HIPAA Administrative Simplification
Frequently Asked Questions

Health Plan Identifier Notice of Proposed Rulemaking FAQs

Question

What does the Health and Human Services (HHS) proposed rule to rescind the Health Plan Identifier (HPID) and Other Entity Identifier (OEID) mean to HIPAA covered entities and their business associates?

Answer

The proposed rule to rescind the Health Plan Identifier (HPID) and Other Entity Identifier (OEID) means that the Department of Health and Human Services (HHS) is proposing to eliminate the requirement for health plans to obtain and use an HPID in HIPAA standard transactions. This action will apply to all health plans, including the fully insured groups that were included in the final rule published in September 2012. The OEID was a voluntary identifier, and organizations will no longer be able to enumerate to obtain this type of identifier.

Question

If my organization is a covered health plan under HIPAA and obtained HPID(s), or an organizational entity that obtained an OEID, how do I terminate my number(s) in the Health Plan and Other Entity System (HPOES)?

Answer

The Department of Health and Human Services (HHS) will be responsible for terminating existing HPIDs and OEIDs on behalf of any organization that obtained one of these identifiers in the Health Plan and Other Entity System (HPOES). HHS will provide notification via email to the contact person on file for each health plan and other entity when the action is complete. HHS will provide an explanation about this process to the contact for each organization with an HPID or OEID. HHS will also publish information on the CMS Administrative Simplification web page at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Unique-Identifier/HPID.html.
**Question**

If my organization has health plan identifier(s) (HPID) or an Other Entity Identifier (OEID), may these numbers continue to be used in HIPAA standard transactions after publication of a final rule to rescind the HPID and OEID?

**Answer**

Yes. Covered entities and other organizations that exchange HIPAA standard transactions and use HPIDs and OEIDs in those transactions may continue to use those identifiers after publication of the final rule. However, HHS will not be maintaining the Health Plan and Other Entity System (HPOES) system with which the numbers were originally enumerated. Thus, if there are any organizational changes that would result in a change to the HPID or OEID, HHS will not issue new identifiers.

**Question**

After the Department of Health and Human Services (HHS) publishes a final rule to rescind the HPID and OEID, will the Health Plan and Other Entity System (HPOES) continue to issue HPIDs or OEIDs to organizations who chose to enumerate?

**Answer**

No. The Department of Health and Human Services (HHS) will not continue to issues HPIDs or OEIDs through the Health Plan and Other Entity System (HPOES) after the final rule is published. Once HHS publishes the final rule to rescind the HPID and OEID, health plans and other organizations will not be able to enumerate or obtain an HPID or OEID.

**Question**

Will new versions of the HIPAA standards and operating rules be updated to exclude use of the HPID and OEID?

**Answer**

The standards development and operating rule authoring entity organizations, X12, NCPDP, HL7 and CAQH CORE will determine if any data field or rule updates are necessary to ensure that they reflect the regulatory language regarding the HPID and OEID. Questions should be submitted to those organizations at the following websites:

- ASC X12: [www.x12.org](http://www.x12.org)
- NCPDP or the National Council for Prescription Drug Programs: [www.NCPDP.org](http://www.NCPDP.org)
- HL7 International: [www.hl7.org](http://www.hl7.org)
- CAQH CORE: [www.caqh.org](http://www.caqh.org)