

baileybenefit news

This update is sent periodically to keep you informed of employee benefit plan issues that may impact your organization.



What is a Health Plan Identifier?

A Health Plan Identifier is a unique 10-digit code which can also be referred to as a "Health Plan Oversight System ID" or "HPID". The main intent of the HPID is to create standardization for electronic transactions mandated by HIPAA and create uniformity in how health plans are identified in those transactions.

Examples of HIPAA transactions include: medical and dental claims, payment and remittance advice, claims status requests and responses, eligibility and benefit inquiries and responses, benefit enrollment and disenrollment, referrals and authorizations, and premium payments.

Who needs to obtain an HPID?

Under the final rule "Controlling Health Plans (CHPs)" need to obtain an HPID. A CHP is defined as a health plan that (1) controls its own business activities, actions, or policies; or is controlled by an entity that is not a health plan and (2) if it has a subhealth plan(s), exercises sufficient control over the subhealth plan(s) to direct business activities, actions or policies.

In short, self-funded plans will need to obtain a health plan identifier. Fully insured plans that have an HRA with 50 or more participants are considered a health plan under HIPAA if the HRA is funded by the employer. This means that fully insured plans with an HRA will likely need to obtain an HPID for the HRA. The insurance carrier will be considered the CHP for all other fully insured plans.

When do I need to obtain an HPID?

CHPs with more than \$5M of annual paid claims must have an HPID by November 5, 2014. CHPs with \$5M or less of annual claims have until November 5, 2015.

Where do I apply for an HPID?

You must apply for an HPID through an online application posted by the "Health Plan and Other Entity Enumeration System" (HPOES). Third-party administrators cannot obtain an HPID for self-funded health plans.

The HPOES is a system within a system. It is "housed" within the CMS Health Insurance Oversight System (HIOS). Clients must be registered users of HIOS. Assuming clients are new users, they

will need to complete a registration process to access the HIOS. The HIOS registration can be accessed at: <https://portal.cms.gov/>.

Word of caution: After you register, you must submit a request to access the HIOS so that you can apply for the HPID. Once you request access you will get the below notification on your screen:

Health Insurance Oversight System Access Pending

Thank you for requesting access to the Health Insurance Oversight System (HIOS). We are processing your request. You will receive an email notification within 24 hours with instructions on how to access the Health Insurance Oversight System (HIOS).

If you have any questions, please contact the Exchange Operations Support Center (XOSC) at Phone: 1-855-267-1515 or **Email:** CMS FEPS@cms.hhs.gov.

There has been consistent feedback that no email notification has ever been received, despite efforts to escalate to the "Exchange Operations Support Center". We recommend saving a screen shot of the confirmation of your registration as documentation.

Further Compliance with Regulation: Use of HPID

The final rule has two separate categories to it: 1) enumeration HPID, which is the process of obtaining an HPID and 2) use of the HPID. The full implementation date for using the HPID in standard transactions is November 7, 2016.

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