Medicaid Use of Health Plan Identifier/Health Plan and Other Entity Enumeration System

NCVHS Subcommittee on Standards
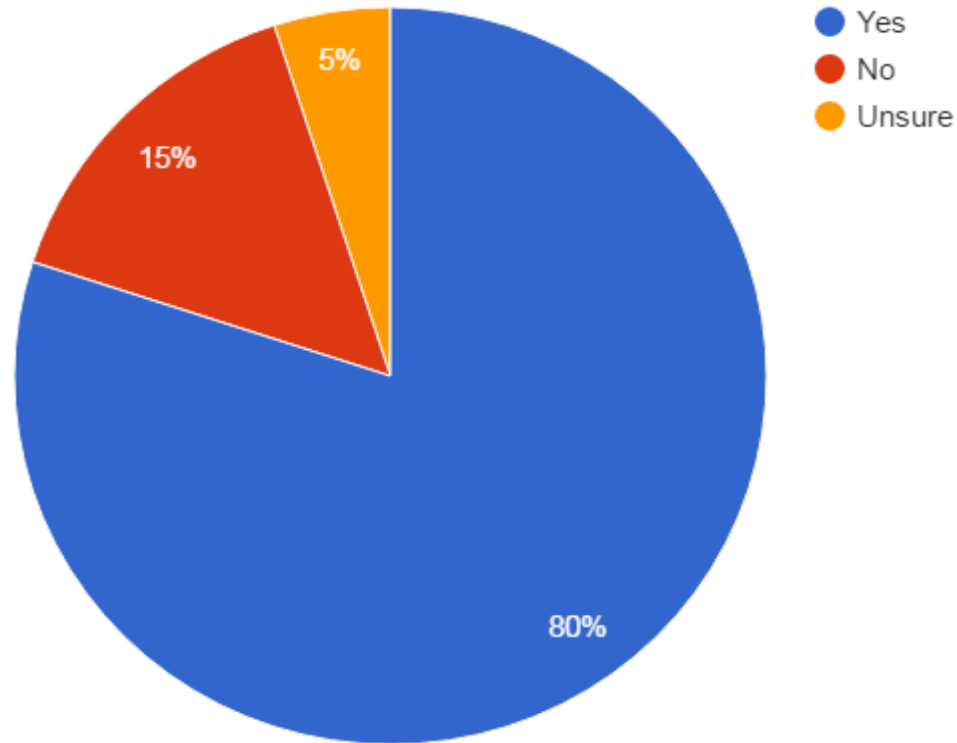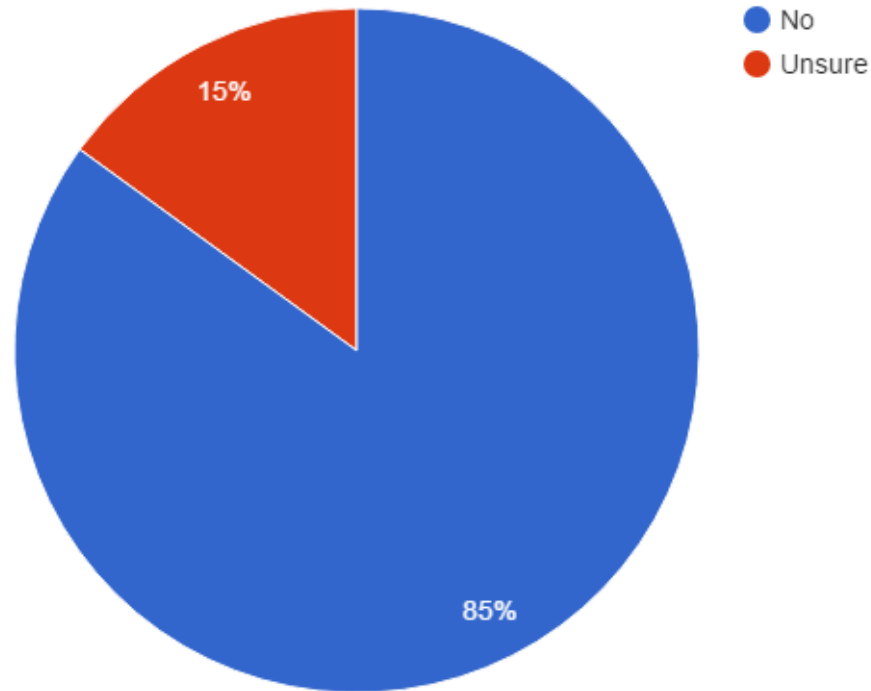
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Did your State Medicaid Agency Enumerate?

- 20 responses, 17 different states identified
- Of 16 "Yes" responses, not one enumerated beyond the highest level

Does your State Agency use HPID(s) generated by HPOES?

- 20 responses

(If no) Why are you not using HPIDs?

- We've never had to identify ourselves as a healthplan to-date in order to provide Medicaid services. We identify as a payor in the X12 transactions
- We continue to use other IDs for this purpose
- Solutions have already been developed internally to address this issue and the implementation of this identifier will create more problems than resolutions
- Not clear on how they were to be used within Medicaid
- NPI and other qualifiers that are effective are already in place
- Very confusing, a lot of work to implement and maintain, and we do not see the value other than another mandatory number that must be transmitted in files but not used for any specific purpose in Medicaid. Cost to move forward is an issue
- Other State and Federal mandated changes have been seen as a higher priority which has placed this project on the back burner
- The move toward HPID stopped because of questions. Some responses to the questions were needed to complete the project
- We use payer IDs in transactions. We did make an accommodation to accept the HPID if someone were to send one, but the payer ID has been sufficient
- Project on hold

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What benefits does the current HPID model provide?

- There are no apparent benefits to the current HPID model
- We did not fully implement the HPID so benefits were not realized
- Helps us identify the payer more clearly (not identified as a State)
- None that we have identified, none, N/A

What challenges are there with the current HPID model?

- The business has outrun the need for HPID and it seems out of sync with the industry needs at this time. Solutions have already been developed internally to address this issue and the implementation of this identifier will create more problems than resolutions, for example:
  - There is no control over the enumeration process and entities could enumerate in a way that is not useful to the business. Thus creating a bigger problem for State agencies to work to address.
  - There is no automated means for accessing this data and States are left to obtain this information through self reporting or solicitation.
  - The same business entity could play different roles in different situations and thus creating a new set of concerns for State agencies.
  - It adds a degree of confusion of the business and partners as internal identifiers have long been established and utilized throughout the business and transaction sets.
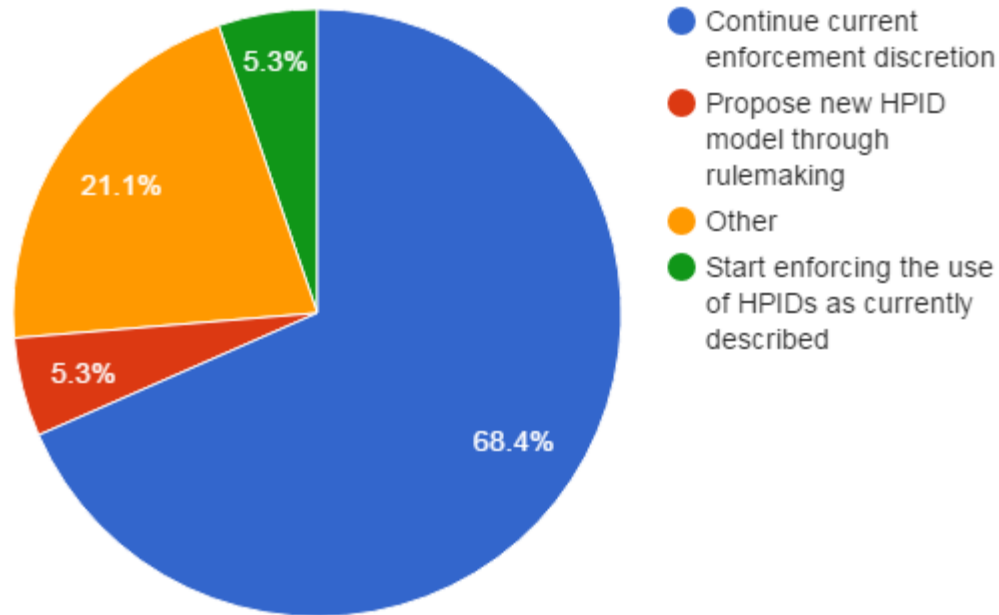 - There are no apparent cost or time savings for implementing HPID.

What challenges are there with the current HPID model?

- Difficulty in differentiating multiple groups within an HPID/HPOE (not identified as a state)
- Validation rules, business rules and sub-health plans
- There's no repository or way to validate HPIDs. Since no one is using, there's hasn't really been challenges.
- The ability to enumerate many ways causes more reconciliation issues when identifying the payer. 1 plan, 1 payer would be welcome. (not identified as a State)

What could make the HPID/HPOES system more useful to you?

- Make the requirements more specific especially for Medicaid and make it easier to differentiate groups with an organization. (not identified as a state)
- Given the alternative solutions developed there does not appear to be anything that could make the HPID/HPOES system more useful for our business.
- Learn more about need for HPID
- Eliminate it or never make it required
- Make the rules concise instead of allowing multiple methods for a payer to enumerate. (not identified as a state)

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What recommendations do you have going forward regarding health plan identifiers?

- 20 responses: "Propose new HPID…" and "Start Enforcing the use…" not identified as states.

Other Recommendations

- Provide more guidance and understanding of use within Medicaid
- Eliminate the need to register and/or use
- Not use HPID or move ahead with HPOES
- Wait and make a decision later (not identified as a State)