

February 19, 2019

Ms. Lorraine Doo  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8013  
Baltimore, MD 21244-8013

***Re: CMS-0054-P, Administrative Simplification: Rescinding the Adoption of the Standard Unique Health Plan Identifier and Other Entity Identifier***

Dear Ms. Doo:

On behalf of the nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) administrative simplification proposed rule to rescind the adoption of the standard unique Health Plan Identifier (HPID) and Other Entity Identifier (OEID).

**We support CMS's proposal to rescind the adoption of the HPID and OEID and agree with CMS that they no longer serve the purpose for which they were adopted in the final rule published on Sept. 5, 2012.** The need for implementing the HPID has long been questioned by the covered entities. Due to growing concerns, the Department of Health and Human Services (HHS) delayed the enforcement of the regulation pertaining to the use of the HPID in HIPAA transactions beginning Oct. 31, 2014 and we believe it is appropriate to eliminate the HPID/OEID altogether.

The AHA appreciates the outreach CMS conducted to confirm the challenges and burden that implementing the HPID and OEID would have on all covered entities that use HIPAA transactions. In particular, we appreciate the agency identifying the sector's use of and reliance on payer identifications (IDs) in the HIPAA transactions, the distinction between the HPID and IDs, and the impact of having to accommodate the HPID rather than a payer ID.

We understand that the intent of the HIPAA legislation is to reduce administrative costs and make administrative processes more efficient. However, providing a different data



element in the form of the HPID/OEID would not have addressed other issues related to routing challenges, benefit information and improved automation for administrative tasks. Testifiers at the May 3, 2017 NCVHS Standards Subcommittee hearing concurred that the transaction routing challenges of two decades ago have been resolved by the industry through the use of payer IDs and that it would be a costly, complicated and burdensome disruption for them to implement the HPID. We commend CMS for identifying that the health care field is successfully routing transactions using the various payer IDs.

Additionally, we support CMS's decision to disallow the voluntary use of the HPID or OEID between willing trading partners. We agree with the rationale that there is no business use case for the HPID/OEID, moreover, a voluntary model would result in confusion and unnecessary costs to the covered entities that use HIPAA transactions.

The AHA is fully supportive of the decision to rescind the HPID and OEID and urge CMS to do so immediately.

Thank you for your consideration of our comments. Please contact me if you have any questions or feel free to have a member of your team contact Suzanne Lestina, AHA director of administrative simplification policy, at [slestina@aha.org](mailto:slestina@aha.org) or 312-468-9998.

Sincerely

/s/

Ashley B. Thompson  
Senior Vice President  
Public Policy Analysis and Development