

Administrative Simplification Health Plan Identifier (HPID)

July 1, 2014

Chevell Thomas, Ed.M., Ed.S.
Gladys Wheeler, MA, CPC
Centers for Medicare & Medicaid Services



Administrative Simplification and eHealth

- » The goal of eHealth is to align health information technology (health IT) and electronic standards programs.

- » eHealth gives providers the tools needed to:
 - ✓ Capture and track health information electronically
 - ✓ Better inform patients about their care
 - ✓ Reduce paperwork through Administrative Simplification

The CMS eHealth Roadmap

CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS eHealth is...

the transformation of health care delivery in the United States through simplified, standardized electronic information and technology, to achieve improved quality of care, better health outcomes, and reduced costs.



The CMS eHealth programs...

Will allow safe, secure and easy



Participation in eHealth and secure data exchange will



Benefits for providers and patients



...and lead to payment reform through



ADMINISTRATIVE SIMPLIFICATION



eRx Incentive Program

QUALITY MEASUREMENT

Goals of Administrative Simplification

- » Improved quality of care
- » Improved individual and population health outcomes
- » Reducing costs without compromising quality or safety



How will HPIDs be used?

- » Required to be used in the standard transactions when a health plan is being identified
- » Does not require that health plans now be identified in the standard transactions if they were not identified before this rule
- » Allowed to be used for any other lawful purpose



Who needs to get an HPID?

- » All controlling health plans (CHPs)
- » Health plans as defined by 45 CFR 160.103
- » Subhealth plans (SHPs) are not required to get an HPID

For covered entity guidance, visit www.CMS.gov

- » Select Regulations & Guidance from top menu bar
- » Select the “HIPAA General Information” link under the “HIPAA Administrative Simplification” heading

What is a controlling health plan (CHP)?

- » A health plan that controls its own business activities, actions or policies

OR

- » A health plan controlled by an entity that is not a health plan
- » Controlling health plans can obtain more than one HPID to distinguish lines of business or for other purposes

What is a subhealth plan (SHP)?

- » A health plan whose business activities, actions, or policies are directed by a controlling health plan

Controlling Health Plan VS. Subhealth Plan

Entity	Enumeration Requirements	Enumerations Options
CHPs	Must get an HPID for itself	<ul style="list-style-type: none"> • May get an HPID(s) for its SHP(s) • May direct its SHP(s) to get HPID(s)
SHPs	Not required to get an HPID	<ul style="list-style-type: none"> • May get an HPID at the direction of its CHP • May get an HPID on its own initiative

When must a controlling health plan get an HPID?

- » Health plans: **November 5, 2014**
- » Small health plans: **November 5, 2015**

When must a health plan use HPIDs?

- » All health plans and other HIPAA covered entities: **November 7, 2016**



What is Other Entity Identifier (OEID)?

» Voluntary Identifier

» Must meet following requirements:

- Needs to be identified in the standard transactions
- Is **NOT** eligible to obtain an National Provider Identifier (NPI)
- Is **NOT** eligible to obtain an HPID
- Is **NOT** an individual

What are the two key aspects of HPID?

- » Enumeration – required of all controlling health plans
- » Use in standard transactions – **required only if a health plan is currently identified in transactions**

Dual Use

Benefits of dual use:

- » Identify gaps in legacy health plan IDs and HPIDs early on
- » Minimize risk of misrouting
- » Protect against protected health information (PHI) breaches
- » Ability to conduct analytics that make the overall HPID process transparent and thereby make the transition as seamless as possible for customers
- » Provide transparency in the HPID readiness of trading partners
- » Ensure accurate transaction processing and minimize disruption

Compliance, Certification, and Penalties

Certification of Compliance proposes that controlling health plans (CHPs) must submit documentation on or before **December 31, 2015** that demonstrates compliance with the adopted standards and operating rules for three electronic transactions:

- » Eligibility for a health plan
- » Health care claim status
- » Health care electronic funds transfers (EFT) and remittance advice

Controlling health plans that fail to comply will receive penalty fees.

HPID Summary

- » Controlling health plans must obtain a HPID by November 5, 2014
- » Small health plans must obtain a HPID by November 5, 2015
- » Covered entities must use HPIDs in the standard transactions on or after November 7, 2016 where a health plan is identified
- » Health plans need to enumerate and obtain an HPID, but they are not required to use it in standard transactions unless they are already using a health plan ID

Questions About HPID?

Please visit www.CMS.gov

- » Select Regulations & Guidance from top menu bar
- » Select the "Affordable Care Act" link under the "HIPAA Administrative Simplification" heading

Visit eHealth University: <http://www.cms.gov/eHealth>

- » Select "eHealth University" and look under the "Intermediate" tab

You can contact us with your HPID questions, the HPID Mailbox is:
HPIDquestions@noblis.org



More Resources

- » Sign up for Administrative Simplification email updates
 - <https://public.govdelivery.com/accounts/USCMS/subscriber/new?>

- » HPID Blogs
 - HPID: What's it all about?:
http://www.cms.gov/eHealth/ListServ_HPID.html
 - What is a Health Plan?:
http://www.cms.gov/eHealth/ListServ_WhatIsHealthPlan.html

Questions?

