

Presentation to NCVHS
National Health Plan Identifier
July 19, 2010

Ellen Cannon
HIPAA Privacy Officer
WV Department of Health & Human Resources

Why I Came

- Not NASMD but...
- NMEH National Provider Identifier Workgroup
- Meetings twice per month
- Contacts throughout the nation from Medicaid agencies with various computer system.
- Many proposed provider taxonomy codes with countless revisions shared through e-mail.

Current Industry Variation

- Industry has different uses/view points of Health Insurance Plans
- Pharmacy claims are well served by the TCN
- Subrogation data bases have successfully developed individualized mapping systems.

Who categorizes plans?

- Payers categorized plans.
 - Health Plans should have an umbrella ID or plan id with sub ids for each offering like BCBS of TN and BCBS of TN lite
 - The Public Health Data Standards Consortium recommends that a Payor Typology code set be used
- Coordination of Benefits / Subrogation efforts required detailed plan information.
- CORE provides eligibility information from member plans allowing a single platform for different plans. Their process should be examined.

My Limited Vision

- Approach to NPI should be global vs. specific
- Primary use would be for COB Subrogation.
- Not to replace the TCN as it is used in pharmacy claims tracking now.
- Can see parallel between major insurance companies and the plans with varying coverage and health care companies with varying services. This resulted in National Provider Identifiers that required affiliation linkages and taxonomies.

National Provider Identifier

- Much of the work was done by industry volunteers
- Payment system variations required volunteers from the state Medicaid agencies.
- Shifting from local codes to standard codes required system modification

National Provider Identifier (cont.)

- Be careful who you allow to input information
- Information should have identifiers that allow for identity checks.

These are our times

- Medicaid Agencies are state agencies - many states have cut back staffing .
- Bloomberg News indicates that PA may take drastic actions in response to increased Medicaid costs.
- CA & OH have already decreased the days of operation of their state government.
- Many states have budget problems beyond staffing cuts. States can't afford to lose any third party liability recoveries

Recommendations

- Current efforts should be studied
 - CORE
 - Public Health Data Standards Consortium's Payor Typology
- Plan identification is unique to the beholder
 - Other plans receiving information claims may only need high level information to accept payment information
 - COB companies need to be able to identify coverage limits for individual patients.
 - Pharmacy claims are similar

Contact Information

Ellen Cannon, DHHR HIPAA Privacy Officer

Phone 304-558-5965

FAX304-558-8433

ellen.e.cannon@wv.gov

WV Department of Health and Human Resources

State Capitol Complex

Bldg 3 Room 215

Charleston WV 25305