

## AUC HPID TAG “Whiteboard” Meeting Notes, 4-25-13 meeting

4-25-13 HPID TAG Agenda	Notes/follow up
<ol style="list-style-type: none"> <li>1. Introductions/attendance</li> <li>2. Note anti-trust statement (this is a statement on the AUC site at: <a href="http://www.health.state.mn.us/auc/about.htm">http://www.health.state.mn.us/auc/about.htm</a>)</li> <li>3. Review and approve minutes of the previous meeting (as this is the first meeting, there won't be any)</li> <li>4. TAG organization and “orientation”               <ol style="list-style-type: none"> <li>a. TAG member interests, questions, concerns</li> <li>b. Help with particular roles (co-chair, “secretary,” “liaison,” “membership coordinator”)</li> <li>c. Background, general level setting regarding HPID concept and federal rule</li> </ol> </li> <li>5. Review/discuss/update draft of HPID TAG scope document</li> </ol>	<p>Dave A. took attendance</p> <p>Dave reminded TAG of anti-trust statement</p> <p>n/a – HPID TAG’s first meeting</p> <p>Laurie Darst – Asked if Scope of TAG is to do same things as WEDI’s work group or a second phase implementation process. Dave H. sees the TAG same as an NPI work group.</p> <p>Judy spoke briefly about the roles needed to share some of the responsibilities that are currently performed by the chair/co-chair. Too much work required for a newly formed TAG for one or two people to handle. She stated that members sharing the responsibility for note-taking, maintaining attendance and current membership list, and assignments/action items follow-up would be of benefit to all of the AUC TAGs and committees.</p> <p>CMS website PP and videos (on YouTube) has good information, easy to understand and learn about HPID. Ann Hale will circulate HPID 101 document to new HealthPartners users she prepared (not for general distribution, relevant to HP only)</p> <p>Dave A. reviewed mission statement</p>

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### Scope of the TAG

Enumeration support should be added to scope

- Identify any issues with national enumerator
- How would we disseminate information from a payer perspective?

Business Usage – not mandated through CMS? Do we want to identify where and can HPID be used? Ed Stroot – look in context of HIPAA transaction, which is what AUC is responsible for  
Look at HPID outside HIPAA transactions?

Laurie Darst – In order for health plans to get into HIX, will need HPID, which leaves several questions to be answered:

- Does that affect how you will enumerate?
- Will HPID be plan of certification process?
- Will it impact or will you only look at for transactions?

Ann Hale – definitely the will impact but don’t know how. State or implied usage. Another QHP call is scheduled for Monday, April 29, 2013 re how it affects them (many have already gotten their HPIDs). Trying to stay aware:

- State, community reports on quality, need to have an awareness of
- Intent was for transaction but a potential to use for other things.

Dave – two separate focus for transactions

Knowledge sharing of impacts

Business Scenarios – could borrow from WEDI work group. Not to solve a problem and to identify problems. (Will go through documents)

Transaction Usage Impacts – Identify

Federal rules update – will have to keep abreast

Testing – Monitor and perhaps recommend

Implementation – Do we want to implement dual use?

Conduct payer

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Statement of work:

Any items of concern?

FAQs – Develop best practice of what payers are doing ( decision to have as part of enumeration communication)

Ann - enumeration system should be doing

Laurie – WEDI has three workgroups

Data elements – mapping will be required. Big risks regarding privacy concerns (one number transposed ) What are the important data elements when we receive files

In order to access the system CMS enterprise – enter personal SS number to get their HPID (payers will be required to enter SS#)

Granularity – how granular should people go – simple approach would be to get one number Is it feasible because of other CMS initiatives?

Brainstorming enumeration schema or granularity (include with enumeration)

Implementation potential issues identified. Tons of things are out there, what do we want to do for Minnesota

Ann Hale – need number for HIX; requirements are still being developed. Payers may have to develop strategy and may still have to go back and change it –important to talk and keep each other aware

Laurie –CMS gave us the final rule but as an industry we need to figure it out—X12 meetings:

Mike – the macs would not get HPID but OEID—Noridian and WPS –What is defining component that a health plan is to get an OEID instead of an HPID.

Carolyn – struggle with value. The only time ID is to be used is today you are identifying

11/20/16 CMS - no payer ID. X12 and WEDI are working on errata.

People are getting hung up on definitions. Need to get standard terms. Use case talked about routing provider – where to route claim (ins master) location other talk about routing with transaction (envelope)

Have standard set of definitions (Dave will add as a scope).

Should we have routing as scope (Keri thought it should be added as a scope)

Laurie (UHC) – health info system can hold 10-digit? Impacts to provider (recognize impacts to

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### 6. Review WEDI workgroup documents and initial questions

provider practice management system will be added)

Mayo – practice management system has 5-digit code (will translate). Don’t use payer ID in house today.

Ed will edit and submit for approval to Ops

WEDI workgroup – not looking to solve but to identify. Dave would like for TAG to send to CMS.

Reviewed with TAG – List of questions from WEDI’s business use cases

Carolyn met to put together questions from the payer’s perspective

Use cases was hard to figure out what to put in

Laurie D. stated that most of the questions came from a clearinghouse perspective (consultants/need providers on the call) WEDI would like and CMS is interested

HPID is WEDI Health Card is a standard and not a requirement

Medicare Advantage (HPID) – follow the WEDI rules (white paper) must be on Cards November 5, 2015

They are reevaluating Health Cards

### 7. Plans and next steps

Next meeting – June

Where do we start? What items should TAG be looking at:

1. Update from payers on their enumeration process (HP already has received)?
2. Exact definitions of SHP and CHP, it becomes apparent?
3. Providers can discuss strategies?
4. Follow-up on what transpired at WEDI
5. Updates from WEDI, What’s going in HPID?
6. Look at meeting schedule

#### **ACTION ITEM ASSIGNMENTS**

Ed – We do know transactions will be impacted. Should we be looking at TAGs and putting together exactly where the HPID will be used?

Can AUC obtain information from X12/WEDI?

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	<ul style="list-style-type: none"><li>• Carolyn will provide information to group (errata is for OEID and payer ID) – Dave will get info from Carolyn and have transaction team look at them.</li><li>• Dave volunteered to get information from X12. Ann asked Carolyn (intellectual properties) was there a reason that X12 did not want to share information. Dave will look into if Carolyn cannot obtain information. X12 and WEDI X12 group have memo of understanding where they work together on things – figure out way to</li></ul> <p>Next TAG meeting is June 13, 2:00 pm – 4:00 pm</p>