

WEBINAR

Health Plan and Other Entity Enumeration System (HPOES)

Agenda

- ☐ Policy Overview
- ☐ Timelines
- ☐ Registration Walkthrough
- ☐ Wrap Up and Next Steps
- ☐ Q&A: Please hold your questions until the end of the presentation

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)

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 of its own initiative

What does this final rule NOT require?

- Does not require that health plans now be identified in the standard transactions if they were not identified before this rule
 - For instance, TPA is not now required to identify a self-insured health plan in the standards transactions if the TPA did not identify it prior to this rule

Example

- ASC X12 Version 5010 health care eligibility benefit inquiry and response (the 271)
- Segment is the NM1 – Information Source Name in the 2100 A loop – Information Source
- “The information source is the entity that has the answer to the questions being asked in a 270 Eligibility or Benefit request transaction. The information source is typically the insurer or payer....Regardless of the information source’s actual role in the health care system, they are the entity who maintains the information regarding the patient’s coverage.”
- The information source could be a health plan or it could be a third party administrator (TPA).

Example Cont.

- If covered entity is currently identifying a health plan as the information source, the covered entity will be required to use an HPID to identify that health plan as the information source by November 7, 2016.
- If a covered entity is currently identifying a TPA as the information source, the covered entity can continue to identify that TPA as the information source using whatever identifier the TPA uses (or an OEID) after the adoption of the HPID.

Example of use of HPID

Reference Description	Name	Code	Definition	Content of Field before HPID	Content of Field after HPID
NM101	Entity Identifier Code	2B 36 GP P5 PR	Third Party Administrator Employer Gateway Provider Plan Sponsor Payer	If health plan is identified as information source, then "PR"	If health plan is identified as information source, then "PR"
NM108	Identification Code Qualifier	24 46 FI NI PI XV XX	Employer Identification (EIN) Electronic Transmitter Identification (ETIN) Federal Taxpayer's Identification Number NAIC number Payer Identification CMS Plan ID CMS Provider Identifier	If a health plan is to be identified as the information source, 24, 46, FI, NI, or PI can be use.	If a health plan is to be identified as the information source, ONLY XV can be used.
NM109	Identification Code			Depending on the qualifier this could be the EIN, ETIN, TaxID, NAIC, or proprietary ID	HPID ONLY (if a health plan is to be identified as the information source)

What is the Timeline for Compliance with the Regulation?

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

Registration

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HIOS Sign in: <https://insuranceoversight.hhs.gov/>

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Request Health Plan and Other Entity Enumeration System Account

Please note that you are applying for access to the Health Plan and Other Entity Enumeration System (HPOES) only. If you wish to gain access to other modules please contact the HIOS Helpdesk at **Phone:** 1-877-343-6507 or

Email: insuranceoversight@hhs.gov.

(*) Indicates a required field

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*Last Name:	<input type="text"/>
*Title:	<input type="text"/>
*Organization:	<input type="text"/>
*Email:	<input type="text"/>
*Phone: (Format: 123-456-7890)	<input type="text"/>
Phone Ext:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
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Health Plan and Other Entity Enumeration System Access Pending

Thank you for requesting access to the Health Plan and Other Entity Enumeration System (HPOES).

We are processing your request. You will receive an email notification within 48 hour with instructions on how to access the Health Plan and Other Entity Enumeration System (HPOES).

If you have any questions, please contact the HIOS Helpdesk at Phone: 1-877-343-6507 or Email: insuranceoversight@hhs.gov.

HPID/OEID applications are not currently available in the Health Plan and Other Entity Enumeration System (HPOES), but users will be notified as information becomes available.

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Health Plan and
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Announcements

Beginning August 20, 2012, the U.S. Department of Health and Human Services (HHS) opened the Essential Health Benefit (EHB) Module so that state entities and the three largest small group market product issuers for each state can submit EHB benchmark plan information. The submission of EHB benchmark plan information must be submitted to the Centers for Medicare and Medicaid Services (CMS) through the Health Insurance Oversight System (HIOS).

The data collection standards necessary for the establishment of the EHB benchmark is set forth by the "Data Collection To Support Standards Related to Essential Health Benefits" final rule published by HHS on July 20, 2012.

Please email FFE_questions@lmi.org with any questions.

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Health Plan and Other Entity Enumeration System

Announcements

Welcome to the Health Plan and Other Entity Enumeration System (HPOES).

HPID/OEID applications are not currently available in the Health ...

[Read More](#)

What is the purpose of the health plan identifier?

The primary purpose of the health plan identifier is for use in the standard transactions. In the standard transactions, the HPID will replace proprietary identifiers for health plans that vary in lengths and format. In addition, information about health plans and their HPIDs will be available in a public database to facilitate the routing of transactions.

What entities can get a Health Plan Identifier (HPID)?

An entity must meet the definition of [health plan](#) at 45 CFR 160.103 to get an HPID. For purposes of the HPID, there are two classifications of health plans – a Controlling Health Plan (CHP) and a Subhealth Plan (SHP). A [controlling health plan](#) must get an HPID, while a [subhealth plan](#) is eligible but not required to get an HPID. To determine whether a subhealth plan should get an HPID, the CHP and/or the SHP should consider whether the SHP needs to be identified in the standard transactions. A CHP may get an HPID for its SHP or may direct a SHP to get an HPID.

Help

If at any point you experience any problems with the application or have questions, please contact the HIOS Helpdesk in one of the following ways:

Phone: 1-877-343-6507

Email:
insuranceoversight@hhs.gov

Resources

- [HPID Final Rule](#)
- [HPID Fact Sheet](#)
- [HPID Administrative Simplification Page](#)
- [Affordable Care Act and Administrative Simplification Provisions Page](#)

HPOES Home Page Continued

When must a health plan get and use HPIDs?

Health plans that are not small health plans must get HPIDs by November 5, 2014. Small health plans must get HPIDs by November 5, 2015. All health plans and other HIPAA covered entities must use an HPID to identify a health plan that has an HPID in the standard transactions by November 7, 2016.

HPID Implementation

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

When must other entities get and use OEIDs?

[Other entities](#) are not required to get or use OEIDs. The OEID is a voluntary identifier. The value of the OEID is that it can create greater standardization in the transactions so that all parties that need to be identified in the standard transactions would have a standard identifier that would be listed in a publicly available searchable database.

Training and Education

Events and Webinars

- 1) OCT 1, 2012 - Introduction to Health Plan and Other Entity Enumeration System Webinar

Have feedback for us?

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>
- Next HPOES webinar will be held on October 15th
- Please send questions to the HIOS Helpdesk at insuranceoversight@hhs.gov

Wrap Up

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

Questions & Answers

Questions and Answers

