NEXTGEN
HEALTHCARE

I am Gloria Davis, EDI Development Coordinator with NextGen Healthcare which provides EHR, financial, and HIE solutions for hospitals, health systems, physician practices, and other healthcare organizations for over 85,000 providers and 4400 practices.

On behalf of NextGen Healthcare, I would like to thank you for the opportunity to respond to the subcommittee's question and provide our perspective on unique health plan identifier.

As a representative of NextGen Healthcare, I have been involved with HPID since July of 2010 with the WEDI policy advisory groups, HPID workgroups, and also with X12N Entity workgroup to help develop the errata for the 13 transactions.

On the first question, What is the X12 HPID Errata, I know that there are 13 transactions that require changes for the HPID with 9 of the transactions requiring type 2 errata and 3 needing type 1 errata changes.

I am going to speak specifically to the Type 1 Errata changes for the 837 Professional, Institutional and Dental and as a vendor, the implementation challenges with the Type 1 Errata. There are concerns of having to maintain two versions of the X12 837 transactions possibly by payer and or clearinghouse, as our providers send their transactions both directly to payers and through clearinghouses . We are recommending adopting these errata transactions prior (meaning as soon as possible) to the implementation date of the HPID so that we do not have to maintain two versions of the transactions.

Dual Use Period: One of the things we found in the NPI implementation, duel use did serve a valid purpose. We wanted to make sure that a dual use period could go forward under the Health Plan ID implementation.

What are the main issues or concerns and challenges identified with respect to the enumeration of Health Plan ID from a vendor perspective?

There is still concern and continued confusion on as to what Health Plan ID is intended to solve with respect to our current health care industry. The industry understands the intent from the original HIPAA regulation was to resolve routing issues, but these issues have been long solved. We were hoping to see some efficiencies, workflow automation, obviously decreased administrated time spent interacting with health plans for our providers and as a PM vendor giving them the tools to help providers become more efficient.

We are increasingly concerned that greater enumeration will result in a disruption of the current well-functioning transaction flows potentially resulting in payment disruptions and accounts receivable impacts as well as privacy and security breaches due to misrouted transactions.

How are providers going to know when to use HPID or OEID or when to use a Payer ID? How will payers communicate to the providers which ID to use in their transactions? Will eligibility transactions help identify the appropriate ID? Will providers need to change their insurance masters in their practice management systems and assign the appropriate insurance to their patients? Will providers need to re-register their patients to the appropriate payer?

What happens if they have routed their claims to wrong payer? Will they have clear rejections to identify the appropriate HPID or Payer ID or OEID?

What are some of the most salient strategies and 'best practices' for resolving these issues and challenges from a vendor perspective?

Early communication is the key to implementing HPID and OEID. Giving the industry access to the database and having the database identify what ID to use in the transactions.

Dual use period to help identify and correct the appropriate ID to use in transactions

What is the current status of preparation and plan strategies for using new health plan ID in transactions?

Because Health plans are still struggling with the enumeration schema or granularity that is required to be in compliance with the final rule and how those schemas or that granularity translates to other standard transactions we have not been able to move forward with any changes in our PM system. We also are not able to address the errata changes until the adoption of the Errata for the 13 transactions.

What are the key issues and challenges with the adoption of a health plan ID and Other Entity Identifier (OEID)? How are these issues being addressed?

Clear and unambiguous definition of the intent of Health Plan ID is really needed for the industry. There is even more confusion in the industry around the full purpose and scope of the other entity identifier (OEID). Many questions arise including whether the OEID is used to be similar to how it is to be used with Health Plan ID. Can OEID be used for atypical providers? Reporting of OEID in the transaction is not clearly addressed.

Addressing the definition of a payer and what that means to the definition of a health plan.

What is the impact on TPAs and ASOs of HPID and Certification of Compliance?
From a vendor perspective we are not sure what impact TPA's and ASO's with HPID will affect the transactions.

How are controlling health plans being defined?
There is a lot of talk about controlling health plans and seems that each entity is handling this differently and struggling with the definition of controlling health plan.

NextGen Healthcare supports the continued effort of all stakeholders towards meeting the compliance state, but stress that we need to continue the collaboration and communication among the industry in achieving this end goal.