



National Health Plan Identifier Response

The National Medicaid EDI Healthcare (NMEH) Workgroup supports reduction of administrative burden and complexity in the healthcare payment system. The NMEH membership recognizes the value that the National Health Plan Identifier (NHPI) will bring to the industry. Specific facts impacting the NMEH's recommendation are:

- State Medicaid programs are experiencing financial strain due to the current economic conditions and increased enrollment in the programs.
- The Patient Protection and Affordable Care Act (PPACA) includes a multitude of requirements for which Medicaid programs need to comply. Resources available for Medicaid programs, both employees and contractors, are becoming increasingly scarce.
- State Medicaid programs' Medicaid Management Information Systems (MMIS) vary in size, complexity, and age. Significant federal and state dollars are required to upgrade these systems.
- Medicaid managed care organizations already obtain a National Association of Insurance Commissioners code.
- Pharmacy Benefit Managers who provide services for Medicaid programs already obtain a Bank Identification Number (BIN).
- Medicaid programs currently recover through subrogation from identified third parties after paying as the primary.
- Health Insurance Exchanges as required in PPACA will require further definition and analysis for the impact on the NHPI.

The NMEH recommends a phased approach which minimizes the system stresses placed on the Medicaid programs, adheres to the law, and ultimately addresses industry needs. The NMEH recommends that the interim final rule published include only the following which are required with an effective date of October 1, 2012 and represent the least major changes to the industry:

- Use of the National Association of Insurance Commissioners (NAIC) with an additional suffix to identify the plan / product for claims submitted on the 837 HIPAA standard transactions.
- Use the Bank Identification Number (BIN) and Processor Control Number (PCN) in NCPDP transactions for pharmacy benefit management. These identifiers are utilized today for routing of NCPDP claims.
- Allow Medicaid programs to enumerate a separate health plan identifier for subrogation.
- Allow direct interactions between the Medicaid programs and their contracted Managed Care Organizations to continue without incorporating the health plan identifier for health plan enrollment transactions and data exchanges.

Include in the interim final rule a future effective date in 2014 or 2015 for an enhanced NHPI that affords Medicaid programs the opportunity to address the other provisions of PPACA and ultimately meet the needs of the industry as a whole. Various proposals from this morning contain viable options which could be utilized for the enhanced NHPI. However, mandating the implementation by October 1, 2012 of a more complex enumeration would add an undue burden to the Medicaid programs.