



CMS Remarks Before NCVHS



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Administrative Simplification Overview

To reduce paperwork and streamline business processes across the health care system, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Patient Protection and Affordable Care Act (ACA) set national standards for:

- [Electronic transactions](#)
- [Code sets](#)
- [Unique identifiers](#)

HIPAA includes Administrative Simplification provisions that the [ACA](#) (Affordable Care Act) expanded in 2010. ACA introduced [operating rules](#) to standardize business practices.

It's the Law

Health care providers, health plans, payers, and other [HIPAA-covered entities](#) must [comply](#) with Administrative Simplification.

The requirements apply to all providers who conduct electronic transactions, not just providers who accept Medicare or Medicaid.

Save Time and Costs While Helping Patients

Standard [transactions](#), [operating rules](#), [code sets](#), and [unique identifiers](#) allow information to be shared electronically in consistent ways.

With common standards for content and formats, information moves quickly as it is shared between providers and health plans in predictable ways.

These standards have the potential to decrease health costs, time spent on paperwork, and administrative burden, giving providers more time for patient care.

And quick communications with insurers can help inform patients upfront about coverage, benefits, and out-of-pocket costs.

Covered Entity Guidance: Providers, Clearinghouses, Health Plans



Click on the box that reflects the question you want to answer

Timeline of Statutes and Regulations

Year	Date	Law or Reg	Topic of Law/Reg	Description
1996	Aug 21	Law	HIPAA, Health Insurance Portability and Accountability Act	<p>The law requires HHS to adopt national standards and code sets for electronic transactions. The provisions become known as Administrative Simplification.</p> <p>HIPAA adds a new Part C – Administrative Simplification to the Social Security Act of 1935.</p>
2000	Aug 17	Reg	Standards and Code Sets for Electronic Transactions and DSMO Process	<p>HHS adopts code sets (ICD-9, CPT-4, National Drug Codes, Code on Dental Procedures and Nomenclature, and HCPCS) and standards for electronic transactions: ASC X12 Version 4010 and NCPDP Version 5.1.</p> <p>HHS publishes a regulation outlining the process for standards development organizations to collaborate on the review of proposed modifications to standards and code sets, including the execution of a Memorandum of Understanding on which HHS is a signatory. The mandatory collaboration is called the Designated Standards Maintenance Organization (DSMO).</p> <p>Adoption of the standards and code sets is required by Oct 16, 2002, for all HIPAA-covered entities, except small health plans, which were required to comply on Oct 16, 2003.</p>
2000	Aug 17	Reg	Health Insurance Reform: Announcement of Designated Standard Maintenance Organizations	HHS announces the organizations that the Secretary designates as Designated Standard Maintenance Organizations (DSMOs).
2001	Jan 3	Law	ASCA, Administrative Simplification Compliance Act	Congress requires electronic submission of Medicare claims.
2002	May 31	Reg	Employer Identification Number (EIN)	HHS adopts standard for Employer Identifier Standard (EIN) which becomes mandatory for use on July 30, 2002.
2003	Feb 20	Reg	Transaction Standards and Code Sets	HHS adopts modified specifications for 1) transaction standards, and 2) how HIPAA-covered entities use standards, effective Mar 24, 2003.

Administrative Simplification Website

Visit go.cms.gov/AdminSimp



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Privacy Complaint

If you believe that a covered entity or business associate violated your health information privacy rights or committed another violation of the Privacy, Security or Breach Notification Rules, you may file a complaint with the [Office for Civil Rights \(OCR\)](#).



File HIPAA Complaint

Click [here](#) to learn more about how to file a complaint.

Submit complaints for the following violations:

Transactions

Code Sets

Unique Identifiers

Operating Rules

To file a complaint, you must login by clicking the login button. If you do not have an account, create one now through the secure CMS Enterprise Portal by clicking on the Create Account button.

Test HIPAA Transactions

Test Transactions tool allows all transactions to be checked consistently for compliance, syntax, and business rules. Validate transactions across various formats including the following:

- HIPAA 5010
- CAQH CORE Operating Rules
- ICD-10 Diagnostic
- Unique Identifiers

Validate code values against 60-plus clinical and non-clinical code sets, including ICD-9 and ICD 10 diagnostic procedures and code sets. This tool provides intuitive error reports and acknowledgments to help identify and resolve error.

More Information About ASETT

File a complaint, FAQs, and Quick Start Guide

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Enforcements/FileaComplaint.html>

ASETT

<https://htct.hhs.gov/asett/public/home.act>

Questions?



hipaacomplaint@cms.hhs.gov

Planned Options for Quality Payment Program Reporting in 2017

- **First Option – Test the Quality Payment Program**
 - Submit some data to QPP from after 1/1/17
 - Avoid a negative payment adjustment
 - Allows for testing systems to prepare for broader participation in later years
- **Second Option – Participate for part of the calendar year**
 - Submit QPP information for a reduced number of days
 - First performance period could begin after 1/1/17
 - May still qualify for a small positive payment adjustment
- **Third Option – Participate for the full calendar year**
 - If ready to go 1/1/17, submit QPP information for a full calendar year
 - First performance period begins 1/1/17
 - May qualify for a modest positive payment adjustment
- **Fourth Option – Participate in an Advanced Alternative Payment Model (AAPM)**
 - Instead of reporting quality data and other information
 - Example includes participating in a Medicare Shared Savings Track 2 or 3 in 2017
 - Based on achieving AAPM goals, qualify for a 5% incentive payment in 2019

Hospital Readmissions Reduction Program

- Source: New data: 49 states plus DC reduce avoidable hospital readmissions

