Health Plan ID Planning and Implementation Issues

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Current Preparations

NCPDP Strategic National Implementation Process (SNIP) Committee submitted a letter in 2011 to the Secretary of the Department of Health and Human Services (HHS) with recommendations. See http://www.ncpdp.org/Resources/HIPAA under Health Plan Identifier (HPID) banner

NCPDP Work Group 3 Standard Identifiers Task Group analyzed all NCPDP standards where the National Health Plan ID was given a placeholder in the past. They brought forward all the updates, which are undergoing the ballot process.
>   Most changes are to external code lists
>   Some non-HIPAA named standards will require a new version for use

NCPDP SNIP has been meeting to review the 2011 recommendations and the updates to standards based on the published regulations. The analysis has been a struggle as there are questions until further guidance by HHS is published....

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Analysis To Date

1. The HPID will not be used for routing in the pharmacy industry transactions.

2. If a transaction data element is used to identify a health plan, it would require the use of HPID. There is confusion in the industry since standards often deal with payers and there is a relationship between Controlling Health Plans and payers.

3. More analysis of the NCPDP standards will occur to determine how the HPID/OEID should be used once HHS additional guidance is issued. The NCPDP standards created a placeholder so that the standard versions named in HIPAA Transactions and Code Sets would not need to go through a regulatory process when the national plan ID regulations were published. Analysis will take place on the fields in the standards to evaluate if there is a use for HPID or OEID.

4. NCPDP is collaborating with ASC X12 for the pharmacy business needs of the ASC X12 835.

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Analysis Items – Issues and Challenges

1. A key function is to be able to **access the HPID database.** We have heard that there will not be access to the HPID database.
   a. While the HPID may be used in Coordination of Benefits (COB) transactions to identify a previous health plan, without public access to the HPID database, the identifier is of no value to trading partners.
   b. Validation is unable to be performed.
   c. Medicaid proprietary plan IDs for other plans are currently exchanged. Without access to the HPID database, a crosswalk would not be possible.
2. Until more published guidance is issued by HHS, it is unclear when a HPID should be requested and whether it should be used for payer identification.
3. Some entities, from reading the regulation believe they need more than one CHP.
4. The data collection does not include reference to the Bank Identification Number/Processor Control Number (BIN/PCN) or "taxonomies" of the business of the plan. For the pharmacy industry without these key components, it will be difficult for the industry to use the HPID.
5. NCPDP HIPAA transactions identify the payer/processor, but the payer may be a health plan.

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Thank you

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