

## HIPAA

# Covered Entity Status

HIPAA: By function, not by title.  
It's what you do, not what you call it.

# Covered Entities

- Health Plan
  - Health Care Provider
  - Clearing House
  - Business Associate
- } Legally Required
- Good Business Practice

# Community and Family Health

- CWP  Special Supplemental Nutrition Program for WIC
- Injury Prevention & Safety Programs
- Chronic Disease Prevention & Risk Reduction Programs
- Washington State Cancer Registry
  
- IDRH  HIV/AIDS Prevention & Education Services
- HIV/AIDS Client Services & Early Intervention
- IDRH Assessment Unit
- STD/TB Services
- Family Planning and Reproductive Health
  
- MCH  Maternal/Infant Health
- Child & Adolescent Health/Child Profile
- Children with Special Health Care Needs
- Immunization

## *Covered Entity*

### CFH - Covered Entities

Program: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

#### Health Plan?

Q1. A B C D No

Q2. Yes No

Q3. A B C No

#### Health Care Provider?

Q4. Yes No

#### Health Care Clearing House?

Q5. Yes No

#### Business Associate?

Q6. A B C No

#### Good Business Practice

Yes No

## *Covered Entity*

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Program: \_\_\_\_\_

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#### Health Plan?

Q1. A B  C D No

Q2.  Yes No

Q3. A B  C No

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#### Health Care Clearing House?

Q5. Yes  No

#### Business Associate?

Q6. A B C  No

#### Good Business Practice

Yes No

# Health Plan by Definition?

***Q1. Is your program one or a combination of the following:***

- a. Medicaid Program – funded with Title XIX monies
- b. CHIP Children's Health Insurance Program
- c. Medicare program under title XVIII
- d. Indian Health Service program

**Yes. Your program is a HIPAA Health Plan by definition.**

**No. Stand-by for functional definition.**

# Health Plan by Function?

**Q2. Does your program provide or pay the cost of medical care?**

**You provide Medical care when you PAY for:**

- i) Diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of affecting any structure or function of the body**
- ii) Transportation primarily for and essential to medical care**
- iii) Insurance covering medical care.**

**Yes. Your program performs HIPAA Health Plan functions.**

**No. Your program may still perform HIPAA Health Plan functions.**

# Excepted Health Plan?

***Q3. Does your program's function(s) meet one or more of the three Health Plan function exceptions?***

**a. Does your program pay for excepted benefits?**

Excepted benefits are defined as where medical care is secondary or incidental to other insurance benefits: examples include coverage only for accident, or disability insurance, liability insurance including general and automobile, workers compensation, or other similar insurance...

**b. Is your government-funded program's principal purpose other than providing, or paying the cost of, health care?**

**c. Is your government-funded program's principal activity the direct provision of health care to persons or making of grants to fund direct provision of health care to persons?**

## Health Care Provider?

***Q4. Does your program furnish, bill, or get paid for health care, or provide medical or health services and transmit any health information in electronic form in connection with a covered transaction?***

“Health care” means care, services or supplies related to the health of an individual, including, but not limited to: preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affect the structure or function of the body; and sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

**Yes. Your program *is* performing HIPAA provider functions.**

**No. Your program *is not* performing HIPAA provider functions.**

# Transmit Covered Transactions?

Claim or Encounter Information

Claim Status Information

Eligibility Information

Enrollment / Dis-Enrollment Information

Referral Certification or Authorization

Payment, Remittance Advice, Explanation of Benefits

Health Plan Premium Payment or related information

Coordination of Benefits

# Health Care Clearinghouse?

**Q5. Does your program currently receive health care transactions (regardless of media) from health care providers or other entities, translate the data from one format into another format acceptable to the intended payor or payors, and forward the processed transaction to appropriate payors and clearinghouses?**

**Examples : billing service, repricing company, community health management information system, or community health information system, and “value-added” networks and switches**

**Yes. Your program performs HIPAA Clearinghouse functions.**

**No. Your program does not perform HIPAA Clearinghouse functions.**

## **Business Associate?**

**Q6. Does your program perform for, on behalf of, or assist a Covered Entity with a Covered Function including:**

- a. Claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, repricing; or**
- b. Any transaction or other function or activity regulated by the HIPAA rules?**
- c. Legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, of financial services to or for a covered entity.**

**Yes. Your program performs HIPAA Business Associate functions.**

**No. Your program does not perform HIPAA Business Associate functions.**

## Good Business Practice?

- **If you receive or store data from a Covered Entity, you may not be able to receive the same data because the Covered Entity will use standard codes and formats that may have different field lengths, definitions and properties.**
- **Examples: Medicaid provider number must be crosswalked or converted to the National Provider Identifier.**
- **Some codes may no longer be available – for example, Local Codes.**
- **Day-to-day operations may be too cumbersome if most of your business partners are using the new HIPAA standards and you are not.**

**Yes. Determine your need for compliance.**

**No. Remain at status quo.**

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#### Good Business Practice

Yes No

## Remember. . . .

- For a HIPAA'ning good time
- Don't be HIPAAcritical.
- Do be HIPAAractive.
- Go ahead, let yourself be HIPAAmotized.