



**Panel 5: Health Plan ID Planning
and Implementation Issues
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Standards
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About MGMA

- MGMA is the premier association for professional administrators and leaders of medical group practices
- Since 1926, the association has delivered networking, professional education and resources, political advocacy and certification for medical practice professionals
- Through its national membership and 50 state affiliates, MGMA represents more than 33,000 medical practice administrators and executives in practices of all sizes, types, structures and specialties.

HPID Goals/Expectations

- Goals: a standardized and transparent claims revenue cycle that includes:
- Standardized claim edit and payment rule system
 - All organizations that play a health plan role to be identified
 - At a minimum, the specific product type disclosed
- Expectations: low that the ROI identified in the rule will be achieved
 - Minimal value with a single ID number per plan
 - At least CH/TPOs/repricers etc could be identified
 - Compliance date pushed to 2016 (20 years after HIPAA)



HPID-What Providers Wanted

- Providers could have seen savings from:
 - Workflow automation
 - Decreased administrative time spent by practices interacting with health plans, especially with the 835
 - Identifying the sender of a payment- especially when the provider has no current contract with that payer
 - Having access to all HPIDs in dbase



However, What Providers Got:

- No enumeration at the plan product level
- Final Rule does not include a requirement to identify a health plan in transactions, only to use their HPID where they are identified with a transaction
- Apparently an HPID database that will not be publically accessible



Without the Granularity and Accessibility ...and Clarification

- Industry is left with:
 - Confusion - who should, must and will be enumerated
 - Little, no or inconsistent use on transactions
 - No access to the HPID database
- Leading to:
 - Additional cost not just to health plans, but also clearinghouse and providers if PM software has to be modified to accommodate the HPID
- Value appears to be only for health plan certification process



From the Final Rule...

- “We understand that this first step of standardization for the identification of health plans is not going to achieve as much transparency initially as some commenters state is needed in the transactions. After experience with the implementation and use of the HPID, we will work with industry to explore next steps of enumeration that may include patient-specific benefit plan information.”
- These next steps might be in the 2021 timeframe (25 years after the mandate)



MGMA Recommendations

- With little value to the current approach to HPID, CMS should consider:
 - Enumerating health plans solely for the purpose of certification
 - Not requiring other covered entities to use the HPID as currently developed
 - Working with WEDI, CAQH CORE and others on identifying opportunities for improving transaction transparency