

SUMMARY OF HIPAA RULES AND REGULATIONS

Federal Register Vol. 63, No. 88, Part III 45 CFR Part 142 National Standard Health Care Provider Identifier; Proposed Rule

National Employer Identifier was published as final on May 31, 2002 and is contained under Federal Register Vol. 65, No. 160, Part III 45 CFR Parts 160 and 162 Standards for Electronic Transactions; Announcement of Designated Standard Maintenance Organizations; Final Rule and Notice

National Health Plan Identifier Proposed or Final Rules have not been published to date.

National Individual Identifier has been withdrawn.

National Provider Identifier Standards Part 142 GENERAL ADMINISTRATIVE REQUIREMENTS

Subpart A General Provisions

142.101 Statutory basis and purpose

- Implements sections 1171 through 1179 of SSA
- Purpose is to promote administrative simplification

142.102 Applicability

- Applies to health plan, health plan clearinghouse, health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

142.103 Definitions

- Defines terms applied to this subchapter (See pgs 25355-25356 FR, V63, No 88)

142.104 General requirements for health plans

- Health plan may not refuse to conduct a transaction as a standard transaction.
- Health plan may not delay or reject a transaction or attempt to adversely affect the other entity because the transaction is a standard transaction.
- The health information transmitted and received in connection with the transaction must be in the form of standard data elements of health information.
- A health plan that conducts transactions through an agent must assure that the agent meets all the requirements of this part that apply to the health plan.

142.105 Compliance using a health care clearinghouse

- Any person or other entity subject to the requirements of this part may meet the requirements to accept and transmit standard transactions by transmitting and receiving standard data elements, or submitting nonstandard data elements to a health care clearinghouse for processing into standard data elements and transmission by the health care clearinghouse and receiving standard data elements through the health care clearinghouse.
- The transmission, under contract, of nonstandard data elements between a health plan or a health care provider and its agent health care clearinghouse is not a violation of the requirements of this part.

142.106 Effective date of a modification to a standard or implementation specification

- May be modified after the first year in which the standard is to be used, but not more frequently than once every 12 months
- Implementation date may be no earlier than 180 days following the adoption of the modification. Actual date determined by the secretary who may extend.

Subpart B-C [Reserved]

Subpart D - National Provider Identifier Standard

142.402 National provider identifier standard

- The provider identifier standard that must be used is an 8-position alphanumeric identifier, which includes as the eighth position a check digit and is supported by CMS (HCFA).
- A file containing identifying information for each health care provider will be maintained and information included is available on pg 25356.

142.404 Requirements: Health Plans

- Each health plan must accept and transmit the national provider identifier of any health care provider in any standard transaction.

142.406 Requirements: Health care clearinghouses

- Each health care clearinghouse must accept and transmit the national provider identifier of any health care provider in any standard transaction.

142.408 Requirements: Health care providers

- Each health care provider must obtain, by application if necessary, a national provider identifier.
- Each health care provider must accept and transmit national provider identifiers wherever required on all transactions it accepts or transmits electronically.

- Each health care provider must communicate any changes to the data elements in its file in the national provider system to an enumerator of national provider identifiers within 60 days of the change.
- Each health care provider may receive and use only one national provider identifier. Upon dissolution of a health care provider that is a corporation or a partnership, or upon the death of the health care provider who is an individual, the national provider identifier is inactivated.

142.410 Effective dates of the initial implementation of the national provider identifier standard

- Health plans, clearinghouses, and health care providers must comply with the requirements by 24 months after the effective date of the final rule in the Federal Register.
- Small health plans (see definition) must comply with the requirements by 36 months after the effective date of the final rule in the Federal Register.

Subpart F - National Employer Identifier Standard

This section has been finalized as of May 31, 2002 and placed as Subpart F, Section 162.600 - 162.610 under Electronic Transactions.

National Payer Identifier Standard - No proposed or final rules have been established to date.

National Individual Identifier Standard - Has been withdrawn