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July 20, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0026-NC, Mail Stop C4-26-05,
7500 Security Boulevard, Baltimore, MD 21244-1850

Re: Centers for Medicare and Medicaid Services; Request for Information Regarding the Requirements for the Health Plan Identifier (file code CMS-0026-NC)

Dear Mr. Slavitt:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) request for information (RFI) on whether regulatory changes to the final rule on Health Plan Identifier (HPID) and Other Entity Identifier (OEID) are warranted. The RFI addresses use of the HPID/OEID within the context of standard health care transactions under the Health Insurance Portability and Accountability Act (HIPAA), such as submission of health care claims. **The AHA recommends that the Department of Health and Human Services (HHS) revise the final rule to prohibit use of the HPID/OEID within a HIPAA transaction. We support alternate uses of the HPID by CMS, such as to implement the certification program for health plan compliance or for adherence to operating rules for HIPAA transactions.**

The initial HIPAA legislation called for the creation and adoption of national identifiers for providers, health plans and individuals. The provider identifier was implemented in 2004, but Congress has blocked implementation of the individual identifier. The HPID proposed rule was published in September 2012, but it was not finalized until November 2014, with an effective date of Nov. 7, 2016. The goal of the HPID and OEID was to standardize identification of health plans to support improvements in the routing of electronic information that conforms to the HIPAA transaction standards. The HPID final rule does not require covered entities to identify a health plan in a HIPAA transaction. However, where a covered entity does identify a health plan in a HIPAA transaction, the final rule specifies that it must use an HPID.

In comments on the proposed rule, AHA supported the creation of the HPID, as well as the need for guidance for health plan enumeration. Since then, we have heard growing concerns that required use of the HPID/OEID as part of claims transactions would create significant

administrative problems without any corresponding benefit. Given the significant amount of time that has elapsed since the identifiers were first discussed, the health care community already has developed alternate approaches to ensure proper routing of claims information to health plans without using a national HPID. Therefore, a requirement to use a new HPID in the HIPAA transactions would create disruption and confusion to the existing system that routes claims. Furthermore, it would introduce additional costs to functioning systems without adding efficiency or other benefits.

We also have learned that since the release of the HPID final rule some health plans have more than 60 HPIDs. This would create additional burden on providers if they are required to use the HPID to identify health plans on claims. In addition, providers cannot easily validate HPIDs, which adds complexity, confusion and administrative burden. The intent of the HIPAA legislation was to reduce administrative costs and make the process more efficient; the adoption of the HPID within the HIPAA transaction standards does neither. **The AHA recommends that HHS remove the required use of the HPID/OEID in HIPAA transactions and allow the use of existing mechanisms to identify health plans.**

CMS has indicated that it may use HPID/OEID for purposes other than HIPAA transactions. For example, it could use the identifier to determine if a health plan or other organization is a covered entity under HIPAA or has been certified to participate as a Qualified Health Plan in the federally-facilitated marketplaces. The HPID/OEID also could be used to certify that a health plan is compliant with the HIPAA transaction standards and related operating rules. The AHA recognizes that CMS may need to use the HPID/OEID in its own systems and does not object to those initiatives. Health plan certification is important because it would help identify which health plans are in compliance with the transaction standards, as well as identify health plans that are compliant with the operating rules in the future. The AHA urges CMS to begin certifications as soon as possible, but no later than December 2015.

Thank you for the opportunity to comment on this RFI. If you have any questions, please contact George Arges, AHA senior director health data management group, at garges@aha.org or (312) 422-3398.

Sincerely,

/s/

Ashley Thompson
Vice President and Deputy Director of Policy