Overview of Transactions & Code Sets, Operating Rules, Health Plan Identifier and ICD 10 Implementation

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HIPAA – Still a Work in Progress

Impacts are greater, stakes are higher than ever before

- According to the U.S. Healthcare Efficiency Index, more than 5 billion health care transactions today are conducted electronically, at a cost savings of more than $23.5 billion versus paper – the magic “ROI” – with room for more savings – an additional $29 billion if all transactions were conducted electronically

- As industry’s business needs change, now more than ever there is a need for transparency and collaboration – We ARE the industry.

- It all works together: We can do it “better, faster, cheaper” but still maintain and/or improve quality
The Affordable Care Act and HIPAA

- Sec 1104 – Administrative Simplification
  - Operating Rules (definition, requirements, timeline) *(partially completed)*
  - Health Plan Certification Requirements *(under development)*
  - Provisions on Penalty Fees *(under development)*
  - Unique Health Plan Identifier *(completed)*
  - Electronic Fund Transfer *(completed)*
  - Claim Attachments *(data gathering)*
  - HHS Review Committee *(to be determined)*
Operating Rules

WHAT ARE THEY?

“…the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted for purposes of this part…” (ACA)
Operating Rules

• Must be adopted for all transactions for which the Secretary has adopted a standard
• First Operating Rules for eligibility and health claim status published go into effect January 1, 2013
• Second Operating Rules for electronic funds transfers/remittance goes into effect January 1, 2014.
• Secretary designates CAQH CORE as authoring entity of operating rules for remaining transactions
## Health Plan Identifier (HPID)

<table>
<thead>
<tr>
<th>Entity Type</th>
<th>Compliance Date</th>
<th>Use HPID in Transactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plans, excluding small health plans</td>
<td>Nov. 5, 2014</td>
<td>Nov. 7, 2016</td>
</tr>
<tr>
<td>Small Health Plans</td>
<td>Nov. 5, 2015</td>
<td>Nov. 7, 2016</td>
</tr>
<tr>
<td>Covered Healthcare Providers</td>
<td>N/A</td>
<td>Nov. 7, 2016</td>
</tr>
<tr>
<td>Clearinghouses</td>
<td>N/A</td>
<td>Nov. 7, 2016</td>
</tr>
</tbody>
</table>
Health Plan Identifier (HPID)

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

<table>
<thead>
<tr>
<th>Entity</th>
<th>Enumeration Requirements</th>
<th>Enumeration Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHPs</td>
<td>Must get HPID for themselves</td>
<td>May get HPID for SHPs or direct SHPs to get HPID</td>
</tr>
<tr>
<td>SHPs</td>
<td>HPID not required</td>
<td>May obtain HPID at CHP direction or independently</td>
</tr>
</tbody>
</table>
Other Entity Identifier (OEID)

• 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
HPID Registration

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

Health Insurance Oversight System

Sign-In

* Indicates required fields.

*User Name: [ ]

*Password: [ ]

Forgot Password?

Register for New Account

Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please select the Play Audio Code link for audio verification.

*Word Verification: Please enter the letters you see in the image. If you use the Audio Verification, type the pronounced numbers and the first letter of each word.

Can't read it?

Generate New Image

Play Audio Code

Log In

Accessibility Rules of Behavior Web Policies File Formats and Plug-ins

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ICD-10

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# HPID Registration

## Health Insurance Oversight System

**Thursday, September 27, 2012**

### 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 HIDS Helpdesk at **Phone**: 1-877-343-6507 or **Email**: insuranceoversight@dhs.gov

(*) Indicates a required field

| *First Name:* |  |
| *Last Name:* |  |
| *Title:* |  |
| *Organization:* |  |
| *Email:* |  |
| *Phone:* (Format: 123-456-7890) |  |
| Phone Ext: |  |
| Address Line 1: |  |
| Address Line 2: |  |
| City: |  |
| State: |  |
| Zip: |  |

[Submit] [Reset]

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

HPID/OEID applications are not currently available in the Health Plan and Other Entity Enumeration System.

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 length 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
On October 1, CMS hosted a free HPID/OEID overview webinar.

CMS will host another free webinar on October 15 from 1 to 2 pm ET. Q&A Session to follow.

To access the webinar, go to https://www.livemeeting.com/cc/cgi-ams/join?id=10152012&role=attend&pw=attend

Audio Information
Telephone conferencing
Use the information below to connect:
Participant Toll-free: +1 (866) 503-0859
Conference ID: 37379290
Health Plan Certification

HIPAA Compliance Certification

- Health Plans must certify to CMS that they are compliant with certain HIPAA transactions, code sets and operating rules both in 2013 and again in 2015
- Significant penalties for plans for **failure to certify**
- NPRM currently being drafted
- CMS’ goal is to simplify the attestation/documentation requirements
September 5, 2012: HHS publishes final rule delaying the compliance deadline for ICD-10-CM and PCS from October 1, 2013 to October 1, 2014.

Why the delay?
The connections among CMS’ e-health initiatives are unmistakable—

Interoperability requires the use of uniform health information standards such as ICD-10, given the level of structured documentation required to achieve EHR meaningful use, which involves the use of electronic quality measures (eQMs).
CMS Implementation of ICD-10

CMS has continued with its implementation of ICD-10.

- Agency Steering Committee continues to meet bi-weekly to address cross-cutting Concerns

- Overall, a 50% completion rate; but some areas with dependencies may not be able to achieve completion until later in the process

- Goal is to have all systems and business processes in place by October 2012 leaving a year for industry testing

- Industry outreach will focus on practical tools for small providers and hospitals
ICD-10, Testing and Compliance

Version 5010 showed us that we still are not all speaking the same language.

We need general consensus on:

- End to end testing
- Compliance
- Readiness
Implementation Handbooks

ICD-10 Implementation Guide for Large Practices

ICD-10 Implementation Guide for Payers

ICD-10 Implementation Guide for Small and Medium Practices

ICD-10 Implementation Guide for Small Hospitals

Other rheumatic tricuspid valve diseases
Rheumatic tricuspid valve disease, unspecified
Rheumatic disorders of both mitral and aortic valves
Rheumatic disorders of both aortic and tricuspid valves
Combined rheumatic disorders of mitral, aortic and tricuspid valves
The widget can be viewed in an interactive format or downloaded and viewed as a PDF.
Contact Information

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