

Health Information Compliance Alert

HIPAA ID Rules IDENTIFIER RULES STILL ON THE BACKBURNER

While the delay to the Health Insurance Portability and Accountability Act transaction and code sets standard deadline comes as a relief to many covered entities, others in the health care industry worry that the TCS reprieve will set off a chain reaction that will slow some of the more lucrative HIPAA standards.

Ironing out how to handle claims attachments and national identifiers should be a priority for the Department of Health and Human Services, the American Hospital Association emphasizes in Jan. 16 correspondence with the agency.

"Numerous and ongoing delays that have occurred in issuing these additional transactions standards regulations and finalizing certain other critical decisions are cause for great concern," AHA Executive Vice President Rick Pollack writes in the missive. HIPAA's promised cost savings can't be realized until HHS gets the law's regulatory structure fully in place, the letter notes.

The AHA also urges HHS to publish regulations or guidance to ensure that health care claims are processed speedily.

Some industry observers fear that, with limited funds appropriated to develop and administer HIPAA rules, HHS will have its hands full processing TCS compliance delay requests (see story below), and rules like the identifiers will remain on the backburner.

But there are more roadblocks to the identifier rules than just a lack of resources. "One of the major reasons for the delay to the [national provider identifier] has nothing to do with the transactions rule at all," says Robert Tennant, co-chair of the Workgroup for Electronic Data Interchange's Strategic National Implementation Process. "It's more that, internally, HHS was told that they could not use Medicare resources to produce the NPI that would go out to non-Medicare providers."

Health Plans In No Hurry

Whatever the reason, the lack of a national provider identifier rule has been a real frustration, and not just for providers who want to see the billing process simplified. Many software vendors say it's a huge burden to develop billing software before they get the final word on what the NPI will look like.

WEDI urged HHS to at least offer some insight on what the NPI will look like. The proposed form of the NPI suggested an eightdigit alphanumeric, but an industry outcry has caused HHS to reconsider and, according to Tennant, a 10-digit numeric identifier is likely the final shape.

"We have made the argument to HHS that they don't even need to publish the rule to get the information out," Tennant tells Eli. "If they've already decided, for example, that the provider identifier is going to be a 10-digit numeric, announce it so that software developers can build in the requisite number of digits."

One of the reasons it's been so easy to delay the NPI is that health plans have made it clear that the status quo is just fine with them. "Apparently, it's going to be extremely expensive for them to convert to a new identification system so they're in no rush to move forward," says Tennant. But the lack of an NPI is costing providers. "It's not that providers are losing anything by the delay, but they're not going to gain the benefits that an NPI would bring" in terms of simplified billing.