Department of Health and Human Services
Health Insurance Portability and Accountability Act of 1996
Electronic Health Care Transactions and Code Sets Standards Model Compliance Plan

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) became law. It requires, among other things, that the Department of Health and Human Services establish national standards for electronic health care transactions and code sets. October 16, 2002 was the original deadline for covered entities to comply with these new national standards. However, in December 2001, the Administrative Simplification Compliance Act (ASCA) extended the deadline for compliance with HIPAA Electronic Health Care Transactions and Code Sets standards (codified at 45 C.F.R. Parts 160, 162) one year -to October 16, 2003 -for all covered entities other than small health plans (whose compliance deadline is already October 16, 2003). In order to qualify for this extension, covered entities must submit a compliance plan by October 15, 2002. Completion and timely submission of this model compliance plan will satisfy this federal requirement, and assist us in identifying and addressing impediments to your timely and effective implementation of the HIPAA Electronic Health Care Transactions and Code Sets standards. If you are a covered entity other than a small health plan and do not submit a compliance plan, you must be compliant with the HIPAA Electronic Health Care Transactions and Code Sets standards by October 16, 2002.

For general information about HIPAA and instructions on how to complete this compliance plan, refer to our website, www.cms.hhs.gov/hipaa. You can go to the website and submit this on-line compliance plan electronically, and we will provide an on-line confirmation number as acknowledgment of your extension. This on-line compliance plan is a model only, and is provided for your information. Covered entities have the option of submitting their own version of a compliance plan that provides equivalent information. Refer to the instructions on our website for information on how to file alternative submissions. For those filing electronically, your electronic confirmation number will be the only notice that you have received an extension. No other notice will be provided for electronic or paper submissions. If your paper plan consists of the equivalent information required by the statute (covered entity and contact information; reasons for filing for the extension; implementation budget; and the three phases of the implementation strategy) your plan is complete and you may consider your extension granted.

For information on defined terms used in this document, refer to 45 C.F.R. 160.103 or 162.103.

Section A: Covered Entity and Contact Information

1. Name of Covered Entity
2. Tax Identification Number
3. Medicare Identification Number(s)

State of Florida Department of Children and Families | 59-3458463 |  

4. Type of Covered Entity (Check all that apply from these drop-down menus)
   - [ ] Health Care Clearinghouse
   - [x] Health Plan
   - [x] Health Care Provider
   - Dentist
   - DME Supplier
   - Home Health Agency
   - Hospice
   - Hospital
   - Nursing Home
   - Pharmacy
   - Physician/Group Practice
   - Other

5. Authorized Person | Eric G. Handler M.D., M.P.H. |  
6. Title | Chief Medical Officer |
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 from the drop-down menu 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):

- $10,000-$100,000
- 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.

   X  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: _______ / _______
    (select month/year from this drop-down menu)

14. Projected/Actual Completion Date: 03 / 2002
    (select month/year from this drop-down menu)

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.

   X  Yes  □ No

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


   □ 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: _______ / _______
    (select month/year from this drop-down menu)

20. Projected/Actual Completion Date: 09 / 2002
    (select month/year from this drop-down menu)
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 11, 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: (select month/year from this drop-down menu)

9 / 2002

25. Projected/Actual Initial Internal Software Testing Start Date: (select month/year from this drop-down menu)

4 / 2003

26. Projected/Actual Testing Completion Date: (select month/year from this drop-down menu)

9 / 2003

FOR PAPER SUBMISSIONS:

Please mail paper versions of this model compliance plan to:

Attention: Model Compliance Plans
Centers for Medicare & Medicaid Services
P.O. Box 8040
Baltimore, MD 21244-8040

CMS will not provide an acknowledgment of receipt of paper submissions of this model compliance plan. For proof of delivery, we suggest that you use the U.S. Postal Service.