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Farewell, HPID Regulations

The Department of Health & Human Services proposed rescinding regulations requiring health plans to obtain HPIDs and to use them in certain HIPAA transactions. Once this proposal is finalized, group health plans can consider the HPID requirement a compliance concern of the past.

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Background

In September 2012, the Department of Health & Human Services (HHS) issued final regulations on the Health Plan Identifier (HPID) — a standard, unique 10-digit identifier required by HIPAA. Under the regulations, a “controlling health plan” would be required to obtain an HPID for use in all standard transactions conducted by the plan and its business associates beginning in 2016. Large health plans were required to obtain their HPIDs by November 5, 2014 — but shortly before that deadline, the Centers for Medicare & Medicaid Services announced a delay in enforcement of the HPID regulations and use of the HPID until further notice. (See our [November 3, 2014 FYI Alert](#).)

HHS seeks to rescind

HHS recently proposed rescinding the 2012 HPID regulations. It made this decision “following a careful assessment of industry input, as well as [its] intention to explore options for a more effective standard unique health plan identifier in the future.”

Comments on the proposal are due on February 19, 2019.

In conclusion

Once this proposal is finalized — as it is expected to be — group health plans can consider the HPID requirement a compliance concern of the past.

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