

Source of Payment (SOP) 2019 FAQ

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Note: The Source of Payment (SOP) code information in this document relates to MIPS for 2019 reporting and the EHR Reporting method that athenahealth uses for its Centricity Quality Submission Service (QSS). With the transition to MACRA and associated MIPS program, CMS continues to require the use of SOP codes.

Customers are encouraged to refer to the CMS Quality Payment Program Service Center at 1-866-288-8292 or QPP@cms.hhs.gov for questions regarding any program related decisions or their practice's unique circumstances and are responsible for understanding and meeting the requirements for CMS MIPS reporting.

Q: What are Source of Payment (SOP) codes?

Source of payment codes were created by the Public Health Data Standards Consortium, now hosted by the [National Association of Health Data Organizations \(NAHDO\)](#), to create a standard for reporting payer type data that will enhance the payer data classification and facilitate a consistent comparison of payer data.

SOP codes are organized as a hierarchy to provide increased granularity for the variety of insurance plans on the market. A single digit SOP code indicates the highest level in each category of SOP codes. There are nine broad categories of SOP codes.

SOP Code	SOP Description
1	MEDICARE
2	MEDICAID
3	OTHER GOVERNMENT (Federal/State/Local excluding Department of Corrections)
4	DEPARTMENTS OF CORRECTIONS
5	PRIVATE HEALTH INSURANCE
6	BLUE CROSS/BLUE SHIELD
7	MANAGED CARE UNSPECIFIED (to be used only if one can't distinguish public from private)
8	NO PAYMENT from an Organization/Agency/Program/Private Payer Listed
9	MISCELLANEOUS/ OTHER

In the example below, Medicare is the broad category of payer type and is assigned the SOP code “1”. Medicare HMO is a subcategory within Medicare and is assigned the SOP code “111”. Any plan’s SOP code that begins with the number 1 will be some flavor of a Medicare plan. This numeric hierarchy applies to each broad category of payer type.

SOP Code	Source of Payment
1	MEDICARE
11	Medicare (Managed Care)
111	Medicare HMO
112	Medicare PPO
113	Medicare POS
119	Medicare Managed Care Other
12	Medicare (Non-managed Care)
121	Medicare FFS
122	Medicare Drug Benefit
123	Medicare Medical Savings Account (MSA)
129	Medicare Non-Managed Care Other
19	Medicare Other

Q: Where do I find the list of SOP codes?

The [National Association of Health Data Organizations \(NAHDO\)](#) hosts the [Source of Payment Typology](#) code set that may be used as guidance in assigning SOP codes.

Q: Why do I need SOP codes?

CMS has an All-Payer requirement for MIPS submissions using the EHR Reporting option, which is what we support with CQR and our Quality Submission Service (QSS). CMS also expects electronic submissions to include a SOP code for all included insurance plans. CMS has stated that “at least one Medicare Part B patient in the denominator for each of the six measures that are being reported on for Quality.”

When a SOP code is missing, we will use a default SOP code of “OTHER”. We recommend avoiding sending all insurances as OTHER to reduce the possibility of a CMS audit.

Insurance plans that are assigned an SOP code in the EMR can then be filtered by using the Dashboard Filter By field in CQR. You must use a *Year* reporting range. Other reporting ranges do not currently work with the Filter By option. The Medicare FFS (Part B) filter in CQR will only filter patients whose insurance plan is mapped to the Medicare SOP code “121”.

Q: What will happen if I don't assign an SOP code to each insurance plan?

When a SOP code is missing, we will use the SOP value for “OTHER”. We recommend avoiding sending all insurances as OTHER to reduce the possibility of a CMS audit.

Insurance plans that are not assigned an SOP code will not be included in the measure results when the insurance filter is applied in CQR.

Q: Do all insurance plans need to be assigned an SOP code?

Yes. Our submissions include all patients and CMS expects all insurance plans to be assigned an SOP code.

Q: How do I know which SOP codes to use for a specific insurance plan?

The billing department in any organization will typically have sufficient knowledge of insurance plans to assign source of payment categories.

Using the single digit code remains acceptable but using the two or three digit codes will ensure compliance into the future if a more granular level of coding becomes required or more desirable in future reporting years.

Q: When does the SOP code mapping need to be completed?

If you've submitted electronically in previous years you should already have SOP codes configured. We would recommend that you periodically review your SOP codes for accuracy and make sure that SOP codes are applied when new insurances are created in CPS or EMR.

If you have not previously configured SOP codes, we'd recommend configuring them as early as possible in the year, if for no other reason than to avoid having to update these codes towards the end of the year when there are other priorities like making sure your physicians have the best possible results for their chosen measures.

SOP code changes will be automatically applied back to January 1st of the current year. If you make your updates by December, your data for the year will be up-to-date with SOP codes. If you make your SOP changes in January or later for the previous year and want those changes reflected, you'll want to resend data to CQR. You can reference our resend [instructions](#).

Q How do I confirm the accuracy of my current SOP codes?

We provide reports in the Quality Reporting Community, QSS page to help you identify insurance carriers and their currently assigned SOP codes ([CPS](#), [CEMR](#)).

Q: What are the steps for assigning SOP codes to an insurance carrier in CPS?

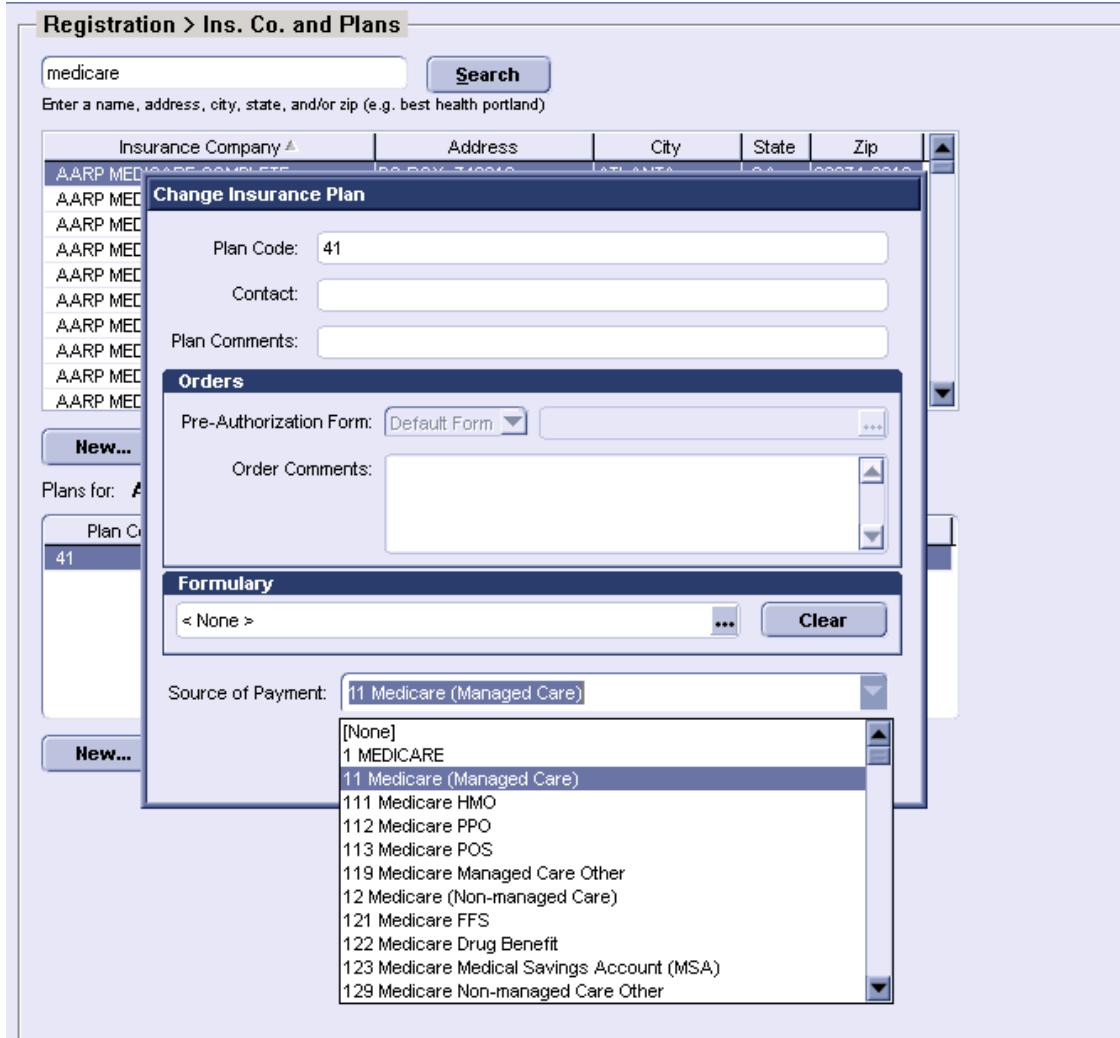
- A. In Administration, go to the top tool bar and choose Home tab > Insurance > Insurance Carriers
- B. Select the Insurance Carrier
- C. Select Edit
- D. Select the appropriate SOP code

The screenshot shows the 'New Insurance Carrier' dialog box. The 'Information' tab is selected. The 'Carrier ICD-10 Implementation Date' is set to 10/01/2014. The 'Carrier Type' dropdown is open, showing a list of SOP codes and descriptions. The code '369 State, not otherwise specified (other state)' is highlighted. Other codes include 33 Indian Health Service or Tribe, 331 Indian Health Service - Regular, 332 Indian Health Service - Contract, 333 Indian Health Service - Managed Care, 334 Indian Tribe - Sponsored Coverage, 34 HRSA Program, 341 Title V (MCH Block Grant), 342 Migrant Health Program, 343 Ryan White Act, 349 Other, 35 Black Lung, 36 State Government, 361 State SCHIP program (Codes for individual states), 362 Specific state programs (list/ local Code), 37 Local Government, 371 Local - Managed care, 3711 HMO, 3712 PPO, 3713 POS, 372 FFS/Indemnity, 379 Local, not otherwise specified (other local, county), 38 Other Government (Federal, State, Local not specified), 381 Federal, State, Local not specified managed care, 3811 Federal, State, Local not specified - HMO, 3812 Federal, State, Local not specified - PPO, 3813 Federal, State, Local not specified - POS, 3819 Federal, State, Local not specified - not specified managed care, 382 Federal, State, Local not specified - FFS, 389 Federal, State, Local not specified - OtherPublic Health Data Standards Consortium, and 311 TRICARE (CHAMPUS). The 'Filing Method' section has radio buttons for 'None', 'Paper', and 'Electronic'. The 'Method' dropdown is empty. 'OK' and 'Cancel' buttons are at the bottom right.

NOTE: The SOP numeric code appears in the SOP description as well.

Q: What are the steps for assigning SOP codes to an insurance plan in CEMR?

- A. Go to Setup > Settings > Registration > Ins. Co. and Plans
- B. Highlight Insurance Company and in the Plan box, highlight the appropriate plan.
- C. Select Change
- D. Select the appropriate SOP code for the insurance plan.



NOTE: The SOP numeric code appears in the SOP description as well.

Document Changes

May 20, 2019	Initial 2019 version
Oct 16, 2019	Updated to reflect that National Association of Health Data Organizations (NAHDO) now hosts SOP code sets.