Presentation
To
National Committee on Vital and Health Statistics
Subcommittee on Standards
On
National Health Plan Identifier

Presented by:
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Opening statement
My name is Greg Fisher, Director of Interoperability and Data Standards at UnitedHealth Group, on whose behalf I present these comments. With headquarters in Minnetonka, Minnesota, UnitedHealth Group offers a broad spectrum of health benefit programs through UnitedHealthcare, Ovations and AmeriChoice, and health services through Ingenix, OptumHealth and Prescription Solutions. Through its family of businesses, UnitedHealth Group serves 75 million people worldwide.

Thank you for the opportunity to offer comments on the National Health Plan Identifier today. Our comments will focus on key goals of the NHPI as well as practical considerations for implementation.

Goal of NHPI – We believe the goal of the NHPI should be to further help automate and streamline the electronic flow of data from eligibility through claim payment remittance to enable higher levels of auto-adjudication and auto-reconciliation by creating unique identifiers for entities that perform "payer functions" in the healthcare continuum.

Purpose – We believe the purpose of NHPI is to identify entities that perform the "payer functions" of eligibility administration, claim pricing, plan administration, benefit funding, claim payment and remittance advice. The first priority is to enable trading partners to route transactions properly to and from entities that perform these functions. This allows use of NHPI in administrative transactions not only for routing but other existing identification functions in the HIPAA transactions, such as identification as a secondary payer. Secondly, the administrative transactions contain many more opportunities to leverage the NHPI for additional identification. We believe there should be an ongoing effort to utilize this valuable health plan identification in the administrative transactions, particularly in the X12N 271 (eligibility response) and X12N 835 (remittance advice), to accomplish the goal of additional automation and simplification. It could be used in the future in the transactions to identify plan administrator, funding source, and other requirements if and when the transactions are modified to accommodate those business requirements. We agree with presenters that have outlined other uses for

the NHPI as an identifier in other areas, such as ID cards and other exchanges of electronic data outside the HIPAA administrative healthcare transactions.

Enumeration – We recommend that all entities that perform the previously mentioned "payer functions" should be able to get an NHPI. We recommend that insurance companies, HMOs, TPAs, and PPOs who perform pricing functions all get NHPIs. Employers should be allowed to obtain NHPIs for their self-funded, self-administered benefit plans, but not be required to. The Pharmacy industry, which currently successfully uses Rx Bin numbers for identification and routing should not be required to get new numbers. They should either be exempted, or allowed to convert their Rx Bin Numbers into a standard 10 digit numbers with the Bin number embedded.

We believe the process of enumeration should begin with a complete one for one replacement of Payer IDs with NHPIs. This will make initial conversion easier for vendors and third parties involved in routing transactions. Note that insurance companies, TPAs and PPOs already have Payer IDs that are used for routing today, so there should be no change in the total number of IDs to begin with. Additional NHPIs may be added as needed by the entities.

Each entity may choose to have a single number, such as a TPA or PPO often does, or may choose several, such as a large national health plan company with multiple locations, products, or subsidiaries might.

Structure

We support the proposals to use a format of the Plan ID that conforms to ISO standards, i.e. the ANSI INCITS 284 ID card standard which is a 9-digit plus check digit ID prefixed by (80840) issued by an entity registered with ISO. If that standard is selected, we request that existing users of the Enumeron Plan IDs, based on the same standard, be grandfathered in to allow those who have already enumerated with that registry to keep their numbers.

We believe that initially allowing the existing numeric Payer IDs to appear intact as part of a new NHPI is productive in the short term for conversion purposes. Obviously, there should be no long term plan to embed code sets in the numbers, but initially allowing the 4,000 Payer IDs that already exist to be converted to NHPIs (including check digit conformance) should not be a problem. Note that grandfathered Enumeron IDs would already have the current Payer ID embedded in them, in some cases.

The enumeration can support any number of one time one-for-one conversions, due to the flexibility of the check digit approach. Since a number can be inserted in any position that makes the last digit conform to the ISO standard, it allows current numbers (like Payer ID) to be transferred intact to ease conversion for the industry.

Coverage

We recommend that the NHPI be allowed to be used to identify entity and product line, as others have testified, and to allow benefit plan enumeration, such as employer self-

funded plans, as desired. If benefit plan enumeration is mandated, we strongly suggest that benefit plan NHPIs be enumerated separately in the registry to enable users to differentiate between benefit plan type and entity/product type. Possible solutions could be: use a different initial digit or sequence; or, segregate the listing in the registry, with a clear definition of benefit plan vs. entity/product. Future uses in the administrative transactions may require differentiation of entity versus benefit plan IDs.

Central registry
A central registry should include information on entity name, parent company, location, product line, type (benefit plan or entity/product designation), routing information, as well as the old Payer ID (as appropriate). This could be expanded in the future to provide additional information about contract and fee schedule arrangements and other data. To ease automation there should be a query function built in to the repository that can return key information on demand.

Other business requirements
Contract holder, contracts, fee schedules, funding source, plan administration, and similar requirements have been identified by industry sources as key relationships that could be clarified using NHPI. Since all those are administrative functions and should be covered in the HIPAA administrative transactions, UHG believes those requirements should be brought to the X12 and CORE committees and included as soon as possible in designated standards. We believe that the following agenda can be accomplished in order, and we will commit to:

- Participate in the operating rules committee to identify where NHPI can currently be used in the X12N 5010 versions of 271 and 835 to accommodate the identified business requirements, as appropriate to the individual transactions
- Participate in X12N work groups to structure the X12N 6020 version of the administrative transactions to include whatever cannot be accommodated in 5010, within 6020 limitations
- Participate in X12N work groups to structure X12N 6040 to accommodate all identified business requirements for NHPI identification

Concerns
The implementation of NPI caused some difficulty to payers due to the lack of differentiation between Type 1 and Type 2 NPIs. Payer systems handle NPI Type 1 and 2 very differently and there is no easy way to identify the Types from inspection or automated transaction. If NHPI ends up enumerating entities and benefit plans as two Types we suggest a clear distinction be made through separate enumeration or registry documentation.

If the Enumeron number is not grandfathered into NHPI, that may cause the reissuance of over 30 million ID cards, at considerable expense. ID Cards are not normally reissued on an annual basis.

We recognize that the initial conversion of Payer IDs to NHPI will not be truly one for one in all cases. There are cases where two payers claim the same Payer ID, so that

would have to be resolved, and there are non-numeric Payer IDs that would have to get numeric NHPIs. However, we believe that this change will be beneficial in the long run, to simplify the routing numbers and control them in a central repository with consistent rules and procedures.

We recognize that there could be impact to vendors and third parties that need to accommodate changes to practice systems and transaction processing. Any new requirements should be implemented with all parties in mind.

Conclusion

UHG is willing to invest in supporting the NHPI for the ultimate automation of the administrative processes. We believe it is the right thing to do, and that transparency and simplification benefits everyone in the long run. We fully commit to participating with the standards organizations and rules committees to incorporate the industry business requirements for administrative payer functions and accommodate them in the next versions of the transactions, particularly in the 271 and 835. We believe those transactions have tremendous potential to be enhanced to accommodate many new requirements. However, we recognize that this investment will return a benefit only if the adoption of the transactions increases. We fervently hope this NHPI initiative will be introduced in a manner that will not inhibit the growth of EDI, but rather be structured so that all parties can adopt NHPI effectively and encourage full adoption of the transactions.

We appreciate the opportunity to present our response today. Thank you.

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