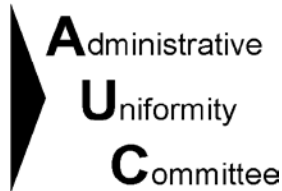




Meeting Materials
HPID TAG Meeting
June 20, 2013

1. Agenda AUC HPID 062013
2. HPID TAG 4-25-13 Draft Meeting Minutes
3. Notes and Outline – HPID Dual Use 06-06-13



MN AUC HPID TAG

Meeting Agenda

6/20/2013

1. Introductions/attendance
2. Note anti-trust statement (this is a statement on the AUC site at: <http://www.health.state.mn.us/auc/about.htm>)
3. Review and approve notes of the previous meeting
4. Note: TAG page on AUC website includes scope items identified in previous meeting
5. Payer Updates on HPID Enumeration
6. Provider HPID Perspectives
7. WEDI Update
 - a. Conference
 - b. Work Groups
 - c. Documentation
 - d. July Summit
8. CMS HIX Update
9. NCVHS Update
10. X12 Update
11. Plans and next steps

AUC HPID/OEID TAG Meeting Teleconference and WebEx June 20, 2013 2:00 P.M. – 4:00 P.M. CDT	
Meeting Location:	Teleconference Only
Dial-in Number:	1-857-232-0300 (Callers are responsible for their long distance charges to this number.)
Participant Access Code:	337213
WebEx Access Instructions:	<ol style="list-style-type: none"> 1. Click or copy the link in your browser: https://health-state-mn-ustraining.webex.com. 2. Under "Attend a Session", click Live Sessions (if page is not displayed). 3. Click on the session AUC HPID/OEID TAG 4. Click Join Now. 5. Enter the Password Hpid2013! (The password is case sensitive and the exclamation point is part of the password.)

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"> 1. Introductions/attendance 2. Note anti-trust statement (this is a statement on the AUC site at: http://www.health.state.mn.us/auc/about.htm) 3. Review and approve minutes of the previous meeting (as this is the first meeting, there won't be any) 4. TAG organization and “orientation” <ol style="list-style-type: none"> a. TAG member interests, questions, concerns b. Help with particular roles (co-chair, “secretary,” “liaison,” “membership coordinator”) c. Background, general level setting regarding HPID concept and federal rule 5. Review/discuss/update draft of HPID TAG scope document 	<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>

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

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 - 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 approach

Implementation – We will be having a period of dual use implementation
Conduct payer/provider readiness surveys

Statement of work:

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

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 entities in transactions.

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

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

<p>6. Review WEDI workgroup documents and initial questions</p>	<p>provider practice management system will be added)</p> <p>Mayo – practice management system has 5-digit code (will translate). Don’t use payer ID in house today.</p> <p>WEDI workgroup – not looking to solve but to identify. Dave would like for WEDI workgroups to send work items/questions to CMS. Reviewed with TAG – List of questions from WEDI’s business use cases.</p> <p>Carolyn met to put together questions from the payer’s perspective. Use cases were hard to figure out what to put in. Laurie D. stated that most of the questions came from a clearinghouse perspective. HPID is included in the WEDI Health Card standard Medicare Advantage (HPID) – follow the WEDI rules (white paper) must be on Cards November 5, 2015</p> <p>They are reevaluating Health Cards</p> <p>Next meeting – June Where do we start? What items should TAG be looking at:</p>
<p>7. Plans and next steps</p>	<ol style="list-style-type: none">1. Update from payers on their enumeration process (HP already has received)2. Providers can discuss strategies, their HPID perspectives3. Follow-up on what transpired at WEDI4. Updates from AHIP and CMS5. HIX Impacts6. Look at meeting schedule <p>ACTION ITEM ASSIGNMENTS</p> <p>Ed – We do know transactions will be impacted. Should we be looking at TAGs and putting together exactly where the HPID will be used?</p> <p>Can AUC obtain information from X12/WEDI?</p> <ul style="list-style-type: none">• 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.

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

	<ul style="list-style-type: none">• Carolyn 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 <p>Next TAG meeting is June 13, 2:00 pm – 4:00 pm</p>
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HPID DUAL USE

Notes

- X12 addenda may support dual use in 270/271 and other transactions. Research any potential X12 changes as they will have a major impact on the paper.
- Given that changes may occur, we will start with sections 1-9 of the paper, before getting into the specific transactions.
- The group agreed on the scope of the paper.
- The outline is missing 276/277 section from NPI paper (added below).
- Sections in the paper may need to be renamed or altered to address HPID rather than NPI.
- Volunteers are needed to begin drafting sections 3-9 (sections 1 and 2 are basically complete).
- Steps before next meeting -- Review the NPI dual use white paper and note any sections you could assist with drafting.

Agenda – 6/6/2013

1.0 HPID Dual Use White Paper

1.1 Development of white paper has been approved

1.2 Draft table of contents compiled below from NPI dual use white paper available at: <http://www.wedi.org/knowledge-center/documents/white-papers/resources/2006/04/12/dual-use-of-npi-legacy-identifiers-white-paper-version-2.0>

1.3 Discuss scope

1.4 Discuss paper sections and assignments

2.0 Next meeting 6/20/2013 at 12:00 PM

2.1 Meeting on 7/4/2013 will be canceled due to the holiday

Table of Contents

1.0 Purpose of This Paper

The purpose of this white paper specifies voluntary transitional use of both HIPAA Health Plan Identifier (HPID) and Other Entity Identifier (OEID) and Legacy identifiers in HIPAA X12 standard transactions, and it explains the importance of the dual implementation strategy.

2.0 Value

The objective of these specifications is to enable each organization largely to schedule its own system changes for claims, remittance advices, and other transactions independently of its trading partners. With widespread adoption, these specifications have the potential significantly to reduce an entity's dependence on the schedules of its trading partners. It offers the potential to make the HPID transition much easier throughout the health care industry and to enable implementation without phase delays and extended bilateral testing and conversion.

3.0 Scope

This version of the paper specifies dual, transitional use of HPID and Legacy identifiers on:

- 837 Institutional Claim
- 837 Professional Claim
- 837 Dental Claim
- 835 Remittance Advice
- 270/271 Eligibility Benefit Inquiry & Response
- 276/277 Health Care Claim Status Request & Response
- 278 Health Care Services Review & Response

These standard transactions represent by far the largest part of the HPID implementation concern. The standards for these transaction types permit the dual identifier specifications described in this paper. The standards version currently adopted is 5010, and it is not expected to be changed during the useful life of this paper.

Other transactions. The paper addresses the transactions noted above. It does not address NCPDP transactions. Some transactions are not readily compatible with the dual use strategy

Paper claim forms and their instructions have been modified to accommodate and encourage use of HPID. This paper does not address paper claim forms.

4.0 Definition of ‘Legacy Identifier

For purposes of this paper, a “Legacy Identifier” is any identifier previously used to identify a health plan *as a health plan* prior to HPID. After the compliance date, only HPID may be used to so identify a health plan in standard transactions.

~~5.0 Duration of Dual Transitional Use of HPID and Legacy Identifiers~~

The Dual Use strategy is transitional. It is only permitted between now and the HPID compliance date of November 7, 2016. It is not permitted after the compliance date. After the compliance date, where HPID is required, only HPID may be used to identify a health plan and legacy identifiers must be discontinued.

6.0 Description of Dual HPID-Legacy Identification

This section provides a general description of dual use specific to HPID.

7.0 Description of the Dual HPID-Legacy Identifier Strategy

The section contains a depiction of the potential dual use process flow. Steps include obtaining an HPID, sending legacy ID + HPID when agreed upon by trading partners, transitioning to HPID only, etc. The section then describes each step in detail.

8.0 Business Case

This section explores how dual use can ease transition.

9.0 Applying Dual Use Strategy to Responses & Remittance Advices

This section explains how some response transactions may not always have dual identifiers, even if the request or initial transaction did have dual identifiers.

10.0 Caution on HPID Information Exchange During Transition Period

This section details requirements and assumptions that support dual use.

11.0 837 Institutional Health Care Claim

This section contains a table with the HPID and legacy ID to be used on a standard 837 **Institutional** Health Care Claim during the transition.

12.0 837 Professional Health Care Claim

This section contains a table with the HPID and legacy ID to be used on a standard 837 **Professional** Health Care Claim during the transition.

13.0 837 Dental Health Care Claim

This section contains a table with the HPID and legacy ID to be used on a standard 837 **Dental** Health Care Claim during the transition.

14.0 835 Remittance Advice

This section contains a table with the HPID and legacy ID to be used on an 835 Remittance Advice during the transition.

15.0 270 Eligibility Benefit Inquiry

This section contains a table with the HPID and legacy ID to be used on a 270 Eligibility Benefit Inquiry during the transition.

16.0 271 Eligibility Benefit Inquiry Response

This section contains a table with the HPID and legacy ID to be used on a 271 Eligibility Benefit Inquiry Response during the transition.

17.0 278 Health Care Services Review—Request for Review

This section contains a table with the HPID and legacy ID to be used on a 278 Health Care Services Review—Request for Review during the transition.

18.0 278 Health Care Services Review—Response

This section contains a table with the HPID and legacy ID to be used on a 278 Health Care Services Review—Response during the transition.

19.0 276 Health Care Claim Status Request

This section contains a table with the HPID and legacy ID to be used on a 276 Health Care Claim Status Request during the transition.

20.0 276 Health Care Claim Status Response

This section contains a table with the HPID and legacy ID to be used on a 276 Health Care Claim Status Response during the transition.