Registration for Source of Payment Typology Coordination and Maintenance Committee Meeting

Name: _____ _____

Title: _____

Organization: _____ _____

Email Address: ___ _____

Phone: _____

Please let us know you will be attending, send a copy to Barbara.Rudolph@wisc.edu

Request for changes to the Source of Payment Typology

Please complete the following:

Indicate type of change you propose:

_____Addition of code (please suggest code section) _____

_____ Deletion of code (please indicate code # and name) _____

_____ Change in existing code (indicate current/future code number and proposed code title)
_____

Please also attach your business case for this change below and include in the business case how many entities will be impacted by change, and which entities or states will be impacted.

Change requests will be reviewed by the Payer Typology Committee prior to the scheduled Interim Maintenance Meeting. Your attendance at the Interim Maintenance Meeting will be important so any committee member questions can be answered. Final decisions will be made on a call following the meeting. Change request submitters will be notified of final decisions.

Please note: Change requests must be in by October 25th. Please email form and other documentation to Barbara Rudolph at Barbara.Rudolph@wisc.edu

Business Case: