National Health Plan Identifier (HPID)
The Who, What When, Where, and Why of HPID & OEID

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The Basic Principles of the 5Ws

• Considered basic in information-gathering
• Mentioned in journalism, research and police investigation
• Constitute a formula for getting the complete story on a subject
• Each question should have a factual answer

What:
HPID and OEID

* Final Rule adopts the standard for a national unique health plan identifier (HPID) and also establishes requirements for implementation of the HPID
* Final Rule also adopts a data element that will serve as an other entity identifier (OEID), or an identifier for entities that are not health plans, health care providers, or individuals, but that need to be identified in standard transactions
Why:

• A lack of standard identifiers exist currently, resulting in problems with improper routing of transactions, rejected transactions due to insurance identification errors, difficulty in determining patient eligibility and challenges resulting from errors in identifying the correct health plan during claims processing
• Adoption of HPID and OEID will increase standardization within HIPAA standard transactions and provide a platform for other regulatory and industry initiatives
• Adoption will also allow for higher levels of automation for health care provider offices

When:

Effective and Compliance Dates:

● Effective Date: November 5, 2012
● Compliance Dates:
  ● Health plans with the exception of small health plans must obtain an HPID by November 5, 2014
  ● Small health plans must obtain an HPID by November 5, 2015
  ● Covered entities must use HPIDs in the standard transactions on or after November 7, 2016

When:

<table>
<thead>
<tr>
<th>Entity Type</th>
<th>Compliance Date for Obtaining HPID</th>
<th>Full Implementation date for using HPID in standard transactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plans, except small health plans</td>
<td>November 5, 2014</td>
<td>November 7, 2016</td>
</tr>
<tr>
<td>Small Health Plans</td>
<td>November 5, 2015</td>
<td>November 7, 2016</td>
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<tr>
<td>Healthcare Clearinghouse</td>
<td>N/A</td>
<td>November 7, 2016</td>
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<td>Covered Healthcare Provider</td>
<td>N/A</td>
<td>November 7, 2016</td>
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Who:
HPID
Any entity that meets the regulatory definition of a health plan in 45 CFR 160.103 must obtain an HPID

- Controlling Health Plan (CHP)
  - Controlling health plan (CHP) means a health plan that—(1) Controls its own business activities, actions, or policies; or (2)(i) is controlled by an entity that is not a health plan; and (ii) if it has a subhealth plan(s) (as defined in this section), exercises sufficient control over the subhealth plan(s) to direct its/their business activities, actions, or policies.
  - Required to obtain an HPID

- Subhealth Plan (SHP)
  - Subhealth plan (SHP) means a health plan whose business activities, actions, or policies are directed by a controlling health plan
  - Eligible, not required to obtain an HPID

Who:

<table>
<thead>
<tr>
<th>Entity</th>
<th>Enumeration Requirements</th>
<th>Enumeration Options</th>
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</thead>
<tbody>
<tr>
<td>CHPs</td>
<td>Must obtain an HPID for itself</td>
<td>May obtain an HPID(s) for its SHP(s) May direct its SHP(s) to obtain an HPID(s)</td>
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<tr>
<td>SHPs</td>
<td>Not required to obtain an HPID</td>
<td>May obtain an HPID at the direction of its CHP May obtain an HPID on its own initiative</td>
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Who:

OEID
- OEID will function as an identifier for entities that are not health plans, health care providers, or individuals, but need to be identified in standard transactions
  - For example: third party administrators, repricers, transaction vendors, clearinghouses and other payers
  - Eligible, but not required to get an OEID
Use of HPID and OEID

- Adoption of HPID and OEID will increase standardization within HIPAA standard transactions and provide a platform for other regulatory and industry initiatives.

Where: Enumeration

- CMS announced the Health Plan and Other Entity Enumeration System (HPOES)
  - HPOES is housed within CMS’s Health Insurance Oversight System (HIOS)
  - Starting on 3-28, HIOS will be integrated with the CMS Enterprise Portal https://portal.cms.gov/
  - All existing HIOS users will receive an email with their Enterprise Portal login credentials and will be required to provide additional information
  - All new HIOS users will need to register in the Enterprise Portal to obtain a user ID and password

Accessing HPOES through the CMS Enterprise Portal
High Level Application Overview

Resources for Enumeration:


• Send HIOS related questions to the HIOS Helpdesk at insuranceoversight@hhs.gov.

Back to the Principles of the 5Ws

• Some authors add a sixth question:
  – the “H” question
  – the “How”

• Notice the title page on this presentation is missing the “How”

*The Who, What When, Where, and Why of HPID & OEID*
How:

• How will this all come together?
• How can this be coordinated with all the other mandates that need to be implemented in the next couple years?
• How will HPID/OEIDs be communicated?
• How will the HIOS lookup and dissemination process work?
• How will trading partners crosswalk their existing payer ids
  – Will there be enough data elements to do an exact match?
• How should plans enumerate – what considerations should be taken into account?
• How might “other industry regulatory initiatives” impact a plans enumeration decision?
• How do we find out all these answers?

Enumeration Granularity

• Many different perspectives on HPID enumeration granularity
  – Keep it simple – one number for all lines of business
  – Enumerate based on product or line of business
    • For example, a HPID for each of the following:
      – Silver PPO
      – Gold PPO
      – Platinum PPO
      – Medicare Advantage business
      – Medicaid managed care business
      – Other lines of business
    – Numbers based on internal business needs
    – Multiple numbers based on HIPAA definition of a “health plan”
  – Look at use in transactions
  – Look at other potential “lawful uses”
    • Health Insurance Exchange
    • Health Plan Certification
    • Other possible uses
Crosswalk – Mapping Process

- How will providers, vendors, and clearinghouses know how to crosswalk their internal tables?
  - What was the rationale for the different numbers?
  - How does that translate to their tables
  - What if the table does not reflect the granularity of a plan's enumeration?
- Mapping errors - transposing a number could result in a claim being routed to the wrong health plan – creating a ‘privacy violation’.

Information Collection and Dissemination

- What data elements?
  - Data elements about the entity associated with the HPID or OEID
    - Required versus optional
  - Show links between CHPs and SHPs
- How to disseminate data?
  - Downloadable file
  - Look up registry
  - Web Services
Unknowns, Challenges, & Opportunities

- How CMS-Medicare and Medicare contractors plan to enumerate
- Insurance Exchange Enrollment Expectations
- Health Plan Certification
- Competing priorities
- Identification Cards and Smart Card Technology

Many Competing Priorities

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<td>Meaningful Use of EHRs</td>
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Other Implementation Challenges

- How will health plans/other entities communicate their enumeration strategies to their trading partners?
- How will other stakeholders be made aware of updates to HIOS?
- How will health plans handle situations where the CHP HPID is used in the eligibility transactions and it should have been the SHP HPID?
- Are there changes necessary to the X12 TR3s?
- Will the industry need to test the transactions with HPID and OEID? Will there be a dual use period?
- Other concerns?
Questions-Comments-Thoughts

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