ELECTRONIC HEALTH CARE TRANSACTIONS AND CODE SETS STANDARDS MODEL COMPLIANCE PLAN

- -

Section A: Covered Entity and Contact Information

1. Name of Covered Entity

_____

_____

2. Tax Identification Number

_____

_____

3. Medicare Identification Number(s)

_____

_____

4. Type of Covered Entity (Check all that apply)

❏ Health Care Clearinghouse

❏ Health Plan

❏ Health Care Provider

    ❏ Dentist   ❏ DME Supplier   ❏ Home Health Agency

    ❏ Hospice   ❏ Hospital   ❏ Nursing Home

    ❏ Pharmacy   ❏ Physician/Group Practice   ❏ Other _____

5. Authorized Person _____

6. Title _____

7. Street _____

8. City _____ State _____ Zip _____

9. Telephone Number (_____) _____

- -

Section B: Reason for Filing for This Extension

10. Please check the box next to the reason(s) that you do not expect to be compliant with the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162) by October 16, 2002. Multiple boxes may be checked.

❏ Need more money

❏ Need more staff

❏ Need to buy hardware

❏ Need more information about the standards

❏ Waiting for vendor(s) to provide software

❏ Need more time to complete implementation

❏ Waiting for clearinghouse/billing service to update my system

❏ Need more time for testing

❏ Problems implementing code set changes

❏ Problems completing additional data requirements

❏ Need additional clarification on standards

❏ Other _____

- -

Section C: Implementation Budget

This question relates to the general financial impact of the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160,162) on your organization.

11. Select the range of your estimated cost of compliance with the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160,162):

❏ Less than $10,000

❏ $10,000 - $100,000

❏ $100,000 - $500,000

❏ $500,000 - $1 million

❏ Over $1 million

❏ Don't know

- -

Section D: Implementation Strategy

This Implementation Strategy section encompasses HIPAA Awareness, Operational Assessment, and Development and Testing. For more details on completing each of these subsections, refer to the model compliance plan instructions at www.cms.hhs.gov/hipaa.

Implementation Strategy Phase One – HIPAA Awareness

These questions relate to your general understanding of the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162).

12. Please indicate whether you have completed this Awareness phase of the Implementation Strategy:

❏ Yes   ❏ No

If yes, skip to (14), and then to Phase Two – Operational Assessment. If no, please answer both (13) and (14).

Have you determined a:

13. Projected/Actual Start Date: _____ /_____
    MONTH / YEAR

14. Projected/Actual Completion Date: _____ /_____
    MONTH / YEAR

Implementation Strategy Phase Two – Operational Assessment

These questions relate to HIPAA operational issues and your progress in this area.

15. Please indicate whether you have completed this Operational Assessment phase of the Implementation Strategy:

❏ Yes   ❏ No

If yes, proceed to (20) and then Phase Three – Development and Testing. If no, please answer all the following questions. Have you:

16. Reviewed current processes against HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162) requirements?

❏ Yes   ❏ No   ❏ Initiated But Not Completed

17. Identified internal implementation issues and developed a workplan?

❏ Yes   ❏ No   ❏ Initiated But Not Completed

18. Do you plan to or might you use a contractor/vendor to help achieve compliance?

❏ Yes   ❏ No   ❏ Undecided

19. Projected/Actual Start Date: _____ /_____
    MONTH / YEAR

20. Projected/Actual Completion Date: _____ /_____
    MONTH / YEAR

Implementation Strategy Phase Three – Development and Testing

These questions relate to HIPAA development and testing issues. ASCA legislation requires that testing begin no later than April 16, 2003. For more details, refer to the model compliance plan instructions at www.cms.hhs.gov/hipaa.

21. Please indicate whether you have completed this Development and Testing phase of the Implementation Strategy.

❏ Yes   ❏ No

If yes, proceed to (26). If no, please answer all the following questions. Have you:

22. Completed software development/installation?

❏ Yes   ❏ No   ❏ Initiated But Not Completed

23. Completed staff training?

❏ Yes   ❏ No   ❏ Initiated But Not Completed

24. Projected/Actual Development Start Date: _____ /_____
    MONTH / YEAR

25. Projected/Actual Initial Internal Software Testing Start Date: _____ /_____
    MONTH / YEAR

26. Projected/Actual Testing Completion Date: _____ /_____
    MONTH / YEAR