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Worcester Medicine publishes “HPID: The confused birth, troubled life and untimely death of a federal regulation”

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The Worcester District Medical Society published an article by Peter Martin in the May/June 2019 edition of its quarterly publication, *Worcester Medicine*. Below is an excerpt from the article.

Congress passes a law, and designates a federal agency charged with promulgating regulations to carry out Congress’ intent as expressed in the legislative language. The federal agency seeks input from concerned stakeholders through notice and comment rulemaking, and issues proposed and final rules with prospective effect on the affected industry. Generally, this process works well, at least in the sense that eventually, rules are issued with which the regulated industry must comply.

Why might this process not work well, and what recourse is available when that happens? A case in point might be the health plan identifier (HPID) originally required by section 262 of the HIPAA statute passed in 1996. The HPID was intended to aid providers and third-party payers in electronically engaging in a wide variety of HIPAA transactions such as, patient eligibility determinations, claims billing and remittances of health care payments. The hope was that by instituting a national unique identifier for each “health plan,” such transactions could avoid confusion due to the use of different numbers issued by different governmental or private organizations.

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