

# HPID and OEID System Overview

February 13, 2013

# Agenda

- ☐ Policy Overview
- ☐ Health Plan and Other Entity Enumeration System (HPOES)
- ☐ High Level Application Overview
- ☐ Wrap Up and Next Steps
- ☐ Q&A

# Policy Overview

# What is the Purpose of the HPID?

- Required to be used in the standard transactions to identify a health plan that has an HPID
- Allowed to be used for any other lawful purpose

# Who is Required to Get the HPID?

- Health plans as defined by 45 CFR 160.103
- Controlling health plan (CHP) vs. Subhealth plan (SHP)

## Enumeration Requirements

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

# Controlling Health Plan

## Controlling Health Plan (CHP):

- A CHP means a health plan that controls its own business activities, actions, or policies OR is controlled by an entity that is not a health plan; and
- If it has sub health plan(s) exercises sufficient control over the sub health plan(s) to direct its/their business activities, actions, or policies.

# Subhealth Plan

## **Subhealth Plan (SHP):**

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

# What is the Timeline for Compliance with the Regulation?

Timeline for Compliance		
Entity Type	Compliance Date for Obtaining HPID	Full Implementation Date for Using HPID in Standard Transactions
Health Plans, excluding small health plans	Nov 5, 2014	Nov 7, 2016
Small Health Plans*	Nov 5, 2015	Nov 7, 2016
Covered Healthcare Providers	N/A	Nov 7, 2016
Healthcare Clearinghouses	N/A	Nov 7, 2016

\* Small health plan means a health plan with annual receipts of \$5 million or less.  
(45 CFR 160.103)



# What is the Other Entity Identifier?

- Voluntary Identifier
- Must meet following requirements:
  - Needs to be identified in the standard transactions
  - Is NOT eligible to obtain an NPI
  - Is NOT eligible to obtain an HPID
  - Is NOT an individual

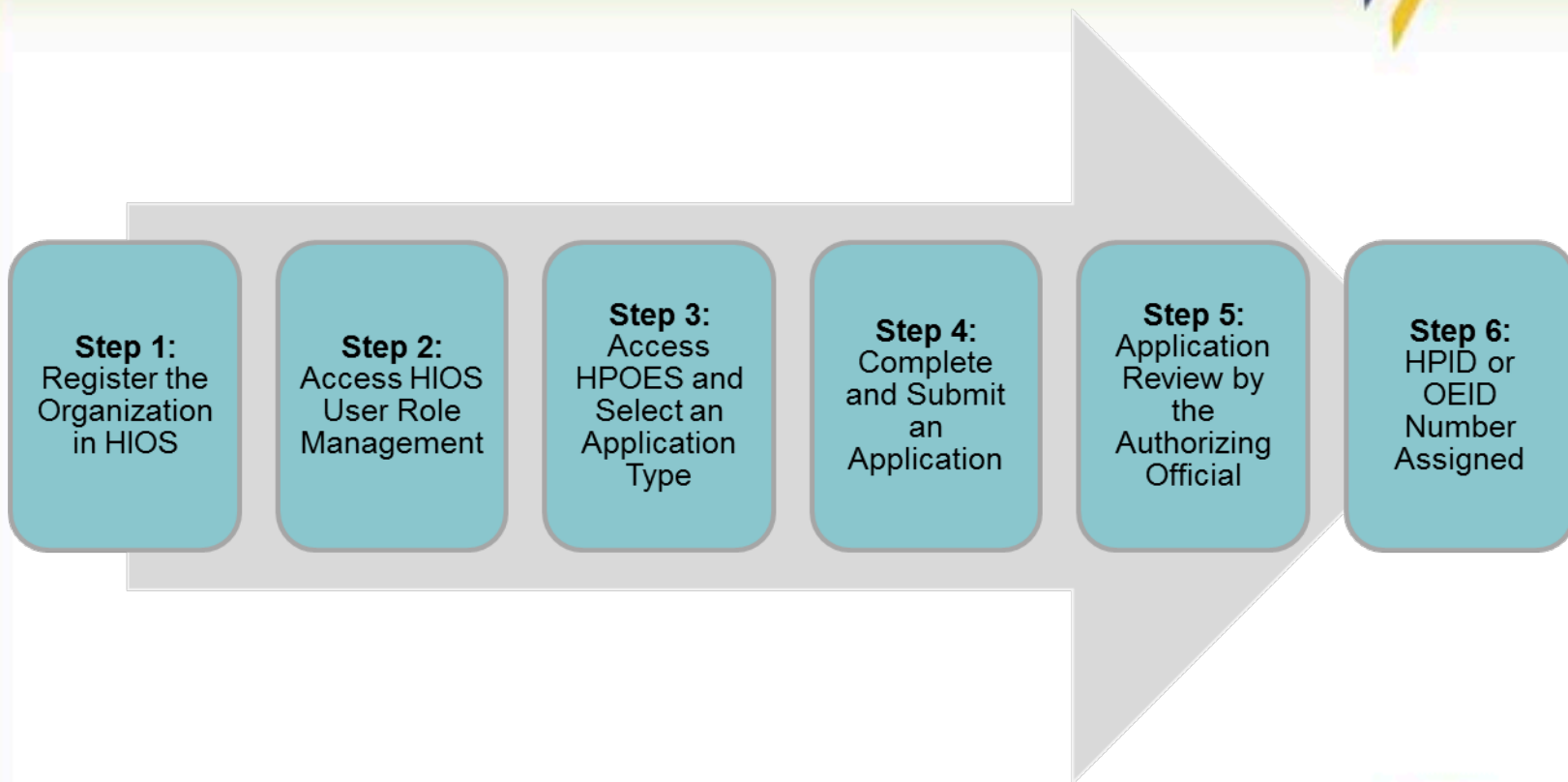
# Health Plan and Other Entity Enumeration System (HPOES)

# HPOES

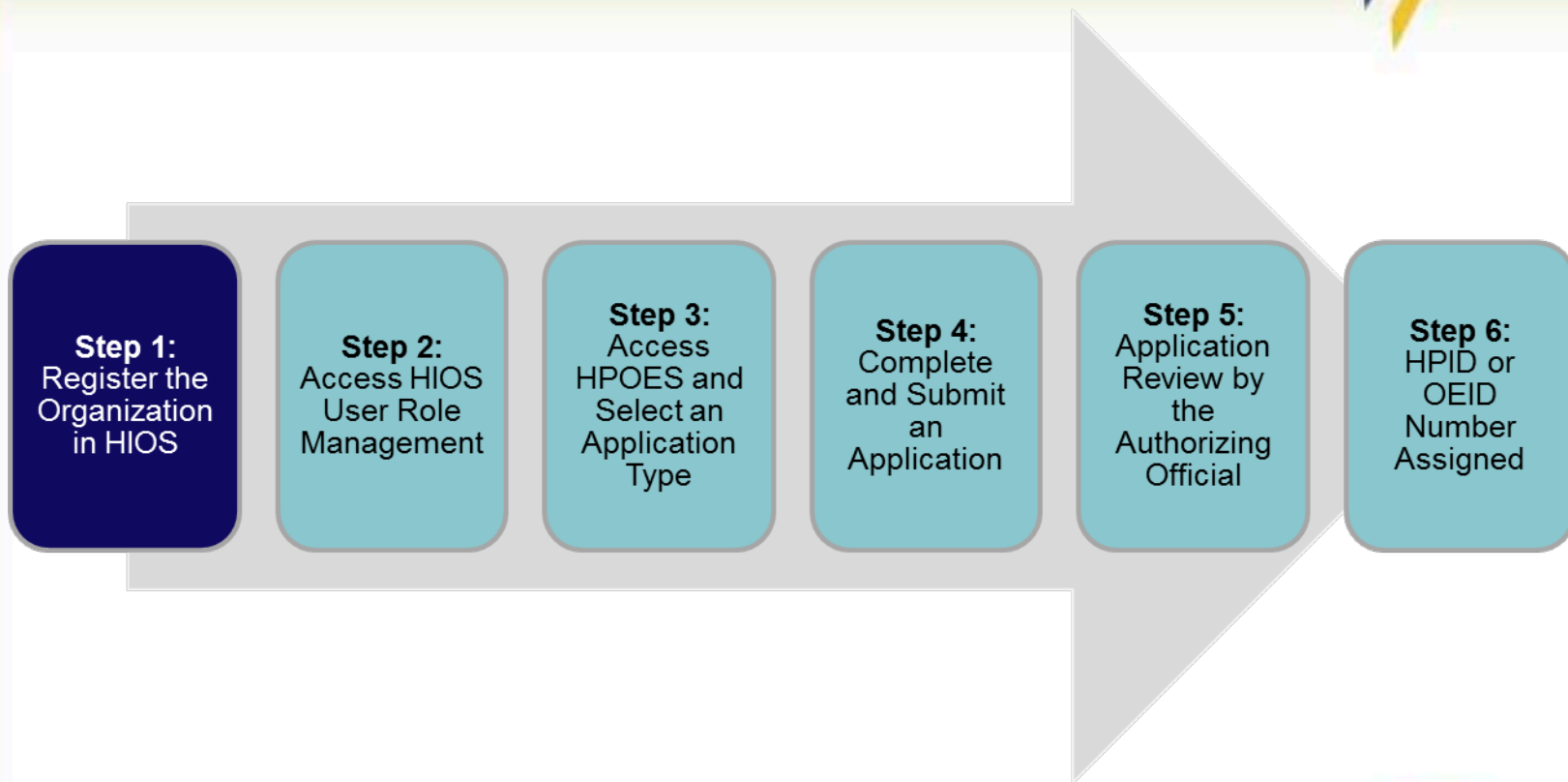
- HPID and OEID applications will be available through the Health Plan and Other Entity Enumeration System (HPOES) by the end of the first quarter of 2013.
- HPOES is housed within CMS' Health Insurance Oversight System (HIOS).

# High Level Application Overview

# High Level Application Overview



# High Level Application Overview



# Overview of Application Process

- **Step 1: Register the Organization in HIOS**

- To determine if the organization already exists in HIOS, search by the organization's Federal Employer Identification Number (FEIN).
- If the organization does not already exist in HIOS, users will need to register their organization within HIOS.
- All registration requests are reviewed prior to approval.
- If the organization already exists in HIOS, users may proceed directly to step 2.

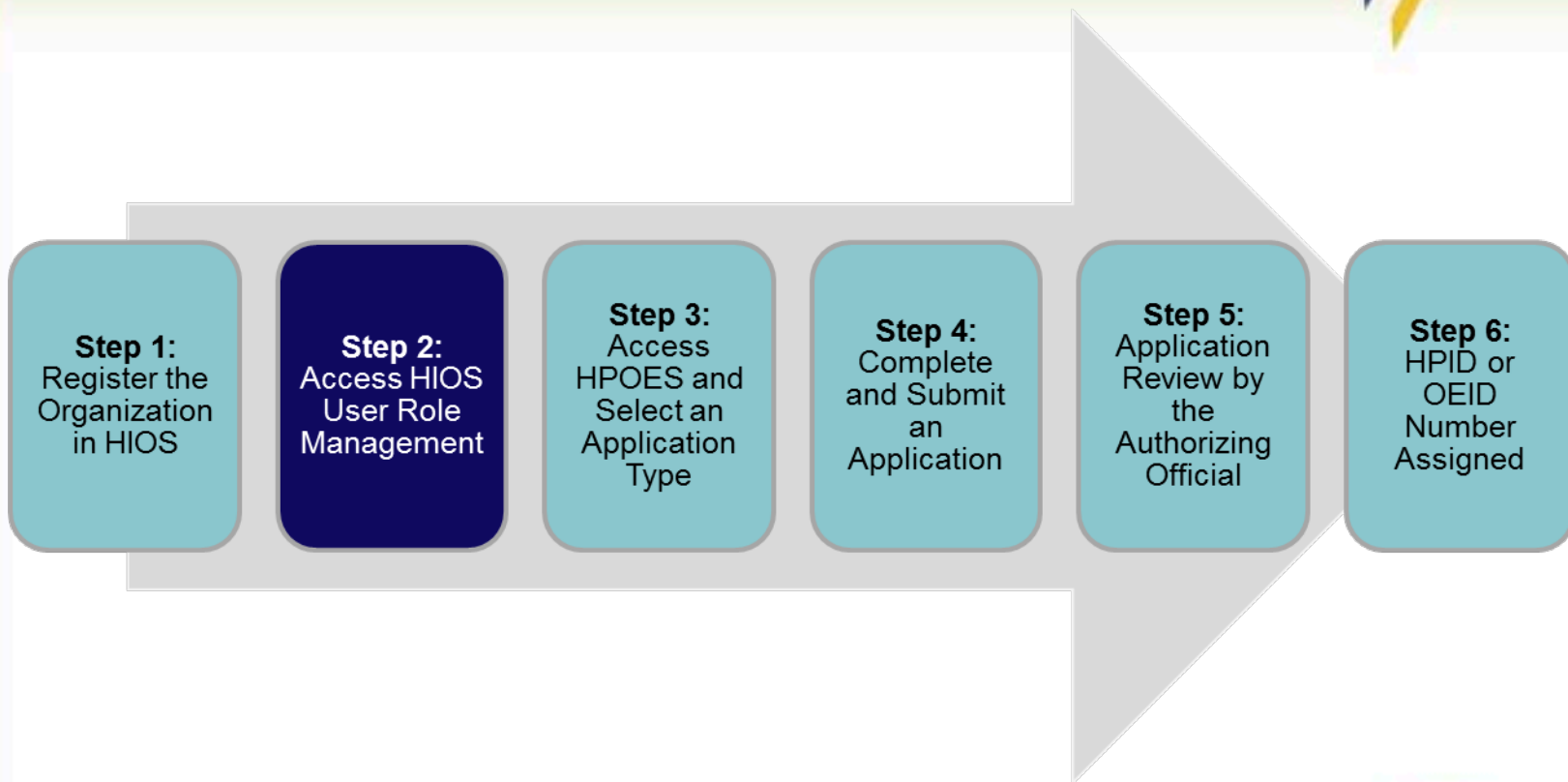
# New HIOS Company Information



# New HIOS Company Data Elements

- In order to register an organization, users must provide the following required information for a new HIOS Company:
  - Company Legal Name, Federal Employer Identification Number, Incorporated State, and Domiciliary Address

# High Level Application Overview



# Overview of Application Process

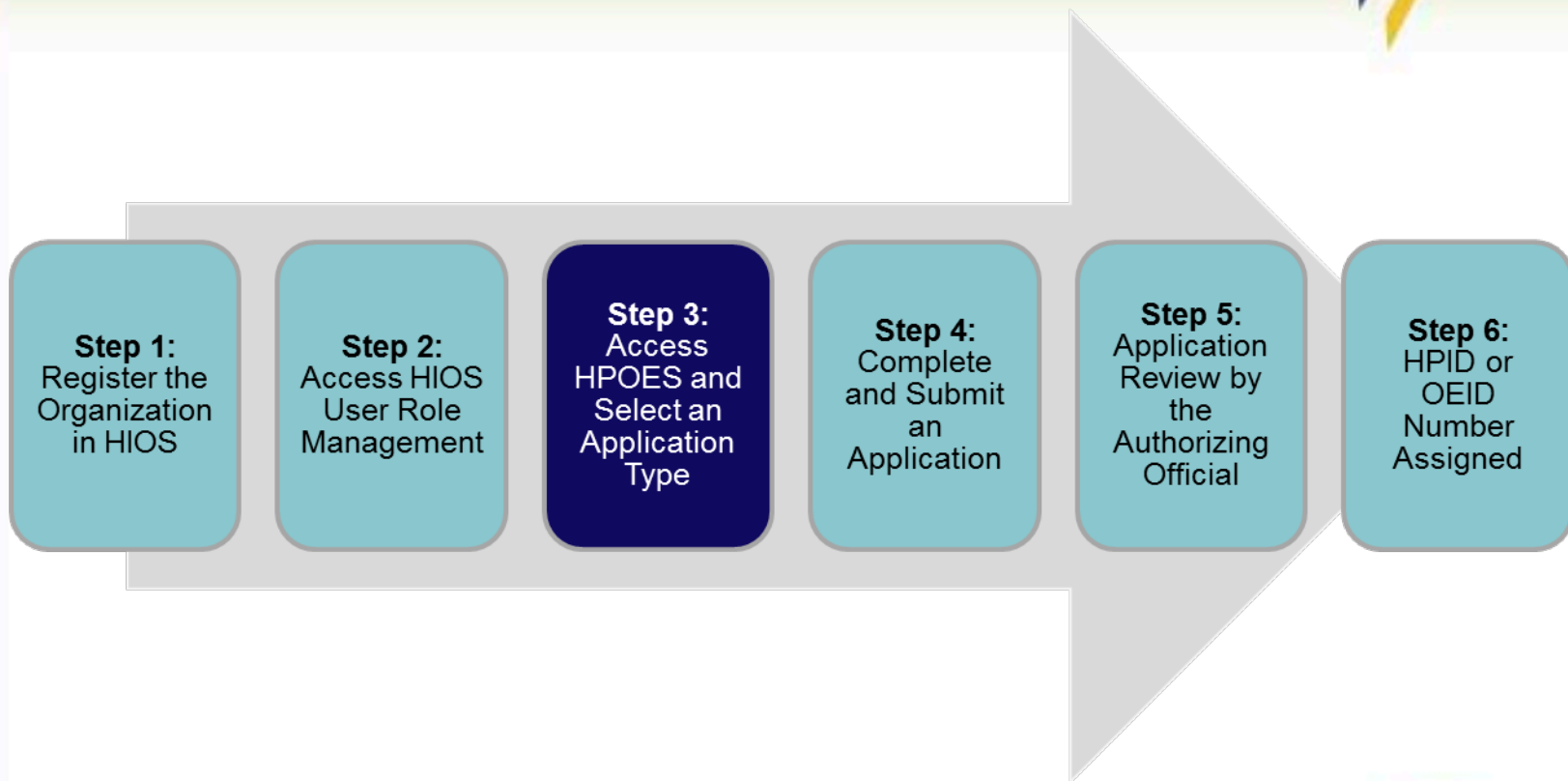
- **Step 2: Determine HPOES user role and request HIOS access to the company.**
  - Users will need to determine their user role and identify the company they need access to. There are three different HPOES user roles:
    - **Guest User:** A user that is able to view general HPOES information.
    - **Submitter User:** A representative of a health plan or other entity that submits an application.
    - **Authorizing Official User:** A company executive that has the authority to approve applications, including CEOs and CFOs.

# Overview of Application Process

- **Step 2 (Continued)**

- If requesting the Submitter or Authorizing Official role, users will need to identify the company they wish to be granted access to.
- Users can only have access to one user role at a time.

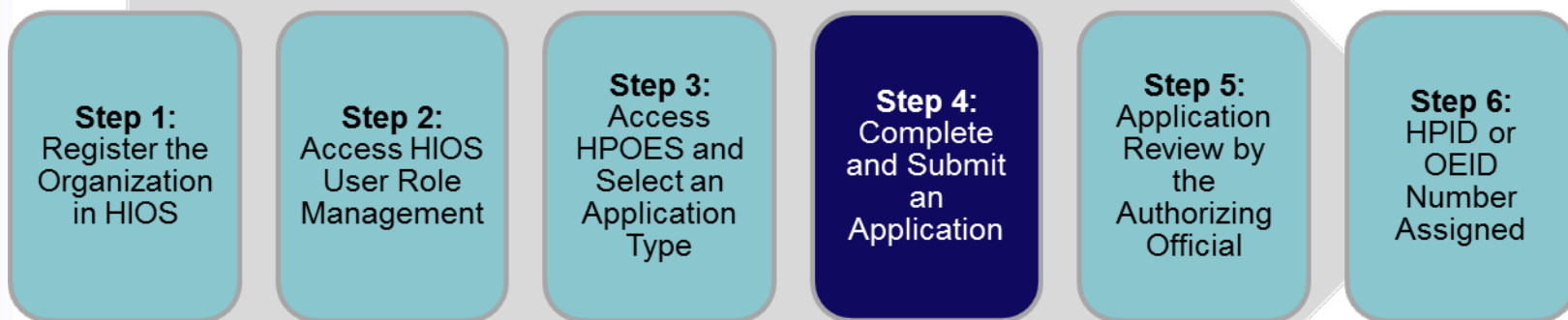
# High Level Application Overview



# Overview of Application Process

- **Step 3: Access HPOES and select an application type**
  - HPID Application
    - There are two different HPID application types:
      - CHP
      - SHP
    - If completing a SHP HPID application, users will be required to select a CHP company.
  - OEID Application

# High Level Application Overview



# Overview of Application Process

- **Step 4: Complete and Submit an Application**
  - Users will need to complete their application and provide the necessary information.
  - The company's Authorizing Official needs to be identified if one has not already been designated.
    - SHP applications will display the CHP's Authorizing Official information.
    - All Authorizing Official information provided in the application is reviewed prior to the user being assigned the Authorizing Official role.
  - Users will be able to review their application information prior to submission.



# Controlling Health Plan HPID Application Information

# CHP Application Information

## Health Insurance Oversight System Health Plan and Other Entity Enumeration System

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**Your Progress:**

**Entity Information**

Authorizing Official

Application Review

### Company Information

If your company is already registered with HIOS, please select the appropriate company below. If your company is not registered with HIOS, please click on the 'HIOS Main Page' button above. Once on the HIOS Main Page, click on the 'Register an Organization' button to begin the registration process.

**Note:** (\*) Indicates a required field.

**\*Company Name:**

Select Company

\*Please enter either an NAIC Number or a Payer Identification Number to proceed.

[NAIC Number:](#) [Payer Identification Number:](#)

Save And Add  
Another Payer ID

Below are the Payer IDs that have been added. You may click the 'Delete' button to remove a Payer ID from the table.

Payer ID	Action
No records to display.	

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# Authorizing Official Information

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**Your Progress:**

Entity Information

**Authorizing Official**

Application Review

### Authorizing Official Contact Information

Please enter the following information:

**Note:** (\*) Indicates a required field.

\*Title of Authorizing Official:

Prefix:

\*First Name:

Middle Initial:

\*Last Name:

Suffix:

\*Email Address:

\*Phone Number:

Phone Ext:

Please note that the contact listed above will receive notification that they have been designated as the company's Authorizing Official in the Health Plan and Other Entity Enumeration System.

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# CHP Application Information

- Company Information:
  - Company Name, Federal Employer Identification Number, and Domiciliary Address
- Authorizing Official Information:
  - First and Last Name, Title, Phone Number, and Email Address
- The Health Plan's NAIC Number or Payer ID used in standard transactions

# Subhealth Plan HPID Application Information

# Subhealth Plan HPID Application

- All SHP applications require a user to identify the company's Controlling Health Plan.
  - In order for a company to be classified as a CHP Company, an HPID must be assigned to that company.
  - Users may search by CHP Company Name or the CHP's HPID Number.

# Subhealth Plan HPID Application

## Health Insurance Oversight System

### Health Plan and Other Entity Enumeration System

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Your Progress:

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### Controlling Health Plan (CHP) Identification

**Note:** (\*) Indicates a required field.

\*Please indicate your Controlling Health Plan (CHP) to proceed. You may either select your CHP Name or search by the CHP HPID Number.

**NOTE: If your CHP has not yet received its HPID, you will not be able to move forward until they have received their HPID. Please call the Helpdesk at 1-877-343-6507 if you have any questions.**

☒ **CHP Name:**

Select

☐ **CHP HPID Number:**

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# Subhealth Plan HPID Type

- Five different Subhealth Plan types:
  - Company
  - Issuer
  - Product
  - Line of Business
  - Other Category



# Subhealth Plan HPID - Company

## Health Insurance Oversight System

### Health Plan and Other Entity Enumeration System

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Your Progress: Entity Information Authorizing Official Application Review

### Subhealth Plan Type

(\*) Indicates a required field.

\*Please select one of the following:

To view the definitions of the terms listed below, please click on the link.

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- ☐ [Product](#)
- ☐ [Line of Business](#)
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# Subhealth Plan HPID - Company

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**Your Progress:**

**Entity Information**

Authorizing Official

Application Review

### Apply for SHP HPID(s)

#### **1. Company Information**

If your company is already registered with HIOS, please select the appropriate company below. If your company is not registered with HIOS, please click on the 'HIOS Main Page' button above. Once on the HIOS Main Page, click on the 'Register an Organization' button to begin the registration process.

**Note:** (\*) Indicates a required field.

**\*Company Name:**

Select Company

#### **2. NAIC/Payer ID Information**

\*Please enter either a NAIC Number or a Payer Identification Number to proceed.

[NAIC Number:](#) [Payer Identification Number:](#)

Save And Add  
Another Payer ID

Below are the Payer IDs that have been added. You may click the 'Delete' button to remove a Payer ID from the table.

Payer ID	Action
No records to display.	

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# Subhealth Plan HPID - Company

## Subhealth Plan Type: Company

- SHP Company Information
  - Company Name, Federal Employer Identification Number, and Domiciliary Address
- The Health Plan's NAIC Number or Payer ID used in standard transactions

# Subhealth Plan HPID - Issuer

## Health Insurance Oversight System

### Health Plan and Other Entity Enumeration System

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Your Progress: Entity Information Authorizing Official Application Review

### Subhealth Plan Type

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# Subhealth Plan HPID - Issuer

## Health Insurance Oversight System

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### Apply for SHP HPID(s)

#### 1. Company Information

If your company is already registered with HIOS, please select the appropriate company below. If your company is not registered with HIOS, please click on the 'HIOS Main Page' button above. Once on the HIOS Main Page, click on the 'Register an Organization' button to begin the registration process.

**Note:** (\*) Indicates a required field.

**\*Company Name:**

#### 2. Issuer Information

Please enter Issuer Information.

**\*Issuer Name - State - ID:**

#### 3. NAIC/Payer ID Information

\*Please enter either an NAIC Number or a Payer Identification Number to proceed.

**NAIC Number:**   
**Payer Identification Number:**

Below are the Payer IDs that have been added. You may click the 'Delete' button to remove a Payer ID from the table.

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No records to display.	

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# Subhealth Plan HPID - Issuer

## Subhealth Plan Type: Issuer

- Company Information
  - Company Name, Federal Employer Identification Number, and Domiciliary Address
- Issuer's HIOS ID, Issuer Legal Name and State of Business
  - If the Issuer does not already exist in HIOS, users will first need to register the Issuer in HIOS.
- The Health Plan's NAIC Number or Payer ID used in standard transactions

# New HIOS Issuer Data Elements

- New HIOS Issuer Required Data Elements:
  - Issuer Legal Name, Federal Employer Identification Number, Registered State, Market Coverage, and Domiciliary Address.



# Subhealth Plan HPID - Product

## Health Insurance Oversight System

### Health Plan and Other Entity Enumeration System

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### Subhealth Plan Type

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# Subhealth Plan HPID - Product

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### Apply for SHP HPID(s)

#### 1. Company Information

If your company is already registered with HIOS, please select the appropriate company below. If your company is not registered with HIOS, please click on the 'HIOS Main Page' button above. Once on the HIOS Main Page, click on the 'Register an Organization' button to begin the registration process.

**Note:** (\*) Indicates a required field.

**\*Company Name:**

---

#### 2. Issuer Information

Please enter Issuer information.

**\*Issuer Name - State - ID:**

---

#### 3. Product Information

Please enter Product information.

**\*Product Name - Market Type - Product Type - ID:**

---

#### 4. NAIC/Payer ID Information

\*Please enter either an NAIC Number or a Payer Identification Number to proceed.

[NAIC Number:](#)  [Payer Identification Number:](#)

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Payer ID	Action
No records to display.	

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# Subhealth Plan HPID - Product

## Subhealth Plan Type: Product

- SHP Company Information
  - Company Name, Federal Employer Identification Number, and Domiciliary Address
- HIOS Issuer ID, Issuer Legal Name, and State of Business
- HIOS Product ID, Product Name, Product Type, and Market Type
- The Health Plan's NAIC Number or Payer ID used in standard transactions

# Subhealth Plan HPID - Line of Business

## Health Insurance Oversight System

### Health Plan and Other Entity Enumeration System

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### Subhealth Plan Type

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# Subhealth Plan HPID - Line of Business

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### Apply for SHP HPID(s)

#### 1. Company Information

If your company is already registered with HIOS, please select the appropriate company below. If your company is not registered with HIOS, please click on the 'HIOS Main Page' button above. Once on the HIOS Main Page, click on the 'Register an Organization' button to begin the registration process.

**Note:** (\*) Indicates a required field.

**\*Company Name:**

#### 2. Line of Business Information

Please enter Line of Business information.

**\*Type:**

**\*Product Name/Brand Name:**

#### 3. NAIC/Payer ID Information

\*Please enter either an NAIC Number or a Payer Identification Number to proceed.

[NAIC Number:](#) [Payer Identification Number:](#)

Save And Add  
Another Payer ID

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Payer ID	Action
No records to display.	

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# Subhealth Plan HPID - Line of Business

## Subhealth Plan Type: Line of Business

- SHP Company Information
  - Company Name, Federal Employer Identification Number, and Domiciliary Address
- Line of Business Type
- Product Name/Brand Name
- The Health Plan's NAIC Number or Payer ID used in standard transactions

# Subhealth Plan HPID - Other Category

## Health Insurance Oversight System

### Health Plan and Other Entity Enumeration System

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### Subhealth Plan Type

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# Subhealth Plan HPID - Other Category

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**Your Progress:**      **Entity Information**      Authorizing Official      Application Review

### Apply for SHP HPID(s)

#### 1. Company Information

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**Note:** (\*) Indicates a required field.

**\*Company Name:**

Select Company

#### 2. Other Category Information

Please enter Other Category information.

**\*Other Category Name:**

**\*Type/Description:**

#### 3. NAIC/Payer ID Information

\*Please enter either an NAIC Number or a Payer Identification Number to proceed.

**NAIC Number:**      **Payer Identification Number:**

<input type="text"/>	<input type="text"/>
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Save And Add  
Another Payer ID

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# Subhealth Plan HPID - Other Category

## Subhealth Plan Type: Other Category

- SHP Company Information
  - Company Name, Federal Employer Identification Number, and Domiciliary Address
- Other Category Name
- Other Category Type/Description
- The Health Plan's NAIC Number or Payer ID used in standard transactions



# OEID Application Information

# OEID Information

## Health Insurance Oversight System Health Plan and Other Entity Enumeration System

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**Your Progress:**

**Entity Information**

Authorizing Official

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### Company Information

If your company is already registered with HIOS, please select the appropriate company below. If your company is not registered with HIOS, please click on the 'HIOS Main Page' button above. Once on the HIOS Main Page, click on the 'Register an Organization' button to begin the registration process.

**Note:** (\*) Indicates a required field.

**\*Company Name:**

Select Company

**\*Business Classification:**

Other

**Description of Classification:**

\*Please enter a Payer Identification Number to proceed

**Payer Identification Number:**

Save And Add  
Another Payer ID

Below are the Payer IDs that have been added. You may click the 'Delete' button to remove a Payer ID from the table.

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# Authorizing Official Information

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**Your Progress:**

Entity Information

**Authorizing Official**

Application Review

### Authorizing Official Contact Information

Please enter the following information:

**Note:** (\*) Indicates a required field.

\*Title of Authorizing Official:

Prefix:

\*First Name:

Middle Initial:

\*Last Name:

Suffix:

\*Email Address:

\*Phone Number:

Phone Ext:

Please note that the contact listed above will receive notification that they have been designated as the company's Authorizing Official in the Health Plan and Other Entity Enumeration System.

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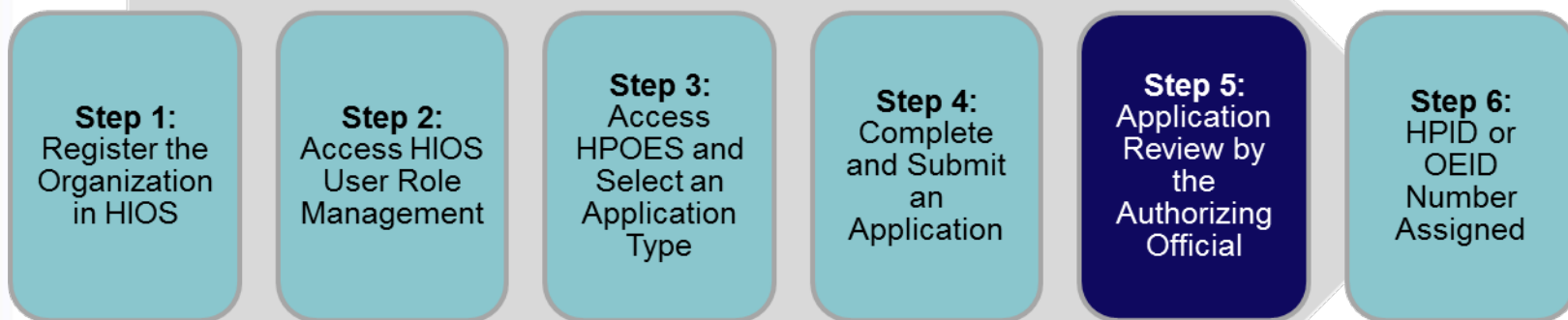
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# OEID Information

- Company Information
  - Company Name, Federal Employer Identification Number, and Domiciliary Address
- Authorizing Official Information:
  - First and Last Name, Title, Phone Number, and Email Address
- Business Classification
- The Other Entity's Payer ID or Atypical Provider ID used in standard transactions

# High Level Application Overview

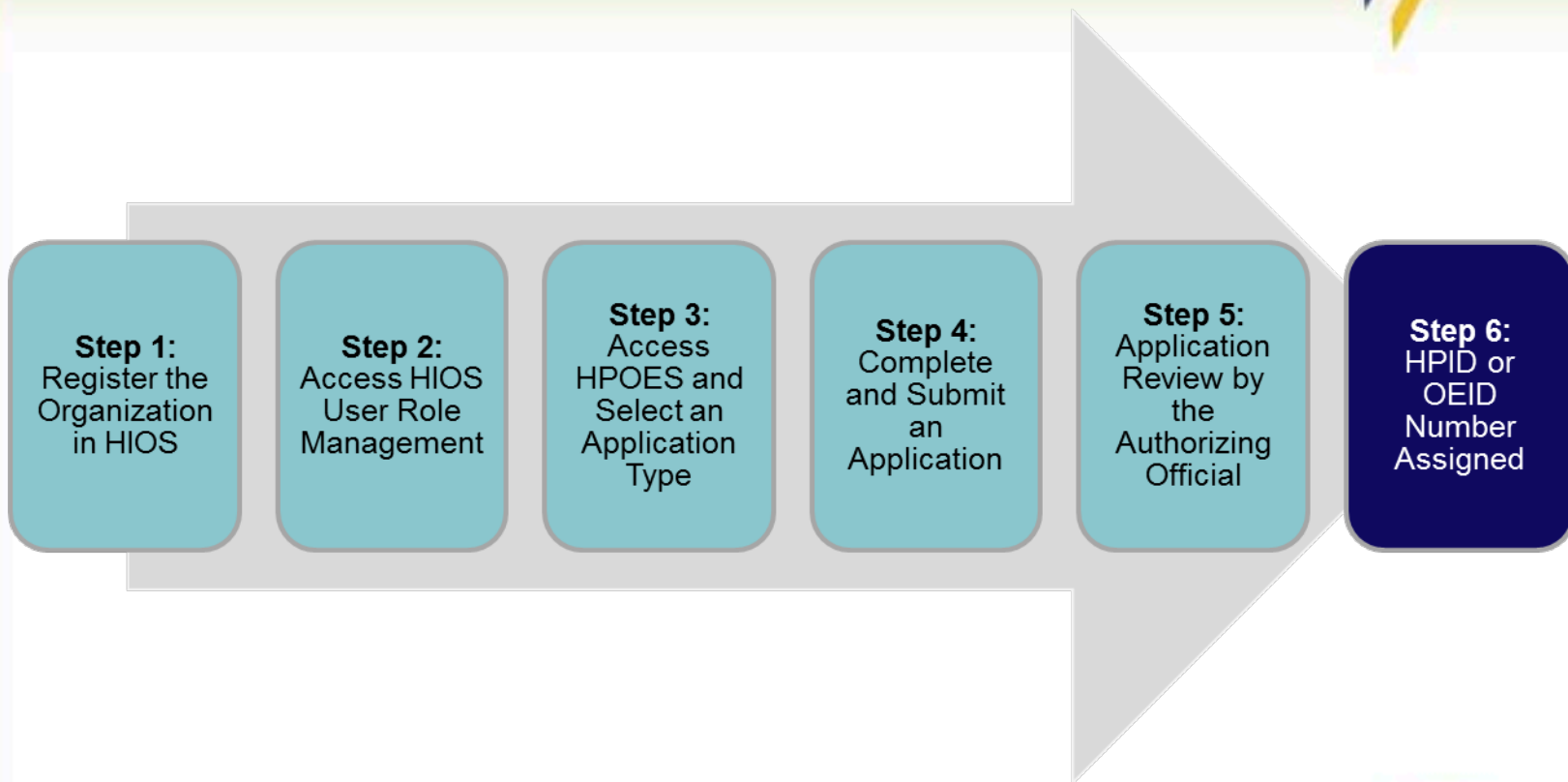


# Overview of Application Process

- **Step 5: Application Review**

- Once the application has been submitted, the company's Authorizing Official will be notified that an application is pending their approval.
- The Authorizing Official will need to review each application and will have the option to approve or reject it.

# High Level Application Overview



# Overview of Application Process

- **Step 6: HPID or OEID Number Assigned**
  - Once the application is approved by the Authorizing Official, the system will generate an HPID or OEID.
  - An email notification will be sent to the submitter user with the HPID or OEID generated.



# WRAP UP

Wrap Up and Next Steps

# Wrap Up and Next Steps

## Next Steps

- Slides will be available at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html>
- The next HPOES webinars will be held on February 14<sup>th</sup> and 21<sup>st</sup>, covering the same content as today's webinar.
- Please send questions to the HIOS Helpdesk at <http://www.insuranceoversight@hhs.gov>

## Wrap Up

- Thank you for attending
- Please let us know if you have any questions

# Questions & Answers