization (PPO)	Axx – 09 - Private Health Insurance, managed care unspecified
13	Point of Service (POS)	Private Health Insurance, managed care unspecified
14	Exclusive Provider Organization (EPO)	Private Health Insurance, managed care unspecified

X12 Code	X12 Description	WHAIC Mapping / Description
15	Indemnity Insurance	A Code – Private Health Insurance
16	Health Maintenance Organization – Medicare Risk	MPC-09 Medicare
17	Dental Maintenance Organization	OTH-99 Private Insurance
AM	Automobile Medical	OTH-99 – Other Insurance
BL	Blue Cross	Map to WHAIC A Code
CH	CHAMPUS – Civilian Health and Medical Program of the Uniformed Services	CHA-03
CI	Commercial Insurance Company	Map to correct "A" Code to represent Commercial Payer - Non-Medicare payer
DS	Disability	OTH-99
FI	Federal Employees Program	OTH-99, A code, OTH-21
HM	Health Maintenance Organization (HMO)	A Code – Commercial Insurance or MPC-09 Med Advantage
LM	Liability Medical	OTH-99
MA	Medicare Part A	Medicare
MB	Medicare Part B	Medicare
MC	Medicaid	T19-09 - Medicaid
OF	Other Federal Program, Medicare Part D Claims	Other Government, Department of Corrections
TV	Title V - **Title V funds support programs for children with special health needs**	Other Government Program: Maternal and Child Health Services Block Grant Program
VA	Veterans Administration / Affairs Plan	CHA-03
WC	Workers Compensation Health Plan	OTH-41
ZZ	Charity or Unknown	OTH-99 – Type of Insurance is unknown

Data Element: 837I, 837R, 837P: Loop 2010BB / REF01 (NF (PayerID Code), REF02 = Value

Field Details: Situational

- **Definition:** Support the Exchange of EDI Claims Using a Payer List and Payer ID. This field will have edits in 2024 on Commercial, Medicare, Medicaid and BadgerCare insurance plans. All other insurance types (self-insured, worker's comp, etc.) are encouraged to report the Payer ID but will not have edits. When using the services of a clearinghouse, it is critical that the proper Payer ID is used so the EDI claims are sent to the right payer.

- The Payer ID or EDI is a unique ID assigned to each insurance company. It allows provider and payer systems to talk to one another to verify eligibility, benefits and submit claims. The payer ID is five (5) characters, but it may be longer. It may also be alpha, numeric or a combination.

    - https://www.inovalon.com/payer-list/

- Insurance payers use what is called a payer id to route claims to the correct insurance company, or payer. Some insurances have the same payer id among all clearinghouses, while others may differ. Payer ids can be found in the patient's chart > demographics > insurances. If you start typing the name of the payer, you will be given a list of options.

    - https://support.drchrono.com/hc/en-us/articles/4408566426651-What-does-PRNT-mean-when-it-is-part-of-the-payer-id-

- **Purpose:** This field will allow WHAIC an internal and external cross check on accuracy of payer mapping and give data users a better result when reviewing payer assignment. Based on WHAIC research most facilities use an EDI Claims Payer List to identify or map a Payer ID to support their electronic transactions **are routed to the right health plan**.

    Are payer IDs universal?
    Some national payers, such as Aetna (60054), Cigna (62308), and United Healthcare (87726) have universal payer IDs that can be used across all clearinghouses. Other payers can have different payer ids based on the clearinghouse.

WHAIC Notes:

1) Our goal is to get the PayerID off the encounter/claim. Once we have consistency with the Payer ID, we can bump it up against an internal table and validate payers more frequently for accuracy.

2) Submitters should not replace the existing payer mapping fields with the Payer ID code as described above. The existing primary and secondary payer fields will remain the same.
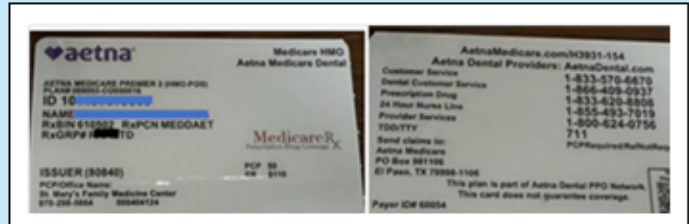
Sample:

Do not change the Expected Source of payment. These are two separate fields. They are not interchangeable. **Payer ID comes from the claim.**

Expected Source of Payment ID/Type: A12 09
Secondary Source of Payment ID/Type:
Insurance Certificate Number: ZRA72
Prov Based Loc:
Payer ID: 00950

LOOP ID - 2010BB Payer Detail

LOOP 2010BB: PAYER NAME

NM1*PR*1*Aetna***PI*A10-09~**

REF*NF*60054

| 2010BB	NM101	Payer Entity ID Code	R	PR = Payer	
2010BB	NM102	Entity Type Qualifier	O	1 = Non-Person Entity *NM102 qualifies NM103	Discarded
2010BB	NM103	Payer Name	R/S	Name of Payer Organization as provided on the claim.	
2010BB	NM108	(Payer) Identification Code	O	PI=Payer Identification	Discarded
2010BB	NM109	Primary Payer Identifier Code *Self-pay requires OTH-61	R	WHAIC Values in Appendix 7.3 Element format is **AAA-99**; Example A21-09 Primary Source of Payment ID	SOPID is characters 1-3 - SOPTYPE is characters 5-6 The dash is preferred, but not required
2010BB	REF01	REF ID Qualifier for Payer/NAIC#	S	NF	Payer Identifier in the EDI Claims file – routes claim to correct payer.
2010BB	REF02	Payer ID	S	Enter the Value of the Payer ID. This value is found on the patient's insurance ID card. This value directs the claim to the correct payer or plan type (commercial, Medicare, ACA plan, etc.)	Refer to Appendix 7.3.2 for additional info.

7.3.3 ALERTS

Alerts are not Edits or Errors. Alerts are intended to be an opportunity to review the data more closely and timely. Our intent is to allow ample time to make necessary changes before the end of the year. You are not required to work all alerts.

* The alert bell may draw your attention to specific areas of race, ethnicity, payer and inpatient and observation stays.
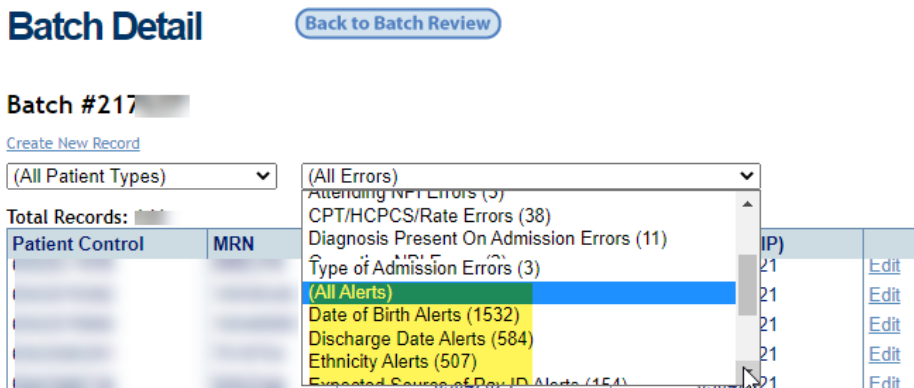
WIpop Batch files will contain an Alert Records section for each Patient Type on the far right of the screen.

Alerts can be isolated and reviewed separately from other edits a couple of separate ways

1. **By running an inventory report from the Batch/Reports**
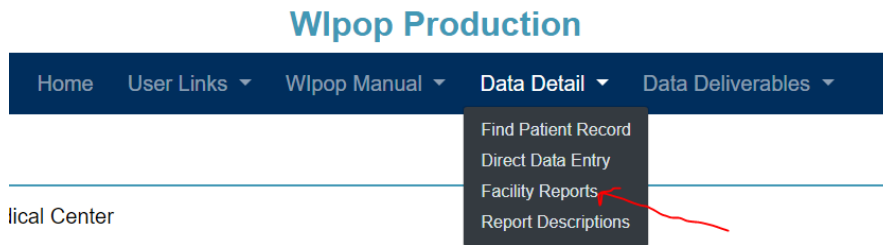
2. **By viewing along with other invalid records in the Batch Detail Screen**

Alert Codes	Alert Defined	Alert reconciliation how to handle
A060	Unknown or Other Primary Payor. Expected Source of Payment ID/Type: A99 09 Secondary Source of Payment ID/Type: Insurance Certificate Number: Payer Name From 837: ALLIED BEN SYS INDEMNITY	Verify the correct payer is assigned. In this record the Alert is produced for the A99 code. Clicking on the Expected Source of Payment will provide the name of the payer. A google search will lead the reviewer to noticing this is a Benefit Plan Admin. Or TPA. **The correct mapping should be OTH 21, NOT A99.**
A065	Primary Payor Code will expire 12/31/2021. See Appendix 7.3 for more information. OTH 31 was combined with OTH 21. Remap Payers with OTH 31 Expected Source of Payment ID/Type: OTH 31 Secondary Source of Payment ID/Type: Alert A065: Primary payor code will expire 12/31/2021. Edits will occur in Q1 2022. Please see Appendix 7.3 to correct mapping.	Multiple payer codes have been combined or removed to reduce the amount of facility payer mapping required. Payer Alerts are set up to instruct submitters and editors to review Appendix 7.3 and adjust codes accordingly.

Alert Codes	Alert Defined	Alert reconciliation how to handle
		• MED and T18 – combined to MED-09 = Medicare, Medicare Sup / MediGap, Medicare Part A, B, C - all Medicare patients. • OTH 21 and OTH 31 – combined to OTH-21 = self-insured/TPA and benefit plan administration (BPA) or private employer funded insurance. • CHA 03 and OTH 55 – combined to CHA 03 = current and former military (insurance) benefits regardless of who is managing contract. • OTH 54, 59 & 71 – combined to OTH 54 = free/subsidized government programs, nonprofit organizations, health departments, and grant/research funds. • OTH 99 and 98 – combined to OTH 99 = TPL, MVA, state funded crime victim or safe funds, and some other unknown payers that are not related to commercial, private, or other forms identified in the mapping table. From auto insurance to crime victim claims. • Facilities are ==no longer required to identify the Plan PayTypes: 01 – FFS and 02 - HMO/PPO== for Medicare, Medicaid or BadgerCare. Please **report all payers using one option PayType = 09**
A067	Primary and Secondary Payors are the same. Expected Source of Payment ID/Type: [A12] 🔔 [09] Secondary Source of Payment ID/Type: [A12] [09]	Verify patient has the same payer as primary and secondary. It is not uncommon to list two (2) Medicare payers if the patient has a dual Medicare plan. Typically, it is not common for patients to have the same duplicate plans such as BC Anthem.
A070	Unknown or Other Secondary Payor	Review claim and update patient account with the correct payer type plan type and ID. Reference A060 for additional information.
A075	Secondary Payor Code will be Invalid after Q12021. See Appendix 7.3 for more information.	Multiple payer codes have been combined or removed to reduce the amount of facility payer mapping required. Payer Alerts are set up to instruct submitters and editors to review Appendix 7.3 and adjust codes accordingly. • MED and T18 – combined to MED-09 = Medicare, Medicare Sup / MediGap, Medicare Part A, B, C - all Medicare patients. • OTH 21 and OTH 31 – combined to OTH-21 = self-insured/TPA and benefit plan administration (BPA) or private employer funded insurance. • CHA 03 and OTH 55 – combined to CHA 03 = current and former military (insurance) benefits regardless of who is managing contract. • OTH 54, 59 & 71 – combined to OTH 54 = free/subsidized government programs, nonprofit organizations, health departments, and grant/research funds. • OTH 99 and 98 – combined to OTH 99 = TPL, MVA, state funded crime victim or safe funds, and

Alert Codes	Alert Defined	Alert reconciliation how to handle
		some other unknown payers that are not related to commercial, private, or other forms identified in the mapping table. From auto insurance to crime victim claims. • Facilities are ==no longer required to identify the Plan PayTypes: 01 – FFS and 02 - HMO/PPO== for Medicare, Medicaid or BadgerCare. Please **report all payers using one option PayType = 09**
A080	Over 65 non-Medicare Payer should be mapped to MED. See Appendix 7.9 Medicare Advantage is to be mapped to MPC-09	This is not an edit, if the patient is still working and does not have Medicare, leave as is. However, most 65 and older patients have Medicare as a primary payer. Commercial plans offering Medicare Advantage is MPC – 09, Med Sup should be mapped to MED – 09.
A060	Unknown or Other Primary Payor	Verify payor assignment of A99, OTH 98 and OTH 99. Unknown commercial can be verified against this table and self-insured, BPA or TPAs should be googled and updated with OTH-21.
A065	Primary Payor code will be expiring 12/31/2021. Edits may occur in Q1 2021. Please see Appendix 7.3 for correct mapping.	To make it easier on the submitter, we are trying to reduce redundancy in payer mapping and code usage. Comments and suggestions are welcome. It is unnecessary to remap / code or assign new codes. We may reconsider the requirement to combine all codes into pay type – 09.
A067	Primary and Secondary Payors are the same.	Verify payer mapping is accurate. It is common to list two (2) Medicare payers if the patient has a dual Medicare plan. *Alerts will not be triggered for two Medicare Plans.*
A070	Unknown or Other Secondary Payor	Review claim and update patient account.
A075	Secondary Payor Code will be Invalid after Q12021.	To make it easier on the submitter, we are trying to reduce redundancy in payer mapping and code usage. Comments and suggestions are welcome. We may reconsider the requirement to combine all codes into pay type – 09.
A080	Over 65 non-Medicare Payer. Medicare Advantage Plans should be mapped to MED-09.	This is not an edit, if the patient is still working and does not have Medicare, leave as is. However, most 65 and older patients have Medicare as a primary payer. Commercial plans offering Medicare Advantage map to MPC-09, or Med Sup should be mapped to MED – 09. Disregard Alert if patient is >65 and still has commercial insurance through an employer with 20 or more employees. https://www.medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance
A090	Inpatient stay under 2 days	This alert is based on the CMS' Hospital Inpatient Admission Order and Certification requirements. Inpatient stays that are less than 2 days (excluding

Alert Codes	Alert Defined	Alert reconciliation how to handle
		discharge status codes: 02, 05, 07, 20 and 66) will trigger alerts.