

Frequently Asked Questions on HPID issues

What is the difference between a health plan and a payer?

A health plan (as defined in [45 CFR 160.103](#)) is an individual plan or group health plan that provides or pays the cost of medical care. The term “payer” is an industry term and may include a health plan, but may also designate other entities that do not meet the definition of a health plan, such as a third party administrator (TPA).
(FAQ10692)

<https://questions.cms.gov/faq.php?id=5005&faqId=10692>

What is the purpose of the Other Entity Identifier (OEID) and who may apply for it?

The OEID is a standard identifier created for entities that need to identify themselves in HIPAA transactions, but do not meet the definition of a health plan, provider, or individual. Use of OEIDs is completely voluntary; there is no regulatory requirement to use OEIDs in standard transactions. OEIDs can be obtained by entities that are not eligible to obtain either a National Provider Identifier (NPI) or Health Plan Identifier (HPID) and are not individuals.

<https://questions.cms.gov/faq.php?id=5005&faqId=10694>

Can I use my Health Plan Identifier (HPID) for other business purposes?

Yes. Health plans are free to use their HPIDs for any lawful business purpose.

<https://questions.cms.gov/faq.php?id=5005&faqId=10696>

Can a health plan authorize a person to get a Health Plan Identifier (HPID) for the health plan?

Yes. An authorized person is permitted to enroll the health plan in the Health Plan and Other Entity Enumeration System (HPOES).

<https://questions.cms.gov/faq.php?id=5005&faqId=10698>

When must a health plan obtain a Health Plan Identifier (HPID)?

A controlling health plan (CHP) must obtain an HPID by November 5, 2014, unless it is a small health plan (annual receipts of \$5 million or less). Small health must obtain an HPID by November 5, 2015.

<https://questions.cms.gov/faq.php?id=5005&faqId=10700>

What is a small health plan and what does my organization do if it does not have annual receipts?

A controlling health plan (CHP) must obtain an HPID by November 5, 2014, unless it is a small health plan (annual receipts of \$5 million or less). Small health plans must obtain an HPID by November 5, 2015. A small Health Plan is a health plan with annual receipts of not more than \$5 million is a small health plan. Health plans that file certain federal tax returns and report receipts on those returns should use the guidance provided by the Small Business Administration at 13 Code of Federal Regulations (CFR) 121.104 to calculate annual receipts. Health plans that do not report receipts to the Internal Revenue Service (IRS), for example, group health plans regulated by the Employee Retirement Income Security Act 1974 (ERISA) that are exempt from filing income tax returns, should use proxy measures to determine their annual receipts.

Fully insured health plans should use the amount of total premiums that they paid for health insurance benefits during the plan's last full fiscal year. Self-insured plans, both funded and unfunded, should use the total amount paid for health care claims by the employer, plan sponsor or benefit fund, as applicable to their circumstances, on behalf of the plan during the plan's last full fiscal year. Those plans that provide health benefits through a mix of purchased insurance and self-insurance should combine proxy measures to determine their total annual receipts.

<https://questions.cms.gov/faq.php?id=5005&faqId=10702>

I meet the definition of a health plan (as defined in 45 CFR 160.103) but do not conduct any standard transactions. Do I need to get a Health Plan Identifier (HPID)?

Yes. The HPID final rule at 45 CFR 162.506 adopted the HPID for identification of all entities that meet the definition of a health plan. If the health plan is a controlling health plan, then it is required to get an HPID.

<https://questions.cms.gov/faq.php?id=5005&faqId=10704>

How do I obtain a Health Plan Identifier (HPID)?

In order to enumerate (obtain an HPID), a health plan should:

1. Create an account in the [CMS Enterprise Portal](#) to obtain a user ID and password.
2. Select the link to register in the Health Insurance Oversight System (HIOS).
3. After registering in HIOS, select the link for the Health Plan and Other Entity Enumeration System (HPOES), and follow the prompts.

We have posted a [User Manual](#) and a Systems [Quick Guide](#) to help you navigate to HPOES.

<https://questions.cms.gov/faq.php?id=5005&faqId=10706>

Since the Health Plan and Other Entity Enumeration System (HPOES) require an NAIC number or Payer ID, how can a plan that does not have an NAIC number or Payer ID obtain a Health Plan Identifier (HPID)?

Plans that do not have an NAIC number or Payer ID should enter “NOT APPLICABLE” in the required Payer ID field of the HPOES. For more information on HPOES, see the [HPID User Manual](#) on our website.

<https://questions.cms.gov/faq.php?id=5005&faqId=10708>

Are self-insured health plans required to get a Health Plan Identifier (HPID)?

A self-insured health plan must answer two questions to determine whether it must obtain an HPID.

- Does it meet the definition of health plan under [45 CFR 160.103](#)? A health plan is an individual or group plan that provides or pays the cost of medical care (as defined in [45 CFR 160.103](#))?
- If it meets the definition of a health plan, is it a controlling health plan (CHP)? A CHP is a health plan that controls its own business activities, actions, or policies, or is controlled by an entity that is not a health plan. A health plan is also a CHP if it has one or more sub health plans that it controls by directing the SHP’s business activities, actions, or policies.

<https://questions.cms.gov/faq.php?id=5005&faqId=10710>

Are third-party administrators (TPA) representing self-insured plans required to obtain Health Plan Identifiers (HPIDs)?

No. All controlling health plans (CHPs) must acquire an HPID. Many self-insured plans are controlling health plans and are required to get an HPID whether they conduct standard transactions or not. Since many of them contract with third-party administrators (TPAs) or other vendors to administer their health plan operations, they may not be aware of this requirement or understand it. A TPA, acting on behalf of a health plan, is not a health plan and is not required to enumerate or identify itself as a health plan in standard transactions. However, a health plan may authorize an entity like a TPA to obtain an HPID on its behalf, but the HPID still belongs to the health plan, not the TPA.

<https://questions.cms.gov/faq.php?id=5005&faqId=10712>

Are fully-insured plans exempt from the HPID requirement?

No, all controlling health plans (CHPs) must acquire an HPID.

<https://questions.cms.gov/faq.php?id=5005&faqId=10714>

Who is responsible for obtaining HPIDs for fully-insured health plans?

The Health Insurance Issuer (Carrier) is the entity that controls the fully-insured controlling health plan (CHP). Since all CHPs are required to obtain HPIDs, the carrier must obtain the HPID for the fully-insured plan. The individual employer plans are sub health plans (SHPs) to the fully-insured CHPs. Per regulation, SHPs may obtain HPIDs, but are not required to.

<https://questions.cms.gov/faq.php?id=5005&faqId=10716>

Are Flexible Spending Accounts (FSAs), Health Reimbursement Arrangements (HRAs), Health Savings Account (HSAs), wrap-plans, or cafeteria plans required to get HPIDs?

FSAs and HSAs are individual accounts directed by the consumer to pay health care costs. As such, they do not require an HPID.

HRAs may require an HPID if they meet the definition of health plan. HRAs that cover deductibles only or out-of-pocket costs do not require HPIDs as these are more like additional plan benefits than stand-alone plans.

Wrap-plans and cafeteria plans can be composed of combinations of health plan arrangements (i.e., self-insured, fully-insured, FSA, HAS, HRA). The rules governing these types of plans are the same as for the individual plan types.

For example, a wrap-plan that includes a fully-insured medical plan, self-insured dental plan, and HRA that covers deductibles, would require the employer to obtain an HPID only for the self-insured dental plan. The carrier would be responsible for obtaining the HPID for the fully-insured medical plan. The HRA only covers deductibles; therefore, an HPID is not required.

<https://questions.cms.gov/faq.php?id=5005&faqId=10718>