



AGENDA

Administrative Simplification Basics

NSG Enforcement

Resources and Questions



Administrative Simplification Basics



Administrative Simplification Basics

HIPAA Administrative Simplification provisions:

- » Privacy and security
- » Transaction standards, code sets, unique identifiers, and operating rules for electronic transactions
 - Goal: Save time and money by streamlining communication around billing and insurance-related tasks





Who's Covered?

HIPAA-covered entities must comply with Administrative Simplification:



Health care providers that transmits transactions electronically



Health plans



Clearinghouses



HIPAA Enforcement Clarification

HIPAA Non-security/Privacy Enforcement By NSG

- » Concerns potential violations of rules for:
 - Electronic transactions
 - Operating rules
 - Code sets
 - Unique identifiers
- » File a complaint through:
 - Administrative Simplification
 Enforcement and Testing Tool (ASETT)

HIPAA Security/Privacy Enforcement By The Office For Civil Rights

- » Concerns potential violations of:
 - Health information privacy rights
 - Privacy, Security, or Breach Notifications Rules

- » File a complaint through:
 - OCR Complaint Portal
 - Health Information Privacy
 Complaint Package



HIPAA Security/Privacy Enforcement By The Office For Civil Rights

- » Examples of Security/Privacy Violations:
 - Unauthorized access of protected health information (PHI)
 - Unauthorized transmission of PHI
 - Impermissible use or disclosure of PHI



HIPAA Non-security/Privacy Enforcement By NSG

- » Examples of non-security/privacy violations
 - Use of non-standard transactions
 - Incorrect use of unique identifiers
 - Inappropriate use of name or ID number in a transaction
 - Improperly structured information
 - Incorrect use of code sets
 - Failure to conduct a standard transaction



NSG Enforcement



What's Covered?

Standards for:



- » Code sets
 - ICD-10, CPT, HCPCS, CDT, NDC



- » Unique identifiers
 - NPI for providers, EIN for employers



- Transactions related to billing, insurance, and administrative tasks
- OPERATING RULES
- » <u>Operating rules</u> (business rules, like requiring real-time response to inquiry)



What's Covered - Transactions

All covered entities must comply with standards for these transactions:

- » Health care claim X12N 837 transaction
- » Health care claim payment advice X12N 835 transaction
- » Health care claim status request/notification X12N 276/277 transaction
- » Eligibility, coverage, or benefit inquiry/information X12N 270/271 transaction
- » Benefit enrollment and maintenance X12N 834 transaction
- » Health care service review information X12N 278 transaction
- » Payment order/remittance advice X12N 820 transaction



How is it Enforced?

NSG enforces Administrative Simplification standards by:

- » Responding to complaints about noncompliance
- » Conducting proactive compliance reviews

Goals

- » Reduce the burden on compliant entities who conduct transactions with trading partners that aren't compliant
- » Streamline billing and insurance-related functions, allowing providers and health plans to spend less time on these tasks

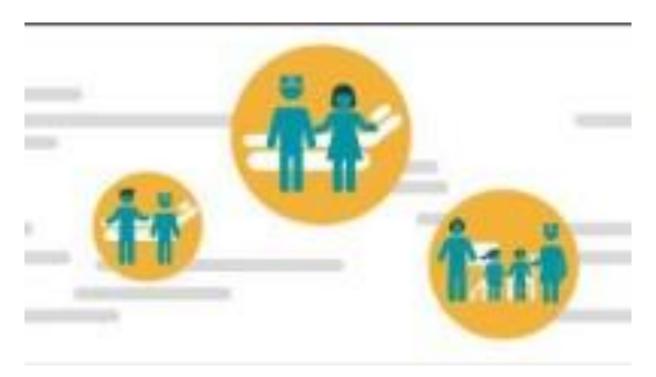


Complaint-based Enforcement

- » Anyone who believes a HIPAA-covered entity is not complying with transaction, code set, unique identifier, or operating rule requirements can file a complaint.
- » Go to asett.cms.gov to get started (use the Chrome browser)
- » NSG keeps the identities of those filing complaints confidential upon request.



Complaints - Reaching Compliance with ASETT



https://www.youtube.com/watch?v=3u1772Bb6Pg&list=PLaV7m2-zFKpjHLyLlFZywrelGwWPJB1eE&index=1



Complaints - ASETT Overview

ASETT is a web-based application that allows you to:

- » Test your transactions
- » Test your trading partners' transactions
- » File complaints
- » Track your complaint status

Learn more about ASETT with these resources:

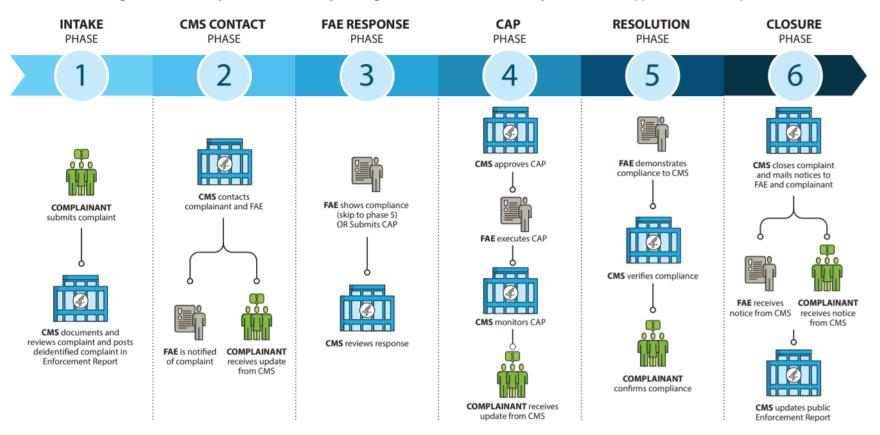
- » Quick Start User Guide
- » User Manual





CMS Process for HIPAA Administrative Simplification Complaints

CMS, on behalf of HHS, enforces HIPAA Administrative Simplification requirements. CMS enforcement activities include processing complaints about alleged violations. Anyone can file a complaint against a HIPAA-covered entity. Here's what happens when a complaint is filed:





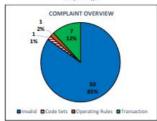
Complaint Enforcement Statistics

- Quarterly enforcement data reports are available on the HIPAA Enforcement Statistics webpage.
- » Stats included:
 - Number, category, and status of complaints received
 - Reasonings for closing complaints
 - Average number of days a complaint spent in each phase
- » In the first quarter of 2021, 85% of the complaints NSG received were not enforceable by HIPAA Administrative Simplification rules

ASETT - Complaints Received 1st Quarter 2021

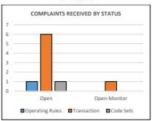
Received Complaint Overview January 1 - March 31, 2021

Complaints received in the last reporting period, categorized by Complaint Type.



ASETT also receives complaints that are not enforceable by HilPAA Administrative Simplification Rules. These are labeled "Invalid" within our system. Typical examples of invalid complaints could be Quality of Care or Quality of Service complaints. The National Standards Group (NSG) either works with the complainant to locate the appropriate agency to file their complaint or mediates between them and the filed against entity to achieve a resolution. Received Complaints, by Complaint Type January 1 - March 31, 2021

Valid complaints received in the last reporting period categorized by Current Status.



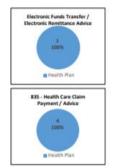
Open – As of the reporting period, this number represents complaints in active status, e.g., outstanding issues remain, additional information is being sought from either the complainant, the filed against entity, or both.

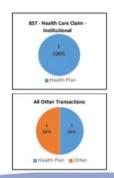
Closed - All issues have been sufficiently resolved

Corrective Action Plan (CAP) – The written corrective action plan indicates alternative solutions with specific steps to correct the issue(s) and timeframes. Each affected entity under a corrective action plan is in the process of supporting or refuting allegations and/or implementing system updates.

Received Complaints, by Transaction Type January 1 - March 31, 2021

Complaints received in the last reporting period, categorized by Transaction Type and the flied against entity type







Compliance Review Program

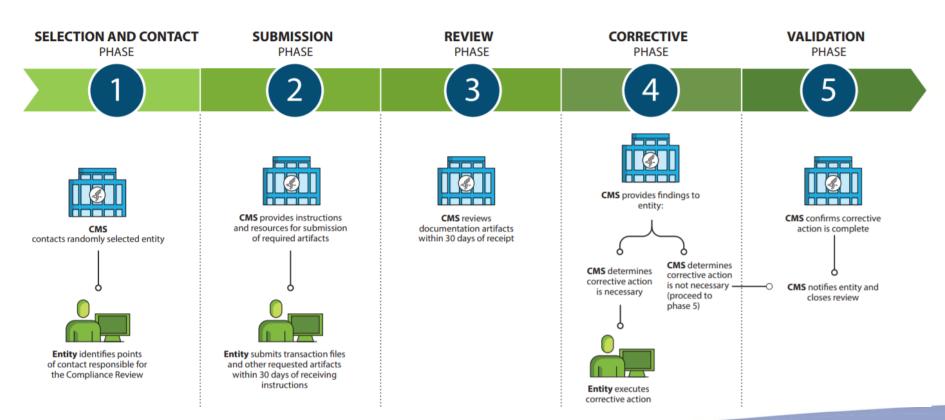
- » The Compliance Review Program conducts periodic reviews with randomly selected entities to assess HIPAA-covered entities' compliance with Administrative Simplification rules.
- » Standards reviewed include:
 - Transaction formats
 - Code sets
 - Unique identifiers
- » Entities will also attest to compliance with operating rules.



CMS Process for HIPAA Administrative Simplification Compliance

CMS, on behalf of HHS, enforces HIPAA Administrative Simplification requirements. CMS enforcement activities include proactive enforcement through Compliance Reviews. Only health plans and clearinghouses are currently subject to Compliance Reviews. A voluntary pilot program for providers is currently under way and should conclude late 2019.

Here's what happens when a HIPAA-covered entity is randomly selected for a review:



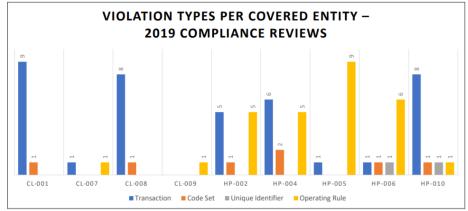


How to Prepare for a Compliance Review

For transactions you conduct yourself, you can:

- » <u>Test your transactions</u> for compliance using <u>ASETT</u>.
- » Verify compliance with operating rules for eligibility, claims status, and Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA).

Check out the <u>Prep Steps</u> and <u>Q&As</u> for additional guidance.



Code Set – Code Set violations are those found where missing or invalid medical or non-medical codes are used in all transactions

Transaction – Transaction set (e.g., 835, 834, 837) violations are those found where the entity does not follow the published Implementation Guides (TR3s) constructing the electronic file

Operating Rule – Operating Rule violations are identified when an entity attests or demonstrates that they are not complying with the specific business rules or guidelines defined by a specific operating rule

Unique Identifier - Unique Identifier violations are those found with invalid EIN or NPI used in healthcare transactions



Resources and Questions



Recap

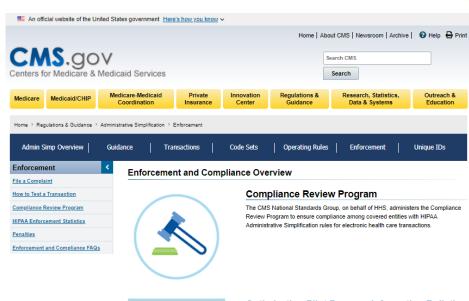
- » NSG only handles alleged HIPAA violations related to:
 - Electronic transactions
 - Operating rules
 - Code sets
 - Unique identifiers
- » NSG's enforcement process is composed of 2 programs:
 - Compliance Review (Proactive)
 - Complaints (Reactive)
- » Visit <u>asett.cms.qov</u> to:
 - Test your transactions
 - Test your trading partners' transactions
 - File complaints
 - Track your complaint status



Educational Materials

- » Compliance Review Infographic
- » Compliance Review Program Information Bulletin
- » Compliance Review Program Q&As
- » How to File a Complaint Infographic
- » Complaint Process Infographic

Go.CMS.gov/AdminSimp





Optimization Pilot Program Information Bulletin (PDF)

In April 2019, IHIS randomly selected 9 HIPAA-covered entities—a mix of health plans and clearinghouses—for compliance reviews. HHS piloted the program with health plan and clearinghouse volunteers to streamline the compliance review process and identify any system enhancements. In 2019, providers were able to participate in a separate pilot.



CMS Compliance Review Program (Video)

Watch the CMS video about the Compliance Review Program to learn about why compliance reviews are important for the health care industry and how they are conducted.

More information on the Compliance Review Program:

- Compliance Review Infographic (PDF)
- Compliance Review Program Information Bulletin (PDF)
- Optimization Pilot Information Bulletin (PDF)
- What to Expect Q&A (PDF)
- Prep Steps (PDF)



Q&A

- » You can also email questions, comments, and feedback to: <u>AdministrativeSimplification@cms.gov</u>.
- » All resources mentioned during this webinar are available on the Admin Simp website: go.cms.gov/AdminSimp.