## HPID and OEID System Overview

March 2013





#### **Agenda**

- □ Policy Overview
- □ Accessing Health Plan and Other Entity Enumeration System (HPOES)
- □ High Level Application Overview
- □ Wrap Up and Next Steps
- □ Q&A





### **Policy Overview**





#### What is the Purpose of the HPID?

- Required to be used in the standard transactions to identify a health plan that has an HPID.
- Allowed to be used for any other lawful purpose.





#### Who is Required to Get the HPID?

- Health plans as defined by 45 CFR 160.103.
- Controlling Health Plan (CHP) vs. Subhealth Plan (SHP).

Entity	Enumeration Requirements	<b>Enumerations Options</b>
CHPs	Must get an HPID for itself	<ul> <li>May get HPID(s) for its SHP(s)</li> <li>May direct its SHP(s) to get HPID(s)</li> </ul>
SHPs	Not required to get an HPID	<ul> <li>May get an HPID at the direction of its CHP</li> <li>May get an HPID of its own initiative</li> </ul>





## What is the Timeline for Compliance with the Regulation?

Entity Type	Compliance Date for Obtaining HPID	Full Implementation Date for Using HPID in Standard Transactions
Health Plans, excluding Small Health Plans	Nov 5, 2014	Nov 7, 2016
Small Health Plans*	Nov 5, 2015	Nov 7, 2016
Covered Healthcare Providers	N/A	Nov 7, 2016
Healthcare Clearinghouses	N/A	Nov 7, 2016



<sup>\*</sup> Small Health Plan means a health plan with annual receipts of \$5 million or less. (45 CFR 160.103)



#### What is the Other Entity Identifier?

- Voluntary Identifier
- Must meet following requirements:
  - Needs to be identified in the standard transactions.
  - Is NOT eligible to obtain an NPI.
  - Is NOT eligible to obtain an HPID.
  - Is NOT an individual.





## **Accessing Health** Plan and Other **Entity Enumeration** System (HPOES)



- HPID and OEID applications will be available through HPOES on March 29<sup>th</sup> 2013.
- HPOES is housed within CMS's Health Insurance Oversight System (HIOS).
- Starting on 3/28, HIOS will be integrated with the CMS Enterprise Portal and users will no longer be able to access HIOS via <a href="https://insuranceoversight.hhs.gov/">https://insuranceoversight.hhs.gov/</a>.
- Users will need to go to the CMS Enterprise Portal at <a href="https://portal.cms.gov/">https://portal.cms.gov/</a> to access HIOS.



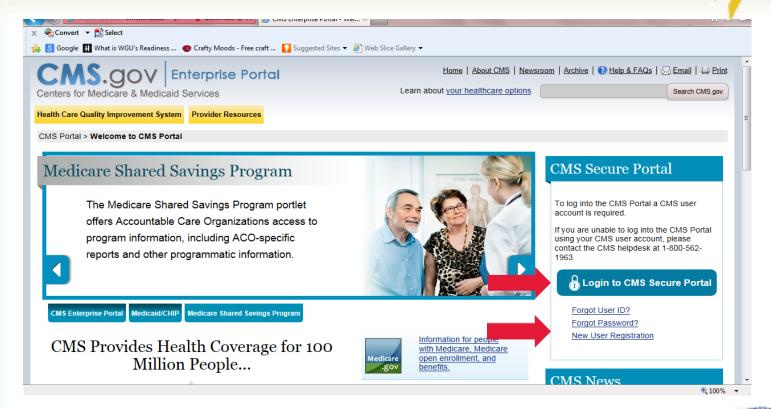
- All existing HIOS users will automatically receive an account to login into the Enterprise Portal.
- On 3/28, all existing HIOS users will receive an email with their Enterprise Portal login credentials.
- In order to complete the registration process, existing HIOS users will be required to provide additional information that is not currently in HIOS.
- All new HIOS users will need to register in the Enterprise Portal to obtain a user ID and password.





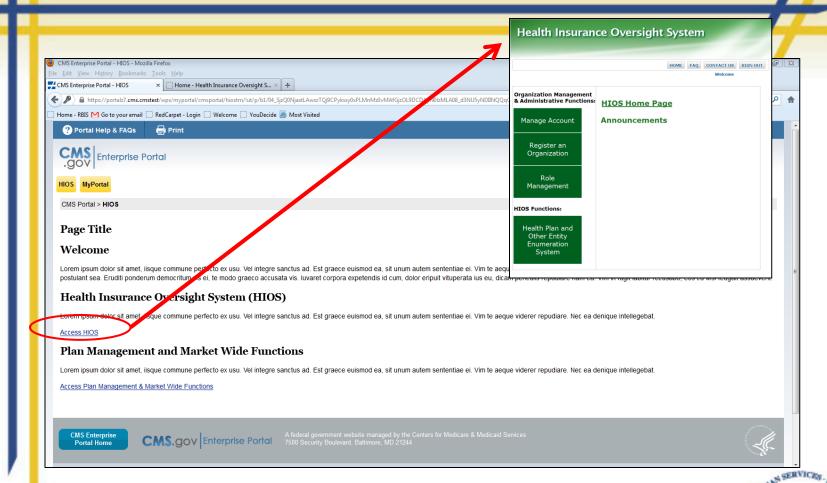
- All users will be required to complete the Enterprise Portal registration process, which includes Identity Verification (ID Proofing).
- ID Proofing verifies that the individual referenced in the account is the same person creating the account.
- Additional information collected includes the following Personally Identifiable Information (PII) for purposes of the ID Proofing Process:
  - Social Security Number, Date of Birth, Home Address and Primary Phone Number.













# High Level Application Overview





#### **High Level Application Overview**

Step 1: Register the Organization in HIOS Step 2: Access HIOS User Role Management Step 3: Access HPOES and Select an Application Type

Step 4: Complete and Submit an Application Step 5: Application Review by the Authorizing Official

Step 6: HPID or OEID Number Assigned





#### **High Level Application Overview**

Step 1: Register the Organization in HIOS Step 2: Access HIOS User Role Management Step 3: Access HPOES and Select an Application Type

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#### **Overview of Application Process**

#### Step 1: Register the Organization in HIOS

- To determine if the organization already exists in HIOS, search by the organization's Federal Employer Identification Number (EIN).
- If the organization does not already exist in HIOS, users will need to register their organization.
- All registration requests are reviewed prior to approval.
- If the organization already exists in HIOS, users may proceed directly to step 2.



## HIOS Main Page – Register an Organization







#### Search by FEIN







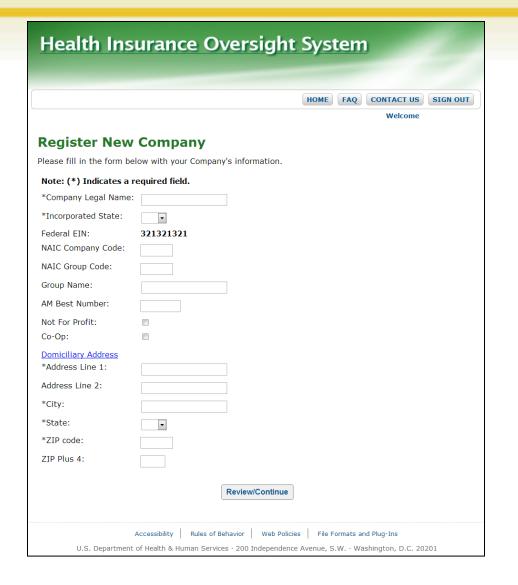
#### Company Search Results - None

#### **Health Insurance Oversight System** FAQ CONTACT US **SIGN OUT** Welcome **Organization Registration** Please enter your company's 9 digit Federal EIN below and select 'Search' to determine if your company currently exists in HIOS. Federal EIN: 321321321 Search Company No Company Found You may register your company in HIOS by selecting the 'Create Company' button below to enter your company's information. **Create Company** Accessibility Rules of Behavior Web Policies File Formats and Plug-Ins U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201





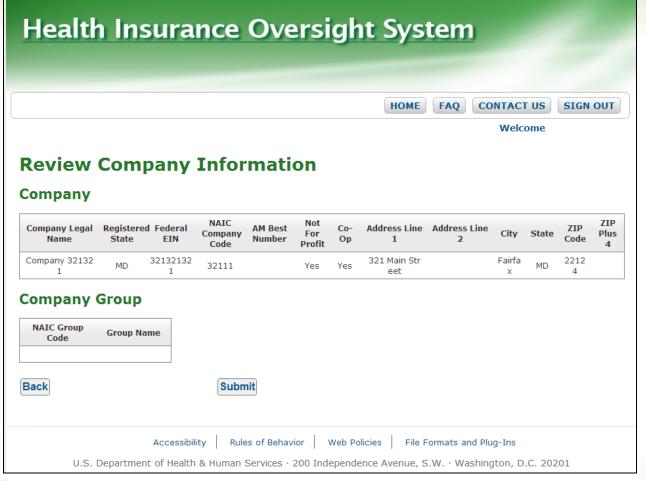
#### Register New HIOS Company







#### **New HIOS Company Creation Review**





## New HIOS Company Creation Confirmation

#### Health Insurance Oversight System

HOME

FAC

CONTACT US

SIGN OUT

Welcome

#### **New Company Confirmation**

Your request to register the Company below has been submitted for approval. Once approved, you shall receive a notification email.

#### **Company**

Company Legal Name	Registered State	Federal EIN	NAIC Company Code	AM Best Number	Not For Profit	Co- Op	Address Line 1	Address Line 2	City	State	ZIP Code	ZIP Plus 4
Company 3213 21	MD	3213213 21	32111		Yes	Yes	321 Main Str eet		Fairf ax	MD	2212 4	

#### **Company Group**

NAIC Group Code	Group Name

Continue

Accessibilit

Rules of Behavior

Web Policies

ile Formats and Plug-Ins

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## Summary of New HIOS Company Information

Required information to register a new company:

- Company Legal Name
- Federal Employer Identification Number
- Incorporated State
- Domiciliary Address





#### **High Level Application Overview**

Step 1: Register the Organization in HIOS Step 2: Access HIOS User Role Management Step 3: Access HPOES and Select an Application Type

Step 4: Complete and Submit an Application Step 5: Application Review by the Authorizing Official

Step 6: HPID or OEID Number Assigned





#### **Overview of Application Process**

- Step 2: Determine HPOES user role and request HIOS access to the company.
  - Users will need to determine their user role and identify the company to which they need access.
     There are three different HPOES user roles:
    - **Guest User:** A user that is able to view general HPOES information (no company association needed).
    - **Submitter User:** A representative of a health plan or other entity that submits an application.
    - Authorizing Official User: A company executive that has the authority to approve applications, including CEOs and CFOs.



#### **Overview of Application Process**

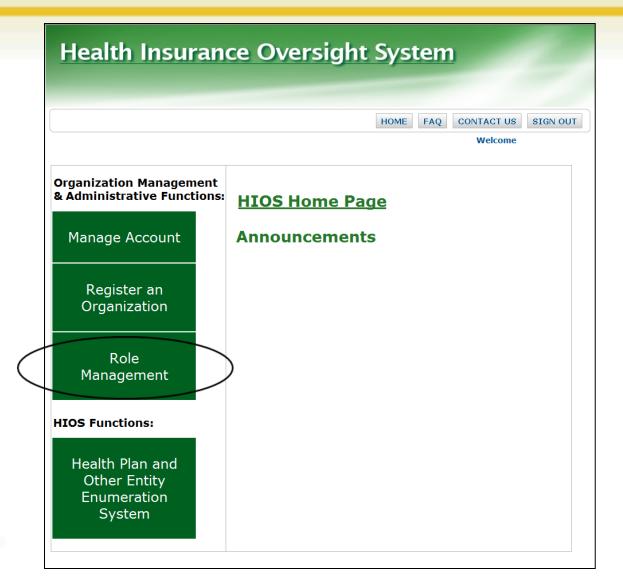
#### Step 2 (Continued)

- If requesting the Submitter or Authorizing Official role, users will need to identify the company to which they wish to be granted access.
- Users can only have one HPOES role at a time.





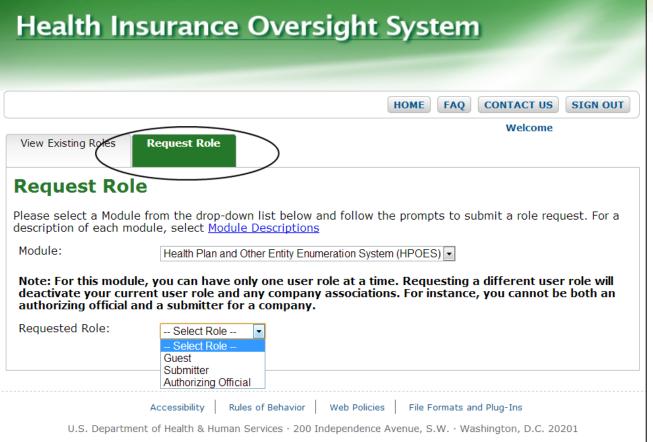
#### **HIOS Main Page – Role Management**







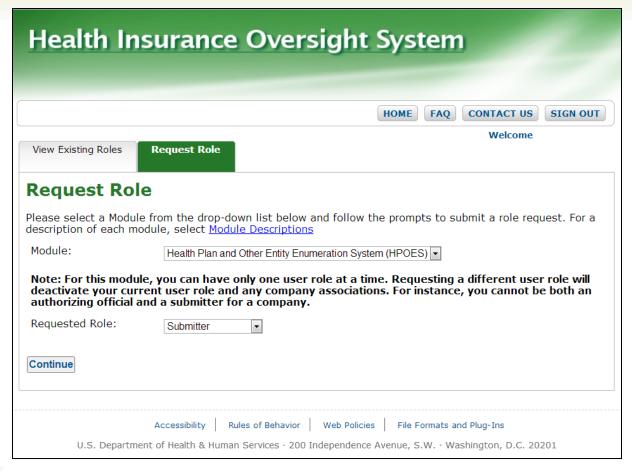
#### Request Role







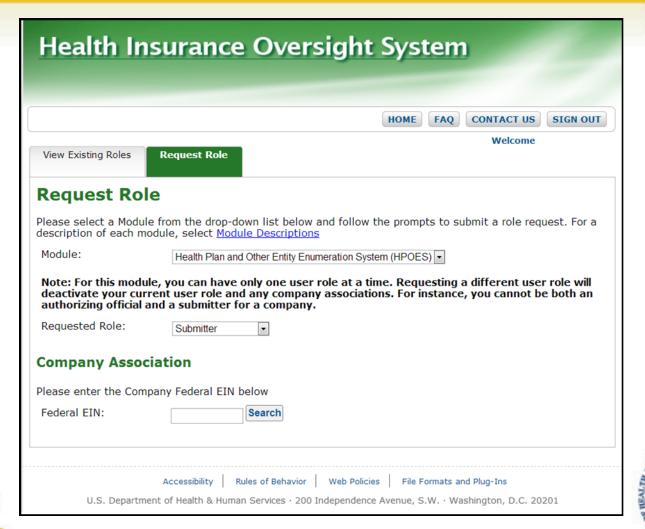
#### **Select Role**





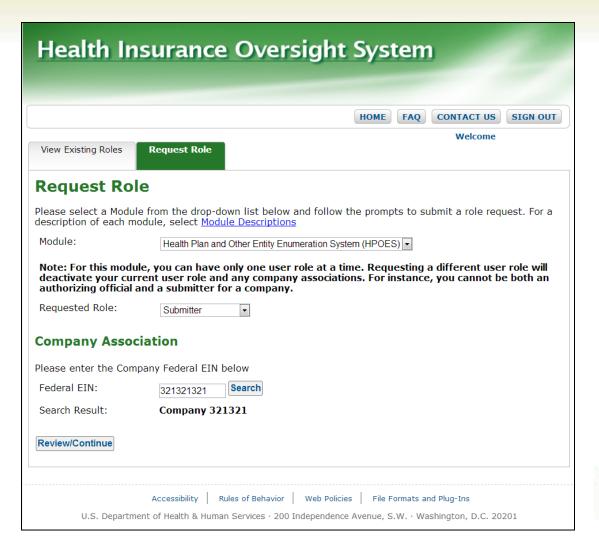


#### **Search for Federal EIN**





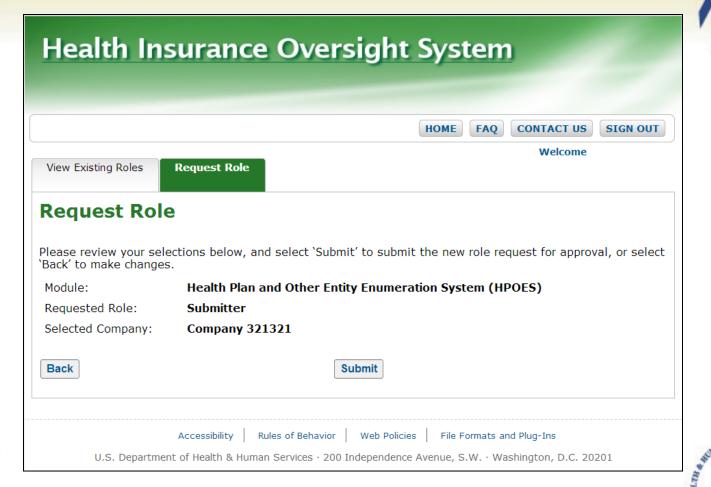
#### **Company Association**





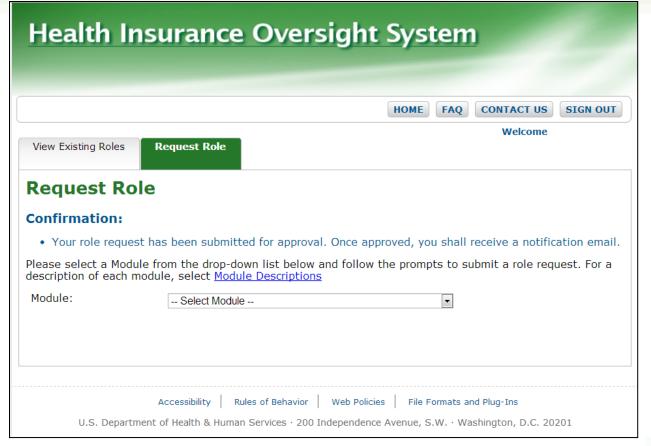


#### Request Role Review





#### **Request Role Confirmation**







#### **High Level Application Overview**

Step 1: Register the Organization in HIOS Step 2: Access HIOS User Role Management Step 3: Access HPOES and Select an Application Type

Step 4: Complete and Submit an Application Step 5: Application Review by the Authorizing Official

Step 6: HPID or OEID Number Assigned





#### **Overview of Application Process**

- Step 3: Access HPOES and select an application type
  - HPID Application
    - There are two different HPID application types:
      - CHP
      - SHP
    - If completing a SHP HPID application, users will be required to select a CHP company.
  - OEID Application





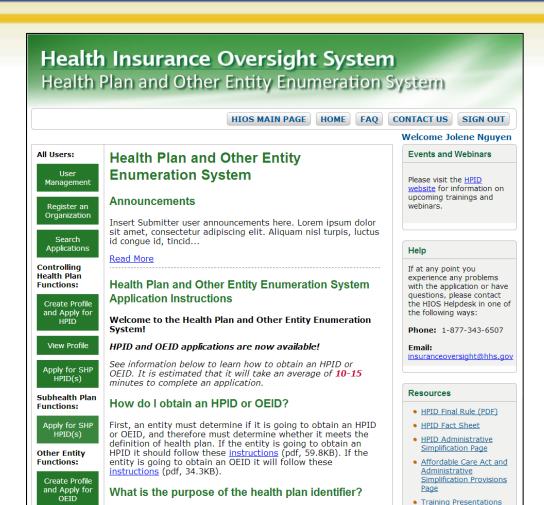
### **HIOS Main Page**



CENTERS for MEDICANE & MEDICARD SERVICES



#### **Submitter User Homepage**



The primary purpose of the health plan identifier is for use in the standard transactions. In the standard transactions, the

facilitate the routing of transactions.

HPID will replace proprietary health plan identifiers that vary in lengths and formats. In addition, information about health plans and their HPIDs will be available in a public database to

View Profile





### **High Level Application Overview**

Step 1: Register the Organization in HIOS Step 2: Access HIOS User Role Management Step 3: Access HPOES and Select an Application Type

Step 4: Complete and Submit an Application Step 5: Application Review by the Authorizing Official

Step 6: HPID or OEID Number Assigned





### **Overview of Application Process**

#### Step 4: Complete and Submit an Application

- Users will need to complete their application and provide the necessary information.
- The company's Authorizing Official needs to be identified if one has not already been designated.
  - SHP applications will display the CHP's Authorizing Official information.
  - All Authorizing Official information provided in the application is reviewed prior to the user being assigned the Authorizing Official role.
- Users will be able to review their application information prior to submission.



# Controlling Health Plan HPID Application Information





#### **Submitter User Homepage**



plans and their HPIDs will be available in a public database to

facilitate the routing of transactions.



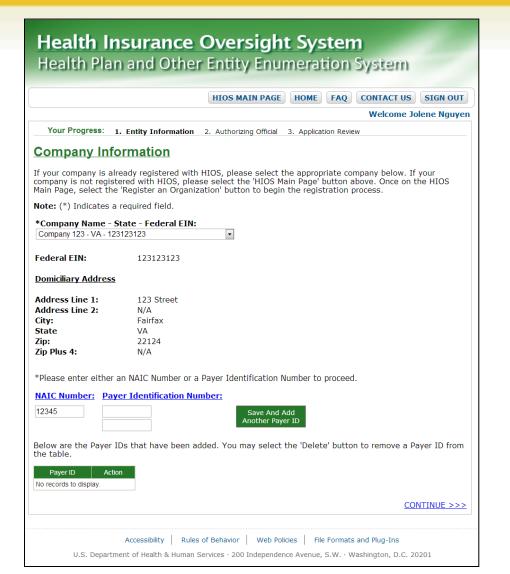


## CHP Application – Select a Company

		HIOS MAIN PAGE	HOME	FAQ	CONTACT US	SIGN OUT
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Your Progress:	Entity Information	Authorizing Official	Application	on Reviev	v	
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Company Name: Select Company	•					
Please enter either an	NAIC Number or a Pay	er Identification Numb	er to proce	ed.		
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elow are the Payer IDs ble.	that have been added	d. You may click the 'D	elete' butto	on to rei	move a Payer IC	from the
Payer ID Action orecords to display.						



# CHP Application Page – Company Selected







## CHP Application – Authorizing Official

Health Insurance Oversight System							
Health Plan and Other Entity Enumeration System							
HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT							
Welcome Jolene Nguyen							
Your Progress: 1. Entity Information 2. Authorizing Official 3. Application Review							
Authorizing Official Contact Information							
Please enter the following information:							
Note: (*) Indicates a required field.							
*Title of Authorizing Official: CEO  T							
Prefix: *First Name: Middle Initial: *Last Name: Suffix:  Jolene Nguyen							
*Email Address: *Phone Number: Phone Ext: pn4p@virginia.edu 703-938-0732							
Please note that the contact listed above will receive notification that they have been designated as the company's Authorizing Official in the Health Plan and Other Entity Enumeration System.  <							
Accessibility   Rules of Behavior   Web Policies   File Formats and Plug-Ins							
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## CHP Application – Profile and **Application Review**

#### Health Insurance Oversight System Health Plan and Other Entity Enumeration System HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT Welcome Jolene Nauven

Your Progress: 1. Entity Information 2. Authorizing Official 3. Application Review

#### **Profile and Application Review**

Please review the information listed below.

If changes to the information are required prior to submitting the application, please click the 'Back' link.

#### Controlling Health Plan Information:

#### **Company Information**

Company Name: Company 123 Federal EIN: 123123123 NAIC: 12345

#### **Domicilliary Address**

Address 123 Street Line 1:

Address

Line 1:

City: Fairfax State: VA Zip: 22124

#### Zip Plus 4:

**Authorizing Official** 

Contact Name: Jolene Nguyen Email Address: jpn4p@virginia.edu **Phone Number:** 7039380732

Phone Ext:

If the information above is correct, please check the certification box, and click the 'Apply for HPID' button to

Once an application has been submitted, an email will be sent to the Authorizing Official for approval. After the Authorizing Official approves the application, the entity will receive an HPID.

■ I certify that all data submitted for this application are complete and accurate.

<<< BACK

Apply for HPID





# CHP Application – Confirmation and Profile Summary

	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN	TUO
	Welcome Jolene N	lguyer
Profile Sumn	nary	
Thank you for subn	nitting your application.	
The HPID application plan has been assign	n is pending system validation and approval by your Authorizing Official. Once the honed an HPID, you will receive an email notification.	ealth
To view a different p	orofile please select a Company Name below:	
*Company Name:	Company 123	
*Application Type:	Health Plan 💌	
Company Informat	ion	
Application Number	r: 0000296	
HPID:	Pending	
Company Name: Federal EIN: NAIC:	Company 123 123123123 12345	
Authorizing Official		
Title: Contact Name: Email Address: Phone Number: Phone Ext:	CEO Jolene Nguyen jpn4p@virginia.edu 703-938-0732	
for SHP HPID(s)' but	HPIDs, please click the 'Apply for SHP HPID(s)' button below. Please note that the 'ton will only become enabled once the CHP HPID application has been approved and assigned. The system will not accept SHP HPID applications until a CHP has been	Apply the
CHP HPID has been assigned an HPID.		





# Summary of CHP HPID Application Information

- Company Information:
  - Company Name, Federal Employer Identification Number and Domiciliary Address
- Authorizing Official Information:
  - First and Last Name, Title, Phone Number and Email Address
- The Health Plan's NAIC Number or Payer ID used in standard transactions





# Subhealth Plan HPID Application Information





### **Subhealth Plan HPID Application**

- All SHP applications require a user to identify the company's Controlling Health Plan that already has been assigned an HPID.
- Two different ways to apply for a SHP HPID:
  - Select the 'Apply for SHP HPID(s)' button on the HPOES Submitter Homepage.
  - Select the 'Apply for SHP HPID(s)' button on the CHP Profile Page.



#### **Submitter User Homepage**



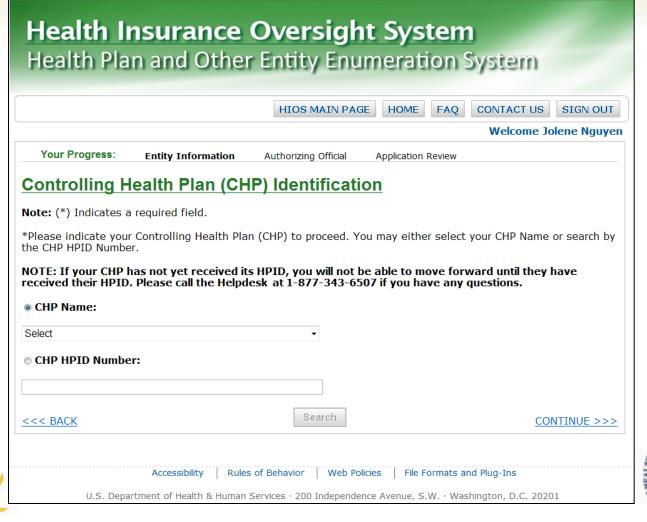
plans and their HPIDs will be available in a public database to

facilitate the routing of transactions.





## Subhealth Plan HPID Application – CHP Identification







## CHP Profile Summary – SHP Button Disabled







## CHP Profile Summary – SHP Button Enabled

		HIOS MAIN PAGE	HOME	FAQ	CONTACT US	SIGN OUT
					Welcome	
rofile Sumi	mary					
view a profile, pl	lease select a Compai	ny Name and Application	Type be	low:		
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ate - FEIN:		3123123				
pplication Type.	riedilii Fidii	<u> </u>				
ompany Informa	<u>tion</u>					
oplication Numbe	er: 0000018					
PID:	7295738422					
PID:	7293736422					
ompany Name:	Company 123					
ederal EIN: AIC:	123123123 66666					
uthorizing Officia	<u>.l</u>					
itle:	CEO					
ontact Name:	Jolene Nguyen					
mail Address:	jpn4p@virginia.ed	lu				
hone Number: hone Ext:	703-938-0732 N/A					
ione ext:	N/A					
pply for SHP HPID	(s)' button will only b	t the 'Apply for SHP HPII ecome enabled once the e system will not accept	CHP HPI	D applic	ation has been	approved
						1 6 000
					/ A	pply for SHP





### **Subhealth Plan Types**

## Health Insurance Oversight System Health Plan and Other Entity Enumeration System

CONTACT US HIOS MAIN PAGE HOME FAQ SIGN OUT Welcome Jolene Nguyen Your Progress: **Entity Information** Application Review Authorizing Official **Subhealth Plan Type** (\*) Indicates a required field. \*Please select one of the following: To view the definitions of the terms listed below, please click on the link. Company Issuer Product Line of Business Other Category CONTINUE >>> <<< BACK Rules of Behavior Web Policies





# Subhealth Plan HPID - Company





# Subhealth Plan HPID – Company Type

## Health Insurance Oversight System Health Plan and Other Entity Enumeration System

CONTACT US HIOS MAIN PAGE HOME FAQ SIGN OUT Welcome Jolene Nguyen Your Progress: **Entity Information** Authorizing Official Application Review **Subhealth Plan Type** (\*) Indicates a required field. \*Please select one of the following: To view the definitions of the terms listed below, please click on the link. Company Issuer Product Line of Business Other Category CONTINUE >>> <<< BACK Rules of Behavior Web Policies U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201





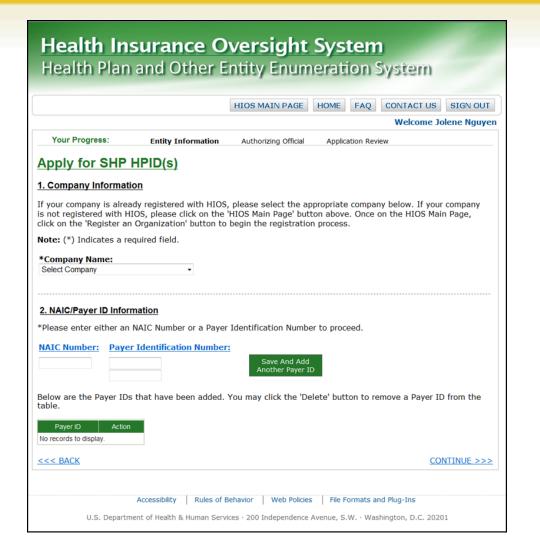
## Subhealth Plan HPID – Selection Review

#### **Health Insurance Oversight System** Health Plan and Other Entity Enumeration System Tuesday, February 26, 2013 **CONTACT US** HIOS MAIN PAGE SIGN OUT HOME FAQ Welcome Sai Paleti Your Progress: **Entity Information** Authorizing Official Application Review SHP Application Review You've selected the following options for this application: Health Plan Subhealth Plan (SHP) • Controlling Health Plan Name: Company 123 Company To continue with the application process, please select the 'Continue' link. If changes are required, select the 'Back' link. <<< BACK CONTINUE >>> Rules of Behavior Web Policies File Formats and Plug-Ins Accessibility U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201





# Subhealth Plan HPID – Select a Company







# Subhealth Plan HPID – Company Selected

	nsurance (				
Health Pla	n and Other	Entity Enur	neration	n System	
Tuesday, February 2	26, 2013	HIOS MAIN PAGE	HOME FAC	Q CONTACT US	SIGN OUT
				Welco	me Sai Paleti
Your Progress:	Entity Information	Authorizing Official	Application Re	eview	
Apply for SH	P HPID(s)				
1. Company Inforr	nation				
company is not regi:	already registered with stered with HIOS, pleas ne 'Register an Organiza	se select the 'HIOS Ma	ain Page' butto	n above. Once on t	your he HIOS
Note: (*) Indicates	a required field.				
*Company Name - Company 1234 - CA	<b>State - Federal EIN:</b> - 123456880	¥			
Federal EIN:	123456880				
Domiciliary Addres	<u>s</u>				
Address Line 1: Address Line 2: City: State Zip: Zip Plus 4:	100 Test Drive N/A San Francisco CA 94108 N/A				
2. NAIC/Payer ID Ir	nformation				
*Please enter eithe	er an NAIC Number or a	Payer Identification N	Number to proc	eed.	
NAIC Number: Pa	nyer Identification Nur	Save And A Another Paye			
Below are the Payer the table.	IDs that have been ad	ded. You may select t	the 'Delete' but	ton to remove a Pa	ayer ID from
Payer ID Ac No records to display.	tion				
<<< BACK				CO	NTINUE >>>
	Accessibility Rules	of Behavior   Web Polic	ties   File Forma	ats and Plug-Ins	
				-	





## Subhealth Plan HPID – Authorizing **Official Display**

#### Health Insurance Oversight System Health Plan and Other Entity Enumeration System

**HIOS MAIN PAGE** 

HOME

FAO

**CONTACT US** 

**SIGN OUT** 

CONTINUE >>>

Welcome Jolene Nguyen

Your Progress:

**Entity Information** 

**Authorizing Official** 

Application Review

#### **Authorizing Official Contact Information**

Your application information will be sent to the following Authorizing Official for review and approval:

Title: CEO

Contact Name: Jolene Nguyen Email Address: jpn4p@virginia.edu Phone Number: 7039380732

Phone Ext: N/A

If you have any questions, please contact the HelpDesk.

<<< BACK

Rules of Behavior

Web Policies

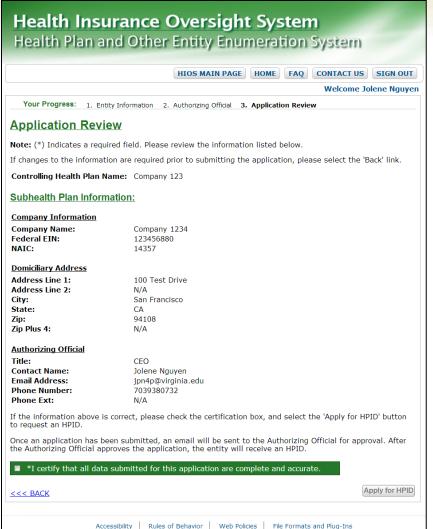
File Formats and Plug-Ins

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### Subhealth Plan HPID – Application Review







## Subhealth Plan HPID – Application Summary

#### **Health Insurance Oversight System** Health Plan and Other Entity Enumeration System HIOS MAIN PAGE HOME FAO CONTACT US SIGN OUT Welcome Jolene Nguyen **Application Summary** Thank you for submitting your application. The HPID application is pending system validation and approval by your Authorizing Official. Once the entity has been assigned an HPID, you will receive an email notification. **Application Number:** 0000149 Controlling Health Plan Name: Company 123 **Company Information Company Name:** Company 1234 Federal EIN: 123456880 14357 NAIC: **Authorizing Official** Title: CEO **Contact Name:** Jolene Nauyen Email Address: jpn4p@virginia.edu **Phone Number:** 7039380732 Phone Ext: N/A You may choose one of the following options: A. If you would like to request HPID(s) for another company that are under the same Controlling Health Plan, please select the 'Get Additional SHP HPID(s)' button below. B. If you would like to request HPID(s) for another company that is under a different Controlling Health Plan or do not require additional HPID(s) at this time, please select the 'Done' button below.





Get Additional SHP HPID(s)

Done

# Summary of SHP HPID Application Information – Company

### Subhealth Plan Type: Company

- SHP Company Information
  - Company Name, Federal Employer Identification Number and Domiciliary Address
- The Health Plan's NAIC Number or Payer ID used in standard transactions.

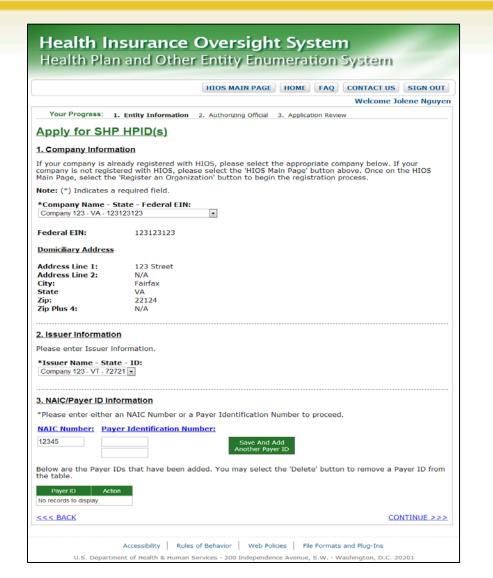


# Subhealth Plan HPID - Issuer





#### Subhealth Plan HPID - Issuer







## Summary of SHP HPID Application Information – Issuer

#### Subhealth Plan Type: Issuer

- Company Information
  - Company Name, Federal Employer Identification Number and Domiciliary Address
- Issuer's HIOS ID, Issuer Legal Name and State of Business
  - If the Issuer does not already exist in HIOS, users will first need to register the Issuer in HIOS.
- The Health Plan's NAIC Number or Payer ID used in standard transactions.





# Registering a New Issuer in HIOS





#### **Submitter User Homepage**



plans and their HPIDs will be available in a public database to

facilitate the routing of transactions.





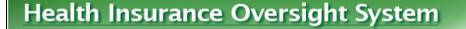
#### Search by Federal EIN







#### **Search Results**



HOME

**CONTACT US** 

**SIGN OUT** 

Welcome

#### **Organization Registration**

Please enter your company's 9 digit Federal EIN below and select 'Search' to determine if your company currently exists in HIOS.

Federal EIN: 321321321

Search

Company

Company Legal Name	Incorporated State	Federal EIN	NAIC Code	Address Line 1	Address Line 2	City	State	ZIP Code	ZIP Plus 4
Company 321321	MD	321321321	32111	321 Main Street		Fairfax	MD	22124	

#### **Issuers**

There are no Issuers currently registered in HIOS for your company

Back

Add Issuer

Accessibility

Rules of Behavior

Web Policies

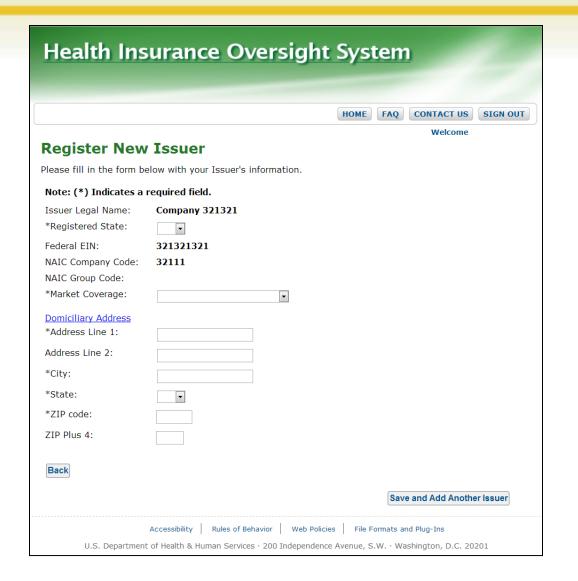
File Formats and Plug-Ins

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#### Register New Issuer







### **Submit Issuer Request**

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								We	lcome		
Register New	Issue	r									
ease fill in the form be	elow with yo	our Issue	r's info	rmation.							
Note: (*) Indicates a	required fi	eld.									
ssuer Legal Name:	Company	32132	ı								
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ederal EIN:	3213213	21									
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NAIC Group Code:											
Market Coverage:				•							
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			St	ubmit							





#### **New Issuer Confirmation**

#### Health Insurance Oversight System

HOME

FAQ

**CONTACT US** 

**SIGN OUT** 

Welcome

#### **New Issuer Confirmation**

Your request to register the Issuers below has been submitted for approval. Once approved, you shall receive a notification email.

Issuer Legal Name	Registered State	Federal EIN	NAIC Company Code	NAIC Group Code	Market Coverage	Address Line 1	Address Line 2	City	State	ZIP Code	ZIP Plus 4
Company 3213 21	VA	321321321	32111		Individual	333 Main Street		Fairf ax	VA	2212 4	

Continue

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### Summary of New HIOS Issuer Information

Required information to register a new issuer:

- Issuer Legal Name
- Company's Federal Employer Identification Number
- Registered State
- Market Coverage
- Domiciliary Address





# Subhealth Plan HPID - Product





#### **Subhealth Plan HPID - Product**

	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT
	Welcome Jolene Nguyo
Your Progress:	Entity Information 2. Authorizing Official 3. Application Review
Apply for SHF	- HPID(S)
1. Company Inform	ation
company is not regist	ready registered with HIOS, please select the appropriate company below. If your tered with HIOS, please select the 'HIOS Main Page' button above. Once on the HIOS 'Register an Organization' button to begin the registration process.
Note: (*) Indicates a	required field.
*Company Name - S	State - Federal EIN:
Company 123 - VA - 12	3123123
Federal EIN:	123123123
Domiciliary Address	
Address Line 1:	123 Street
Address Line 2:	N/A
City:	Fairfax
State	VA
Zip:	22124
Zip Plus 4:	N/A
2. Issuer Informatio	ממ
Please enter Issuer in	nformation.
*Issuer Name - Stat	te - ID:
Company 123 - VT - 727	
3. Product Informat	tion
Please enter Product	
	Market Type - Product Type - ID:
Healthy1 HMO - Individu	
4. NAIC/Payer ID Inf	formation
Please enter either	an NAIC Number or a Payer Identification Number to proceed.
NAIC Number: Pay	ver Identification Number:
12345	Save And Add
	Another Payer ID
Below are the Payer I the table.	IDs that have been added. You may select the 'Delete' button to remove a Payer ID from
Payer ID Actio	on
No records to display.	
<<< BACK	CONTINUE >>





### Summary of SHP HPID Application Information – Product

### Subhealth Plan Type: Product

- SHP Company Information
  - Company Name, Federal Employer Identification Number and Domiciliary Address
- HIOS Issuer ID, Issuer Legal Name and State of Business
- HIOS Product ID, Product Name, Product Type and Market Type
- The Health Plan's NAIC Number or Payer ID used in standard transactions.

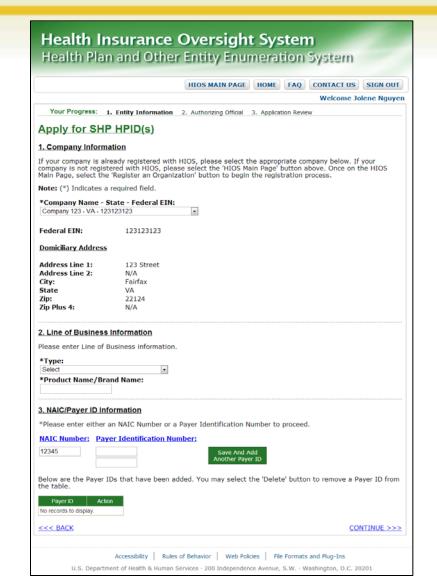


### Subhealth Plan HPID – Line of Business





### **Subhealth Plan HPID - Line of Business**







### **Summary of SHP HPID Application Information – Line of Business**

### Subhealth Plan Type: Line of Business

- SHP Company Information
  - Company Name, Federal Employer Identification Number and Domiciliary Address
- Line of Business Type
- Product Name/Brand Name
- The Health Plan's NAIC Number or Payer ID used in standard transactions.



# Subhealth Plan HPID – Other Category





### Subhealth Plan HPID - Other Category

	HIOS MAIN PAGE HOME FAQ CONTACT US S	IGN OUT						
	Welcome Joler	ne Nguyer						
Your Progress: )	Entity Information 2. Authorizing Official 3. Application Review							
Apply for SHF	HPID(s)							
I. Company Inform	tion							
company is not regist	ady registered with HIOS, please select the appropriate company below. If yo red with HIOS, please select the 'HIOS Main Page' button above. Once on the Register an Organization' button to begin the registration process.	ır HIOS						
Note: (*) Indicates a	equired field.							
*Company Name - State - Federal EIN:								
Company 123 - VA - 123	123123							
Federal EIN:	123123123							
Domiciliary Address								
Address Line 1:	123 Street							
Address Line 2:	N/A							
City: State	Fairfax VA							
Zip:	22124							
Zip Plus 4:	N/A							
2. Other Category I	formation							
Please enter Other Ca								
*Other Category Na	ne:							
*Type/Description:								
Type, bescription								
3. NAIC/Payer ID Inf	rmation							
*Please enter either	n NAIC Number or a Payer Identification Number to proceed.							
NAIC Number: Pay	r Identification Number:							
12345	Save And Add Another Payer ID							
Below are the Payer I the table.	s that have been added. You may select the 'Delete' button to remove a Paye	r ID from						
	_							
Payer ID Action No records to display.								
<<< BACK		NUE >>>						





### Summary of SHP HPID Application Information – Other Category

### Subhealth Plan Type: Other Category

- SHP Company Information
  - Company Name, Federal Employer Identification Number and Domiciliary Address
- Other Category Name
- Other Category Type/Description
- The Health Plan's NAIC Number or Payer ID used in standard transactions.



# OEID Application Information





#### **Submitter User Homepage**





The primary purpose of the health plan identifier is for use in the standard transactions. In the standard transactions, the HPID will replace proprietary health plan identifiers that vary in lengths and formats. In addition, information about health plans and their HPIDs will be available in a public database to facilitate the routing of transactions.

HPID it should follow these instructions (pdf, 59.8KB). If the

What is the purpose of the health plan identifier?

entity is going to obtain an OEID it will follow these

instructions (pdf, 34.3KB).

Other Entity

Create Profile and Apply for OEID

View Profile

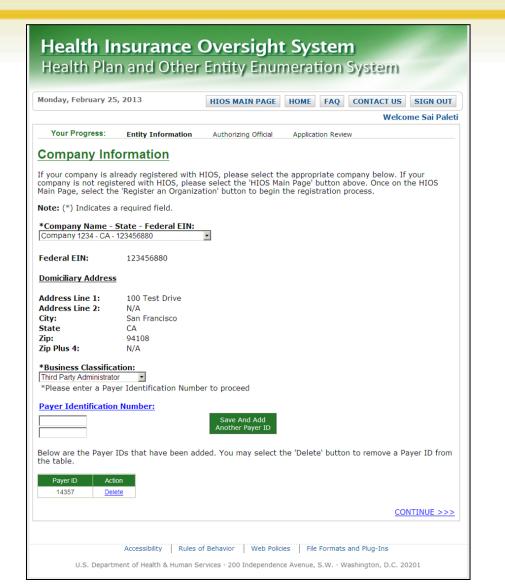


· Affordable Care Act and

Training Presentations

Administrative Simplification Provisions

### OEID Application – Company Selected







### OEID Application – Authorizing Official Information

### Health Insurance Oversight System Health Plan and Other Entity Enumeration System

Tuesday, February 26, 2013

HIOS MAIN PAGE

HOME FAQ

**CONTACT US** 

SIGN OUT

Welcome Sai Paleti

Your Progress:

**Entity Information** 

**Authorizing Official** 

Application Review

#### **Authorizing Official Contact Information**

Your application information will be sent to the following Authorizing Official for review and approval:

Title:

CEO

**Contact Name:** 

Dominic Alphonse

Email Address:

dominic.alphonse@cgi.com

**Phone Number:** 

4349583045

Phone Ext:

N/A

If you have any questions, please contact the HelpDesk.

<<< BACK

CONTINUE >>>

Accessibilit

Rules of Behavior

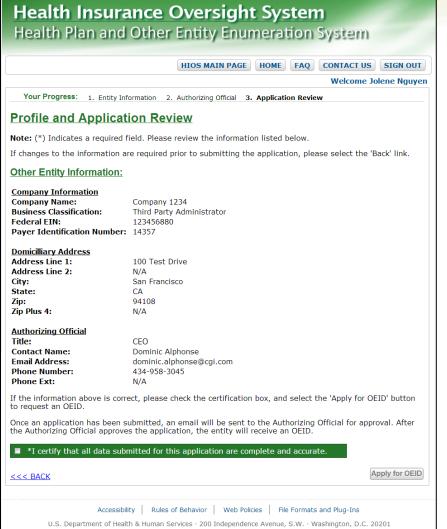
Web Policies

File Formats and Plug-Ins

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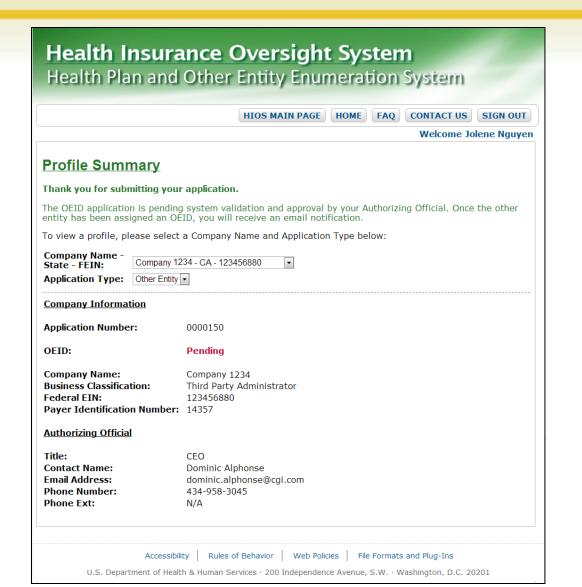
### **OEID Application – Profile and Application Review**







### OEID Application – Confirmation and Profile Summary







### Summary of OEID Application Information

- Company Information
  - Company Name, Federal Employer Identification Number and Domiciliary Address
- Authorizing Official Information:
  - First and Last Name, Title, Phone Number and Email Address
- Business Classification
- The Other Entity's Payer ID or Atypical Provider ID used in standard transactions.





### **High Level Application Overview**

Step 1: Register the Organization in HIOS Step 2: Access HIOS User Role Management Step 3: Access HPOES and Select an Application Type

Step 4: Complete and Submit an Application Step 5: Application Review by the Authorizing Official

Step 6: HPID or OEID Number Assigned





### **Overview of Application Process**

#### Step 5: Application Review

- Once the application has been submitted, the company's Authorizing Official will be notified that an application is pending their approval.
- The Authorizing Official will need to review each application and will have the option to approve or reject it.





### **Authorizing Official Homepage**







### **Authorizing Official Search**

			HIOS MA	IN PAGE HOM	ME FAQ	CONTACT US	SIGN OU
						Welcome	
earch /	Applicatio	ne					
earch A	Аррисацо	113					
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	esults. If no filt	ers are utilize	ed, all records	for which you a	re the Auth	orizing Official w	ill be
splayed.							
ompany Na	ame:						
pplication				Application 9	Status: Ar	proval Pending	
ppiicadon	ype.			Application	ratus. A	provarrending	
			Minu Ar	plication			
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	Page Size: 10 Submitted Date \$	Application	Health Plan Category \$	Company Name \$	Status \$	HPID/OEID Number \$	Actions
Application	Submitted		Health Plan Category \$		Status   Approval		Actions





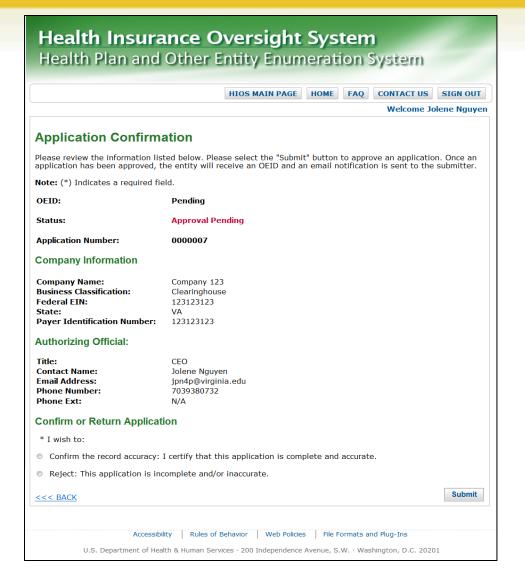
### **Authorizing Official Pending Tasks**







### **Authorizing Official Approval**







### **Authorizing Official Approval Confirmation**

#### **Health Insurance Oversight System** Health Plan and Other Entity Enumeration System

**HIOS MAIN PAGE** HOME FAQ

**CONTACT US** 

SIGN OUT

Welcome Jolene Nguyen

#### **Approval Confirmation**

You have approved the application for the following Other Entity:

**Company Name:** 

Company 123

**Business Classification:** 

Clearinghouse

**OEID Number:** 

Pending

Done

Web Policies

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### **High Level Application Overview**

Step 1: Register the Organization in HIOS Step 2: Access HIOS User Role Management Step 3: Access HPOES and Select an Application Type

Step 4: Complete and Submit an Application Step 5: Application Review by the Authorizing Official

Step 6: HPID or OEID Number Assigned





### **Overview of Application Process**

#### Step 6: HPID or OEID Number Assigned

- Once the application is approved by the Authorizing Official, the system will generate an HPID or OEID.
- An email notification will be sent to the submitter user with the HPID or OEID generated.





### **WRAP UP**

Wrap Up and Next Steps





#### Wrap Up and Next Steps

#### **Next Steps**

- Slides will be available at <u>http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html.</u>
- Please send questions to the HIOS Helpdesk at <u>insuranceoversight@hhs.gov</u>.

### Wrap Up

- Thank you for attending.
- Please let us know if you have any questions.



#### Wrap Up and Next Steps

### Next CMS Access and Registration Training and Q&A session:

- March 19<sup>th</sup> 2:00 p.m. to 3:30 p.m. EST
  - Call in: (866) 503-0859
  - Conference ID: 24848094
  - URL: <a href="https://www.livemeeting.com/cc/cgi-ams/join?id=8NKQ6P&role=attend&pw=MN%3BQ8cP">https://www.livemeeting.com/cc/cgi-ams/join?id=8NKQ6P&role=attend&pw=MN%3BQ8cP</a>
- March 27<sup>th</sup> 11:00 a.m. to 12:30 p.m. EST
  - Call in: (877) 267-1577
  - Meeting ID: 5283
  - URL: <a href="https://webinar.cms.hhs.gov/hiosneweidm/">https://webinar.cms.hhs.gov/hiosneweidm/</a>





# Questions & Answers



