



*Partnering for Electronic Delivery
of Information in Healthcare*

September 19, 2014

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Unique Health Plan Identifier (HPID)

Dear Secretary Burwell:

In its advisory role under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Workgroup for Electronic Data Interchange (WEDI) periodically brings to the attention of the Department of Health and Human Services (HHS) issues related to healthcare electronic transactions and information exchange and related areas that it believes merit review and consideration by the Secretary. WEDI represents a broad industry perspective of providers, clearinghouses, payers, vendors and other public and private organizations that partner together to collaborate on industry issues.

WEDI has been seeking feedback from our members on the Unique Health Plan Identifier (HPID) since the Subcommittee hearings in July 2010 and has held several Policy Advisory Groups as well as Technical Advisory Committees on the subject in the intervening years. A recurring theme that we have heard is the continued confusion within the industry as to what HPID is intended to solve in the current healthcare environment. WEDI believes this message is important and should be addressed.

The industry understands the intent of the original HIPAA statute was to solve routing issues that existed more than 15 years ago, however, the industry has resolved those issues, with special attention to privacy and security risk mitigation. WEDI is concerned that in order to enumerate health plans, both government and commercial funds will be required, diverting those dollars from being used to achieve healthcare goals of greater quality of care greater patient safety and reducing costs. Health plans have indicated there is an interpretation of the regulatory definition of Controlling Health Plan (CHP) and Subhealth Plan (SHP), which will result in a greater granularity of enumeration than is currently used.

The survey results below further strengthen WEDI's recommendation to CMS from October 2013 that CMS modify the rule to make HPIDs Not Used in transactions.

In an effort to provide a little more quantitative information to the agency, WEDI conducted a survey on the impact and use of the HPID in transactions from August 20 to September 5, 2014. There were 262 respondents that covered multiple stakeholders, including health plans, self-insured health



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plans, providers, third-party administrators, clearinghouses, and software vendors. Across the various stakeholders, one message was clear, that HPID holds little to no value for any stakeholder when used within electronic transactions adopted under HIPAA.

Exhibit A provides more details on the survey results but some significant findings were as follows:

- ❖ Only 15% of all stakeholder respondents find any value in the use of the HPID within transactions (64% find no value and 21% do not know whether there is value)

➤ Stakeholder specific results:

	Health Plan	Self-Insured	TPA	Providers	Clearinghouse	Software Vendor
Has Value	10%	0%	17%	19%	16%	23%
No Value	75%	75%	75%	44%	75%	56%
Value Unknown	15%	25%	8%	37%	9%	21%

- ❖ Only 24% of respondents have no concerns about implementing HPID concurrent with other mandates.
- ❖ A greater degree of granularity will impact 51% of respondent implementations while 39% are not able to even determine what the impact will be.
- ❖ HPID use within transactions will be the same complexity or more complex than implementation of the National Provider Identifier (NPI) for 55% of respondents.
- ❖ Only 30% of respondents, other than providers, indicated the cost to implement HPID would be less than \$500,000 while 33% are not even able to determine a cost estimate at this time.
- ❖ Only 19% of providers indicated the cost to implement would be less than \$50,000 and another 56% are not able to determine a cost estimate at this time.
- ❖ Only 11% of respondents reported privacy and security risks would be less than current risks under HIPAA.

WEDI would be happy to discuss the survey results in more detail. Dr. Devin Jopp, President and CEO of WEDI, would be pleased to answer further questions on the survey results and may be contacted at 202-731-7126.

Sincerely,

/s/

Jim Daley

Chairman, WEDI

cc: Marilyn Tavenner, Centers for Medicare & Medicaid Services
Todd Lawson, Office of E-Health Standards and Services
Denesecia Green, Office of E-Health Standards and Services
WEDI Board of Directors



HPID Survey Results

Exhibit A
September 2014

Survey Overview

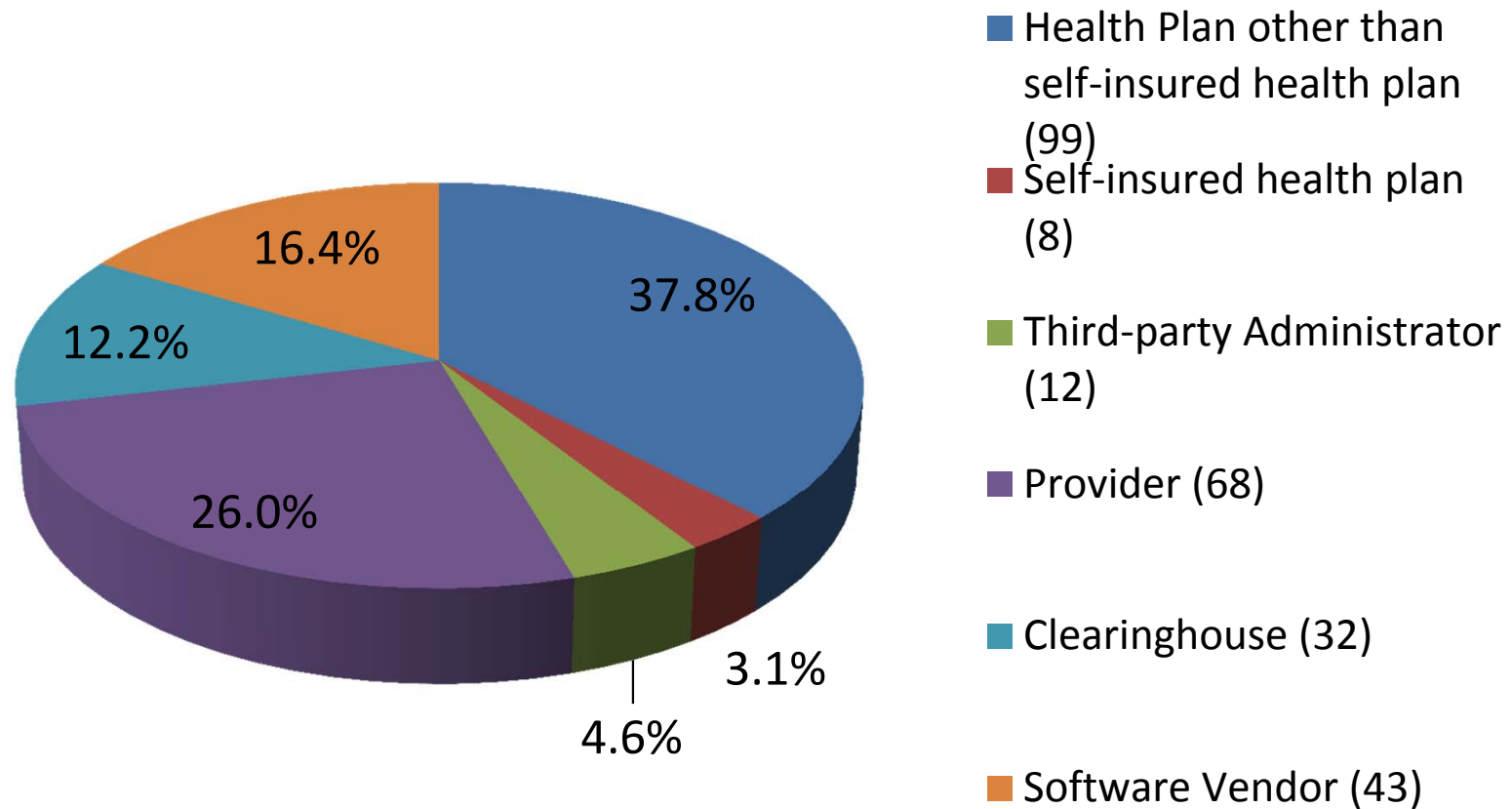
- Conducted August 20 – September 5, 2014
- Industry stakeholder specific questions
 - Health Plan (other than self-insured health plan)
 - Self-insured health plan
 - Third-party Administrator
 - Provider
 - Clearinghouse
 - Software Vendor
- Total Complete Responses = 262

Assumptions Presented to Respondents

- HPID will not, in most cases, be a one-to-one relationship with current payer ID
- HPID will most likely be a one-to-many relationship, e.g. one payer ID to multiple HPIDs)
- Payers would have to communicate all HPIDs for transactional use. There will not be any central database to disseminate HPIDs.
- HPID enumeration is based on the regulatory definition of health plan in 45 CFR §160.103
- Health Plans, as defined by regulation, enumerate for HPID based on the definition of Controlling Health Plan (CHP) and Subhealth Plan (SHP) in the HPID final rule.
- Product level enumeration is not required
- HPIDs do not replace payer IDs
- Provisions within the HPID final rule related to National Provider Identifier (NPI) are not included in this survey.
- End-to-end testing is critical to successful implementation

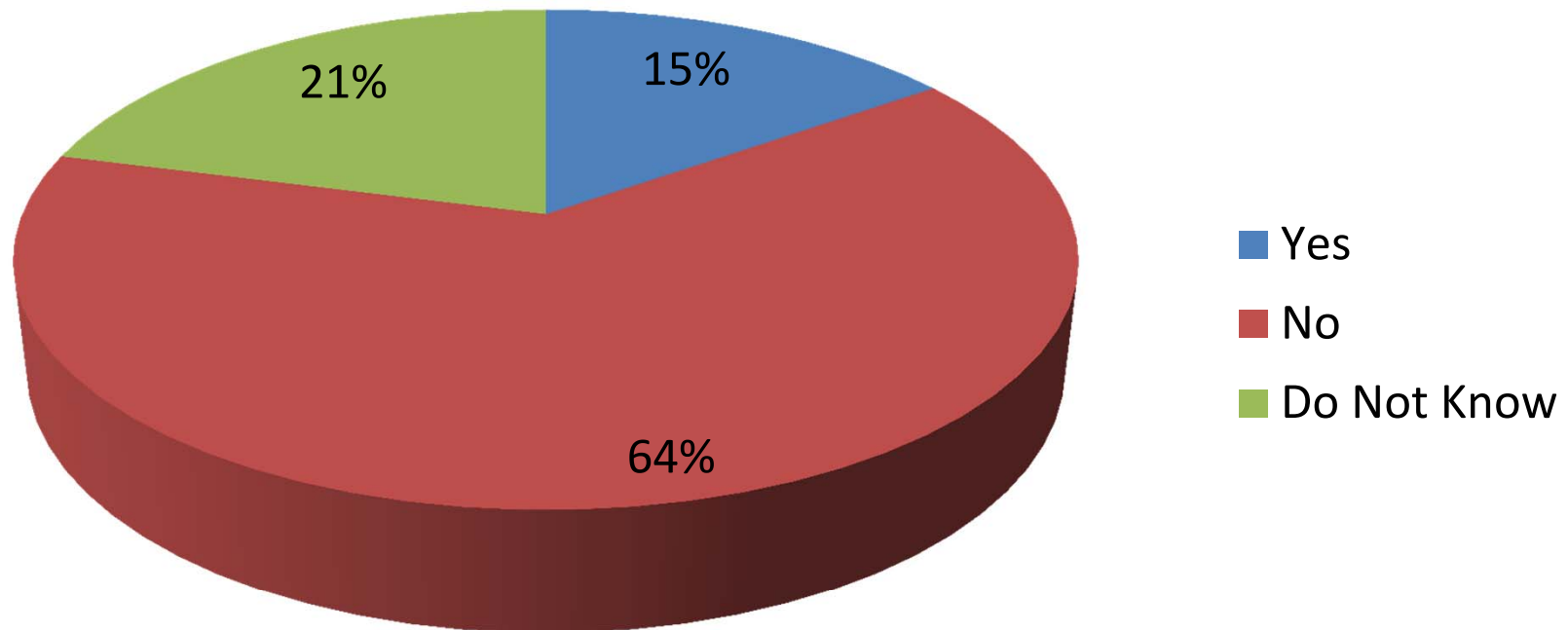
Respondents

Total 262



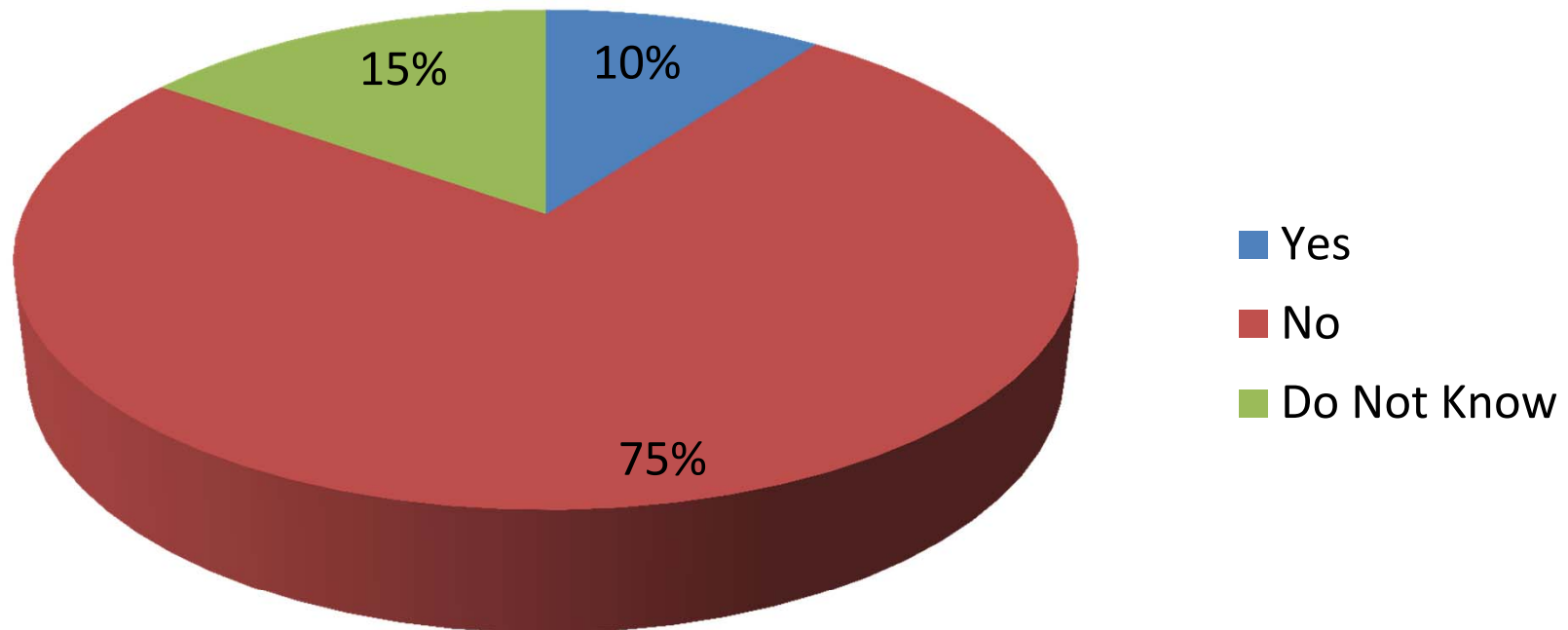
All Stakeholders

Do you perceive any value if HPID is used within HIPAA adopted transactions? Please respond in terms of the overall value across all trading partners.



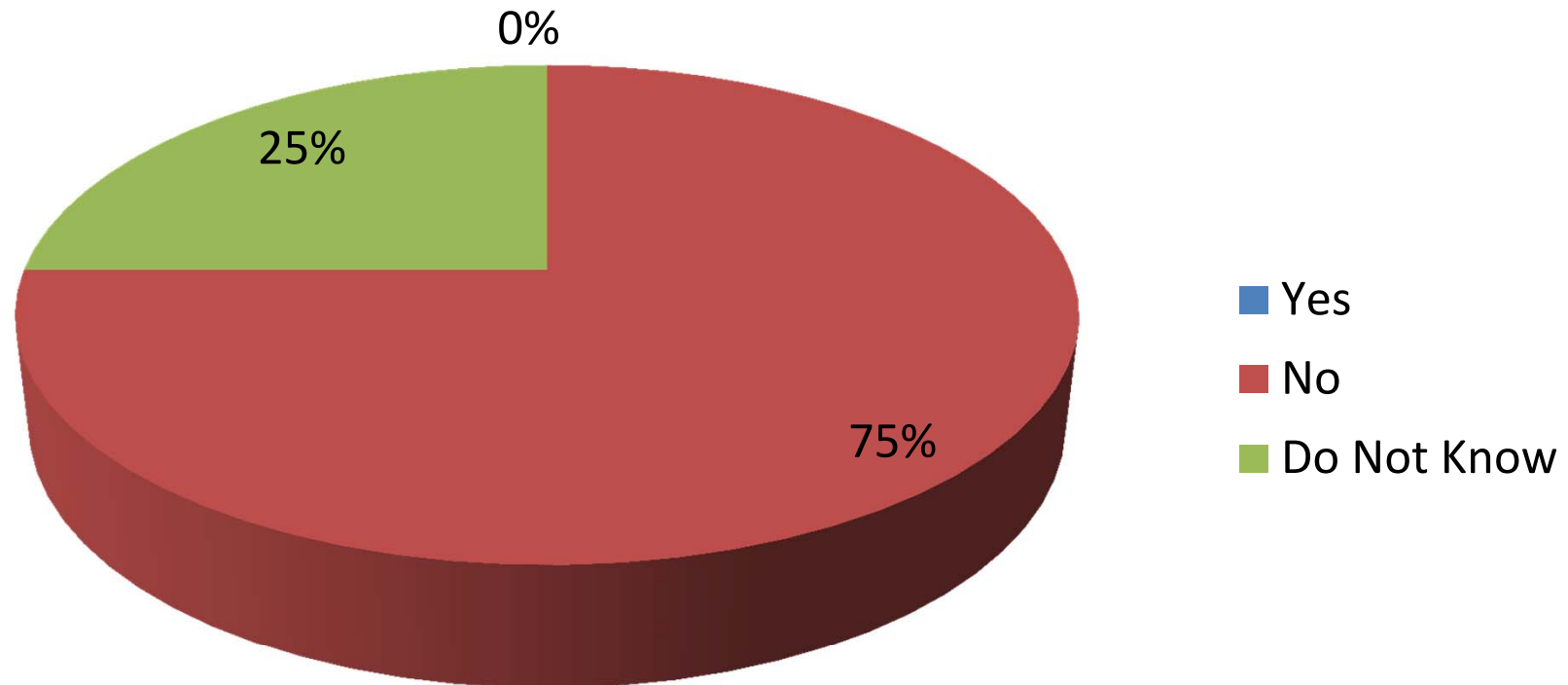
Health Plans (other than Self-Insured)

Do you perceive any value if HPID is used within HIPAA adopted transactions? Please respond in terms of the overall value across all trading partners.



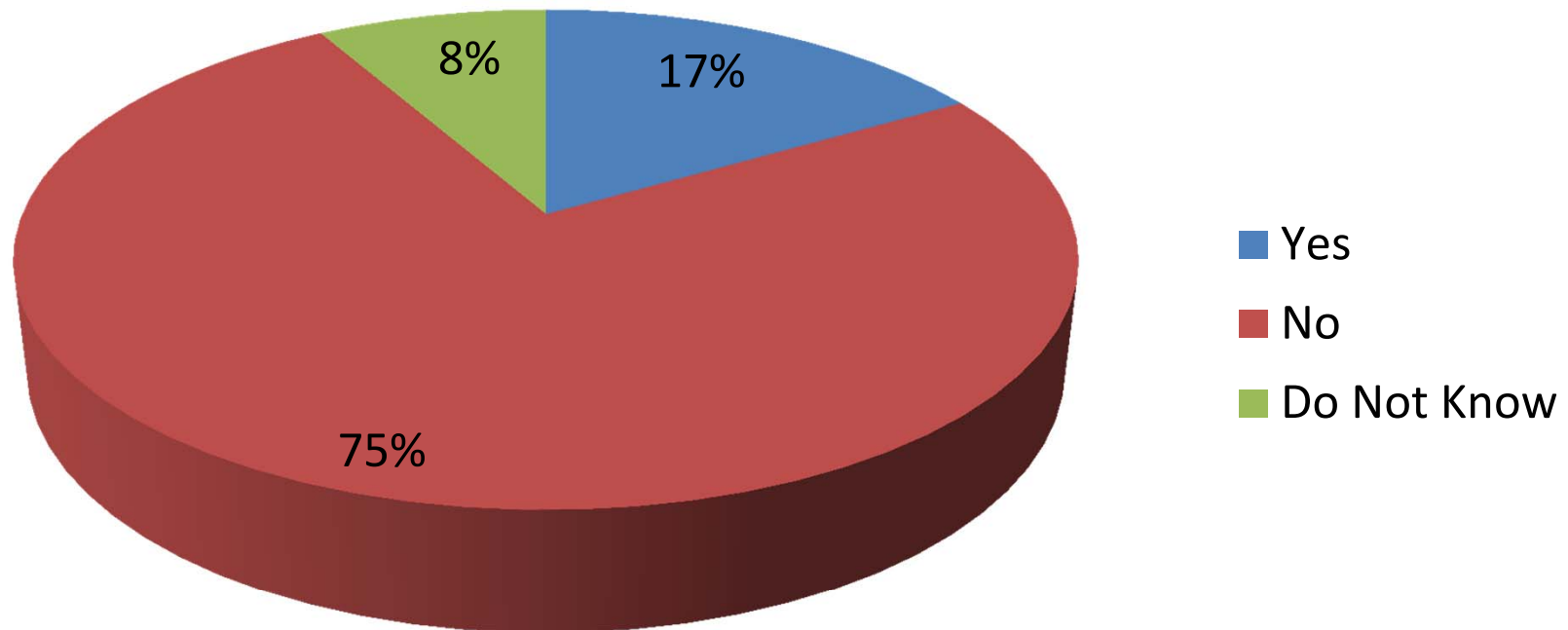
Self-Insured

Do you perceive any value if HPID is used within HIPAA adopted transactions? Please respond in terms of the overall value across all trading partners.



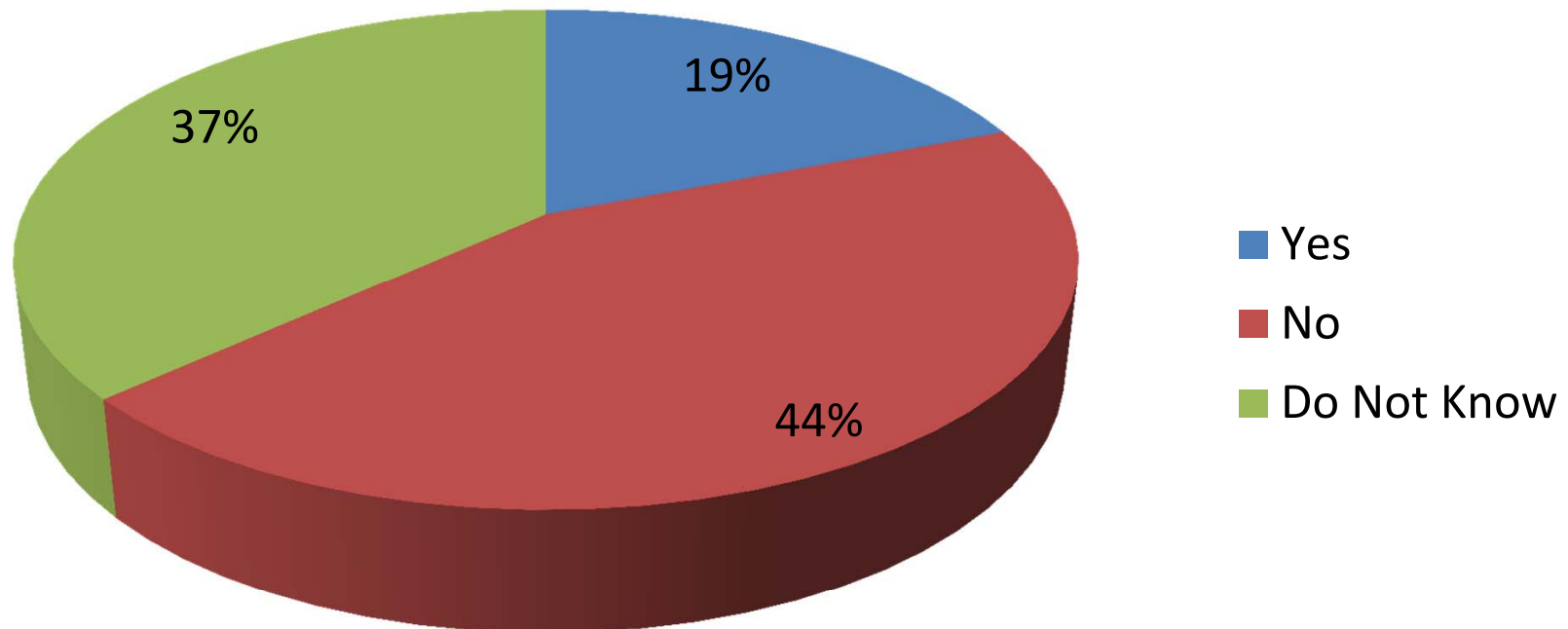
Third-Party Administrator

Do you perceive any value if HPID is used within HIPAA adopted transactions? Please respond in terms of the overall value across all trading partners.



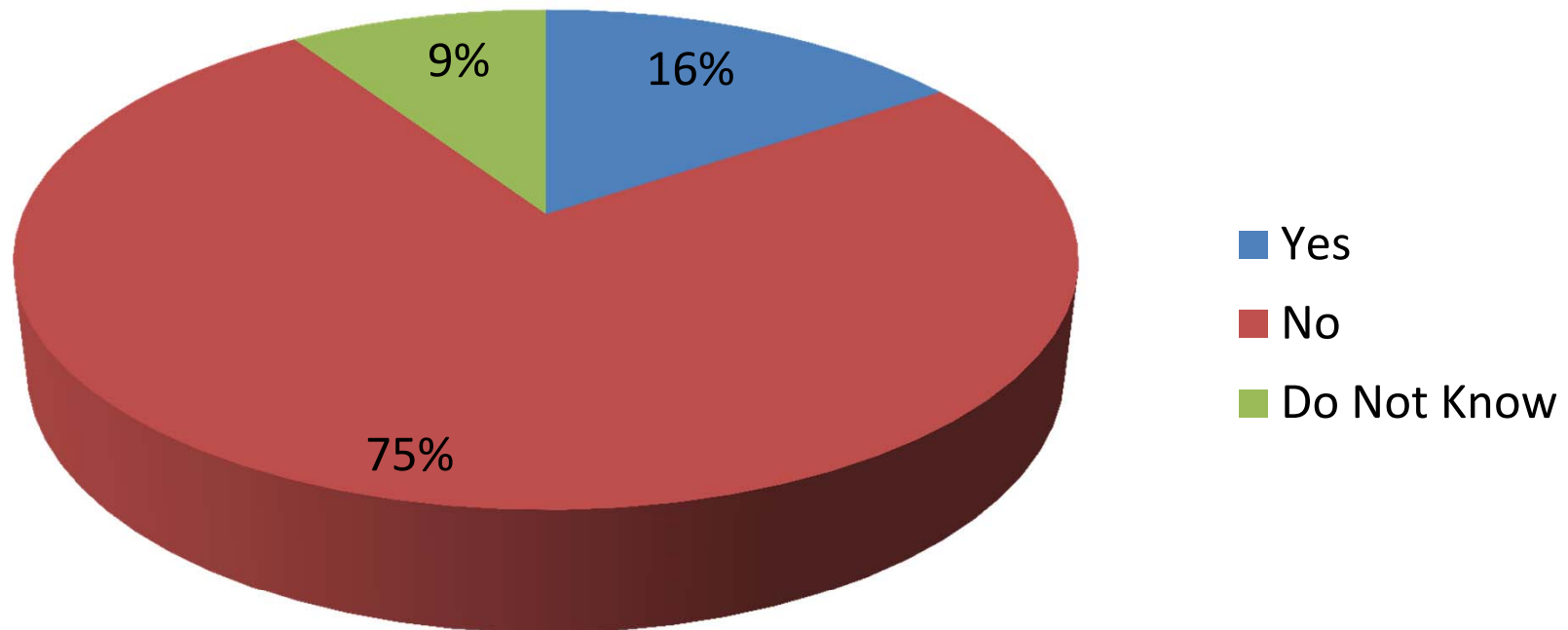
Provider

Do you perceive any value if HPID is used within HIPAA adopted transactions? Please respond in terms of the overall value across all trading partners.



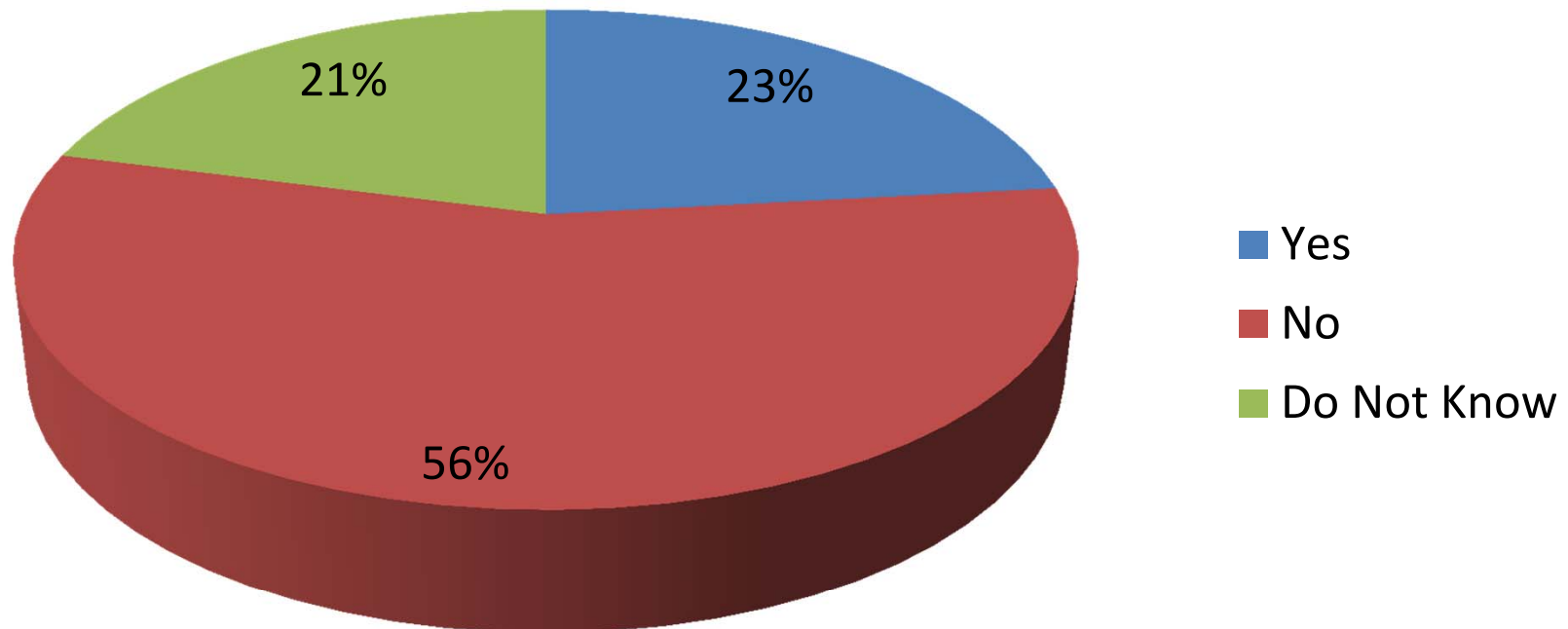
Clearinghouse

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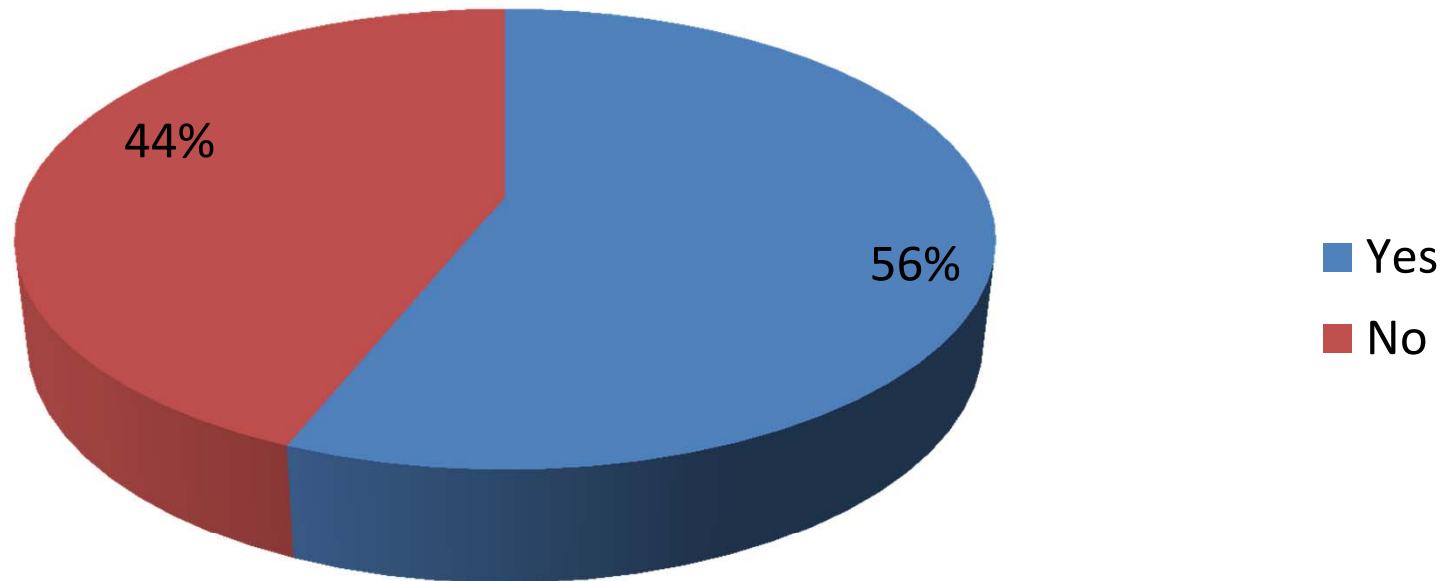
Software Vendor

Do you perceive any value if HPID is used within HIPAA adopted transactions? Please respond in terms of the overall value across all trading partners.



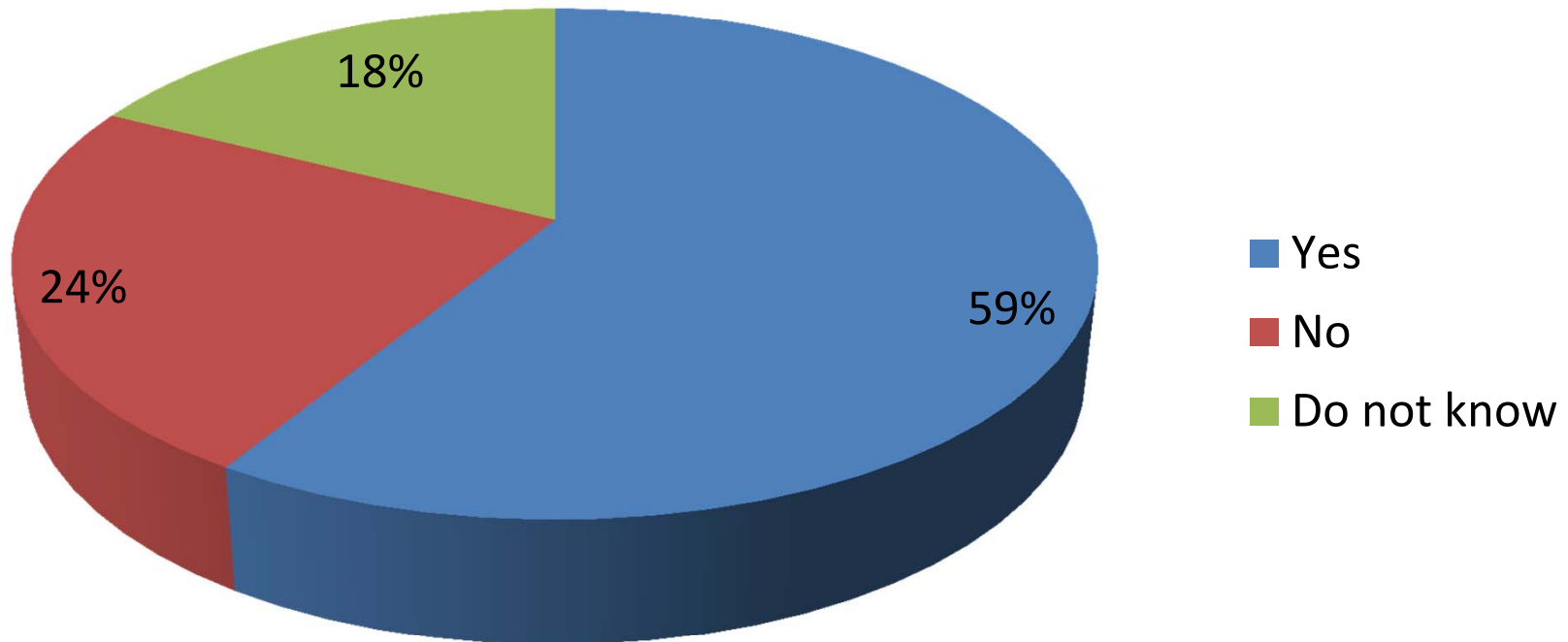
All Stakeholders

Have you been involved in WEDI discussions on HPID and their use within transactions, e.g. through conferences, forums, HPID Workgroup or Subworkgroups, Policy Advisory Groups (PAGs)?



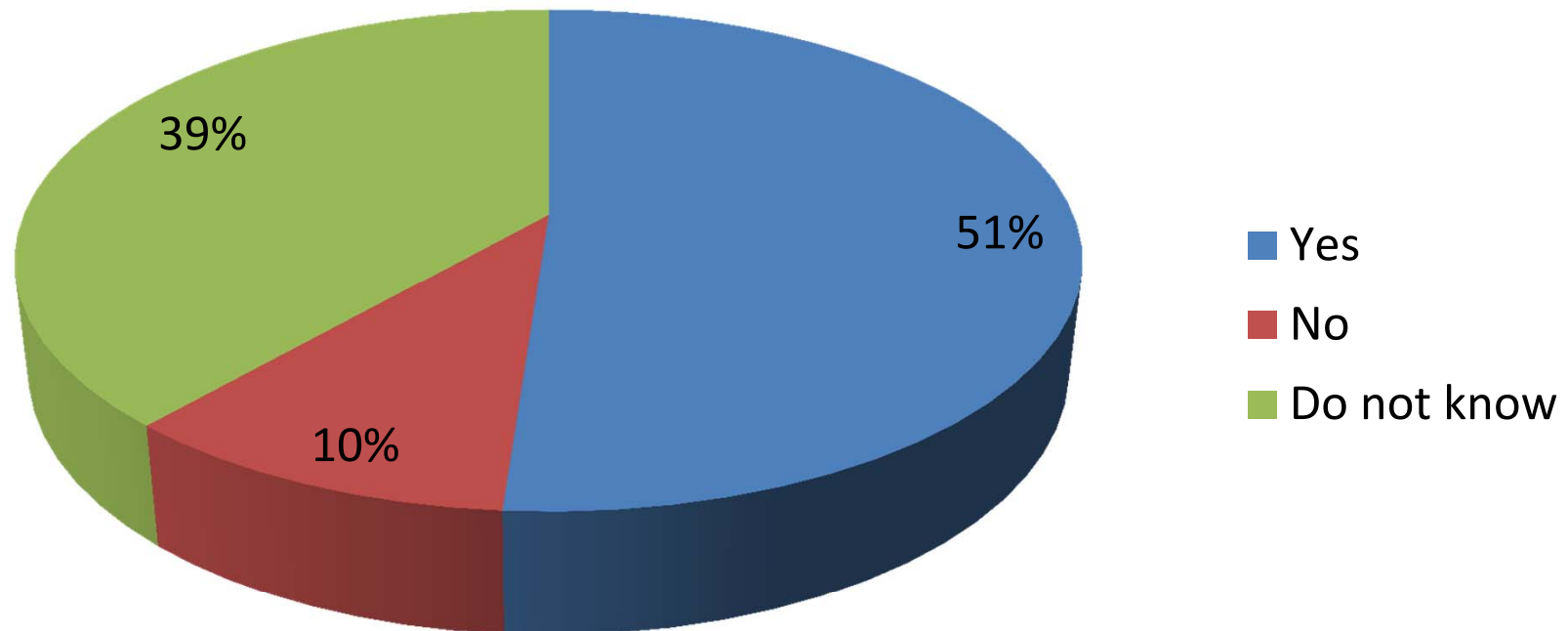
All Stakeholders

Do you have concerns about implementing the HPID at the same time as other mandates?



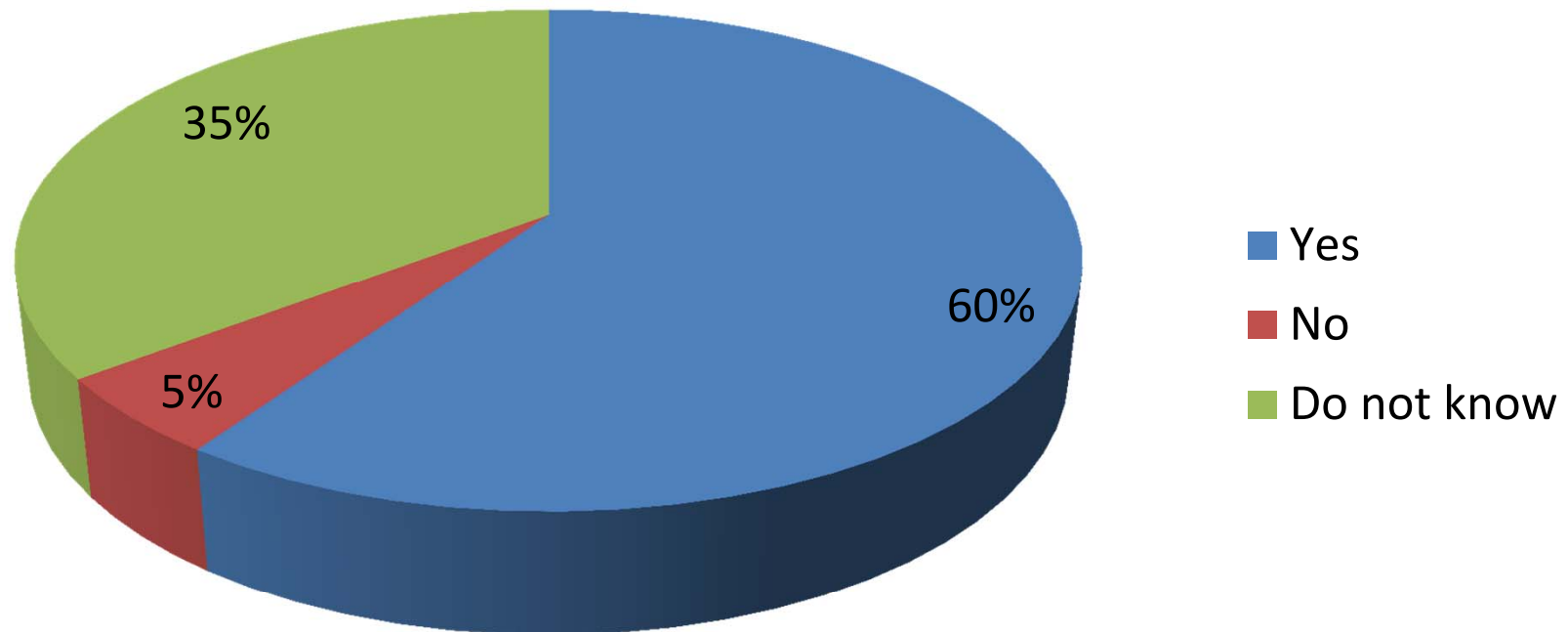
All Stakeholders

Does a greater degree of granularity of HPID enumeration create an impact to implementation of HPID within the transactions?



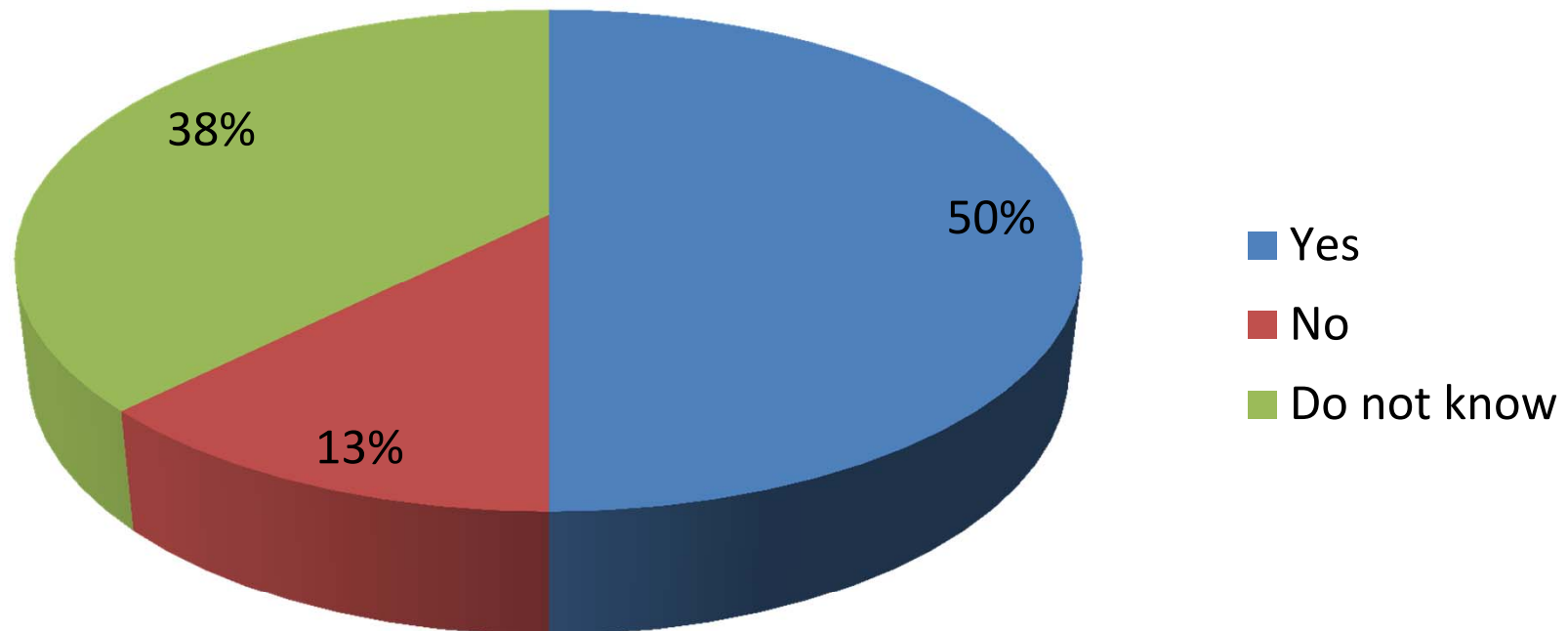
Health Plans (other than Self-Insured)

Does a greater degree of granularity of HPID enumeration create an impact to implementation of HPID within the transactions?



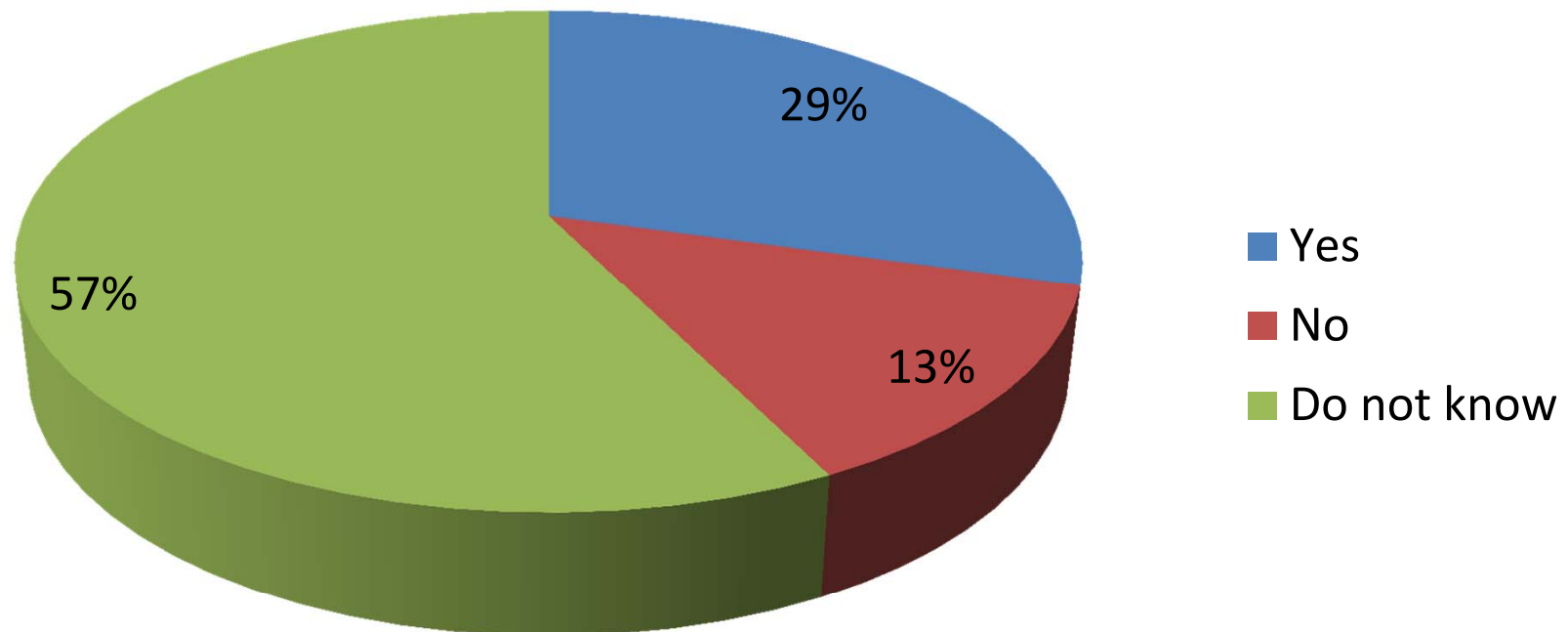
Self-Insured

Does a greater degree of granularity of HPID enumeration create an impact to implementation of HPID within the transactions?



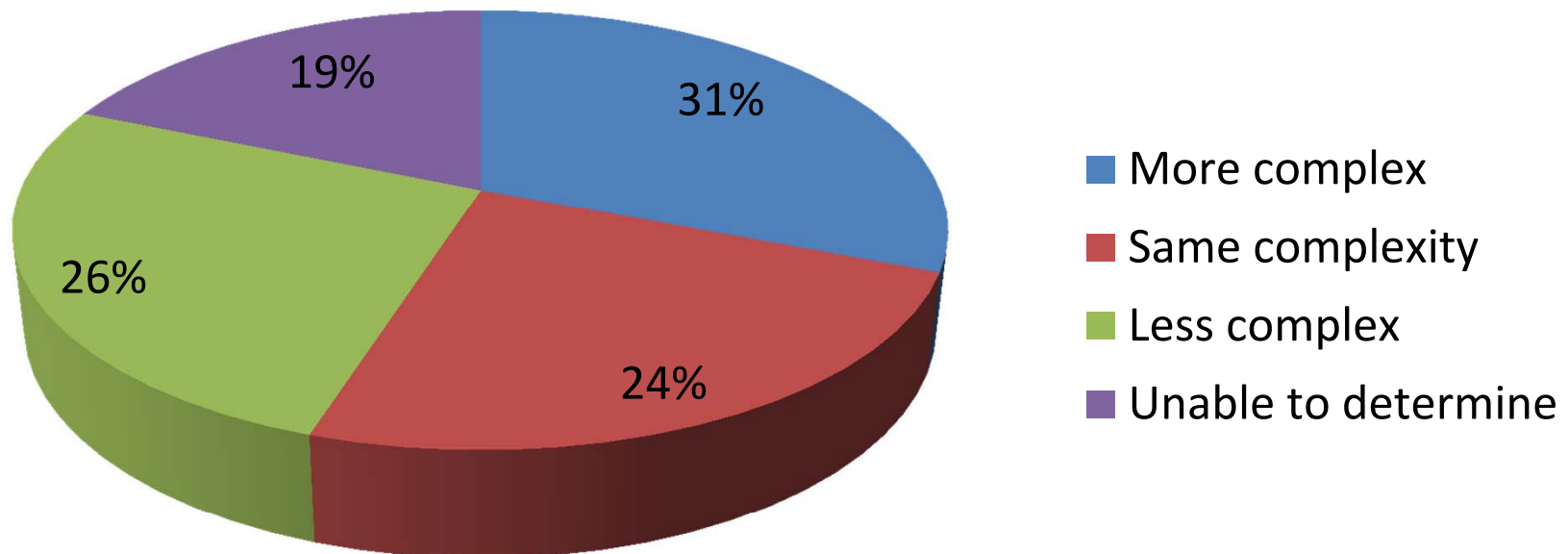
Providers

Does a greater degree of granularity of HPID enumeration create an impact to implementation of HPID within the transactions?



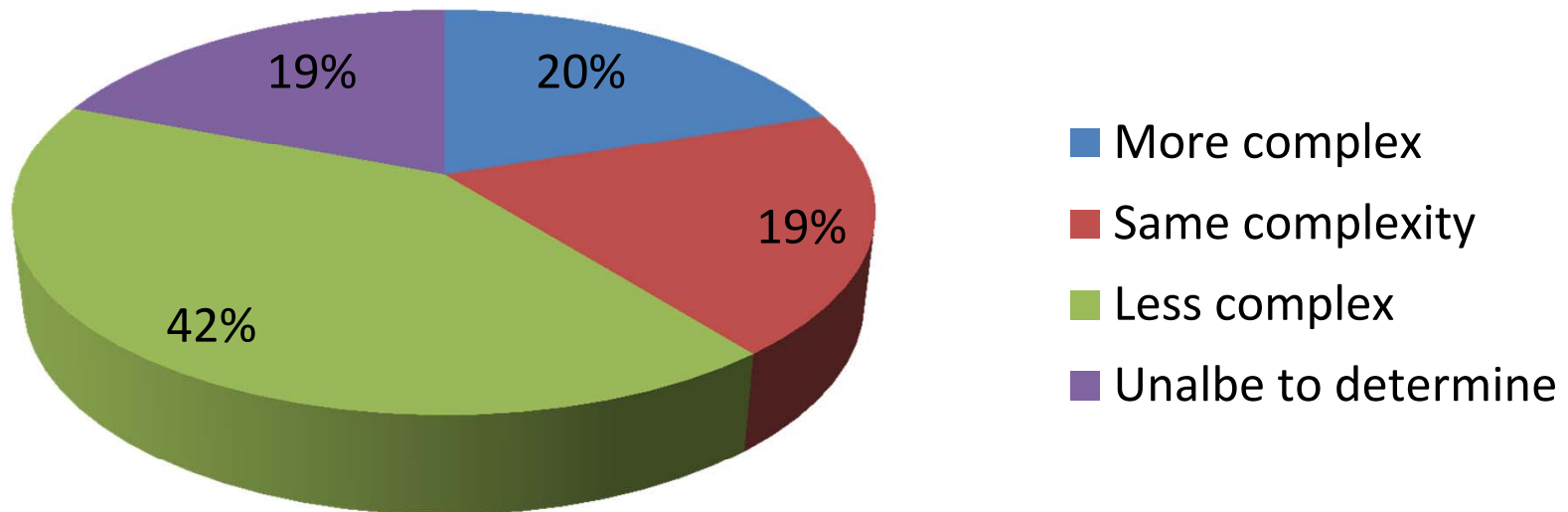
All Stakeholders

As compared to implementation of the National Provider Identifier (NPI), based on the assumptions above, how do you rate the complexity of implementation of HPID within the transactions?



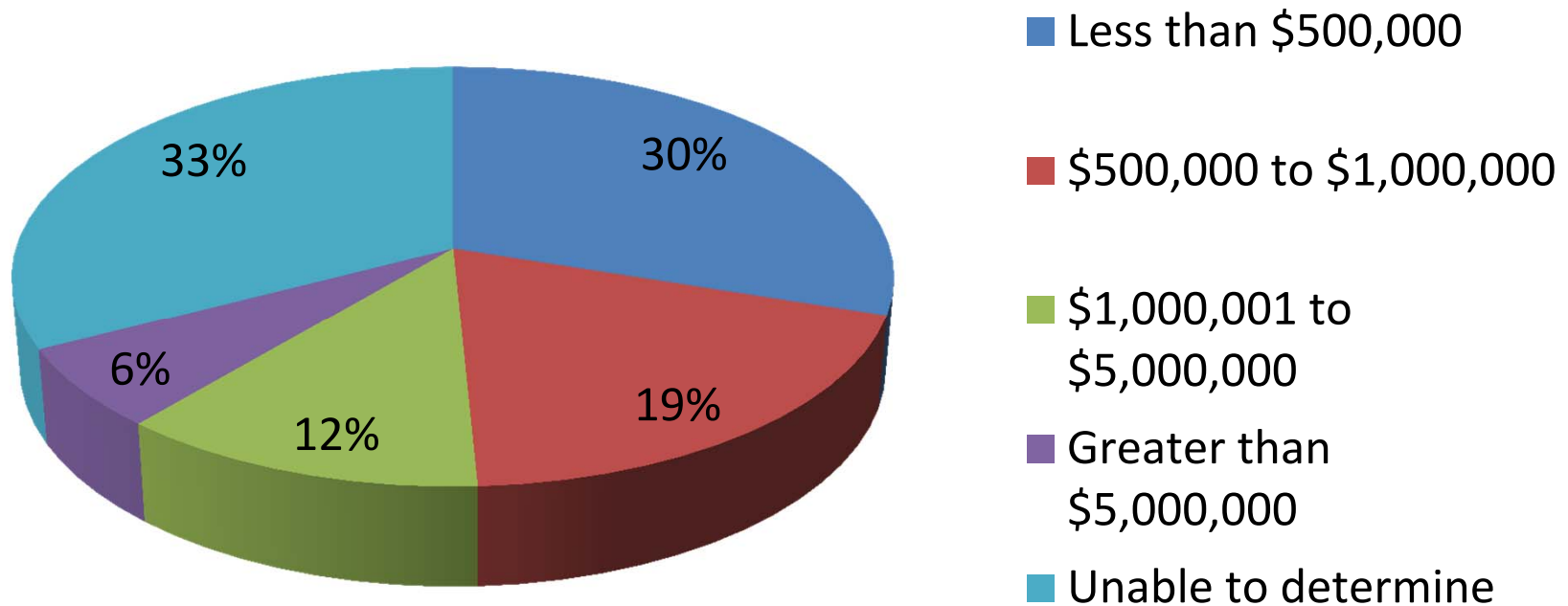
All Stakeholders

As compared to the implementation of HIPAA adopted ASC X12 version 005010 TR3s (implementation guides), based on the assumptions above, how do you rate the complexity of implementation of HPID within the transactions?



All Stakeholders (except Providers)

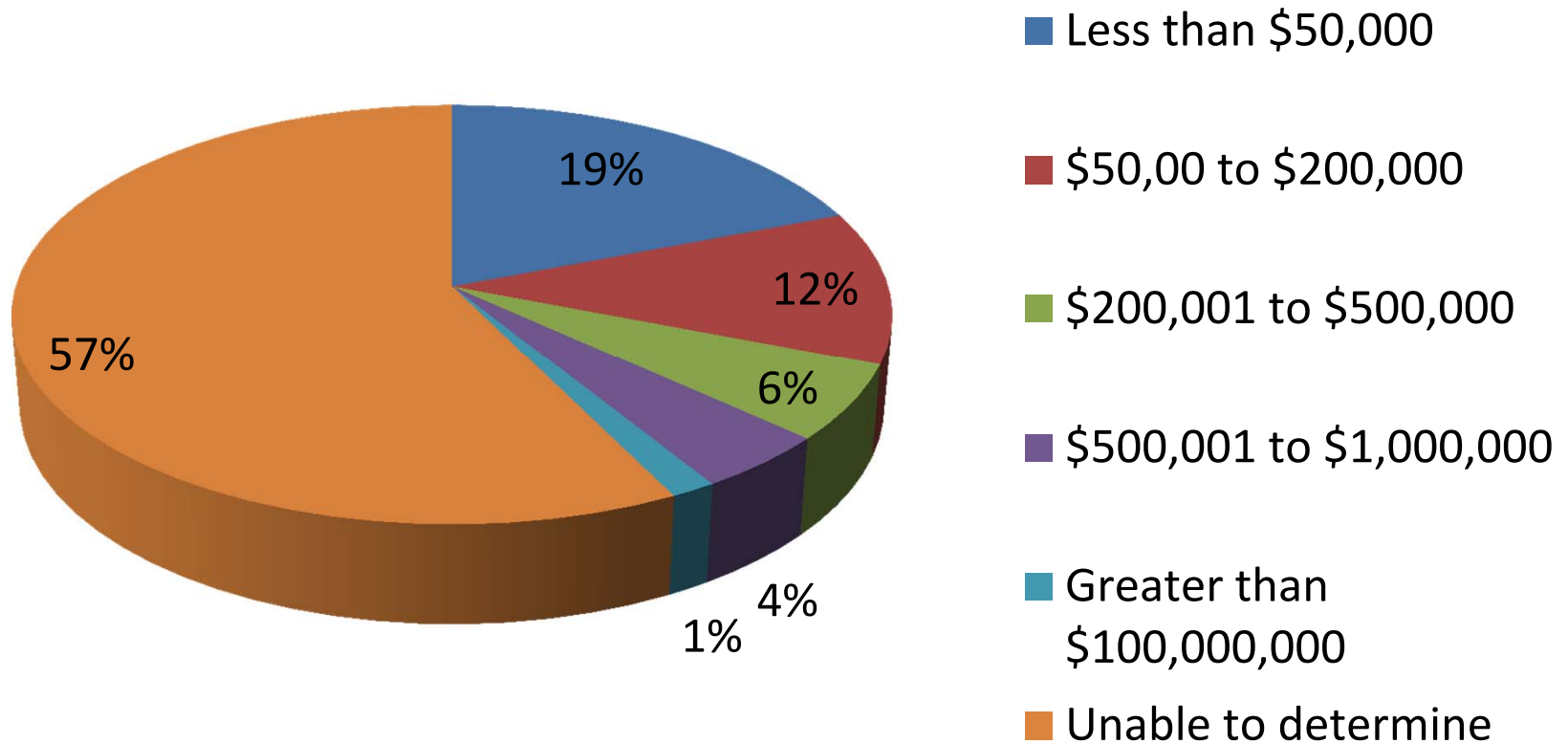
Based on the assumptions provided what range do you estimate your HPID project would entail?



Note: One respondent, that is a self-insured health plan, indicated they do not conduct transactions and are not included in the above percentages.

Providers

Based on the assumptions provided what range do you estimate your HPID project would entail?



All Stakeholders

Based on the assumptions provided, what is the potential impact of HPID with respect to HIPAA privacy and security risk?

