



NCVHS Panel 5

Health Plan ID Planning and Implementation Issues

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WEDI Statement

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WEDI – HPID Background



- WEDI has been soliciting feedback from members on the HPID since the Subcommittee hearings in July 2010 and has held several Policy Advisory Groups as well as Technical Advisory Committees on this topic in the intervening years.
- WEDI has also established an HPID Workgroup and several Subworkgroups to look at the business impacts
- A recurring theme heard is the continued confusion within the industry as to what the HPID is intended to solve with respect to our current healthcare industry
- The industry understands the intent from the original HIPAA statute was to solve routing issues, but the industry has resolved those prior issues.

Question 1 & 2: What is the current status of preparation and health plan strategies for adoption & using the new health plan id in transactions?



- Minimal work has been done to date
- Health plans are still struggling with enumeration schemas
- Enumeration schemas will impact all stakeholders

Question 3 What are the key issues and challenges with the adoption of Health Plan ID (HPID) and Other Entity Identifier (OEID)? How can these issues be addressed?



- Challenges in respect to definition of Controlling Health Plan
- Rule appears to require greater enumeration than what is in current practice
- Trading partners are concerned with this greater enumeration
 - Potential disruption in current well-functioning transaction flows
 - Increased potential for privacy breaches
 - Impacts to providers' accounts receivable

Question 3 What are the key issues and challenges with the adoption of Health Plan ID (HPID) and Other Entity Identifier (OEID)? How can these issues be addressed?



- Introducing a new, not equivalently mapped enumeration may re-introduce past issues
- Does not equate to enumerating all payers
- Final Rule Preamble text indicates there is not a new requirement to identify a health plan in transactions, only to use their HPID where they are identified with a transaction
- Enumeration of self-insured group health plans
- Lack of data dissemination of HPID database (at least initially)

Question 3 What are the key issues and challenges with the adoption of Health Plan ID (HPID) and Other Entity Identifier (OEID)? How can these issues be addressed?



How can these issues be addressed:

- Clear and unambiguous definition of the intent of HPID
 - What is the problem we are trying to solve with HPID?
 - What is the cost benefit of implementing HPID?
- Once the purpose is clearly defined the required and allowed uses of HPID should be clarified

Question 3 What are the key issues and challenges with the adoption of Health Plan ID (HPID) and Other Entity Identifier (OEID)? How can these issues be addressed?



- Even more confusion of the full purpose and scope of the Other Entity Identifier (OEID)
 - Is the intent to use OEID in the same way as HPID?
 - Can OEID be used by atypical providers?
 - Can OEID be used within the enveloping structure of the transactions?
- Without clarification, an appropriate review of the standards for accommodation of this new identifier cannot be conducted by the Standards Development Organizations

Question 3 What are the key issues and challenges with the adoption of Health Plan ID (HPID) and Other Entity Identifier (OEID)? How can these issues be addressed?



How can these issues be addressed:

- Clear understanding of the intended use and purpose of OEID is important
- Suggest industry focus first on HPID since that is required under the Final Rule
- Focusing on HPID first would allow time for CMS to work with WEDI and the Standards Development Organizations to further clarify the use of OEID, including the ability of transactions to accommodate this identifier

Question 5 What is the impact on TPAs and ASOs of HPID and Certification of Compliance?



- Many self-insured group health plans do not directly administer their health plan operations
 - Most employ a third party administrator today
- These plans do not conduct standard electronic transactions and are not themselves a covered entity under HIPAA
- Concern that many self-insured group health plans are unaware of the new requirements that apply to them
 - Education to these groups is essential. WEDI is willing to partner with CMS on education and collection of feedback from self-funded entities